Invitation to Quote (ITQ)

Specification for COVID-19 Learning Disabilities Mortality Review (LeDeR) Programme

I am pleased to inform you that Midlands and Lancashire CSU (MLCSU) on behalf of Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCGs) wish to invite you to participate in this ‘Invitation to Quote’ for COVID-19 LeDeR Project.

Following the receipt of your quote the Evaluation panel will evaluate the proposals against each other within the evaluation matrix below. Final selection will be based on the ability of the service Provider to provide the required service at the best price, at the optimum performance level and with a clear and demonstrable implementation/delivery programme.

Bidding Providers must obtain for themselves at their own responsibility and expense all information necessary for the preparation of their bids and will be deemed to have availed themselves of all necessary information in submitting bids. In the event that the CCGs decide not to award this contract, there will be no liability for the CCGs for any costs incurred by the bidding Providers.

The maximum contract value for the 15month contract is £36,000.00 GBP.

The total contract value if extension period is utilised is £64,800.00 GBP

This extension period will not form part of the evaluation process.

The Commissioner reserves the right to reject bids that come above this financial threshold.

Please find below:

Appendix A the Specification Brief which will help you direct your response appropriately.

Appendix B which details the timescale of this process, scoring criteria and section weightings.

Appendix C Pricing and Performance schedule.

Appendix D Governance Requirements

Appendix E Reporting Templates

Appendix F Standard Commissioner SOP

Please do not hesitate to contact me with any questions.

Kind regards,

***Elaine Butler***

**Senior Procurement Officer**

**Appendix A**

**Specification details:**

The Learning Disabilities Mortality Review (LeDeR) Programme is aimed at making improvements to the lives of people with learning disabilities. Reviews of deaths are being carried out with a view to improving the standard and quality of care for people with learning disabilities.

The Staffordshire and Stoke-on-Trent CCGs’ LeDeR review management specification has been produced to support the delivery of the programme across the local authority by delivering the required reviews in-line with the requirements from the national programme set out on the University of Bristol websites guidance documents (<http://www.bristol.ac.uk/sps/leder/about/>).

The specification is designed to outline the roles and responsibilities required to manage the review allocation, with completion and submission to the CCGs for presentation to the programme’s oversight groups and committees.

The specification is designed to outline the programme manager’s considerations, Local Area Contact (LAC) requirements and additions to the reviewer specifications. The LAC and reviewer responsibilities are to be delivered in line with the minimal skills and knowledge as defined by the programme’s LeDeR roles and responsibilities which can be found at <http://www.bristol.ac.uk/sps/leder/about/roles-and-responsibilities/>. The two roles must also comply with the minimal requirements set out in the LAC and reviewer national job descriptions. These are found at:

LAC – <http://www.bristol.ac.uk/media-library/sites/sps/leder/Role%20description%20Area%20Contact_V4%20updated%2024.9.19.pdf>

Reviewer - <http://www.bristol.ac.uk/media-library/sites/sps/leder/2020_ReviewerRoleDescription_PDF.pdf>

The Provider will need to outline how they plan to meet these role descriptions’ minimal requirements in order to meet the specification below.

The LeDeR programme is managed currently via a national portal. All documentation and review reports should be managed via this system and not managed on any local systems to comply with the Secretary of States Section 251 approval. The Commissioner of the service is Staffordshire and Stoke-on-Trent CCGs and will be referred to as the Commissioner throughout this document.

The contract length will be 15 months, commencing 1st Feb 2021 Dec 2020 concluding 30th April 2022 with the option of extending for a further 12 months subject to Provider performance.

Please note that dependent on the Commissioners financial position this contract will have a 3 month break clause.

**Key performance and quality indicators – The contract will need to provide evidence of how they meet the following – Schedule as per Appendix C:**

**National System Key Performance Indicators**

* **KPI 1 -** 100% of reviews allocated in three months from notification by NHSE/I.
* **KPI 2 -** 100% of reviews completed in six Months from notification by NHSE/I.
* **KPI 3 -** 100% of CDOP cases placed on hold on the National System, within two weeks of notification.
* **KPI 4 -** 100% of reviews indicated on hold on the national system through agreement with the Commissioner within two weeks.

