

STAGE 1
PATIENT CHOICE
ACCREDITATION QUESTIONNAIRE
FOR NEW PROVIDERS

Name of Provider	
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THE COMPLETION OF THIS QUESTIONNAIRE DOES NOT CREATE AN OBLIGATION FOR NHS HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD (HNYICB) TO AWARD A CONTRACT.

PATIENT CHOICE SERVICES PROVIDER ACCREDITATION QUESTIONNAIRE

Instructions for Completion

1. NHS Humber and North Yorkshire Integrated Care Board (ICB) is a Relevant Authority for the purposes of the Health Care Services (Provider Selection Regime) Regulations 2023.
2. A 'Provider' is as defined in the Health Care Services (Provider Selection Regime) 2023 Regulation 2(1).
3. Any contract awarded following the successful accreditation of the provider will be within the scope of the Health Care Services (Provider Selection Regime) Regulations 2023 using Direct Award Process B.
4. Providers are invited to complete and submit this Patient Choice Services Provider Accreditation Questionnaire (the Questionnaire).
5. The Questionnaire has been created to assess the suitability of a Provider to deliver the Relevant Authority's requirements. This includes securing the necessary assurances in relation to the capacity, capability and eligibility to satisfy the requirements of the Relevant Authority.
6. If the Provider passes Stage 1 they will be issued with the Stage 2 template.
7. Please complete ALL questions in full, and in the format requested. Failure to do so may result in your submission being disqualified.

QUALIFICATION QUESTIONS

Provider information

Evaluation Criteria: Not scored - for information only. However, these sections must be completed fully. Failure to complete all details will result in a non-compliant response.		
Provider details	Please insert your responses below. For any questions that do not apply please state 'N/A'.	
Full name (if registered, please give registered name) of the Provider completing the Questionnaire		
Registered company address		
Registered website address (if applicable)		
Indicate your trading status, or if 'Other' please provide details.	Public limited company	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Private limited company	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Limited liability partnership	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other partnership	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Community Interest Company / Social Enterprise	Yes <input type="checkbox"/> No <input type="checkbox"/>
	NHS Trust/Foundation Trust	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Voluntary or community organisation	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other (please specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of registration (if applicable) or date of formation		
Registered company number (if applicable)		
Registered charity number (if applicable)		

Registered VAT number	
Are you registered with the appropriate professional registration body for the provision of healthcare services?	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If Yes, please provide the relevant details, including the name of the register and registration number(s), and if evidence of registration is available electronically, please provide</p> <ul style="list-style-type: none"> • the website address, • issuing body • reference number
Relevant classifications - please state whether you fall within one of these, and if so which one)	<p>a) Voluntary Community Social Enterprise (VCSE) <input type="checkbox"/></p> <p>b) Sheltered Workshop <input type="checkbox"/></p> <p>c) Public service mutual <input type="checkbox"/></p> <p>d) N/A <input type="checkbox"/></p>
Are you a Small, Medium or Micro Enterprise (SME)	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
Provide details of Persons with Significant Control (PSC), where appropriate:	<ul style="list-style-type: none"> • Name • Date of birth • Nationality • Country, state or part of the UK where the PSC usually lives • Service address • The date he or she became a PSC in relation to the company; • Which conditions for being a PSC are met: <ul style="list-style-type: none"> - Over 25% up to (and including) 50% - More than 50% and less than 75% - 75% or more <p>(Please enter N/A if not applicable)</p>
Provide details of your immediate parent company	<ul style="list-style-type: none"> • Full name of immediate parent company • Registered or head office address • Registration number (if applicable) • VAT number (if applicable) <p>(Please enter N/A if not applicable)</p>

Provide details of your ultimate parent company	<ul style="list-style-type: none"> • Full name of ultimate parent company • Registered or head office address • Registration number (if applicable) • VAT number (if applicable) <p>(Please enter N/A if not applicable)</p>
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Proposed Service Delivery Locations	
Name and address (location) of where service will be delivered from. List each location for each speciality that you intend to deliver	

Provider model and sub-contracting
<p>The Provider confirms that it will deliver all services directly</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If No, please include name and address of sub-contractors</p>

Service Provision
Confirm which services and speciality/ies your organisation intend(s) to provide.
<i>Insert rows as required</i>

