Reference: FOI.ICB-2627/186

Subject: Choice Provider Qualification under Regulation 42B

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
I write under the Freedom of Information Act 2000 to request the following information relating to your processes for assessing providers under Regulation 42B of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (the Standing Rules).	
1. Please provide a copy of the assessment pack, questionnaire, application form, or criteria document currently used by the ICB when assessing providers for Choice Provider qualification under Regulation 42B of the Standing Rules. If more than one version has been in use since 1st January 2024, please provide the version currently in force and confirm the date from which it has applied.	Please find enclosed; this version has been in place since July 2026
2. Please confirm whether the ICB requests Healthcare Resource Group (HRG) codes or HRG ranges from providers as part of the Choice Provider assessment process. If so, please confirm:	No, we require the applicant to provide an Indicative Activity Plan listing treatment pathways they expect to undertake.

a) at what stage of the process HRG information is requested (for example, as part of the initial application or after submission); b) whether HRG breadth or coverage forms part of the pass/fail assessment criteria applied to applications; and c) whether HRG information is used as a qualification criterion or for information and planning purposes only.	
3. Please provide a copy of any scoring matrix, evaluation rubric, decision template, or panel briefing document used to assess Choice Provider applications. If no such document exists, please confirm this in writing.	This is included in the enclosed document.
4. Please confirm whether the ICB holds documented service specifications or pathway documents for each specialty in respect of which providers may apply for Choice Provider qualification, and if so, whether those documents are provided to applicants before or during the assessment process.	Our pathways are published on our Remedy website: https://remedy.bnssg.icb.nhs.uk/ Where required, service specifications will be shared during the accreditation process.

The information provided in this response is accurate as of 20 August 2026 and has been approved for release by Helena Fuller, Director of Contracts and Procurement for NHS Bristol, North Somerset and South Gloucestershire ICB.

Requirement Ref	Heading	Requirement	Type	Response Field Type	Scoring Methodology	Currency Auto-score Method	Scaler	Character Limit For Response	Requirement URL	Requirement URL Appears As	Internal Guidance	Evaluation Max. Score	Evaluation Weighting	Evaluation Scoring Guidelines	Dependent Requirement	Dependent Picklist Values	Link to Supplier Field	Picklist Evaluation Scores	Picklist Option	Dependent requirement
01.1a	Supplier Name	Please provide the Full Registered Company name of the organisation applying for accreditation. Evaluation criteria: For information	Required	Text Area				5000				0	0							
01.1bi	Supplier Address	Please provide the registered address (if applicable) or head office address Evaluation criteria: For information	Required	Text Area				5000				0	0							
01.1bii	Trading Name	Please provide the registered website address (if applicable) Evaluation Criteria: For information	Required	Text Area				5000				0	0							
01.1c	Trading Status	Please state the trading status of the bidding organisation: a) - public limited company b) - private limited company c) - limited liability partnership d) - other partnership e) - sole trader f) - third sector g) - other (please specify your trading status) Evaluation criteria: For information	Required	Text Area				5000				0	0							
01.1d	Date of registration	Please provide the date of registration (if applicable) or date of formation. If not applicable, please explain. Evaluation criteria: For information	Required	Text Area				5000				0	0							
01.1e	Company Number	Please provide the Registration number (company, partnership, charity, etc if applicable) of the organisation requesting accreditation (company, partnership, charity, etc if applicable). (Please state "Not Applicable" if this does not apply to the bidding organisation). Evaluation criteria: For information	Required	Text Area				5000				0	0							
01.1f	VAT Number	Please provide the Registered VAT number of the organisation requesting accreditation Evaluation criteria: For information	Required	Text Area				5000				0	0							
01.1gi	Professional or Trade Register	Are you registered with the appropriate professional or trade register(s) required for the service you are bidding for in the Member State where your organisation is established? E.g. Companies House Evaluation criteria: Pass /Fail, including information in response to question Q1.1gii.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
01.1gii	Professional or Trade Register	If you responded yes to Q1.1gi, please provide the relevant details, including the name of the register and registration number(s), and if evidence of registration is available electronically, please provide - the website address, - issuing body - reference number. If you responded no to Q1.1gi, please explain. Evaluation criteria: As detailed in Q1.1gi	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
01.1hi	Authorisation or Membership	For procurements for services only, is it a legal requirement in the country where you are established for you to: a) possess a particular authorisation, or b) be a member of a particular organisation, to provide the requirements specified in this procurement? E.g. CQC Evaluation criteria: Pass / Fail, including information in response to question Q1.1hii.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
01.1hii	Authorisation or Membership	If you responded yes to Q1.1hi, please provide additional details of what is required, confirmation that you have complied with this and, if evidence of compliance is available electronically, please give the website address, issuing body and reference number. Evaluation criteria: As detailed in Q1.1hi	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
01.1i	Classifications	Please indicate whether any of the following classifications apply to you. Options are: Voluntary Community and Social Enterprise (VCSE) Sheltered workshop Public service mutual None of the above Evaluation Criteria: For information	Required	Text Area				5000				0	0							
01.1j	Small or Medium Enterprise	Are you a Small, Medium or Micro Enterprise (SME)? (See definition of SME https://ec.europa.eu/growth/smes/business-friendly-environment/sme-definition_en) Evaluation Criteria: For information	Required	Text Area				5000				0	0							

01.1k	Organisation accountability	Please provide details of Persons with Significant Control (PSC) (UK companies, SPSC guidanceocietates European (SEs) and limited liability partnerships (LLPs) are required to identify and record the people who own or control their company. Companies, SEs and LLPs are required to keep a PSC register, and must file the PSC information with the central public register at Companies House. See PSC guidance. Overseas bidders are required to provide equivalent information.), where appropriate (Only information that relates to the persons with powers of representation, decision or control within the meaning of regulation 57(2) can be considered in relation to the mandatory exclusion grounds and other details are requested for information only.): - Name - Date of birth - Nationality - Country, state or part of the UK where the PSC usually lives - Service address - The date he or she became a PSC in relation to the company; - Which conditions for being a PSC are met: - Over 25% up to (and including) 50% - More than 50% and less than 75% - 75% or more (Please enter N/A if not applicable) Evaluation Criteria: For information	Required	Text Area				5000				0	0								
01.1l	Immediate Parent Company	Please provide details of your immediate parent company: - Full name of immediate parent company, - Registered or head office address, - Registration number (if applicable), - VAT number (if applicable), (Please state "Not Applicable" if this does not apply to the bidding organisation). Evaluation criteria: For information	Required	Text Area				5000				0	0								
01.1m	Ultimate Parent Company	Please provide details of your ultimate parent company: - Full name of ultimate parent company, - Registered or head office address, - Registration number (if applicable), - VAT number (if applicable), (Please state "Not Applicable" if this does not apply to the bidding organisation). Evaluation criteria: For information	Required	Text Area				5000				0	0								
01.1n	Dun and Bradstreet D-U-N-S Number	Please provide the D-U-N-S number of the bidding organisation (Please state "Not Applicable" if this does not apply to the bidding organisation). Evaluation criteria: For information	Required	Text Area				5000				0	0								
01.2i	Single Supplier or Consortium	Please indicate if you are bidding as a single supplier or as part of a group or consortium? If you are bidding as a single supplier please go to Q1.3. Evaluation criteria: For information	Required	Text Area				5000				0	0								
01.2ii	Single Supplier or Consortium	If you are bidding as part of a group or consortium (including where you intend to establish a legal entity to deliver the contract, or you are a subcontractor), please tell us: a)The name of the group/consortium. b)The proposed structure of the group/consortium, including the legal structure where applicable. c)The name of the lead member in the group/consortium. d)Your role in the group/consortium (e.g. lead member, consortium member, subcontractor). e)If you are the lead member in the group/consortium, whether you are relying on other consortium members to meet the selection criteria (i.e. are you relying on other consortium members for economic and technical standing and/or technical and professional ability?) and, if so, which criteria you are relying on them for Evaluation criteria: For information	Required	Text Area				5000				0	0								
1.3	Details of Subcontractors	If you are proposing to use subcontractors, please provide the details for each subcontractor . (This applies to all supply chain members and/or subcontractors, where their identity is known at this stage, irrespective of whether you are relying on them to meet the selection criteria. Where a supply chain member and/or subcontractor has been identified in response to this question, any resulting subcontract entered into with that subcontractor for that part of the works, services or supplies identified in response to that question will not be subject to the requirement for contracts to advertise the subcontracting opportunity, as set out in PPN 01/18.) - The role each subcontractor will take in providing the works and /or supplies e.g. key deliverables – if known - The approximate % of contractual obligations assigned to each subcontractor, if known - Is the subcontractor being relied upon to meet the selection criteria (i.e. are you relying on the subcontractor for economic and technical standing and/or technical and professional ability?) and, if so, which criteria are you relying on them for? Evaluation criteria: For information	Required	Text Area				5000				0	0								
1.4	Subcontractor role	Please detail the role each material subcontractor will take in providing the service, arrangements for managing risk, accountability, disputes, governance, performance and financial arrangements Evaluation Criteria: For information only	Required	Text Area				5000				0	0								
1.5	Subcontractor Info	Please complete and attach Document 6c - Subcontractor Questionnaire for each material sub-contractor for delivering the service. Evaluation Criteria: Pass - Completed acceptable response in accordance with the criteria stated in the same questions on Document 6a, or stated "Not Applicable" Fail - Provided an unacceptable response in accordance with the criteria stated in the same questions on Document 6a.	Required	Attachment								1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		

