Getting the most from developmental well-led reviews: Commissioning external suppliers and working with peer reviewers
We support providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.
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1. Introduction

We published our new guidance for developmental reviews of leadership and governance using the well-led framework in June 2017. That guidance describes the well-led framework of eight key lines of enquiry (KLOEs) which are shared with the Care Quality Commission (CQC), and details of good practice that organisations and reviewers can use to inform their judgements.

The purpose of developmental reviews is to identify the areas that would benefit from further targeted development work to secure and sustain future performance. Self-review is the starting point of any review because it helps providers to reflect on their current ways of working, their potential development needs, and areas for more detailed review. External input to reviews is vital to safeguard against the optimism bias and group think to which even the best organisations may be susceptible; it should therefore be seen as an investment in the organisation’s development, rather than as a cost to endure.

Our guidance strongly encouraged NHS trusts and NHS foundation trusts (‘providers’) to carry out in-depth, regular and externally facilitated developmental reviews every three to five years, according to their circumstances. We suggest one approach to carrying out these reviews but providers are free to tailor their approach to suit their organisational circumstances, as long as they ensure the principal areas of enquiry in the well-led framework are covered.

As part of our engagement in developing the new well-led framework, we heard from providers across the country that they would appreciate more guidance on how to get the most out of these reviews. This was both in terms of sharing learning about commissioning and working with the suppliers providing external facilitation services, and about making more effective use of peer reviewers as part of external teams.

We have worked with NHS provider representatives to develop this guide as a supplement to the main guidance and provide practical advice that will help providers as they commission their reviews.
2. About this guide

This document will help providers get the most from developmental reviews using the well-led framework. It should be read in conjunction with the guidance published in June 2017, particularly Section 3 and Annex B.

We have divided the content into two sections:

- **Making the most of external suppliers:** Drawing on experience from the NHS, we describe good practice that has helped providers commission reviews and work with external suppliers in ways that have led to lasting improvement. We have created a template specification and example evaluation criteria and questions to support providers in selecting the external suppliers that are best able to meet their needs. This advice is not intended to supersede formal procurement policy guidance and/or local financial instructions. It should be used flexibly and we expect providers to adapt it according to their local circumstances.

- **Making the most of peer input:** Our ambition is that, over time, making use of and taking part in developmental reviews will become an integral part of the role of senior leaders across the NHS. This is one of the main ways in which we can share the valuable learning, experience and ideas within the NHS leadership community and make it accessible to everyone across our organisations. This ambition will take some time to realise, but as a first step, we encourage providers, where possible, to select suppliers who offer to involve appropriately skilled peer reviewers as part of the external review team.

This guide sets out approaches to involving peer reviewers, and explains how issues around conflicts of interest and liability can be managed. The involvement of peer reviewers remains at the discretion of providers commissioning reviews.
Terminology

We define the terms used in this guide as follows:

- **Providers**: NHS trusts and NHS foundation trusts
- **External suppliers**: firms commissioned to facilitate reviews
- **Peer reviewers**: NHS leaders who provide input to external reviews.
3. Making the most of your external suppliers

In this section, we provide an overview of the procurement process and contract management approaches that have worked well for others in securing and working with external suppliers facilitating developmental reviews. The main steps in this process are applicable to procurement in general and many organisations will be familiar with them; we have therefore tried to highlight how this good practice relates specifically to developmental reviews.

Selecting an external supplier

**Procurement objectives**

Like any procurement process, commissioning an external supplier to facilitate your review should be underpinned by a clear statement of the objectives of the procurement based on the trust’s self-review. These will generally cover the points listed below but providers should add to these based on the specific areas of attention that have arisen from the scoping/self-review phase.

- to deepen the organisation’s understanding of its leadership and governance through objective and constructive review and challenge
- to identify key development actions in relation to the well-led framework
- to obtain maximum value for money from the review through skills transfer and knowledge sharing.

These objectives will inform the development of the specification and will increase the contribution of your external review to your ongoing development activities (see Annex A Template specification).
Choice of procurement method

Providers should refer to their local financial instructions, but in general, we would expect contracts for external facilitation of developmental reviews to fall well below the applicable thresholds for conducting a full procurement under the Public Contracts Regulations.

