**Appendix A**

**Part 1 Provider Information**

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| 1.Full name of organisation submitting a bid |  |
| 2.Registered Office address |  |
| 3.Trading Status  | Please indicate with an x:

|  |  |
| --- | --- |
| public limited company |  |
| limited company |  |
| limited liability partnership |  |
| other partnership |  |
| sole trader |  |
| third sector |  |
| other (please specify) |  |

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| 4.Company or Charity Registration Number (enter N/A if not applicable) |  |
| 5.VAT Registration Number (enter N/A if not applicable) |  |
| 6. Are you a Small, Medium or Micro Enterprise? |  |
| 7.Name of Immediate Parent Company (enter N/A if not applicable) |  |
| 8.Name of Ultimate Parent Company (enter N/A if not applicable) |  |
| 9. Equality Act 2010Please confirm that your organisation will if requested later in the process, provide evidence of how you comply with the Equality Act 2010 - which encompasses all previous Equality Legislation. |  |
| 10. Safeguarding Policies and Mental Capacity ActPlease confirm that your organisation will if requested later in the process, provide evidence that you have the relevant policies in place and how you comply with the following:- Statutory Safeguarding PoliciesMental Capacity Act 2005Deprivation of Liberty Safeguards 2007Mental Capacity (Amendment) Act 2019 |  |
| 11. Compliance to HASAW Please confirm you comply with the requirements of the Health and Safety at Work Act 1974. The provider shall answer Yes or NoYes – PassNo – Fail |  |
| 12. Please provide details of how your organisation records, manages and monitors data breaches. Please provide brief (anonymised) details of any breaches resulting in the loss of, damage to, or unauthorised disclosure of person confidential data (PCD) within the past 2 years. |  |
| 13. Please provide confirmation and evidence that your organisation has Data Protection Act registration. Please include your Data Protection Registration number in your response. Please provide details of your Data Protection Officer or the reasons why you are not required to have a Data Protection Officer. Please provide details of your Caldicott Guardian. |  |
| 14. Please confirm that your organisation is set up to ensure the CCGs can receive regular performance updates. |  |
| 15. Are you able to provide a copy of your auditedaccounts for the last two years, if requested?If no, could you provide **one** of the following if requested: answer with Y/N in the relevant box.(a) A statement of the turnover, Profit and Loss Account/Income Statement, Balance Sheet/Statement of Financial Position and Statement of Cash Flow for the most recent year of trading for this organisation. (b) A statement of the cash flow forecast for the current year and a bank letter outlining the current cash and credit position. (c) Alternative means of demonstrating financial status if any of the above are not available (e.g. forecast of turnover for the current year and a statement of funding provided by the owners and/or the bank, charity accruals accounts or an alternative means of demonstrating financial status). | Please indicate with a Y/N:

|  |  |
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| a) |  |
| b) |  |
| c)  |  |

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| 16. CQC RegistrationThe CCGs require providers to have the appropriate Care Quality Commission (CQC) registration in place by the commencement of the contract (1st November 2021) for the regulated activity of accommodation for persons who require nursing or personal care.Where a provider’s most recent CQC inspection has a rating of Inadequate or Requires Improvement as part of the report they will be required to provide mitigating evidence, explaining the position and remedial actions implemented to ensure they are working towards improving the quality of their services. This should relate to the latest report published by the CQC as of October 2021. A provider will pass on the basis that they have the appropriate registration in place (with no suspensions) by the 1st November 2021 and if they have any ratings of Inadequate or Requires Improvement as part of their latest report they provide sufficient mitigating evidence to show they are working towards improving the quality of their services. The CCGs reserve the right to fail a provider depending on its own judgement of the evidence submitted. |  |
| 17. Quality & Performance PlanHas your organisation currently/or previously been under a Quality & Performance Improvement Plan in the last 2 years?If the answer is yes please provide further details of the areas of challenge and how these are being addressed. The CCGs reserve the right to fail a provider depending on its own judgement of the evidence submitted. |  |

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| 18. Experience and Contract Examples  |
| Please provide details of two contracts that are relevant/similar to the Commissioner’s requirement. Contracts should have been performed during the past three years. Please note the customer contact detailed below should be prepared to speak to the Commissioners to confirm the accuracy of the information provided in this bid if we wish to contact them. |
| Customer Organisation (name) | **Contract 1** | **Contract 2** |
| Customer contact name phone numberand email address |  |  |
| Contract start date Contract completion dateContract Value |  |  |
| Brief description of contract including evidence and experience as to your technical capability in this market (max 300 words each) |  |  |

