SECTION B

Legal and Regulatory

A copy of this section must be completed by the Potential Bidder

B.1 Please provide details (including type of claim and estimation of quantum) of any actual or threatened litigation, professional or regulatory or other legal proceedings against any Relevant Organisation within the past three years.

Response

B.2 Please provide details of any known circumstances that may give rise to any actual or threatened litigation, professional or regulatory or other legal proceedings against any Relevant Organisation.

Response

B.3 Please provide details of any criminal conduct of any Relevant Organisation (or any director, officer or senior employee thereof) resulting in conviction or in respect of which a prosecution or investigation is pending or in progress.

Response

B.4 Please state whether any clinical staff currently employed, sub-contracted or otherwise engaged by the Potential Bidder have, during the last three years, had their Professional Registration removed or suspended or whether they are currently under investigation. Provide relevant details.

Response

B.5 Notwithstanding the fact that Regulation 23 of the Public Contracts Regulations 2006 does not apply to this Procurement, please provide a statement that none of the grounds for rejecting a Potential Bidder set out in Regulation 23 and listed in Section M of this PQQ are applicable to any Relevant Organisation. These include both the mandatory and discretionary grounds for rejection.

Where such grounds exist, or the Potential Bidder is uncertain, please provide details.

Response

B.6 Give details of any projects for contracts in excess of £1 million in which the Potential Bidder has been involved where there has been a failure to complete (by the scheduled completion date) or where there have been claims for damages, or where damages have been deducted or reserved within the last three years and where the amount of damages (claimed or ordered) is greater than £100,000. Include, for each project, reasons for the failure or claim.

Response

B.7 Are you registered with the Care Quality Commission? Please provide your registration number.

Response

SECTION C

Financial and Economic Standing

Financial Capacity

Potential Bidders should be aware that Section C is seeking information about the Potential Bidder's financial history. Potential Bidders will only be excluded from further consideration if the Potential Bidder or its Relevant Organisations are clearly unrealistic candidates having inadequate financial resources to undertake the work taking into account any support offered by Parents. Additional information may also be required and should be provided on request. Potential Bidders should be aware that failure to provide any of the information sought in Section C may be interpreted as a fail in Stage 2.

C.1 Please provide the following information for the previous two years (appended to the PQQ submission as Annex C.1):

- Copies of the last two years' audited accounts, the latest set of which should be for an accounting period ending no earlier than 12 months before the date of submission of this PQQ. [the evaluation may include, but is not not be limited to, consideration of contingent liabilities, provisions, rights issues, acquisitions and disposals, off-balance sheet finance, gearing, liquidity, ownership structures, future business plans].
- Any published interim accounts (for public limited companies) or management accounts (for non-plcs) relating to periods after the latest audited accounts.
- Cash flow statements for the last two financial years, prepared in accordance with [Financial Reporting Standard 1 (Revised)].
- Details of any event between the date on which the latest set of accounts was authorised for issue and the date of the submission of this PQQ that, had the accounts not been authorised for issue until this submission date, would have required to be adjusted for, or disclosed in accordance with, International Accounting Standard 10.
- Statement of overall turnover and the turnover for Clinical Services contracting projects for the previous two years.
- Copies of any company announcements made to the authorities of the stock exchange, market or bourse on which the stocks or shares of the company are publicly traded, since the date of publication of the latest set of accounts.

Where the Potential Bidder or Bidder Member does not have sufficient trading history to be able to provide the required information for two years, please provide as much of the information requested above for as many years as are available (minimum one year) and an explanation of why the information is not available for the full two years.

Where audited accounts are not available, please provide:

- Unaudited financial accounts used for tax returns; and / or
- Management accounts.

C.2 Please provide details if, during the period for which turnover details etc are being supplied (for C.1), the Potential Bidder or Bidder Member's financial performance has been affected by circumstances outside its normal trading activities, eg, company merger, take-over or restructuring, etc.

If not applicable, please enter 'n/a' in the table.

Response

SECTION D

Clinical Experience

Potential bidders should be prepared to submit further documentary evidence to support their responses in this section at the tender stage or on request. Information provided will be tested robustly at ITT stage.

Clinical Services

D.1 The potential bidder must have experience in providing critical care services with expertise in the specialist management of critically ill patients with multi-organ failure. Please confirm that the intensive care unit (ICU) provides the following.

	Yes	No
Level 3 care		
Evidence based protocols which take account of current professional guidance		
Use of appropriate care bundles		
Provision of multidisciplinary weaning programme		

Please confirm compliance, or evidence of working towards compliance, with the following guidance.

