



**North Central London**  
Integrated Care Board

# **NHS North Central London Integrated Care Board**

## **Non-NHS Provider Accreditation Policy**

August 2024  
Version 1.0

Summary Table

1.	<b>SUMMARY:</b>	This policy sets out North Central London Integrated Care Board's (ICB) policy and procedures for the procurement of healthcare services from non-NHS Providers
2.	<b>RESPONSIBLE OFFICER:</b>	Chief Finance Officer.
3.	<b>ACCOUNTABLE OFFICER:</b>	Chief Executive
4.	<b>AUTHOR:</b>	Shanita Cesaire – Head of Strategy, Planning and Transformation
5.	<b>APPLIES TO:</b>	All members of the Integrated Care Board ('ICB') Board of Members and its committees and sub-committees, employees, self-employed consultants, contractors, and officers and office holders.
6.	<b>GROUPS/ INDIVIDUALS WHO HAVE OVERSEEN THE DEVELOPMENT OF THIS POLICY:</b>	NHS London Commercial Hub ICB Governance, Risk and Legal Services Team. Sarah Mansuralli, Chief Development and Population Health Officer, NCL ICB.
7.	<b>GROUPS WHICH WERE CONSULTED AND HAVE GIVEN APPROVAL:</b>	The Executive Management Team reviewed the policy on 1 <sup>st</sup> July 2024. The Procurement Oversight Group approved the policy on 13 <sup>th</sup> August 2024.
10.	<b>VERSION</b>	1.0
11.	<b>AVAILABLE ON:</b>	ICB website and staff intranet
12.	<b>CONTACT</b>	If you have any questions or concerns regarding the interpretation or application of this policy, please email: <a href="mailto:nclpcb.accreditation@nhs.net">nclpcb.accreditation@nhs.net</a>

Document Control

Date	Version	Comment	Author / Editor
13.08.2024	1.0	Policy approved	Shanita Cesaire, Head of Strategy, Planning and Transformation.

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## 1. Purpose

- 1.1. This is the Non-NHS Provider Accreditation Policy ('Policy') of NHS North Central London Integrated Care Board ('NCL ICB'). The purpose of the policy is to:
- a) Provide a transparent and clear governance process for the accreditation of non-NHS organisations expressing an interest in providing applicable NHS funded services to North Central London residents due to patient choice;
  - b) Help to improve efficiency and reduce waiting times in order to deliver timely, high-quality care with patient preferences in mind.
- 1.2. This policy does not include non-healthcare goods and services which are procured in accordance with the ICB's Standing Financial Instructions.
- 1.3 This policy will be published on the ICB's website and staff intranet.

## 2. Introduction

- 2.1 Choice is fundamental to the delivery of a truly patient-centred NHS as it empowers people to get the health and social care services they want and need. This aligns with the government's commitment to giving patients a greater choice and control over how they receive their healthcare. Giving the public and patients robust information helps them to make effective choices that are right for them and their families.
- 2.2 In relation to patient choice, the NHS Constitution<sup>1</sup> sets out Patients' rights to:
- a) Choose their GP practice, and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you will be informed of those reasons
  - b) Express a preference for using a particular doctor within your GP practice, and for the practice to try to comply
  - c) Transparent, accessible and comparable data on the quality of local healthcare providers, and on outcomes, as compared to others nationally
  - d) Make choices about the services commissioned by NHS bodies and to information to support these choices
- 2.3 This means that patients have the legal right to make informed choices about their healthcare. The NHS Choice Framework reflects this commitment, providing further information around the rights to choice a patient has and the circumstances where a patient does not have a legal right to choice.

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<sup>1</sup> **NHS Constitution for England** [online] Department of Health and Social Care, 2023. Available at: <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england> [Accessed 20 June 2024].

- 2.4 NCL ICB has a clear responsibility to fulfil its legal obligations to enable patients the choice of provider when choice is applicable. An example of this is which secondary care provider to go to when a patient is referred for a first outpatient appointment for a service led by a consultant.
- 2.5 NHS England issued guidance for ICBs on how to implement patient choice in December 2023. The guidance is here: <https://www.england.nhs.uk/long-read/patient-choice-guidance/>
- 2.6 The patients' legal rights to make informed choices sit alongside other obligations, which the ICB is under, including but not limited to achieving financial balance, planning to address local population needs, meeting constitutional standards, and improving the health and wellbeing of the local population.
- 2.7 Where a provider considers a commissioner has not properly considered or has rejected its request to be a provider under the patient choice provisions, and the provider has been unable to resolve the issue directly with the ICB, the provider can submit a complaint to NHS England. To support this NHS England has established the *Independent Patient Choice and Procurement Panel* to review and support the timely resolution of these complaints.

### 3. Scope

- 3.1 The scope of this policy includes all patients residing within the geographic footprint of North Central London Integrated Care System. These patients have the right to choice where all of the following apply:
  - a) The patient has an elective referral for a first outpatient appointment (new episode of care)
  - b) The patient is referred by a GP, optometrist, or dentist into secondary care
  - c) The referral is clinically appropriate as determined by the referrer
  - d) The service and team are led by a consultant or a mental healthcare professional
  - e) The provider has a qualifying contract with any ICB or NHS England for the required service<sup>2</sup>
- 3.2 Patient choice does not apply to the following:
  - a) Cancer services which are subject to the 2-week maximum waiting time
  - b) Maternity services

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<sup>2</sup> National Health Service Commissioning Board, The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, Part 8, reg. 39(2).

- c) Any service where it is necessary to provide urgent care
- d) Any person who is detained under the 1983 Mental Health Act
- e) Detained in or on temporary release from prison or other accommodation described in regulation 10(2) of the NHS standing Rules<sup>3</sup>
- f) Serving as a member of the armed forces

3.3 This policy is aligned to NHS NCL ICB Procurement Policy, in particular to any governance and processes outlined within and will be required to adhere to this policy.

3.4 The Policy applies to all:

- a) Members of the Board, including Partner Members;
- b) Members and Participants of the Board's Committees and Sub-Committees;
- c) Officers of NCL ICB
- d) Clinical Directors of Place and Clinical Leads, both referred to in the Policy as 'Clinical Leads'
- e) NCL ICB employees, self-employed consultants, contractors, sub-contractors, secondees, those working on NCL ICB business whether paid or unpaid, volunteers and others involved/engaged in NCL ICB commissioning activity
- f) Contractors and/or potential contractors.

3.5 For the purposes of clause 3.4 above 'NCL ICB employees' includes salaried employees (both full and part time, including those on fixed term contracts), students, trainees, agency staff, seconded staff, and those with honorary contracts, prospective staff and joint appointments.

## **4. Statutory Framework and Guidance**

4.1 The legislation and guidance affecting ICBs' obligations to provide a transparent and clear governance process for the accreditation of Non-NHS organisations, is summarised in NHS England's' patient choice guidance which is available here: <https://www.england.nhs.uk/long-read/patient-choice-guidance/>.