Section 1. Grounds for mandatory exclusion

Please answer the following questions in full. Note that every organisation that forms part of your group/consortium, as well as every organisation that is being relied on (including subcontractors being relied on) to meet the selection criteria must complete and submit responses to Provider Information (above) and the declarations in Section 1-3 (below)

Question No.	Question	Response
1.1(a)	Grounds for Mandatory Exclusion Within the past five years, anywhere in the world, have you or any person who: <ul style="list-style-type: none"> • is a member of the supplier’s administrative, management or supervisory body, or • has powers of representation, decision or control in the supplier¹, or • been convicted of any of the offences within the summary below and listed in full on the webpage² 	
	Participation in a criminal organisation	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details at question 1.1(b)
	Corruption	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details at question 1.1(b)
	Terrorist offences or offences linked to terrorist activities.	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details at question 1.1(b)
	Money laundering or terrorist financing.	Yes <input type="checkbox"/> No <input type="checkbox"/>

¹see Notes for Completion For the mandatory exclusion grounds only, you must complete the declaration for all relevant persons and entities. There are two categories of persons and entities:

The first category is members of your administrative, management or supervisory board; secondly, entities and persons who have powers of representation, decision or control. You must decide, depending on the nature and structure of the entity or person who is bidding, which entities and persons this applies to in your particular circumstances. Clearly, members of your administrative, management or supervisory board should be easily identifiable and will cover company directors (or equivalent for other types of corporate entities) and members of an executive board.

The second category of those with powers of representation, decision or control, is likely to be more complicated. As an illustration, entities or persons with 25% or more shareholding (or equivalent for other types of corporate entities) are likely to have powers or representation, decision or control, although those with a lower shareholding may still have the relevant powers depending on their particular rights. Similarly, your ultimate parent company (or equivalent for other types of corporate entities) is likely to have powers of representation, decision or control.

Depending on your particular structure, intermediate parent companies who do not have a direct shareholding, directors or members of an executive board of your immediate parent company (for example in the case of an SPV set up specifically to bid for a particular contract), and holders of mortgages or liens may be covered. It isn’t necessary to identify which entities and persons you think are covered but you must be satisfied that your declaration is made in respect of all of those that are covered.

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf

Question No.	Question	Response
		If Yes, please provide details at question 1.1(b)
	Child labour and other forms of trafficking in human beings.	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details at question 1.1(b)
	Any other offence within the meaning of Article 57(1) of the Directive as defined by the law of any jurisdiction <u>outside</u> England, Wales or Northern Ireland.	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details at question 1.1(b)
	Any other offence within the meaning of Article 57(1) of the Directive created after 26th February 2015 in England, Wales or Northern Ireland.	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details at question 1.1(b)
1.1(b)	<p>If you have answered yes to any part of question 1.1(a), please provide further details, including:</p> <ul style="list-style-type: none"> • date of conviction and the jurisdiction, • which of the grounds listed the conviction was for, • the reasons for conviction, • the identity of who has been convicted. <p>If the relevant documentation is available electronically, please provide:</p> <ul style="list-style-type: none"> • the web address, • issuing authority, • precise reference of the documents. 	
1.1(c)	<p>If you have answered yes to any part of the question above please explain what measures have been taken to demonstrate your reliability despite the existence of relevant grounds for exclusion.</p> <p>(Self-cleaning)</p>	

Section 2. Mandatory and discretionary grounds relating to the payment of taxes and social security contributions

The detailed grounds for mandatory and discretionary exclusion of a Provider for non-payment of taxes and social security contributions, are set out on this [webpage](#)³ and should be referred to before completing these questions.

Question No.	Question	Response
2.1(a)	<p>Please confirm that you have met all your obligations relating to the payment of taxes and social security contributions, both in the country in which you are established and in the UK.</p> <p>If documentation is available electronically please provide:</p> <ul style="list-style-type: none"> • the web address, • issuing authority, • precise reference of the documents 	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If Yes, please provide details at question 2.1(b)</p>
2.1(b)	<p>If you have answered “No” to 2.1(a) please provide further details including the following:</p> <ul style="list-style-type: none"> • Country concerned, • what is the amount concerned • how the breach was established, i.e. through a judicial or administrative decision or by other means. • if the breach has been established through a judicial or administrative decision please provide the date of the decision, • if the breach has been established by other means please specify the means. 	
2.2	<p>Please also confirm whether you have paid or have entered into a binding arrangement with a view to paying, the outstanding sum including, where applicable, any accrued interest and/or fines.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

³https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf

Section 3. Grounds for Discretionary Exclusion

The detailed grounds for discretionary exclusion of an organisation are set out on this [webpage](#),⁴ and should be referred to before completing these questions.

