

**Cheshire East Borough Council**

**INVITATION TO TENDER  
OPEN PROCEDURE RESPONSE DOCUMENT**

**CONTRACT FOR THE PROVISION OF INFECTION  
PREVENTION AND CONTROL**

**PERIOD: 1<sup>st</sup> April 2016 – 31<sup>st</sup> March 2018  
With a 2x12 month Option to extend  
CHEST REF: A25D-GY193Q**

|                   |  |
|-------------------|--|
| Name of Tenderer: |  |
|-------------------|--|

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Version 3

## CHECKLIST FOR TENDERERS

Failure to provide all of the items in the checklist may cause your Tender to be non-compliant and not considered.

| Schedule | Item                                            | Included in Tender? |
|----------|-------------------------------------------------|---------------------|
| 1.       | Form of Tender                                  |                     |
| 2.       | Certificate of non-collusion and non-canvassing |                     |
| 3.       | SAQ - Suitability Assessment Questionnaire      |                     |
| 4.       | Pricing Schedule                                |                     |
| 5.       | Response to ITT                                 |                     |

**Cheshire East Borough Council**

***Provision of Infection Control Services***

***Period: 01.04.16 – 31.03.18 with 2 x 12 months option to extend***

**SCHEDULE 1 - FORM OF TENDER**

Cheshire East Council's Public Health team have the responsibility for commissioning Infection Prevention and Control Services. As a Commissioner we expect to build an effective and strong working relationship with the Service, with shared values and vision regarding the delivery of this contract.

The Service will be required to innovate and to design and propose a service delivery model as a part of the competitive tender process. The model should explore new ways of working, in line with our vision to ensure that the required outcomes are met.

**FORM OF TENDER**

To: Cheshire East Borough Council  
(Via 'The Chest')

For the Attention of **Abigail Coyne**

Date: \_\_\_\_\_

Dear Sir/Madam,

**TENDER FOR INFECTION CONTROL**

I/We the undersigned, hereby tender and offer to provide the Contract as listed below which is more particularly referred to in the Invitation to Tender supplied to me/us for the purpose of tendering for the provision of the Contract and upon the terms thereof.

Attached to this Form of Tender are the following:

1. My/our response to the requirements of the ITT.
2. The completed Pricing Schedule.
3. A signed Certificate of Non Collusive Tendering and non-Canvassing.

I/We confirm that I/we can supply the Contract as specified in the Invitation to Tender at the **total costs of \_\_\_\_\_ (excluding VAT)** submitted within the Pricing Schedule herein.

I/We confirm that we accept the Contract as issued with the Invitation to Tender.

I/We undertake in the event of acceptance of our Tender to execute the Contract within the timescales stipulated.

I/We understand that the Council reserves the right to accept or refuse this Tender whether it is lower, the same, or higher than any other Tender.

I/We confirm that the information supplied to you and forming part of this Tender including (for the avoidance of doubt) any information supplied to you as part of my/our initial expression of interest in tendering, was true when made and remains true and accurate in all respects.

I/We confirm that this Tender will remain valid for 90 days from the date of this Form of Tender.

I/We confirm and undertake that if any of such information becomes untrue or misleading that I/we shall notify you immediately and update such information as required.

I/We confirm that the undersigned are authorised to commit the Tenderer to the contractual obligations contained in the Invitation to Tender and the Contract.

Signed by  
Name(s) \_\_\_\_\_  
Position \_\_\_\_\_

for and on behalf of **[ Insert Company Name ]**

Full registered business / name and registered company address of the Tenderer

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**Cheshire East Borough Council**

***Provision of Infection Control Services***

***Period: 01.04.16 – 31.03.18 with 2 x 12 months option to extend***

**SCHEDULE 2 - CERTIFICATE OF NON-COLLUSION AND  
NON-CANVASSING**

Cheshire East Council's Public Health team have the responsibility for commissioning Infection Prevention and Control Services. As a Commissioner we expect to build an effective and strong working relationship with the Service, with shared values and vision regarding the delivery of this contract.

The Service will be required to innovate and to design and propose a service delivery model as a part of the competitive tender process. The model should explore new ways of working, in line with our vision to ensure that the required outcomes are met.

To: Cheshire East Borough Council  
(Via 'The Chest')

Date: \_\_\_\_\_

For the Attention of: **Abigail Coyne**

**Statement of non-canvassing**

I/we hereby certify that I/we have not canvassed any member, Director, employee, representative or adviser of the Council in connection with the proposed award of the Contract by the Council, and that no person employed by me/us or acting on my/our behalf, or advising me/us, has done any such act.

I/we further hereby undertake that I/we will not canvass any member, Director, employee, representative or adviser of the Council in connection with the award of the Contract and that no person employed by me/us or acting on my/our behalf, or advising me/us, will do any such act.

**Statement of non-collusion**

The essence of selective tendering for the Contract is that the Council shall receive bona fide competitive Tenders from all Tenderers.

In recognition of this principle, I/we certify that this is a bona fide offer, intended to be competitive and that I/we have not fixed or adjusted the amount of the offer in accordance with any agreement or arrangement with any other person (except any sub-contractor identified in this offer).

I/we also certify that I/we have not done, and undertake that I/we will not do, at any time any of the following acts:

- (a) communicate to a person other than the Council, the amount or approximate amount of my/our proposed offer except where the disclosure in confidence of the approximate value of the Tender was essential to obtain insurance premium quotations required for the preparation of the Tender; or
- (b) enter into any agreement or agreements with any other person that they shall refrain from tendering or as to the amount of any offer submitted by them; or
- (c) offer or agree to pay or give or actually pay or give any sum of money, inducement or valuable consideration, directly or indirectly, to any person for doing or having done or having caused to be done in relation to any other offer or proposed offer, any act or omission.
- (d) committing any offence under the Bribery Act 2010 or any subordinate legislation made under that Act from time to time.

