Version Control Sheet

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| Version | Amended | Author | Date |
| V1 | Information governance section amended | SH | Nov 2013 |
| V2 | Quality assurance question 4.3 added to include Monitor licence | SH | 06.01.14 |
| V3 | Information Governance section updated | SH | 29.01.14 |
| V4 | Safeguarding (7.4) Death of Service User (7.6) & Business Continuity Plan (1.19)added | SH | 30.01.14 |
| V5 | 2015 update bullet points amended, (1.20) ODS, (2.9) Performance Notice (4.2) amended (4.3) comments added (4.5) amended (4.7) inserted (4.8) amended to include date, (4.12) Incident reporting added, (5.4) amended, (5.7) Subject Access added, (5.10) amended, (5.12) amended, (5.14) amended, (5.16) amended, (7.4) amended (7.6) amended, (7.8) Prevent added, (7.9) Meds Mgmt added | DW | 09.04.15 |
| V6 | Formatting and bullet points | DW | 12.05.15 |
| V7 | Question 4.6 and 6.4 duplicated requesting the same policies so took out duplication and put these in 6.4 leaving a request for one policy under 4.6 | SH | 14.07.15 |
| V8 | Question 7.4 enhanced | SH | 30.07.15 |
| V9 | Question 10 revised to read 11/12, 12/13, 14/15 | SH | 04.11.15 |
| V10 | Question 9 removed to align with 2016/17 contract | SH | 10.03.16 |
| V11 | Question 6.5 Modern Slavery Act 2015 added in | SH | 07.03.17 |
| V12 | Section 1 and 2, question 7.5 amended and 7.6, 9.2, 9.3, 9.4 and 9.5 added to align with the Selection questionnaire. Part 3 renumbered | SH | 16.10.17 |
| V13 | Section 10 amended as per Hannah Morris request | SH | 22.11.17 |
| V14 | Amended by JG to comply with GDPR | SH | 22.01.18 |
| V15 | Amended by SH to comply with SCCI 1605 Accessible Information Standard. Section 10 added. | SH | 10.05.18 |
| V16 | Amended by JG to align with GDPR | SH | 24.05.18 |

**PART 2 – Organisation Assessment**

**If you do not have a contract with NHS Dorset CCG please complete Part 2.**

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| **Section 1** | **POTENTIAL SUPPLIER INFORMATION** | |
| **Question number** | **Question** | **Response** |
| 1.1(a) | Full name of the potential supplier submitting the information |  |
| 1.1(b) – (i) | Registered office address (if applicable) |  |
| 1.1(b) – (ii) | Registered website address (if applicable) |  |
| 1.1(c) | Trading status  a) public limited company  b) limited company  c) limited liability partnership  d) other partnership  e) sole trader  f) third sector  g) other (please specify your trading status) |  |
| 1.1(d) | Date of registration in country of origin |  |
| 1.1(e) | Company registration number (if applicable) |  |
| 1.1( f) | Charity registration number(if applicable) |  |
| 1.1(g) | Head office DUNS number (if applicable) |  |
| 1.1(h) | Registered VAT number |  |
| 1.1(i) – (i) | If applicable, is your organisation registered with the appropriate professional or trade register(s) in the member state where it is established? | Yes  No N/A |
| 1.1(i)- (ii) | If you responded yes to 1.1(i) – (i) please provide the relevant details, including the registration number(s) |  |
| 1.1(j) – (i) | Is it a legal requirement in the state where you are established for you to possess a particular authorisation, or be a member of a particular organisation in order to provide the services specified in this procurement? |  |
| 1.1(j) – (ii) | If you responded yes to 1.1(j) –(i), please provide additional details of what is required and confirmation that you have complied with this. |  |
| 1.1 (k) | Trading name(s) that will be used if successful in this procurement |  |
| 1.1(l) | Relevant classification (state whether you fall within one of these, and if so which one)  a) Voluntary Community Social Enterprise (VCSE)  b) Sheltered Workshop  c) Public service mutual |  |
| 1.1(m) | Are you a Small Medium or Micro Enterprise (SME)?(see note 1) |  |
| 1.1(n) | Details of Persons of Significant Control (PSC), where appropriate (see note 2)  - 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 (for existing companies the 6 April 2016 should be used);  - 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 a pplicable) |  |
| 1.1(o) | Details of immediate parent company:    - Full name of the immediate parent company  - Registered office address (if applicable)  - Registration number (if applicable)  - Head office DUNS number (if applicable)  - Head office VAT number (if applicable)  (Please enter N/A if not applicable) |  |
| 1.1(p) | Details of ultimate parent company:  - Full name of the ultimate parent company  - Registered office address (if applicable)  - Registration number (if applicable)  - Head office DUNS number (if applicable)  - Head office VAT number (if applicable)  (Please enter N/A if not applicable) |  |

Please note: A criminal record check for relevant convictions may be undertaken for the preferred suppliers and the persons of significant in control of them.