1.6	Sub-contractor Declaration Form	If applicable, please complete and attach Document 2 - Declaration Form on behalf of your subcontractor(s). Evaluation Criteria: Pass - Completed Document 2 by the subcontractor(s), with the Commissioner agreeing no / minimal risk, or stated "Not Applicable" Fail - Not completed Document 2 by the subcontractor(s), or Completed Document 2 by the subcontractor(s), but the Commissioner considering high risk if/where applicable.	Required	Attachment								1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
0.2		Please answer the following questions in full. Note that every organisation that forms part of your bidding group/consortium, as well as every organisation that is being relied on (including subcontractors being relied on) to meet the selection criteria must complete and submit responses to this section. The bidder must complete this Questionnaire online. Bidders that are bidding as a group/consortium, as well as every organisation that is being relied on (including subcontractors being relied on) to meet the selection criteria, must also complete Document 6c on behalf of their consortium / sub-contractors and submit these in response to Question Q1.5.	Optional	No Response																
02.1a	Declaration	Within the past five years, anywhere in the world, have you or any person who: a) is a member of the supplier's administrative, management or supervisory body, or b) has powers of representation, decision or control in the supplier, been convicted of any of the offences within the summary below and listed in full on the webpage? - Participation in a criminal organisation. - Corruption. - Terrorist offences or offences linked to terrorist activities. - Money laundering or terrorist financing. - Child labour and other forms of trafficking in human beings. - Any other offence within the meaning of Article 57(1) of the Directive as defined by the law of any jurisdiction outside England, Wales or Northern Ireland. - Any other offence within the meaning of Article 57(1) of the Directive created after 26th February 2015 in England, Wales or Northern Ireland. Evaluation criteria: Pass / Fail, including information in response to question Q2.1b and 2.1c	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
02.1b	Declaration	If you answered yes to question Q2.1a, please provide further details, including: a) date of conviction and the jurisdiction, b) which of the grounds listed the conviction was for, c) the reasons for conviction, d) the identity of who has been convicted. If the relevant documentation is available electronically please provide: - the web address, - issuing authority, - precise reference of the documents. Evaluation criteria: As detailed in Q2.1a	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
02.1c	Declaration	If you answered yes to question Q2.1a, please explain what measures have been taken to demonstrate your reliability despite the existence of relevant grounds for exclusion. (Self cleaning). Evaluation criteria: As detailed in Q2.1a	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
0.3		The detailed grounds for mandatory and discretionary exclusion of a supplier for non-payment of taxes and social security contributions, are set out on this webpage (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf), and should be referred to before completing these questions. Please Note: We reserve our right to use our discretion to exclude your bid where we can demonstrate by any appropriate means that you are in breach of your obligations relating to the payment of taxes or social security contributions	Optional	No Response																
03.1a	Declaration	Please confirm that you have met all your obligations relating to the payment of taxes and social security contributions, both in the country in which you are established and in the UK. If documentation is available electronically please provide: - the web address, - issuing authority, - precise reference of the documents Evaluation criteria: Pass / Fail, including information in response to question Q3.1b	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
03.1b	Declaration	If you have answered no to Q3.1a please provide further details including the following: - Country concerned, - what is the amount concerned - how the breach was established, i.e. through a judicial or administrative decision or by other means. - if the breach has been established through a judicial or administrative decision please provide the date of the decision, - if the breach has been established by other means please specify the means. Evaluation criteria: As detailed in Q3.1a	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
3.2	Declaration	Please also confirm whether you have paid, or have entered into a binding arrangement with a view to paying, the outstanding sum including, where applicable, any accrued interest and/or fines. Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
0.4		The detailed grounds for discretionary exclusion of an organisation are set out on this webpage (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf) , and should be referred to before completing these questions.	Optional	No Response																

04.1a	Declaration	Within the past three years, anywhere in the world, have any of the situations summarised below and listed in full on the webpage applied to you? - Breach of environmental obligations? To note that environmental law obligations include Health and Safety obligations. See webpage. - Breach of social law obligations? - Breach of labour law obligations? - Bankruptcy or subject of insolvency? - Guilty of grave professional misconduct? - Distortion of competition? - Conflict of interest? - Been involved in the preparation of the procurement procedure? - Prior performance issues? Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
04.1b	Declaration	Do any of the following statements apply to you: - You have been guilty of serious misrepresentation in supplying the information required for the verification of the absence of grounds for exclusion or the fulfilment of the selection criteria. - You have withheld such information. - You are not able, without delay, to submit documents if/when required. - You have undertaken to unduly influence the decision-making process of the contracting authority to obtain confidential information that may confer upon you undue advantages in the procurement procedure, or to negligently provide misleading information that may have a material influence on decisions concerning exclusion, selection or award. Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
04.2ai	Declaration	You are a relevant commercial organisation subject to Section 54 of the Modern Slavery Act 2015 if you carry on your business, or part of your business in the UK, supplying goods or services and you have an annual turnover of at least £36 million. If you are a relevant commercial organisation please confirm that you have published a statement as required by Section 54 of the Modern Slavery Act. Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
04.2aii	Declaration	If you are a relevant commercial organisation please confirm that the statement complies with the requirements of Section 54 and any guidance issued under Section 54. Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
04.2b	Declaration	If your latest published statement is available electronically please provide: - the web address, - precise reference of the documents. Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
4.3	Declaration	If you have answered YES to any of the questions Q4.1a&b, or NO to question Q4.2a, please explain what measures have been taken to demonstrate your reliability despite the existence of a relevant ground for exclusion. (Self cleaning) Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
4.4	Declaration Form	Please complete and attach Document 2 - Declaration Form Evaluation criteria: Pass / Fail	Required	Attachment								1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
5.1	Economic and Financial Standing	If documentary evidence of economic and financial standing is available electronically (e.g. financial statements filed with Companies House), please provide: - the web address - issuing authority - precise reference of the documents Evaluation criteria: Pass = Provides the relevant information in response to Q5.1 or Q5.2 Fail - Does not provide the relevant information in response to Q5.1 or Q5.2	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		