	Yes	No
NICE Clinical Guideline 50: Acutely ill patients in hospital		
NICE Clinical Guideline 83: Rehabilitation after critical illness		

D.2 There should be co-location of adult cardiothoracic services which provides consultant cover 24 hours a day, 7 days a week. Please confirm availability and access.

	Yes	No
Co-location of cardiothoracic surgery		
Consultant cover 24/7		

Specialist Knowledge: Critical care

D.3 Please provide details of how the ICU manages patients with severe respiratory failure including the clinical indicators you currently use to define this group, information on the case mix and specialist technologies and skills provided. **Maximum 2000 words (the use of bullet points is acceptable)**

Response

D.4 The potential bidder must have experience in the management of critically ill patients with severe respiratory failure, with reference to best practice guidelines. Please provide details of number of ventilated patients treated in the intensive care unit over the past 3 years.

	Number		
	2010-11	2009-10	2008-09
All ventilated patients			
Ventilated patients with a P/F ratios <40 kPa			
Ventilated patients with P/F ratios <26.7 kPa			

D.5 Please provide details of the use and frequency of use of adjunct therapies used in the management of patients with severe respiratory failure over the past three years.

	Provided	Number of case per year		
Adjunct therapy	Yes / No	2010-11	2009-10	2008-9
i. Nitric oxide				
ii. High frequency oscillatory ventilation				
iii. Novalung				
iv. Respiratory ECMO				

If respiratory ECMO is undertaken at the Trust please confirm that outcome data is submitted to the Extracorporeal Life Support organisation (ELSO).

	Yes	No
Data submitted to ELSO		

Data Collection: Critical Care

D.6 Please confirm that the Intensive Care Unit

- Collects the Critical Care Minimum Data Set (CCMDS)
- Participates in ICNARC Case Mix Programme **or** that data is collected on internal database and outcome data reported within the Trust

	Yes	No
CCMDS collected		
ICNARC Case Mix Programme OR Internal database with outcome data reported		

Transfers & transport: critical care

D.7 Potential bidders should confirm the following arrangements are in place.

	Yes	No
Transfers in accordance with Intensive Care Society Guidance		
Protocol (which is based on ICS guidance)		

Clinical Governance

D.8 i. Please confirm that the intensive care unit has the following:

- Escalation policy
- Plans to manage critical care capacity in situations of 'rising tide' or 'sudden incidents' rate

	Yes	No
Escalation Policy		
Emergency planning		

ii. Please provide the non-clinical transfer rate for the intensive care unit for the past 3 years.

	Rate (%)		
	2010-11	**2009-10**	**2008-09**
Non-clinical transfer rate			

If there are mitigating circumstances please provide details

Maximum 200 words

Response

D.9 Patient Safety

i. Please confirm that the intensive care unit has a policy or process for:

- Reporting critical incidents
- Follow up actions and feedback including effective lessons learnt
- Reporting Never Events

	Yes	**No**
Critical incidents		
Follow up actions		
Never events		

ii. Please provide details of the reporting process for critical incidents in the intensive care unit, with reference to best practice guidance.

Maximum 1500 words (the use of bullet points is acceptable)

Response

D.10 Please provide details of how any performance indicators for the critical care service are currently met and audited, including:

- Reporting requirements of all Healthcare-Associated Infections (HCAI)
- Current indicators used to measure quality against agreed clinical standards for the ICU.
- Delivering national and regional required quality indicators for critical care.

Maximum 1500 words (the use of bullet points is acceptable)

Response

Section D: Key guidance documents

Department of Health

Department of Health, *Adult Critical Care: Specialist Pharmacy Practice*, DH 2005

Department of Health, *Quality Critical Care: Beyond 'Comprehensive Critical Care'*: A report by the Critical Care Stakeholder Forum, Department of Health / Emergency Care, DH, 2005

Department of Health, *Comprehensive Critical Care: a review of adult critical care services*, DH 2000

Intensive Care Society

Intensive Care Society, *Quality Indicators* (draft), ICS Guidelines, 2011

Intensive Care Society, *Levels of Critical Care for Adult Patients*, ICS Guidelines, 2009

Intensive Care Society, *Standards for Consultant Staffing of Intensive Care Units*, ICS Guidelines 2007

Intensive Care Society, *Weaning Guidelines*, ICS Guidelines 2007

Intensive Care Society, *Standards for Critical Incident Reporting in Critical Care*, ICS Guidelines, 2006

