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NHS
Midlands and Lancashire
Commissioning Support Unit

Private and Confidential

Date: 19th November 2018

FAO: Simon Harris, Managing Director

DHU Health Care CIC

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NOTIFICATION OF CONTRACT AWARD DECISION

Provision of Integrated Urgent Care: Urgent Care Centres (Minor Injury and Minor Illness) Service for ELR CCG Procurement

ITT Evaluation Results - itt_601

OJEU Document No: 2018/S 179-405910

Dear Simon,

Thank you for responding to the Invitation to Tender (ITT) for the Provision of Integrated Urgent Care: Urgent Care Centres (Minor Injury and Minor Illness) Service Following the submission of your ITT on 16/10/2018 our evaluation is now complete and we are pleased to inform you that you have been selected as the Successful Bidder for this procurement.

Evaluation Process

Please find enclosed at Annex 1 a report detailing the scores obtained by you against the Commissioner's evaluation criteria, together with the Commissioner's reasons for awarding these scores.

Standstill Period

Although this procurement is for Light Touch Regime services (and therefore not subject to the full scope of the Public Contracts Regulations 2015 (the “Regulations”), the Commissioners have, throughout the whole of the procurement process, applied best procurement practice. Therefore, the Commissioners will be adopting a standstill period that mirrors the standstill period required under Regulation 87 of the Regulations. Please note however, that the

Commissioner does not intend to hold itself bound in any way in respect of those Regulations save those which apply to Light Touch Regime services.

Accordingly, a 10-day standstill period from the date of this letter and concluding on midnight on 27/11/18 applies before we will conclude any contract award.

Subject to the Commissioner receiving no notice during the standstill period of any intention to legally challenge the award process, the Commissioner aims to conclude the Proposed Contract with you on or after midnight on 28/11/18.

Commitment to proceed to Contract Award

Formal commitment to proceed to Contract Award is required. A template 'Bidder Commitment to Proceed to Contract Award' letter is therefore attached as Annex 2 for you to complete and return by 21st November 2018. Following the end of the standstill period, a Commissioner will be in touch to discuss the implementation stage.

Letter Status

Please note that nothing in this letter, nor the attached 'Bidder Commitment to Proceed to Contract Award' letter, should be relied upon as constituting the basis of a promise to award a contract to the Recommended Bidder or any other party or a promise or representation as to any decision by the Commissioner in relation to the procurement. The Commissioner reserves the right to de-select the Recommended Bidder and at its sole discretion to exclude the Recommended Bidder from any further participation in the procurement process. Under no circumstances will the Commissioner or any of their respective advisers be liable for any costs or expenses incurred by the Recommended Bidder and/or any of its Relevant Organisations (as defined in the ITT) due to, or arising from, such de-selection.

Confidentiality

You are reminded that all information relating to Procurement must be kept strictly confidential and must not be reproduced, copied, discussed with, disclosed or distributed to any other person and/or organisation at any time. Furthermore, no announcement regarding the procurement should be made by you without the prior written consent of the Commissioner.

Yours sincerely,

Paula Vaughan

Deputy Chief Operating Officer

East Leicestershire & Rutland CCG

Annex 1 – Evaluation Report Section	Weighting	Your weighted percentage score
Part 1 Potential Supplier details	Pass / Fail	Pass
Part 2 Exclusion criteria	Pass / Fail	Pass
Part 3 Financial	30%	28.9%
Part 4 Section A - Service	26.50%	19.40%
Part 4 Section B - Mobilisation	5%	4.20%
Part 4 Section C – Quality and Governance	15%	10.20%
Part 4 Section D – Workforce	10%	6.91%
Part 4 Section E – IM&T	5%	3.20%
Part 4 Section F – Information Governance	6.5%	4.33%
Part 4 Section G – Equalities	2%	1.40%
Part 5 Declarations	Pass / Fail	Pass
Total Cumulative Non – Financial Score	**70%**	**49.64%**
Total Cumulative Financial Score	**30%**	**28.98%**
Total Percentage Score	**100.00%**	**78.62%**

Annex 2 – Section Analysis	Weighting	Your score	Your score (%)	Characteristics and relative advantages of your bid
Part 4 - Quality - Section A - SERVICE DELIVERY	26.50		19.40	
[P4 A1]	0.50	3 - Acceptable	0.30	Provides a general overview of NHSE strategy demonstrating a sound understanding of the key objectives. Notes the challenge but also provides a solution in terms of collaboration with wider partners. Would've liked a fuller explanation upon the STP and why this provider is best placed to deliver the agenda. Good narrative answer but slightly concerned about the bullet point that aims to "Improve the health and well-being of people in the city". Good narrative around system working.
[P4 A2]	11.50	4 - Good	9.20	Extremely comprehensive answer, covering in great detail exactly how the service will be delivered. The plans to integrate with existing local clinical IT systems are crucial to the sharing of information and this is described fully. However, the plan does not specifically reference safeguarding and how the service will link with local social services' systems (as is apparently now happening in ED). Mitigations for those practices not using SystmOne are also set out clearly. Backup solutions for EMIS practices such as dedicated telephone line for HCP provide reassurance. The descriptions of the service given meet all the major requirements of the service specifications. There is no specific reference to the use of evidence-based guidelines or protocols to ensure consistency of standards of care but it does mention that local prescribing policies and