5.2	Economic and Financial Standing	If documentary evidence of economic and financial standing is not available electronically, please provide a copy of your detailed accounts for the last two years (audited if required by law). Also, for any other person or entity on whom you are relying to meet the selection criteria relating to economic and financial standing, please provide a copy of their detailed accounts for the last two years (audited if required by law). If you are not able to provide economic and financial standing electronically or a copy of your detailed accounts for the last two years, please provide any of the following alternatives: A statement of your annual turnover, Profit and Loss Account/Income statement, Balance Sheet/statement of Financial Position and Statement of Cash Flow for the most recent year(s) of trading and a bank letter outlining the current cash and credit facility position. Alternative information to evidence economic and financial standing (e.g. forecast financial statements and a statement of funding provided by the owners and/or the bank, charity accruals accounts or an alternative means of demonstrating financial status). Evaluation criteria: As detailed in Question Q5.1.	Required	Attachment								1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
5.3	Economic and Financial Standing	Where we have specified a minimum level of economic and financial standing and/ or a minimum financial threshold within the evaluation criteria for this procurement, please self-certify by answering 'Yes' or 'No' that you meet the requirements set out. Evaluation Criteria: Pass = Answering "Yes", or "N/A" if a minimum level has not been specified. Fail = Answering "No"	Required	Picklist								1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
5.4	Economic and Financial Standing	Where you are relying on another member of your bidding group/consortium or any subcontractors or other security in order to meet the selection criteria relating to economic and financial standing, please confirm that the relevant person or entity is willing to provide a guarantee or other security if required. Evaluation Criteria: Pass = Answering "Yes", or "N/A" Fail = Answering "No"	Required	Picklist								1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
5.5	County Court Judgements (CCJs)	Please indicate if there are any County Court Judgements (CCJs) registered in the last six years on your organisation and individual company directors, or if you have any legal action pending that could result in a CCJ. If none, state none. If you answered Yes, or if you have any legal action pending in this regard, please provide details. Evaluation Criteria: Pass = Answered None or detailing CCJs, and/or any legal action pending that could result in a CCJ, but providing sound reasons and other evidence that demonstrates why such failure(s) does not compromise its ability to deliver the contract. Fail = Have detailed CCJs and/or any legal action pending that could result in a CCJ but have not provided sound reasons and/or other evidence that demonstrates why this does not compromise the organisations' ability to deliver the contract.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
6.1	Details of Contracts	Please provide details of up to three contracts, to meet the technical and professional ability criteria set out in the accreditation documents in any combination from either the public or private sectors; voluntary, charity or social enterprise (VCSE) that are relevant to our requirement. VCSEs may include samples of grant-funded work. Where this procurement is for supplies or services, the examples must be from the past three years. Where this procurement is for works, the examples may be from the past five years. The named contact provided should be able to provide written evidence to confirm the accuracy of the information provided below. For consortium bids, or where you have indicated that you are relying on a subcontractor in order to meet the technical and professional ability, you should provide relevant examples of where the consortium/subcontractors have delivered similar requirements. If this is not possible (e.g. the consortium is newly formed or a Special Purpose Vehicle is to be created for this contract) then three separate examples should be provided between the principal member(s) of the proposed consortium or members of the Special Purpose Vehicle or subcontractors (three examples are not required from each member). Where the Supplier is a Special Purpose Vehicle, or a managing agent not intending to be the main provider of the supplies or services, the information requested should be provided in respect of the main intended provider(s) or subcontractor(s) who will deliver the contract. For each contract please provide the following information: - Name of customer organisation who signed the contract - Name of supplier who signed the contract - Point of contact in the customer's organisation. - Position in the customer's organisation - E-mail address - Description of contract - Contract Start date - Contract completion date. - Estimated contract value Please submit your response to this question as an attachment. If you cannot provide examples see question Q6.2 Evaluation criteria: For Information	Required	Attachment								0	0								
6.2	No Example	If you cannot provide at least one example for questions 6.1, in no more than 500 words please provide an explanation for this and how you meet the selection criteria relating to technical and professional ability e.g. your organisation is a new start-up or you have provided services in the past but not under a contract. Evaluation criteria: For Information	Required	Text Area				5000				0	0								

6.3	Sub-Contract	Where you intend to subcontract a proportion of the contract, please demonstrate how you have previously maintained healthy supply chains with your subcontractor(s). The description should include, but is not limited to, details of your supply chain management tracking systems to ensure performance of the contract and including prompt payment and whether you are a signatory of the UK Prompt Payment Code (or have given commitments under other equivalent schemes). Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
07.1a	Insurance	Please confirm whether you already have, or can commit to obtain, prior to the commencement of the contract, the levels of insurance cover indicated below: Employer's (Compulsory) Liability Insurance = £5m Public Liability Insurance = £10m Professional Indemnity Insurance = £5m Product Liability Insurance = £5m Clinical Negligence = £5m *There is a legal requirement for certain employers to hold Employer's (Compulsory) Liability Insurance of £5 million as a minimum. See the Health and Safety Executive website for more information: http://www.hse.gov.uk/pubns/hse39.pdf Evaluation criteria: Pass = Answering "Yes" Fail = Answering "No"	Required	Picklist								1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
07.1b	Insurance claims	Have any insurance or legal claims been upheld against your organisation within the last 36 months in relation to delivering this or a similar service? If "Yes", please provide further details. If none, please state "None" as your response. Evaluation Criteria: Pass = Answering "None", or answering "Yes" but providing sound reasons and other evidence that demonstrate why such failure(s) does not compromise its ability to deliver the contract. Fail = Answering "Yes" and required supporting information is not provided or following evaluation of the response the Contracting Authority(s) have concluded that the justification given for the absence of the required information demonstrates significant risk to the ability to deliver the contract (having sought clarification where deemed necessary by the Contracting Authority(s)). The Contracting Authority(s) reserves the right to disqualify any organisation that fails to meet these requirements.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
07.2a	GDPR	Please confirm that you have in place, or that you will have in place by contract award, the human and technical resources to perform the contract to ensure compliance with the General Data Protection Regulation and to ensure the protection of the rights of data subjects. Evaluation criteria: Pass = Answering "Yes" Fail = Answering "No"	Required	Picklist								1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
07.2b	GDPR	Please provide details of the technical facilities and measures (including systems and processes) you have in place, or will have in place by contract award, to ensure compliance with the General Data Protection Regulation and to ensure the protection of the rights of data subjects. Your response should include, but should not be limited to facilities and measures: - to ensure ongoing confidentiality, integrity, availability and resilience of processing systems and services; - to comply with the rights of data subjects in respect of receiving privacy information, and access, rectification, deletion and portability of personal data; - to ensure that any consent based processing meets standards of active, informed consent, and that such consents are recorded and auditable; - to ensure legal safeguards are in place to legitimise transfers of personal data outside the EU (if such transfers will take place); - to maintain records of personal data processing activities; and - to regularly test, assess and evaluate the effectiveness of the above measures Evaluation criteria: Pass/Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
07.3a	Health & Safety	Please describe the arrangements you have in place to manage health and safety effectively and control significant risks relevant to the requirement (including risks from the use of contractors, where relevant). Please use no more than 500 words. Evaluation criteria: Pass/Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
07.3b	Health and Safety Policy	Please confirm that all sub-contractors have in place the relevant Health and Safety Policies, which are compliant with current UK legislation and are not subject to any Enforcement/Remedial Orders in relation to the Health and Safety Executive (or equivalent body) in the last 3 years. If "No", please provide an explanation of your response. If Not Applicable, please explain. The Commissioner will exclude bidder(s) that have been in receipt of enforcement/remedial action orders unless the bidder(s) can demonstrate to the Commissioner's satisfaction that appropriate remedial action has been taken to prevent future occurrences or breaches. Evaluation Criteria: Pass = Answering "Yes" or answering "Not applicable", or answering "No" but providing sound reasons and/or other evidence that demonstrate why this does not compromise its ability to deliver the contract. Fail = Answering "No" and not providing sound reasons and/or other evidence that demonstrate why this does not compromise the organisations' ability to deliver the contract.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		