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| 19. Please insert the full name and contact details of the nominated representative who will be the principal point of contact on behalf of the bidding organisation for the purposes of this ITT.  |
| Name |  |
| Address |  |
| Postcode |  |
| Country |  |
| Phone |  |
| Mobile |  |
| Email |  |
| 20. Please indicate how many beds you wish to bid for (up to 5) and how many could be rehabilitation beds. |
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| 21. Please indicate if your organisation would be able to offer more bed capacity if required?  |
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**Part 2- Exclusion Grounds**

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| **Mandatory Exclusion Grounds** 1.Please indicate if, within the past five years you, your organisation or any other person who has powers of representation, decision or control in the organisation been convicted anywhere in the world of any of the offences below; |
| Participation in a criminal organisation |  |
| Corruption |  |
| Fraud |  |
| Terrorist offences or offences linked to terrorist activities  |  |
| Money laundering or terrorist financing  |  |
| Child labour and other forms of trafficking in human beings  |  |
| If you have answered yes to any of the above, please provide further details.* Date of conviction, specify which of the grounds listed the conviction was for, and the reasons for conviction,
* Identity of who has been convicted
* If the relevant documentation is available electronically please provide the web address, issuing authority, and precise reference of the documents.

Enter N/A if not applicable |  |
| If you have answered Yes to any of the above, have measures been taken to demonstrate the reliability of the organisation despite the existence of a relevant ground for exclusion? Enter N/A if not applicable |  |
| 2. Has it been established, for your organisation by a judicial or administrative decision having final and binding effect in accordance with the legal provisions of any part of the United Kingdom or the legal provisions of the country in which the organisation is established (if outside the UK), that the organisation is in breach of obligations related to the payment of tax or social security contributions? |  |
| If you have answered yes to question 2 above, please provide further details. Please also confirm 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.Enter N/A if not applicable |  |

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| **Discretionary Exclusion Grounds** 1.Please indicate if, within the past three years, anywhere in the world any of the following situations below have applied to you, your organisation or any other person who has powers of representation, decision or control in the organisation; |
| Breach of environmental obligations |  |
| Breach of social obligations |  |
| Breach of labour law obligations |  |
| Bankrupt or is the subject of insolvency or winding-up proceedings, where the organisation’s assets are being administered by a liquidator or by the court, where it is in an arrangement with creditors, where its business activities are suspended or it is in any analogous situation arising from a similar procedure under the laws and regulations of any State |  |
| Guilty of grave professional misconduct |  |
| Entered into agreements with other providers aimed at distorting competition |  |
| Aware of any conflict of interest due to the participation in the procurement procedure |  |
| Been involved in the preparation of the procurement procedure |  |
| Shown significant or persistent deficiencies in the performance of a substantive requirement under a prior public contract, a prior contract with a contracting entity, or a prior concession contract, which led to early termination of that prior contract, damages or other comparable sanctions |  |
| The organisation has influenced the decision-making process of the contracting authority to obtain confidential information that may confer upon the organisation undue advantages in the procurement procedure, or to negligently provided misleading information that may have a material influence on decisions concerning exclusion, selection or award. |  |
| If you have answered Yes to any of questions above, explain what measures been taken to demonstrate the reliability of the organisation despite the existence of a relevant ground for exclusion? (Self-Cleaning)Enter N/A if not applicable |  |

**Part 3 - for this section (part 3) there is a maximum of 10 pages of A4 for your response**

All organisations should answer the questions in all the sections below;