Question No.	Question	Response
3.1	Within the past three years, anywhere in the world, have any of the situations summarised below and listed in full on the webpage applied to you?	
3.1(a)	Breach of environmental obligations? To note that environmental law obligations include Health and Safety obligations. See webpage .	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.1(b)	Breach of social law obligations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.1(c)	Breach of labour law obligations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.1(d)	Bankruptcy or subject of insolvency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.1(e)	Guilty of grave professional misconduct?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.1(f)	Distortion of competition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.1(g)	Conflict of interest?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.1(h)	Been involved in the preparation of the procurement procedure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.1(i)	Prior performance issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.1(j)	Do any of the following statements apply to you?	
3.1(j) – (i)	You have been guilty of serious misrepresentation in supplying the information required for the verification of the	Yes <input type="checkbox"/> No <input type="checkbox"/>

⁴

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf

Question No.	Question	Response
	absence of grounds for exclusion or the fulfilment of the selection criteria.	
3.1(j) – (ii)	You have withheld such information.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.1(j) – (iii)	You are not able, without delay, to submit documents if/when required.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.1(j) – (iv)	You have undertaken to unduly influence the decision-making process of the Relevant Authority to obtain confidential information that may confer upon you undue advantages in the procurement procedure, or to negligently provide misleading information that may have a material influence on decisions concerning exclusion, selection or award.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.2 (i)	<p>You are a relevant commercial organisation subject to Section 54 of the Modern Slavery Act 2015 if you carry on your business, or part of your business in the UK, supplying goods or services and you have an annual turnover of at least £36 million.</p> <p>If you are a relevant commercial organisation, please confirm:</p> <ul style="list-style-type: none"> • you have published a statement as required by Section 54 of the Modern Slavery Act <p>that the statement complies with the requirements of Section 54 and any guidance issued under Section 54.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.2 (ii)	<p>If your latest published statement is available electronically please provide</p> <ul style="list-style-type: none"> • the web address • precise reference of the documents 	
3.3	<p>If you have answered YES to any of the questions relating to grounds for discretionary exclusion (or NO to any of the Modern Slavery Act questions), please explain what measures have been taken to demonstrate your reliability despite the existence of a relevant ground for exclusion? (Self-cleaning)</p>	

Section 4. Economic and Financial Standing

<p>4.1 Financial Information</p> <p><i>Note: The Relevant Authority 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</i></p> <p>Evaluation Criteria: This question is Pass/Fail.</p> <p>Providers must submit one of the permitted documents at 4.1 or a satisfactory explanation, at the sole discretion of the Relevant Authority, of why they cannot do so in order to pass. Please provide one of the following to demonstrate your economic/financial standing;</p>	
<p>If documentary evidence of economic and financial standing is available electronically (e.g. financial statements filed with Companies House), please provide:</p> <ul style="list-style-type: none"> • web address • issuing authority • precise reference of the documents 	
<p>If documentary evidence of economic and financial standing is not available electronically, please provide a copy of your detailed accounts for the last two years (audited if required by law).</p> <p>Also, for any other person or entity on whom you are relying to meet the selection criteria relating to economic and financial standing, please provide a copy of their detailed accounts for the last two years (audited if required by law).</p>	
<p>If you are not able to provide a response to the questions above in 4.1, please provide any of the following alternatives.</p> <p>A statement of your annual turnover, Profit and Loss Account/Income statement, Balance Sheet/statement of Financial Position and Statement of Cash Flow for the most recent year(s) of trading and a bank letter outlining the current cash and credit facility position.</p> <p>Alternative information to evidence economic and financial standing (e.g. forecast financial statements and a statement of funding</p>	

provided by the owners and/or the bank, charity accruals accounts or an alternative means of demonstrating financial status).	
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Section 5. Technical and Professional Ability

Note: When providing details of contracts in answering this section of the Questionnaire, the Provider agrees to grant permission to the Relevant Authority to approach the named customer contacts in section 5 for references and evidence of past performance. In naming commissioners in this section Providers are confirming that they have made the customer contacts aware that they may be approached.