1 See EU definition of SME <https://ec.europa.eu/growth/smes/business-friendly-environment/sme-definition_en>

2 UK companies, Societates European (SEs) and limited liability partnerships (LLPs) will be required to identify and record the people who own or control their company. Companies, SEs and LLPs will need to keep a PSC register, and must file the PSC information with the central public register at Companies House. [See PSC guidance](https://www.gov.uk/government/publications/guidance-to-the-people-with-significant-control-requirements-for-companies-and-limited-liability-partnerships).

Please provide the following information about your approach to this procurement:

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| Section 1 | Bidding model | |
| Question number | Question | Response |
| 1.2(a) - (i) | Are you bidding as the lead contact for a group of economic operators? | Yes ☐  No ☐  If yes, please provide details listed in questions 1.2(a) (ii), (a) (iii) and to 1.2(b) (i), (b) (ii), 1.3, Section 2 and 3.  If no, and you are a supporting bidder please provide the name of your group at 1.2(a) (ii) for reference purposes, and complete 1.3, Section 2 and 3. |
| 1.2(a) - (ii) | Name of group of economic operators (if applicable) |  |
| 1.2(a) - (iii) | Proposed legal structure if the group of economic operators intends to form a named single legal entity prior to signing a contract, if awarded. If you do not propose to form a single legal entity, please explain the legal structure. |  |
| 1.2(b) - (i) | Are you or, if applicable, the group of economic operators proposing to use sub-contractors? | Yes ☐  No ☐ |
| 1.2(b) - (ii) | If you responded yes to 1.2(b)-(i) please provide additional details for each sub-contractor in the following table: we may ask them to complete this form as well.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name |  |  |  |  |  | | Registered address |  |  |  |  |  | | Trading status |  |  |  |  |  | | Company registration number |  |  |  |  |  | | Head Office DUNS number (if applicable) |  |  |  |  |  | | Registered VAT number |  |  |  |  |  | | Type of organisation |  |  |  |  |  | | SME (Yes/No) |  |  |  |  |  | | The role each sub-contractor will take in providing the works and /or supplies e.g. key deliverables |  |  |  |  |  | | The approximate % of contractual obligations assigned to each sub-contractor |  |  |  |  |  | | |

**Contact details and declaration**

I declare that to the best of my knowledge the answers submitted and information contained in this document are correct and accurate.

I declare that, upon request and without delay I will provide the certificates or documentary evidence referred to in this document.

I understand that the information will be used in the selection process to assess my organisation’s suitability to be invited to participate further in this procurement.

I understand that the authority may reject this submission in its entirety if there is a failure to answer all the relevant questions fully, or if false/misleading information or content is provided in any section.

I am aware of the consequences of serious misrepresentation.

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| Section 1 | Contact details and declaration | |
| Question number | Question | Response |
| 1.3(a) | Contact name |  |
| 1.3(b) | Name of organisation |  |
| 1.3(c) | Role in organisation |  |
| 1.3(d) | Phone number |  |
| 1.3(e) | E-mail address |  |
| 1.3(f) | Postal address |  |
| 1.3(g) | Signature (electronic is acceptable) |  |
| 1.3(h) | Date |  |

**Part 2: Exclusion Grounds**

Please answer the following questions in full. Note that every organisation that is being relied on to meet the selection must complete and submit the Part 1 and Part 2 self-declaration.