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<sup>3</sup> National Health Service Commissioning Board, The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, reg. 10(2)

4.2 Individual pieces of legislation and guidance applicable to this policy is below and can be found at [Appendix A](#):

- a) National Health Service Act 2006
- b) NHS Choice Framework
- c) NHS Constitution for England
- d) NHS England's Enforcement Guidance
- e) Part 8 of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012
- f) The NHS Provider Selection Regime Statutory Guidance
- g) The Health and Care Act 2022
- h) The Health Care Services (Provider Selection Regime) Regulations 2023
- i) The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) (Amendment) (No. 2) Regulations 2023'
- j) The ICB's Conflicts of Interest Policy
- k) The ICB's Counter Fraud, Bribery and Corruption Policy
- l) The ICB's Standards of Business Conduct Policy
- m) Equality Act 2010
- n) Bribery Act 2010
- o) Modern Slavery Act 2015
- p) Public Services (Social Value) Act 2012
- q) Freedom of Information Act 2000
- r) Data Protection Act 2018
- s) Cabinet Office Public-sector Procurement guidance from 1 January 2021 (in relation to Brexit)

## **5. Accreditation Roles and Responsibilities**

- 5.1 The ICB is legally accountable for commissioning health services for its local population. This Policy applies to all potential and actual Non-NHS healthcare Providers. The ICB is responsible for not only the outcome of the Non-NHS Provider Accreditation process, but also ensuring it is carried out fairly and according to the law, whilst ensuring improved health outcomes and value for money.
- 5.2 The Procurement Oversight Group is responsible for ensuring scrutiny and oversight of compliance with this Policy, and that the ICB's responsibilities in this regard are conducted in a timely and planned manner.

## **6. Accreditation Outline**

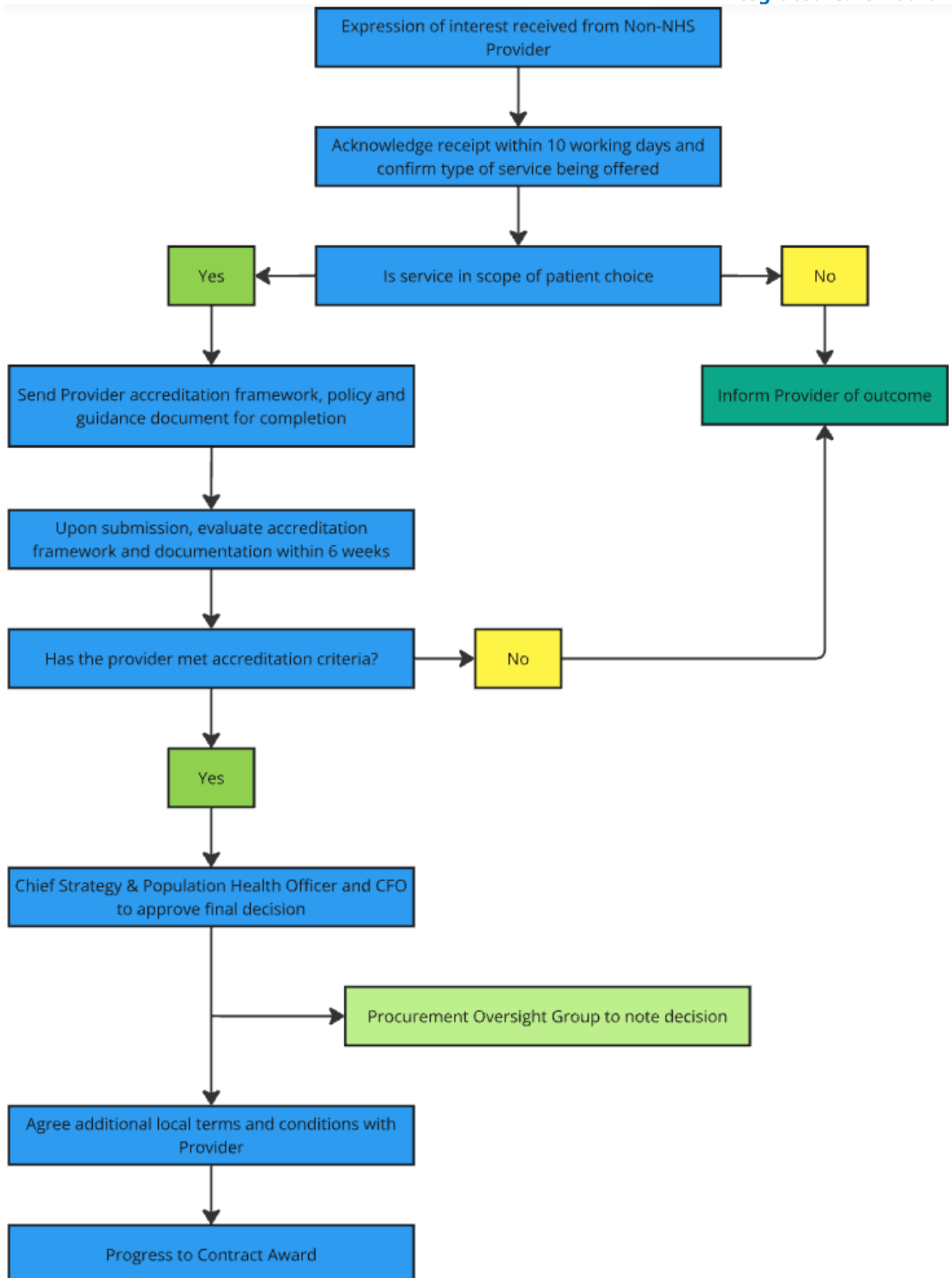
- 6.1 The successful accreditation of a provider may result in an offer of an NHS Standard Contract including agreed local NCL ICB terms and conditions. Where a provider has been accredited by another ICB and issued an NHS Standard Contract, NCL ICB will treat any activity with this provider in accordance with this policy as non-contracted activity.
- 6.2 The accreditation process is transparent, non-discriminatory and proportionate for the services being commissioned. This includes in relation to the criteria established and the time taken to share information and assess a new provider.
- 6.3 Accreditation of a provider is a separate process to the award of a contract and commissioning of services.
- 6.4 Where the services are currently commissioned by NCL ICB:
- a) NCL ICB will need to undertake due diligence work to ensure that the specification for the service is up to date and reflects the commissioned pathway
  - b) The provider will be required to provide services in line with the NCL ICB local terms and conditions
  - c) The same qualification criteria, assurance processes, and specification for services will be applied to providers expressing an interest in providing NHS-funded services
- 6.5 Where a service is not currently commissioned and/or a service specification is not already established, this will be developed by the ICB and shared with the Provider. This will be in line with national guidance and local criteria.



