**Provider Accreditation Policy**

**Document Control:**

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| --- | --- |
| Policy Name | Provider Accreditation Policy |
| Policy Number | 092 |
| Version | 1.0 |
| Status | Approved |
| Author / Lead | Deputy Director Delivery and Specialised Commissioning |
| Responsible Executive Director | Chief Finance Officer |
| Responsible Committee | Audit Committee |
| Date Ratified by Responsible Committee | Audit Committee, 5 December 2023 (via urgent decision). |
| Date Approved by Board/Effective Date | 18 January 2024 |
| Next Review Date | January 2026 |
| Target Audience | Integrated Care Board Staff  New and existing Providers of services where patients right to choice applies. |
| Stakeholders engaged in development of Policy (internal and external) | Senior Leadership Team  Executive Team  Attain |
| Impact Assessments Undertaken  *(State if not applicable)* | * Equality and Health Inequalities Impact Assessment |

**Version History**

|  |  |  |  |
| --- | --- | --- | --- |
| Version | Date | Author (Name and Title) | Summary of amendments made |
| 0.1 | 17.11.23 | Emily Hughes, Deputy Director of System Pathway Development | New Policy |
| 1.0 | 18.01.24 | Emily Hughes, Deputy Director of System Pathway Development | Board approved version |
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## Introduction

* 1. Integrated Care Boards (ICBs) are mandated by NHS England to accredit new Providers for services where the legal rights to choice apply under the [Procurement Patient Choice and Competition Regulations (PPCCRs)](https://www.legislation.gov.uk/uksi/2013/500/contents/made). This predominantly relates to elective, consultant led services within the population catchment area. ICBs are required to accredit providers ‘without any due delay’.

## Purpose / Policy Statement

This policy sets out the framework used by the ICB to fulfil the requirements of the regulations for accreditation of new Providers.

## Scope

This Policy applies to any new Providers to Mid and South Essex, for services where the legal rights to choice apply.

## Definitions

* No definitions to add.

## Roles and Responsibilities

**Integrated Care Board**

* + 1. The ICB Board has overarching responsibility for the accreditation of Providers under the regulations.

**Finance and Investment Committee**

* + 1. The Finance and Investment Committee is the sponsoring committee responsible for ensuring the delivery of this policy and the accreditation process.
    2. The committee will oversee the implementation of the policy on an on-going basis and will therefore receive assurance regarding new Providers who are accredited by the ICB.

**Audit Committee**

* + 1. The Audit Committee has overarching responsibility for financial governance and systems of internal control and as such will ensure that the framework set out within this policy is robust.

**Quality Committee**

* + 1. The Quality Committee is responsible for overseeing the quality of provision of services commissioned by the ICB which includes accredited providers.

**Chief Executive Officer**

* + 1. The Chief Executive Officer maintains accountability for the responsibilities of the ICB under the regulations for the accreditation of providers.

**Director of Resources**

* + 1. The Director of Resources is accountable for the team undertaking the accreditation process and will ensure that adequate documentation and audit trails are maintained to record providers who are accredited.
    2. This includes liaising with the Quality Team responsible for the oversight of the quality of services from providers.

**Line Managers**

* + 1. Relevant line Managers must ensure that the teams undertaking the accreditation process follow this policy, complete all steps outlined herein and maintain appropriate evidence and documentation.

## Policy Detail

**Patient Choice and Provider Accreditation**

6.1.1 Part 8 of the NHS Standing Rules places obligations on commissioners in relation to patient choice, including enabling the legal rights to choice of provider and team. The rights apply when:

* the patient has an elective referral for a first outpatient appointment (new episode of care);
* the patient is referred by a GP, optometrist or dentist into secondary care (non-urgent elective);
* the referral is clinically appropriate as determined by the referrer;
* the service and team are led by a consultant or a mental healthcare professional;
* the provider has a commissioning contract with any ICB or NHS England for the required service.