**Local Reporting Key Quality Indicators**

* **LPI 1 -** Weekly review tracker sent to the Commissioner via email to [leder.programme@nhs.net](mailto:leder.programme@nhs.net) by Friday 9am – none face to face.
* **LPI 2 -** Monthly review meetings (face to face via teams) to discuss progress against the National and Local reporting quality indicators – face to face.
* **LPI 3 -** Progress on all reviews demonstrated against a five stage progression system on an excel document Provider by the Commissioner. This reporting may change in year dependent upon NHSEI reporting. The Commissioner will work with the Provider if these changes occur,
* **LPI 4 -** 100% of reviews quality checked prior to submission to the Commissioner for closure as per Appendix E.
* **LPI 5 -** 100% of the reviews are with the Commissioner, for closure no later than 14 days prior to the 6 month deadline.
* **LPI 6 -** All reviews requiring escalation or Multi Agency Review (MAR) identified by five months from notification and escalated to the Commissioner.
* **LPI 7 -** All reviews where Next of Kin details are available should have been contacted within 2 weeks from allocation.
* **LPI 8 -** 100% of reviews requiring Multi Agency Review will be set-up, co-ordinated, attended to meet the MAR standards within 4 weeks of agreeing with the Commissioner. To note MAR is considered to be part of the review process and therefore not a separate LeDeR review and therefore should not be costed or charged as a separate entity.
* Alert families or individuals who knew the person well, to the programme, utilising agreed templates within four months of NHSE/I notification.
* **LPI 9 -** Every three months the Provider will provide the Commissioner a word document outlining immediate learning.
* **LPI 10 -** Every six months the Provider will provide the Commissioner a word document outlying early themes and trends.
* **LPI 11 -** The Provider will provide the Commissioner with a full report on the learning from the contract at the end of the 15 month contract.
* **LPI 12 -** The Provider will attend the LeDeR review Group which meets bi- monthly presently to present their progression of the cases they are undertaking.

**Local Quality Indicators**

* **LQI 1 -** Escalate any reviews that demonstrate safeguarding concerns, police involvement or areas identified as serious harm or injury to the Commissioner, within 24 hours.
* **LQI 2 -** Respond appropriately to national annual report recommendations.

**Response**

Please provide the following:

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| --- | --- |
| **1** | The Staffordshire and Stoke-on-Trent CCGs LeDeR system is responsible for undertaking robust and high-quality reviews of the deaths of people with Learning Disabilities.  The definition of review management under this procurement, is to undertake a robust quality review of an individual with a recorded Learning Disability who was registered with a Staffordshire or Stoke-on-Trent General Practice (which indicates the area in which the person lived under the national programme definition). The responsibility of the Provider leading this contract to lead the LeDeR mortality review in line with the standards set out under the “Detailed process of reviewing deaths” by the University of Bristol on behalf of HQIP and NHSE/I.  All reviews are undertaken using the secure web based LeDeR review system, with all review documents completed on-line and any additional case notes and supporting paperwork stored within the LeDeR review system. |
| **2** | **Summary of Contract Responsibilities**   * To develop a Standard Operating Procedure (SOP) for LeDeR review management which is in line with the Commissioner SOP Appendix F within 2 weeks of commencing the contract. This is to be shared with the Commissioner SRO (Executive Director of Nursing and Quality) for sign off. * To ensure all reviewers have completed the relevant training and have been allocated to the national system. * To have one person, at least, trained as a Local Area Contact (LAC) for the Staffordshire and Stoke-on-Trent LeDeR programme and assigned on the system as an Assistant LAC ((A)LAC) as per the job description as defined by the National Team. As referred to in specification criteria. * That person to have approval to undertake the role of (A) LAC by the programme’s Senior Responsible Officer and the NHSE/I Midlands Regional Coordinator, as per the application process. * To receive notifications of deaths of people with Learning Disabilities from the central LeDeR team via the national system. * To allocate deaths to be reviewed to reviewers within three months of notification. * To complete document ‘preload/core data’ process as per Stage 2 & 5 in SOP at Appendix F and ancillary document requests from reviewers. To work with local partners to contribute to the LeDeR review process. * Alert the Commissioner to any cases requiring Next of Kin (NOK confirmation) or Multi Agency Review (MAR) requirements (i.e. Black, Asian and Minority Ethnic (BAME) or 18 to 25 year old automatic MAR process) within 24 hours of being made aware. * Ensure reviewers conduct a multiagency review of a death, where appropriate, involving collation of case documentation, and ensure a multiagency meeting takes place at which contributory factors leading to death are discussed, as well as learning points, recommendations and an action plan agreed. Commissioner to be informed of MAR requirements and ensure the reviewer is available to chair with a LAC or (A)LAC vice chair support as overseeing the arrangement, setting up and progress of the MAR. * Monitor the progress and completion of reviews to ensure that they are of a consistent standard, to the required quality, and completed in a timely and comprehensive way as per key quality performance indicators. * Ensure all reviewers are completing online templates via the national system to enable remote monitoring i.e. as they complete sections they are updating the national template not any local saved versions as per NHS Information Governance standards and contract monitoring requirements. * Monitor the quality of reviews of deaths and ensure that they are of an appropriate standard prior to submission to the Commissioner for closure as per key quality performance indicators as per Appendix E. * Ensure reviewers conduct an initial review of each death to alert the system to any immediate considerations i.e. documentation needs, further consideration from information provided e.g. requirement to hold the case etc. * Maintain communication with the Commissioners Local Area Contact at the agreed intervals to update on progress and highlight any problems. To work with the Commissioners to identify solutions to emerging problems such as document upload issues, NoK details, cases that may be on hold, and cross overs with any other investigation processes (i.e. safeguarding). Work with the Commissioner to address issues that arise; out of area reviews, cases to put on hold, no confirmed Learning Disability, police involvement, and Coroner hold requests. Escalate any reviews that demonstrate safeguarding concerns, police involvement or areas identified as serious harm or injury to the Commissioner, within 24 hours. * Ensure the Provider provides accurate and concise reports of the reviews and complete the required documentation on the national system. * Submit the completed documentation to the Commissioners’ Local Area Contact via the LeDeR review system. * Actively demonstrate a culture that values openness, honesty, rigour and challenge. * To provide weekly progress on updates to the Commissioner, in the agreed format. * Any national programme changes or requests will be directed by the Commissioner and requests will be passed to the Provider for implementation. The Provider will be expected to accommodate any national process change requests. |
| **3** | **Considerations included in the contract:** Out of process requirements.  If a person is in an ‘**out-of-area’ (OOA) placement,** the Provider will allocate a reviewer if they were registered with a Staffordshire GP unless there are compelling reasons why this should not be the case, i.e. if the person has very recently moved and most information about them maybe held in a different area. In such circumstances, a discussion is required between the sending and receiving CCGs to agree who will lead the review and how best to collaborate. If the review is designated to the Staffordshire and Stoke-on-Trent programme then the Provider will be expected to work with the OOA LeDeR programme LAC to obtain information for the review.  The Provider’s governance processes for the programme will need to meet the recommendations and statutory requirements as set out in the NHSE/I report – ‘**Independent Review into Thomas Oliver McGowan’s LeDeR Process’** published in 2020. Annex D outlines the abridged responsibilities that the Provider will be required to meet. It is intended that this specification meets the Department of Health and Social Care and NHS England and NHS Improvement’s conclusions from their independent review. It is outlined as an intrinsic part of the specification to enable the local programme to provide evidence that it has the correct governance processes when commencing the initial review of any relevant death. Annex D sets out the required actions (statutory and non-statutory) in a chronological order to make sure an appropriate and thorough investigation process (where required) is concluded Adherence to which will need to be demonstrated by the Provider. Any other reviews or recommendations need to be taken into consideration.  Respond appropriately to **national annual report recommendations**. Each year the National LeDeR programme publishes annual reports and focused reports (i.e. Covid 19 reports in 2020). The Provider should appraise themselves of these reports and the Staffordshire and Stoke-on-Trent programme reserves the right, in consultation with the organisation, to enact the recommendations as required by these reports.  The Provider will need to have the flexibility to meet the planned national change for the **national reporting system** due in July 2021. The local programme lead will ensure the Provider is kept appraised and updated on any training or process alterations that are required to enable delivery of this specification and service. [Link to Bristol National Page](http://www.bristol.ac.uk/sps/leder/).  **Multiagency review -** In provision of this contract, all reviews will be assessed upon their need for a MAR, by the Provider. Once the Provider LAC has identified the MAR, they will need to inform the Commissioner. The Commissioner will need to know which agencies are required and agree to progress the MAR. Once agreed the Commissioner and Provider will work in partnership to undertake a MAR. A final note it is the reviewers responsibility to chair this multiagency review. As identified above MAR is part of the LeDeR review process. Details can be found at <http://www.bristol.ac.uk/sps/leder/about/detailed-review-process/multiagency-review/>  **Re-allocation of reviews** at times will be necessary to allocate reviews within the timescales set by the KPI’s. This is due to a multitude of reasons including reviewer performance/absence, national requirements or local initiatives. Re-allocation will be at the Provider’s discretion and any exceptions to the agreed milestones and indicators affected by this will be agreed with the Commissioner prior to re-allocation. |
| **4** | Please provide a detailed pricing structure (outlining what is included/excluded). All pricing should be in pounds sterling and should be exclusive of VAT. Please confirm in your pricing structure any areas that will incur VAT and at what rate.  Please see Appendix C. |