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| Section 2 | Grounds for mandatory exclusion | |
| Question number | Question | Response |
| 2.1(a) | **Regulations 57(1) and (2)**  The detailed grounds for mandatory exclusion of an organisation are set out on  <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf>  which should be referred to before completing these questions.  Please indicate if, within the past five years you, your organisation or any other person who has powers of representation, decision or control in the organisation been convicted anywhere in the world of any of the offences within the summary below and listed on <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf> | |
|  | Participation in a criminal organisation. | Yes ☐  No ☐  If Yes please provide details at 2.1(b) |
|  | Corruption. | Yes ☐  No ☐  If Yes please provide details at 2.1(b) |
|  | Fraud. | Yes ☐  No ☐  If Yes please provide details at 2.1(b) |
|  | Terrorist offences or offences linked to terrorist activities | Yes ☐  No ☐  If Yes please provide details at 2.1(b) |
|  | Money laundering or terrorist financing | Yes ☐  No ☐  If Yes please provide details at 2.1(b) |
|  | Child labour and other forms of trafficking in human beings | Yes ☐  No ☐  If Yes please provide details at 2.1(b) |
| 2.1(b) | If you have answered yes to question 2.1(a), please provide further details.  Date of conviction, specify which of the grounds listed the conviction was for, and the reasons for conviction,  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. |  |
| 2.2 | If you have answered Yes to any of the points above have measures been taken to demonstrate the reliability of the organisation despite the existence of a relevant ground for exclusion ? (Self Cleaning) | Yes ☐  No ☐ |
| 2.3(a) | **Regulation 57(3)**  Has it been established, for your organisation by a judicial or administrative decision having final and binding effect in accordance with the legal provisions of any part of the United Kingdom or the legal provisions of the country in which the organisation is established (if outside the UK), that the organisation is in breach of obligations related to the payment of tax or social security contributions? | Yes ☐  No ☐ |
| 2.3(b) | If you have answered yes to question 2.3(a), please provide further details. Please also confirm 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. |  |

Please Note: The authority reserves the right to use its discretion to exclude a potential supplier where it can demonstrate by any appropriate means that the potential supplier is in breach of its obligations relating to the non-payment of taxes or social security contributions.

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| Section 3 | Grounds for discretionary exclusion | |
|  | Question | Response |
| 3.1 | **Regulation 57 (8)**  The detailed grounds for discretionary exclusion of an organisation are set out on <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf>  which should be referred to before completing these questions.  Please indicate if, within the past three years, anywhere in the world any of the following situations have applied to you, your organisation or any other person who has powers of representation, decision or control in the organisation. | |
| 3.1(a) | Breach of environmental obligations? | Yes ☐  No ☐  If yes please provide details at 3.2 |
| 3.1 (b) | Breach of social obligations? | Yes ☐  No ☐  If yes please provide details at 3.2 |
| 3.1 (c) | Breach of labour law obligations? | Yes ☐  No ☐  If yes please provide details at 3.2 |
| 3.1(d) | Bankrupt or is the subject of insolvency or winding-up proceedings, where the organisation’s assets are being administered by a liquidator or by the court, where it is in an arrangement with creditors, where its business activities are suspended or it is in any analogous situation arising from a similar procedure under the laws and regulations of any State? | Yes ☐  No ☐  If yes please provide details at 3.2 |
| 3.1(e) | Guilty of grave professional misconduct? | Yes ☐  No ☐  If yes please provide details at 3.2 |
| 3.1(f) | Entered into agreements with other economic operators aimed at distorting competition? | Yes ☐  No ☐  If yes please provide details at 3.2 |
| 3.1(g) | Aware of any conflict of interest within the meaning of regulation 24 due to the participation in the procurement procedure? | Yes ☐  No ☐  If yes please provide details at 3.2 |
| 3.1(h) | Been involved in the preparation of the procurement procedure? | Yes ☐  No ☐  If yes please provide details at 3.2 |
| 3.1(i) | Shown significant or persistent deficiencies in the performance of a substantive requirement under a prior public contract, a prior contract with a contracting entity, or a prior concession contract, which led to early termination of that prior contract, damages or other comparable sanctions? | Yes ☐  No ☐  If yes please provide details at 3.2 |
| 3.1(j)  3.1(j) - (i)  3.1(j) - (ii)  3.1(j) –(iii)  3.1(j)-(iv) | Please answer the following statements  The organisation is 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.  The organisation has withheld such information.  The organisation is not able to submit supporting documents required under regulation 59 of the Public Contracts Regulations 2015.  The organisation has influenced the decision-making process of the contracting authority to obtain confidential information that may confer upon the organisation undue advantages in the procurement procedure, or to negligently provided misleading information that may have a material influence on decisions concerning exclusion, selection or award. | Yes ☐  No ☐  If Yes please provide details at 3.2  Yes ☐  No ☐  If Yes please provide details at 3.2  Yes ☐  No ☐  If Yes please provide details at 3.2  Yes ☐  No ☐  If Yes please provide details at 3.2 |
| 3.2 | If you have answered Yes to any of the above, explain what measures have been taken to demonstrate the reliability of the organisation despite the existence of a relevant ground for exclusion? (self cleaning) |  |