6.1.2 Regulation 7 of the PPCCRs require commissioners to establish and apply transparent, proportionate and non-discriminatory criteria for the qualification of providers:

* Commissioners cannot limit the number of providers patients can choose from for elective services where the rights to choice apply;
* It is for commissioners to determine the qualification criteria and assurance processes needed to enable a provider to demonstrate that they are qualified to deliver a service and can safely meet service requirements;
* Where services are already commissioned, the same qualification criteria, assurance processes and specification for services should be applied across all providers of those services in the same way;
* Commissioners cannot refuse to qualify providers for services where the right to choice applies and the provider meets the commissioners’ established criteria for those services.

**6.2.** **Patient Choice and Non-Contracted Activity**

6.2.1 The legal rights to choice mean that patients can choose from any provider that holds a current applicable NHS Standard Contract for the services required following an elective referral.

6.2.2 Where there is no direct contractual relationship between the chosen provider and the patient’s responsible commissioner, terms and conditions of the host commissioner contract for the required service with another commissioner apply and activity will be undertaken on a non-contract activity (NCA) basis.

6.2.3 Under the terms of the NHS Standard Contract providers are obliged to list their services and accept all choice referrals for services where legal rights to choice apply - no prior approval is needed from the patient’s responsible commissioner for a provider to accept a referral and treat a patient in line with the contract.

6.2.4 The NHS Standard Contract must detail the location and site that the services are to be delivered and the existence of an NHS Standard Contract for a particular service will only entitle the provider to be a choice for patients *at the sites specified.*

6.2.5 Meeting the obligations in Part 8 of the NHS Standing Rules and NCA’s should not be conflated with obligations under the PPCCR relating to qualification of providers.

**6.3. Provider Accreditation (Qualification) Process**

6.3.1 When setting accreditation (qualification) criteria the following should be considered:

* Is the service subject to legal rights to choice?

*If so, the number of providers that patients can chose from cannot be limited and a competitive process is not appropriate.*

* Is the service already commissioned?

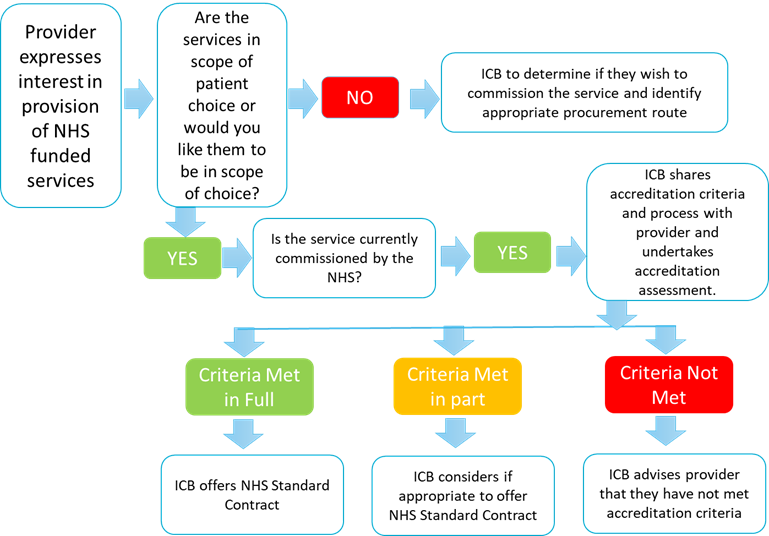
*The same qualification criteria and standard contract schedules should be applied consistently across all providers.*

* How quickly can the new providers be accredited?

*The accreditation process should be transparent, proportionate and non-discriminatory. The process itself should be undertaken without undue delay. Note: NHS England have clarified that the process should not take longer than 4-6 weeks from the initial ask to be accredited, to the accreditation decision.*

* Can a provider demonstrate that they can meet all of the accreditation criteria?

*If so, an NHS Standard Contract must be offered.*

****

**6.4. Mid and South Essex Provider Accreditation Process**

6.4.1 The Mid and South Essex Provider Accreditation Process comprises of three parts.

* + - Part One – General Requirements
    - Part Two – Specific Requirements
    - Part Three – References and Declarations.

6.4.2 The General Requirements are a standard set of requirements applicable to all services, specialties or pathways. The requirements include assessment of the provider’s ability to comply with all requirements of the NHS Standard Contract e.g. CQC registration, provider licence, indemnity (due diligence), and requirements for (but not limited to) clinical safety and quality, patient safeguarding, case mix, workforce and training, data provision and reporting requirements.