- 6.6 In order to become an accredited provider under this policy, providers must successfully complete the application process and be approved by the Chief Strategy & Population Health Officer and the CFO. The process is as follows:
- a) Providers complete and submit the Accreditation Framework Questionnaire and relevant supporting documentation. The Accreditation Framework Questionnaire can be found in [Appendix B](#) of this document
  - b) The ICB will convene a panel to consider and assess this application. The panel will consist of (but is not limited to) representatives from Quality, Clinical, Commissioning, Contracting, Finance, Procurement
  - c) The panel shall decide whether or not each provider meets the standard required for accreditation and make a recommendation to the Chief Strategy & Population Health Officer and the CFO for approval. This should apply to the majority of contracts but may need to go to other forums if deemed necessary. Where the panel does not have sufficient information to make a decision, it may ask the applicant for more information or reject the application and require the provider to submit a new application with the information required
  - d) The ICB's decision shall be communicated to the applicant
  - e) Providers have the right to appeal a decision to reject them where the ICB has not followed proper process and/or the decision is not fair or reasonable based on the evidence. The ICB will convene a panel which will include at least one person that was not involved in the original recommendation to reject the application. The panel's recommendation will be remitted to the Chief Strategy & Population Health Officer and the CFO for a decision which shall be final
  - f) If a provider wishes to appeal, they must submit their detailed reasons in writing within 14 days of the date the ICB informed them of the original decision. Appeals should be submitted to: [nclpcb.contracts@nhs.net](mailto:nclpcb.contracts@nhs.net)
- 6.7 Panel decisions shall be noted to the Executive Management Team and/or the Procurement Oversight Group on a case-by-case basis where relevant.
- 6.8 Following a successful application, local terms and conditions will be provided to suppliers and a separate contract award process will be followed in line with the Provider Selection Regime and the NCL ICB Procurement Policy.

## **7. Accreditation Process**

- 7.1 The diagram below sets out a high-level overview of the accreditation process:

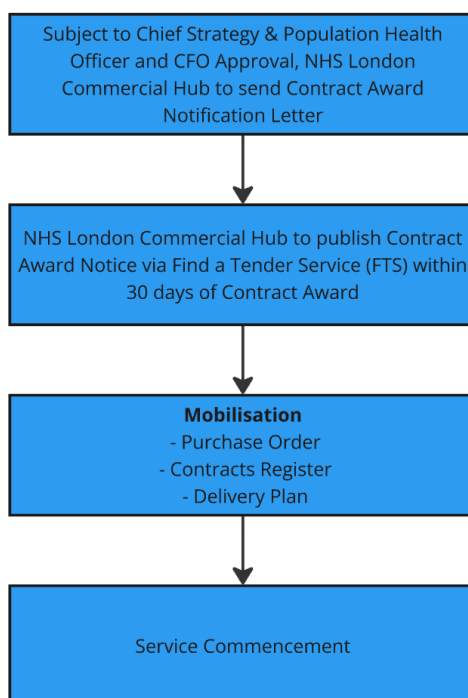


## 8. Conditions of acceptance of the Accreditation Framework

- 8.1 By submitting a response to this Accreditation Framework, providers agree to accept the terms and conditions of the NHS Standard Contract, inclusive of local NCL terms and conditions for the application being made.
- 8.2 Once a provider is accredited any such contract with them will commence on the specified start date. Unless otherwise agreed by NCL ICB Providers will not be permitted to renegotiate any part of the contract, Service Specification, KPIs, or any other element of the Service(s), including any lease arrangements as proposed.
- 8.3 Any delays to mobilisation due to Providers attempting to renegotiate any element of the terms and conditions and Service Specification will result in the application being rejected.

## 9. Contract Award

- 9.1 The following diagram sets out the contract award process following accreditation. This reflects NCL ICB governance in the context of the Procurement of healthcare services and may be subject to change:



## 10. Equality and Diversity Statement

10.1 The ICB believes that services should be equally accessible to all community groups regardless of where they live, any protected characteristic(s) and their ability to pay. We need to ensure every patient in our locality is receiving high quality care based on their need. This means:

- a) Embedding the equality framework into the quality management framework to raise standard and make continuous improvements
- b) Integrating equality and diversity in business planning, commissioning and service delivery activities
- c) Addressing the needs of the different equalities' groups in the Joint Strategic Needs Assessments ('JSNA') and in all other stages of the commissioning cycle
- d) Ensuring robust data monitoring across all commissioned services; and
- e) Meeting our statutory duties to engage and demonstrate our commitment to engagement by following the principles set out in the [NHSE Equality Delivery System 2022](#) and the NCL ICB Working with People and Communities Strategy 2022/23 Patient and Public Engagement Strategy and the Equalities Strategy

## 11. Conflicts of Interest

11.1 NCL ICB and the people who work with and for us, collaborate closely with other organisations, to deliver high quality care for our patients. These partnerships have many benefits and should help ensure that public money is spent efficiently and wisely. However, there is a risk that Conflicts of Interest may arise.

11.2 NCL ICB's Conflict of Interest Policy is in line with arrangements outlined within the NCL ICB Constitution and NHS England guidance to ensure the integrity of decision-making processes and Conflicts of Interests are managed effectively. All NCL ICB employees when implementing the Non-NHS Provider Accreditation policy will adhere to the Conflicts of Interest policy which includes declaring conflicts of interest and taking appropriate action to mitigate conflicts of interest.

## 12. Raising Concerns

- 12.1 If an individual has concerns regarding a suspected or actual breach of, or non-compliance with, this policy they should contact the Governance, Risk and Legal Services Team at [ncl.governance@nhs.net](mailto:ncl.governance@nhs.net)
- 12.2 Where a suspected breach also includes suspected commission of fraud or bribery, this should be reported to the ICB's Local Counter Fraud Specialist team or directly to the NHS Counter fraud Authority:
- The Local Counter Fraud Specialist:  
E-mail: [kirsty.clarke8@nhs.net](mailto:kirsty.clarke8@nhs.net)  
Tel: 020 3201 8054;
  - NHS Counter Fraud Authority:  
Contact: <https://cfa.nhs.uk/reportfraud>  
Tel: 0800 028 4060
- 12.3 NCL ICB takes the failure to comply with this and other policies seriously. A breach of this Policy may result in disciplinary action.
- 12.4 Failure to comply with this Policy could lead to criminal proceedings including for offences such as fraud, bribery and corruption, in addition to any disciplinary action contemplated or taken

## 13. Monitoring this Policy

- 13.1 This policy will be reviewed at least annually. In addition, it will be kept under informal review in the light of emerging guidance, experience and supporting work.

## 14. National References

- 14.1 This policy should be read in conjunction with the national framework regarding choice:
- Patient choice framework: <https://www.gov.uk/government/publications/the-nhs-choice-framework>
  - Patient choice guidance: <https://www.england.nhs.uk/long-read/patient-choice-guidance/>

## 15. Appendices

### Appendix A: Legislation and guidance affecting patient choice and Non-NHS Provider Accreditation

The legislation and guidance affecting ICBs' obligations provide a transparent and clear governance process, for the accreditation of Non-NHS organisations, expressing an interest in providing applicable NHS funded is summarised at NHS England's' Patient choice guidance. Individual pieces of legislation and guidance include:

- [National Health Service Act 2006](#)
- [NHS Choice Framework](#)
- [NHS Constitution for England](#)
- [NHS England's Enforcement Guidance](#)
- [Part 8 of the National Health Service Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) Regulations 2012](#)
- [The NHS Provider Selection Regime Statutory Guidance](#)
- [The Health and Care Act 2022](#)
- [The Health Care Services \(Provider Selection Regime\) Regulations 2023](#)
- [The National Health Service Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) \(Amendment\) \(No. 2\) Regulations 2023 \(legislation.gov.uk\)](#)
- [The ICB's Conflicts of Interest Policy ;](#)
- [The ICB's Counter Fraud, Bribery and Corruption Policy;](#)
- [The ICB's Standards of Business Conduct Policy.](#)
- [Equality Act \(2010\);](#)
- [Bribery Act \(2010\);](#)
- [Modern Slavery Act \(2015\);](#)
- [Public Services \(Social Value\) Act \(2012\);](#)
- [Freedom of Information Act \(2000\) \(UK\);](#)
- [Data Protection Act \(2018\);](#)
- [Cabinet Office Public-sector Procurement guidance from 1 January 2021 \(in relation to Brexit](#)

# Non-NHS Patient Choice Accreditation Framework – Questionnaire

## Introduction

The Accreditation Framework Questionnaire (AFQ) has been created to assess the suitability of a non-NHS Provider to deliver services the population under whom North Central London ICB is responsible for and in line with patient choice guidelines. This includes securing the necessary reassurances about the capacity, capability and eligibility to satisfy the minimum requirements of NCL ICB.

