



QUESTIONS AND ANSWERS

Request for Proposal (RFP): Support for Strategy & Programme Office review

#	Supplier Question	Wellcome response
	Timetable	
1.	"We have already done a significant amount of evidence-gathering to inform phase 1." Could you kindly share relevant documents and insights from this process? This would greatly enhance our understanding and contribute to the robustness of our proposed approach.	We will share existing evidence with the appointed supplier.
2.	Are there insights from the information gathering phase that you can share related to specific challenges you are looking to address within the S&PO team, as well as goals and desired outcomes?	We will share existing evidence with the appointed supplier. Specific goals and outcomes for S&PO will be defined through this project.
3.	You mention quite a bit of baselining has been completed. Do you expect the supplier will have to do much more fact finding to help substantiate and answer some of the challenges that may have been identified or can simply take and build on the baselines already built?	We have a good picture of the challenges. The supplier is likely to need to do further work to substantiate solutions.
4.	Could you tell us more about the pre-work that has been done, and what type of materials we can anticipate as an input?	We will share existing evidence with the appointed supplier.
5.	What, if any, work has already been with this team on team effectiveness within the S&PO and within PMO?	Some work has been done in the review to date.



6.	Is there any existing work on strengths of S&PO and what the team looks like when it is working at its best?	A limited amount of work on this has been done in the review to date.
7.	In the tender you've mentioned that you have done significant amounts of evidence-gathering to help inform phase 1. Will these be shared and could you list the types of evidence you've gathered? (for example, roles and responsibilities, current structures and issues etc).	We will share existing evidence with the appointed supplier.
8.	Can we gain insights into the evidence gathered during Phase 1, and should we expect to build on this information or treat it as informative for our approach?	We will share existing evidence with the appointed supplier. We are open to gathering additional targeted evidence in Phase 1. We will be steered by the project need, while minimising the burden on senior stakeholders in Wellcome.
9.	What type of research/evidence gathering has been done already on the workings of the S&PO function?	We will share existing evidence with the appointed supplier.
10.	What kind of evidence has already been gathered for Phase 1, and how will this data be shared with the selected supplier?	We will share existing evidence with the appointed supplier.
11.	What type of additional data will be available during the review process that can support insights (e.g. engagement survey data, internal client feedback...etc)?	We are open to gathering additional targeted evidence in Phase 1. We will be steered by the project need, while minimising the burden on senior stakeholders in Wellcome.
12.	Would you able to share themes coming out from the work already conducted (for Phase 1) in terms of issues to be addressed?	We will share existing evidence with the appointed supplier.
Project delivery and methodology		



13.	<p>The RFP description on your website mentions, "Supplier must be available to facilitate in-person workshops at our London office." In reference to this:</p> <p>Does the requirement for in-person workshops imply that the supplier is expected to have a local team based in London for the entire project duration? Alternatively, would a hybrid approach be acceptable, where key workshops are conducted in person while other aspects of the project are delivered remotely by a global team?</p> <p>Could you also please clarify whether travel and logistics costs associated with these workshops are intended to be covered by Wellcome within the proposal budget?</p>	<p>A hybrid approach is acceptable. We would like to run some in person workshops, but much of the project can be conducted remotely.</p> <p>Wellcome will cover the costs of travel and logistics. However, we would aim for these to be held at the Wellcome office in London to minimise costs.</p>
14.	Is the work envisioned to be completely remote?	No. See requirement for in person workshops.
15.	What preferences or expectations do you have around in person engagement/workshops and would you be open to any offsite meetings?	At key points in the project, we expect in person engagement at our Wellcome offices in London. Our preference is for workshops to be held at the Wellcome office in London to minimise costs.
16.	Is the Wellcome Trust open to slight modifications in approach? We may have some suggestions based on our experience of developing a strong evidence-base, actionable insights and buy-in.	Yes. Please share the approach that you think will be most effective.
17.	You refer to working with the S&PO team to solution elements of the ways of working as structure is finalised. Depending on the level of change expected, it could be sensitive to discuss structure with the team that will be impact. What is the	We will involve the S&PO leadership team as far as appropriate. Any discussions on structure would remain confidential between the supplier, Beth Thompson and Philomena Gibbons, since this would be sensitive.