6.4.3 The Specific Requirements will be developed, as required, by the relevant clinical and commissioner leads. These may include requirements relation to local referral protocols, inclusion and access criteria or adherence to specific pathways or service specifications.

6.4.4 For existing providers wishing to add specialties or new pathways to existing contracts, the same principles for accreditation will apply, using a sub-set of the total quantum of requirements within the accreditation process.

6.4.5 The Mid and South Essex Accreditation Process is included in Appendix B.

## Monitoring Compliance

The Director of Resources is responsible for monitoring compliance with this policy.

Quarterly reports will be provided to the Finance & Investment Committee updating them on accredited providers and providing assurance that this policy continues to operate effectively.

## Staff Training

Staff undertaking the accreditation process will be trained internally, there is no qualification or external training required.

## Arrangements for Review

* + 1. This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.

If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the Integrated Care Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the Integrated Care Board.

## Associated Policies, Guidance and Documents

* There are no relevant associated policies or guidance.

## References

* + [Procurement Patient Choice and Competition Regulations (PPCCRs)](https://www.legislation.gov.uk/uksi/2013/500/contents/made)
  + NHS Standing Rules

## Equality Impact Assessment

The EIA has identified no equality issues with this policy.

The EIA has been included as **Appendix A**.

**Appendix A – Equality Impact Assessment**

**INITIAL INFORMATION**

|  |  |
| --- | --- |
| **Name of policy and version number:**  092 Provider Accreditation Policy | **Directorate/Service**:  Clinical Leadership and Innovation |
| **Assessor’s Name and Job Title:**  Emily Hughes, Deputy Director of Delivery | **Date:** |

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| --- |
| **OUTCOMES** |
| *Briefly describe the aim of the policy and state the intended outcomes for staff* |
| Integrated Care Boards (ICBs) are mandated by NHS England to accredit new Providers for services where the legal rights to choice apply under the [Procurement Patient Choice and Competition Regulations (PPCCRs)](https://www.legislation.gov.uk/uksi/2013/500/contents/made). This predominantly relates to elective, consultant led services within the population catchment area. ICBs are required to accredit providers ‘without any due delay’.  This policy sets out the framework used by the ICB to fulfil the requirements of the regulations for accreditation of new Providers. |
| **EVIDENCE** |
| *What data / information have you used to assess how this policy might impact on protected groups?* |
| This policy relates to the accreditation of new Providers of services under patient choice and is not associated with any protected groups. |
| *Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?* |
| This policy has been shared with the ICB Senior Leadership Team and Executive Teams. |

**ANALYSIS OF IMPACT ON EQUALITY**

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

* ***Positive outcome*** *– the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups*
* ***Negative outcome*** *–**protected group(s) could be disadvantaged or discriminated against*
* ***Neutral outcome***  *–**there is no effect currently on protected groups*

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

| Protected  Group | Positive  outcome | Negative  outcome | Neutral  outcome | Reason(s) for outcome |
| --- | --- | --- | --- | --- |
| Age |  |  | X | Accreditation of Providers is not influenced by protected characteristics. |
| Disability  (Physical and Mental/Learning) |  |  | X |
| Religion or belief |  |  | X |
| Sex (Gender) |  |  | X |
| Sexual  Orientation |  |  | X |
| Transgender / Gender Reassignment |  |  | X |
| Race and ethnicity |  |  | X |
| Pregnancy and maternity (including breastfeeding mothers) |  |  | X |
| Marriage or Civil Partnership |  |  | x |

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| --- |
| **MONITORING OUTCOMES** |
| Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals. |
| *What methods will you use to monitor outcomes on protected groups?* |
| The provider accreditation process includes a requirement for Providers to provide evidence that they meet specific requirements in relation to Equality and Diversity and Health Inequalities. This will be monitored through the delivery of the NHS Standard Contract requirements. |

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| **REVIEW** |
| *How often will you review this policy / service?* |
| Every 2 years as a minimum and earlier if there are any significant changes in legislation, policy or good practice. |
| *If a review process is not in place, what plans do you have to establish one?* |
| N/A |