## Completion Instructions

Providers are invited to complete and submit this Accreditation Framework Questionnaire (AFQ) with no time limit of completion.

This AFQ must be read in conjunction with the NCL ICB Accreditation Framework Policy and Guidelines.

Please complete ALL questions in full. Failure to do so may result in your submission being disqualified.

Please complete this form, attach all necessary supporting documents and send them to [nclimb.accreditation@nhs.net](mailto:nclimb.accreditation@nhs.net)

*For any questions, please contact:*

### **The Accreditation Team**

Strategic and Delegated Commissioning Team

NHS North Central London ICB

Email: [nclimb.accreditation@nhs.net](mailto:nclimb.accreditation@nhs.net)



## Part 1: General Information

#	Question	Response
<b>1A</b>	<b>Please provide a description of your business and the service your company would like to provide to the NHS</b>	
<b>1B</b>	<b>Registered name and address</b>	
1B.1	Registered name	
1B.2	Trading name	
1B.3	Previous names traded under within the last two years	
1B.4	Registered address	
1B.5	Principal place on business	
1B.6	Website address	
1B.7	Generic email address	
1B.8	Telephone number	
1B.9	Ultimate owner of organisation if part of a Group?	
<b>1C</b>	<b>Contact details of person submitting this questionnaire</b>	
1C.1	Name (including title)	
1C.2	Position	
1C.3	Telephone Number	
1C.4	E-mail	
<b>1D</b>	<b>Company details</b>	
1D.1	Type of organisation and legal status (e.g. Ltd, PLC, Social Enterprise, Charity, Sole Trader, Partnership, LLP etc.)	
1D.2	Company Registration number and name of relevant government body you are registered under	
1D.3	Date of incorporation	
1D.4	List of the full names of every Director, Partner, Associates and the Company Secretary and indicate their title	
1D.5	Details of persons with significant control (PSC Document) (if applicable)	

#	Question	Response
1D.6	Registration details with professional register(s)	
1D.7	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)	
<b>1E</b>	<b>Ownership Structure (of Parent Company/Group if applicable)</b>	
1E.1	Parent / Group Company name	
1E.2	Registered Address	
1E.3	Company registration number	
1E.4	If the organisation is a division or subsidiary, please state what the relationship is with the Parent Company and Group (ownership, directorship, authority, etc.).	
1E.5	Please provide a one-page chart illustrating the ownership structure of the organisation including relations to any parent or other group or holding companies.	
1E.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.	
<b>1F</b>	<b>Material Subcontractors</b>	
1F.1	Please list each subcontractor who will be involved in the delivery of services.	
1F.2	Please outline the role of subcontractor, including why they are required.	
1F.3	Please provide copies of all subcontractor agreements/contracts.	
1F.4	Please provide both the value (£) and volume of activity of each service provided by each subcontractor.	

#	Question	Response
1F.5	Please provide a detailed risk strategy to manage subcontractors including arrangements for managing disputes, governance, performance, business continuity and finances.	
<b>1G</b>	<b>Existing Host &amp; Other NHS Commissioner</b>	
1G.1	Who is your current host Commissioner (if applicable)?	
1G.2	Do you have a contract with your host Commissioner? If yes, please provide this contract.	
1G.3	Detail the total value and activity of the Host Commissioner contract for each of the last 3 years (or for all years if the contract has been held for less than 3 years).	
1G.4	Please list contracts currently held with any other NHS Commissioner(s) and include a copy of each of the contracts along with the annual value realised for each of the previous 3 years (or up to 3 years if the contract has been held for less than 3 years).	

## Part 2: Policies / Licences

#	Question	Response
<b>2A</b>	<b>Provider Licence (unless exempt)</b>	
2A.1	Please provide evidence of a provider licence issued by NHS England under Chapter 3 of Part 3 to the Health and Social Care Act 2012. Unless you are exempt, in which case provide evidence of your exemption.	
<b>2B</b>	<b>CQC &amp; Regulatory Action</b>	
2B.1	Please provide details of your current CQC (Care Quality Commission) registration under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the regulated activities which are relevant to the services to be provided. Additionally, please provide any outcomes from your last inspection (if applicable).  If exempt, provide details and evidence to support your exemption.	
2B.2	Please confirm the premises from which you will be delivering the service/s for any patients from NCL (North Central London) and provide evidence that your CQC registration includes all premises listed.	
2B.3	Within the last 3 years has, your Organisation, its employees or contractors been subject to any regulatory action or comment, e.g., CQC, General Medical Council? If 'Yes', provide full details.	
2B.4	Within the last 3 years, has your organisation received an improvement notice, or is it currently under investigation? If 'Yes', provide full details.	
<b>2C</b>	<b>Data protection and Information Governance</b>	
2C.1	Do you acknowledge that information (non-commercial in confidence) may need to be disclosed in the event of a Freedom of Information (FOI) Act request. Yes/No  Please specify any information contained in this submission that you believe to be confidential along with your reasons for requesting this is exempt from inclusion in any FOI requests.	

#	Question	Response
	<p>NCL ICB (North Central London Integrated Care Board) 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.</p>	
2C.2	<p>Please provide a copy of your Information Governance Policy.</p>	
2C.3	<p>Please provide the name of your current IG lead and Data Protection Officer.</p>	
2C.4	<p>Please provide an overview of any offshore processing of data relating to these services along with the details and policies that will ensure data protection.</p>	
2C.5	<p>Please provide your organisation's (and any sub-contractors) NHS DSP (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. (<a href="https://www.dsptoolkit.nhs.uk/">https://www.dsptoolkit.nhs.uk/</a>)</p>	
	<p>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.</p>	
2C.6	<p>Please provide a high-level description of your overall approach to IMT (Information Management Technology) systems to support the delivery of services.</p>	
	<p>Your response should describe how you will ensure access to share care records or how your Electronic Patient Record 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 Information Governance requirements.</p>	