<http://www.legislation.gov.uk/ukpga/2010/23/contents>

I/we agree that there is a requirement to disclose and declare any direct or indirect financial or non financial interest in an organisation, company, or other body that is doing business with, or has dealings with, the council and where this may affect and/or could bring about a conflict with the Council's interest.

I/we should notify this to the Council and that failure to disclose or declare such an interest could result in the contract being terminated.

I/we agree that the Council may, in its consideration of the offer and in any subsequent actions, rely upon the statements made in this Certificate.

Signed \_\_\_\_\_

Name: \_\_\_\_\_

Position \_\_\_\_\_

For and on behalf of **[Tenderer]**

\_\_\_\_\_

## Cheshire East Borough Council

### Provision of Infection Control

**Period: 01.04.16 – 31.03.18 with 2 x 12 months option to extend**

## SCHEDULE 3 – SUITABILITY ASSESSMENT QUESTIONNAIRE (SAQ)

### NOTE TO ORGANISATION:

Section 4 and Section 5 of Schedule 3 (Suitability Assessment Questionnaire) will be evaluated on a pass/fail basis.

Applicants will fail on incomplete responses. Tenders that fail Schedule 3 will not be evaluated any further.

Questions marked 'for information only' will not be assessed however they must still be answered in full.

Tenderers are therefore strongly advised to ensure they answer all questions within each section.

Failure to provide an **acceptable explanation** with any **Fail** Questions answered will fail on Schedule 3 as a result.

### 1. Supplier Information (*Information Only*)

| 1.1 Supplier details                                                       | Answer                               |                              |
|----------------------------------------------------------------------------|--------------------------------------|------------------------------|
| Full name of the Supplier completing the SAQ                               |                                      |                              |
| Registered company address                                                 |                                      |                              |
| Registered company number                                                  |                                      |                              |
| Registered charity number                                                  |                                      |                              |
| Registered VAT number                                                      |                                      |                              |
| Name of immediate parent company                                           |                                      |                              |
| Name of ultimate parent company                                            |                                      |                              |
| <b>Please mark 'X' in the relevant box to indicate your trading status</b> | i) a public limited company          | Yes <input type="checkbox"/> |
|                                                                            | ii) a limited company                | Yes <input type="checkbox"/> |
|                                                                            | iii) a limited liability partnership | Yes <input type="checkbox"/> |
|                                                                            | iv) other partnership                | Yes <input type="checkbox"/> |
|                                                                            | v) sole trader                       | Yes <input type="checkbox"/> |
|                                                                            | vi) other (please specify)           | Yes <input type="checkbox"/> |

|                                                                                                                    |                                 |                              |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------|
| <b>Please mark 'X' in the relevant boxes to indicate whether any of the following classifications apply to you</b> | i) Voluntary (VCSE)             | Yes <input type="checkbox"/> |
|                                                                                                                    | ii) Community (VCSE)            | Yes <input type="checkbox"/> |
|                                                                                                                    | iii) Social Enterprise          | Yes <input type="checkbox"/> |
|                                                                                                                    | iv) Mini Enterprise (below SME) | Yes <input type="checkbox"/> |
|                                                                                                                    | v) Small Enterprise (SME)       | Yes <input type="checkbox"/> |
|                                                                                                                    | vi) Medium Enterprise (SME)     | Yes <input type="checkbox"/> |
|                                                                                                                    | vii) Sheltered workshop         | Yes <input type="checkbox"/> |
|                                                                                                                    | viii) Public service mutual     | Yes <input type="checkbox"/> |

See EU definition of SME: <http://ec.europa.eu/enterprise/policies/sme/facts-figures-analysis/sme-definition/>

| 1.2 Bidding model<br>(Information Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Answer                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <b>Please mark 'X' in the relevant box to indicate whether you are;</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                         |
| <b>a)</b> Bidding as a Prime Contractor and will deliver 100% of the key contract deliverables yourself                                                                                                                                                                                                                                                                                                                                                                                         | Yes <input type="checkbox"/>                                                            |
| <b>b)</b> Bidding as a Prime Contractor and will use third parties to deliver some of the services<br><br>If 'YES', please provide details of your proposed bidding model in the field below, that includes members of the supply chain, the percentage of work being delivered by each sub-contractor and the key contract deliverables each sub-contractor will be responsible for.<br><br><i>Enter here</i>                                                                                  | Yes <input type="checkbox"/>                                                            |
| <b>c)</b> Bidding as Prime Contractor but will operate as a Managing Agent and will use third parties to deliver all of the services.<br><br>If 'YES', please provide details of your proposed bidding model that includes members of the supply chain, the percentage of work being delivered by each sub-contractor and the key contract deliverables each sub-contractor will be responsible for.<br><br><i>Enter here</i>                                                                   | Yes <input type="checkbox"/>                                                            |
| <b>d)</b> Bidding as a consortium but not proposing to create a new legal entity.<br>If 'YES', please include details of your consortium in the next column and use the field below to explain the alternative arrangements I.e. why a new legal entity is not being created.<br><i>Please note that the Authority may require the consortium to assume a specific legal form if awarded the contract, to the extent that it is necessary for the satisfactory performance of the contract.</i> | Yes <input type="checkbox"/><br><br><u>Consortium members</u><br><br><u>Lead member</u> |



|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Enter here</i>                                                                                                                                                                                                                                                                                                         |                                                                                                                                                      |
| <p><b>e) Bidding as a consortium and intend to create a Special Purpose Vehicle (SPV).</b></p> <p>If <b>'YES'</b>, please include details of your consortium, current lead member and intended SPV in the next column <i>and</i> provide full details of the bidding model using this field:</p> <p><i>Enter here</i></p> | <p>Yes <input type="checkbox"/></p> <p><u>Consortium members</u></p> <p><u>Current lead member</u></p> <p><u>Name of Special Purpose Vehicle</u></p> |

