**ANNEX B**

A logo for a hospital

Description automatically generatedA yellow arrow with grey text

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**APPLICATION QUESTIONNAIRE & MEMORANDUM OF UNDERSTANDING**

**FOR THE PROVISION OF A**

**PARTNERSHIP PHARMACY SERVICE**

Document Control

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| --- | --- | --- | --- |
| **Version** | **Change Author** | **Date** | **Details of change** |
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# Guidance for Submissions

Thank you for expressing interest in applying for the Partnership Pharmacy Service Tender offered by Navigo Health and Social Care CIC, HMT St Hugh’s Hospital and St Andrew’s Hospice (hereinafter referred to as “The Partnership). The enclosed documentation will enable assessment of your suitability as a Contractor.

Please read the attached notes before completing the documentation. Completed bids should be returned electronically via a secure memory stick, using the address label at Annex G.

The submission must be completed in accordance with the instructions in the MOI. Completed submissions must be received by **12.00 noon on 15th March 2024**.

Failure to return a completed application by the deadline above will normally result in the disqualification of the potential Bidder from participating in this Procurement.

A question and answer process will operate during the Application stage as explained in section 4.5 of the MOI.

Potential Bidders should submit clarification questions via e-mail to [navigo.businesssupport@nhs.net](mailto:navigo.businesssupport@nhs.net) using the template provided at Annex H

Questions received by any other method will not receive a response. The Partnership will endeavour to answer all questions within 5 working days. Answers will appear on a private link on the Navigo web page. Providers will be sent access to the link once they confirm their intention to tender on using Annex C.

It is the responsibility of the Provider to keep checking for updates.

Before returning your application please ensure that:

1. You have answered all the questions appropriate to your application and submitted all requested/appropriate enclosures as failure to do so may invalidate your application. Where a question is not applicable, you should write; NOT APPLICABLE.
2. You may include supporting diagrams etc. but these should show clearly the name of your organisation and the number(s) of the question(s) to which they refer. Wording within any diagrams will form part of the designated maximum word count given for each question.
3. The Bid is signed by the Applicant, a Partner or Authorised Representative in his/her own name and on behalf of the firm.

Potential Bidders must complete all parts of all Sections, supply any additional or supporting information as required. This document is available to potential Bidders in an electronic format that enables it to be used as a template for the potential Bidder’s response.

Potential Bidders are requested to provide their response in **electronic form** on a **secure memory data stick (password supplied)**. No paper copy is required to be submitted **except for the signed Declarations at Annexes C, D, E and F of the MOI (electronic signatures are acceptable)**

* ITT Receipt Form (to be completed within 1 week of receipt of the tender documents to signify intent to submit a bid)
* Form of Tender and Non-Collusion Declaration
* Conflicts of Interest Declaration
* Eligibility to Submit Tender

The memory stick must contain the Bidders complete submission:

* The Memory stick is to include any necessary reports, accounts and other supporting documents requested which must be clearly referenced;
* Additional files shall be in the formats specified below:

| **File Type** | **Software Package** |
| --- | --- |
| Text based documents | Microsoft Word (Version 2000 or later) |
| Spread sheet based documents | Microsoft Excel (Version 2000 or later) |
| Project programme files | Microsoft Project (Version 2000 or later) |
| Graphics files | PowerPoint (Version 2000) or later |
| **Report and accounts** | Adobe Acrobat (pdf), or MS Word (Version 2000 or later) |

Failure to provide responses in the required format may lead to a potential Bidder’s submission being set aside without evaluation and the potential Bidder’s exclusion from further consideration in this Procurement.

Applicants may be requested to provide further information to assist in the evaluation process.

Where the potential Bidder believes a question is not applicable, or cannot be answered, this should be clearly stated and an explanation ‘must’ be provided. **No response should be left blank.**

Where applicable, the terms “Not known”, “Not available” or “Not applicable” should be used and an explanation as to why the question is “Not applicable” is required. If the potential Bidder is unclear as to whether or not a question is applicable to it, then use should be made of the Question and Answer process.

A potential Bidder who fails to complete and return an application by the stated deadline will be disqualified from participation in this Procurement, save in exceptional circumstances, where The Partnership may exercise its discretion to allow a potential Bidder to participate.

In completing their submission, potential Bidders should not assume that The Partnership has any prior knowledge of the potential Bidder, its practice or reputation or its involvement in existing services, projects or procurements. In evaluating submissions, The Partnership will only consider information provided in response to this tender.

The Partnership reserves the right to reject any potential Bidder that fails to comply fully with the requirements of the process set out in this document, or which makes any misrepresentation in supplying any information requested.