**Implementing the Policy/Service**

| **Parameter** | **Description** | **Provider Details** |
| --- | --- | --- |
| **PART ONE - GENERAL REQUIREMENTS** | | |
| 1 | **Organisation Details** | **Please input the answers into this section for any area that is not relevant, please write: NOT APPLICABLE** |
| 1.1 | Please enter full legal name and address of your organisation. | |
| 1.1.1 | Name: |  |
| 1.1.2 | Address: |  |
| 1.1.3 | Town/City: |  |
| 1.1.4 | Postcode: |  |
| 1.1.5 | Country: |  |
| 1.1.6 | Registered Website Address (if any): |  |
| 1.1.7 | Generic email address (if any): |  |
| 1.1.8 | Trading name of organisation (if same as 1.1.1 state as above): |  |
| 1.1.9 | Please provide description / objectives of your business, e.g. service that the company would like to provide to NHS Mid and South Essex ICB. |  |
| 1.1.10 | VAT number (if applicable): |  |
| 1.2 | Please enter name, position, telephone number and e-mail address of main contact responsible for submitting this questionnaire. | |
| 1.2.1 | Name (including title): |  |
| 1.2.2 | Position: |  |
| 1.2.3 | Telephone Number: |  |
| 1.2.4 | E-mail: |  |
| 1.3 | Please enter current legal status of the organisation (e.g. partnership, private limited company, etc.): |  |
| 1.3.1 | If your organisation is a company / limited liability partnership, please confirm that: no resolution has been passed or Order of the Court made for the Company's winding up; no receiver, or manager, or administrator on behalf of a creditor has been appointed in respect of the company's business or any part thereof; the company is not currently the subject of proceedings for any of the above procedures. (Confirmed / Not confirmed/Not applicable) |  |
| 1.4 | Please provide details of date and place of formation of the organisation and, if applicable, registration under the Companies Act 2006. Please upload copies of Certificate of Incorporation (where appropriate) and any changes of name, registered office and principal place of business. | |
| 1.4.1 | Company registration number: |  |
| 1.4.2 | Please provide relevant certificates relating to this section |  |
| 1.4.3 | Registered office: |  |
| 1.4.4 | Principal place of business: |  |
| 1.4.5 | Previous names traded under within the last two years (if none state none): |  |
| 1.4.6 | List of the full names of every Director, Partner, Associates and the Company Secretary and indicate their title. |  |
| 1.4.7 | List the names of any of the above who are or have been employed by MSE ICB (or the organisation in its previous format of Basildon & Brentwood CCG, Castle Point & Rochford CCG, Mid Essex CCG, Southend CCG and Thurrock CCG) including non-executive directors, or who have a relative, partner or associate who is employed by MSE ICB at a senior level over the last 3 years. |  |
| 1.4.8 | Please confirm that no Directors, Partners, Associates, Company Secretary or any other person who has powers of representation, decision or control in the organisation have: been involved in any organisation which has been liquidated or gone into receivership; been convicted of a criminal offence relating to the conduct of their business or profession; committed an act of grave misconduct in the course of their business or profession. (Confirmed / Not confirmed) |  |
| 1.5 a) | Ownership structure a) - Please enter full legal name and address of Parent Company (if applicable) | |
| i. | Company name: |  |
| ii. | Address: |  |
| iii. | Town/City: |  |
| iv. | Postcode: |  |
| v. | Country: |  |
| vi. | Company registration number: |  |
| 1.5 b) | Ownership structure b) - Please enter full legal name and address of (ultimate) Parent Company (if applicable) | |
| i. | Company name: |  |
| ii. | Address: |  |
| iii. | Town/City: |  |
| iv. | Postcode: |  |
| v. | Country: |  |
| vi. | Company registration number: |  |
| 1.5 c) | Ownership structure c) - If the organisation is a division or subsidiary, please state what is its relationship with the Parent Company (ownership, directorship, authority, etc.) (if applicable) |  |
| 1.5 d) | Ownership structure d) - Please provide a one-page chart illustrating the ownership structure of the organisation including relations to any parent or other group or holding companies (if applicable) |  |
| 1.6 | Please provide a brief history of the organisation, including details of any parent and associated companies and any changes of ownership over the last 5 years, including details of significant pending developments, changes in financial structure or ownership, prospective take-over bids, buy-outs and closures, etc. which are currently in the public domain. |  |
| 1.7 | Is your organisation a Registered Charity? Yes / No  If yes, please provide Charity Registration Number |  |
| **2** | **Sub-contracting** |  |