#	Question	Response
2C.7	Please describe as applicable how patient outcomes will be measured, monitored, and shared with the patient, their GP and potential system partners within NCL ICB?	
2C.8	Please describe how your organisation digitally communicate with patients?	
2C.9	Please confirm that you have or will have obtained before the date of which any services are delivered, a Fair Processing Notice. If you have one, please provide a copy of your Fair Processing Notice.	
2C.10	Does your organisation have the capability to submit data to SUS (Secondary Uses Service) in line with the SUS flex and freeze timetable according to national NHS guidelines?	
2C.11	Does your organisation have the capability to submit National waiting List MDS (Waiting List Minimum Dataset) and RTT (Referral to Treatment) data in line with national NHS guidelines?	
2C.12	Does your organisation have the capability to submit diagnostic data (DM01 - Diagnostics Waiting Times and Activity) where appropriate?	
2C.13	Please confirm that your activity coding is conducted by accredited clinical coders. If the answer is no, then please confirm how you ensure that activity coding is accurate. If the answer is yes, please confirm how frequently you undertake clinical coding training in order to maintain their qualification.	
2C.14	Please provide copies of any/all clinical coding audits conducted in your organisation in the past two years.	
2C.15	Please confirm the frequency that all staff receive Information Governance training (including the handling of NHS patient data) and provide evidence of compliance rates, including actions to address non-compliance where this is less than 100% compliant.	
<b>2D</b>	<b>Equality &amp; Diversity</b>	
2D.1	Please provide a copy of your Equality and Diversity policy.	
2D.2	Does your Equality and Diversity Policy include Human Rights and Modern Slavery?	

#	Question	Response
	If you have answered 'No' please provide evidence that your organisation adheres to national Policy and requirements in this area.	
2D.3	In the last five years, has your organisation been referred to an Employment Tribunal?  If you have answered 'Yes', please provide details.	
2D.4	In the last five 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 you have answered 'Yes', please provide details.	
2D.5	Please confirm that your organisation currently adheres to meeting the NHS Accessible Information Standard or has an action plan in place to meet the requirements before the commencement of the provision of services.	
<b>2E</b>	<b>Health &amp; Safety</b>	
2E.1	Please confirm that your organisation complies with the Health and Safety at Work Act 1974 and enclose a copy of your Health and Safety Policy.	
2E.2	Please identify your nominated person with responsibility for Health and Safety.	
2E.3	Please provide details of any prosecutions you have had for breaches of Health and Safety Legislation during the past five years.	
2E.4	Please provide details of any pending or threatened litigation or other legal proceedings against your organisation that may affect your ability to deliver this contract (related to Health & Safety or otherwise).	
2E.5	Please describe what national patient safety alert systems you use and provide the details of how they are embedded into your organisation.	
2E.6	Please confirm the frequency in which all staff receive health and safety training and provide evidence of compliance.	

#	Question	Response
2E.7	<p>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 three years?</p> <p>If your answer is “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.</p> <p><i>Note: NCL ICB will exclude provider(s) that have been in receipt of enforcement/remedial action orders unless the provider (s) can demonstrate to NCL ICB’s satisfaction that appropriate and satisfactory remedial action has been taken to prevent future occurrences or breaches, such satisfaction being in the sole discretion of NCL ICB’s assessment.</i></p> <p><i>If such evidence is considered by NCL ICB (whose decision will be final) as sufficient, the economic operator concerned shall be allowed to continue in the procurement process.</i></p> <p><i>The measures taken by the Provider shall be evaluated considering the gravity and particular circumstances of the criminal offence, event or misconduct.</i></p>	
2E.8	<p>Have any of your current or former directors been disqualified from being a director? If yes, provide details.</p>	
<b>2F</b>	<b>Social Value</b>	
2F.1	<p>Please provide a link to your most recent carbon reduction plan and/or your sustainability policy</p>	
2F.2	<p>Please confirm your “net-zero” target date with regards to greenhouse gasses emissions.</p>	
2F.3	<p>Please explain how, through the contract awarded via this framework, and in addition to your core service offering, you will:</p>	
2F.3.a	<p>a. support our Voluntary, Charitable and Social Enterprise sector</p>	



#	Question	Response
2F.3.b	b. build local communities and support local employment	
2F.3.c	c. adhere to our net-zero commitments, the NHS England Supplier Roadmap and our NCL Green Plan	
2F.3.d	d. proactively eliminate modern slavery and female genital mutilation	
2F.3.e	e. proactively reduce inequalities within our population and those accessing our services	
2F.3.f	f. pay the London Living Wage to every person employed	
2F.4	Please outline how you propose to monitor your performance against the above social value commitments post contract award.	
<b>2G</b>	<b>Other policies and named leads</b>	
2G.1	<p>Please provide copies of all of the following or details of why you do not have or do not believe it is relevant for you to have the following:</p> <ul style="list-style-type: none"> <li>- Records Management Policy</li> <li>- Patient Confidentiality Policy</li> <li>- Customer Care / Complaints Policy</li> <li>- Prevention and Control of Infection Policy</li> <li>- Post treatment complications policy/approach</li> <li>- Decontamination and Waste Policy</li> <li>- Child Protection Policy</li> <li>- Safeguarding and Protection Policy</li> <li>- Risk management strategy / policy</li> <li>- Conflicts of Interest policy</li> <li>- Clinical and Non-Clinical Incident</li> <li>- Accident and Serious Untoward Incident (SUI) policy, and near misses' procedure or policy</li> <li>- Business Continuity Plan</li> <li>- Transfer of Care Policy</li> <li>- Procurement Policy</li> </ul>	

#	Question	Response
	Please list (and provide a copy of) any other policies you may have which you consider may be relevant to the provision of the Services (Please complete or say 'N/A').	
2G.2	Please provide a copy of your business continuity and/or disaster recovery plans.	

## Part 3: Financial Standing and Insurance

#	Question	Response
<b>3A</b>	<b>Financial Information</b>	
	Please note: NCL ICB reserves the right to use credit report checks as part of its due diligence/ assurance processes, including asking any clarification questions on the information within the credit report(s) and/or the financial information provided by the Provider.	
3A.1	Please provide the name, title and professional qualifications of the person in the organisation responsible for financial matters.	
3A.2	Please enclose copies of audited financial accounts for each of the past three years. If only unaudited accounts are available, please supply these and the reasons for exemption.	
3A.3	If your organisation is part of a group, please provide audited group financial accounts.	
3A.4	Please enclose copies of financial reports for the current year including cash flow forecast and a bank letter outlining the current cash and credit position.	
3A.5	Please confirm your liquidity position through acid test (or quick) and working capital ratios.	
3A.6	Please confirm your debt or leverage ratio's such as debt: equity, debt-to-EBITDA and interest cover.	
3A.7	Has your organisation met all its obligations to pay its creditors and staff during the past year? If not, please provide full disclosure and details	
3A.8	Please supply your action plan if <85% of invoices were payable to your supply chain over 60 days of the receipt of an invoice.	
3A.9	Please confirm you have met all your obligations relating to the payment of taxes, national insurance and pensions and provide evidence of this for the last 3 years.	
3A.10	Please provide details of all claims made under your organisation's Public, Employers or Professional Indemnity Insurances within the last 5 years.	

