

**MSK TENDER – MEMORANDUM OF INFORMATION
STAGE 1 - CORE REQUIREMENTS DOCUMENT**

The AWP process is a two stage process and all potential Providers must complete all sections of the Core Requirements Document Stage 1 and return it to NHS Brent by 12noon on Friday 26th September 2009 as part of your application to provide the Services under the 'Any Willing Provider' model. The document may be completed electronically or manually.

NHS Brent reserves the right to reject Organisations who fail to complete all sections of the Application or who fail to achieve the minimum standards required to provide the Services.

1. THE SERVICES TO BE PROVIDED: [CONFIRM YES; DECLINE NO]		
1.1	Adult Musculoskeletal and Paediatric (over 8's) Musculoskeletal Community Physiotherapy Services	[YES /NO]
1.2	Women's Health Community Physiotherapy Services	[YES /NO]

2. ABOUT YOUR ORGANISATION														
2.1	Name of the lead Provider organisation in whose name the application is made:													
2.2	Contact name for enquiries about this application:													
2.3	Contact position (Job Title):													
2.4	Address: Post Code:													
2.5	Telephone number													
2.6	Fax number													
2.7	E-mail address:													
2.8	Website address (if any):													
2.9	VAT Registration Number													
2.10	Legal Status: Is your organisation: (Please tick one)	<table border="1"> <tbody> <tr> <td>(i) Sole Trader?</td> <td></td> </tr> <tr> <td>(ii) Partnership?</td> <td></td> </tr> <tr> <td>(iii) Public Limited Company?</td> <td></td> </tr> <tr> <td>(iv) Private Limited Company?</td> <td></td> </tr> <tr> <td>(v) Company Limited by Guarantee</td> <td></td> </tr> <tr> <td>(vi) Other (please state)</td> <td></td> </tr> </tbody> </table>	(i) Sole Trader?		(ii) Partnership?		(iii) Public Limited Company?		(iv) Private Limited Company?		(v) Company Limited by Guarantee		(vi) Other (please state)	
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3.0	FURTHER INFORMATION REQUIRED OF CORPORATE ENTITIES (YOU WILL NOT BE ABLE TO COMPLETE THIS IF YOU ARE A SOLE TRADER OR PARTNERSHIP)	
3.1	Company Registration Number:	
3.2	Date of Formation	
3.3	Place of Formation:	
3.4	Registered Office (if different from address provided above)	
3.5	Date Company commenced Trading:	
3.6	Please provide the lead Provider's Company Certificate of Incorporation, registered office and principal place of business. If there have been any changes to the Registered details then provide details of the changes.	
3.7	Certificates of Incorporation Enclosed?	Yes/No
3.8	Changes to Company Registered details since formation?	Yes/No

4.0	ADDITIONAL PROVIDER INFORMATION	
4.1	Please provide a brief description of the potential Provider's primary business and main products and services.	
4.2	Please provide a brief history of the potential Provider's organisation in no more than 400 words, 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 takeover bids, buy-outs and closures etc. which are currently in the public domain.	
4.3	How many permanent FTE staff does your organisation employ? (If you are a sole trader, please say so)	
4.4	How many temporary, part-time or interim staff does your organisation employ? (If you are a sole trader, please say so)	

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5.0	REFERENCES			
	Please provide details of three recent Musculoskeletal or Physiotherapy contracts that are relevant to the PCT's requirements. Where possible, at least one reference should be from the public sector. If you cannot provide three references, please explain why and provide 3 professional references from the last 3 work placements.			
		<u>Reference 1</u>	<u>Reference 2</u>	<u>Reference 3</u>
5.1	Name of Organisation			
5.2	Contact name and phone number:			
5.3	Contract reference and brief description:			
5.4	Date contract awarded:			
5.5	Value of contract:			
5.6	Date contract was completed:			
5.7	Has the potential provider ever suffered deductions for liquidated and/or ascertained damages in respect of any contract within the last 2 years?	Yes/No		
	If the answer to 5.7 was 'Yes', then please respond to questions 5.8 and 5.9; If the answer to 5.7 was No, then do not respond to questions 5.8 and 5.9			
5.8	Did the deduction exceed £50,000?	Yes/No		
5.9	Was the deduction greater than 10% of the whole life value of the contract?	Yes/ No		