Intensive Care Society, *Guidelines for the Transport of the Critically Ill Adult,* ICS 2002

National Institute for Health and Clinical Excellence

National Institute for Health and Clinical Excellence, *Rehabilitation after Critical Illness*, NICE guideline 89, 2009

National Institute for Health and Clinical Excellence, *Acutely ill patients in hospital: recognition of and response to acute illness in adults in hospital,* NICE guideline 50, 2007

Other

British Association of Critical Care Nurses, *Standards for Nurse Staffing in Critical Care*, BACCN, 2009

UK Expert Group, *Management of Severe Refractory Hypoxia in Critical Care in the UK in 2010*, Report from UK Expert Group, 17th December 2010

SECTION E

Health and Safety

Potential bidders should be prepared to submit further documentary evidence to support their responses in this section at the tender stage or on request.

All employers have a duty of care imposed on them to protect their employees.

The Health and Safety at Work Act 1974 covers all work places and states that an employer must do everything reasonably practicable to provide a safe and healthy workplace.

Additionally, any business employing five or more people has, by law, to have in place Health and Safety Policy statement, which as minimum should contain:

- A General Policy Statement – a short statement outlining the organisation's commitment to Health and Safety, signed and dated by the senior organisation official (for example, the Managing Director);
- Details of how the organisation addresses health and safety with lines of communication between managers and staff; and any specific duties/responsibilities for health and safety assigned within the organisation; and
- Details of systems and procedures in place for monitoring, managing and ensuring employees' health and safety at work.

E.1 Potential Bidders should confirm that they are compliant with the Health and Safety at Work Act 1974 and regulation 4 of the Management of Health and Safety at Work Regulations 1992 (or EU equivalents), as a minimum requirement you must confirm the following are in place:

- Policy on the organisations commitment to Health and Safety;
- Formal health and safety communication between management and staff (including any specific duties and responsibilities);
- Systems and procedures in place to ensure employee health and safety at work; and
- A named person responsible for implementing the organisation's Health and Safety policy.

Note: Potential Bidders may be required to provide a written statement as required by Section 2(3) ofthe Health and Safety at Work Act 1974 and regulation 4 of the Management of Health and Safety at Work Regulations 1992 (or EU equivalents).

	Yes	No
Policy on the organisations commitment to Health and Safety		
Formal health and safety communication between management and staff		
Systems and procedures in place to ensure employee health and safety at work		
A named person responsible for implementing the organisation's Health and Safety policy		

SECTION F

Workforce

Potential bidders should be prepared to submit further documentary evidence to support their responses in this section at the tender stage or on request. Information provided will be tested robustly at ITT stage.

F.1 Clinical Staffing:

i. Medical

a. Please confirm that the medical workforce cover conforms to the Intensive Care Society and Intercollegiate Board Standards on workforce - including:

Consultant cover: There must be 24 hour cover of the ICU by a named consultant with appropriate experience and level 3 competencies who will not have any other clinical commitments whilst covering the ICU

Junior medical cover: junior medical staff / non-consultant staff assigned to ICU should be full time with no cross cover to other areas. Their shift pattern should be EWTD compliant.

	Yes	No
Consultant cover as per standard*	X	
Full time junior medical staff / non-consultant staff cover for ICU (no cross cover)	X	

* *Standards for Consultant Staffing of Intensive Care Units, Intensive Care Society, 2007*

ii. Nursing

Please confirm that the nursing workforce cover conforms to Standards for Nurse Staffing in Critical Care (BACCN) - including

- Senior nurses (band 6 and above) must hold a formal post registration qualification in critical care
- Every patient must have immediate access to a registered nurse with a formal post registration qualification in critical care

	Yes	No
Band 6 and above nurses have critical care qualification		
Immediate access to nurse with critical care qualification		

iii. Additional staffing requirements

Please confirm that there are ICU staffing arrangements for the following:

- Dedicated personnel for data collection
- Appropriate access to respiratory physiotherapists 24 hours a day, 7 days a week
- Dietetic input to critical care
- Access to a highly specialised critical care pharmacist

	Yes	No
Dedicated personnel for data collection	X	
Respiratory physiotherapists 24/7	X	
Dietician	X	
Critical care pharmacist	X	

F.2 Recruitment and retention: critical care

i. Please confirm that all the Potential Bidder's Clinical Staff, including doctors, nurses and allied health professionals, have current and appropriate registration with the relevant UK professional and regulatory bodies.