However, we recommend you use some form of market testing to identify suitable suppliers using a robust selection process to ensure maximum value for money and to encourage innovation. The procurement method should be proportionate to the size of the contract being offered as overly onerous processes will increase the costs of reviews and may prevent some suppliers from responding. The Cabinet Office’s decision tree guidance may be helpful here for clarifying your approach.

Further, in line with current government policy, where possible, we recommend that small and medium-sized enterprises are invited to take part in tender processes alongside larger firms. This may also allow you to identify niche firms that specialise in such work and may be able to put forward cost-effective proposals.

Purchasing via existing framework agreements using mini-competitions is one way to do this, though it should be noted that many experienced suppliers offering value-for-money services may not be on existing frameworks. Providers may also wish to consider working with other local organisations to further reduce the costs of procurement processes, for example through forms of collaborative procurement including joint market pre-engagement or the use of lots in a single procurement process.

Tender documents

The documents issued in the invitation to tender (ITT) are your main mechanism for communicating your formal requirements to potential suppliers. To ensure you get the best value for money from your supplier:

• **Be as clear as possible when stating your requirements about the scope of the review.** The more information you provide, the better able bidders will be to provide sophisticated proposals that meet your needs. This helps you to ensure, for example, both cultural fit with your organisation and to assess how well bidders have understood your specific
requirements beyond the core scope of the developmental review. We have provided a template specification as part of this guide (see Annex A).

• Be clear on your expectations about personnel. Developmental reviews are a sophisticated approach to supporting your organisation’s development – the cultural fit of the individual people who are working with your board and the staff in your organisation is therefore very important. We encourage you to request that the personnel identified in any tenders are those who will do the work, and to use the evaluation process/interview process to test this further. Interviews should mainly involve the proposed supplier’s team who will actually do the work.

• Consider setting expectations around budget. Stating the approximate budget for your review can mean that you are more able to evaluate the differential value bidders are offering in their proposals and clearly this will be the case where you are required to publish your contracting opportunity on Contracts Finder. This would fit with seeing these reviews as an investment rather than as a cost to be minimised.

• Provide sufficient time to allow suppliers to respond to your ITT. This will give the best chance of a range of suppliers being able to consider your requirements and respond so that you can make a considered decision about who to appoint.

• Consider holding a suppliers’ briefing meeting. This will give suppliers an opportunity to double check your requirements and clarify your expectations.

• Be clear about your evaluation approach (see next section). It will be easier for you to see if a bidder is able to meet your requirements if you are clear on how you will assess bids.

• Be clear about how bidders can ask clarification questions and how you will respond. Again, the more bidders are able to understand your requirements, the more likely they are to be able to provide services that add real value. Ensure you treat bidders equally – responses to any particular supplier’s question should be made available to all.
Approach to evaluating tenders

Proposals must be evaluated according to the approach detailed in the tender documents, and solely on the basis of the evidence provided in the supplier’s proposal and any interviews you conduct as part of the evaluation process. The decision must not be made on external considerations, such as reputation, hearsay, anecdotal or unsubstantiated views.

It is therefore very important to consider your evaluation approach carefully when setting out your procurement process and preparing your tender documents. Key principles to ensure you get the best value for money from your supplier are:

- **Consider your technical/quality evaluation criteria carefully.** Your evaluation criteria should describe the things that are important for your review. If these are set or weighted badly, you should not be surprised if you do not find your review helpful. Your evaluation questions should clearly relate to your evaluation criteria so that it is easy for you to assess whether or not a supplier can help you. We have provided example evaluation criteria and evaluation questions in Annex B.

  **Note:** If you are intending to purchase from a framework agreement, you should check that the process set out by the framework authority for calling off from the framework (including carrying out further competitions, predetermined evaluation criteria and weightings) meets your needs.

- **Put together a balanced evaluation panel.** The evaluation panel should score proposals independently to establish the ranking of proposals evaluated. Sufficient size (our recommendation is three), experience and diversity of the panel will help to ensure you secure a supplier that fits your organisation’s needs, and this process can also help to secure the buy-in of key members of the organisation when carrying out the review. You may wish to consider a blend of executive and non-executive directors and some providers have found including the chair or chief executive helpful according to their circumstances. Impartiality is very important, and given the potentially sensitive nature of these reviews, potential conflicts of interest between the panel and the delivery of the review should be carefully considered.
• **Consider using interviews as part of the selection process.** As above, the people carrying out your developmental review must ‘fit’ your organisation well culturally – there is no substitute for meeting them in helping you determine this. We therefore strongly encourage the use of supplier interviews in selecting your preferred supplier. As above, you must ensure that bidders are treated equally in this process and you may wish to circulate a common presentation brief to all shortlisted suppliers as well as having an agreed bank of questions to ask all suppliers (with some flexibility around those questions which may be specific to a particular supplier). Interviews should not be an excuse to disregard the previous assessment of the written submissions.