### 1.3 Contact Details (*information only*)

#### Supplier contact details for enquiries about this SAQ;

|                |  |
|----------------|--|
| Name           |  |
| Postal Address |  |
| Country        |  |
| Phone          |  |
| Mobile         |  |
| E-mail         |  |

### 1.4 Licensing and registration (please mark 'X' in the relevant box) (*information only*)

|       |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                         |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.4.1 | <p>Registration with a professional body If applicable, is your business registered with the appropriate trade or professional register(s) in the EU member state where it is established (as set out in Annex XI of directive 2014/24/EU) under the conditions laid down by that member state.</p> | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If <b>'YES'</b>, please provide the registration number in this box.</p>                                                                      |
| 1.4.2 | <p>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 procurement?</p>                                                                                                      | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If <b>'YES'</b>, please provide additional details within this box of what is required and confirmation that you have complied with this.</p> |

## 2 Grounds for mandatory exclusion

*(This section is to be scored on a pass/fail basis.)*

You will be excluded from the procurement process if there is evidence of convictions relating to specific criminal offences including, but not limited to, bribery, corruption, conspiracy, terrorism, fraud and money laundering, or if you have been the subject of a binding legal decision which found a breach of legal obligations to pay tax or social security obligations (except where this is disproportionate e.g. only minor amounts involved).

### **IMPORTANT**

Please click on the following link and read carefully:

<http://www.legislation.gov.uk/ukSI/2015/102/regulation/57/made>

### **2.1 Mandatory**

Please confirm whether in the past 5 years, the above named organisation or where the person convicted is a member of the administrative management or supervisory body of that economic operator, or has economic powers of representation, decision or control in the economic operator; is or has been in breach of any of the offences listed as part of Regulation 57(1) of the Public Contracts Regulations 2015, contained in the link provided above.

|                                |               |
|--------------------------------|---------------|
| <i>(DELETE AS APPROPRIATE)</i> | <b>YES/NO</b> |
|--------------------------------|---------------|

If you have answered '**YES**' to this question, please use the field below to provide further details. Please also confirm whether you have paid, or have entered into a binding arrangement with a view to paying, including, where applicable, any accrued interest and/or fines?

|                   |
|-------------------|
| <i>Enter here</i> |
|-------------------|

### **2.2 Non-payment of taxes**

Has it been established 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 your organisation is established (if outside the UK), that your organisation is in breach of obligations related to the payment of tax or social security contributions? Referring to Regulation 57 part 3 – 7 in the link provided above.

|                                |               |
|--------------------------------|---------------|
| <i>(DELETE AS APPROPRIATE)</i> | <b>YES/NO</b> |
|--------------------------------|---------------|

If you have answered '**YES**' to this question, please use the field below to provide further details. Please also confirm whether you have paid, or have entered into a

binding arrangement with a view to paying, including, where applicable, any accrued interest and/or fines?

*Enter here*

If you have answered 'YES' to question 2.2 on the non-payment of taxes or social security contributions, and have not paid or entered into a binding arrangement to pay the full amount, you may still avoid exclusion if only minor tax or social security contributions are unpaid or if you have not yet had time to fulfil your obligations since learning of the exact amount due. If your organisation is in that position please provide details using the field below. You may contact the authority for advice before completing and confirming this part of the form.

*Enter here*

### 3 Discretionary Part 1 (This question is to be scored on a pass/fail basis.)

3.1 The authority may exclude any Supplier who answers 'YES' to any of the situations set out in Regulation 57 part 8, set out at the link provided in Section 2.

Please confirm whether in the past 3 years, the above named organisations' directors; or any other person who has powers of representation, decision or control of such organisation; is or has been convicted of any of the offences listed as part of Regulation 57(8) of the Public Contracts Regulations 2015.

(DELETE AS APPROPRIATE)

YES/NO

If you have answered 'YES' to this question, please use the field below to provide further details. Please also confirm whether you have paid, or have entered into a binding arrangement with a view to paying, including, where applicable, any accrued interest and/or fines?

*Enter here*

### Conflicts of interest

In accordance with question 3.1 and regulation 57(8e), the authority may exclude the Supplier if there is a conflict of interest which cannot be effectively remedied. The concept of a conflict of interest includes any situation where relevant staff members have, directly or indirectly, a financial, economic or other personal interest which might be perceived to compromise their impartiality and independence in the context of the procurement procedure.

Where there is any indication that a conflict of interest exists or may arise then it is the responsibility of the Supplier to inform the authority, detailing the conflict in the fields above; provided that it has been carried out in a transparent manner, routine

pre-market engagement carried out by the Authority should not represent a conflict of interest for the Supplier.

### **Taking Account of Bidders' Past Performance**

In accordance with question 3.1 and regulation 57(8g), the authority may assess the past performance of a Supplier (through a Certificate of Performance provided by a Customer or other means of evidence). The authority may take into account any failure to discharge obligations under the previous principal relevant contracts of the Supplier completing this SAQ. The Authority may also assess whether specified minimum standards for reliability for such contracts are met.