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| **A) Service Delivery (Weighting 40%)** |
| Question 1: Please describe how your proposed service model will meet the requirements set out in the service specification. (15%) |
|  |
| Question 2: Please describe how you will establish and develop relationships with local health and social care providers to ensure seamless care provision is provided to the patients being referred into the general nursing intermediate care beds? In your answer please refer to the providers listed in section 3 of the specification. (5%) |
|  |
| Question 3: Please provide details of how you will ensure your proposed delivery of the service will provide positive outcomes and experience for patients and their carers/families. (5%) |
|  |
| Question 4: Please describe the clinical governance system/processes used to provide assurance of the effectiveness and safety of the service provision. (5%)  |
|  |
| Question 5: Please describe how the physical environment of your home will support the patients being referred into the general nursing intermediate care beds . (10%)  |
|  |
| **B) Resources, Organisation Capability & Contract Readiness (weighting 20%)** |
| Question 1: Please provide an overview of the workforce intended to support the delivery of this service and how you will support those staff within their roles. Your answer should include role descriptions, your organisation’s training and staff development programme, professional accreditation/qualifications that staff hold or are working towards and how you will ensure you have a sustainable workforce to ensure consistency and continuity to patients occupying the general nursing intermediate care beds. Please include in your answer how you will ensure your workforce has the appropriate competencies to deliver a safe and effective service. (15%) |
|  |
| Question 2: Please demonstrate your capacity to fulfil this contract and your readiness to commence the contract from the 1st November 2021. (5%) |
|  |
| **C) Cost- Please submit a price per bed per week (which should not exceed the capped budget of £1,200 per bed per week). (40%)** |
|  |

**Part 4- Declarations**

**Declaration (of Consent, Powers and Authority)**

This declaration confirms that the submitted bid for the provision of Additional General Nursing Assessment Beds has been submitted by a representative of the provider’s organisation who has the necessary consents, powers and authority from the organisation.

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|  |
| I certify that I am a Member of ***[insert bidding organisation name]*** and that ***[insert bidding organisation name]*** has the necessary consents, powers and authority to bid for, and provide, the Services detailed in this ITT response. An authorised signatory, in his/ her own name, on behalf of the bidding organisation must sign a copy of this declaration. |
| Signed |  |
| Name |  |
| Position |  |
| Date |  |

**Declaration (of Tendered Bid)**

This declaration confirms that the submitted bid for the provision of general nursing intermediate care beds has been submitted accurately and compliantly.

I certify that the information supplied in the questionnaire is accurate to the best of my knowledge and belief and accords with the basic criteria of eligibility as set out in the ITT and that we have not collaborated with other bidding organisations in the completion of this ITT.

I also understand it is a criminal offence, punishable by imprisonment, to give or offer any gift or consideration whatsoever as an inducement or reward to any servant of a public body, therefore I hereby certify and undertake and bind and oblige ourselves and our Connected Persons (as defined below) that we and our Connected Persons have not canvassed or solicited nor will in the future canvass or solicit any officer or employee of the following organisations: NHS Midlands and Lancashire CSU and the Commissioners or any person acting as an adviser for the groups listed above in connection with the selection of Bidders and/or the selection of any submissions, proposals or bids in relation to this project and that our Connected Persons have not nor will so canvass or solicit.

For the purposes of this declaration "Connected Persons" means any person connected with us within the meaning given by Section 839 of the Income and Corporation Taxes Act 1988 and any of the respective directors, officers, employees, solicitors, accountants, bankers or other financial or professional advisers of us and/or of our Connected Persons.

I agree that we shall be responsible for any failure on the part of Connected Persons to abide by such terms to the same extent as if such failure had been our own action or omission. I hereby declare that I am authorised by the under mentioned bidding organisation to supply the information given above and that, at the date of signing, the information given is a true and accurate record.

An authorised signatory, in his/ her own name, on behalf of the bidding organisation, must sign a copy of this declaration.

|  |  |
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| **Signed** |  |
| **Name** |  |
| **Position** |  |
| **Date** |  |

**Declaration (Conflict of Interest)**

This declaration identifies any, if any exist, potential conflicts of interest that may have an effect on the submitted bid for the provision of general nursing intermediate care beds.

Please identify any potential conflicts of interest that could arise through participation in this ITT and how these will be dealt with.

If no potential conflict of interest is identified, please state this in the response.

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| --- | --- |
| **Response** |  |

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| --- | --- |
| **Signed** |  |
| **Name** |  |
| **Position** |  |
| **Date** |  |

# Freedom of Information 2000 and Environmental Information Regulations 2004 Caveats

This section should be completed where the bidding organisation considers that the information submitted or any part of it is confidential and/or commercially sensitive in relation to its bid for the provision of general nursing intermediate care beds.

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| --- | --- | --- | --- |
| **No.** | **Section of the Final Tender which the bidding organisation wishes to designate as confidential and/or commercially sensitive** | **Reason(s) why the bidding organisation considers this information is confidential and/or commercially sensitive and why it should be exempt from disclosure under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004** | **Length of time during which the bidding organisation estimates such exemption should apply** |
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|  |  |  |  |
|  |
| **Signed** |  |
| **Name** |  |
| **Position** |  |
| **Date** |  |