| 2.1 | Please select one option from below which applies to you: |  |
| a) | Your organisation provides the services required itself (if yes, please go straight to Part 3). |  |
|  | Your organisation utilises material sub-contractors in the delivery of services (Yes/No) if yes, please go to Q2.2. |  |
| 2.2 | Please provide a copy of the ‘Subcontracting Agreement' for all material sub-contractors. The Agreement must include all subcontractor’s full trading name(s), contact details and Companies and Charities Commission registration numbers (where appropriate). |  |
| 2.3 | Please detail the role each material sub-contractor will take in providing the service, arrangements for managing risk, accountability, disputes, governance, performance and financial arrangements. |  |
| **3.** | **Data Protection and Freedom of Information** |  |
| MSE ICB is committed to equality and transparency in its procurement of services, and its legal responsibilities under the Freedom of Information Act 2000 (FoIA). Accordingly, all information submitted to a public authority may need to be disclosed by MSE ICB, in response to a request pursuant to the FoIA. | | |
| 3.1 | I/We acknowledge that information (non-commercial in confidence) may need to be disclosed in the event of an FoIA request. Yes / No |  |
| 3.2 | Please specify any information contained in this submission, with reasons, which is confidential. MSE ICB will use reasonable endeavours to keep such information confidential, but does not guarantee to do so, if it is obliged to disclose such information, pursuant to its duties under the Freedom of Information Act 2000. |  |
| 3.3 | Please provide evidence of your organisation's (and any sub-contractors) NHS Data Security and Protection 'Self-Assessment' Toolkit to evidence that your organisation has achieved compliance with mandated assertions, including meeting the standard and completion of all mandatory evidenced items. ([https://www.dsptoolkit.nhs.uk/](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.dsptoolkit.nhs.uk%2F&data=05%7C01%7Caparna.garg1%40nhs.net%7C8ec4f2322a154666fbf508db7d2b0cbf%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638241396062644738%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=wWGxvTno6pd0gSPad4h2E0TR20P5Ctwhl2rcnPIjwRk%3D&reserved=0))  If you cannot provide evidence, please provide an action plan describing how you propose to meet all the mandated assertions by the contract commencement date. or DSP 'Self-Assessment' Toolkit attachment  Provider is required to have completed the toolkit and obtained all the mandated assertions, or provided a sufficient action plan that provides assurance of meeting all the mandated assertions by contract commencement date. |  |
| 3.4 | Provider to provide a high-level description of their overall approach to IMT systems to support the delivery of service.   * The response should describe how provider 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.   • How the patient outcomes will be measured, monitored and shared with secondary care, patient and patient’ GP or how the provider will work with primary care (general practice), acute and all other independent contractors to jointly deliver the outcomes and efficiencies across the pathways.  • 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.  • 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. |  |
| 3.5 | Please confirm you are currently regularly submitting data to SUS in line with the SUS flex and freeze timetable according to national guidelines. |  |
| 3.6 | Please confirm you are currently regularly submitting National waiting List MDS and RTT data in line with national guidelines |  |
| 3.7 | Please confirm you are currently regularly submitting diagnostic data (DM01) where appropriate. |  |
| 4. | **Financial Information** |  |
| Financial vetting may be undertaken using Creditsafe, Dunn and Bradstreet or an alternative credit reference agency and those companies of "above average risk" will be excluded. | | |
| 4.1 | If the organisation is a member of a group of companies, would the group or ultimate holding company be prepared to guarantee your contract performance as its subsidiary? (Yes / No) |  |
| 4.2 | Please state the name and title of the person in the organisation responsible for financial matters. |  |
| 4.3 | Please enclose copies of the organisation’s audited accounts for the past three years. If only unaudited accounts are available, please supply those and reason for exemption (Enclosed / Not enclosed) |  |
| 4.4 | Has your organisation met all its obligations to pay its creditors and staff during the past year? Yes/No |  |
| 4.5 | If you are part of a wider group, please provide further details below:  Name of organisation:  Relationship to the supplier completing these questions (such as Parent company): |  |
