**Document 4 – Response form for RFQ Questions (for bidders to complete and submit)**

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| **[Q1] Full registered company name** |
| Q1 Please provide the full registered company name of the organisation in whose name the tender will be submitted. |
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| (Enter your response to [Q1] here) |
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| **[Q2] Prime Contractor** |
| [Q2] Please indicate whether you are bidding as a Prime Contractor and will deliver 100% of the key contract deliverables yourself. If not, please detail which parts of the service will be sub-contracted and by which provider(s). |
| (Enter your response to [Q2] here) |
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| **[Q3]**  **Legal Requirements** |
| [Q3] Is it a legal requirement in the state where you are established for you to be licensed or a member of a relevant organisation in order to provide the requirement in this service? (e.g. CQC, GMC, etc) If so, please can you advise what you understand is a legal requirement and confirmation that you currently comply or will comply before the contract start date if you are successful. |
| (enter your response to [Q3] here) |

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| **[Q4]**  **Care Quality Commission** |
| [Q4] Has your organisation, within the last five years, incurred enforcement notices from the Care Quality Commission or its predecessors, served on any establishment run by your organisation. If yes, please provide details. If no, please state 'None' |
| (enter your response to [Q4] here) |
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| **[Q5] Outstanding Insurance and Legal Claims** |
| [Q5] Please state whether there are any outstanding insurance or legal claims against your organisation within the last 36 months in relation to delivering this or a similar service (other than for routine matters)? If you have answered "YES" please provide details and your justification on why you feel that this would not impact on the delivery of this service. |
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| (Enter your response to [Q5] here) |
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| **[Q6] Health & Safety** |
| [Q6] Please self-certify that your organisation has a Health and Safety Policy that complies with current legislative requirements, is regularly reviewed and contains appropriate risk assessments |
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| (Enter your response to [Q6] here) |
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| **[Q7] Professional Registration** |
| [Q7] Please state whether any staff currently employed relating to this service sub-contracted or otherwise engaged by the potential bidder have, during the last 3 years, had their Professional Registration removed or suspended or whether they are currently under investigation. Please provide relevant details to include service level details. If none, be state ‘None’. |
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| (Enter your response to [Q7] here) |
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| **[Q8] Data Security and Protection Toolkit** |
| [Q8] Please detail whether your organisation has / intends to complete the Data Security and Protection Toolkit (DSPT) and achieve mandatory assertions ‘fully met’ throughout all requirements?  If your organisation’s IG is provided by your Parent/Holding company please provide their full contact details and the organisation and their completed current version of the DSPT and achieved mandatory assertions ‘fully met’? |
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| (Enter your response to [Q8] here) |
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| **[Q9] Audited Accounts** |
| [Q9] Please provide the last 3 years of your audited accounts for your organisation which should show that your annual turnover is not less than 2 times the annual contract value for the service. |
| Attachment also required. |
| (Enter your response to [Q9] here) |
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| **[Q10] Dun & Bradstreet** |
| [Q10] If you are registered with Dun and Bradstreet (D&B), please provide your registration number. If you are not registered, please provide a valid reason for not having a D&B rating, or have a D&B rating that does not place restrictions upon trading with their businesses and classes the risk as low. |
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| (Enter your response to [Q10] here) |
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| **[Q11] County Court Judgments** |
| [Q11] Please provide details of any County Court Judgements (CCJs) registered in the last six years on your organisation and individual company directors, or if you have any legal action pending that could result in a CCJ. If none, state none. |
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| (Enter your response to [Q11] here) |
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| **[Q12] Sid4Gov** |
| [Q12] If you are registered with Sid4Gov please enter your Sid4Gov registration number. |
| (Enter your response to [Q12] here) |

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| **[Q13] Reference** |
| Please provide contact details for selected Referee : Name: Address: Tel: Email: |
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| **[Q14] RFQ Declarations Form** |
| Please confirm you have completed and attached Document 9 the RFQ Declarations Form. |
| (Yes or No) |
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| **TECHNICAL QUESTIONS** |
| **SD1 Service Delivery Model** |
| Please describe your delivery model for this service and detail how this will ensure the outcomes of the service are achieved, including:  • Equity of access pertaining to protected characteristics and experience across the workforce  • Flexibility to manage fluctuations in activity  • Communications plan detailing relevant stakeholders  • Intentions for first six months of contract  Please use examples where applicable. |
| (Enter your response here) |