Each potential Bidder is subject to an ongoing obligation to notify The Partnership of any material changes to the information included in its response, including but not limited to changes to the identity of Relevant Organisations or the ownership or standing thereof. Changes should be notified as soon as they become apparent by email to:

[Navigo.businesssupport@nhs.net](mailto:navigo.businesssupport@nhs.net)

Failure to notify The Partnership of any material changes may lead to the potential Bidder being liable for disqualification.

In the event that the potential Bidder notifies The Partnership of a change to their response, The Partnership reserves the right in its absolute discretion to refuse to allow such a substitution or introduction of information. In exercising its absolute discretion to either refuse or allow such a change, The Partnership may take into account whether such change is material to the delivery of the Services.

The following instructions should be specifically noted:

1. The Application should be made on the **Form of Tender and Non-Collusion Declaration** enclosed as Annex D to the MOI. It should be signed by the Applicant (electronic signatures are permissible) and submitted in the manner and by the time stated, together with;-
   * The completed **Application Questionnaire Annex B (together with related attachments)**
   * **A** **Health & Safety policy statement**, duly signed.
   * **Declaration of eligibility to submit a tender** (Annex F)
   * **Declaration of Conflict of Interest** (Annex E)
2. The fact that you have submitted an application does not necessarily mean that you have satisfied The Partnership regarding any matters raised, and notwithstanding you having applied, The Partnership makes no representations regarding your financial stability, technical competence or ability in any way to carry out the services described in the application documents.
3. The Applicant will be deemed to have read, examined and accepted all of the documents contained herein prior to the submission of the application. It is the responsibility of the Applicant to obtain for itself and at its own expense all the information necessary for the preparation of its application.
4. The application shall be submitted on the basis that the request for admission therein shall remain in force for a minimum of twelve weeks from the date fixed for the submission of applications.
5. If The Partnership has not approved the application within this period it shall remain in force without variation but the Applicant may at any time thereafter give notice in writing to The Partnership to accept the same. Such notice may be delivered by hand or sent by Registered Post or Recorded Delivery. The Partnership may accept the application within seven days of such notice (not including the day of Service) but if The Partnership does not do so the application will be deemed to be withdrawn. The Applicant shall not withdraw the application except in the manner provided in this paragraph.
6. The Applicant in submitting the application thereby undertakes that in the event of the application being accepted by The Partnership, the Applicant is willing and able to respond to tenders issued to the Applicant by The Partnership from time to time.
7. Applications must be treated as private and confidential. Applicants must not disclose the fact that they have applied or release details of the application documents other than on an ‘in confidence’ basis to those who have a legitimate need to know or those of the Applicant’s professional advisors whom they need to consult for the purpose of preparing the application.
8. Applications shall only be submitted on the basis that they are bona fide. In recognition of this principle it is hereby agreed that The Partnership shall have the power to cancel admission to the List(s) if the Applicant has entered into any agreement or arrangement with any person as to the nature of its Application or that any person shall refrain from applying.
9. The Partnership does not bind itself to accept any or all applications.
10. The Application Documents shall remain the property of The Partnership and must be returned upon demand.

Section A – Organisation Information

**Please expand the boxes where necessary**

|  |
| --- |
| Part 1 – Details of the potential Bidder and its business structure |
| 1. **Full name of Organisation making the application.**   Pass/Fail |
|  |
| 1. **Main** **address for correspondence including Post Code.**   Pass/Fail |
|  |
| 1. **Registered Office (if different from above) including Post Code**   Pass/Fail |
|  |
| 1. **Person applying on behalf of the organisation**   Pass/Fail |
|  |
| 1. **Position in organisation**   Pass/Fail |
|  |
| 1. **Telephone number/e-mail address**   Pass/Fail |
|  |
| 1. **What are the main business activities of your organisation?**   Pass/Fail |
|  |
| 1. **Are you sole trader, partnership, private limited company, public limited company or other (*please specify)?***   Pass/Fail |
|  |
| 1. **List the full names of every Director, Partner, Associate and Company Secretary. Please give full name, age, address and status (e.g. Partner, Director, etc).**   Pass/Fail |
|  |
| 1. **Have any of the Directors, Partners or Associates been involved in any firm which has been liquidated or gone into receivership? (*if so, please give details)***   Pass/Fail |
| YES/NO (*delete as appropriate*)  Details: |
| 1. **Has any Director, Partner or Associate been employed by any organisation within The Partnership? (*if so, please give details)***   Pass/Fail |
| YES/NO (*delete as appropriate*)  Details: |
| 1. **Please state if any Director, Partner or Associate (or spouse of such) has a relative(s) who is employed by any organisation within The Partnership.**   Pass/Fail |
| YES/NO (*delete as appropriate*)  Details: |
| 1. **Please state the names of Directors, Partners or Associates of your organisation who have any involvement in other firms who provide Services to any organisation within The Partnership.**   Pass/Fail |
|  |
| Pass/Fail  **WHERE A LIMITED COMPANY** (complete Questions 1.14 - 1.17) |
| 1. **Please state the firm’s date of registration and registration number under Companies Act 1985.** |
|  |
| 1. **1.15 Date of registration and registration number under Industrial and Provident Societies Act 1965 to 1978** |
|  |
| 1. **If the company is a member of a group of companies, give the names and addresses of the ultimate holding company and all other subsidiaries.** |
|  |
| 1. **Please confirm that the object(s) of the company, as stated in its Memorandum of Association, covers the execution of the types of work described in the advertisement to be included in this contract.** |
| YES/NO (*delete as appropriate*) |