07.3c	Competent Person	Please provide details of the 'competent person' for provision of health and safety advice within your organisation as required by the Management of Health & Safety at Work Regulations 1992. Please provide name, job title, proof of any health and safety qualifications/training, including experience and knowledge of their particular field. If externally provided, please also include the name and address of the organisation. Evaluation criteria: Pass/Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
07.4a	Tackling Modern Slavery in Supply Chains	For UK suppliers only: You are a relevant commercial organisation subject to Section 54 of the Modern Slavery Act 2015 if you carry on your business, or part of your business in the UK, supplying goods or services and you have an annual turnover of at least £36 million. If applicable, please confirm that your published modern slavery statement provided in Part 2 of this Selection Questionnaire (exclusion grounds) complies with the requirements contained within Section 54 of the Modern Slavery Act 2015 and associated guidance including information relating to: - the organisation's structure, its business and its supply chains; - its policies in relation to slavery and human trafficking; - its due diligence processes in relation to slavery and human trafficking in its business and supply chains; - the parts of its business and supply chains where there is a risk of slavery and human trafficking taking place, and the steps it has taken to assess and manage that risk; - its effectiveness in ensuring that slavery and human trafficking is not taking place in its business or supply chains, measured against such performance indicators as it considers appropriate; - the training and capacity building about slavery and human trafficking available to its staff. If you do not currently meet the above requirements, please provide a satisfactory explanation that the requirements will be met before contract award. Evaluation criteria: Pass / Fail Bidders will PASS question 7.4a if they: •Meet the requirements and have an appropriate (at the commissioner's discretion) modern slavery statement, OR •Select N/A because they are not a relevant commercial organisation subject to Section 54 of the Modern Slavery Act 2015, OR •Provide an appropriate (at the commissioner's discretion) explanation that the requirements will be met prior to contract award. Please note the commissioner reserves the right to verify this information prior to award. Bidders will FAIL question 7.4a if they: •Do not meet the requirements and do not have an appropriate (at the commissioner's discretion) modern slavery statement, OR •Do not provide an appropriate (at the commissioner's discretion) explanation that the requirements will be met prior to contract award.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
07.4b	Tackling Modern Slavery in Supply Chains	For Non-UK suppliers only: Please provide a link to your organisation's published modern slavery statement, (which has been published in your own jurisdiction), or provide a link or copy of a relevant company document containing the equivalent information (as per below). - the organisation's structure, its business and its supply chains; - its policies in relation to slavery and human trafficking; - its due diligence processes in relation to slavery and human trafficking in its business and supply chains; - the parts of its business and supply chains where there is a risk of slavery and human trafficking taking place, and the steps it has taken to assess and manage that risk; - its effectiveness in ensuring that slavery and human trafficking is not taking place in its business or supply chains, measured against such performance indicators as it considers appropriate; - the training and capacity building about slavery and human trafficking available to its staff If you do not currently meet the above requirements, please provide a satisfactory explanation that the requirements will be met before contract award. Evaluation criteria: Pass/Fail Bidders will PASS question 7.4b if they: •Meet the requirements and have an appropriate (at the commissioner's discretion) modern slavery statement, or equivalent company document, OR •Provide an appropriate (at the commissioner's discretion) explanation that the requirements will be met prior to contract award. Please note the commissioner reserves the right to verify this information prior to award. Bidders will FAIL question 7.4b if they: •Do not meet the requirements and do not have an appropriate (at the commissioner's discretion) modern slavery statement, or equivalent company document ,OR •Do not provide an appropriate (at the commissioner's discretion) explanation that the requirements will be met prior to contract award.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
07.5a	Suppliers' Past Performance	Can you supply a list of your relevant principal contracts for supplies and/or services provided in the last three years? If applicable, please ensure include NHS contract(s). Evaluation criteria: For information	Required	Text Area				5000				0	0								
07.5bi	Suppliers' Past Performance	On request can you provide a past performance certificate/statement from those customers on the list? Evaluation criteria: Pass = Answering Yes, or answering No and providing an acceptable explanation in response to Q7.5bii Fail - Answering No but not providing an acceptable explanation in response to Q7.5bii	Required	Picklist								1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
07.5bii	Suppliers' Past Performance	On request, if you cannot obtain a certificate / statement from a customer can you explain the reasons why? Evaluation criteria: (As per Q7.5bi)	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		

07.5biii	Suppliers' Past Performance	On request, if the certificate /statement states that supplies and/or services supplied were not satisfactory are you able to supply information which shows why this will not recur in this contract if you are awarded it? Evaluation criteria: Pass = Answering Yes Fail = Answering No	Required	Picklist								1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
08.1a	Withdraw or Terminate	Has your organisation (or if applicable any of your Consortium Members, material subcontractors or any organisation you are relying on to deliver this contract) withdrawn from or terminated a contract, relevant to this accreditation, prematurely within the last 3 years? If the answer to this Question is "Yes" then Bidder(s) should provide details in a separate appendix, regarding the outcome and any mitigating action taken to deal with the issue. If you are bidding as a Consortium and you have answered "Yes" to this question, please provide details of each consortium member that this relates to. Evaluation criteria: Pass - The response is No, or Yes with appropriate mitigating actions described. Fail - The response is Yes, without appropriate mitigating actions described.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
08.1b	Professional Register	Please state whether any clinical staff, relevant to this contract (procurement), currently employed, sub-contracted or otherwise engaged by your organisation (and if applicable any of your Consortium Members, material subcontractors or any organisation you are relying on to deliver this contract) have, during the past three years, been referred to their professional register for investigation or had their professional registration removed or suspended. If the answer to this Question is "Yes" then the Bidder should provide details regarding the position/outcome and any mitigating action taken to deal with the issue. If you are bidding as a Consortium and you have answered "Yes" to this question, please provide details of each consortium member that this relates to. Evaluation criteria: Pass - The response is No, or Yes with appropriate mitigating actions described. Fail - The response is Yes, without appropriate mitigating actions described.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
08.1c	Review or Investigation	Has your organisation (or any of your proposed consortium members/material sub-contractors, if applicable) been subject to any court action (excluding where you are the claimant), review or investigation by a regulatory body and/or other organisation with investigatory powers that has concluded over the past three years? If the answer to this question is "Yes" then the Bidder should provide details, in a separate appendix and upload to the placeholder provided, regarding the position/outcome and any mitigating action taken to deal with the issue. If you are bidding as a Consortium and you have answered "Yes" to this question, please provide details of each consortium member that this relates to. Evaluation criteria: Pass- The response is No, or Yes with appropriate mitigating actions described. Fail - The response is Yes, without appropriate mitigating actions described.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
08.2a	DPR	Under the Data Protection (Charges and Information) Regulations 2018, individuals and organisations that process personal data need to pay a data protection fee to the Information Commissioner's Office (ICO), unless they are exempt. Are you/your organisation registered under the Data Protection Act with the Information Commissioner's Office (ICO) and does that registration cover the potential use of the data in this contract? - We have registered with the ICO under the Data Protection Regulations 2018 and this covers the potential use of the data required by this contract. ? Please provide your reference number - We have not registered with the ICO under the Data Protection Regulation 2018, but commit to register prior to the contract start date if we were successful. ? - We have not registered with the ICO under the Data Protection Regulations 2018 and believe that we are exempt from registration. ? Please provide a supporting statement to explain why you believe you are exempt and would remain exempt in delivering this contract. The Commissioner may request evidence to support this statement in order to get the relevant assurance. Evaluation criteria: Pass/Fail Bidders will PASS this question by: •Providing evidence of registration with the ICO and confirming that the registration covers the potential use of the data required by this contract, OR •Committing to register prior to the contract start date, if successful, OR •Providing sufficient evidence (at the commissioner's discretion) that exemption applies Bidders will FAIL this question if they have not registered and state that they are exempt without (in the view of the Commissioner), providing sufficient evidence that exemption is applicable.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		