	expected level of personnel/ role changes from this exercise and have you considered how these sensitivities could be handled?	
18.	We see ways of working as a part of the op model and will be informed by the scope of services and structure selected. Do phases 2a/b have to happen in the order and timeline suggested?	No, we will be steered by the methodology.
19.	How many members of the team would the workshops cover (headcount)?	Around 8 maximum. Some will be smaller.
20.	Would you require change communications approaches as part of the wider piece in particular to the quick-wins which can be implemented?	Once quick-wins are identified, the Wellcome team can lead on communications and roll out.
21.	What do you anticipate being the resourcing model/support to be on the part of Wellcome? For example, will there be a project manager allocated part time on your side to the project?	We will not allocate project management to this project, as we want it to be independent of the team. Wellcome will provide leadership input and advice, but we are looking for a supplier to run the end to end process.
22.	Are you open to suggested changes to the order in which the actions/deliverables (set out in the RFP) are delivered?	Yes. Please share the approach that you think will be most effective.
23.	Do you have a preferred format for any specifically mentioned deliverables?	These should be clearly articulated in writing, but we are agnostic about the format.
24.	Do you have any specific EDI concerns in this project that the response should address? Would there be a need for an expert EDI SMI resource?	No specific concerns, but we would like EDI considerations to be included throughout. We don't envisage the need for expert resource.
25.	In our experience, the outlined review process may necessitate a slight change in order of steps and/or require some additional activities. Are you open to exploring this to	Yes. Please share the approach that you think will be most effective.



	reach the best outcome?	
26.	<p>The RFP mentions a desire for “deep facilitation skills... while minimising time taken and consultation”. Do you have an incoming expectation of the time commitment that different stakeholders mentioned would be able to devote to engaging with the consultant and/or the format of these consultations?</p> <ul style="list-style-type: none"> ○ You mention you have gathered significant evidence to inform phase 1. We understand you would envision activity 1 under Phase 1 to be purely about consolidating the existing evidence into a synthesis of priority issues. Would you be open to the consultant gathering targeted additional evidence to finalise the synthesis document (e.g. via select interviews or a survey)? ○ Is it correct to assume that you would be open to the consultant holding workshops with the advisory group (and other relevant stakeholders) during Phase 2? <p>Do you have a preference in terms of consulting team location (i.e. London vs. elsewhere)?</p>	<p>Beth Thompson and Philomena Gibbons will make time for regular engagement with the consultant.</p> <p>We expect some engagement with the S&PO leadership team.</p> <p>There will be a small amount of engagement with other Wellcome stakeholders.</p> <p>We are open to gathering additional targeted evidence in Phase 1. We will be steered by the project needs, while minimising the burden on senior stakeholders in Wellcome.</p> <p>We are open to workshops with key stakeholders in Phase 2.</p> <p>We are flexible on consulting team location, provided that they can deliver the necessary in person engagement at our Wellcome offices in London.</p>
27.	<p>You mention that activities in Phase 2a are indicative. Would you be open to replacing some of these with other activities, or would you see the list</p>	<p>Yes. Please share the approach that you think will be most effective.</p>