Annex 2 – Section Analysis	Weighting	Your score	Your score (%)	Characteristics and relative advantages of your bid
				formulary will be followed. Tested provider with local track record. No omissions in covering stated requirements. Opportunities for LLR integration with existing services. Some consideration of innovative opportunities but not fully explored or currently worked up. Highlights extensive experience within LLR, there is a key focus on localism which is referred to within the governance structure as well as front line delivery. Clear description of appointment systems with a focus on flexibility and recognition of the potential collaboration with other services within the system. Liked their focus on the modelling, monitoring and regular review of the service. Good that they recognise that this service is new and will evolve so will require review, even better that they will take initiative in this process. Clear focus on self-care and reported their success in other services. Patient feedback element strong with the development of the public and patient involvement committee. DHU also describe their commitment to service development i.e. telemedicine Moderation Meeting CommentsPanel agree score of Good
[P4 A3]	1.00	3 - Acceptable	0.60	State they are person-centred and include the vision to improve access to patients by drawing on their collaboration with the federation. Also include access to patient records which is a key requirement to reduce duplication and improve patient experience. They advise that they have experience of gaining patient views but don't explain by what means.

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				In terms of responsiveness they advise that they will match service delivery to demand peaks which is essential in order to deliver a responsive service. They also recognise the use of non-clinical staff in their role to support patients and the service including referrals to other services.
[P4 A4]	1.00	4 - Good	0.80	DHU will use regular demand modelling with regular to review to reduce/increase capacity when required. They adopt a reserve/on-call system and 'Guarantor' system as part of their resilience package. They use their multiple LLR services as a safety net to provide further resilience if required. They are a member of the Local Health Resilience Partnership and have incident and BCP plans (inc system-wide incident) that comply with relevant legislation.
[P4 A5]	1.00	3 - Acceptable	0.60	Good narrative but I would want to see evidence of the "diverse mix of staff who speak the most commonly used languages". Also, how would these staff be rostered to provide cover for the service at all busy times? Otherwise good reference to health promotion in the urgent care environment. Described some initiatives and liked the recognition of culture and language being a barrier however i didnt feel that the answer provided a clear strategy and it focused initially on new patients without clearly articulating what they would do for current patients. Did open with key health issues for ELR which one would expect them to know but good starting point in setting scene. Not familiar with healthy new town

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				programme but this sound like a good initiative to be involved with and working in collaboration with key partners.
[P4 A6]	1.00	3 - Acceptable	0.60	Answer addresses all aspects of the question. Some attempt to address possible education needs of TUPE'd staff and future skill gaps.
[P4 A7]	1.00	4 - Good	0.80	Again drawing on their presence and integration with other LLR service to ensure appropriate flow undoubtedly puts the provider in a strong position to maximize utilisation and they address issues with flow. Data analysis a key tool to monitor this which they recognise. Also note the benefits of attendance at strategic meetings to ensure system wide view on demand and capacity and importance of engagement with all providers. The bit that stands out for me in this answer is the recognition of technological improvements and digital referral pathways will have to drive efficiencies and manage demand.

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[P4 A9]	1.00	3 - Acceptable	0.60	Clear concise response, explain their model in details, have good self-care outcomes. Focus on patient need and priority which is essential. Moderation Meeting Comments Panel agree score of acceptable The model and envelope does not allow for the model described in the smaller sites. This requires significant clarification. The concept of "see and signpost" appears to require explanation. to be clarified at CI
[P4 A10]	1.00	3 - Acceptable	0.60	DHU have detailed their experience in both LLR and Erewash and have provided some really positive data upon the outcomes these changes have had for the system and patients. However, they don't specifically reference how they have used patient feedback to develop and design the changes just that patient feedback has been positive. Light on details particularly referencing patient and user feedback (one sentence at the end). In addition, the bidder mentions "multiple counties" within the body of the text but has only two examples. Could offer more detail on the "how" for each service and what the lessons learnt were (applicable to this service) but demonstrates service capability.
[P4 A11]	1.00	4 - Good	0.80	Nice reference to dental services as well as pharmacy services and signposting of the worried well to their practices. Maximises opportunities with prescribing DHU recognise the importance of access to alternatives services in order to manage demand and direct patient to right services. Note they already employ pharmacists and dental nurses so will be