• **Make sure the evaluation process is fair and consistent.** The evaluation panel should mark proposals independently to establish a rank order based on suppliers that best meet the requirements. Evaluators should attend the supplier interviews. A consensus meeting of the evaluation panel can be held to review major variances in awarded marks and to reach a consensus on the award of the contract.

**Working with your external supplier**

The best outcome from a developmental review is that all parties involved feel that the work has been genuinely beneficial – and all parties involved can help to create the conditions for success.

As well as choosing an external supplier with the right skills and cultural fit, providers can do a lot to enable external teams to contribute most effectively to the review. Key principles to ensure you get the best value for money are:

• **Regular and good communication:** developmental reviews can surface quite sensitive issues which are likely to be addressed more effectively if all parties can be open and honest with each other. Taking time early on to build trust and clarify objectives, roles and responsibilities should reduce the risk of surprises or misunderstandings. Meeting regularly with those most invested in the review from that starting point should mean you are able to discuss how things are going and address any concerns from any party as they arise.
• **Plan as far ahead as possible**: booking in time early on for meetings with board members, board observation and feedback sessions, focus groups and so on will help to minimise the administrative time your external team will have to spend on logistics. If you can include key dates in your specification your supplier will be able to ‘hit the ground running’ making the best use of everyone’s time.

• **Skills transfer**: another way of getting value from the developmental reviews is to consider how they can be opportunities for transferring skills and knowledge to your organisation’s own staff.

**Sharing learning from reviews**

NHS Improvement is keen to find ways to draw together learning from developmental reviews that are taking place across the NHS.

We suggest that the ‘duty of care’ clauses (see page 21) are included in specifications for developmental reviews. This will encourage the sharing of knowledge across the NHS and allow us to call on external suppliers that have done several reviews in a year to submit an anonymised summary of themes they have noticed emerging.

We are also considering holding knowledge-sharing events for providers who have commissioned reviews and suppliers who have undertaken reviews to share their experiences, informing the development of further support. Please contact us if you would like to work with us on developing the approach:

[enquiries@improvement.nhs.uk](mailto:enquiries@improvement.nhs.uk)
Supporting resources

Template specification (see Annex A)

We have produced a template specification that addresses the essential features of an externally led review. This reflects the good practice we have seen in the NHS and offers clarity to potential suppliers about the skills and requirements that the NHS regards as critical to conducting a high-quality review.

We provide this to reduce the need for each provider to produce its own specification, reducing duplication of effort and also suggesting ways in which wider learning from reviews can be enhanced. It is freely adaptable for local circumstances and providers that choose to use it should ensure that it reflects the specific areas of focus that arise from the initial internal self-review.

Example evaluation criteria and questions (see Annex B)

We have also produced example evaluation criteria and associated questions that can be used in tender documents or at interview. We recommend you tailor these to your particular circumstances and check consistency with the requirements of any framework agreements, if these are used.

Process flowchart (see Annex C)

This section on making the most of external suppliers is summarised in the flowchart in Annex C.
4. Making the most of peer input

Objectives of peer input

In response to feedback, we are keen to support providers to embed peer input into external review teams. This will typically mean NHS leaders working with external suppliers to carry out developmental reviews, enabling greater learning and support within the NHS.

The involvement of peer reviewers remains at the discretion of providers commissioning reviews.

The purpose of peer review in relation to the developmental reviews is therefore to:

- use and develop existing skills in the NHS by encouraging high-performing boards and leaders to support others
- enhance and enable information-sharing, learning and experience by increasing interactions between trusts on leadership and governance
- increase value for money by sourcing specialist advice from within the NHS wherever possible.

Skills and attributes of peer reviewers

Peer reviewers should have suitable, relevant experience and a track record of delivery. They will typically be highly skilled and experienced leaders with a deep understanding of the demands on those in board-level positions. They should also be able to assess evidence and provide an informed, independent view of their areas of expertise.