**Appendix B – Timescales, Scoring Criteria and Section Weightings**

**Timescale** (dates subject to change)

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| **Stage** | **Date** | **Relative to:** |
| Deadline for clarification questions | 19th January 2021 | All bidders wishing to quote |
| Deadline for receipt of proposals | 22nd January 2021 | All bidders wishing to quote |
| Notice of Award | 29th January 2021 | All bidders that quoted |
| Delivery of work commencement | 1st February 2021 | Successful bidder |

Bids will first be checked for completeness and compliance before responses are evaluated. Where in the opinion of the CSU/CCGs a bid is not complete and/or compliant, then the partner may be disqualified. In this event, further evaluation of the bid will not be undertaken.

Subsequent to this review, an individual evaluation of bids will be completed by a team of evaluators based on the responses received. No prior information or knowledge of potential partners will be used.

Bids will be evaluated using a scoring system – this will have weighting applied (Quality & Financial – see below) and the total score will determine the chosen partner.

Each question will be scored on a ‘stand-alone’ basis – the response to each question must therefore be self-contained and not rely on information provided in responses to other questions.

**Section weightings**

The following section weighting will be applied to scoring bids that have been deemed compliant:

**Weightings – Totalling 100%:**

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| **Quality** | **60%** |
| Sub Criteria: Local Area Contact (LAC) Training.  Plan to have LAC in place by 1st February 2021. | 20% |
| Sub Criteria: Response to governance Appendix D: Governance Requirements within bid submission. | 20% |
| Sub Criteria: Statement on how the Provider will meet each of the contract responsibilities in Appendix A. | 20% |
| **Price** | **40%** |
| **TOTAL** | **100%** |

**Scoring Example for Pricing (see Appendix C for contract value):**

All bids shall be scored on a pro rata inverse percentage basis in relation to the lowest price.

For example - Bid 1 £50,000 scores 5.

Bid 2 £65,000 scores 3.85

Bid 3 £100,000 scores 2.50

**Scoring Criteria for Quality:**

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| |  |  |  | | --- | --- | --- | | Score Label | Value | Definition | | Excellent | 5 | The response is excellent in relation to the stated requirements of the question. The details provided demonstrate that the bidder’s approach fully meets the requirements of the question and provide a very high level of confidence of the bidder’s skills, expertise and understanding of the requirements. The response is exemplary and comprehensive, demonstrating that the requirement can significantly be exceeded. | | Good | 4 | The response is good in relation to the stated requirements of the question. The details provided demonstrate the bidder’s approach fully meets the requirements of the question and provide a high level of confidence of the bidder’s skills, expertise and understanding of the requirements. No concerns were evident with the response. | | Acceptable | 3 | The response is acceptable in relation to the stated requirements of the question.   The details provided demonstrate the bidder’s approach meets the requirements of the question (with only minor omissions) but would benefit from being more detailed and demonstrating further added value and/or contains minor concerns. | | Poor | 2 | The response is poor in relation to the stated requirements of the question. The response provides a low level of detail and provides little evidence that the bidder has the expertise to satisfy the requirements of the question with weaknesses apparent in some areas and/or demonstrates some misunderstanding of the requirements. | | Very Poor | 1 | The response is very poor in relation to the stated requirements of the question. The response provides a very low level of detail. There is a significant lack of evidence presented to demonstrate that the bidder has the expertise to satisfy the requirements of the question. | | Unacceptable/No answer | 0 | The response is either unacceptable as it fails to provide any evidence whatsoever that the bidder can meet the requirements set out in the question or is entirely lacking in detail or no answer has been given.  The response does not comply with or has failed to demonstrate an understanding of the stated requirements of the question. | |

**The Bid Submission**

***If you would like to provide us with a quotation for this work please register on the Bravo Portal where this procurement process will be managed:***

***mlcsu.bravosolution.co.uk***

***We require the quotation to be submitted on headed paper through this Bravo Portal.***

All Bidders, as well as describing the approach they would take to this work, should, in their submission of not more than 10 pages, set out the following;

* Explain how you may meet the key requirements outlined in this document.
* Details for 2 references that MLCSU can contact (this should be customers to whom you have provided work similar to that included in the ‘specification’)
* Agreement to adhere to the terms and conditions of the NHS standard contract for services
* Explain how you may meet the sub-criteria of weightings outlined in Appendix B.