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6.0	CONTRACT PERFORMANCE AND CONFLICTS OF INTEREST	
6.1	Has the potential Provider or any of its named supply chain members (subcontractors) ever failed to receive a contract renewal on the basis of unsatisfactory performance in the last 3 years?	Yes / No
6.2	Has the potential provider or any of its named supply chain members (subcontractors) ever had a contract terminated or its employment determined under the terms of a contract in the last 3 years?	Yes /No
6.3	Is there any material pending or threatened litigation or other legal proceedings connected with similar projects against the potential provider and/or any of its name supply chain members (subcontractors) that may affect delivery of this project?	Yes / No
6.4	If you have answered “yes” to any of questions 5.3 to 5.5 please provide further information and an explanatory statement of 300 words or fewer:	
6.5	Conflicts of Interest: Have you or any member of your organisation any conflict of interest to declare that relates to the NHS Brent or any of the Practice Based Commissioning Groups within NHS Brent?	Yes / No
6.6	If the answer to 6.5 was Yes then please provide a brief statement of 300 words or fewer setting out the details?	

7.0	FINANCIAL INFORMATION		
7.1	What was your Company turnover in the last 2 years (if applicable)?	£.....for year ended/...../.....	£for year ended/...../.....
7.2	Provide the Company's Bank details including name of the Bank and Branch?		
7.3	Has your organisation met the terms of its banking facilities and loan agreements (if any) with the Bank during the past year?	Yes/ No	
7.4	If the answer to question 7.3 was “No”, What were the reasons for not meeting the terms and what has been done to rectify the position?		
7.5	Has your organisation met all of its obligations to pay its creditors and employees during the past year?	Yes/ No	
7.6	If the answer to question 7.5 was “No”, please explain why not:		

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7.7	Please provide a letter and written reference from the Bank Manager at the Company Bank (as per 7.2)	
7.8 to 7.10	Please provide responses to at least one of the questions 7.8, 7.9 or 7.10 in electronic format and hard copy format: Potential providers who do not have 2 years of audited accounts should provide copies of the available audited accounts. Potential providers, who have recently formed companies, should provide a statement of the potential provider's turnover, profit & loss account and cash flow for the most recent year of trading and/or a statement of the potential provider's cash flow forecast for the current cash and credit position.	
7.8	A copy of your most recent audited accounts (for the last 2 years where applicable)	Yes/ No
7.9	A statement of your turnover, profit & loss account, operating profit, current assets, current liabilities, long-term liabilities, and net assets.	Yes/ No
7.10	A statement of your cash flow forecast associated with a proposed business plan and bank letter outlining the current cash and credit position.	Yes/ No

8.0	<u>INSURANCE</u>	
8.1	Please provide details of your Provider's insurance cover and copies of valid insurance certificates for Employer's Liability Insurance.	Name of Insurer, Insurance Cover each and every claim (£) period of Cover (start / expiry date)
8.2	Please provide details of your Provider's insurance cover and copies of valid insurance certificates for Public and Products Liability Insurance	£
8.3	Please provide details of your Provider's insurance cover and copies of valid insurance certificates for Medical and Professional Indemnity Insurance	£
8.4	Please provide details of your Provider's insurance cover and copies of valid insurance certificates for Buildings and Premises Insurance	£
8.5	Please provide details of your Provider's insurance cover and copies of valid insurance certificates for Other Insurances if applicable	£
8.6	Copies of Insurance Certificates enclosed	YES/ NO

9.0	<u>QUALITY ASSURANCE</u>	
9.1	Is your organisation registered with the Healthcare Commission, the Care Quality Commission and the Health Professionals Council?	Yes/ No – State which organisations you are registered with?
9.2	Does your organisation hold a recognised quality management certification, for example BS/EN/ISO 9000 or equivalent?	Yes/ No
9.3	If not, does your organisation have a quality management system? Please submit an electronic copy of these arrangements.	Yes/ No PASS / FAIL
9.4	If you do not have quality certification or a quality management system, please explain how you will achieve consistent quality in delivery of your Services	
9.5	Does your organisation have a complaints policy to ensure patient concerns are addressed?	Yes/ No PASS / FAIL

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9.6	Does your organisation have a system to understand patient satisfaction with the services provided?	Yes/ No
9.7	Can you provide evidence to show how your organisational systems or service delivery has changed in response to patient complaints or the outcome of a patient survey (<i>please attach evidence</i>)	Yes/ No