An in-depth knowledge of specific issues such as clinical leadership, quality governance, financial governance or improvement may also be needed. These further particular areas will be identified during the self-review process.
Peer input could include:

- meeting the board members and other senior leaders
- observing board and executive team meetings, considering leadership and other team dynamics
- assessing board engagement with patients, staff, governors and other key stakeholders
- taking part in workshops or meetings to develop recommendations or action plans, providing advice based on their knowledge and experience.

The amount of time needed from individuals will depend on the scope of the review, but input into a general review would typically require the involvement of two senior-level board members (ideally from different trusts) with a minimum of two days each of input for interviews, meetings, discussions, feedback and reporting.

<table>
<thead>
<tr>
<th>Suitable individuals to provide peer input</th>
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<tbody>
<tr>
<td>Chair</td>
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<td>Chief executive</td>
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<td>Chief operating officer</td>
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<td>Managing director</td>
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<td>Director of Finance</td>
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<td>Director of Strategy</td>
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<tr>
<td>Head of Governance</td>
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</table>
Arranging peer input

Identifying peer reviewers and matching to reviews

The composition and dynamics of external review teams are very important – external supplier personnel and peer reviewers need to work well together. We suggest the simplest way to achieve this and maintain independence is for providers to ask potential external suppliers to identify and include peer reviewers in their proposals. Responsibility remains with providers to ensure that peer reviewers, where used, are appropriately skilled and experienced to meet their requirements.

To aid this, NHS Improvement has asked chairs and chief executives to put forward their names, and the names of their senior team members, for a list of possible peer reviewers. This list will also include information about the skills and experience of these volunteers and NHS Improvement will provide this list to external suppliers upon request – please contact nhsi.wlpeers@nhs.net.

Assessing and managing conflicts of interest

When selecting peer reviewers, providers should confirm that there are no material conflicts of interests that would compromise the objectivity of the review process. In particular, we suggest that peer reviewers should:

- be entirely independent of the provider's board or other senior individuals
- not have carried out internal or external audit or governance-related work for the provider during the previous three years
- not have worked in the provider in the previous three years
- not have chaired or been involved in the provider’s recent CQC inspections
- not be located in a health or care economy where there is a material contractual or other relationship with the provider (eg a sustainability and transformation partnership).

Further information on managing conflicts of interest can be found in NHS England’s guidance: Conflicts of Interest in the NHS: Guidance for staff and organisations.
Remuneration for peer reviewers

Board members who have acted as peer reviewers to date have highlighted the benefit to them and their trust of participation in terms of gaining new perspectives and ideas about ways of working that they have then gone on to implement. We hope that inputting to developmental reviews will offer peer reviewers the opportunity to share learning and best practice with NHS colleagues, as they bring their direct experience of leading organisations to the processes that the external firms will be running.

Peer input should therefore be on an unpaid basis, with the agreement of the peer reviewer’s ‘home’ organisation and reasonable expenses reimbursed by the provider commissioning the review.

Briefing peer reviewers

Once peer reviewers have been identified, it is essential that providers engage with the external supplier and peer reviewer before the externally facilitated part of the review starts to ensure that all parties are fully prepared.

Peer reviewers should be clear about the following information ahead of any review and we suggest that the external supplier co-ordinating the review is responsible for ensuring this happens:

- **background**: factual information about the trust and the context for the review, eg CQC reports, self-review findings, current performance, key stakeholders
- **scope**: a clear statement of the objectives and scope of the review, the agreed KLOEs and the precise role of peer reviewers, as well as any required deliverables
- **approach**: the methodology being used, the itinerary for each peer reviewer, and the format of any evidence, reports or feedback required to feed into final deliverables.

We suggest that peer reviewers are given a letter of engagement by the provider setting out the agreed approach, timescales and any practicalities, such as how to claim expenses.
Managing liabilities

In carrying out governance reviews to date, some peer reviewers have asked about their liabilities in relation to the input they provide. We suggest a pragmatic approach is for the external supplier to retain all liability for the review and report. This can be taken care of in the provider’s contract with the external supplier.