**Appendix C - Pricing Structure**

The maximum contract value for the 15month contract is £36,000.00 GBP. Any submissions above this maximum value will be excluded from the evaluation.

The total contract value if extension period is utilised is £64,800.00 GBP

This extension period will not form part of the evaluation process.

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**Payment Schedule**

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**Performance Schedule**

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| **National System Key Performance Indicators** | | **Milestone per review** | **Numerator** | **Denominator** | **Reporting** | **Timescale** | **Template** |
| KPI 1 | 100% of reviews allocated in 3 months from notification by NHSE/I | 3 months from notification by NHSE/I | 100% | % not achieved | Per review | Monthly | Monthly KPI Report |
| KPI 2 | 100% of reviews completed in 6 Months from notification by NHSE/I | 6 months from notification by NHSE/I | 100% | % not achieved | Per review | Monthly | Monthly KPI Report |
| KPI 3 | 100% of CDOP cases placed on hold on the National System, within 2 weeks of notification | 2 weeks of notification | 100% | % not achieved | Per review | Monthly | Monthly KPI Report |
| KPI 4 | 100% of reviews indicated on hold on the national system through agreement with the Commissioner, placed on hold within 2 weeks | 2 weeks of notification | 100% | % not achieved | Per review | Monthly | Monthly KPI Report |
|  | | | | | | | |
| **National System Local Performance Indicators** | | **Milestone** | **Numerator** | **Denominator** | **Reporting** | **Timescale** | **Template** |
| LPI 1 | Weekly review tracker sent to the Commissioner via email to leder.programme@nhs.net by Friday 9am. | Weekly return | Received 9am Friday | Not received | Per Template | Weekly | Weekly Review Tracker |
| LPI 2 | Monthly review meetings (face to face via teams) to discuss progress against the National and Local reporting quality indicators. | Monthly meeting schedule | Attendance | None attendance |  | | |
| LPI 3 | Progress on all reviews demonstrated against a five stage progression system on an excel document provider by the Commissioner. This reporting may change in year dependent upon NHSEI reporting. The Commissioner will work with the Provider if these changes occur. | Weekly return | Received 9am Friday | Not received | Per Template | Weekly | Weekly Review Tracker |
| LPI 4 | 100% of reviews quality checked prior to submission to the Commissioner for closure as per Appendix E. | Weekly return | 100% | % not achieved | Per review | Weekly | Weekly Review Tracker |
| LPI 5 | 100% of the reviews are with the Commissioner, for closure no later than 14 days prior to 6 month deadline. | Weekly return | 100% | % not achieved | Per review | Weekly | Weekly Review Tracker |
| LPI 6 | All reviews requiring escalation or Multi Agency Review identified by 5 months from notification and escalated to the Commissioner. | Weekly return | 100% | % not achieved | Per review | Weekly | Weekly Review Tracker |
| LPI 7 | All reviews where Next of Kin details are available should have been contacted within 2 weeks from allocation. | Weekly return | 100% | % not achieved | Per review | Weekly | Weekly Review Tracker |
| LPI 8 | 100% of reviews requiring Multi Agency Review will be set-up, co-ordinated, attended to meet the MAR standards within 4 weeks of agreeing with Commissioner. | Weekly return | 100% | % not achieved | Per review | Weekly | Weekly Review Tracker |
| LPI 9 | Every 3 months the Provider will provide the Commissioner a word document outlining immediate learning. | Quarterly return | 5 reports | Reports submitted | Agreed Format | 14 days after end of quarter | Agreed format |
| LPI 10 | Every six months the Provider will provide the Commissioner a word document outlying early themes and trends. | 6 monthly return + 1 3 month end of contract | 3 reports | Reports submitted | Agreed Format | 14th July 2021; 14th January 2022; 14th April 2022 | Agreed format |
| LPI 11 | The Provider will provide the Commissioner with a full report on the learning from the contract. | At end of 15 month contract | 1 report | Report submitted | Agreed Format | 14th April 2022 | Agreed format |
| LPI 12 | The Provider will attend the LeDeR review Group which meets bi- monthly presently to present their progression of the cases they are undertaking. | Bi-monthly meeting schedule | Attendance | None attendance |  | | |
|  | | | | | | | |
| **Local Quality Indicators** | | **Milestone** | **Numerator** | **Denominator** | **Reporting** | **Timescale** | **Template** |
| LQI 1 | Escalate any reviews that demonstrate safeguarding concerns, police involvement or areas identified as serious harm or injury to the Commissioner, within 24 hours. | Within 24 hours | 100% | % not achieved | Per review | Monthly | Monthly KPI Report |
| LQI 2 | Respond appropriately to national annual report recommendations. | Published by August 2021 | Briefing to commissioners | | | 14th September 2021 | Agreed format |