**PART 3**

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| **4.INSURANCE** | | | |
|  | Please provide details and proof of your current insurance cover | Policy Number | Value £ (per incident) |
| 4.1 | Employer’s Liability: |  |  |
| 4.2 | Public Liability: |  |  |
| 4.3 | Professional Indemnity |  |  |
| 4.4 | CNST Registration No and Level: |  |  |
| 4.5 | Other (please provide details): |  |  |

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| **5. QUALITY ASSURANCE** | | | | | | | |
| 5.1 | Is your organisation registered with the Care Quality Commission or any other regulatory authority relevant to your business? | | | | | | Yes/No/NA |
| 5.2 | What Regulated activities and locations are you registered for with the CQC? | | | | | | |
|  | Provider Response | | | | | | |
| 5.3 | Please provide a copy of your registration certificate(s). | | | | | | |
| 5.4 | Please confirm if you hold a Monitor License. (A monitor licence is only required for Independent Service providers if they have a turnover >£10m and/or provide a Commissioner Requested Service). | | | | | | Yes /No/ N/A |
| 5.5 | Does your organisation have a complaints policy to ensure patient concerns are addressed? Please insert an electronic copy of your policy below.  *Your should cover in your policy*:  *The policy must adhere to the Local Authority, Social Services and NHS Complaints Regulations (England) April 2009.*  *Within the policy there must be a description of the process in place for monitoring of complaints*  How does your organisation learn from complaints? Please provide examples.  Please describe how your organisation will comply with the requirement to share anonymised copies of complaints, plus responses, with Dorset CCG in relation to any contract you may be party to with Dorset CCG. | | | | | | Yes / No  Date of Last Review: |
|  | Provider response: | | | | | | |
| 5.6 | Please confirm that you have the following policy in place. | | | | | | |
|  | | | Confirmation | Last Date of Review | | |
| Protecting staff from aggressive patients | | | Yes / No |  | | |
| 5.7 | Please provide up to 3 examples of clinical audits you have undertaken in the last year and how you have learnt from these.  *A clinical/case audit should compare your performance against pre agreed standards (e.g. 100% of skin lesions excised will be sent for histology). A strong clinical audit project will have been agreed with partners along your patients’ pathways. Your examples should not simply be a list of data items or performance data that will be expected routinely as part of your contract however, they could include audits undertaken as part of an enhanced service e.g. minor surgery or anticoagulation. Your audit programme should include a cross-section of structure, process, outcome and patient experience – see example below. The audit cycle should be completed by the development of an action plan drawn from any findings/learning points coming out of the audit.* | | | | | | |
| ***Structure*** | ***Process*** | ***Outcome*** | | | ***Patient experience*** | |
| *Premises*  *Staffing*  *Room availability* | *DNA/triage*  *Referral eg*  *inappropriate*  *referrals*  *Assessment*  *Screening* | *Symptom control*  *Adverse outcomes*  *Incidents*  *Positive/negative Drop out rates* | | | *Patient satisfaction*  *Patient Reported Outcome Measures*  *Quality of information*  *Consent*  *Facilities*  *Complaints/*  *Compliments* | |
|  | Provider response: | | | | | | |
| 5.8 | Please describe your system for reviewing and implementing NICE and other national guidance where relevant.  *You should consider the following in your response:*  *The process should describe how guidance is reviewed to see if it is relevant, how it is implemented and then documented to provide evidence for any inspection or registration process.* | | | | | | |
|  | Provider response: | | | | | | |
| 5.9 | Please provide your patient consent policy which reflects the required national standards. Please insert an electronic copy of the policy below and the date of last review | | | | | | |
|  | Provider response: | | | | | | |
| 5.10 | Please provide your Incident reporting policy that shows how patient safety issues are addressed. Please insert an electronic copy of the policy below and date of last review | | | | | | |
|  | Provider response: | | | | | | |