Annex 2 – Section Analysis	Weighting	Your score	Your score (%)	Characteristics and relative advantages of your bid
				familiar with them as part of their workforce model. Provide lots of details on electronic prescribing and the benefits but what I did like about their answer is that it was patient-focused and centered on advice and guidance to increase patient's awareness of the alternatives but the correct use of them.
[P4 A12]	1.00	4 - Good	0.80	The GP5YFV compliance aspect of booking via practices is not explored and requires a clarification question. Integration with the system is clear, but not with primary care. Lateral thinking evident with use of alternative resources (MVC and LUCC) included. How popular LUCC will be with Mkt Harboro residents remains to be seen but evidences capacity flex options. Bit concerned about using Adastra as the specification was specific about using SystemOne.
[P4 A13]	0.50	5 - Excellent	0.50	Good to see working with the patients' practice is to the fore here even with urgent 2WW referrals.
[P4 A14]	0.50	3 - Acceptable	0.30	Would have expected more detail within the mitigations especially given the broad-brush nature of the identified risks. identify the key risks and also provides mitigation, I think they could've included more about timelines and regular mobilisations meetings and risk reviews. Some linkage of risks to KPIs and are service specific. Mitigations rely on experience and not specific plans.
[P4 A15]	0.50	3 - Acceptable	0.30	This is an acceptable response. It describes a range of communications methods used

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				and a learning lessons process to strengthen future processes. It would be strengthened by details of how the wider population (ie potential service users, those with protected characteristics and the seldom heard) and wider stakeholders (there is a strong focus on primary care but little reference to other key stakeholders) were included in the communications plan. The lessons learned aspect would also be improved by a demonstration of how communications and engagement activity was evaluated, and lessons learned for the future. Provided 2 examples and one where the mobilisation period was not sufficient i.e. HVS. They have provided a balanced outlook on what worked well and what didn't. The lesson learned from their city hubs mobilisation i.e. patient representation is good point all too often we forget to utilise the patient who will actually use the service, the most invaluable contribution. Lessons learnt were operationally focussed rather than based on the quality of the communication.
[P4 A16]	0.50	3 - Acceptable	0.30	Once again this relies on service users that already make use of GP practices and primary care services including urgent care. We need to know how the general population will be informed and there is no evidence here about how that will happen. This answer is acceptable in that it demonstrates a range of communications methods to be employed and indicates plans to accomplish this before mobilisation. There is limited detail of how those not registered or engaged with GP practices will be reached or reference to a targeted and tailored approach to

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				communications. The answer also provides limited evidence of how service would be promoted beyond mobilisation. These aspects are implicit in the answer, but inclusion of examples and evidence would strengthen this answer.
[P4 A17]	1.00	4 - Good	0.80	Their answer is founded upon sound partnership working and DHU highlight doing this via a number of channels e.g. healthwatch. There is a real emphasis in relationship building with the CCG and in particular the PC lead and communication team which would be essential. The key thing that stands out is that the provider recognises that partnership working is key to the success of the service. They will also use data analysis to ensure ongoing dialogue about demand and capacity in order to assist with commissioning decisions. Would've liked to have had more on the distinction between in/out of hours
[P4 A18]	1.00	3 - Acceptable	0.60	The answer is acceptable and identifies appropriate methods for signposting and for supporting patients in making choices. There is limited detail provided as to how the effectiveness of signposting would be measured and any necessary changes made to improve processes. The answer would be strengthened by evidence that this has been considered and how staff will be trained to deliver signposting effectively. These weaknesses are minor.
[P4 A19]	0.50	3 - Acceptable	0.30	The answer recognises the difficulties and need to address them and provides some detail of how this would be achieved. It is encouraging to see involvement of PPGs but these groups are not often

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				representative of the wider population so more detail on supporting those with specific needs would strengthen this response (for example it does not address issues regarding managing those for whom English is not the first language). Sound recognition of the potential issues to be addressed. Care-plans - need to ask clarification Q as infers getting involved in LTC care. MODERATION MEETING COMMENTS: Panel agree a score of Acceptable.
[P4 A20]	0.50	3 - Acceptable	0.30	The answer identifies patient outcomes and is clearly focused on patient satisfaction and experience. It is acceptable for the purposes of procurement. It does not however, give supporting evidence regarding the existing friends and family test scores or detail in what way local engagement is highly praised. There is also limited evidence of how these outcomes would be improved beyond consideration of complaints and incidents. Evidence of this would strengthen the response. There is also limited reference to clinical outcomes which may be covered elsewhere in the bid responses but would have been relevant to include here.
[P4 A21]	0.50	3 - Acceptable	0.30	Clear understanding of the benefits of engaging with patients and also highlight how they will do this but the answer didn't fully cover how this will be used to make service improvements. Have a strategy in place though.
Part 4 - Quality - Section B - MOBILISATION	5.00		4.20	