5.1 Existing contracts
Name of host ICB organisation
Point of contact in ICB named above (name, position, email address)
Date of first contract with ICB named above
Current contract start date
Current contract end date
Services commissioned from the provider by host ICB

Section 6. Technical and Professional Ability

6.1 CQC Registration

Evaluation Criteria:

Pass = CQC Registration currently held

Fail = No CQC Registration currently held

Care Quality Commission (CQC) registration is an essential requirement of service delivery. Please confirm the Provider's CQC registration number and attach a copy of your CQC registration certificate in the box below.

CQC Registration held:

Yes

No

CQC Registration number:

6.2 Regulatory Action

Evaluation Criteria:

Pass = None, or yes with a satisfactory explanation and/or evidence of remedial actions taken, such explanation and/or evidence being assessed as acceptable at the sole discretion to the Relevant Authority.

Fail = Yes without an explanation, or Yes with an unsatisfactory explanation and/or evidence, such explanation being assessed as unacceptable at the sole discretion to the Relevant Authority.

Within the last 3 years has the Organisation, its employees or contractors been subject to any regulatory action or comment, e.g. CQC, General Medical Council?

Yes

No

If Yes, give details below.

6.3 Acceptance to all provisions set out in the service specification including the terms and conditions of the NHS Standard Contract.

Evaluation Criteria:

Pass = Accepted in full with no material changes and confirmation that you would adhere to the terms and conditions of the NHS Standard Contract including:

- the General Conditions and the Service Conditions
- attendance at performance and provider management meetings
- service provisions and performance standards outlined in the Service Specification, Information Schedules and Quality Schedules
- commissioner reporting requirements
- local referral pathways
- national specifications (where appropriate)
- addressing inequality

Fail = Not Accepted, or accepted with material changes

The Provider confirms it has read and understood the Service Specifications and that it accepts all the provisions set out in the NHS Standard Contract

Yes

No

6.4 Provider License

Evaluation Criteria:

Pass = Provider License currently held,

Fail = No Provider License held

The Provider confirms that it has a Provider License

Yes

No

Please confirm your Provider License number and attach a copy of your Provider License registration certificate

6.5 Confirmation of Pricing Conditions

Evaluation Criteria:

Pass = Accepted in full with no material changes

Fail = Not Accepted or accepted with material changes

The Provider confirms that it agrees that payment for all the activity relating to the contract will be on the basis of National Prices on a cost per case basis.

Yes

No

6.6 Disclosure and Barring Services

Evaluation Criteria:

Pass = Able to confirm that all applicable staff have obtained the relevant Disclosure and Barring Service (DBS) checks

Fail = Unable to confirm that all applicable staff have the relevant Disclosure and Barring Service (DBS) checks.

The Provider confirms that all applicable staff have the relevant Disclosure and Barring Service (DBS) checks:

Yes

No

6.7 Fair Processing Notice

Evaluation Criteria:

Pass = Able to confirm that there is a Fair Processing Notice Policy in place

Fail = Unable to confirm that a suitable Fair Processing Notice Policy is in place.

The Provider confirms that it has a Fair Processing Notice:

Yes

No

6.8 Health and Social Care Network (HSCN) Capability

Evaluation Criteria:

Pass = Currently is HSCN compliant.

Fail = Does not have HSCN capability

The Provider confirms it is HSCN compliant:

Yes

No

6.9 Data Security and Protection Toolkit

Evaluation Criteria:

Pass = NHS Digital Data Security and Protection Toolkit self-assessment, achieving “Standards Met”, in particular all mandatory expected requirements have been met, or provide details of plans in place to achieve completion

Fail = NHS Digital Data Security and Protection Toolkit self-assessment does not achieve “Standards Met”

The Provider confirms it is achieving “Standards Met” of the Data Security and Protection Toolkit (DSPT)

Yes

No

6.10 Policies

Evaluation Criteria:

Pass= Able to confirm that there are suitable, up-to-date, robust policies in place for each of the areas stated below.

Fail = Unable to confirm that, that there are suitable, up-to-date, robust policies in place for each of the areas stated below.