	including all of these activities (as well as any relevant others).	
28.	For Phase 2a, what is the timeline you have in mind in terms of when the implemented “quick wins” would show results (e.g. 1 month, 3 month, 6 months)?	Within a few months.
29.	Would you be able to clarify how is activity 1 (and possibly 2) under Phase 2a different from Phase 2b?	Activity 1 in Phase 2a is needed whether or not we decide to make structural changes to the team. Phase 2b is focused on defining any structural change needed. There would therefore be overlap.
30.	Are you able to share the existing EDI themes relevant for the S&PO team? Are you able to share any salient EDI challenges faced by the S&PO team?	No specific themes to highlight, but we would like EDI considerations to be included throughout.
31.	The RFP states “we envisage two parallel workstreams to identify the changes needed” – to clarify, does that mean you envisage Phase 2a and Phase 2b running in parallel?	Yes.
Existing team and their work		
32.	In the "Problem Definition & Vision-Setting" section of Phase 1, the term "PMO" is used. Could you confirm if this is interchangeably referring to S&PO or if it pertains to another entity or team within Wellcome?	PMO is the Programme Management Office. This is one part of the Strategy & Programme Office team (S&PO), alongside a small Strategy team. We envisage that the majority of this project will focus on the PMO part of S&PO.
33.	What is the current size of S&PO team? Has any intention to change that size already been set?	S&PO is 33 roles, made up of: AD, S&PO (vacant) PA / team coordinator PMO of 26 roles --



		<p>5 Senior Programme Managers 13 Programme Managers 4 Programme Officers 1 Programme Coordinator 3 vacant PO or PC roles, which we are not recruiting whilst this review is underway</p> <p>Strategy team of 5 roles -- 1 Strategy Lead 2 Strategy Managers 1 Strategy Adviser</p>
34.	<p>Is it possible to share documents or artifacts outlining the current structure of the S&PO team? Understanding the roles and responsibilities of team members, as well as their relationships with other Wellcome teams, will be invaluable in tailoring our proposal to align seamlessly with your organizational dynamics.</p>	<p>We will share further details with the appointed supplier.</p>
35.	<p>Can you confirm whether the AD SP&O role is in recruitment? Can we anticipate a transition in the AD position during this review, or that this role would be in place in the target structure/op model?</p>	<p>We are planning to have an interim AD S&PO in place around April / May, so they may overlap with some of this project. This project will inform the future shape of the permanent AD S&PO role, so this will not be recruited until afterwards.</p>
36.	<p>What is the current size of the team that we are addressing (including capacity that may be leveraged from across the organization)?</p>	<p>See answer to question 33. There is not further capacity that can be leveraged, but we believe our ways of working can be more efficient.</p>
37.	<p>What is the team size of the existing S&PO</p>	<p>See answer to question 33.</p>
38.	<p>Could you give an indication of the scale of programmes/number of projects (live and pipeline projects)</p>	<p>The PMO serves four Strategic Programmes, which are portfolios of grant funding and contracts. These roles are supporting strategy execution and portfolio delivery, rather</p>



		<p>than typical programmes. The portfolios are global in scope, but these are delivered by partners. The PMO only coordinates resourcing within the Wellcome teams based in London.</p> <p>The PMO also serves one or two large cross-Wellcome operational programmes, which are more typical programmes.</p> <p>The PMO also delivers a cross-Wellcome delivery planning function.</p> <p>The Strategy team acts as an in house consultancy, where teams require support to develop their strategic goals and approach.</p>
39.	Can you provide an indication of the size of projects and geographical spread	See answer to question 38.
40.	We assume that the S&PO team is based in London	Yes.
41.	Are you able to provide a brief description of the role of the Strategy & Programme Office?	See answer to question 38.
42.	Can you provide an organogram or staff list for the S&PO and also how S&PO fits into the organisation as whole?	See question 33. Further information will be provided to the appointed supplier.
43.	Is there an international dimension to the work of the S&PO, and if so can they very briefly outline it?	Limited international dimension, see answer to question 38.
44.	What was the trigger for setting up the S&PO in 2021?	We will share further details with the appointed supplier.
45.	Do you have a mid- and long-term strategy and goals in place for the S&PO function?	No, this review will help us define these.