Annex 2 – Section Analysis	Weighting	Your score	Your score (%)	Characteristics and relative advantages of your bid
[P4 B1] Mobilisation plan	1.00	4 - Good	0.80	Good and comprehensive plan with high level GANTT chart plus descriptive tasks. One flaw is the assumption that the Blaby site will be Narborough HC. Robust, clear and well-structured with timescales to fit with CCG mobilisation plans.
[P4 B2] Mobilisation risks	1.00	4 - Good	0.80	Identified risks are high level but mitigation strategies are in place and appear reasonable.
[P4 B3] Project implementation support	1.00	5 - Excellent	1.00	Inclusion of post go-live stabilisation and transformation phases noted as is the 'open' approach to working with the CCG during mobilisation. Moderation Meeting Comments Panel agree score of Excellent, open approach to working with CCG and no surprises approach
[P4 B4] Mobilisation key actions	1.00	4 - Good	0.80	Good response with evidenced reasons. Moderation Meeting Comments Panel agree score of Good, tallies with proposed mobilisation plan
[P4 B5] Contract exit	1.00	4 - Good	0.80	Appears compliant with best practice and demonstrates commitment to seamless delivery of care during changeovers. Answer from an organisation apparently experience in the process in question.
Part 4 - Quality - Section C - QUALITY AND GOVERNANCE	15.00		10.20	

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[P4 C1]	1.00	3 - Acceptable	0.60	Quite a general response. Two examples given of quality improvement programmes but light on details. Recent introduction of a Project Management Office to the bidder's team is encouraging but the answer does not really give any clear information as to what its remit is and how it will work. Some developments but does not have significant process for developing new IT solutions and specific scrutiny of areas where efficiency can be made Moderation Meeting Comments Panel agree score of Acceptable after response to clarification question.
[P4 C2]	1.00	3 - Acceptable	0.60	Again, a reasonable response but light on detail. The bidder refers to 'clinical audits of clinicians' but does not give information as to on what or how these audits will be conducted. For example, will this be reviewing the notes taken by the clinician or will it be just data collection (eg number of patients who return or are subsequently admitted after being discharged from the UCC). An acceptable level of oversight. No linkage to outside agencies for other evidence and no mention of ensuring it is part of professional appraisal.
[P4 C3]	1.00	3 - Acceptable	0.60	A lot of focus on the high-level clinical oversight and complaints and incident processes. However, there is little description of how adult and child safeguarding concerns (no mention of this in the Clinical Director listed responsibilities), implemented clinical guidelines and safety alerts are core

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				component to clinical governance and how learning is incorporated into their service delivery in the same ways as for complaints and incidents. The bidder has included most of the information requested in the question. However, they have not specifically addressed how they manage clinical risk when treating patients at home (and if this is something they do not currently do or do not have experience of, then this should have been stated). Their procedures for reporting and investigating incidents appear robust and comprehensive. There is no specific discussion on how they have implemented evidence-based guidelines or patient safety alerts. They may have felt that mentioning the Clinical Effectiveness subcommittee covered this, but it would have been helpful to understand how they propose that such guidelines are drawn up in the first place, followed by the process for monitoring implementation and subsequent review and revision if required. Again, there is no reference to how patients with existing safeguarding concerns might be flagged to DHU staff if they attend the UCC. Moderation Meeting Comments Panel agree score of Acceptable
[P4 C4]	1.00	4 - Good	0.80	Clear and comprehensive description of how DHU follows the principles and values of the NHS constitution and the CCGs. It is particularly encouraging to see specific reference to the whistle-blowing policy and support for freedom to speak up.

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[P4 C5]	1.00	4 - Good	0.80	All areas of the question about sustainable development answered in full, with clear examples as to how DHU will meet its commitments. The fact that even the vehicles used are being reviewed is good to see. Previous answers have mentioned the piloting of video conference reviews and this is stated again above. The biggest sustainability impact will come from reducing travel and this appears to be fundamental to DHU's sustainability plan.
[P4 C6]	1.00	3 - Acceptable	0.60	I am confused by the first sentence; surely if someone presents with an emergency, a face-to-face consultation there and then would be the best way to assess them? Why would they not be directed to such a consultation? Otherwise, DHU appears to have recognised the need for all staff to have basic training on how to recognise seriously unwell patients, even non-clinical staff. Having SOPs in place to reinforce this training is also excellent. It is reassuring to see that SOPs exist to move staff between centres in case of increased demand in one area compared to another. Covers the main areas but no mention of ongoing support and training of staff to manage emergency situations. Is there a requirement for annual training updates for recognition of cardiac arrest and CPR training updates etc? Are staff asked about these training needs as part of an annual appraisal? These would be standard requirements in general practice. What is the ongoing training of new clinicians with clinical assessment tools, so it is clear they understand their application etc? I think these areas would need to be