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| --- | --- | --- | --- | --- | --- |
| Part 2 – Technical Resources & References | | | | | |
| 1. **Has your firm ever suffered a deduction for liquidated and ascertained damages in respect of any contract within the last three years? If so, please detail:** | | | | | |
| YES/NO (*delete as appropriate*)  If “Yes” please give details: | | | | | |
| 1. **Has your firm ever had a contract terminated or your employment determined under the terms of the contract?** | | | | | |
| YES/NO (*delete as appropriate*)  If “Yes” please give details: | | | | | |
| 1. **Has your firm ever not had a contract renewed for failure to perform to the terms of a contract?** | | | | | |
| YES/NO (*delete as appropriate*)  If “Yes” please give details: | | | | | |
| **If the answer to any of questions 2.1 - 2.3 above is “YES”, please enclose details.** | | | | | |
| 1. **How does your firm assess the suitability and competence of potential workers? (*Please indicate as appropriate)***   0 – 10 score | | | | | |
| Do you use: | | | | | |
|  | | | **YES** | **NO** | |
| Job Descriptions | | |  |  | |
| Application Forms | | |  |  | |
| References | | |  |  | |
| DBS checks | | |  |  | |
| Qualifications | | |  |  | |
| Inspection of previous work | | |  |  | |
| Trial period before confirmation of employment | | |  |  | |
| Personal recommendation | | |  |  | |
| Others (*please specify)* | | |  |  | |
| 1. **State the approximate number of employees employed by your company who are engaged in the type of work for which you are applying.**   Stated/Not Stated | | | | | |
|  | **Categories** | **No. of Employees who are engaged in this type of work** | | |  |
|  | Management |  | | |  |
|  | Professional / Technical |  | | |  |
|  | Pharmacists |  | | |  |
|  | Admin / Clerical |  | | |  |
|  | Others *(please specify)* |  | | |  |
| 1. **What qualifications/experience do your staff have which are relevant to the provision of a running a partnership pharmacy service? *(please list)***   0 – 10 score | | | | | |
|  | **Category of Staff** | **Qualifications/Experience** | | |  |
|  |  |  | | |  |
| 1. **The potential Bidder** **must describe how it will ensure that all staff meet the Continuing Professional Development (CPD) requirements of their professional and regulatory bodies where appropriate.**   0 – 10 score | | | | | |
| Details: | | | | | |
| 1. **Please describe your arrangement for ensuring that all staff receive the appropriate level of supervision including arrangements for training support and review.**   0 – 10 score | | | | | |
| Details: | | | | | |
| 1. **Are you a member of a recognised Professional Body(s)? If so, which?**   0 – 10 score | | | | | |
| Details: | | | | | |
| 1. **Please supply details of all main large diverse public sector / local government contracts for the provision of a Pharmacy Service (including start and finish dates) which your organisation has been involved in over the past 3 years with the values as specified in question 3.9.**   0 – 10 score | | | | | |
| Details: | | | | | |
| 1. **Please provide details of ALL Default Notices issued by Authorities for contracts listed in 2.10 above using an additional sheet of paper if necessary.**   Stated/Not Stated | | | | | |
| Details: | | | | | |
| **SUB-CONTRACTORS** | | | | | |
| 1. **Has your organisation used sub-contractors in the performance of any Pharmacy Service contracts detailed in the questionnaire?** | | | | | |
| YES/NO (*delete as appropriate*) | | | | | |
| 1. **Is it your intention to use sub-contractors to provide any part of the Service for which you wish to be considered?** | | | | | |
| YES/NO (*delete as appropriate*) | | | | | |
| * 1. **If the answer to either of the two preceding questions is yes, please give details of the:** * **type of work already sub-contracted out (or proposed to be sub-contracted out)** * **sub-contractors** * **sub-contract values expressed by both value and proportion of contract sum, or proposed proportion.**   No score | | | | | |
| Details: | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Please produce the following details of three organisations (including public sector) for which your organisation has recently carried out work which may be considered as relevant/incidental to the provision of a Pharmacy Service which would be prepared to act as referee for you.**   Pass/Fail | | | | | | | |
| **Full name and Address of Organisation and Department** | **Project Manager** | **Contract Title** | **Tender Price (£)** | **Value to Date (£)** | **Type of Work** | **Length of Contract (years)** | **Start Date** |
|  |  |  |  |  |  |  |  |
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| Part 3 – Financial Information | | | | | |
| 1. **Who is the person in the firm responsible for financial matters?**   Stated/Not Stated | | | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position in Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 1. **What is the name and address of your banker?**   Stated/Not Stated | | | | | |
|  | | | | | |
| 1. **Please confirm that** **we may contact your bank for a reference should this be deemed necessary by the Finance Evaluator.** | | | | | |
| **Confirmed -** YES/NO (*delete as appropriate*) | | | | | |
| 1. **Please enclose a copy of the Certificate of Incorporation of the Company under the Companies Act 1985 (if applicable), and certificate of name change.** | | | | | |
| **Enclosed -** YES/NO (*delete as appropriate*) | | | | | |
| 1. **Please enclose a copy of audited accounts and annual reports for the last three years, to include:**  * BALANCE SHEET * PROFIT AND LOSS ACCOUNT AND COST OF SALES * FULL NOTES TO THE ACCOUNTS * DIRECTOR’S REPORT/AUDITOR’S REPORT   **(For newer companies unable to provide 3 years’ worth of accounts, please answer question 3.8)**  PASS/FAIL | | | | | |
| **Enclosed -** YES/NO (*delete as appropriate*) | | | | | |
| 1. **If the accounts you are submitting are for a year ended more than 10 months ago, can you confirm that the company as described in those accounts is still trading?**   PASS/FAIL | | | | | |
| **Confirmed still trading -** YES/NO (*delete as appropriate*) | | | | | |
| 1. **If “YES” to 3.6, please enclose a statement showing the current financial position of your company. The financial information should be of a similar nature to that included in your annual accounts and should have been certified by your auditors.**   PASS/FAIL | | | | | |