In addition, the authority may re-assess reliability based on past performance at key stages in the procurement process (i.e. supplier selection, tender evaluation, contract award stage etc). Suppliers may also be asked to update the evidence they provide in this section to reflect more recent performance on new or existing contracts (or to confirm that nothing has changed).

### **'Self-cleaning'**

Any Supplier that answers **'YES'** to questions 2.1, 2.2 and 3.1 should provide sufficient evidence using the fields above, that provides a summary of the circumstances and any remedial action that has taken place subsequently and effectively "self cleans" the situation referred to in that question. The supplier has to demonstrate it has taken such remedial action, to the satisfaction of the authority in each case.

If such evidence is considered by the authority (whose decision will be final) as sufficient, the economic operator concerned shall be allowed to continue in the procurement process. In order for the evidence referred to above to be sufficient, the Supplier shall, as a minimum, prove that it has;

- Paid or undertaken to pay compensation in respect of any damage caused by the criminal offence or misconduct;
- Clarified the facts and circumstances in a comprehensive manner by actively collaborating with the investigating authorities; and
- Taken concrete technical, organisational and personnel measures that are appropriate to prevent further criminal offences or misconduct.

The measures taken by the Supplier shall be evaluated taking into account the gravity and particular circumstances of the criminal offence or misconduct. Where the measures are considered by the Authority to be insufficient, the Supplier shall be given a statement of the reasons for that decision.

*(End of Schedule 2)*

#### 4. Economic and Financial Standing

*(This question is to be scored on a pass/fail basis.)*

|                                                                                                                            |                                                                                                                                                                                                                                                                                                    |                                 |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Financial Information                                                                                                      |                                                                                                                                                                                                                                                                                                    |                                 |
| Please provide one of the following to demonstrate your economic/financial standing;                                       |                                                                                                                                                                                                                                                                                                    |                                 |
| Please indicate your answer with an 'X' in the relevant box by double clicking the relevant grey area, choosing 'checked'. |                                                                                                                                                                                                                                                                                                    |                                 |
| <b>4.1</b>                                                                                                                 | A copy of the audited accounts for the most recent two years                                                                                                                                                                                                                                       | Yes<br><input type="checkbox"/> |
| (a)                                                                                                                        | A statement of the turnover, profit & loss account, current liabilities and assets, and cash flow for the most recent year of trading for this organisation                                                                                                                                        | Yes<br><input type="checkbox"/> |
| (b)                                                                                                                        | A statement of the cash flow forecast for the current year and a bank letter outlining the current cash and credit position                                                                                                                                                                        | Yes<br><input type="checkbox"/> |
| (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). | Yes<br><input type="checkbox"/> |

|                                                 |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                                |                                                 |                                |  |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------|-------------------------------------------------|--------------------------------|--|
| <b>4.2</b>                                      | Where the authority has specified a minimum level of economic and financial standing and/or a minimum financial threshold within the evaluation criteria for this SAQ, please self-certify by answering 'Yes' or 'No' that you meet the requirements set out here.                                                                                                                           | Yes<br><input type="checkbox"/><br>No<br><input type="checkbox"/> |                                |                                                 |                                |  |
| <b>4.3</b>                                      | Are you are part of a wider group (e.g. a subsidiary of a holding/parent company)?                                                                                                                                                                                                                                                                                                           | Yes<br><input type="checkbox"/><br>No<br><input type="checkbox"/> |                                |                                                 |                                |  |
|                                                 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Name of the organisation</td> <td style="width: 50%; padding: 5px;"><i>Enter here if necessary</i></td> </tr> <tr> <td style="padding: 5px;">Relationship to the Supplier completing the SAQ</td> <td style="padding: 5px;"><i>Enter here if necessary</i></td> </tr> </table> | Name of the organisation                                          | <i>Enter here if necessary</i> | Relationship to the Supplier completing the SAQ | <i>Enter here if necessary</i> |  |
| Name of the organisation                        | <i>Enter here if necessary</i>                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                |                                                 |                                |  |
| Relationship to the Supplier completing the SAQ | <i>Enter here if necessary</i>                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                |                                                 |                                |  |
|                                                 | If yes, please provide the name above:                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                                |                                                 |                                |  |
| (b)                                             | If yes, would the Ultimate / parent willing to provide a guarantee if necessary?                                                                                                                                                                                                                                                                                                             | Yes<br><input type="checkbox"/><br>No<br><input type="checkbox"/> |                                |                                                 |                                |  |
| (c)                                             | If yes, please provide Ultimate / parent company accounts if available.<br><br><i>If no, please advise why in this field.</i>                                                                                                                                                                                                                                                                | Yes<br><input type="checkbox"/><br>No<br><input type="checkbox"/> |                                |                                                 |                                |  |
| (d)                                             | If no, would you be able to obtain a guarantee elsewhere (e.g. from a bank?)                                                                                                                                                                                                                                                                                                                 | Yes<br><input type="checkbox"/>                                   |                                |                                                 |                                |  |

|  |  |                                |
|--|--|--------------------------------|
|  |  | No<br><input type="checkbox"/> |
|--|--|--------------------------------|

