

VCS Approved List Pilot – Validation Framework
Commissioning & VCS Support Unit, Community Engagement

Feb 2012



1. Introduction

- 1.1 Thank you for volunteering to take part in the Approved List pilot. Its purpose is to test the proposed validation framework. A Voluntary and Community Sector approved list would consist of organisations who have demonstrated through meeting the specified criteria professional capability and capacity to deliver required services.
- 1.2 Organisations taking part in the pilot will be tested against the criteria referred to in this document.

Criteria	Sub Criteria	Max Score Available
Professional capability and capacity to deliver required services	Governance	3
	Finance & Accounts	18
	Equality & Diversity	13
	Health & Safety	10
	Experience of service delivery	Pass/Fail
	Quality Assurance	9
	Safeguarding	9
	TOTAL	62

Within the sections there are Pass/Fail scoring criteria. These do not result in a score. Any “Fail” score will result in a “Fail”.

The pilot will evaluate the suitability of this framework for setting up an approved list. Organisations taking part will be able to contribute to the evaluation by commenting directly on the assessment framework. Please see the attached evaluation sheet and use this if you have any comments to make about any of the criteria. The pilot will be used to determine what resources would be required to set up an approved list.

For the pilot to be an effective evaluation tool both the council and organisations taking part commit to respecting the stated requirements and deadlines.

There are four documents for this pilot. They are:

- The Validation Framework (this document)
- The Scoring for the assessment criteria
- Documentation checklist
- Feedback form

2. Timetable

Activity	Complete by:
Deadline for return of validation documentation	2 March 2012
Initial assessment of documentation & chase up of any missing information	W/C 5 March
Complete assessment	W/C 12 March
Initial report back and discussion at Task & Finish Group	8 March

3. Guidance on Completing the Validation Framework

- 3.1 Organisations must ensure that they provide all the documentation requested and respond carefully and in full to each of the questions. The response must be structured and numbered in the same way as the questionnaire, so that it is clear to which questions each part of the response relates. Organisations must ensure that, in answering each question, the essential elements of the response are not obscured by the provision of excessive detail.
- 3.2 As this is a pilot to test the validity of the framework, the questionnaire must be completed and documentation provided even if your organisation has previously provided this information to the council. Cross-referencing is not sufficient. Please include, where appropriate, any supporting documents marking clearly on all enclosures the name of your organisation and the number of the question to which they refer.
- 3.3 If you have any queries regarding the contents of this questionnaire, or the documentation to be provided, please send them to: andrew.matheson@southwark.gov.uk. If you believe that you may not be able to meet the criteria contact CAS or us for support/advice. Where an organisation fails we will provide detailed feedback and suggestions for improvement or how to rectify with support available.

- 3.4 Organisations that submit questionnaires will receive an assessment and have the opportunity to provide feedback on the process requirements. This will be used to determine the next stage of this work stream which is part of the joint Council and Voluntary & Community Sector Task and Finish Group to improve commissioning processes.
- 3.5 One electronic copy of the completed questionnaire and supporting documentation must be returned. The council, however, reserves the right to request any further relevant information from the applicant. **Completed questionnaires must be returned by 2nd March 2012 to the person in paragraph 3.3 above.**
- 3.6 The specific areas in which information is sought are described below.

SECTION A – INFORMATION ABOUT THE ORGANISATION, LEGAL STATUS & GOVERNANCE

We need some general information about your organisation including its legal status and governing instrument.

SECTION B – FINANCIAL INFORMATION

We need to know about your financial standing so we can evaluate financial stability

SECTION C – EQUALITY and DIVERSITY

Public authorities have a special responsibility to make sure that all members of the community are treated fairly and equally in the field of their work. We therefore want to know that potential suppliers accept their legal duties in this area and take them seriously. Additional information and support is available from the Equalities and Human Rights Commission

<http://www.equalityhumanrights.com/>

SECTION D – HEALTH AND SAFETY

We will want to be sure that an organisation takes care to ensure the health and safety of its workers and others when carrying out its work. The framework therefore asks organisations / suppliers to provide some information about their policies and procedures on health and safety. Additional information and support is available from the Health and Safety Executive <http://www.hse.gov.uk/>

SECTION E – EXPERIENCE AND REFERENCES

We want to know if you have carried out contracts or grant services to a good standard in the past. The framework therefore asks for details of previous services delivered by your organisation

When an organisation wants to be included on an approved list or to tender for a contract, we want to know if you have carried out contracts of a similar size to a good standard in the past. We therefore ask for details of previous contracts completed by your organisation over the past three (3) years.

