**Discharge to Assess (D2A) Services on behalf BHR CCGs**

**Name of organisation:**

Please provide confirmation that your organisation can demonstrate the following essential criteria:

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Question** | **Yes** | **No** |
| 1. | Please confirm if your organisation is compliant with Data Security and Protection Toolkit (DSPT) requirements? |  |  |
| 2. | Please confirm if your organisation currently operates nursing home(s) within the Borough of Havering?If ‘Yes’ please state number of beds in each nursing home in the box below. |  |  |
| 2A. | Please confirm if your home has been or is subject to any current safeguarding or CQC investigations within the last 18 months?If ‘Yes’, please provide details in the box below. |  |  |
| 2B | If you have answered ‘Yes’ to the above question 2A, have any safeguarding or CQC investigations resulted in any special measures being put in place or embargoes on your home?If ‘Yes’, please provide details in the box below. If not applicable state ‘NA’. |  |  |
| 3. | This procurement opportunity will be hosted on ProContract, the eProcurement System .Please confirm that your organisation is already registered on or will arrange for registration on ProContract.<https://procontract.due-north.com/Register>If you are already registered, please provide the email id and contact details which has been registered with ProContract in the box below.If not, please arrange for registration on ProContract and provide the email id and contact details which has been registered with ProContract in the box below |  |  |
|  |  | Answer |
| 4. | Please provide the current CQC rating of your Home(s).Please note: Homes which are not rated either ‘Good’ or ‘Outstanding’ will not be eligible to submit their interest for this opportunity. If there are multiple Homes, please list names and rating for each home. |  |
| 5. | How many beds would your organisation be willing to allocate solely for BHR CCG’s Discharge to Assess Patients? |   |

**Details**

| **No.** | **Response** |
| --- | --- |
| 2. |  |
| 2A. |  |
| 2B. |  |
| 3. |  |

**Contact Name and Role:**

**Organisation:**

**Address:**

**Landline Number:**

**Mobile Number:**

**Email:**

Please email completed form to nelcsu.procurementnorthants@nhs.net by no later 12 Noon on Wednesday 30 September 2020. Please note that the commissioners/contracting authority/customer must not be contacted under any circumstances. All communication must be made only to nelcsu.procurementnorthants@nhs.net .