## 5. Technical and Professional Ability

*(This question is to be scored on a pass/fail basis.)*

| Relevant experience and contract examples |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      |                   |                   |  |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------|-------------------|--|
| <b>5</b>                                  | <p>Please provide details of up to <i>three</i> (3) contracts, in any combination from either the public or private sector, that are relevant to the Authority's requirement. Contracts for supplies or services should have been performed during the past three years. Works contracts may be from the past five years, and Voluntary, Community and Social Enterprises (VCSEs) may include samples of grant funded work.</p> <p>The named customer contact provided should be prepared to provide written evidence to the Authority to confirm the accuracy of the information provided below.</p> <p>Consortia bids should provide relevant examples of where the consortium has delivered similar requirements; if this is not possible (e.g. the consortium is newly formed or a Special Purpose Vehicle will be created for this contract) then three separate examples should be provided between the principal member(s) of the proposed consortium or Special Purpose Vehicle (three examples are not required from each member).</p> <p>Where the Supplier is a Special Purpose Vehicle, or a managing agent not intending to be the main provider of the supplies or services, the information requested should be provided in respect of the principal intended provider(s) or sub-contractor(s) who will deliver the supplies and services.</p> <p><i>Evidence of <u>relevant</u> services performed more than 3 years before <u>may</u> be taken into account to establish further competition if deemed necessary by the Council.</i></p> |                                                                                      |                   |                   |  |
|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Contract 1</b>                                                                    | <b>Contract 2</b> | <b>Contract 3</b> |  |
|                                           | 5.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Name of customer organisation                                                        |                   |                   |  |
|                                           | 5.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Customer organisation point of contact; Position in the organisation; Email address. |                   |                   |  |
|                                           | 5.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Contract Start Date; Contract completion date; Estimated Contract Value.             |                   |                   |  |
| 5.4                                       | <p>In no more than 500 words, please provide a brief description for each of the contracts delivered including evidence as to your technical capability in these markets, using the field below.</p> <p><i>Enter response here, tenderer responsible for stating word count in response.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                   |                   |  |
| 5.5                                       | <p>If you cannot provide at least one example for questions 3.1 to 3.4, in no more than 500 words please provide an explanation for this e.g. your organisation is a new start-up, using the field below.</p> <p><i>Enter response here, tenderer responsible for stating word count in response.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      |                   |                   |  |

## 6. Additional SAQ modules

Suppliers who self-certify that they meet the requirements for these additional modules will be required to provide evidence of this if they are successful at contract award stage.

### A) - Project specific questions to assess Technical and Professional Ability

***This Schedule 3 Section 6A will be marked on a pass/fail basis.***

#### Introduction

These are further project specific questions relating to the technical and professional ability of the supplier. Please ensure your responses are in line with the questions page limit and 12pt Arial. Anything beyond the page limit will not be taken into consideration by the Council.

Suppliers who self-certify that they meet the requirements for these additional modules will be required to provide evidence of this if they are successful at contract award stage. Please indicate your answer by marking 'X' in the relevant boxes where necessary and enter responses to questions in the fields provided.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                     |              |                   |                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------|--------------|-------------------|--------------------------------------|
| <b>6A 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>NOTE TO ORGANISATION:<br/><i>This question is for information only</i></b> |                     |              |                   |                                      |
| <p><b>References</b><br/>Supporting references are required to validate information provided throughout the ITT Process and to detail experience and ability to deliver a contract of this size and nature. Please note references will only be taken up to <u>validate</u> all submission information already provided by that of the economic operator.</p> <p>Please list major Contracts currently and recently held in public and private sectors for services of a similar type provided in the last three years from whom references may be solicited to testify to your technical capacity, standards and quality of service. Where an economic operator has a mix of reference sites, please list in priority order the local authority and public sector sites. <u>These must represent sites where the services performed are exactly aligned to those requested by this tender.</u> The Council requires two (2) references to be obtained by your organisation.</p> <p>It is the bidder's responsibility to ensure that the reference form published on The Chest with this document is sent to your two referees, using template at Appendix 1. The references must be returned directly from the referees to <a href="mailto:procurement@cheshireeast.gov.uk">procurement@cheshireeast.gov.uk</a> <b>by 11<sup>th</sup> December 2015</b> The reference form must state the name of the Tenderer exactly as stated on the ITT document to ensure that this can be matched to the correct Bidder.</p> <p><b>Note:</b> In addition to those referees listed the Council reserves the right to seek references from other organisations for whom, your firm undertakes work. Should your firm be invited to tender and subsequently submit a bid, further references may be obtained.</p> |                                                                               |                     |              |                   |                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Company Name</b>                                                           | <b>Contact Name</b> | <b>Email</b> | <b>Tel Number</b> | <b>Contract Duration &amp; Value</b> |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |                     |              |                   |                                      |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |                     |              |                   |                                      |



## 6A Health and Safety

**NOTE TO ORGANISATION: This section will be evaluated on a pass/fail basis.**

### 6A2 Responsibility & Structure

|       |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 6A2.1 | Please state the name and position of the person with overall responsibility for health and safety in your organisation together with details of experience and any relevant qualifications.                                                                                                                                                                                           |                                                                                |
|       | Name                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |
|       | Position in Organisation                                                                                                                                                                                                                                                                                                                                                               |                                                                                |
|       | Experience                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |
|       | Qualifications                                                                                                                                                                                                                                                                                                                                                                         |                                                                                |
| 6A2.2 | Please state the name and position of the person (if different to above) appointed to provide health and safety advice as required by Regulation 7 of the Management of Health & Safety Work Regulations 1999, together with details of experience and any relevant qualifications.                                                                                                    |                                                                                |
|       | Name                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |
|       | Position in Organisation                                                                                                                                                                                                                                                                                                                                                               |                                                                                |
|       | Experience                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |
|       | Qualifications                                                                                                                                                                                                                                                                                                                                                                         |                                                                                |
| 6A2.3 | <p><b>Does your organisation (not individuals within it) have current membership of any trade associations, safety organisations, registration with or accreditation by any accrediting bodies?</b></p> <p>If the answer is '<b>YES</b>' please provide details, using full names of associations, bodies and any applicable registration number. Please do not use abbreviations.</p> | <p>Yes<br/><input type="checkbox"/></p> <p>No<br/><input type="checkbox"/></p> |