**Appendix D – Governance Requirements**

(Abridged to the service specification from the Independent Review into Thomas Oliver McGowan’s LeDeR Process 2020)

| No | Recommendations |
| --- | --- |
| 2 | Clear guidance should be produced to enable CCGs to effectively ‘triage’ individual deaths, to ensure that the most appropriate governance methodology is used to review them (based on circumstances and complexity). |
| 3 | All those who are new to the role of lead reviewer, or local area contact (LAC), must be allocated a ‘buddy’ who is experienced in the LeDeR process. |
| 4 | There should be clear guidance on the roles of buddy and second reviewers. |
| 5 | Dedicated time and administrative support must be given to reviewers and LACs to undertake complex LeDeRs. |
| 6 | There must be a transparent process for LeDeR in each locality, with robust governance and appropriate resources to ensure that each review is properly monitored in terms of procedure and outcomes. |
| 8 | Additional guidance should be produced that supports and advises LeDeR reviewers and LACs in situations where there are local disputes regarding the process or outcome of a LeDeR. This must include an independent escalation procedure to be used where there is a difficulty or impasse that cannot be resolved locally. |
| 9 | The LAC and the lead reviewer should confirm at the onset of the LeDeR process how much support is needed and what it should look like.  Guidance for reviewers should emphasise that when undertaking a LeDeR, there is an onus on a team responsibility to complete the process to the required standards, rather than it falling to an individual (the lead reviewer, in this case). |
| 11 | Experienced reviewers should be used when circumstances are intricate or challenging. The national LeDeR team should hold a national database of such reviewers to aid this process. |
| 13 | When a multi-agency review (MAR) is indicated, it is important that the correct process and outcomes are achieved.  It is therefore expected that where the reviewer and the LAC have no previous experience of a MAR, they will seek support from a ‘buddy’ who does. |
| 15 | In regard to the MAR meeting itself, it is recommended that there is action taken to:   * ensure that families are central to the process, are offered full sight of all documents, and are invited to attend all or part of the meeting as they wish * review the purpose of the MAR with specific reference to the function of Question 8 (now Question 9 in version R05) and, should this question be retained, provide clear guidance for MAR participants; also, to think through whether this question should be asked in confidence if it is a particularly difficult situation |
| 17 | A system process chart should be developed to enable reviewers to ensure they are undertaking the review correctly. This should include standard templates and a self-assessment tool that reviewers can use, to ensure consistency across the country. |
| 18 | There should be an assurance process with regard to providing regular, appropriately documented supervision for individual LeDeR reviewers. |
| 20 | Appropriate support should be available to reviewers, along with strong governance, to ensure that all LeDeR recommendations are robust and actioned in a timely manner, and that lessons learnt are shared nationally. |

**APPENDIX E: REPORTING TEMPLATES**

As part of the contract any Provider will be expected to complete the reporting templates as per the SOP and reporting requirements.

There are examples of a current system used by the Commissioners however, they are subject to change throughout the contract if identified by learning, national reporting requirements and local reporting requirements. Any changes that the Provider or the Commissioner want to impose will need to be mutually agreed before changes are enacted.

We will share these templates with the contracted organisation on handover.

**Appendix F**

**The current Commissioner LeDeR Standard Operating Procedure (SOP) – this should only be used as a template and the Provider is expected to tailor this to their service delivery.**

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| 1.0 PURPOSE AND INTRODUCTION |

This Standard Operating Procedure (SOP) is intended to define the processes involved in Learning Disability Mortality Reviews (LeDeR) where an individual’s named GP Practice is within Staffordshire and Stoke-on-Trent. It should be recognised that LeDeR is not an investigation process and separate processes exist for these purposes.

The definition of review management under this SOP, is to undertake a robust quality review of the deaths of all individuals with a recorded Learning Disability who were a resident and registered with a Staffordshire or Stoke-on-Trent General Practice (which indicates the area in which the person lived under the national programme definition). The Commissioners have a responsibility to ensure that this programme is conducted in line with the standards set out under the “Detailed process of reviewing deaths” by the University of Bristol on behalf of Healthcare Quality Improvement Partnership (HQIP) and NHSE/I.