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				checked and strengthened.
[P4 C7]	1.00	3 - Acceptable	0.60	Not clear who or to what changes is legislation are escalated to. Also, not clear what they do with the information. Policies are review but it is not clear what steps are taken to amend and update policies. DHU describe a comprehensive process for adopting national and local guidance. They also detail how the information will be disseminated to staff and how they will ensure this has been received (minuted team meetings). The only thing not specifically discussed in this answer is the process of reviewing existing guidelines to ensure they remain up to date and relevant. It states that policies will be reviewed when any significant change occurs, but it would be useful to know, for example, what the standard 'shelf-life' of current guidelines is. Most places will review guidelines at fixed intervals (eg every 3 years) to ensure that all updates and changes have actually been adopted. DHU clearly does this on an ad hoc basis as and when central updates are disseminated but it would be useful to know what they do for those guidelines which don't have national or regional reviews.
[P4 C8a]	1.00	4 - Good	0.80	Annual safeguarding updates provided face-to-face to all staff at appropriate level for their degree of patient contact. Mental capacity and consent and DOLS are covered thoroughly within the local policy and the Prevent strategy is also adhered to. The documentation provided in the next section shows clear evidence of a well-developed and comprehensive safeguarding training package.

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[P4 C8b]				All areas of safeguarding, mental capacity training and Prevent addressed in the attached documents. Examples given are clear and comprehensive.
[P4 C9]	1.00	4 - Good	0.80	Excellent practice to have a dedicated infection prevention and control lead in the service, especially as DHU appear to be the first out of hours organisation to have this. Regular IP&C audits are an essential part of monitoring compliance and DHU conduct these regularly. Linking with local prescribing recommendations also ensures that antimicrobial prescribing is appropriate for the area and addresses potential problems such as localised resistance to certain treatments. The wellbeing of DHU employees is also covered with their links to local occupational health services as required, plus the direct employment by DHU of an occupational health clinician.
[P4 C10] Infection Control	1.00	4 - Good	0.80	The response provides evidence against the question asked, a policy is provided which details the IPC audit plan, training and suitability of premises.
[P4 C11]	1.00	3 - Acceptable	0.60	Moderation Meeting Comments Question was not clear enough to whether it should be quality reporting or reporting of contracting KPI's which was ambiguous. Panel agree score of Acceptable to be fair to all bidders.

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[P4 C12] H&S	Pass/Fail	Pass	n/a	DHU states it will comply with Health and Safety legislation; it makes detailed reference to the current expectations of Health and Safety legislation.
[P4 C13]	1.00	4 - Good	0.80	Comprehensive BCP which covers DHU Healthcare and subsidiary (note doesn't specifically mention the LUCC but as commissioners would we know all providers services more about the principles of BCP. fact that LUCC not included is a contractual issue and not one to mark down). Includes all the expected areas such as IT and telephone failure and unexpected excessive demand on the services and other eventualities. Clear recording and escalation mechanism in place including clear governance and leadership with named individuals. Have a in-depth checklist in place with clear steps/process to follow emphasising areas of extreme importance. Their major/significant events including the on-going access to medicines to ensure continuity of care which is good. Comprehensive IT failure process in place/disaster recovery plan, provides clear actions by role of what they need to do whilst in BCP/major incident as well as when systems are restored. action cards also include screen shot which would aid staff to ensure they are completing appropriately.
[P4 C14]	1.00	3 - Acceptable	0.60	All policy documents included are clear, detailed and easily understood. Duty of candour (after the Francis enquiry) is a key part of all the policies, demonstrating that the patient is at the centre of DHU's ethos. The structure used in each document is consistent so that employees can navigate

Annex 2 – Section Analysis	Weighting	Your score	Your score (%)	Characteristics and relative advantages of your bid
				them easily. The importance of reporting incidents is clearly highlighted and the processes to learn from them (whether 'minor' or 'serious') is described in detail, giving reassurance that staff members can and will have freedom to speak up as needed. Policies received : Child Safeguarding includes link to Leicester Leicestershire and Rutland (LLR) procedures - policy due for review December 2018 Thresholds -Date for LLR is incorrect but link ok Section 7.4 Monitoring – refers to SHA doing annual visit to view Markers of good practice THIS REQUIRES Updating SCR section needs updating to explain what they do not just CCG 7.7 Allegations states in line with Derby and Derbyshire Procedures nothing about LLR Need to check for consistency regarding specific dates of guidance ie Intercollegiate dated as 2006/ 2010 it should be 2014 Looked after Children are specifically vulnerable and there needs to be clear guidance on consent policy due for review December 2018 small inconsistencies should be picked up then other polices in date and evidence of reviews Safeguarding Adult :reference and further information section let this application down (Joint Information Sharing Protocol (Derbyshire Safeguarding Adults at Risk Partnership) NOTHING FOR LLR No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. [p.11] DESPITE IN THE