#	Question	Response
3A.11	Please outline what you feel the benefits are of having a zero-value based contract with NCL ICB versus undertaking activity on a Non-Contracted Activity basis.	
3A.12	How will your organisation ensure it has sufficient and sustainable funding to deliver the proposed NHS services to our population throughout the entire contract period? This includes investments in essential capital equipment and estates.	
3A.13	Please outline your financial plan for delivering these services. This should include details of how you will ensure long-term financial stability to meet the needs of our population.	
3A.14	In addition to your proposed service delivery plan, please provide activity and financial projections of your expected income from North Central London, noting this will be based solely on patient choice where correctly expressed at the point of referral for services in scope of choice.	
3A.15	Please detail how you expect the activity and financial projections detailed above will be delivered and any marketing activities you propose to undertake within North Central London.	
3A.16	Please detail how your organisation will adapt its service delivery model if there are unforeseen changes in NHS funding during the contract period.	
3A.17	Please describe your organisation's main sources of income and how they would be used to support the delivery of NHS services in our area.	
3A.18	Does your organisation have any financial contingency plans in place to address potential funding shortfalls that could impact your ability to deliver NHS services? If your answer is "Yes", please provide details.	
<b>3B</b>	<b>Insurance</b>	
3B.1	<p>It is a legal requirement that all companies hold the following insurances:</p> <ol style="list-style-type: none"> <li>1. Public Liability Insurance</li> <li>2. Professional Indemnity Insurance</li> <li>3. Clinical Negligence Insurance</li> <li>4. Employer's Liability Insurance</li> </ol>	

#	Question	Response
	Please provide a copy of each Policy document.	
3B.2	<p>Please provide evidence that you are a member of an NHS Clinical Negligence Scheme under the National Health Service (Clinical Negligence Scheme) Regulations 2015(a)</p> <p>Or please provide evidence that you have undertaken to join such a scheme,</p> <p>Or, that you have put in place equivalent alternative indemnity arrangements to the satisfaction of NCL ICB.</p>	
3B.3	Have any claims in excess of £2,000 been made under your organisation's Public, Employers or Professional Indemnity Insurances within the last five years? If you have answered 'Yes', please provide details. Please include details of all claims whether or not these were successful.	
3B.4	Have any claims in excess of £2,000 been made due to clinical negligence within the last five years? If you have answered 'Yes', please provide details. Please include details of all claims whether or not these were successful.	

## Part 4: Service Specification and Quality

#	Question	Response
<b>4A</b>	<b>Service Provision</b>	
4A.1	Please indicate with detail which speciality/ies your organisation intend(s) to provide (by NHS Healthcare Resource Group/Treatment Function Code if applicable). Please include levels of activity you have capacity to deliver over an annual basis.	
4A.2	Please provide a detailed description of each speciality you intend to deliver. Please include: <ul style="list-style-type: none"> <li>a. a description and diagram of the clinical pathway/s</li> <li>b. how you will work with any and all providers you refer patients to jointly deliver the outcomes and efficiencies across the pathways</li> <li>c. a list of the premises and equipment you will use to deliver the service/s.</li> <li>d. indicate if, and where in the pathway you will use virtual services</li> <li>e. an explanation on how patients will access the service/s, either through the NHS e-Referral Service (e-RS) or equivalent.</li> </ul>	
4A.3	Please provide details of all NHS activity undertaken for these services and the income generated by NHS commissioner across the entirety of the UK for each of the previous three years (or for up to three years if undertaken for less than three years in total).	
4A.4	Please provide details of all activity (private and NHS) undertaken for these services and the income generated across the entirety of the UK for each of the previous three years (or for up to three years if undertaken for less than three years in total).	
<b>4B</b>	<b>Confirmation of Pricing Conditions</b>	
4B.1	Please confirm that you agree that payment for all the activity relating to this Procurement will be on the basis of National Prices on a cost per case basis.	
4B.2	Please outline the proposed pricing by service type/modality and the basis of these including reference to Payment by Results, NHS Local	

#	Question	Response
	Prices or other mechanisms noting that this does not imply that NCL ICB agrees to these prices, with payments not expected to exceed that of an equivalent NHS provider. Provide as much granularity as possible on the pricing.	
<b>4C</b>	<b>Confirmation of Acceptance to all provisions set out in the service specification including the terms and conditions of the NHS Standard Contract.</b>	
4C.1	<p>Accepted in full, with no material changes and confirmation that you would adhere to the terms and conditions of the NHS Standard Contract including:</p> <ul style="list-style-type: none"> <li>a. the General Conditions and the Service Conditions</li> <li>b. attendance at performance and provider management meetings</li> <li>c. service provisions and performance standards outlined in the Service Specification, Information Schedules, and Quality Schedules (Appendix 2 and 3)</li> <li>d. commissioner reporting requirements</li> <li>e. local referral pathways</li> <li>f. national specifications (where appropriate)</li> <li>g. addressing inequality</li> <li>h. adherence to NCL Access Policy</li> </ul> <p>Please confirm your organisation has read and understood the Service Specifications and that it accepts all the provisions, including any supporting schedules, set out in the NHS Standard Contract. Please state 'Yes' or 'No'.</p>	
<b>4D</b>	<b>NHS Contracting Performance</b>	
4D.1	Please provide an overview of a contract for similar services that you have delivered in the past 3 years, including evidence of positive outcomes for an NHS commissioner including realised efficiencies, improved outcomes, reduced waiting times and any other benefits that	

#	Question	Response
	may have been realised. NOTE: Put N/A if you do not, or have not delivered services for any NHS Commissioner within the last 3 years.	
4D.2	Please provide the management information for the contract detailed above including financial information, performance information, activity levels, outcomes, waiting times and adherence to any relevant NHS standards.	
4D.3	For this service, have any Contract Performance Notices (CPN) been served by any NHS Commissioner (including your Host Commissioner or any Associate)? If so, please provide a copy of the CPN, how long it took to resolve and the outcome.	
4D.4	Has your organisation had any NHS contract terminated, or not renewed, for failure to perform satisfactorily, within the past five years? Your response must include details of any actions taken as a result of such terminations or non-renewal to prevent a similar occurrence from happening again on another contract.	
4D.5	Please confirm if there were any claims, proceedings or judgments during the past three years relating to any of your services that would be relevant to the Service whether or not these arise from an NHS Commissioner or any other source.	
4D.6	If the organisation is a member of a group of companies, would the group be prepared to guarantee your contract performance as its subsidiary? Please answer "Yes/No".	
<b>4E</b>	<b>Capacity &amp; Capability</b>	
4E.1	For each service proposed to be provided for North Central London, please provide a list of other non-NHS patient choice accreditation frameworks where you have made a successful application (if any)	
4E.2	For each service speciality listed in the question above, please provide the length of time your organisation has conducted this service for and confirm the NHS ICBs to which you currently provide each of these services to, if any.	