46.	How big is the S&PO function? (Total number of employees, main divisions)	See answer to question 33.
47.	How many people in its leadership team?	7, made up of: 5 Senior Programme Managers 1 Strategy Lead 1 Associate Director (currently vacant)
48.	Can you share more details of the catalyst to review the workings of the S&PO function?	We will share further details with the appointed supplier.
49.	Will you be able to share the original business case for the creation of the S&PO?	We will share further details with the appointed supplier.
Timetable		
50.	Are there any external factors dictating the programme completion date or an aspirational completion?	No.
51.	Is there a specific date at end of May that the work needs to be completed by?	No, we will be steered by the methodology.
52.	Are there any intermediate deadlines to plan for (e.g., leadership meetings, workshops)?	We are holding some options for workshop dates to make planning easier. There are no fixed deadlines to work around beyond timings set out in the RFP.
53.	Are there any key meeting dates and / or paper submission dates during the March-May timeframe that we should be aware of when constructing our proposed workplan and timeline?	No.
Focus areas of the project and scope		
54.	Does this apply to both the strategy and programme management office or just the programme management team?	We envisage that the majority of this project will focus on the PMO part of S&PO.
55.	Is the review expected to look at the location and/or allocation of office space or other facilities?	No.



56.	What specific problem or challenge does Wellcome aim to address with this project, considering the ongoing leadership transition?	We want to increase effectiveness of the PMO to support the work of wider Wellcome, and ensure that our team structure and function enables us to do this.
57.	Is the redesign of governance for the SP&O team (e.g., leadership involvement and cadence for key decision-making processes) in scope for this effort?	Yes, but this is not expected to be a significant priority.
Decision making, stakeholders and project governance		
58.	You mention an LT, and ELT- are these the leadership team of Wellcome or the S&PO office?	ELT (Executive Leadership Team) is Wellcome's leadership team. The S&PO leadership team will also be closely engaged in the project.
59.	Is the supplier expected to undertake any internal interviews/ conversations with the advisory group or stakeholders? If yes how many?	Yes. Beth Thompson will lead advisory group discussions, but some 1:1 interviews may be needed. We will be guided by the proposed methodology on number of interviews.
60.	Have you put together an advisory group already? What is the size and profile of this advisory group?	We have identified a number of individuals to join the advisory group. This will be around 5 people from Wellcome's Senior Leadership Team (SLT) (who all report to the Executive Leadership Team (ELT)).
61.	Who are decision makers in this process that need to be brought along and will take the final decisions? Is it the same as this advisory group?	<p>Securing Executive Leadership Team buy in is critical, but they do not have a formal decision making role. The advisory group will provide input but does not have a decision making role.</p> <p>Beth Thompson, CSO, will be the decision maker, with role changes being signed off by Wellcome's organisational design panel, including Finance and the People team.</p>
62.	Are there any approval processes for a new operating model which we should be cognizant of	Informal Executive Leadership Team buy in is critical. Role changes would be signed off by Wellcome's



	(outside of the 'ELT testing' noted in the RFP)? This could include, for example, approval by the Board or any relevant internal committees.	organisational design panel, including Finance and the People team.
63.	Who will be the key decision maker on signing off phases 1, 2a and 2b?	Beth Thompson, CSO.
64.	Who do you see as the key stakeholders that you need buy-in from during the process (besides those mentioned in RFP)?	No additional stakeholders.
65.	Where are the stakeholders located who will be part of the exercise?	Wellcome's London office.
66.	Have the stakeholders been informed about this exercise already?	Yes.
67.	You mention an advisory group: how big is this group and which functions form part of it?	See answer to question 60.
68.	What roles are represented within the internal Advisory Group, mentioned in the Overview section, and does this group have any decision-making responsibility?	See answer to question 60 and 61.
69.	Do you already have an idea of who would conform the advisory group for this work, or would the consultant be expected to provide recommendations on that?	See answer to question 60. We would welcome further input on the make up of the group.
70.	Have you defined the membership of the advisory group and plan for engagement with this group or is that something you would seek supplier support to finalize?	See answer to question 60. We would welcome further input on the make up of the group.
71.	Will this work culminate in a final "sign off" point with ELT or another decision-making body before the team proceeds to implementation	See answer to question 61.