08.2b	DSP Toolkit	Where the processing of individuals' personal confidential data is necessary, it is a requirement for providers to meet certain security standards, as set out via the NHS Data Security and Protection (DSP) Toolkit. Please confirm that your organisation is, as a minimum, compliant with all mandatory requirements of the latest DSP Toolkit or have a plan in place to achieve compliance with the DSP Toolkit prior to the Contract Start date. - We are compliant and have met the standard for all mandatory requirements of the latest DSP Toolkit, which we have published on the DSP Toolkit website. ? Please attach evidence of compliance. An example of acceptable evidence would be a screenshot of your completed DSP Toolkit publication. - We have registered with the DSP Toolkit and are working towards compliance and have an action plan to achieve compliance with all mandatory requirements of the latest DSP Toolkit prior to the service commencement date. ? Please attach your action plan to demonstrate you are working towards compliance. N.B. The action plan should be the one provided to your organisation on the DSP Toolkit website. We are not compliant and we do not have an action plan to demonstrate that we are working towards compliance in readiness for the service commencement date. ? Evaluation criteria:Pass/Fail Bidders will PASS this question by providing evidence of current compliance OR by attaching their action plan to achieve compliance prior to the service commencement date. Bidders will FAIL this question if they: •State that they are compliant and do not attach sufficient evidence (in the view of the Commissioner) to demonstrate compliance, OR •State that they have an action plan and do not attach an appropriate action plan (in the view of the Commissioner) to demonstrate that they are working towards compliance ready for service commencement OR •State that they are not compliant and do not have an action plan to demonstrate that they are working towards compliance.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
08.2ci	Cyber Security	To provide assurance that organisations have the necessary security measures in place to protect against cyber-attacks; please confirm if applicable if you have the following •ISO 27001 Evaluation Criteria: Pass/Fail Bidders will PASS if they: •Select one of the above security measures and provide evidence •State that they do not have any security measures in place but are willing to put acceptable (in the view of the Commissioner) measures in place prior to service commencement Bidders will FAIL if they do not have any appropriate security measures in place .	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
08.2cii	Cyber Security	Following your response to Q8.2ci, If you have stated that you have the above security measures in place or have selected 'other', please provide evidence via the placeholder on Atamis, e.g. A copy of your certificate. If you have selected that you are willing to put security measures in place, please specify in 08.2ci. Evaluation Criteria: As detailed in Q8.2ci.	Required	Attachment								1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
08.2ciii	Cyber Security	To provide assurance that organisations have the necessary security measures in place to protect against cyber-attacks; please confirm if applicable if you have the following •Digital Technology Assessment Criteria (DTAC) Evaluation Criteria: Pass/Fail Bidders will PASS if they: •Select one of the above security measures and provide evidence •State that they do not have any security measures in place but are willing to put acceptable (in the view of the Commissioner) measures in place prior to service commencement Bidders will FAIL if they do not have any appropriate security measures in place .	Required	Text Area				5000												
08.2ciiii	Cyber Security	Following your response to Q8.2ciii, If you have stated that you have the above security measures in place or have selected 'other', please provide evidence via the placeholder on Atamis, e.g. A copy of your certificate. If you have selected that you are willing to put security measures in place, please specify in 08.2ciii Evaluation Criteria: As detailed in Q8.2ciii.	Required	Attachment																
08.2Ciiiii	Cyber Security	To provide assurance that organisations have the necessary security measures in place to protect against cyber-attacks; please confirm if applicable if you have the following •ITIL Evaluation Criteria: Pass/Fail Bidders will PASS if they: •Select one of the above security measures and provide evidence •State that they do not have any security measures in place but are willing to put acceptable (in the view of the Commissioner) measures in place prior to service commencement Bidders will FAIL if they do not have any appropriate security measures in place	Required	Text Area																
08.2ciiiiii	Cyber Security	Following your response to Q8.2ciiiii, If you have stated that you have the above security measures in place or have selected 'other', please provide evidence via the placeholder on Atamis, e.g. A copy of your certificate. If you have selected that you are willing to put security measures in place, please specify in 08.2ciiiii Evaluation Criteria: As detailed in Q8.2ciiiii.	Required	Attachment																

08.2ciiiiiiii	Cyber Security	To provide assurance that organisations have the necessary security measures in place to protect against cyber-attacks; please confirm if applicable if you have the following •DCB0129: Clinical Risk Management: its Application in the Manufacture of Health IT Systems Evaluation Criteria: Pass/Fail Bidders will PASS if they: •Select one of the above security measures and provide evidence •State that they do not have any security measures in place but are willing to put acceptable (in the view of the Commissioner) measures in place prior to service commencement Bidders will FAIL if they do not have any appropriate security measures in place	Required	Text Area																	
08.2ciiiiiiii	Cyber Security	Following your response to Q8.2ciiiiiiii, If you have stated that you have the above security measures in place or have selected 'other', please provide evidence via the placeholder on Atamis, e.g. A copy of your certificate. If you have selected that you are willing to put security measures in place, please specify in 08.2ciiiiiiii Evaluation Criteria: As detailed in Q8.2ciiiiiii.	Required	Attachment																	
08.2ciiiiiiiii	Cyber Security	To provide assurance that organisations have the necessary security measures in place to protect against cyber-attacks; please confirm if applicable if you have the following •DCB0160: Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems, and any updates or future revisions of those or equivalent standards published or referenced by NHS England. Evaluation Criteria: Pass/Fail Bidders will PASS if they: •Select one of the above security measures and provide evidence •State that they do not have any security measures in place but are willing to put acceptable (in the view of the Commissioner) measures in place prior to service commencement Bidders will FAIL if they do not have any appropriate security measures in place	Required	Text Area																	
08.2ciiiiiiiii	Cyber Security	Following your response to Q8.2ciiiiiiiii, If you have stated that you have the above security measures in place or have selected 'other', please provide evidence via the placeholder on Atamis, e.g. A copy of your certificate. If you have selected that you are willing to put security measures in place, please specify in 08.2ciiiiiiiii Evaluation Criteria: As detailed in Q8.2ciiiiiiii.	Required	Attachment																	
08.2d	EEA	Please confirm whether or not you will be storing or transferring data outside of the European Economic Area (EEA). •We confirm that data will not be stored or transferred outside of the EEA ? •We confirm that data will be transferred to a county outside of the EEA ? If you have selected above that you will be transferring data relevant to this contract to a country outside the European Economic Area (EEA) please provide the following details: a. to which country/countries? b. Is the transfer to a third country on the EU's and UK's Commissions list of countries or territories on the adequacy register? c. If the transfer is outside of the EU adequacy register, please state what other authority is in place. Evaluation criteria: Pass/Fail Bidders will PASS this question, if they confirm that data will not be stored or transferred outside of the EEA, OR, if they confirm that data will be transferred outside of the EEA and the Commissioner is satisfied that the country where data is being transferred to, has appropriate and adequate protection for data handling. Bidders will FAIL this question, if they confirm that data will be transferred outside of the EEA and the Commissioner is not satisfied that the country where data is being transferred to, has appropriate and adequate protection for data handling.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
08.3a	CQC registration	Please state your CQC registered number(s) and the organisation they relate to, or if you do not already have this, please detail how you will achieve registration before the service is due to commence if / when you are commissioned to provide a service. If this is not applicable, please explain. Evaluation Criteria: Pass = Provides CQC registration or provides confirmation that CQC does not apply Fail = Fails to provide CQC registration or fails to provide a reasoned explanation as to why it is not required	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
08.3b	CQC registration	Are there any conditions or restrictions to this CQC Registration? If "Yes", please state details of the conditions and/or restrictions. Evaluation Criteria: Pass = No conditions/restrictions or provides evidence that satisfies the contracting authority that the delivery of the proposed service will not be compromised Fail = Conditions/rsetrictions in place that the contracting authority feel will impact on the delivyer of the proposeed service	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		