#	Question	Response
4E.3	Please describe how you intend to manage complex patients e.g., learning disabilities, dementia, patients requiring hoists, post-stroke patients, frail patients etc and ensure their needs are met and that they are safeguarded effectively.	
4E.4	Please confirm that your organisation is able to commence service delivery immediately following agreement of a contract or advise a date in the future when services will be available. For clarity, a contract being issued is not a guarantee of any income arising from the contract and all contracts issued via this route will have a zero-value baseline with activity being driven solely by patient choice when correctly expressed at the point of referral for relevant services.	
4E.5	Please outline your available capacity for each service you propose to provide including the total activity for NCL patients you could accommodate per year.	
4E.6	Please provide brief details of technical equipment / resources that your organisation uses to deliver this service, as well as details of any relevant standards related to the equipment or other resources as well as evidence that the equipment you use is compliant with relevant safety and performance standards.	
4E.7	Please outline your capital investment plans relevant to NCL for the next three years and what expectations these plans have for the realisation of income to offset the costs.	
<b>4F</b>	<b>Clinical Governance</b>	
4F.1	Please describe the clinical governance process that will be used across the model of care including the assurance process for the entire patient pathway with representative examples of how this operates in practice.	
<b>4G</b>	<b>Staffing</b>	
4G.1	Please upload an organisational chart for your organisation.	

#	Question	Response
4G.2	Please provide a detailed workforce plan to deliver the service/s listed at question 4A.1. Please include 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.	
4G.3	Please describe how you will deliver key/required educational and training elements of the service specification including but not limited to primary care education and the on-going training of directly employed staff.	
4G.4	Please confirm that all employed staff have the appropriate qualifications to provide the service.	
4G.5	Please provide a list of all relevant qualifications for each employee who will be directly involved in the delivery of services. NOTE: Initials can be used instead of disclosing the full name along with disclosing the role. For example, Dr AB - Clinical Radiologist (insert qualifications).	
4G.6	Please describe how you will deliver on-going training of all employed staff, please include Training and Development policy including statutory and mandatory training.	
4G.7	Please state whether any clinical staff currently employed, subcontracted or otherwise engaged by you have during the last three years had their Professional Registration removed or suspended or are subject to limitations on their practice or whether they are currently under investigation either by their regulator or employer.	
4G.8	Please explain how you will deliver against the training requirement as stated in <a href="#">General Conditions 5.7 of the NHS Standard Contract</a> (where appropriate).	
4G.9	Please confirm that all applicable staff have, the relevant Disclosure and Barring Service (DBS) checks.	
<b>4H</b>	<b>NCL ICS Population Health Strategy</b>	
4H.1	Please confirm that you have read the <a href="#">Population Health and Integrated Care Strategy for NCL ICS.</a>	

#	Question	Response
4H.2	Please demonstrate how your proposed solution will improve population health outcomes in line with our Population Health and Integrated Care Strategy.	
4H.3	Please demonstrate how this improves access equitably across NCL.	
4H.4	Please outline how stakeholders and particularly the voice of our patients, service users, carers and families will be considered post-contract award.	
<b>4I</b>	<b>Quality Assurance</b>	
4I.1	Does your organisation operate in accordance with a formally implemented quality assurance system?	

## Part 5: Mandatory and Discretionary Exclusions

#	Question	Response
<b>Mandatory Exclusions</b>		
<b>5A</b>	<p><b>Has your organisation, or any member of your organisation including directors, partners or any other person who has powers of representation, decision or control been convicted of any of the following offences?:</b></p> <p>Please Note: NCL ICB 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.</p>	
5A.1	<p>Participation in a criminal organisation</p>	<p>1. Participation in a criminal organisation as defined by section 45 of the Serious Crime Act 2015 and conspiracy within the meaning of section 1 or 1A of the Criminal Law Act 1977 or article 9 or 9A of the Criminal Attempts and Conspiracy (Northern Ireland) Order 1983 where that conspiracy relates to participation in a criminal organisation as defined in Article 2 of Council Framework Decision 2008/841/JHA on the fight against organised crime;</p>
5A.2	<p>Corruption</p>	<p>2. Corruption within the meaning of section 1(2) of the Public Bodies Corrupt Practices Act 1889 or section 1 of the Prevention of Corruption Act 1906;</p>
5A.2.a		<p>a. The common law offence of bribery;</p>
5A.2.b		<p>b. Bribery within the meaning of sections 1, 2 or 6 of the Bribery Act 2010; or section 113 of the Representation of the People Act 1983;</p>
5A.3	<p>Terrorist offences or offences linked to terrorist activities</p>	<p>3. Terrorist offences or offences linked to terrorist activities, including any offence:</p>
5A.3.a		<p>a. listed in section 41 of the Counter Terrorism Act 2008;</p>

#	Question	Response
5A.3.b		b. listed in schedule 2 to that Act where the court has determined that there is a terrorist connection;
5A.3.c		c. under sections 44 to 46 of the Serious Crime Act 2007 which relates to an offence covered by the previous two points.
5A.4	Money laundering or terrorist financing	4. Money laundering within the meaning of sections 340(11) and 415 of the Proceeds of Crime Act 2002
5A.5		5. An offence in connection with the proceeds of criminal conduct within the meaning of section 93A, 93B or 93C of the Criminal Justice Act 1988 or article 45, 46 or 47 of the Proceeds of Crime (Northern Ireland) Order 1996.
5A.6	Child labour and other forms of trafficking human beings	6. An offence under section 4 of the Asylum and Immigration (Treatment of Claimants etc.) Act 2004;
5A.7		7. An offence under section 59A of the Sexual Offences Act 2003
5A.8		8. An offence in connection with the proceeds of drug trafficking within the meaning of section 49, 50 or 51 of the Drug Trafficking Act 1994
5A.9		9. An offence under section 71 of the Coroners and Justice Act 2009;
5A.10		10. An offence under section 2 or section 4 of the Modern Slavery Act 2015.
5A.11	Non-payment of tax and social security contributions	11. Breach of obligations relating to the payment of taxes or social security contributions that has been established by a judicial or administrative decision.
5A.12		12. Where any tax returns submitted on or after 1 October 2012 have been found to be incorrect as a result of:

#	Question	Response
5A.12.a		a. HMRC successfully challenging the potential supplier under the General Anti – Abuse Rule (GAAR) or the “Halifax” abuse principle; or
5A.12.b		b. a tax authority in a jurisdiction in which the potential supplier is established successfully challenging it under any tax rules or legislation that have an effect equivalent or similar to the GAAR or “Halifax” abuse principle;
5A.12.c		c. a failure to notify, or failure of an avoidance scheme which the supplier is or was involved in, under the Disclosure of Tax Avoidance Scheme rules (DOTAS) or any equivalent or similar regime in a jurisdiction in which the supplier is established.
5A.13	Other offences	13. Any other offence within the meaning of Article 57(1) of the Directive as defined by the law of any jurisdiction outside England, Wales and Northern Ireland.
5A.14		14. Any other offence within the meaning of Article 57(1) of the Directive created after 26 <sup>th</sup> February 2015 in England, Wales or Northern Ireland.
5A.15	Fraud	15. any of the following offences, where the offence relates to fraud affecting the UK Communities’ financial interests as defined by Article 1 of the Convention on the protection of the financial interests of the UK Communities
5A.15.a		a. the offence of cheating the Revenue;
5A.15.b		b. the offence of conspiracy to defraud;
5A.15.c		c. fraud or theft within the meaning of the Theft Act 1968, the Theft Act (Northern Ireland) 1969, the Theft Act 1978 or the Theft (Northern Ireland) Order 1978;