| 4.6 | Are you able to provide parent company accounts? |  |
| 4.7 | * If yes, would the parent company be willing to provide a guarantee if necessary? |  |
| 4.8 | * If no, would you be able to obtain a guarantee elsewhere (e.g., from a bank)? |  |
| 4.9 | * Please confirm your commitment to supporting Economic Sustainability and delivering Value for Money. |  |
| 5. | **Insurance** |  |
| 5.1 | The organisation (and its subcontractors) must have an appropriate level of indemnity arrangements in respect of Employers' Liability, Clinical Negligence, Public Liability and Professional Liability to deliver this Service as per the NHS Standard Terms & Conditions. Please confirm that you are able to comply with this statement. (Yes / No) |  |
| 5.2 | Please provide a copy of your Employer's Liability Insurance Policy Document. |  |
| 5.3 | Please provide a copy of your Clinical Negligence Claim Cover. |  |
| 5.4 | Please provide a copy of your Public Liability Insurance Policy Document. |  |
| 5.5 | Please provide a copy of your Professional Liability Insurance Policy Document. |  |
| 5.6 | Have any claims in excess of £50,000 been made under your organisation's Public, Employers or Professional Indemnity Insurances within the last 3 years. |  |
| 5.7 | If you have answered 'Yes' to question 5.5, please provide details. |  |
| 5.8 | Please provide details of your current CQC status and outcomes from your last CQC inspection |  |
| 5.9 | Please confirm 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. |  |
| **6.** | **Equality & Diversity** |  |
| 6.1 | Does your organisation have a Equality and Diversity Policy? |  |
| 6.2 | If you have answered 'Yes' to question 6.1 please upload a copy of your Equality and Diversity Policy. |  |
| 6.3 | Does your Equality and Diversity Policy include Human Rights and Modern Slavery? |  |
| 6.4 | If you have answered ‘No’ to question 6.3 please provide confirm and provide evidence that your organisation adheres to national Policy and requirements in this area. |  |
| 6.5 | In the last 3 years, has your organisation been referred to an Employment Tribunal? |  |
| 6.6 | If you have answered 'Yes' to question 6.5, please provide details. |  |
| 6.7 | 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? |  |
| 6.8 | If you have answered 'Yes' to question 6.7, please provide details. |  |
| 6.9 | Please confirm your organisation currently adheres to meeting the Accessible Information Standard or has action plan in place to meet the standards in the next six months. |  |
| **7.** | **Health and Safety** |  |
| This section seeks to gather information about the Health and Safety provision within your organisation. Any business employing five or more people has, by law, to prepare and bring to the attention of employees, a written Health and Safety Policy Statement. | | |
| 7.1 | Does your organisation comply with the Health and Safety at Work Act 1974? |  |
| 7.2 | If your organisation employs more than 5 people, please upload a copy of your Health and Safety Policy. |  |
| 7.3 | Does your organisation have a nominated person with responsibility for Health and Safety? |  |
| 7.4 | If you have answered 'Yes' to question 7.3, please provide name, title and contact details. |  |
| 7.5 | Have any of the following notices been served on your organisation in the past 3 years by the Health and Safety Executive? |  |
| i. | Improvement Notice |  |
| ii. | Prohibition Notice |  |
| iii. | Other Enforcement Notice |  |
| 7.6 | If you have answered 'Yes' to question 7.5, please provide details. |  |
| 7.7 | Has your organisation/s been prosecuted for breaches of Health and Safety Legislation during the past 5 years? |  |
| 7.8 | If you have answered 'Yes' to question 7.7, please provide details. |  |
| 7.9 | Are there any pending or threatened litigation or other legal proceedings against your organisation that may affect your ability to deliver this contract? |  |
| 7.10 | If you have answered 'Yes' to question 7.9 please provide details. |  |
| 7.11 | Confirm what national patient safety alert systems you use and how they are embedded into your organisation |  |
| 7.12 | Confirm frequency that all staff receive health and safety training |  |
| 8. | **Social Value** |  |
| 8.1 | Please confirm your commitment to the reduction of Health Inequalities and that you will work in partnership with MSE ICB in addressing Health Inequalities across MSE. |  |
| 8.2 | Please provide a link to your most recent carbon reduction plan |  |
| 8.3 | Please confirm your “net zero” date re greenhouse gasses emissions |  |
| 8.4 | Confirm meeting the requirement of the social value model (see https://www.gov.uk/government/publications/procurement-policy-note-0620-taking-account-of-social-value-in-the-award-of-central-government-contracts |  |
| **PART TWO – SERVICE SPECIFIC REQUIREMENTS** | | |