| **Enclosed -** YES/NO (*delete as appropriate*) | | | | | |
| 1. **If you are a new company without 3 years’ worth of annual reports, please provide all available accounts and a letter(s) of financial status from your current banker and previous banker if you have changed banks within the last 12 months.**   PASS/FAIL | | | | | |
| Details: | | | | | |
| 1. **Please give details of the approximate number of contracts carried out in each of the value ranges shown below during the last three years.**   Stated/Not Stated | | | | | |
|  | **Value Range** | | **Number of Contracts** | |  |
|  | Up to £100,000 | |  | |  |
|  | £100,000 to £500,000 | |  | |  |
|  | £500,000 to £1 million | |  | |  |
|  | Above £1 million | |  | |  |
| **TAXATION** | | | | | |
| 1. **VAT Registration Number**   Stated/Not Stated | | | | | |
|  | | | | | |
| **INSURANCE** | | | | | |
| 1. **Employers Liability Insurance held**   PASS/FAIL | | | | | |
|  | | | | | |
|  | Insurer |  | | |  |
|  | Policy Number |  | | |  |
|  | Extent of Cover |  | | |  |
|  | Expiry Date |  | | |  |
| *Please enclose a copy of your policy.*  **Enclosed -** YES/NO (*delete as appropriate*) | | | | | |
| 1. **Public Liability (Third Party) Insurance held**   PASS/FAIL | | | | | |
|  | | | | | |
|  | Insurer |  | | |  |
|  | Policy Number |  | | |  |
|  | Extent of Cover |  | | |  |
|  | Expiry Date |  | | |  |
| *Please enclose a copy of your policy.*  **Enclosed -** YES/NO (*delete as appropriate*) | | | | | |
|  | | | | | |
| 1. **Professional Indemnity/Malpractice Insurance held**   PASS/FAIL | | | | | |
|  | | | | | |
|  | Insurer |  | | |  |
|  | Policy Number |  | | |  |
|  | Extent of Cover |  | | |  |
|  | Expiry Date |  | | |  |
| *Please enclose a copy of your policy.*  **Enclosed -** YES/NO (*delete as appropriate*) | | | | | |
|  | | | | | |
|  | | | | | |
| 1. **Please list any other insurances you deem to be relevant to this contract**   Stated/Not Stated | | | | | |
|  | | | | | |
| 1. **Wholesale Dealer Authorisation Licence Held?**   PASS/FAIL | | | | | |
| Yes/No – if no explain if you intend to acquire one and when | | | | | |
| 1. **Home Office Controlled Drug Licence Held?**   PASS/FAIL | | | | | |
| Yes/No – if no explain if you intend to acquire one and when | | | | | |
| **Part 4 – Equality & Diversity**  **Providers commissioned by North East Lincolnshire CCG are responsible for ensuring they comply with the Equality Act 2010. As part of this they will be required to comply with the Public Sector Equality Duty as if they were a public sector body.** | | | | | |
| 1. a) Does your organisation have a written Equality and Diversity (E&D) Policy to ensure you comply with statutory obligations under the Equality Act 2010? | | | | | |
| YES/NO (delete as appropriate)  If your answer to this question is “YES”, please attach a copy of your policy to this document and proceed to question 4.1b. If your answer is “NO”, please proceed to question 4.1f | | | | | |
| 1. b) Is this policy promoted to all employees and published on your company website? | | | | | |
| YES/NO (delete as appropriate) | | | | | |
| 1. c) Is this policy endorsed by a senior manager or company director? | | | | | |
| YES/NO (delete as appropriate) | | | | | |
| 1. d) Does your policy cover complaints procedures and E&D considerations in recruitment, training and dignity at work? | | | | | |
| YES/NO (delete as appropriate) | | | | | |
| 1. e) Does your company have an equal opportunities statement which is communicated to all staff? | | | | | |
| YES/NO (delete as appropriate)  If “YES” please attach a copy of your statement to this document. | | | | | |
| 1. f) How does your organisation collect and analyse data relating to any of the following characteristics of your employees or customers? Please provide brief details for each of the characteristics below:   0 – 10 score | | | | | |
|  | | | | | |
| Gender | |  | |  | |
| Race | |  | |  | |
| Age | |  | |  | |
| Disability | |  | |  | |
| Other (please specify) | |  | |  | |
|  | | | | | |
| 1. **How does your organisation use Equality Data to inform service improvement and recruitment practice? Please provide an example of where this data has been used to improve service(s)**   0 – 10 score | | | | | |
|  | | | | | |
| 1. **Is it your policy as an employer to comply with your statutory obligations under the Equality Act 2010 and accordingly, your practice not to treat one group of people less favourably than others because of their protected characteristics?**   0 – 10 score | | | | | |
| YES/NO (*delete as appropriate*)  Please describe **how** you meet the requirements of the Public Sector Equality Duty in relation to:   * Eliminating unlawful discrimination, harassment and victimization * Advancing equality of opportunity between groups * Fostering good relations between different groups | | | | | |
| 1. **In the last three years, please confirm that your organisation HAS NOT been the subject of a formal investigation or had Employment Tribunal proceedings or other legal action taken against it in respect of discrimination, harassment or victimization.** | | | | | |
| YES CONFIRMED/NO -NOT CONFIRMED (*delete as appropriate*)  If “NOT CONFIRMED” please give details of action taken. | | | | | |
| 1. **In the last three years, has your organisation been the subject of formal investigation by the Equality and Human Rights Commission?** | | | | | |
| YES/NO (*delete as appropriate*)  If “YES” please give details. | | | | | |
| 1. **If the answer to question 4.5 is “YES” or, in relation to question 4.4, if there has been a finding adverse to your organisation, what steps did you take in consequence of that finding(s)?** | | | | | |
|  | | | | | |
| 1. **In the last three years, what training have you provided to your employees regarding Equality and Diversity? Please detail below**   0 – 10 score | | | | | |
|  | | | | | |
| 1. **Does your organisation conduct the appropriate Equality Impact Assessment when reviewing policy or when making changes to the service?** | | | | | |
| YES/NO (*delete as appropriate*)  If “YES” please supply an example of one of your Equality Impact Assessments with its associated action plan. | | | | | |
| 1. **Has your organisation ever consulted with staff or service users in respect of Equality and Diversity? What service improvements ensued?**   0 – 10 score | | | | | |
|  | | | | | |