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				INTRODUCTION STATING THIS HAD BEEN REPLACED BY THE CARE ACT) also contains links to Derbyshire Children Board not LLR Appendix 1 did contain LLR contacts but unable to open the document . polices to undergo a check for removing old guidance and legislation and ensuring staff can easily find LLR contacts. MCA - page 8 no reference to LLR -not clear for staff working in LLR who to contact. Dols -National and local source documents used as evidence base (page 11) has no mention of LLR If successful it would be useful for the Contract lead to speak to the CCG Named GPs in regard to the Service completing the self-assessment tool GP Quality Markers Safeguarding Tool . This was developed to support GP practices to deliver their Safeguarding requirements and for instance there is a section on Looked After Children -consent and registration of this group of children including Adoption specific issues Moderation Meeting Comments Panel agree score of Acceptable, some wrong use of terminology
[P4 C15a]	1.00	3 - Acceptable	0.60	Only one example given referred to a specific safeguarding investigation; DHU does not appear to have been considered to be a significant player in this investigation but as minimal details are provided, it is difficult to evaluate precisely. I have scored this as 'acceptable' rather than 'poor' despite the lack of information provided as the investigation is reported as ongoing and so have presumed

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				that this information is not currently available to DHU. Relatively brief description. One remains open and under review but no detail provided or demonstration of how being handled or potential lessons that might needs to be disseminated? No response regarding Children. But use of Investigation may have influenced the response as in Safeguarding Children only the Police and social Care investigate concerns. All calls and contacts are audited, and a manager's review is undertaken
[P4 C15b]				Difficult question to answer as the way the questions worded one cannot mark down if no investigation/reviews have taken place however if successful the organisation would need to show how lesson learnt are disseminated to all staff.
[P4 C16a]	1.00	3 - Acceptable	0.60	General description of safeguarding policies and reasonable example of a safeguarding referral. A referring agency may be involved in a safeguarding investigation over and above providing details of the clinical consultation; in the example given, if the baby had been seen by a DHU clinician then they may well be invited to a case conference. Would be useful to understand what support and follow up is provided for staff who report safeguarding concerns and also to know if safeguarding supervision is offered to clinicians (have not seen if mentioned in any of the previous documents). There is a lead for vulnerable adults and Named Nurse for safeguarding children and assistant safeguarding nurses. Ensure that staff advice and supervision .

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				Audits of clinical work is undertaken using the RCGP toolkit. In addition the safeguarding team undertake audits on safeguarding referrals made to ensure that they are of good quality and there is compliance with policy. mandatory Safeguarding training/system in place to aide smoother referrals . Any safeguarding incident is reported using Datix, Answer details methods of insuring compliance with Safeguarding :Policies:.written instruction at each bases (would have been useful to see a sample);SG Lead and assistants to give advice supervision;Audit However the response for how you will report incidents to external organisations.is a little vague stating any reporting to external organisations would be undertaken as required as part of this process but no evidence if this has been carried out or that process in place. Please provide a fictitious or anonymous example of a safeguarding incident , the actions taken and the lessons learned The response from the provider showed that the LLR LSCB procedures were followed "Marks bruise on a non-mobile baby " a Provider may be contacted to engage as part of the investigation but not carry out the investigation. If successful it would be worth the provider working with the Named Safeguarding GP and Adult professional to support the organisation in completing the GP Quality Markers tool .This is a self-assessment tool designed specifically for GP practices to support them with their safeguarding duties.

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Part 4 - Quality - Section D - WORKFORCE	10.00		6.91	
[P4 D1a]	0.9091	3 - Acceptable	0.55	MODERATION MEETING COMMENTS: Panel agree a score of Acceptable.
[P4 D1b]	0.9091	3 - Acceptable	0.55	This is very high level. There is no evidence of ELR GP Federation involvement in the management structure and, therefore, no delineation of roles and responsibilities. This appears to suggest DHU are responsible for delivering all of the service. MODERATION MEETING COMMENTS: Panel agree a score of Acceptable.
[P4 D2]	0.9091	3 - Acceptable	0.55	CQ regarding the call handling staff in addition to the reception staff. Would also like to see more including key skill sets and model across the sites in situ. MODERATION MEETING COMMENTS: Panel agree a score of Acceptable.
[P4 D3]	0.9091	3 - Acceptable	0.55	Specific examples of successful applications of these policies would give a higher mark.
[P4 D4]	0.9091	3 - Acceptable	0.55	Please outline your proposed approach to clinical and non-clinical supervision and training for delivery of this service. States proactively encourages training and development for all roles linked to the individual's personal role, their appraisal and to meet the needs of the service. Have a mandatory training matrix that all staff complies with to ensure the minimum