	Yes	No
Comply		

ii. Please confirm that all the Potential Bidder's I Clinical Staff, including doctors, nurses and allied health professionals, meet the Continuing Professional Development (CPD) requirements of their professional and regulatory bodies.

	Yes	No
Comply		

NB: Bidders who are short-listed following the PQQ evaluation will be required at the ITT stage to submit a copy of their proposed Staff Handbook that includes its Human Resources (HR) policies and terms and conditions of employment for staff.

F.3 Compliance

i. Please confirm that the Potential Bidder's workforce policies, strategies, processes and practices comply with all relevant employment legislation applicable in the UK.

	Yes	No
Comply		

ii. The Potential Bidder must confirm compliance of working within the provisions of:

- "Safer Recruitment and Employment - a guide for NHS Employers" (May 2005);
- Standards for Better Health (April 2006); and
- The Code of Practice for International Recruitment of Healthcare Professionals (December 2004). Where the Bidder is not planning to conduct any international recruitment of clinical staff, please state this in the response.

	Yes	No
Comply		

F.4 Training: Critical Care

Please provide details of ongoing education and training for the intensive care medical and nursing workforce with reference to best practice guidelines. **Maximum 2000 words (the use of bullet points is acceptable)**

Response
Medical Staff:

Section F: Key guidance documents on workforce

Department of Health

Department of Health, *Adult Critical Care: Specialist Pharmacy Practice*, DH 2005

Department of Health, *Quality Critical Care: Beyond 'Comprehensive Critical Care'*: A report by the Critical Care Stakeholder Forum, Department of Health / Emergency Care, DH, 2005

Department of Health, *Comprehensive Critical Care: a review of adult critical care services*, DH 2000

Intensive Care Society

Intensive Care Society, *Levels of Critical Care for Adult Patients*, ICS Guidelines, 2009

Intensive Care Society, *Standards for Consultant Staffing of Intensive Care Units*, ICS Guidelines 2007

National Institute for Health and Clinical Excellence

National Institute for Health and Clinical Excellence, *Rehabilitation after Critical Illness*, NICE guideline 89, 2009

National Institute for Health and Clinical Excellence, *Acutely ill patients in hospital: recognition of and response to acute illness in adults in hospital,* NICE guideline 50, 2007

Other

British Association of Critical Care Nurses, *Standards for Nurse Staffing in Critical Care*, BACCN, 2009

Department of Health

Adult Critical Care: Specialist Pharmacy Practice, Department of Health, 2005

Quality Critical Care: Beyond 'Comprehensive Critical Care': A report by the Critical Care Stakeholder Forum, Department of Health / Emergency Care, 2005

Comprehensive critical care: a review of adult critical care services, Department of Health, 2000

Intensive Care Society

Levels of Critical Care for Adult Patients, Intensive Care Society Guidelines, 2009

Standards for Nurse Staffing in Critical Care, BACCN, 2009

Standards for Consultant Staffing of Intensive Care Units, Intensive Care Society Guidelines 2007

National Institute for Health and Clinical Excellence

Rehabilitation after Critical Illness, 2009 (NICE guideline 89), National Institute for Health and Clinical Excellence

Acutely ill patients in hospital: recognition of and response to acute illness in adults in hospital 2007 (NICE guideline no 50), National Institute for Health and Clinical Excellence;

SECTION G

IM&T

Potential bidders should be prepared to submit further documentary evidence to support their responses in this section at the tender stage or on request.

Please confirm that you have experience of working and interfacing with NHS IM&T systems (or equivalents) such as clinical applications, administration systems and business / office applications. This must also include experience of providing support and maintenance to these operating systems.

Experience	Yes	No
Comply		

G.1 Please confirm that you have experience of using National Programme for IT (NPfIT) infrastructure and services such as N3 and spine services. This should include any experience of managing central data submissions.

Experience	Yes	No
National Programme for IT (NPfIT) infrastructure		
Services such as N3 and spine services		
Managing central data submissions		

If the Potential Bidder is new or for any other reason has no such experience, please provide evidence or examples of alternative experience to demonstrate that capability for NPfIT.

Response

G.2 Please confirm the Potential Bidder's ability to manage the security, confidentiality and data storage of patient information and in supporting NHS Information Governance requirements (or equivalents) including:

- Any registration under ISO 17799 / 27001 or appropriate information security standards; and
- Policies on security and confidentiality of patient information.

	Yes	No
Registration under ISO 17799 / 27001 or appropriate information security standards		
Policies on security and confidentiality of patient information.		
Confirm Information Governance Policy in place		