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| Part 5 – Health and Safety |
| 1. **Name of Director, Partner or other person responsible for the implementation of the firm’s Safety Policy.**   Stated/Not Stated |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position in Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Please state the number of employees in your firm (including Directors, Apprentices, Trainees etc.)**   Stated/Not Stated |
|  |
| 1. **Who provides the company with competent advice on Health and Safety matters as required by the Management of the Health and Safety at Work Regulations 1999. Please state name, full details, experience and relevant qualifications.**   Stated/Not Stated |
|  |
| 1. **How are your health and safety policies and procedures conveyed to the workforce?**   0 – 10 score |
|  |
| 1. **Do employees receive instruction and/or safety training before actually undertaking work tasks?** |
| YES/NO (*delete as appropriate*)  If “YES” please enclose details of the range and type of training/courses undertaken by staff and certificates.  **Enclosed -** YES/NO (*delete as appropriate*) |
| 1. **Please enclose a copy of your Health and Safety Policy (covering general policy, organisation and arrangements) as required by Section 2 (3) of the Health and Safety At Work Act 1974 and any codes of safe work practices issued to employees.** |
| **Enclosed -** YES/NO (*delete as appropriate*) |
| 1. **If you have less than five employees or if your company policy does not detail any of the following, please enclose written details of:-** |
| * **Procedures to be followed in the case of an emergency**   YES/NO (delete as appropriate)   * **Procedures for the reporting and recording of accidents and dangerous occurrences**   YES/NO (delete as appropriate)   * **First aid and welfare provisions**   YES/NO (delete as appropriate)   * **Provision of appropriate protective clothing and equipment**   YES/NO (delete as appropriate) |
| 1. **Has your organisation been subject to any prosecution or notices served by the Health and Safety Executive?** |
| YES/NO (*delete as appropriate*)  If “YES”, please give details |
| 1. **Is your organisation certified to OHSAS 18001 or working towards this?** |
| YES/NO (*delete as appropriate*) |