8.4	Enforcement notices	Has your organisation, within the last five years incurred enforcement notices from the Care Quality Commission or its predecessors, served on any establishment run by your organisation? If yes, please provide details. If no, please state 'None'. If "Yes", please provide details and evidence why you believe such failures do not compromise your ability to deliver the contract. If none, please state "None" as your response. Evaluation Criteria: Pass = Answering "None" or answering "Yes" but providing sound reasons and other evidence that demonstrate why such failure(s) does not compromise its ability to deliver the contract. Fail = Answering "Yes" to the question and failing to provide any sound reasons and/or other evidence that demonstrates why such failure(s) does not compromise its ability to deliver the contract. If "Yes", please provide details and evidence why you believe such failures do not compromise your ability to deliver the contract. If none, please state "None" as your response. Evaluation Criteria: Pass = Answering "None" or answering "Yes" but providing sound reasons and other evidence that demonstrate why such failure(s) does not compromise its ability to deliver the contract. Fail = Answering "Yes" to the question and failing to provide any sound reasons and/or other evidence that demonstrates why such failure(s) does not compromise its ability to deliver the contract.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
8.5	NHS Provider Licence	Do you hold a current NHS Provider licence? If "Yes" please attach a copy of your licence If "No" please provide an explanation of why you do not require a licence or how you will you ensure this is in place for the start of the contract, should you be awarded it. https://www.england.nhs.uk/the-nhs-provider-licence/ Evaluation Criteria: Pass = Providing copy of NHS provider Licence or providing an acceptable explanation as to why one is not required or how you will ensure a licence is obtained and is in place for the start of the contract, should you be awarded it. Fail = Not providing a copy of NHS provider Licence and failing to provide an acceptable explanation as to why one is not required or how you will ensure a licence is obtained and is in place for the start of the contract, should you be awarded it.	Required	Attachment								1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
8.6	Freedom of Information Act 2000 FOIA	Confirm that you agree to information (non-commercial in confidence) being disclosed in the event of an FoIA request. Evaluation criteria: Pass = Answering Yes Fail - Answering No	Required	Picklist								1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
9.1	ICO/ Data Protection Registration	Please enter your Information Commissioner's Office (ICO) Registration number. Evaluation criteria: For information	Required	Text Area				5000				0	0								
9.2	NHS Mail/Secure email	Please confirm whether you have an NHS mail account/ secure email account that meets relevant (DCB1596 secure email standard). If you have answered 'Yes' then please give the NHS mail email address for the main point of contact within the organisation. If you have answered 'No' please describe the arrangements you have in place for secure transmission of emails. Evaluation Criteria: For Information	Required	Text Area				5000				0	0								
9.3	SIRO	Please provide the contact details for your Senior Information Risk Owner (SIRO) (Board level accountable Director / Senior Manager) who is responsible for owning all information risks? Note to Bidder: These details will be checked and verified against the register (https://digital.nhs.uk/services/organisation-data-service/our-services#ODS Portal). In the event these details do not match, please provide an explanation as to why. Evaluation Criteria: Pass = Providing contact details (name and email address) that either matches the register or has a sound explanation as to why they are different . Fail = Failing to provide details or providing details that do not match the register without a sound explanation as to why they are different	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
9.4	Caldicott Guardian	Please provide the name and contact details for your organisation's Caldicott Guardian. Note to Bidder: These details will be checked and verified against the register (https://digital.nhs.uk/services/organisation-data-service/our-services#ODS Portal). In the event these details do not match, please provide an explanation as to why. Evaluation Criteria: Pass = Providing contact details (Name and email address) that either match the register or have a sound explanation as to why they are different Fail = Failing to provide details or providing details that do not match the register without a sound explanation as to why they are different	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
9.5	IG incident Reporting	Please confirm that the policies and procedures that you have in place ensure that all IG incidents are reported in line with NHS Digital guidance. Evaluation criteria: Pass = Answering Yes Fail = Answering No	Required	Picklist								1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
9.6	Data Protection Officer	Please provide contact details for the Data Protection Officer and senior person within your organisation who has specific responsibility for protecting personal identifiable data and enabling appropriate information sharing. Evaluation criteria: For information	Required	Text Area				5000				0	0								

9.7	Offshore data processing or storage	Will you or any of your partners/subcontractors/3rd Parties be processing or storing personal identifiable data, in relation to this contract, outside of the UK shores? If yes, please provide details of the arrangement and an overview of any outsourcing contracts regarding this. Evaluation criteria: Pass/Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
9.8	IG Training	Please confirm that your organisation has a staff training programme for information governance and that all staff receive annual IG training in line with DSPT standards. Evaluation criteria: Pass = Answering Yes, or Answering No, but providing assurance that this will be in place by the start of the contract. Fail - Answering No and not providing assurance that this will be in place by the start of the contract.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
10.1	N3/HSCN link	Does your organisation have your own N3/HSCN link or access to one through a third party? Please answer either: - Yes we have our own N3/HSCN link - Yes we access N3/HSCN through (organisations name)'s N3/HSCN link - No, but one will be in place prior to service testing and service start. Please describe how this will be achieved. Evaluation criteria: Pass/Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
10.2	IM&T Systems	Please confirm that your IM&T systems currently comply with the requirements set out by NHS Digital for linking to NHS systems? Evaluation criteria: Pass/Fail Pass = Answering Yes Fail = Answering No	Required	Picklist								1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
10.3	IG & Data Security Policies	Please confirm your organisation has the following current and ratified policies in place, that they are reviewed and updated on a regular basis and made available to all staff: - Confidentiality Policy compliant with Caldicott requirements - IM&T Security Policy - Policies to ensure compliance with the Data Protection Act 2018 and General Data Protection Regulation 2016 - Records Management Policy - Information Lifecycle Policy If these are not currently in place, please explain how you will ensure these are in place by the start of the contract. Evaluation criteria: Pass = Answering Yes, or Answering No, but providing assurance that these will be in place by the start of the contract. Fail - Answering No and not providing assurance that these will be in place by the start of the contract.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
10.4	IMT and Service Delivery - Shared Care	Explain how you will ensure access to share care records or how provider's EPR will enable results of diagnostics, discharge summaries, patient medication etc to be shared across different providers so that information is visible to all appropriate health and care professionals regardless of setting whilst adhering to all IG requirements. Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
10.5	IMT and Service Delivery - Single View	Please confirm that your IT Systems are able to provide a single view of the patient and help avoid duplication of care and diagnostics. This needs to enable users to update data in whichever system is appropriate to ensure consistency of information. Evaluation criteria: Pass = Answering Yes, or Answering No, but providing assurance that these will be in place by the start of the contract. Fail - Answering No and not providing assurance that these will be in place by the start of the contract.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
10.6	IMT and Service Delivery - digital comm	Please describe proposed changes toward digital communication (where not in place) and timescale in order to support the improvement of services for patients within the defined population (or confirm already in place) Evaluation Criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
10.7	SUS	Please confirm you are currently regularly submitting data to SUS or if not yet delivering the service confirm the testing you have already done to confirm you will be able to submit to SUS Evaluation Criteria: Pass / Fail Pass = Answering Yes, or Answering No, but providing assurance that these will be in place by the start of the contract. Fail - Answering No and not providing assurance that these will be in place by the start of the contract.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
11.1	Equity of Access	Please confirm that your organisation is compliant with the relevant UK Equality legislation (and relevant NHS Standards, i.e. WRES, WDES, AIS) in both Equity of Access, Equality and Non-Discrimination supporting the workforce and in delivery of services, as outlined in Section 26 of the NHS Terms and Conditions. If your organisation does not comply, please detail what actions you will / are taking to ensure compliance, if your spplication was successful Evaluation criteria: Pass = Answering Yes, or Answering No, but providing assurance that these will be in place by the start of the contract. Fail - Answering No and not providing assurance that these will be in place by the start of the contract.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		