**NOTE TO ORGANISATION: relating to question above.**

**Organisations are informed that the Council operates a policy that an organisation should achieve accreditation to the Contractor Health and Safety Assessment Scheme (CHAS) or equivalent as a minimum requirement.**

### 6A3 Health & Safety Policies and Procedures



|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 6A3.1 | <p><b>6A3.1 Does your organisation have a written Health and Safety Policy (covering General Policy, Organisation and Arrangement) issuing codes of safe working practices to workforce, as required by Regulation 37 Section 2(3) of the Health and Safety at Work Act 1974 etc.</b><br/> <a href="http://www.legislation.gov.uk/ukpga/1974/37/section/2?">http://www.legislation.gov.uk/ukpga/1974/37/section/2?</a></p> <p>If the answer is '<b>YES</b>' please provide a copy of your Policy <b>and</b> confirm a copy of the policy is enclosed, using the field below:</p> <p>If the answer is '<b>NO</b>' and your organisation does not have a written Health and Safety Policy please give the reason why below:</p> | <p>Yes<br/><input type="checkbox"/></p> <p>No<br/><input type="checkbox"/></p> |
| 6A3.2 | <p><b>6A3.2 Please state how health and safety policies and procedures are communicated to your workforce and administered within your organisation?</b></p> <p>Response:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |
| 6A3.3 | <p><b>Does your organisation have a procedure for the reporting and recording of accidents and dangerous occurrences in accordance with RIDDOR?</b></p> <p>Response:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |
| 6A3.4 | <p><b>If the answer is 'YES', provide a copy of your procedure for accident reporting, recording and investigation <u>and</u> confirm a copy of the procedure is enclosed below:</b></p> <p>Response:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                |
| 6A3.5 | <p><b>Please complete the following table in respect of accidents and dangerous occurrences as set out below:</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                |

| Year             | Fatal | Major Injury or "Over 3-Day" | Non-Reportable | Dangerous Occurrences | Reportable ill-health | Near Misses |  |
|------------------|-------|------------------------------|----------------|-----------------------|-----------------------|-------------|--|
| This year        |       |                              |                |                       |                       |             |  |
| Last year        |       |                              |                |                       |                       |             |  |
| Year before last |       |                              |                |                       |                       |             |  |

|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 6A3.7  | <p><b>Does your organisation have Risk Assessment Procedures in place for all work activities as required by the Management of Health and Safety at Work Regulations 1999 and associated legislation?</b></p> <p>If the answer is 'YES', please supply 2 examples of risk assessments and safety method statements for work activity undertaken within the last 12 months. This should include manual handling, COSHH or others that are relevant to your work activities and confirm a copy of any examples are enclosed below:</p> <p>Response:</p> | <p>Yes<br/><input type="checkbox"/></p> <p>No<br/><input type="checkbox"/></p> |
| 6A3.8  | <p><b>Does your organisation have a health and safety training programme for your workforce to ensure that they are competent for their duties?</b></p> <p>If the answer is 'YES', please enclose brief details of training courses or programmes undertaken by managers and workforce, using the field below:</p> <p>Response:</p>                                                                                                                                                                                                                   | <p>Yes<br/><input type="checkbox"/></p> <p>No<br/><input type="checkbox"/></p> |
| 6A3.9  | <p><b>Does your organisation have arrangements in place for consultation with workforce on health and safety matters?</b></p> <p>If the answer is 'YES', please provide details below:</p> <p>Response:</p>                                                                                                                                                                                                                                                                                                                                           | <p>Yes<br/><input type="checkbox"/></p> <p>No<br/><input type="checkbox"/></p> |
| 6A3.10 | <p><b>Where appropriate, does your organisation undertake health monitoring of workforce?</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>Yes<br/><input type="checkbox"/></p> <p>No<br/><input type="checkbox"/></p> |
| 6A3.11 | <p><b>Do you have a system in place for monitoring your Health and Safety arrangements including auditing them at periodic intervals</b></p>                                                                                                                                                                                                                                                                                                                                                                                                          | <p>Yes<br/><input type="checkbox"/></p>                                        |

|                                                                                                                                                               |  |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|
| <b>and for reviewing them on an ongoing basis?</b><br><br>If the answer is ' <b>YES</b> ', please provide details below, including examples.<br><br>Response: |  | No<br><input type="checkbox"/> |
| Name of Person completing this form:                                                                                                                          |  |                                |
| Position in Organisation:                                                                                                                                     |  |                                |
| Contact Tel No:                                                                                                                                               |  |                                |
| Email Address:                                                                                                                                                |  |                                |
| Date:                                                                                                                                                         |  |                                |
| Signature:                                                                                                                                                    |  |                                |

|                                                                    |                                                                                                                                                                                                                                                                                      |                                                                       |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <b>6A4 Safeguarding</b>                                            |                                                                                                                                                                                                                                                                                      |                                                                       |
| <b>NOTE TO ORGANISATION:</b>                                       |                                                                                                                                                                                                                                                                                      |                                                                       |
| <i><b>This section will be evaluated on a pass/fail basis.</b></i> |                                                                                                                                                                                                                                                                                      |                                                                       |
| 6A4.1                                                              | Does your organisation undertake adequate checks of staff including references, DBS checks etc.                                                                                                                                                                                      | Yes<br><input type="checkbox"/><br><br>No<br><input type="checkbox"/> |
| 6A4.2                                                              | <b>Do you have an up to date Single Central Record for Disclosure &amp; Barring Service checks for staff and volunteers?</b><br><br>Please note that you will be required to provide a copy of your Single Central record and policies and procedures if you are offered a contract. | Yes<br><input type="checkbox"/><br><br>No<br><input type="checkbox"/> |

|                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6A5 Transfer of Undertakings (Protection of Employment) Regulations (TUPE)</b><br><br>The Council believes that TUPE applies to this contract. Details of staff affected have been appended as Appendix 3. Any information provided by the Council is for Guidance only and suppliers should take their own legal advice. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## 6B – Insurance