The Provider has the following policies in place which are aligned to the Relevant Authority’s policies in relation to the provision of the service:

Safeguarding Adults Policy

Yes

No

Safeguarding Children Policy

Yes

No

Infection Prevention and Control Policy

Yes

No

Medicine Management and Administration Policy

Yes

No

N/A

Patient Safety Incident Response / Serious Untoward Incidents (SUI) and near misses procedure or policy

Yes

No

Incident Reporting Policy

Yes

No

Confidentiality Policy

Yes

No

Service User Consent Policy

Yes

No

Customer care / Complaints Policy

Yes

No

Equality, Diversity and Inclusion Policy

Yes

No

Whistleblowing Policy

Yes

No

Health and Safety Policy

Yes

No

Waiting List and Access Policy

Yes

No

Business Continuity Plan

Yes

No

Does the Provider have any other policies the organisation has which you consider may be relevant to the provision of the Services

Yes

No

N/A

If Yes, list below.

6.11 Improvement Notices

Evaluation Criteria:

Pass = No improvement notices received, or the Relevant Authority assessment of satisfactory remedial action, such assessment at the sole discretion of the Relevant Authority.

Fail = Improvement notice(s) received and the Relevant Authority assessing unsatisfactory remedial action, such a decision at the sole discretion of the Relevant Authority.

The Provider confirms that it has not received an improvement notice within the last three years or the Provider is currently under investigation.

Yes

No

If No, give details below

6.12 Litigation

Evaluation Criteria:

Pass = None, or yes with a satisfactory explanation and/or evidence of mitigating action being taken to offset any potential impact on the ICB or service, such explanation and/or evidence being assessed as acceptable at the sole discretion to the Relevant Authority.

Fail = Yes without an explanation, or Yes with an unsatisfactory explanation, such explanation being assessed as unacceptable at the sole discretion to the Relevant Authority.

The Provider confirms that its directors, employees or contractors are not currently subject to any ongoing litigation that could affect this Service and/or the ICB?

Yes

No

If No, give details below.

Section 7. Regulatory Compliance

7.1 Insurance

Evaluation Criteria:

Pass = Able to self-certify the insurances indicated in this section.

Fail = Unable to self-certify the insurances indicated in this section.

The Provider confirms it has the levels of insurance cover as specified below:

Public Liability Insurance of a minimum of £10,000,000

Yes

No

Professional Indemnity Insurance of a minimum of £10,000,000

Yes

No

Clinical Negligence Insurance of a minimum of £10,000,000

Yes

No

Employer's (Compulsory) Liability Insurance of £5,000,000 (minimum)

Yes

No

7.2 Compliance with Equality Legislation

Evaluation Criteria:

Pass = No legal findings against the Provider in respect of Equality legislation, or the Relevant Authority assessment of satisfactory remedial action, such assessment at the sole discretion of the Relevant Authority.

Fail = Legal findings against the Provider in respect of Equality Legislation and the Relevant Authority assessing unsatisfactory remedial action, such a decision at the sole discretion of the Relevant Authority.

The Provider confirms that in the last three years, it has not had any finding of unlawful discrimination made against the Provider by an Employment Tribunal, an Employment Appeal Tribunal or any other court (or in comparable proceedings in any jurisdiction other than the UK)?

Yes

No

If Yes, give details below.

The Provider confirms that in the last three years, the Provider has not 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?

Yes

No

If Yes, give details below.

7.3 Health and Safety Policy

Evaluation Criteria:

Pass = Yes, or confirmation of this question not being applicable as your organisation employees less than 5 employees.

Fail = No.

The Provider confirms it has a Health and Safety Policy that complies with current legislative requirements.

Yes

No

N/A

7.4 Health and Safety enforcement action

Evaluation Criteria:

Pass = No, or the Relevant Authority assessment of satisfactory remedial action, such assessment at the sole discretion of the Relevant Authority.

Fail = Yes, with the Relevant Authority assessment of unsatisfactory remedial action, such assessment at the sole discretion of the Relevant Authority.

The Provider confirms that the Provider or any of its Directors or Executive Officers has not been in receipt of enforcement/remedial orders in relation to the Health and Safety Executive (or equivalent body) in the last 3 years?

Yes

No

If No, give details below.

Section 8. Declaration

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 non-elective services to NHS Humber and North Yorkshire Integrated Care Board.

I understand that the NHS Humber and North Yorkshire Integrated Care Board may reject my submission if there is a failure to answer all relevant questions fully or if I provide false/misleading information. Where relevant I have provided a full list of any Appendices used to provide additional information in response to questions.

I also declare that there is no conflict of interest in relation to NHS Humber and North Yorkshire Integrated Care Board's requirement.

This declaration is being made by me on behalf of the following organisation as Provider:

Provider	
Name	
Role in Provider	
Signature (e-signature acceptable)	
Date	