11.2	Equality & Diversity / Equal Opportunitie	Please self certify that your organisation has a formal Equality & Diversity / Equal Opportunities policy that complies with current legislative requirements, in terms of the following: a) Is regularly reviewed and is no more than two years old. b) Covers Workforce and Service Delivery c) Includes a Named Accountable Officer If your organisation does not have an Equality & Diversity / Equal Opportunities policy, please explain in an attachment why this is and how you intend to approach/deal with equality and diversity within your organisation, in terms of: - regular reviews (at least every two years) Evaluation criteria: Pass = Answering Yes, or Answering No, but providing assurance that these will be in place by the start of the contract. Fail - Answering No and not providing assurance that these will be in place by the start of the contract.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
11.3	Public Sector Equality Duty	How does your organisation, as a whole demonstrate compliance with public sector equality duty? Your response should consider how your organisation: a) Recognises the application of the PSED to it, in terms of delivering services to the NHS b) Eliminates unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. c) Advances equality of opportunity between people who share a protected characteristic and those who do not. d) Fosters good relations between people who share a protected characteristic and those who do not. Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
11.4	Equity of Access	Please confirm that you will ensure that all patients and carers experience equity of access to the service including those with interpretation and translation needs? You may wish to include in your response what procedures, processes and arrangements you have or will have in place by commencement of service. Evaluation criteria: Pass = Answering Yes, or Answering No, but providing assurance that these will be in place by the start of the contract. Fail - Answering No and not providing assurance that these will be in place by the start of the contract.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
11.5	Equality considerations	Please confirm that your organisation will ensure that suitable equality considerations are made during their decision making process and how is this evidenced. Your answer should also include; a) analysis and an understanding of the population in the geographical area this service will cover, broken down by protected characteristics, b) understanding of the specific needs of this population in terms of local health inequalities, access to the service and positive health outcomes. c) commitment to continually review access activity against protected characteristics and deprivation Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
11.6	Human Rights	Please confirm that your organisation will ensure the promotion and protection of Human Rights for staff, patients, families and their carers. You should include examples to illustrate your answer as appropriate. Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
11.7	Discrimination	In the last 3 years, has the Equality and Human Rights Commission, or any court or industrial tribunal, found that your organisation has discriminated against someone because of their physical or mental impairment? If yes please provide details Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
12.1	Environmental Management	Has your organisation been convicted of breaching environmental legislation, or had any notice served upon it, in the last three years by any environmental regulator or authority (including local authority)? If "Yes", please provide details of the conviction or notice and details of any remedial action or changes you have made as a result of conviction or notices served. If "No", please state "None" as your response. The Commissioner will not accredit bidder(s) that have been prosecuted or served notice under environmental legislation in the last 3 years, unless the Commissioner is satisfied that appropriate remedial action has been taken to prevent future occurrences/breaches. Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
12.2	Environmental Management	If you use sub-contractors, do you have processes in place to check whether any of these organisations have been convicted or had a notice served upon them for infringement of environmental legislation? If your answer is "No" please provide details of the reasons why and what remedial actions are being taken to rectify this. If not applicable, please state "Not Applicable". Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		

12.3	Environmental Management	Has your organisation or any of its Directors or Executive Officers been in receipt of enforcement/remedial orders in relation to the Health and Safety Executive (or equivalent body) in the last 3 years? If "Yes", please provide details of any enforcement/remedial orders served and give details of any remedial action or changes to procedures you have made as a result. The Commissioner will exclude bidder(s) that have been in receipt of enforcement/remedial action orders unless the bidder(s) can demonstrate to the Commissioner's satisfaction that appropriate remedial action has been taken to prevent future occurrences or breaches. Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
13.1a	Business Continuity	Does your organisation have a Business Continuity/Disaster Recovery Plan? If "Yes", please attach a copy in response to Question 13.1b If "No", please explain why in an attachment in response to Question 13.1b Evaluation criteria: Pass = Answering Yes and attaching a copy in response to Question 13.1b, or Answering No, but providing assurance in response to Question 13.1b that this will be in place by the start of the contract. Fail - Answering No and not providing assurance in response to Question 13.1b that this will be in place by the start of the contract.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
13.1b	Business Continuity	Following your response to Question Q13.1a, please attach a copy of your Business Continuity / Disaster Recovery Plan, or an explanation why your organisation does not have one. Evaluation criteria: (as explained in Question Q13.1a)	Required	Attachment								1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
13.2	Business Continuity Arrangements	Please self certify that you have business continuity arrangements with specific Covid 19 measures in place, or if not, will have these in place prior to commencement of the Contract. Evaluation criteria: Pass = Answering Yes, or Answering No, but providing assurance that these will be in place by the start of the contract. Fail - Answering No and not providing assurance that these will be in place by the start of the contract.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
14.1	CGL 1	Please enter the name and position of your Clinical Governance Lead. Evaluation criteria: For Information	Required	Text Area				5000				0	0										
14.2	Clinical Governance	Please attach a flowchart illustrating your clinical governance framework. This should include clinical leads, SIRO and Caldicott Guardian. Evaluation criteria: For Information	Required	Attachment								0	0										
14.3	CG process	Please describe the clinical governance process that will be used across the model of care including the assurance process for the entire patient pathway. Please describe relevant examples; these should include a description of the accountability across the whole patient pathway and how will quality risks and issues be managed across the pathway. The Commissioner is seeking assurance that the supplier has a quality framework and management processes to deliver the new model of care across organisational boundaries. Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
15.1	Activity	What volumes / casemix of activity are you hoping to deliver, each year projected out for 1 year and the anticipated value of these (utilising the national prices in force at the time or the NHS national average cost as a proxy for local prices). Please also provide these details for Years 2 and 3. Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
15.2	Indicative Activity Plan	Although any contract awarded following Accreditation will be a "Zero Based Activity" contract, ie providers will not be guaranteed any NHS funded activity and will only be paid for actual activity undertaken, all contracts issued will include an Indicative Activity Plan [IAP] and providers will be required to stay within the financial envelope set out in the IAP. Providers should not expect to be paid if they exceed the IAP without explicit approval from commissioners. Currently they IAP financial limit is set at £100,000 for new providers. Providers are required to confirm their acceptance of the following points: 1. All Direct Award Process B contracts are awarded on the basis that no activity is guarenteed and that providers are paid by actual activity undertaken. 2. All contracts issued will include an Indicative Activity Plan (IAP) and providers are required to stay within the financial envelope set out within the IAP. 3. Currently for new providers the IAP financial limit is set at £100,000. 4. Providers are at risk of not being paid if activity levels commissioned is exceeded as per NHS Standard Contract. Evaluation criteria: Pass - Yes Fail - No	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
15.3	Ability to Deliver	Whilst providers understand that this Direct Award Process B Accreditation will be a "Zero Based Activity". New providers have a financial limit set at £100,000. Providers are therefore required to detail how you would to be able to deliver this level of activity. Your response must include a copy of your staffing structure showing all clinicians delivering treatments to patients per speciality. Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		