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| Part 6 – Environmental Controls and social value |
| 1. **Does your firm have an Environmental, “Green”, or Environmental Management Policy and Green Plan that includes social value?**   PASS/FAIL |
| YES/NO (delete as appropriate)  If your answer is “YES”, please provide a copy of your firm’s main policy document.  **Enclosed - YES/NO (delete as appropriate)** |
| 1. **Please indicate what systems your company operates (together with supporting details) to ensure proper control of processes and procedures that may have an impact on the environment.**   0 – 10 score |
|  |
| 1. **Has your firm been prosecuted, or been issued with an improvement Notice or Enforcement Notice or Order, by any enforcement body responsible for protecting the environment (including a Planning Trust in respect of breach of Planning Control)?** |
| YES/NO (*delete as appropriate*)  If “YES” please give details |
| 1. **How does your firm monitor its Environmental performance and social value? (Max 1500 words)**   0 – 10 score |
|  |
| 1. **Please provide evidence of the progress you have achieved in following your Environmental Strategy, Net Zero journey**   0 – 10 score |
| **Enclosed - YES/NO (delete as appropriate)** |
| 1. **Is your organisation certified to ISO14001 or are you working towards this?** |
| YES/NO (*delete as appropriate*)  If “YES” please give details |
| 1. **Please supply details of your Environmental Management System and Registration Body.**   Stated/Not Stated |
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| Part 7 – Quality Management System |
| 1. **Does your Company have a formal Quality Management System?** |
| YES/NO (delete as appropriate)  If “YES” please enclose a copy of your QMS registration certificate |
| 1. **Are you registered to ISO 9001 which came into effect in 2003? If so, how long have your been registered?** |
| YES/NO (delete as appropriate)  If “YES” please enclose a copy of your ISO 9001 certificate |
| 1. **If you are not registered, do you intend to seek registered status?** |
| YES/NO (delete as appropriate)  If yes, when? Please give details. |
| 1. **If your company has registration to the Care Quality Commission (CQC) please attach a copy of your registration certificate:** |
| **Registration Certificate Enclosed -** YES/NO **(delete as appropriate)** |
| 1. **Has registration ever been withdrawn or refused?** |
| YES/NO (delete as appropriate)  If yes, please provide details |
| 1. **Does your Company have a Quality Assurance Policy or Manual?** |
| YES/NO (delete as appropriate)  (If yes, please provide a contents sheet and confirmation that a copy will be made available if requested) |
| 1. **Does your company operate the EFQM Model of Self-Assessment?** |
| YES/NO (delete as appropriate)  If yes, how long has your company been working towards EFQM? |
| 1. **Does your organisation have a complaints policy to ensure service user concerns are addressed?** |
| YES/NO (delete as appropriate)  If your answer is “YES”, please provide a copy of your policy document.  **Enclosed - YES/NO (delete as appropriate)** |
| **7.9 How does your organisation use information such as complaints to inform a review of policies and deliver continuous improvement?**  0 – 10 score |
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Section B – Delivering the Service