10.0	<u>HEALTH & SAFETY</u>	
10.1	Does your organisation have a written health and safety at work policy?)	Yes/ No PASS / FAIL
10.2	Does your organisation have health and safety at work operating procedures? ¹	Yes/ No
10.3	If the answer to questions 10.1 and 10.2 is “No” please explain why:	
10.4	Provide copy of your Company Health and Safety Policy	
10.5	Provide copy of Health and Safety Operating procedures	
10.6	Has your organisation had any incidents in the past year?	Yes / No
10.7	If the answer to question 10.6 is Yes then please provide details	

11.0	<u>PATIENT SAFETY</u>	
11.1	<p>Please confirm that your organisation has the following policies in place and evidence by providing copies (preferably electronically) of the following policies:</p> <ul style="list-style-type: none"> • Incident reporting policy • Policy for implementing requirements of Patient Safety Notices • Infection Control Policy • Decontamination Policy • Safeguarding Vulnerable Adults and Safeguarding Children Policy 	<p>Yes/ No PASS / FAIL</p> <p>Yes/ No</p> <p>Yes/ No</p> <p>Yes/ No</p> <p>Yes/ No PASS/ FAIL</p>
11.2	Does your organisation have a process for regularly monitors the effectiveness of the policies listed above? Please provide evidence of your monitoring process	Yes / No

12.0	<u>HUMAN RESOURCES</u>	
12.1	Does your organisation have a written HR policy and an equality and diversity policy, to avoid discrimination? Please provide a copy of the policy.	Yes/ No PASS / FAIL
12.2	Does your organisation have processes in place to verify the status, qualifications, credentials and experience of employees? Please evidence by providing a copy of the processes and procedure.	Yes/ No PASS / FAIL

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12.3	Does your organisation have a training policy, encompassing a policy to enable continuing professional development of staff?	Yes/ No
12.4	Does your organisation have a process or procedure in place to ensure that on an annual basis all employees are registered with the appropriate professional body and continue to meet their standards?	Yes/ No PASS / FAIL
12.5	Does your organisation have a system in place to ensure staff can raise concerns appropriately (whistle blowing)?	Yes/ No
12.6	Does your organisation have a process or procedure in place to ensure that all staff is Criminal Record Board CRB checked?	Yes/ No Yes/ No PASS / FAIL
12.7	If not would you be willing to accept CRB checks being carried out by NHS Brent as a requirement for the contract?	Yes / No PASS/ FAIL

13.0	<u>ENVIRONMENTAL MANAGEMENT</u>	
13.1	Does your organisation have an environmental management and sustainability policy? Please evidence by providing a copy.	Yes/ No
13.2	Does your organisation comply with the Waste Management Regulations?	Yes/ No
13.3	Does your organisation have Clinical Waste Handling and disposal procedures? Evidence by providing a copy.	Yes / No

14.0	<u>PROFESSIONAL AND BUSINESS STANDING</u>	
14.1 to 14.7	Does your organisation, or any of the director(s)/ partners/ proprietors of the organisation or business	
14.1	been in a state of bankruptcy/ insolvency, compulsory winding up, receivership, liquidation, administration, or subject to relevant proceedings	Yes/ No
14.2	been convicted or a criminal offence related to business or professional conduct	Yes/ No
14.3	been committed of an act of grave misconduct in the course of business	Yes/ No
14.4	has not fulfilled obligations related to payment of social security contributions	Yes/ No
14.5	has not fulfilled obligations related to payment of taxes	Yes/ No
14.6	been guilty of fraudulent misrepresentation in supplying information	Yes/ No
14.7	not been in possession of relevant licences, insurances or membership of an appropriate organisation where required by law or legislation.	Yes/ No
14.8	If the answer to any of the questions 14.1 to 14.7 is “ Yes ”, please give brief details below, including what has been done to put things right.	

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15.0	<u>INFORMATION GOVERNANCE</u>	
	Please confirm that your organisation has the following policies in place and a process for monitoring the effectiveness of their implementation:	
15.1	Confidentiality policy, compliant with the <i>Caldicott</i> requirements. Please provide a copy of the Policy (preferably electronic)	Yes/ No
15.2	A patient consent policy Please provide a copy of the Policy (preferably electronic)	Yes/ No
15.3	A policy to ensure compliance with the Data Protection Act. Please provide a copy of the Policy (preferably electronic)	Yes/No
15.4	A policy to ensure compliance with the requirements of the Freedom of Information Act. Please provide a copy of the Policy (preferably electronic)	Yes/No
15.5	A record keeping policy. Please provide a copy of the Policy (preferably electronic)	Yes/ No
15.6	A records management policy. Please provide a copy of the Policy (preferably electronic)	Yes/ No