SECTION F – QUALITY

Quality management is all about making sure that work is done in a planned, controlled way to ensure that the results are satisfactory. There are various schemes and standards that define how an organisation can make sure it meets its customers' needs. We want to know if organisations have thought about how they can make sure their work is up to the mark in terms of quality. This may mean the organisation indicating it has been formally checked against a recognised standard (benchmarked) or it may involve the organisation giving a description of how it ensures its work is done to a consistently high standard.

SECTION G – SAFEGUARDING

In Southwark safeguarding is used in the context of protecting children and vulnerable adults from harm and being a safe organisation with safe policies, procedures and practices that are known and understood. We will want to know that organisations are meeting the requirements of Southwark's safe organisation checklist which can be located on www.southwark.gov.uk

3.7 Service Specifications and outcomes

The validation framework does not include criteria relating to service specifications or outcomes. This is because these are developed by departmental commissioning areas. If an approved list is set up commissioners would set in place evaluation criteria covering delivery, quality performance and outcomes and specialist knowledge. Organisations would need to meet these as part of the commissioning process. They would not be required to further submit documentation or evidence relating to the evaluation criteria in this framework.

A	ORGANISATION INFORMATION, LEGAL STATUS & GOVERNANCE	RESPONSE	GUIDANCE
A1	Name of organisation.		<i>Please give the registered name of your organisation and your trading name if different</i>
A2	Main address for correspondence.		

A	ORGANISATION INFORMATION, LEGAL STATUS & GOVERNANCE	RESPONSE		GUIDANCE
A3	Person responsible for managing your involvement in this pilot.			<i>This will be the first point of contact for queries relating to this process</i>
A4	Position in organisation.			
A5	Telephone number and email address.			
A6	Are you a Registered Charity? Is the organisation incorporated? Other status? (Please specify).	YES <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> NO <input type="checkbox"/>	<i>Provide your charity number.</i> <i>Provide Companies House registration number.</i>
A7	Are you part of a regional or national organisation? If so, please describe the structure.			
A8	Are the annual returns to Companies House and the Charity Commission up to date?			<i>Provide the date your annual return for 2010/11 audited accounts and the annual report was made.</i>

A	ORGANISATION INFORMATION, LEGAL STATUS & GOVERNANCE	RESPONSE	GUIDANCE
A9	Does your organisation have an appropriate governing instrument e.g. Constitution, Memorandum & Articles?		<i>Provide a copy.</i>
A10	Is there a full Management Committee compliment with appropriate elected membership and executive?		<i>Provide evidence that management committee is compliant with governing document – number of MC members.</i>
A11	Do regular Management Committee meetings take place?		<i>State frequency of MC meetings. Provide minutes of the last AGM and minutes of the last 6 MC meetings.</i>

B FINANCIAL INFORMATION & ACCOUNTS

B1 Enclose copies of your last 3 years audited accounts that are compliant with the Charities Commission Statement of Recommended Practise.

OR

B2 If you have been trading for 2 years or less, or your organisation is below the threshold for which audited accounts are required please submit your Balance Sheet and Profit & Loss Statement and a financial reference from an independent source.

B3 Please indicate the annual turnover of your organisation over the last 3 years. If your organisation is part of a group, please give figures for both your organisation and the group.

Annual Turnover: For year:

Annual Turnover: For year:

Annual Turnover: For year:

B4 Do you have more assets than liabilities?

List the figure as stated in most recent accounts

B5 Details of any outstanding claims or litigation against the organisation.

B6 What level of reserves do you have?

State the number of months of unrestricted reserves in most

B7 Do you generate income from sources other than Southwark Council?

2011

2010

2009

State number of current funders

recent accounts compared to annual turnover

State:

- **The percentage of Southwark funding compared to turnover in each of the last 3 years**
- **The current total number of funders**

WHERE A LIMITED COMPANY – Complete B9

B8 Has any director, partner or associate been involved in any organisation that has been liquidated or gone into receivership?

(If so, please give details)

INSURANCE HELD

B9 Employer's liability insurance held.

Value: £

ENC

Enclose a copy of your policy

B10 Public liability (3rd Party) insurance held.