| 9. | **Capacity and Capability** |  |
| This section examines your organisation's ability to deliver the Service to a satisfactory level. | | |
| 9.1 | Please indicate the length of time your organisation has carried out its main business in years and months. |  |
| 9.2 | Please detail the service to be provided to MSE ICB, and the length of time your organisation has carried out this service for. Please confirm the Authorities to which you currently provide these services, if any |  |
| 9.3 | Please describe your relevant experience of providing the services listed in 9.2 |  |
| 9.4 | 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. |  |
| 9.5 | Please outline your available capacity for MSE ICB |  |
| 9.6 | Has your organisation received any relevant external awards in the past 3 years? |  |
| 9.7 | If you have answered 'yes' to question 9.6, please provide details. |  |
| 9.8 | Has your organisation had a contract cancelled, or not renewed, for failure to perform satisfactorily, within the past 3 years? |  |
| 9.9 | If you have answered 'Yes' to question 9.8, please provide details. |  |
| 9.10 | Please give number and if possible, details of any outstanding claims, arbitration or litigation against the organisation. If none, please write ‘NONE’. |  |
| 9.11 | Does your organisation operate in accordance with a formally implemented quality assurance system? |  |
| 9.12 | If you answered yes to question 9.11, please attach your quality assurance policy / latest quality assurance report or other documentary evidence. |  |
| 9.13 | Please provide brief details of technical equipment / resources that your organisation uses to deliver this service. |  |
| 9.14 | Please confirm that your organisation is able to work with MSE ICB to provide this service immediately |  |
| 9.15 | Please list the any organisational policies that have not been covered by this questionnaire. (Copies may be required upon request.) |  |
| 9.16 | Please provide a copy of your business continuity/disaster recovery plans. |  |
| 10. | **Staffing Resources** |  |
| 10.1 | Please upload an organisational chart for your organisation. Provider to provide a detailed workforce plan to deliver the service outlined.  •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 bidder will deliver key educational and training elements of the service specification, primary care education and support, on-going training of directly employed staff. |  |
| 10.2 | Please confirm that any employed staff have the appropriate qualifications to provide the service? |  |
| 10.3 | Please provide a list of all relevant qualifications for each employee. |  |
| **11.** | **Service / Pathway Requirements** |  |
|  | *Will be developed, as required, by the relevant clinical and commissioner leads. This may include requirements relating to local referral protocols, inclusion and access criteria or adherence to specific pathways or service specifications.* |  |
| **PART THREE – References and Declaration** | | |
| 12. | **References** |  |
| 12.1 | Please provide details of two referees who you are happy for us to contact.  Your referees should not include employees of MSE ICB. Your referees should know your organisation in a professional capacity and should be able to verify your organisation's experience in managing a contract of a similar nature. | Reference 1: -  Name  Position  Address  Telephone  E-mail address |
|  | See 12.1 above | Reference 2: -  Name  Position  Address  Telephone  E-mail address |
| 13 | **Exclusion Grounds - Regulation 20 of the Provider Selection Regime (PSR) / Regulation 57 of the Public Contract Regulations** |  |
| 13.1 | Contracting authorities shall exclude an economic operator from participation in a procurement procedure where they have established, by verifying in accordance with Regulations 59, 60 and 61, or are otherwise aware, that the economic operator has been convicted of any of the following offences.  Provider Selection Regime:  In line with Regulation 20, Paragraph 4 - the provider may provide evidence to the effect that measures taken by the provider are sufficient to demonstrate its reliability despite the existence of relevant grounds for exclusion.  Regulation 20, Paragaph 5 - Where a provider provides such evidence and the authority considers such measures to be sufficient, the authority must not exclude the provider from the procurement process.  Regulation 20, Paragraph 6 - Where a provider provides such evidence and the authority considers such measures to be insufficient, the authority must give the provider a statement of the reasons for that decision. | N/A - for provider information |
| 13.2 | Providers must 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 upon (including sub-contractors being relied on) to meet the selection criteria must complete and submit responses to the following questions. | N/A - for provider information |