15.4	Robustness of Service Delivery	Where services and specialities are being provided by a clinical workforce, how will you ensure robustness of service delivery in case of absence by your clinicians including surgeons and nursing staff? How will you ensure that patients are not left untreated on waiting lists during such absences? Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
15.5	Provision of Full Care Pathway	All providers are expected to deliver the full care pathway at the appropriate clinical levels. (Example of this would be offering Knee Arthroscopy for Knee pain but not providing Knee replacement surgery, or offering ADHD assessments only and not offering treatment option e.g medication). Please confirm whether your proposed service will provide the complete care pathway for all indications and levels of acuity. You are required to provide full details of all proposed care pathways to be delivered in line with your Indicative Activity Plan (IAP). Evaluation criteria: With a Pass (confirming) Fail (not confirming).	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity						
15.6	Equipment	Are there any capital items of equipment used to deliver this activity? If yes then are any within 5 years of needing significant maintenance/overhauling/replacement? If yes then please provide copies of plans for how this will be funded and also delivered without affecting service capacity. Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
15.7	Prescribing	Is your service set up to implement electronic prescribing for all? Please provide contact details for the organisation's prescribing/ medicines lead so this can be shared with the ICB medicines Optimisation Team Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity						
16.1	Disclosure and Barring Service (DBS)	Please confirm that for all applicable staff you obtain the relevant Standard DBS, Enhanced DBS or Enhanced DBS with List Checks PRIOR to them working with clients. Evaluation criteria: Pass = Answering Yes, or Answering No, but providing assurance that these will be in place by the start of the contract. Fail - Answering No and not providing assurance that these will be in place by the start of the contract.	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
16.2	Continuous Development	For the staff working on this contract, please describe how you make sure they have access to training to support their own personal development and how their skills are maintained and updated on a regular basis? Please also provide details of staff induction training. Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
16.3	Professional Registration and Profession	Please detail how your staff and other employees' professional registration and professional indemnity is monitored and what action is taken to ensure that these accreditations are kept up to date, encompassing the lead provider and all sub-contractors if applicable. Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
16.4	Staff resources	Please provide a detailed workforce plan to deliver the service requested for accreditation • Provider to submit details of the full staffing structure including management, clinical and non-clinical staff who will deliver the service. This should include lines of reporting, responsibility, and accountability. • Please describe how the organisation will deliver key educational and training elements of the service specification, primary care education and support, on-going training of directly employed staff Evaluation criteria: Pass / Fail	Required	Attachment								1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
17.1	Tackling workforce inequality	Please explain what actions will be taken to: - identify and tackle inequality in employment, skills and pay in the contract workforce; - Support in-work progression to help people, including those from disadvantaged or minority groups, to move into higher paid work by developing new skills relevant to the contract. Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
17.2	Tackling economic inequality	Please describe how your organisation supports educational attainment relevant to this accreditation, including training schemes that address skills gaps and result in recognised qualifications. Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		

17.3	Improving staff health and wellbeing.	Please explain what actions will be taken to support the health and wellbeing, including physical and mental health in the contract workforce. Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
18.1	Premises	Please provide details of the premises from which you will be delivering the service/s and that your CQC registration includes all premises you will be providing services from. Please note that the premises must be within BNSSG geographical footprint. Please also provide information relating to the fitness for purpose of the proposed premises including any relevant accreditation and compliance with any related national standards and/or national guidance, e.g. facilities for surgical procedures in acute general hospitals (HBN 26), QSI accreditation, etc Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
18.2	NHS Standard Contract	Please confirm you agree to be bound by the Terms and conditions of the NHS Standard contract Long form and that you self-certify that you have all policies indicated within the contract. Evaluation criteria: Pass = Answering Yes Fail = Answering No	Required	Picklist								1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
18.3	Doctors in Training	Health Education England require the Independent Sector to support training of Doctors in Training. See https://www.hee.nhs.uk/independent_sector. In addition, General Conditions 5.7 states: "The Provider must co-operate with NHS England, local ICBs and local NHS Trusts and NHS Foundation Trusts in the manner and to the extent that they request in the development and delivery of healthcare workforce plans and in the planning and provision of education and training for healthcare workers. The Provider must have regard to the Health Education and Training Quality Framework and to Guidance for Placement of Doctors in Training." How will your organisation meet these requirements? Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
18.4	Medical Emergenices	Please describe how you support medical emergencies should they occur and how these have been agreed with any other providers that would support you in a medical emergency Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
18.5	Policies	Please provide policies for: Records Management, Complaints, Infection Control, Decontamination and Waste, Medicines Management Evaluation criteria: For Information	Required	Attachment								0	0									
18.6	Prior Approval	Where the service is in scope of the commissioner prior approval scheme, please confirm how you will confirm compliance with it. If not Applicable, please explain. Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
19.1	Pricing Structure	Please confirm that you will abide by the Pricing Structure as set out in Document 5 - Pricing Evaluation criteria: Pass = Answering "Yes" Fail = Answering "No"	Required	Picklist								1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
20.1	Mobilisation of services	Please provide a mobilisation plan setting out how you anticipate services seeing and treating patients within 6 months of passing accreditation. A mobilisation plan which must include, but not be limited to: - Tasks, dates and ownership - Workforce and workforce development - Finance - IM&T - Vehicles (if applicable) - Premises and Equipment arrangements, including facilities management. - Communications and relationships; including (where applicable) how you will work with the current providers to ensure a smooth transition of services. - Stakeholder engagement - Process and service readiness testing - Development and agreement of an Indicative Activity Plan Note: Failure to mobilise and to be available to start treating patients within 6 months may lead to the accreditation being nulified and requiring your organisation to start the process again. Please complete and attach Document 6b - Additional Questionnaire, if applicable. Evaluation criteria: Pass / Fail	Required	Attachment								1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity						

21.1	Market Exit	Should you decide to leave the market for this service, please describe your commitments that you are willing to include in the contract regarding ensuring patient safety and ensuring continuity of care (e.g. NHS will have first rights to take over premise leases, TUPE staff across etc.) Evaluation criteria: Pass / Fail	Required	Text Area				5000				1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		
22.1	Additional Questionnaire	Please complete and attach Document 6b - Additional Questionnaire, if applicable. Evaluation criteria: Pass / Fail (Please see individual criteria in Part E of Document 1.)	Required	Attachment								1	0	1 - Pass - Either confirms compliance with / acceptance of the requirement or provides acceptable and appropriate evidence of capability and capacity 0 - Fail - Does not confirm compliance with / acceptance of the requirement, or does not provide acceptable and appropriate evidence of capability and capacity				0 1		