All reviews are undertaken using the secure web based LeDeR review system, with all review documents completed on-line and any additional case notes and supporting paperwork stored within the LeDeR review system.

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| 2.0 TRAINING |

There are three key roles involved in the LeDeR programme; Local Area Contact, Reviewer and Support Officer. Training for these is available on the national portal and can be accessed as set out below.

**Local Area Contact (LAC) Training:**

1. Application needs to be made to the NHSE/I regional coordinator via the approved format to become a LAC for the programme. This needs to be sanctioned by the Programme Senior Responsible Officer prior to submission.
2. Register for an account on the national learning portal: <https://www.lederlearning.co.uk/login/index.php>

Ensure ‘Access level requested’ is selected as ‘Local Area Contact’.

Ensure that ‘CCG’ is selected as ‘Midlands: NHS East Staffordshire CCG’.

1. Complete the ‘LeDeR for Local Area Contacts’ training on the national learning portal.
2. Once completed, agreement is required from NHSE/I regional coordinator.
3. Once approved by NHSE/I, there is automatic access to all cases assigned to the Staffordshire and Stoke-on-Trent Programme.

**Reviewer/Support Officer Training:**

1. Register for an account on the national learning portal: <https://www.lederlearning.co.uk/login/index.php>

Ensure ‘Access level requested’ is selected as ‘Reviewer’.

Ensure that ‘CCG’ is selected as ‘Midlands: NHS East Staffordshire CCG’.

1. Complete the training ‘LeDeR for Reviewers’ on the national learning portal.
2. Once the training has been completed, it will need to be approved by the LAC.
3. Once approved by the LAC, an email will be sent containing a username and a link to set a password – this link is only valid for 72 hours.

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| 3.0 PROCESS MAP FOR LeDeR |

**Stage 1 (Week 1-2)**

* Notified by National System of LeDeR review allocated to Commissioners.
* Assign Support Officer as ‘buddy’ reviewer.
* CCG LAC to put Child Death Oversight Panel cases on hold.

**Stage 2 (Week 2-6)**

* Support Officer to commence preload of documentation.
* Support Officer/LAC to identify any missing information.
* LAC to alert Commissioners where there is no NOK or missing information.
* Support Officer to send Family pack to Next of Kin.

**Stage 3 (Week 6-8)**

* LAC to identify reviewer with right experience and available capacity to review.
* Support Officer to receipt the consent form from NOK.
* Commissioners to investigate with safeguarding where no NOK information.

**Stage 4 (Week 8-12)**

* LAC to allocate reviewer with right experience and available capacity to review.
* Reviewer to commence review on national system.
* Reviewer to contact NOK or Commissioners to confirm where NOK information available.

**Stage 5 (Week 12-18)**

* Reviewer to contact person who knew individual well where no NOK information.
* Reviewer to alert Support Officer of any additional documentation requests.
* Reviewer completes all sections of the review and submits to internal QA.

**Stage 6 (Week 18-20)**

* Review to CCGs’ LAC for Quality Assurance check and closure.

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| 4.0 Preload of data and family packs |

For each review (excluding CDOP), requests for documentation using information identified on the initial review, should be requested from the following organisations:

* **GP Practice** – electronic GP summaries should be obtained for at least 12 months prior to date of death as a minimum (these can be obtained from GP Systems such as EMIS/iGPR/System One which practices have access to).

Medication history, dates of diagnosis, dates of annual health checks, dates of health screenings, health action plans and any supporting documentation, i.e. Ambulance Service reports, discharge letters and referral letters.

* **Care Home or Supported Living Organisations** – last episode of care documentation/care plan should be obtained as a minimum.

A pen portrait of the individual during their care, MAR chart, hospital passport and end of life care plan, where appropriate. Actions plans such as speech and language therapy, physiotherapy and occupational therapy are also valuable.