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| **6 INFORMATION GOVERNANCE** | | | | | | |
| 6.1 | Please confirm that you are registered for Data Protection with the Information Commissioners office  If yes please give registration number | | | | | Yes/No |
| 6.2 | Have you completed the Health and Social Care Information Centre’s Information Governance Toolkit and achieved level 2 compliance in all requirements within the last 12 months? | | | | | Yes/No |
| 6.3 | If not, please provide an action plan for approval demonstrating when, with dates, you anticipate achieving compliance in all requirements.  Please Note: If you have difficulties with achieving this requirement please contact [joyce.green@dorsetccg.nhs.uk](mailto:joyce.green@dorsetccg.nhs.uk) | | | | |  |
|  | Provider Response: | | | | | |
| 6.4 | Please provide the name and contact details including email address of your Data Protection Officer, Caldicott Guardian and Senior Information Risk Owner. | | | | |  |
|  | Title | Name | Phone | Email | | |
| Data Protection Officer |  |  |  | | |
| Caldicott Guardian |  |  |  | | |
| Senior Information Risk Owner |  |  |  | | |
| 6.5 | Have you completed a Data Protection impact Assessment for this service  I  If YES, please supply a copy.  If NO, please confirm that you will do so and provide a copy to Dorset CCG. | | | | | Yes/No  Yes/No |
|  | Provider Response: | | | | |  |
| 6.6 | Please state the legal basis which you will rely on when using special category (personal/sensitive) data. | | | | |  |
|  | Provider Response: | | | | |  |
| 6.7 | Do you have a fair processing notice available to service users that is in line with the requirements of the Data Protection Act 2018 and General Data Protection Regulations (GDPR)?  If Yes, please provide a copy.  If not please state how you intend to make your service users aware of how their information will be collected, used, stored, shared etc. | | | | |  |
| 6.8 | Do you publish, maintain and operate policies relating to Confidentiality, Data Protection and information disclosures that comply with the law, Caldicott Principles and good practice?  If yes, please provide a copy of the policies. | | | | | Yes/No |
|  | Provider Response: | | | | |  |
| 6.9 | Do you have policies that describe individual personal responsibilities of staff for handling personal information and compliance with the law; e.g. Data Protection/Confidentiality policy, compliant with the Data Protection Act 2018 and the GDPR; Email Policy.  If yes, please provide a copy of the policies. | | | | | Yes/No |
|  | Provider Response: | | | | | |
| 6.10 | Do you have a Subject Access Procedure in place which allows service users access to the information that you hold on them. Please see the following Code of Practice issued by the Information Commissioner’s Office.  <https://ico.org.uk/media/for-organisations/documents/1065/subject-access-code-of-practice.pdf> | | | | | |
|  | Provider Response: | | | | | |
| 6.11 | Please describe the system your organisation has for monitoring the effectiveness of the implementation of policies. | | | | | |
|  | Provider Response: | | | | | |
| 6.12 | Please provide a statement as to how you comply with the Data Protection Act.  *You should include the following in your response*   * *Registration under the Data Protection Act 2018 with the Information Commissioners Office.  The Data Protection Act 2018 requires every data controller who is processing personal information in an automated form to notify, unless they are exempt.* [*http://www.ico.gov.uk/for\_organisations/data\_protection/notification/need\_to\_notify.aspx*](http://www.ico.gov.uk/for_organisations/data_protection/notification/need_to_notify.aspx)*.* * *The Data Protection Officer has responsibility for overseeing compliance with the Data Protection Act 2018 and the GDPR* * *How compliance with all 6 principles of the GDPR is achieved* * ***Particular attention should be paid to the 6th Principle of the GDPR –***   *“processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures”*  *The practical part of compliance with the Data Protection Act 2018 is easily covered within a robust Confidentiality policy and evidenced regular staff training.* | | | | | |
|  | Provider response: | | | | | |
| 6.13 | Do you use mobile media (memory sticks, CDs, laptops, tapes etc ) for storing or transferring personal information?  If yes, please provide details of the encryption used. | | | | | Yes / No |
|  | Provider Response: | | | | | |
| 6.14 | Do you provide Data Protection/Information Governance Training for your staff?  If yes, please provide details on the training, who provides the training and frequency of training.  The CCG reserves the right to audit the effectiveness and adequacy of the training. | | | | | Yes / No |
|  | Provider Response: | | | | | |
| 6.15 | Please provide details of how you will report and publish any Data/Information Governance Breach under the GDPR. | | | | | |
|  | Provider Response: | | | | |  |
| 6.16 | Do you transfer patient details outside of the UK for processing?  If yes, what security checks have you conducted and are you compliant with the Information Commissioner’s guidance (available from)  <https://ico.org.uk/media/for-organisations/documents/1529/assessing_adequacy_international_data_transfers.pdf>. | | | | | Yes / No |
|  | Provider Response: | | | | | |
| 6.17 | Do you plan to subcontract any of the work? | | | | Yes / No | |
|  | Provider Response: | | | | | |
| 6.18 | If the response to 5.15 is yes please provide details on how you will ensure that the sub-contractor guarantees technical and organisational security measures are in place in relation to personal data and that they comply with the 6th principle of the GDPR.  How you will take reasonable steps to ensure that the sub-contractor complies with those measures?  Providers should note that it is a contractual requirement that any sub-contracting arrangements for clinical services are subject to the same conditions in the NHS Standard Contract | | | | | |
|  | Provider Response: | | | | | |
| 6.19 | Please describe how you ensure that your records are maintained and held in accordance with statutory regulations.  *Records should be kept and maintained in accordance with the attached documents.  Suggest a policy, or a statement, demonstrating the criteria relevant to your organisation.* | | | | | |
|  | Provider response: | | | | | |
| 6.20 | As a Public Body we are required under Freedom of Information to provide information when requested. Please state whether you would co-operate when requested to provide information. | | | | | Yes/No |
|  | Provider Response: | | | | | |