Annex 2 – Section Analysis	Weighting	Your score	Your score (%)	Characteristics and relative advantages of your bid
				requirements for their role are met. Clinical and non-clinical trainers deliver training to the staff which includes a competency package. All clinical trainers have an educational qualification, experience in teaching, and remain clinically credible by working within the service clinically. Staff are encouraged to participate in clinical supervision, and this is mandatory after any significant incident. The Clinical Director, Deputy and Head of Clinical Services regularly work shifts as part of the workforce within the UCCs allowing them to provide visible leadership, direct supervise Have a clinical update report that is shared with all staff monthly.
[P4 D5]	0.9091	2 - Poor	0.36	No information in relation to helping local disadvantaged groups, Ex-Offenders, young people who are classed as NEET to receive the benefit of training, work experience or apprenticeship opportunities Specific groups as per the question, and example of successes in the past not described.
[P4 D6]	0.9091	4 - Good	0.73	A description of each policy would add more assurance to the answer. Examples of improvements led by staff survey results would also be useful. Have appropriate polices in place which are reviewed on a regular basis to ensure compliance with UK legislation. Any changes are made, shared with employees and then published on the DHU Intranet. The HR team keep DHU staff well informed and up to date with current UK employment legislation. Policies and procedures are updated annually to reflect legislation and organisational changes.

Annex 2 – Section Analysis	Weighting	Your score	Your score (%)	Characteristics and relative advantages of your bid
				Equality and Diversity (E&D) Policy is shared discussed at mandatory induction sessions.
[P4 D7]	0.9091	4 - Good	0.73	The Recruitment Policy requests individuals who are recruited have the required qualifications and experience. Pin numbers from the GMC, NMC and HCPC are obtained and verified via the national registers and in the case of GPs cross checking the performers list. References are obtained in relation to the job that the job holder will carry out. Annual checks to verify the employee is on the register of the relevant professional clinical body. All individuals in clinical roles are checked against the HPAN system. All employees are required to meet Mandatory Training Subjects of Basic Life Support, Safeguarding Children and Adults, Infection Control, Health and Safety and Information Governance annually. The requirement and maintenance of qualifications and mandatory requirements are stipulated within each employment contract.
[P4 D8]	0.9091	4 - Good	0.73	Have the appropriate policies in place to ensure that any of the issues identified can be managed appropriately.

Annex 2 – Section Analysis	Weighting	Your score	Your score (%)	Characteristics and relative advantages of your bid
[P4 D9]	0.9091	4 - Good	0.73	Have the advantage of a number of local services which can be delivered in a single workforce strategic way. Rota cover figure of 95% is reassuring (although somewhat risky in single clinician services such as the proposed). Organisation has particular experience in this area of operational management. State will have safe staffing levels providing them with the ability to move staff from one service to another in LLR Have a dedicated rota team working 7 days a week who manage all aspects of rota fulfilment with bank and agency staff available to work additional hours to meet unexpected demand.
[P4 D10]	0.9091	5 - Excellent	0.91	Appears compliant and the expected information is present. Complete DBS checks for all employees joining DHU. Describe the appropriate DBS process which needs to be followed. .
Part 4 - Quality - Section E - IT	5.00		3.20	
[P4 E1]	Pass/Fail	Pass	n/a	Provider has confirmed that they will comply with the IM&T specifications
[P4 E2]	Pass/Fail	Pass	n/a	The bidder has confirmed they either have or intend to have HSCN
[P4 E3]	1.00	2 - Poor	0.40	Moderation Meeting Comments Panel agree score of Poor, specification required use of SystmOne, not Adastra, and there was no description of what hardware is proposed

Annex 2 – Section Analysis	Weighting	Your score	Your score (%)	Characteristics and relative advantages of your bid
[P4 E4]	1.00	4 - Good	0.80	Provider has acknowledged SCR for viewing Non S1 practices and highlighted access to care plan and special patient notes. Provider has demonstrated awareness of the national interoperability initiative GP Connect and the potential functionality this will have. Good response indicating benefits to patients and service through use of SystmOne and demonstrated understanding of gaps and identified solutions.
[P4 E5]	1.00	3 - Acceptable	0.60	Bidders response shows clear understanding of the direct bookable function, both in concept and execution. Gaps in known functionality are understood. Bidder could have strengthened the response by providing more evidence in their own direct dialogues with EMIS.
[P4 E6]	1.00	4 - Good	0.80	The provider has outlined fully the functionality for ensuring discharge notifications to GP and in the case of S1 they will fully update the record.
[P4 E7]	0.50	4 - Good	0.40	Good response demonstrating understanding of risk and impact areas, with a range of suggested alternatives.
[P4 E8]	0.50	2 - Poor	0.20	Unable to locate supporting documents to outline DHU111 flow. Fundamental element of consent is missing from providers response, although functionality has been outlined. Provider response has given detail on accessing patient special patient notes but limited reference to SCR 2.1. The response is lacking in detail of