* **Local Authority\*** (Staffordshire County Council or Stoke-on-Trent City Council) – A copy of the Social Care Document Request Form should be obtained as a minimum.
* **Community Learning Disability Team\*** (Midlands Partnership NHS Foundation Trust (MPFT) or North Staffordshire Combined Healthcare NHS Trust (NSCHT)) – a last episode of care documentation/care plan or nil involvement should be obtained as a minimum. It is useful to have sight of health records and hospital passport.
* **Coroner\*** (North Staffordshire and Stoke-on-Trent Coroner or South Staffordshire Coroner) – a confirmation of the cause of death at a minimum. It is useful to have sight of the inquest or post mortem. Confirmation of non-referral to the coroner, if applicable.
* **Hospital** – a copy of the last episode of care/discharge summary, Structured Judgement Review (SJR) or Mortality Review as a minimum. It is useful to have sight of Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR)/Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms and health records.
* **Other organisations** ­such as Continuing Healthcare (CHC), hospices and voluntary organisations if involved with the individual within the last 12 months, as a minimum.

\*Dependent on the individual’s postcode, i.e. Stoke - Stoke City Council, North Staffs Community Health Care Trust and Stoke-on-Trent coroner. Staffordshire – Staffordshire County Council, Midlands Partnership Foundation Trust and South Staffordshire coroner.

**For CDOP cases only**

* Community Children’s Learning Disability services on request from CDOP lead.

**NOK Contact**

Where next of kin details are provided on the initial review, a family pack should be sent to the postal address. The address should be sourced from the initial notification or from the reviewer investigation. The family pack should contain copies of the following templates, amended for each review:

1. Relative Leaflet
2. Relative Consent Form
3. Relative Letter

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| 5.0 REPORTING REQUIREMENTS | | |
| **Report** | **Content/Requirements** | **Frequency** |
| Review Tracker | Weekly review tracker with staging updates emailed to the CCGs by Friday 9am. | Weekly |
| Executive Director of Nursing and Quality Situation Report | Brief update on programme performance emailed to the CCGs by Friday 4pm. | Weekly |
| Learning Report | Bi-monthly report which demonstrates learning, i.e. areas to improve or good practice. And attend the LeDeR review meeting to present | Bi-monthly |

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| 6.0 RESPONSIBILITIES |

**6.1 Local Area Contact (LAC)**

* Ensure 100% of reviews allocated in three months on initial notification by NHSE/I.
* Ensure 100% of reviews completed in six months on initial notification by NHSE/I.
* Ensure 100% of CDOP cases placed on hold on the national system within two weeks of notification.
* Ensure 100% of reviews indicated on hold on the national system go through agreement with the CCGs, placed on hold within two weeks.
* Ensure 100% of reviews quality checked prior to submission.
* Alert the CCGs of any potential duplicate or out of area reviews.
* Alert the CCGs to any cases requiring NOK confirmation.
* Alert the CCGs to any cases that may trigger a MAR (i.e. BAME or 18 to 25 year old automatic MAR process).
* Produce, and if necessary present, regular reports, as described in section 5.0 above.

**6.2 Reviewer**

* Alert LAC if Multi Agency Review (MAR) is required.
* Chair MAR.
* Ensure family members (or individuals who knew them well) are contacted to involve them in the review, where appropriate.
* Completion of review documentation.

**6.3 Support Officer**

Request documents for all reviews excluding CDOP cases.

* Ensure family packs are sent for reviews containing next of kin postal addresses.
* Liaise with reviewers to identify and provide support to source any further information they may require.
* Support the LAC with any queries.
* Support reviewer to arrange any MAR.

**6.4 Programme Lead**

* Ensure all reviewers have completed the relevant training and have been allocated to the national system.
* To ensure at least one person is trained as a Local Area Contact (LAC) for the Staffordshire and Stoke-on-Trent LeDeR programme and assigned on the system as an Assistant LAC ((A)LAC) as per the job description as defined by the National Team.
* Maintain communication with the Commissioner Local Area Contact at agreed intervals to update on progress and highlight any problems.
* Alert the Commissioner of any emerging problems such as document upload issues, challenges with reviewers, cases that may require placing on hold, and cross overs with any other investigation processes (i.e. safeguarding).
* Escalate any reviews that demonstrate safeguarding concerns, police involvement or areas identified as serious harm or injury to the Commissioner, within 24 hours.
* Assistant chair of any MARs.

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| 7.0 REVIEW AND MONITORING |

The efficacy of this procedure will be monitored by the Commissioners’ Nursing and Quality Team and particularly by the Local Area Contact for Staffordshire and Stoke-on-Trent.

The procedure will be reviewed at least every 12 months and sooner if required.

This document is the intellectual property of the following NHS Clinical Commissioning Groups, referred to as the Commissioner throughout the document:

Cannock Chase

East Staffordshire

North Staffordshire

South East Staffordshire and Seisdon Peninsula

Stafford and Surrounds

Stoke-on-Trent