External suppliers and peer reviewers should explicitly discuss peer reviewer dependencies before the review starts to ensure all parties are comfortable. This should cover the following operational steps, which should comply with the primary requirements between the provider and the external supplier:

- working arrangements between the supplier and peer reviewers, including confirmation that selected peer reviewers have the required experience and seniority to input appropriately
- the review process, the input of peer reviewers into engagement, prioritisation, action-planning and reporting
- confidentiality and attribution of content to peer reviewers in any reports of the review, including those that may be published
- the external supplier’s internal quality assurance processes, including on the content of and publication of any reports, and the resolution process in the event of disagreement between the external supplier and the peer reviewer.
Annex A: Template specification

The text below is a starting point for commissioning developmental well-led reviews. It should be tailored according to particular circumstances.

All liabilities for the outcome of any review process using this specification or any modified version of it is retained by the commissioning organisation.

Items in [red] are for providers to include their own information
Items in [blue] require a decision about the text in italics

Draft specification for the developmental well-led review of [name of organisation] (‘the trust’)

Introduction

1. [Trust background information]

2. The aim of this review is to assess the leadership and governance of the trust as described in the well-led framework published by NHS Improvement¹ and to identify developmental actions in response.

3. This review will inform further targeted development work to secure and sustain the trust’s future performance as part of continuous improvement.

4. A supplier is required to lead, co-ordinate and deliver the review, through providing an informed, objective and constructive perspective and specialist input where required.

5. [as appropriate] The trust wishes to engage peer reviewers to participate in the review process to utilise skills and experience in the NHS.

6. The review is expected to take up to [six] weeks, and to be completed no later than [date].

¹ https://improvement.nhs.uk/resources/well-led-framework/
Requirements

7. The supplier shall undertake an external review of the trust’s leadership and governance functions using the well-led framework.

8. The supplier will lead and co-ordinate the review, providing structure, quality assurance and consistency, and will provide feedback consolidating the opinions of review team members.

9. The supplier shall review the whole of the well-led framework’s eight domains in general to assess holistically the trust’s leadership and governance across all aspects of quality, operations and finance.

10. The supplier shall, in addition, provide specialist input based on relevant policy, evidence or experience, in the following areas, which have been highlighted as areas for particular focus by the Trust’s self-review process:

   a. Detailed in the guidance published by NHS Improvement [amend as appropriate].

      KLOE 1: Leadership
      KLOE 2: Vision and strategy
      KLOE 3: Culture
      KLOE 4: Roles and responsibilities
      KLOE 5: Risks and performance
      KLOE 6: Use of information
      KLOE 7: Engagement
      KLOE 8: Learning, improvement and innovation.

   b. Other requirements
      [describe any additional areas for review as appropriate or delete]
Approach/method

11. The supplier shall conduct the review using a range of tools and approaches relevant to the trust’s needs and culture. This includes:

a. Planning the review, working with [eg trust lead]

b. Co-ordinating the review including all logistics, working with [eg trust lead]

c. Research (eg external assessments by the Care Quality Commission; staff survey results; the trust’s annual governance statement, and/or other relevant documents). [amend as applicable]

d. Engagement (eg using interviews, board observation, surveys, focus groups and/or other effective engagement methods). [amend as applicable]

e. Prioritisation and action planning, working with [eg trust lead] and the board/executive team

f. Report preparation and sign off; presentation/feedback to the trust.

12. [as appropriate] The supplier shall ensure that skills are transferred to trust staff as part of the review.

[as appropriate] Involvement of peer reviewers

13. The supplier shall work with peer reviewers who are senior experienced leaders or specialists from the NHS, providing subject matter input into the developmental review based on their knowledge and experience.

14. The supplier shall work with the trust and the peer reviewer(s) at the start of the review to agree logistics and responsibilities.

15. The supplier shall co-ordinate the input of the peer reviewer(s) including managing briefings and logistics.

16. The supplier shall include the input of peer reviewers in the engagement, prioritisation and action-planning, as appropriate, using the knowledge and experience for which they have been selected. Responsibility and any associated liabilities for the review and report remain with the supplier.
Report preparation and follow up

17. The supplier shall produce a report of the review for the trust, which:
   a. is in a format that has been agreed with the trust at the start of the review
   b. is suitable for presentation, sharing or publication by the trust
   c. is written in an accessible, objective and constructive way
   d. has due regard for the use of person identifiable data and the need to respect confidentiality and data protection. If appropriate, a separate confidential report containing any person identifiable data should be provided.

18. The supplier shall produce a draft of the report to be reviewed by the trust prior to finalisation of the report.

19. [as appropriate] The supplier shall undertake to a follow up meeting with the trust [six] months after the report to assess the impact of the developmental review.

