| **Question** | **Criteria** | **Question Weighting** |
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| **Information** |
| **1.1** | Please provide details of 2 referees (these should ideally be from 2 NHS /Healthcare Authorities or a mix of Healthcare Authorities and other public/private sector organisations) with whom you currently provide Finance and Accounting P2P Systems. References should be submitted by the submission deadline and sent directly from the reference contact **via Atamis Portal only under the contract reference C368616.**  | Pass/Faill  |
| **Response:****Maximum Word Count 100****Scoring Guidance:**  **Pass Criteria:** To score a Pass, the supplier must meet all the following: Provide two referees. 2 Referees are from: Two NHS/Healthcare Authorities, or One NHS/Healthcare Authority and one from another public/private sector organisation. Referees must have direct experience working with the candidate on Finance and Accounting P2P Systems. The referees must be current contacts — i.e., the candidate is actively providing P2P systems support or services to them.**Fail Criteria:**  A response should be scored as a Fail if any of the following apply: Insufficient or Irrelevant Referees. Fewer than two referees provided. Referees are not from NHS/Healthcare Authorities or relevant organisations. Referees do not have direct experience with the supplier on Finance and Accounting P2P Systems, outdated or Inactive Relationships. Referees are not current. i.e., the candidate no longer provides P2P support to them. |
| **1.2** | Please provide evidence on how you carry out the system upgrade/update so that the service has minimal effect to your clients so that there is no financial loss or day to day running of the health service. Please also share detail of system recovery and back up. | Pass/Faill |
| **Response:****Maximum Word Count 500****Scoring Guidance:**  **Pass Criteria:**To score a Pass, the response must include all the following: Minimising Impact During Upgrade/Update. Clear explanation of how upgrades/updates are planned and executed to avoid disruption. Use of change control processes, downtime scheduling, or phased rollouts. Evidence of communication with stakeholders and impact assessments. Demonstrates zero or minimal disruption to financial operations and health service delivery.Financial and Operational Safeguards. Explicit measures to prevent financial loss, such as: Transaction freezes, Parallel system running, Real-time monitoring, Assurance that day-to-day operations (e.g. invoicing, payments, reporting) continue without interruption. System Recovery and Backup. Description of backup protocols (e.g. frequency, type, location). Explanation of recovery procedures, Evidence of disaster recovery planning and business continuity alignment.**Fail Criteria:**A response should be scored as a Fail if any of the following apply: Lack of Detail or Clarity, Vague or generic statements with no clear process for upgrades/updates. No mention of how the impact is minimised or how clients are protected. No Evidence of Safeguards, No reference to financial risk mitigation or operational continuity. Fails to address how the health service is protected during changes. Missing Recovery and Backup Information. No mention of backup procedures, recovery plans, or testing. No assurance of data integrity or system resilience. No Real-World Evidence. Lacks examples, metrics, or proof of successful implementation. Relies solely on theoretical or aspirational language. |
| **1.3** | Can you confirm if your Procure-2-Pay system allows both 3-way and 2-way matching of purchase orders to invoices as appropriate on a supplier basis? (3-way matching requires end-user receipts before payment and 2-way matching would bypass receipting process). | Pass / Fail  |
| **Response:****Maximum Word Count 250****Scoring Guidance:** **Pass Criteria:**To score a Pass, the response must confirm all the following: System Capability. The P2P system supports both 3-way and 2-way matching: 3-way matching: Purchase Order (PO) → Invoice → Receipt. 2-way matching: PO → Invoice (receipt bypassed). Supplier-Level Configuration. The system allows matching rules to be configured per supplier or per transaction type. This flexibility ensures that appropriate controls can be applied based on supplier risk, category, or contract terms. Clear Confirmation: The response provides a clear and unambiguous confirmation of the above capabilities. Ideally includes a brief explanation or example of how this is applied in practice.**Fail Criteria:**A response should be scored as a Fail if any of the following apply: Missing or Incomplete Confirmation. Does not confirm support for both 3-way and 2-way matching. Only supports one type of matching (e.g. 3-way only), no Supplier-Level Flexibility. Matching rules are not configurable per supplier. Applies a blanket rule across all suppliers without differentiation. Vague or Non-Technical Response. Uses generic language without confirming system functionality. Fails to demonstrate understanding of matching logic or financial controls. |
|  **1.4** | List the key equipment, technology, or specialist software you will utilise to deliver this contract, confirming its availability and suitability for the project scope.  |  Pass/Fail |