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| **SD2 Service Delivery Model** |
| The successful provider will work with The Commissioners to meet quality and monitoring requirements and identify and deliver continuous service improvement opportunities. Please describe:  • How the service will meet quality expectations detailed in the service specification  • The systems utilised to ensure service delivery and reporting to commissioners  • if subcontractors will be utilised and how their standards/deliver of service will be assured |
| (Enter your response here) |
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| **SD3 Service Delivery Quality and Monitoring** |
| How will you obtain and use feedback from service users to ensure user satisfaction and to identify and deliver continuous service improvement. |
| (Enter your response here) |

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| **SD4 Exposure to BBV** | |
| Describe the system that you will have in place to deal with service user medical emergencies safely and appropriately, including specifically in relation to blood borne viruses and service proximity to GP practices, advice and support to those with needlestick injuries with reference to:  • Premises  • Out of Hours provision/signposting  • Promotion of the service  • On-going monitoring of fitness to work | |
| (Enter your response here) | |
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| **SD5 Medical Directorate referrals** |
| Please explain how the service would report on a practitioner’s fitness for purpose. |
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| (Enter your response here) |
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| **SD6 Complaints process** |
| Please describe how you operate and promote an effective complaints policy in line with the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 for user of its services or their representatives, including how complaints are managed effectively, learning is achieved and issues are escalated as appropriate. |
| (Enter your response here) |

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| **SD7 Service delivery** |
| Please describe how you will prioritise the elements covered in each schedule (I, II & III), who is liable for each schedule as well as how you will setup and manage the service from delivery to payment. |
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| (Enter your response here) |

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| **SE1 Local service delivery** |
| How will you ensure the delivery of a local service where a face to face appointment is required. Please describe your premises solution and/or how you plan to secure appropriate premises (if applicable)?  Bidders should demonstrate how the premises would be accessible to local workforce within the Lot area, including timescales, location and transport accessibility. |
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| (Enter your response here) |
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| **CQG1 SEQOHS Standards & Accreditation** |
| Please confirm that the bidding OHS provider is already Safe Effective Quality Occupational Health Service (SEQOHS) accredited. (YES/NO)  If no, what is your plan to become accredited and meet all quality standards within 12 months from 1 December 2018? |
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| (Enter your response here) |
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| **CQG2 National Standards** |
| CQG2 Please describe your clinical governance system and how this is used to ensure the service is safe, effective and offers a good client/patient experience. Please include your approach to incident reporting, intelligence sharing and learning within the organisation. |
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| (Enter your response here) |
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| **WF1 Workforce Model** |
| WF1 Please describe your workforce plan to deliver the service safely and efficiently. Please provide your proposed operational management structure chart identifying current staffing roles and roles that are subject to recruitment, including:  • Your approach to recruitment for vacancies.  • Your process for ensuring ongoing registration with appropriate regulatory bodies are maintained  • Your process for ensuring staff competence, including mandatory training, information governance, continuing professional development, clinical supervision process and oversight by the senior management team  Please describe any sub-contracting or partnership arrangements. |
| (Enter your response here) |

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| **PFME1 Equality Act 2010 Compliance** |
| Please confirm that the premises will be fully compliant with the Equality Act 2010 on the first day of service.  If the premises will not be, please confirm and outline your plan of how you will become Equality Act 2010 compliant within 3 months from service commencement. |
| (Enter your response here) |

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| **PFME2 Facilities Management** |
| Please describe how you will ensure facilities are managed and fit for purpose as detailed in section 8 of the service specification, including your arrangements for securing and maintaining the equipment and resources required to deliver the service. |
| (Enter your response here) |
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| **BC1 Business continuity** |
| Please describe how the service will be delivered in the event of:  • Facilities being compromised or unavailable  • A major incident  • In the event of a technological issue (i.e. telephone system and network) |
| (Enter your response here) |
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| **IMT1 IT Systems Deployment** |
| Describe the IT systems which will be utilised to support the delivery of the service as outlined in Section 7 of the Service Specification, including availability (24/7), problem resolution and reporting. |
| (Enter your response here) |
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| **FI1 Finance** |
| FMT ( Detailed in Document 5)  Please provide your financial proposal using the enclosed template and in the format requested.  (Attachment required) |
| (Enter your response here) |
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**Terms and Conditions of Contract.**

Please note that any Contract arising from this Request for Proposal will be governed by the Primary Care Occupational Health Service Particulars. Please refer to Document 6a.

The contract will be tailored to meet the bespoke requirements of the service. Please refer to the Contract and Regulations for information. Please refer to Document 6b and 6c.

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