#	Question	Response
5A.15.d	d. fraudulent trading within the meaning of section 458 of the Companies Act 1985, article 451 of the Companies (Northern Ireland) Order 1986 or section 993 of the Companies Act 2006;	
5A.15.e	e. fraudulent evasion within the meaning of section 170 of the Customs and Excise Management Act 1979 or section 72 of the Value Added Tax Act 1994;	
5A.15.f	f. destroying, defacing, or concealing of documents or procuring the execution of a valuable security within the meaning of section 20 of the Theft Act 1968 or section 19 of the Theft Act (Northern Ireland) 1969;	
5A.15.g	g. fraud within the meaning of section 2, 3 or 4 of the Fraud Act 2006; or	
5A.15.h	h. the possession of articles for use in frauds within the meaning of section 6 of the Fraud Act 2006, or the making, adapting, supplying, or offering to supply articles for use in frauds within the meaning of section 7 of that Act;	
5A.16	If you have answered "Yes" to any part of question 51A, please provide further details. If "No", state "Not Applicable".	
<b>5B</b>	<b>Non-payment of taxes</b>	
5B. 1	Has it been established by a judicial or administrative decision having final and binding effect in accordance with the legal provisions of any part of the United Kingdom that your organisation is in breach of obligations related to the payment of tax or national insurance?	
5B. 2	Please confirm whether you have paid, or have entered into a binding arrangement with a view to paying, including, where applicable, any accrued interest and/or fines?	

#	Question	Response
<b>Discretionary Exclusions</b>		
<b>5C</b>	<b>Per Part 2 Section 3 of the standard Selection Questionnaire and Listed in Public Contract Regulations 2015 (as amended) R57(8) and the Public Contract Directives 2014/24/EU Article 57(4); please indicate if any of the following situations have applied, or currently apply, to your organisation.</b>	
5C.1	Obligations in the field of environment, social and labour law.	1. Where your organisation has violated applicable obligations referred to in regulation 56 (2) of the Public Contracts Regulations 2015 in the fields of environmental, social and labour law established by national law, collective agreements or by the international environmental, social and labour law provisions listed in Annex X to the Public Contracts Directive as amended from time to time; including, but not limited to, the following:-
5C.1.a		a. In the last three years, where the organisation or any of its Directors or Executive Officers has been in receipt of enforcement/remedial orders in relation to the Health and Safety Executive (or equivalent body).
5C.1.b		b. In the last three years, where the organisation has had a complaint upheld following an investigation by the Equality and Human Rights Commission or its predecessors (or a comparable body in any jurisdiction other than the UK), on grounds of alleged unlawful discrimination
5C.1.c		c. In the last three years where the organisation has been convicted of a breach of the Health and Safety legislation.



#	Question	Response
5C.1.d		d. In the last three years, where any finding of unlawful discrimination has been made against the organisation by an Employment Tribunal, an Employment Appeal Tribunal or any other court (or incomparable proceedings in any jurisdiction other than the UK).
5C.1.e		e. Where the organisation has been in breach of section 15 of the Immigration, Asylum, and Nationality Act 2006
5C.1.f		f. Where the organisation has a conviction under section 21 of the Immigration, Asylum, and Nationality Act 2006
5C.1.g		g. Where the organisation has been in breach of the National Minimum Wage Act 1998.
5C.2	Bankruptcy, insolvency	2. 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.
5C.3	Grave professional misconduct	3. Guilty of grave professional misconduct
5C.4	Distortion of competition	4. Entered into agreements with other economic operators aimed at distorting competition.
5C.5	Conflict of interest	5. Aware of any conflict of interest within the meaning of regulation 24 due to the participation in the procurement procedure
5C.6	Been involved in the preparation of	6. Advised NCL ICB or contracting entity or otherwise been

#	Question	Response
	the procurement procedure.	involved in the preparation of the procurement procedure.
5C.7	Prior performance issues	7. 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.
5C.8	Misrepresentation and undue influence	8. The organisation has influenced the decision-making process of NCL ICB 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.
5C.9	Breach of obligations relating to the payment of taxes or social security contributions.	9. NCL ICB 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.
5C.10	If you have answered 'YES' to any of the offences listed above, please provide further details for each and every act, including the date and nature of the act and any remedial actions.	
<b>5D</b>	<b>Conflicts of Interest</b>	
5D.1	Please list the names of any of the above who are or have been employed by the ICB (including non-executive directors), or who have a relative, partner or associate who is employed by the ICB.	

#	Question	Response
	<p><i>In accordance with the question above, NCL ICB may exclude the Provider if there is a conflict of interest which cannot be effectively remedied. The concept of a conflict of interest includes any situation where relevant staff members have, directly or indirectly, a financial, economic, or other personal interest which might be perceived to compromise their impartiality and independence in the context of the procurement procedure.</i></p> <p><i>Where there is any indication that a conflict of interest exists or may arise then it is the responsibility of the Provider to inform the ICB, detailing the conflict in the box below.</i></p> <p><i>Failure to disclose or submit details of the perceived conflict of interest may lead to automatic disqualification of the provider.</i></p>	
<b>5E</b>	<b>Litigation</b>	
5E.1	<p>Is the Organisation, its employees or contractors currently subject to any ongoing litigation that could affect this Service and/or the ICS?</p> <p>If 'Yes', provide details.</p>	
5E.2	<p>Please give number and if possible, details of any outstanding claims, arbitration or litigation against the organisation.</p>	

## Part 6: References, Declaration & Consent to be assessed

#	Question	Response
<b>6A</b>	<b>References</b>	
	Note: When providing details of contracts in answering this section of the accreditation framework, the Provider agrees to grant permission to NCL ICB to approach the named customer contacts for references and evidence of past performance. In naming references in this section Providers are confirming that they have made the customer contacts aware that they may be approached and asked for a reference.	
	<b>Please provide details of three referees</b>	
	Your referees should not include employees of NCL 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. Ideally at least two will be from NHS organisations.	
6A.1	Reference 1	
	a. Name	
	b. Position	
	c. Address	
	d. Telephone	
	e. E-mail address	
6A.2	Reference 2	
	a. Name	
	b. Position	
	c. Address	
	d. Telephone	
	e. E-mail address	
6A.3	Reference 3	
	a. Name	
	b. Position	
	c. Address	

#	Question	Response
	d. Telephone	
	e. E-mail address	
<b>6B</b>	<b>Declaration</b>	
6B.1	<p>I declare that to the best of my knowledge the answers submitted to these questions are correct. I understand that the information will be used in the selection process to assess my organisation's suitability to provide elective services where the legal rights to choice apply, or for other services where NCL ICB commissioners have otherwise decided to offer choice on an unrestricted basis to NCL ICB.</p> <p>I understand that NCL ICB may reject my submission if there is a failure to answer all relevant questions fully or if I provide false/misleading information. I have provided a full list of any Appendices used to provide additional information in response to questions.</p> <p>I also declare that there is no conflict of interest in relation to NCL ICB's requirement.</p> <p>This declaration is being made by me on behalf of the following organisation as Provider.</p>	
<b>6C</b>	<b>Official consent to be assessed</b>	
6C.1	Do you consent to NCL ICB assessing your organisation on the criteria submitted above? Please answer "Yes/No".	