Value: £

ENC

Enclose a copy of your policy

C EQUALITY & DIVERSITY				
C1	Do you have an equality and diversity policy? Does it cover the following? <ul style="list-style-type: none"> • Monitoring take up of service beneficiaries? • Review of the policy? • Frequency of policy review? • How it is communicated to staff? • How it is applied to recruitment of staff to ensure no discrimination against the Equality Act 2010 protected characteristics? 	POLICY ENC	<input type="checkbox"/>	<i>Provide a copy of the policy</i> <i>Please indicate where in the policy it covers each of the areas asked about</i> <i>When was last review?</i>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
C2	Provide details of any training made available to staff in this area			<i>Provide a brief summary statement</i>

D HEALTH & SAFETY				
D1	Do you have a Health & Safety Policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>Provide a copy</i>
	Is there a designated person?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	Provide the name and job title.			
D2	Does your organisation use health and safety consultants?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	If yes, please give their name and address			
D3	Is your Health & Safety Policy compliant with legislation?			<i>Provide a statement</i>
D4	Describe how you monitor it			<i>Provide a statement</i>
D5	Do you carry out a risk assessment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
D6	How often?			<i>State frequency and when last reviewed</i>

E EXPERIENCE OF SERVICE DELIVERY & REFERENCES

E1 Do you have experience of delivering frontline public services in one or more of the following areas? Please indicate those that you have delivered in the last 3 years only.

- Arts and Culture
- Children and Families
- Community Safety
- Community legal advice
- Education and training
- Environment and ecology
- Health and Social Care
- Homelessness
- Infrastructure organisations
- Welfare to Work/Employment & Skills
- Young People

Other experience of delivery e.g. Project funding, Community Council

YES <input type="checkbox"/>	NO <input type="checkbox"/>
YES <input type="checkbox"/>	NO <input type="checkbox"/>
YES <input type="checkbox"/>	NO <input type="checkbox"/>
YES <input type="checkbox"/>	NO <input type="checkbox"/>
YES <input type="checkbox"/>	NO <input type="checkbox"/>
YES <input type="checkbox"/>	NO <input type="checkbox"/>
YES <input type="checkbox"/>	NO <input type="checkbox"/>
YES <input type="checkbox"/>	NO <input type="checkbox"/>
YES <input type="checkbox"/>	NO <input type="checkbox"/>
YES <input type="checkbox"/>	NO <input type="checkbox"/>
YES <input type="checkbox"/>	NO <input type="checkbox"/>

List below

Please state below if for Southwark or other body

E2 Has your organisation ever had a contract suspended or terminated for failure to perform to the terms of the contract? (If yes, please enclose details.)

YES NO

Provide details if applicable

DETAILS ENC

E3 Please provide the name, organisation and email addresses for at least two clients, preferably in the public sector, for whom you have carried out services in the last three years.

ENC

E3

Please list below the full names, addresses and other details requested of organisations (preferably public sector) OTHER THAN THIS AUTHORITY for which your organisation has carried out services in the last **two** years. If you have been trading for less than two years please provide details of at least two clients.

E6

NAME AND ADDRESS OF ORGANISATION & DEPT.	CONTRACT TITLE	CONTRACT VALUE (£)	TYPE OF SERVICE	START DATE	FINISH DATE
1.					
2.					

F				
QUALITY ASSURANCE				
F1	<p>Does your organisation hold any quality assurance accreditation e.g. LSC Quality Mark or similar or a self-accredited quality system?</p> <p>If yes, please provide details for each one held</p> <p>If no, please provide evidence to demonstrate that your organisation has an effective, auditable, quality management system, e.g. quality manual. The council reserves the right to inspect any such manual or quality system at a later date.</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<p><i>Please provide evidence that you have acquired / are in the process of acquiring / or are working in accordance with, recognised quality management systems.</i></p> <p><i>A brief summary statement of no more than 100 words is required.</i></p>
G				
SAFEGUARDING				
G1	Does your organisation hold a safeguarding policy which covers all of the areas listed in Southwark's safe organisation checklist?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>Provide a copy of the policy.</i>
G2	Is the policy regularly reviewed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>Provide the date the policy was last reviewed.</i>
G3	Is there a designated person for the safeguarding policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>Provide the name of the person responsible</i>
G4	Have staff members and volunteers where appropriate been CRB checked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>State whether policy identifies whether CRB checks are needed and for which staff.</i> <i>State whether checks have been carried out for all identified staff as appropriate.</i>

WHEN YOU HAVE COMPLETED THE QUESTIONNAIRE, PLEASE READ AND SIGN THE SECTION BELOW.

I/We certify that the information supplied is accurate to the best of my/our knowledge

Signed:

For and on behalf of:

Date:

BEFORE RETURNING THIS APPLICATION FORM, PLEASE ENSURE THAT YOU HAVE:

- Answered all questions appropriate to your application
- Enclosed all relevant documents (please use the attached checklist)
- We would welcome feedback on the framework. Please use the feedback sheet to provide this.

THANK YOU FOR TAKING PART