**Please expand the boxes where necessary**

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| Part 8 – Transition/Implementation *Responses should include but not be limited to (use additional sheets as necessary):*   * *How long will the implementation process take?* * *How will you ensure a smooth transition between the outgoing and new service?* * *How will you set up an effective service? Please provide a* ***Project Initiation Document (PID)*** *and timetable showing details of key milestones in relation to project start up, lead times and highlight any particular barriers, e.g. acquisition of premises, opening times etc – this will not count towards the word count.* |
| **8.1: Please describe your implementation process from contract award to service commencement (Max 1500 words)**  0 – 10 score |
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| **8.2: Please describe your communications plan/strategy for the transition period (Max 1000 words)**  *Responses should address how the Bidder proposes to manage communications with all main stakeholder groups, including but not limited to:*   * *Project Leads (Purchasing Group)* * *Clinical leads at each designated site* * *Community Teams* * *GP’s* * *Finance Teams*   0 – 10 score   * *Other stakeholders you consider relevant (please list)* |
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| **8.3: Ensuring continuity of service during the period of transition is paramount. Please provide specific examples of actions that would be taken to ensure this continuity and provide details of any other main risks that you would envisage, outlining how you would manage and mitigate each of those identified risks. (Max 1500 words)**  *Responses should include but not be limited to:*   * *How will you effectively assess needs and risks?* * *How will your needs and risk assessment be built into the Contract?* * *How will you ensure that the aims of the service will be achieved?*   0 – 10 score |
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| Part 9 – Service Delivery *Responses should include but not be limited to (use additional sheets as necessary):*   * *Headline details on the Service that you are able to provide (including details of Service Levels, Service Support etc)* * *Tell us when, where and how your service will be delivered?* * *How will you manage performance and reporting to The Partnership?* * *How will performance targets be achieved? How will they be evidenced?* * *Are there any other performance indicators that you will use to measure the success of your service?* * *Please confirm when your service will be fully operational?* * *Outline your processes for quality monitoring, review, evaluation of key milestones and outcomes.* * *Please provide details of your administration controls and processes, including financial controls* |
| * 1. **Please demonstrate how you will deliver an equitable and accessible service. (Max 750 words)**   0 – 10 score |
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| * 1. **Please tell us the services you plan to deliver and the rationale for this. (Max 750 words)**   0 – 10 score |
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| * 1. **Please provide a detailed account of how you would deliver the service to meet the expected outcomes as outlined in the Service Specification. (Max 2000 words)** * *Please include details in your* ***Project Implementation Plan*** *showing how you will develop the capacity of your service and performance targets for the first 12 months of the service. The narrative will not count towards the word count.* * *Please include details of how you will work with the Partnership to source required drugs elsewhere in the event that your usual suppliers are unable to fulfil the demand.*   0 – 10 score |
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| * 1. **How will you maximise the efficient use of resources? (Max 500 words)**   0 – 10 score |
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| * 1. **Tell us details of how your service will be able to ‘add value’ (Max 1000 words)** * *i.e., is there any additional information that you wish to tell us that you feel will add value to this Tender?* * *What other initiatives (including physical assets) do you have at your disposal that will add value to the service/for the service users?*   0 – 10 score |
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| * 1. **Give details of what steps you would take in the event of one Partner having to dissolve their part in the Contract?** (see 5.2 of the Service Specification) **(Max 500 words)**   0 – 10 score |
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| Part 10 – Staffing **Responses should include, but not be limited to:**   * *Please provide staffing details relating specifically to the delivery of the service. Where staff are to be recruited please provide person specifications and details on your staff recruitment processes.* |
| * 1. **Please provide a detailed staffing plan to deliver the service specification (Max 750 words)**   **•** *Include who will be responsible for each element of delivery, management structure, ratio and details of staff skills and experience.*  0 – 10 score |
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| * 1. **Please give details of how you will ensure that all staff have the necessary training, qualifications, experience, competencies and communication skills to undertake their roles and arrangements will be in place for ensuring appropriate supervision and appraisal to enable efficient and effective delivery of service. (Max 750)**   0 – 10 score  *Training examples could include:*   * *Safeguarding* * *CPPE mental health E-Learning* |
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| **10.3 Please outline your proposed contingency arrangements to cover for planned and unplanned increases in workload and/or staff absences; and the cover available for medical emergencies (Max 750 words)** (*refer to 6.5 of the Service Specification*)  0 – 10 score |
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| Part 11 – Governance |
| **11.1: Has your organisation (and sub-contractors if applicable) completed the:**  **1. NHS Information Governance Toolkit; and**  **2. An Information Governance Statement of Compliance?**  **Detail the current status of these two requirements above, for all organisations. If not, provide details of how compliance will be achieved, prior to service commencement. (Max 750 words)**  *Please Note: this applies to all sub-contractors that have direct OR indirect access to sensitive data. The prime contractor’s compliance to one and two above, will not be granted until all sub-contractors are compliant.*  0 – 10 score |
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| **11.2: Please provide a description of how compliance with the Data Protection Act (the 8th principle in particular) will be achieved and the methods taken to ensure data security. (Max 750)**  0 – 10 score |
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| **11.3 Provision of Patient Identifiable Data.**  **The provider should be aware of and agree to follow any requirements related to the provision of patient identifiable data to the commissioner. The provider must not supply any patient data not requested by the commissioner. The provider must only supply patient data via the route specified by the commissioner. Please confirm that you are aware and agree to these requirements.**  0 – 10 score |
| YES/NO (*delete as appropriate)* |