16.0	<u>GOOD STANDING</u>	
16.1	Please complete the statement relating to good standing	[see below]
16.2	Statement completed and signed by Potential Provider	YES/ NO

17.0	<u>DECLARATION OF NON COLLUSION -</u>	
17.1	Please complete the statement relating to declaration of non collusion	[see below] PASS/ FAIL
17.2	Statement completed and signed	YES/ NO

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16.0 STATEMENT RELATING TO GOOD STANDING

The advertised service is a Part B service and therefore Regulation 23 of the Public Contracts Regulations 2006 is not applicable. However, NHS Brent will use the rules set out in Regulation 23 of these Regulations as part of its assessment, since these represent a basic standard of propriety. This shall not be taken to mean that the PCT intends to hold itself bound by any of the Regulations save those applicable to Part B services.

We confirm that, to the best of our knowledge, the Potential Provider is not in breach of any of the following requirements.

Grounds for mandatory rejection:

The potential provider (or its director or any other person who has powers of representation, decision or control of the named organisation) has not been convicted or any of the following offences:

- (a) conspiracy within the meaning of section 1 of the Criminal Law Act 1977 were that conspiracy relates to participation in a criminal organisation as defined in Article 2(1) of Council Joint Action 98/733/JHA (as amended);
- (b) corruption within the meaning of section 1 of the Public Bodies Corrupt Practices Act 1889 or section 1 of the Prevention of Corruption Act 1906 (as amended);
- (c) the offence of bribery;
- (d) fraud, where the offence relates to fraud affecting the financial interests of the European Communities as defined by Article 1 of the Convention relating to the protection of the financial interests of the European Union, within the meaning of:
 - (i) the offence of cheating the Revenue;
 - (ii) the offence of conspiracy to defraud;
 - (iii) fraud or theft within the meaning of the Theft Act 1968 and the Theft Act 1978;
 - (iv) fraudulent trading within the meaning of section 458 of the Companies Act 1985;
 - (v) defrauding the Customs within the meaning of the Customs and Excise Management Act 1979 and the Value Added Tax Act 1994;
 - (vi) an offence in connection with taxation in the European Community within the meaning of section 71 of the Criminal Justice Act 1993; or
 - (vii) destroying, defacing or concealing of documents or procuring the extension of a valuable security within the meaning of section 20 of the Theft Act 1968;
- (e) money laundering within the meaning of the Money Laundering Regulations 2003; or
- (f) any other offence within the meaning of Article 45(1) of the Public Sector Directive.

Lead Provider Organisation Name:	
Signed:	
Position:	
Date:	
Witness Signed	
Witness Position	

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Date	
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17.0 Declaration of Non-Collusion

COMPLETION OF THIS DECLARATION IS MANDATORY: FAILURE TO COMPLY WILL INVALIDATE THE TENDER

The essence of Selective Tendering is that the client shall receive *bona fide* competitive tenders from all those tendering. In recognition of this principal,

1. **WE CERTIFY that this is a bona fide tender**, intended to be competitive, and that we have not fixed or adjusted the amount of the tender by or under or in accordance with any agreement or arrangement with any other person. **WE ALSO CERTIFY** that we have not done and we undertake that we will not do at any time before the hour and dates specified for the return of this tender any of the following acts:
 - a) communicating to a person other than the person calling for those tenders the amount or approximate amount of the proposed tender, except where the disclosure, in confidence, of the approximate amount of the tender was necessary to obtain insurance premium quotations required for the preparation of the tender;
 - b) Entering into any agreement or arrangement with any other person that (s) he shall refrain from tendering or as to the amount of any tender to be submitted;
 - c) Offering or paying or giving or agreeing to pay or give any sum of money or valuable consideration directly or indirectly to any person for doing or having done or causing or having caused to be done in relation to any other tender or proposed tender for the said work any act or thing of the sort described above.
2. **WE FURTHER CERTIFY** that the principles described above have been or will be brought to the attention of all sub-contractors, suppliers and associated companies providing services or materials connected with the tender and any contract entered into with such sub-contractors, suppliers or associated companies will be made on the basis of compliance with the above principles by all parties.
3. In this certificate, the word “person” includes any persons and any body or association, corporate or incorporate; and “any agreement or arrangement” includes any such transaction, formal or informal, and whether legally binding or not.
4. **WE CONFIRM** that we accept that any breach of the conditions of the Declaration of Non-Collusion will inevitably lead to the rescission of any contract with NHS Brent.

Organisation Name:	
Signed:	
Position:	
Date:	