Sharing learning/duty of care

20. The supplier shall ensure that they facilitate learning between trusts, bringing in learning from other reviews they have undertaken, and signposting to good practice support and or advice where this is appropriate.

21. If undertaking more than three reviews in a financial year, the supplier shall provide to NHS Improvement, upon request, a short anonymised summary of themes arising from all reviews undertaken in the period, to enable the sharing of learning from across the NHS.
Supplier skills, experience and attributes

22. The supplier shall provide a team with the appropriate range of skills, knowledge and experience to undertake the review. This includes:

   a. knowledge of the healthcare sector, the regulatory framework in which providers operate, and the internal and external challenges providers face, including in relation to working as part of complex health and care systems

   b. appropriate credibility and seniority to work particularly with board members, others senior leaders and key external stakeholders, and flexibility to work with staff at range of levels throughout the trust

   c. experience in carrying out rigorous leadership and governance reviews, in healthcare or other comparable sectors

   d. commitment to helping the trust address its key areas for development as part of continuous improvement.

23. The supplier’s team shall be led by a suitably credible and qualified individual who will work with the trust for the duration of the review.

Timescales and contract management

24. The supplier shall begin the review on [insert date], and complete the review by [insert date].

25. The supplier shall provide regular updates to the trust, in the format agreed with the trust at contract mobilisation.

26. The supplier may wish to utilise some of the following meetings which are already/provisionally arranged:

   a. [list dates of board meetings, sub-committee meetings, executive team meetings, focus groups, etc, which the supplier should attend]
Annex B: Evaluation criteria/questions

The table below provides a suggested set of questions/weightings that can be used when requesting and evaluating tenders, taking into account written proposals, clarifications (where relevant) and interview. Providers should tailor these according to their particular circumstances and procurement approach.

Note. Price has a low weighting in the example because this conveys that reviews are an investment rather than a task to be completed for the lowest possible price. If price is considered more important, its weighting could be increased.

All liabilities for the outcome of any review process using these criteria/questions or any modified version of them is retained by the commissioning organisation.

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<tr>
<th>Area</th>
<th>Questions</th>
<th>Weighting</th>
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<tr>
<td>Approaches and methods</td>
<td><strong>1. Please describe your approach to undertaking the review</strong> (max 1000 words) &lt;br&gt; In your answer, please make reference to: &lt;br&gt; • how you will tailor your approach to the needs of the trust, including skills transfer. &lt;br&gt; • the information, tools and methodology you propose to use to understand and engage with the trust &lt;br&gt; • how you will support the trust in prioritising and action-planning &lt;br&gt; • how you will provide structure to and manage the logistics of the review working with the trust &lt;br&gt; • your approach to ensuring consistency, quality management. &lt;br&gt; • your approach to reporting the review in a way that meets the trust’s requirements</td>
<td>40%</td>
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<td><strong>2. Please describe how you will ensure that any learning from the reviews that may help others is shared for the benefit of the wider NHS</strong> (max 300 words)</td>
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3. Please explain how you will use the time and skills offered by the peer reviewers (max 300 words) [indicate how peer reviewers are being identified]

Skills, attributes & experience

4. Please describe the skills, experience and seniority of the team you are putting forward to undertake the review (max 750 words + CVs)

In your answer, please refer to:
- your experience of undertaking developmental reviews or comparable activities
- how you will address our requirements for specialist input
- the named members of your team who will undertake the review, including the proposed lead for the engagement.

Price

5. Please provide a capped price inclusive of all supplier expenses using the format below

<table>
<thead>
<tr>
<th>Consultant name</th>
<th>Brief description of proposed involvement</th>
<th>Day rate (£)</th>
<th>No. of days</th>
<th>Total (£)</th>
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Any other costs (please detail)

Any other costs (please detail)

Sub total (£)

VAT (£)

Total

Notes:
Please add more rows to the table if needed. Expenses relating to peer reviewers should not be included.
Annex C: Summary flowchart

Key
- Led by trust
- Led by external supplier
- Peer reviewers input as appropriate

Self-review/initial investigation

Agree particular areas of focus

Commission external supplier

Mobilisation meeting

External review across whole framework

Specialist review on focus areas

Prioritisation

Action planning

Report and feedback

Implement action plan

Identify peer reviewers in bids as appropriate. Contact NHSI for list.

Peer review input