| **Response:** **Maximum Word Count 500****Scoring Guidance:** **Pass Criteria:**To score a Pass, the response must include all the following: Relevant and Specific Tools. Lists key equipment, technology platforms, and/or specialist software that are: Directly relevant to the contract’s scope (e.g. P2P systems, finance platforms, integration tools, reporting dashboards). Clearly named and described (e.g. “Oracle Fusion for P2P processing”, “Power BI for spend analytics”). Availability: Confirms that all listed tools are: Currently available and ready for deployment. Owned, licensed, or accessible to the delivery team without delay. Suitability: Explains how each tool supports the specific requirements of the contract: Enhances efficiency, accuracy, compliance, or user experience. Supports NHS/public sector standards (e.g. interoperability, audit trails, data protection). Aligns with the scope (e.g. financial processing, reporting, supplier management). Confidence in Delivery. Demonstrates technical competence and readiness to deliver using the tools. May include examples of successful use in similar contracts or NHS settings.**Fail Criteria:**A response should be scored as a Fail if any of the following apply: Vague or Generic Listing. Mentions tools in generic terms (e.g. “finance software”, “reporting tools”) without naming or describing them. Fails to show relevance to the contract scope. No Confirmation of Availability. Does not confirm whether the tools are currently available or accessible. Leaves uncertainty about readiness or licensing. No Justification of Suitability. Fails to explain why the tools are appropriate for this specific project. No link to NHS requirements, finance processes, or service delivery needs. Overpromising or Misalignment. List tools that are not aligned with the contract scope (e.g. marketing software for a finance contract). Makes claims without evidence or context. |
|  **1.5** | List all relevant industry-specific accreditations (e.g., ISO 9001, specific trade licenses, security clearances) that your organisation holds, providing evidence were requested |  Pass/Fail  |
| **Response:** **Maximum Word Count 250** **Scoring Guidance:** **Pass Criteria:**To score a Pass, the response must include all the following: Relevant Accreditations. Lists industry-specific certifications that are appropriate to the scope of the contract, such as: ISO 9001 (Quality Management), ISO 27001 (Information Security), Cyber Essentials / Cyber Essentials Plus, ISO 14001 (Environmental Management), ISO 22301 (Business Continuity), Trade licenses, framework approvals, or sector-specific registrations (e.g. NHS DSP Toolkit, Crown Commercial Service frameworks). Current and Valid, confirms that accreditations are active, up to date. Avoids expired, pending, or irrelevant certifications. Evidence Availability states that evidence can be provided upon request or references where it has already been submitted. May include certificate numbers, issuing bodies, or expiry dates for verification. Alignment with Contract Scope demonstrates that the accreditations are relevant to the services being delivered, such as Quality assurance in finance systems, Data protection and security for NHS environments, and Business continuity for critical service delivery.**Fail Criteria:**A response should be scored as a Fail if any of the following apply: No Accreditations Listed. Fails to list any relevant certifications or licenses. States “none held” or leaves the section blank. Irrelevant or Inappropriate Accreditations. Lists accreditations that are not relevant to the contract scope (e.g. marketing awards, unrelated trade memberships). Includes expired, unverified, or non-industry-standard credentials: no Evidence or Confirmation. Does not confirm the availability of evidence. Fails to provide certificate details or assurance of validity. Misleading or Overstated Claims, claims with accreditations that cannot be substantiated or are held by third parties (e.g. subcontractors) without clarification. |
|  **1.6** | Provide information that will demonstrate that you have sufficient spare capacity and resources to dedicate to this contract, implementation of the contract, ensuring all deadlines and service levels are met. | Pass/Fail |
| **Response:** **Maximum Word Count: 500****Scoring Guidance:** **Pass Criteria:**To score a Pass, the response must include all the following: Spare Capacity. Clear evidence that the organisation has available bandwidth to take on this contract without compromising existing commitments. Dedicated Resources. Identifies named roles or teams that will be assigned to the contract (e.g. project manager, implementation lead, support analysts). Confirms that these resources are available from the contract award and not dependent on future recruitment or subcontracting. Implementation Readiness. Describes a structured implementation plan, including mobilisation timelines, Milestone tracking, Risk mitigation strategies. Demonstrates ability to scale quickly and adapt to NHS/public sector environments. Service Level Assurance. Provides confidence that KPIs and SLAs will be met, including response times, Issue resolution, Reporting and governance. May reference past performance, case studies, or benchmark metrics. Contingency Planning includes contingency measures for staff absence, surge demand, or technical issues. Shows organisational resilience and commitment to uninterrupted service.**Fail Criteria:**A response should be scored as a Fail if any of the following apply: No Evidence of Spare Capacity. Fails to demonstrate that the organisation has room to take on the contract. Appears overstretched or vague about current commitments. Unclear or Missing Resource Plan. Does not specify who will deliverthe contract orhow resources will be allocated. Relies on generic statements or future recruitment without guarantees. Weak Implementation Strategy. No clear plan for mobilisation, delivery, or deadline management. Lacks structure, timelines, or risk controls. No Assurance of Service Levels. Fails to address how SLAs will be met or monitored. No mention of performance tracking, reporting, or governance mechanisms. No Contingency or Flexibility. No backup plans or resilience strategies. Risks to delivery are not acknowledged or mitigated. |