Project Outcome		
72.	Please complete the sentence. "What I would like to say by the end of this piece of work is _____"	S&PO and key internal stakeholders are clear on S&PO roles and responsibilities and feel confident that this adds significant value to delivering Wellcome's strategy.
73.	If the Strategy & Programme Office made a t-shirt for everyone to wear during this project, what would it look like or say?	"Ambition, clarity and confidence".
74.	If you "secured buy in from key stakeholders" how would you know? What would you see, hear or notice?	Confidence and clarity in S&PO values, roles and responsibilities.
75.	What are you most afraid of in this project?	Unsettling the team for too long.
76.	What gives you hope about this project?	Having a great individuals and insight in the team to build on.
77.	What is the question that, if answered, would reveal the most about what is likely to happen here?	How can PMO add most value within Wellcome's current structure and strategy?
Post review implementation		
78.	Does Wellcome have preferences for communication channels or platforms during the implementation of the project, especially considering potentially sensitive information?	Email and / or MS Teams
79.	Is there any consideration for post-review support in the implementation phase, and has Wellcome thought about its role in the decision-making process?	The interim AD, S&PO will be responsible for kicking off implementation. At this point we don't envisage additional support being needed.
RFP process and contracting		
80.	While quotes are expected in GBP, is Wellcome open to concluding a supplier contract in EUR?	Wellcome are able to contract in EUR if required.



81.	Who will be the key decision maker(s) on appointing the successful agency?	Beth Thompson, CSO Philomena Gibbons, AD Transition and Legacy Lindsey Atkins-Tamblin, Procurement Manager
82.	What is the deadline time on 07 Feb for RFP submissions?	We ask that submissions are sent to Wellcome on the 7 February 2024, Wellcome do not specify a specific time.
83.	Can you share more details on the supplier selection process, and are there additional criteria beyond what is already provided?	No additional detail to provide.
84.	Considering the estimates provided by potential providers, can Wellcome offer an expected budget range for the project?	No. Wellcome will be guided by the supplier as to the cost of this activity.
85.	In section 5) RFP Response you mention that suppliers should submit the project team and experience. Should we include bios, CVs or both? If we should include CVs, do you have a preferred length? And do CVs should be within the 10 pages maximum for the response.	We would be happy to accept as an annex, max 1 page per person. We ask that these do not contain any personal/sensitive information. This should be an overview of expertise.
86.	In section 5) RFP Response – “Information Governance” you mention that “suppliers are asked to complete the TPSRA2 assessment before the RFP presentation deadline”. The TPSRA2 assessment contains a question that asks the supplier to list a Wellcome reference (#4). Should we include Hala Marr, the point of contact for this RFP as Wellcomes reference?	If the supplier is successful and invited to presentation stage, Wellcome will ask the supplier to submit this Third-Party Supplier Risk Assessment Form (TPSRA). You should reference the title of RFP and the Wellcome lead person on the RFP unless informed otherwise.
87.	Are you happy to accept a bid from two sole traders, with whom you would contract individually?	Ideally it is better for Wellcome to put in place one contract as this helps with ownership of the activity.
88.	Have you defined a budget ballpark for this work that you would be able to share with respondents?	No. Wellcome will be guided by the supplier as to the overall cost of this activity.



89.	What is the rationale for suggesting a part-time team?	We don't believe this requires full time resource. We are open to your staffing proposals which should be detailed in your proposal.
90.	For ease, would you be open to leveraging an LTA held with another of the Wellcome Divisions?	No.
91.	Is submission of the RFP document to this same email address? (h.marr@wellcome.org)	Yes.
92.	Are there any budgetary guardrails/investment limits for any improvements or are simple cost savings being sought?	We are not providing budgetary guardrails. This review is about maximizing the effectiveness of the function, rather than cost savings.