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| Part 12 - IM & T |
| **12.1 Please provide a detailed description of the technical facilities, (including sub-contractors if applicable), that will be available to deliver the IM&T infrastructure that is required under the contract (Max 500 words)**  *Responses should include, but not be limited to:*   * *call handling;* * *encryption facilities, etc;* * *Confirmation that the data system is sufficient for the purposes of collecting local and national data requirements as set out in the Service Specification*   0 – 10 score |
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| Part 13 – Innovation |
| **13.1 What particular innovation(s) is your organisation able to demonstrate that will aid service improvement? (Max 750 words)**  *Please include how you will engage with local professionals to aid your service improvements.*  0 – 10 score |
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| **13.2 Please demonstrate how you keep up to date with national and regional best practice, changes to licenses, current legislation around pharmaceutical products and how this will inform your local service improvement, as well as how local best practice will be promoted. (Max 750 words)**  0 – 10 score |
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| Part 14 – Partnerships Responses should include but not be limited to **(Max 750 words)**   * Will your organisation deliver the contract through direct delivery, as a managing provider or as part of a partnership or consortium? (Yes/No)   If yes:-  Where are you intending to use subcontractors:   * *Please explain which elements of your proposed service your organisation will deliver directly and which elements you intend to sub contract.* * *Please identify the names of sub-contractors (if known)* * *Please identify how you will select subcontractors / delivery partners, how many levels of subcontracting you will allow* * *How will sub-contractors be managed and monitored?*   Where you are providing a bid/quote in collaboration / partnership with others or as part of a consortium:   * *Please identify the partner / members or proposed partners/ members* * *Who will be the lead organisation?* * *Please detail the legal status of the collaboration / partnerships / consortium* * *Please detail your proposed management arrangements* * *Please identify what each parties roles and responsibilities will be?*   No score |
| **Please only answer in this box if you are intending to deliver as part of a Partnership or Consortium** |
| **14.1 Please provide details of your experience of working in partnership with primary care, secondary care, social care (Adults) and voluntary sector organisations and agencies. (Max 750 words)**  0 – 10 score |
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| **14.2 Please provide details of how you will develop and maintain effective working relationships with stakeholders and all those detailed in 14.1 above to ensure successful delivery (Max 750 words)**  0 – 10 score |
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| **14.3 Demonstrate how you intend to collate, analyse and use feedback to improve delivery of the service with particular reference to the reporting requirements outlined in the Specification (Max 750 words)**  0 – 10 score |
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| Part 15 - Knowledge and experience of the District |
| **15.1a Please detail any experience your organisation has of working within North East Lincolnshire demonstrating the knowledge you have gained of the area.**  **Or**  **15.1b If your organisation has no previous experience of working in the North East Lincolnshire, please provide evidence of your research of the area and the knowledge that you have gained. (Max 500 words)**  0 – 10 score |
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| Part 16 - Record keeping and Administration |
| * 1. **Please describe the systems your organisation would use to administer the service effectively and to keep accurate and auditable records, performance and management information. (Max 750 words)**   0 – 10 score |
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| Part 17 - Quality Assurance and Evaluation |
| * 1. **Please detail how you would ensure the service is of a consistently high standard and that service objectives and outcomes are met or exceeded. (Max 750 words)**   0 – 10 score |
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| * 1. **Please provide details of your approach to continuous improvement and of any quality standards which your organisation (or others involved in the bid) have achieved or are working towards. (Max 500 words)**   0 – 10 score |
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| Part 18 – Financial Proposal |
| **18.1 Bidders are required to submit their best offer – MEAT will be used during the selection process**  *Please provide a template/model setting out your pricing structure for the entirety of the contractual period clearly itemised as appropriate and covering all aspects/services requested in the Specification at Annexe A*    Any narrative or explanations can be provided below**. (Max 1000 words)**  0 – 10 score |
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# Completion Checklist

**WHEN YOU HAVE COMPLETED THE APPLICATION QUESTIONNAIRE, PLEASE READ AND SIGN THE DECLARATIONS AT ANNEX C, D, E & F OF THE MOI.**

**BEFORE RETURNING THIS APPLICATION FORM,**

**PLEASE ENSURE THAT YOU HAVE:**

1. Answered all questions appropriate to your application clearly referring to any annexes provided.
2. As part of the electronic submission, enclosed relevant documents requested, together with anything else you consider relevant to this procurement exercise.
3. Attached all requested documentation.

**FAILURE TO DO SO MAY RESULT IN YOU NOT BEING CONSIDERED FOR INVITATION TO TENDER**