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| **7.WORKFORCE** | | | | |
| 7.1 | How will you ensure that you keep-up-to-date with current applicable employment legislation? | | | |
|  | Provider response:  In your response, you will need to consider:   * What resources you have available to monitor legislation updates * Who is responsible for ensuring that your organisation is following correct and current legislation | | | |
| 7.2 | Please describe how you comply with equal opportunities legislation, equality duties and codes of practice and how you ensure that these standards are upheld in your organisation. | | | |
|  | Provider response:  In your response you will need to consider:  What the current legislation requirements and duties are and how these apply to your organisation  What policies and procedures exist in relation to equality and diversity  What monitoring mechanism are available to your organisation | | | |
| 7.3 | What policies, processes and practices do you have in place to ensure an inclusive and supportive working environment for staff, and how do you monitor the effectiveness of these? | | | |
|  | Provider response: | | | |
| 7.4 | Do you currently have the following policies/procedures in place? | | | |
|  |  | | | Last Date of Review |
|  | 1. Equal opportunities/Managing Diversity | Yes | No |  |
|  | 1. Recruitment and selection | Yes | No |  |
|  | 1. Disciplinary | Yes | No |  |
|  | 1. Grievance | Yes | No |  |
|  | 1. Whistleblowing | Yes | No |  |
|  | 1. Training/Induction/Appraisals | Yes | No |  |
|  | 1. Flexible working | Yes | No |  |
|  | 1. Bullying and Harassment/Dignity at work | Yes | No |  |
|  | 1. Emergency Planning/Business Continuity | Yes | No |  |
| 7.5 | Are you a relevant commercial organisation as defined by section 54 ("Transparency in supply chains etc.") of the Modern Slavery Act 2015 ("the Act")? | | | |
|  | Provider response:  Yes ☐  N/A ☐ | | | |
| 7.6 | If you have answered yes to question 7.5 are you compliant with the annual reporting requirements contained within Section 54 of the Act 2015? | | | |
|  | Provider response:  Yes ☐  Please provide the relevant url …  No ☐  Please provide an explanation | | | |