Annex 2 – Section Analysis	Weighting	Your score	Your score (%)	Characteristics and relative advantages of your bid
				circumstances under which SCR would be accessed and how. The response demonstrates an awareness of SCR and benefits. Good description of SPN process, but the question is about SCR.
[P4 E9]				Provider has supplied business contingency plan. Outlines current contingencies.
Part 4 - Quality - Section F - INFORMATION GOVERNANCE	6.50		4.33	
[P4 F1]	0.6190	4 - Good	0.50	Relevant security and information governance policies and processes appear to be demonstrated through the policies provided. However, the provider needs to ensure reference to the new legislation and requirements are incorporated across all policies (i.e. in relation to the Data Protection Act 2018 and the General Data Protection Regulation).
[P4 F2]	0.6190	4 - Good	0.50	Very clear answer indicating that the controls we would expect to see are in place.
[P4 F3]	0.6190	4 - Good	0.50	Very clear answer outlining clear and adequate processes are in place. Good consideration of different circumstances under which data may need to be transferred and identification of the need for PIAs and agreements in some circumstances. Provider has outlined effective processes for the management of PCD.

Annex 2 – Section Analysis	Weighting	Your score	Your score (%)	Characteristics and relative advantages of your bid
[P4 F4]	0.3095	4 - Good	0.25	Very clear answer indicating that the controls we would expect to see are in place.
[P4 F5a]	0.6190	3 - Acceptable	0.37	Adequate training provision is described although it's a bit of a concern that the answer states an online tool will be used which indicates IG training may not be routinely provided already.
[P4 F5b]				
[P4 F6]	0.00	4 - Good	0.00	Level 2 demonstrated across the Information Governance toolkit requirements demonstrating level of capability.
[P4 F7]	0.6190	3 - Acceptable	0.37	The answer is acceptable in that it shows that the bidder understands the general principles and processes to be followed and is aware of the changes to the process following DPA2018. The answer doesn't really provide much detail though to fully show that clear processes are in place, for example around verifying applicant identity, requests from third parties, consideration of exemptions.
[P4 F8]	3.0952	3 - Acceptable	1.86	MODERATION MEETING COMMENTS: Panel agree a score of Acceptable, included marginal activity which is important if it includes out of area costs
Part 4 - Quality - Section G - EQUALITIES	2.00		1.40	

Annex 2 – Section Analysis	Weighting	Your score	Your score (%)	Characteristics and relative advantages of your bid
[P4 G1]	0.50	3 - Acceptable	0.30	The answer covers most of the expected standards and a range of methods for ensuring equality and diversity for staff and service users. The answer references a policy based on national legislation which is underpinned by supporting values which reflects the importance of E&D to the organisation. Response is adequate for procurement but could be strengthened by details of the goals and outcomes referenced, the methods used to collect and act on service user feedback (protected groups/seldom heard) and evidence of how the culture is driven by the board and senior leaders as there is not sufficient evidence provided for full assurance. Organisations ets out what is doing to embed E&D into their day to day practices

Annex 2 – Section Analysis	Weighting	Your score	Your score (%)	Characteristics and relative advantages of your bid
[P4 G2]	1.00	4 - Good	0.80	The answer demonstrates a range of methods to involve and act on the views of those from seldom heard groups including examples of how this works in practice. This is evidence based with data collected from a range of appropriate sources. There is evidence of how feedback is reviewed and the associated governance processes. The examples provided show how feedback in this important area has influenced change with provision of new materials for staff and for service users. Further assurance could have been provided by the demonstration of how the outputs from these processes are communicated to service users and stakeholders. Whilst important, this is a minor point. Strong methods in place to capture patient satisfaction and feedback disaggregated by each of the protected characteristics.
[P4 G3]	0.50	3 - Acceptable	0.30	Organisation confirms that it has had no complaints of this nature in the past three years.
Part 5 - Declarations				
[P5 D1]	Pass/Fail	Pass	n/a	Answered Yes.
[P5 D2]	Pass/Fail	Pass	n/a	Answered Yes.
[P5 D3]	Pass/Fail	Pass	n/a	Answered Yes.
[P5 D4]	Pass/Fail	Pass	n/a	Answered Yes.
[P5 D5]	Pass/Fail	Pass	n/a	No conflicts of interest declared

Annex 2 – Section Analysis	Weighting	Your score	Your score (%)	Characteristics and relative advantages of your bid
CONFIRMATION REQUIRED i.	Pass/Fail	Pass	n/a	Answered Yes.
CONFIRMATION REQUIRED	Pass/Fail	Pass	n/a	Answered Yes.
Financial	30.00		28.98	
[P3 C1] FMT	20.00	19.98	19.98	Bidder is £6,460 higher than the lowest bid over the 3 years of the contract
[P3 C2] Cash Flow	10.00	9.00	9.00	Assessed from published criteria - full marks on most areas bar creditors ratio but overall cash flow is strong and supported by confirmation from bankers. Creditors ratios not met, 1% not awarded, all other ratios met.
[P3 C3] Costs confirmation	Pass/Fail	Pass	n/a	Bidder has confirmed that all costs have been included