| 13.3 | Within the past five years, anywhere in the world, have you or any person who:   * Is a member of the supplier’s administrative, management or supervisory body or * Has powers of representation, decision or control within the supplier   been convicted of any of the offences within the summary at 13.3(b) and listed in full on the webpage below?  <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/956764>  /Annex\_C\_Exclusion\_Grounds.pdf |  |
| 13.3 (a) | ●  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. |  |
| 13.3 (b) | If you have answered yes to any part of question 13.3 (a), please provide further details, including:  ●    date of conviction and the jurisdiction,  ●    which of the grounds listed the conviction was for,  ●    the reasons for conviction,  ●    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. |  |
| 13.3 (c) | If you have answered yes to any part of question 13.3 (a), please provide further details, including:  ●    date of conviction and the jurisdiction,  ●    which of the grounds listed the conviction was for,  ●    the reasons for conviction,  ●    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. |  |
| 13.4 | The detailed grounds for mandatory and discretionary exclusion of a supplier for non-payment of taxes and social security contributions, are set out on the webpage below, and should be referred to before completing these questions.  <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/>  956764/Annex\_C\_Exclusion\_Grounds.pdf | N/A - for provider information |
| 13.4 (a) | 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. |  |
| 13.4 (b) | If documentation is available electronically please provide: ●    the web address, ●    issuing authority, ●    precise reference of the documents |  |
| 13.4 (c) | If you have answered no to 13.4 (a) 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. |  |
| 13.4 (d) | 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. |  |
| 13.5 | 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 | N/A - for provider information |
| 13.6 | The detailed grounds for discretionary exclusion of an organisation are set out on this webpage, and should be referred to before completing these questions.  <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file>  /956764/Annex\_C\_Exclusion\_Grounds.pdf |  |
| 13.6 (a) | 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?  4.1(a) - Breach of environmental obligations? To note that environmental law obligations include Health and Safety obligations. See webpage. 4.1(b) - Breach of social law obligations?  4.1(c) - Breach of labour law obligations? 4.1(d) - Bankruptcy or subject of insolvency? 4.1(e) - Guilty of grave professional misconduct? 4.1(f) - Distortion of competition? 4.1(g) - Conflict of interest? 4.1(h) - Been involved in the preparation of the procurement procedure? 4.1(i) - Prior performance issues? 4.1(j) - Do any of the following statements apply to you ? 4.1(j) - (i) - 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. 4.1(j) - (ii) - You have withheld such information. 4.1(j) –(iii) - You are not able, without delay, to submit documents if/when required. 4.1(j)-(iv) - 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. |  |
| 13.6 (b) | In relation to question 5.6 (c) below, 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. |  |
| 13.6 (c) | If you are a relevant commercial organisation please confirm that you have both: ●    published a statement as required by Section 54 of the Modern Slavery Act, and ●    that the statement complies with the requirements of Section 54 and any guidance issued under Section 54. |  |
| 13.6 (d) | If your latest published statement is available electronically please provide: ●    the web address, ●    precise reference of the documents. |  |
| 13.6 (e) | If you have answered YES to any of the questions in 13.6 (a), or NO to question 13.6 (c), please explain what measures have been taken to demonstrate your reliability despite the existence of a relevant ground for exclusion. (Self cleaning) |  |
| 14 | **Declaration and Signature** |  |
| 14.1 | Please sign to indicate your agreement to the following declaration: | |
| I declare that to the best of my knowledge the answers submitted in this DDQ are correct. I understand that the information will be used in the process to assess my organisation’s suitability to be given a contract to provide ICB’s specific requirement and I am signing on behalf of my organisation. I understand that the Contracting Authority may reject this DDQ if there is a failure to answer all relevant questions fully or if I provide false/misleading information. | |
| Name: |  |
| Position in organisation: |  |
| Date: |  |
| Signature: |  |