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| **8 PATIENT SAFETY AND RISK** | | | | | |
| 8.1 | Please confirm if you undertake the following risk assessments. | | | | |
|  | Fire Risk Assessments | Yes | | No | |
|  | Risk Assessments – Lone Workers  Risk Assessments – Display Screen Equipment | Yes | | No | |
|  | Health and Safety - COSHH | Yes | | No | |
| 8.2 | Please confirm you have a process in place for reporting Adverse and Serious Untoward incidents | Yes | | No | |
|  | Process for managing Adverse and Serious Untoward incidents internally | Yes | | No | |
|  | Process for managing Adverse and Serious Untoward incidents externally | Yes | | No | |
|  | Process for demonstrating full investigation and learning | Yes | | No | |
| 8.3 | This provider has a robust policy and procedures which are fully implemented that adhere to the relevant legislation, guidance and safety alerts for the obtaining, recording, handling, using, safe keeping, direct supply to patients, safe administration and disposal of medicines used for the purposes of the commissioned activity. | | | | |
|  | Please confirm the above statement. These policies must be available on request by the CCG at any time.  If no please indicate when a policy will be available. | Yes | No | | Date available |
| 8.4 | Please provide your safeguarding policies in relation to Adults and Children and the dates of their last review. Safeguarding policies should have reference to the recent national statute and guidance including Mental Capacity Act and Deprivation of Liberty. | | | | |
|  | Provider response: | | | | |
| 8.5 | Please describe how your organisation safeguards adults and children.  *You should include the following in your response*   * *Safe Recruitment* * *Training* * *Demonstration of an understanding of inter-agency policy sharing* | | | | |
|  | Provider response: | | | | |
| 8.6 | Please provide your Death of a Service User policy (if applicable) and the date of last review. | | | | |
|  | Provider response: | | | | |
| 8.7 | If your organisation is registered with CQC you are required to have a Duty of Candour Policy as of 1st April 2015. If required please attach an electronic copy of your policy | | | | |
|  | Provider response: | | | | |
| 8.8 | Prevent Strategy:  Providers of patient facing services to the NHS should have an understanding of the national Prevent Strategy. Providers are directed towards the following NHS Prevent documents and are encouraged to complete the self-assessment tool kit.  <http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131934.pdf>  <http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131912.pdf>  If you have a Prevent Lead within your organisation please provide their name and contact details. | | | | |
|  | Provider response: | | | | |
| 8.9 | If you provide treatment to patients please attach an electronic copy of your Medicines Management policy and procedures. | | | | |
|  | Provider response: | | | | |

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| **9. HEALTH AND SAFETY** | | | | |
| 9.1 | Does your organisation have a written health and safety at work policy?  Please insert an electronic copy of your organisational Health and Safety General Policy Statement below.  *You should include the following in your response*  *Details of the nominated Health and Safety Officer*  *How to contact, process for staff reporting health and safety risks*  *Workplace assessments for health and safety*  *Physical security of premises*  *Personal protective equipment,*  *Manual handling*  *Control of substances hazardous to health (COSHH)*  *Prevention of slips, trips and falls.* | | Yes | No |
|  | Provider response: | | | |
| 9.2 | If “**No**”, to either of the above please  explain why: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **10. EQUALITY AND DIVERSITY** | | | |
| 10.1 | Please confirm that your organisation complies with the Accessible Information Standard SCCI 1605 | Yes | No |
|  | Should the CCG require you may be requested to submit evidence of compliance. | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **11. FINANCIAL** | | | | | | |
| 11.1 Please provide your audited accounts for the three most recent financial years plus the following extracts from the audited accounts from previous years (in £ sterling): | | | | | | |
|  | | | 2014/15 | 2015/16 | | 2016/17 |
|  | | | £ | £ | | £ |
| Turnover | | |  |  | |  |
|  | | |  |  | |  |
| Profit / Loss on ordinary activities (gross): | | |  |  | |  |
|  | | |  |  | |  |
| Net profit (before interest & tax): | | |  |  | |  |
| Net profit (after interest & tax): | | |  |  | |  |
| Interest payable | | |  |  | |  |
|  | | |  |  | |  |
| Current asset value: | | |  |  | |  |
| Current liabilities value: | | |  |  | |  |
| Total asset value: | | |  |  | |  |
| Total liabilities value: | | |  |  | |  |
|  | | |  |  | |  |
| Long Term Debt: | | |  |  | |  |
| If your organisation is less than one year old please provide a statement about your organisation and how it has been funded and a bank and or investor referee | | | | | | |
| Provider Response: | | | | | | |
| 11.2If you have indicated in question 1.2 that you are part of a wider group, please provide further details below: | | | | | | |
| Name of organisation | |  | | | | |
| Relationship to the Supplier completing these questions | |  | | | | |
| 11.3 | Are you able to provide parent company accounts if requested to at a later stage? | | | | Yes ☐  No ☐ | |
| 11.4 | If yes, would the parent company be willing to provide a guarantee if necessary? | | | | Yes ☐  No ☐ | |
| 11.5 | If no, would you be able to obtain a guarantee elsewhere (e.g. from a bank)? | | | | Yes ☐  No ☐ | |