(This question is to be scored on a pass/fail basis.)

|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 6B 1 | <p>Please self-certify whether you already have, or can commit to obtain, prior to the commencement of the contract, the levels of insurance cover indicated below:</p> <p>Please self-certify whether you already have, or can commit to obtain, prior to the commencement of the contract, the levels of insurance cover indicated below:</p> <p>(a) <b>Employer's Liability Insurance*</b> = £10million. Is required in respect of each and every claim.</p> <p>(b) <b>Public Liability Insurance</b> = £5million. Is required in respect of each and every claim with no abuse exclusion/inner limit.</p> <p>(c) <b>Professional Indemnity Insurance</b> = £5million. Is required in respect of each and every claim</p> <p>(d) <b>Medical Malpractice Insurance</b> = £5 million</p> <p><i>* It is a legal requirement that all companies hold Employer's Liability Insurance of £5 million as a minimum. Please note this requirement is not applicable to Sole Traders.</i></p> | <p>Yes<br/><input type="checkbox"/></p> <p>No<br/><input type="checkbox"/></p> |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|

### EMPLOYER'S LIABILITY INSURANCE

- i. Insurer: **(Name of Insurance company not broker)**
- ii. Policy Number:
- iii. Extent of cover:
- iv. Expiry date:

### PUBLIC LIABILITY INSURANCE

- i. Insurer: **(Name of Insurance company not broker)**
- ii. Policy Number:
- iii. Extent of cover:
- iv. Expiry date:

### PROFESSIONAL INDEMNITY INSURANCE

- i. Insurer: **(Name of Insurance company not broker)**
- ii. Policy Number:
- iii. Extent of cover:
- iv. Expiry date:

### MEDICAL MALPRACTICE INSURANCE

- i. Insurer: **(Name of Insurance company not broker)**
- ii. Policy Number:
- iii. Extent of cover:
- iv. Expiry date:

### Signatory for Insurance Details

|                                  |  |
|----------------------------------|--|
| <b>Name of Organisation:</b>     |  |
| <b>Name:</b>                     |  |
| <b>Position in Organisation:</b> |  |
| <b>Date:</b>                     |  |

**6C – Compliance with equality legislation**  
(This section is to be scored on a pass/fail basis.)

**For organisations working outside of the UK please refer to equivalent legislation in the country that you are located.**

|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>6C 1</b> | In the last three years, has any finding of unlawful discrimination been made against your organisation by an Employment Tribunal, an Employment Appeal Tribunal or any other court (or in comparable proceedings in any jurisdiction other than the UK)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes<br><input type="checkbox"/><br>No<br><input type="checkbox"/> |
| <b>6C 2</b> | <p>In the last three years, has your organisation had a complaint upheld following an investigation by the Equality and Human Rights Commission or its predecessors (or a comparable body in any jurisdiction other than the UK), on grounds or alleged unlawful discrimination?</p> <p>If you have answered “<b>YES</b>” to one or both of the questions in this module, please provide a summary using the field below to confirm the nature of the investigation and an explanation of the outcome of the investigation to date.</p> <p>If the investigation upheld the complaint against your organisation, again, please use the field below to explain what action (if any) you have taken to prevent unlawful Discrimination from reoccurring.</p> | Yes<br><input type="checkbox"/><br>No<br><input type="checkbox"/> |
| <b>6C 3</b> | If you use sub-contractors, do you have processes in place to check whether any of the above circumstances apply to these other organisations?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes<br><input type="checkbox"/><br>No<br><input type="checkbox"/> |

*Enter details here if necessary*

**6D - Health and Safety**  
(This question is to be scored on a pass/fail basis.)

|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>6D 1</b> | Please self-certify that your organisation has a Health and Safety Policy that complies with current legislative requirements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes<br><input type="checkbox"/><br>No<br><input type="checkbox"/> |
| <b>6D 2</b> | <p>Has your organisation or any of its Directors or Executive Officers been in receipt of enforcement/remedial orders in relation to the Health and Safety Executive (or equivalent body) in the last 3 years?</p> <p>If your answer to this question was “<b>YES</b>”, please provide details in the field below, of any enforcement/remedial orders served and give details of any remedial action or changes to procedures you have made as a result. The Authority will exclude bidder(s) that have been in receipt of Enforcement/remedial action orders unless the bidder(s) can demonstrate</p> | Yes<br><input type="checkbox"/><br>No<br><input type="checkbox"/> |

|                                 |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
|                                 | to the Authority's satisfaction that appropriate remedial action has been taken to prevent future occurrences or breaches.                                                                                                                                                                                                                                                                    |                                                                        |
| <b>6D 3</b>                     | <p>If you use sub-contractors, do you have processes in place to check whether any of the above circumstances apply to these other organisations?</p> <p><i>You may be excluded if you are unable to demonstrate to the Authority's satisfaction that appropriate remedial action has been taken to prevent similar unlawful discrimination reoccurring, in relation to this section.</i></p> | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> |
| Enter details here if necessary |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |

## 7. Declaration

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>7</b>                  | <p>I declare that to the best of my knowledge the answers submitted to these questions are correct. I understand that the information will be used in the selection process to assess my organisation's suitability to be invited to participate further in this procurement, and I am signing on behalf of..... <b>(Insert name of supplier).</b></p> <p>I understand that the Authority may reject my submission if there is a failure to answer all relevant questions fully or if I provide false/misleading information. I have provided a full list of any Appendices used to provide additional information in response to questions.</p> <p>I also declare that there is no conflict of interest in relation to the Authority's requirement.</p> <p>The following appendices form part of our submission;</p> | <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> |
| <b>Section ref of SAQ</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Supplier Appendix number</b>                                        |
| Enter here if necessary   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Enter here if necessary                                                |
| SAQ completed by:         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |
| <b>7.1</b>                | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |
| <b>7.2</b>                | Role in Organisation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |
| <b>7.3</b>                | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |
| <b>7.4</b>                | Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |

End of Schedule 3 SAQ

# Cheshire East Borough Council

## INFECTION CONTROL SERVICES

### SCHEDULE 4 – PRICING SCHEDULE

#### Pricing Schedule – (40% of total evaluation score)

Please complete the pricing schedule below for your proposed charges for the provision of Infection Control Services

This should represent the full charges payable by Cheshire East Council for the **full term 1<sup>st</sup> April 2016 – 31<sup>st</sup> March 2018 with a 2 x 12 month option to extend** available under the contract - **No claim for additional payment will be considered for items that have not been specified.**

Please ensure that you use the following schedules.

Please note that the evaluated price will be the **Total Amount Payable** (excluding VAT) which must include **ALL** charges in respect of the term of the contract.

Failure to quote for all aspects of the project listed will result in a score of zero for this section. If no separate charge is made for any of the below please indicate the charge is “nil” rather than leave the box blank.

Table is an example pricing schedule. Please complete Table B with your price offering:

Table A:

|                                    | Year 1<br>(1/04/16 -<br>31/03/17) | Year 2<br>(1/04/17 -<br>31/03/18) | Year 3<br>(1/04/18 -<br>31/03/19) | Year 4<br>(1/04/19 -<br>31/03/20) |
|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Community Infection Control        | Up to<br>£101,167.41              | Up to<br>£101,167.41              | Up to<br>£101,167.41              | Up to<br>£101,167.41              |
| Community TB<br>(inc TB Nursing)   | Up to<br>£58,778.98               | Up to<br>£58,778.98               | Up to<br>£58,778.98               | Up to<br>£58,778.98               |
| ICNet Surveillance                 | Up to<br>£15,977                  | Up to<br>£15,977                  | Up to<br>£15,977                  | Up to<br>£15,977                  |
| Total Annual Budget                | Up to<br>£175,923.39              | Up to<br>£175,923.39              | Up to<br>£175,923.39              | Up to<br>£175,923.39              |
| Total Contract Value 2 Years +1 +1 |                                   |                                   |                                   | £703,693.56                       |

|                                           | <b>Year 1</b><br><b>(1/04/16 -</b><br><b>31/03/17</b> | <b>Year 2</b><br><b>(1/04/17 -</b><br><b>31/03/18)</b> | <b>Year 3</b><br><b>(1/04/18 -</b><br><b>31/03/19)</b> | <b>Year 4</b><br><b>(1/04/19 -</b><br><b>31/03/20)</b> |
|-------------------------------------------|-------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|
| <b>Community Infection Control</b>        |                                                       |                                                        |                                                        |                                                        |
| <b>Community TB (inc TB Nursing)</b>      |                                                       |                                                        |                                                        |                                                        |
| <b>ICNet Surveillance</b>                 |                                                       |                                                        |                                                        |                                                        |
| <b>Total Annual Budget</b>                |                                                       |                                                        |                                                        |                                                        |
| <b>Total Contract Value 2 Years +1 +1</b> |                                                       |                                                        |                                                        | <b>£</b>                                               |

*End of Schedule 4*



**Cheshire East Borough Council  
INFECTION CONTROL**

**SCHEDULE 5  
ITT QUALITATIVE EVALUATION QUESTIONS**

**Quality Questions – (60% of total evaluation score)**

**Introduction**

These are the ITT Qualitative questions, which are contract specific and relate to the technical and professional ability of the supplier. Please ensure your responses are in line with the questions page limit and 12pt Arial. Anything beyond the page limit will not be taken into consideration by the Council.

| <b>Technical Ability</b>                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| <b>No.</b>                                                                          | <b>Question</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Marks<br/>Allocated</b> |
| <b>1.1</b>                                                                          | <p><b>Please outline your service model. It should include the following:</b></p> <ul style="list-style-type: none"> <li>In what ways does your model demonstrate ambition and innovation to deliver improved health outcomes and a reduction in HACI's?</li> <li>Detail how your model provides co-ordinated support throughout the investigation and management of infections and ensures effective and timely treatment interventions</li> <li>How the service will develop and maintain the required agreements and working relationships with other services to improve care across several commissioning geographies?</li> <li>How will you ensure the service delivers social value within the local communities it serves?</li> <li>What is the strategy for responding to any future changes in patterns of demand for the service?</li> </ul> <p><b>Maximum Page Limit: 2</b></p> | <b>15%</b>                 |
| <p><b>Response:</b></p> <div style="height: 100px; border: 1px solid black;"></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 1.2                     | <p><b>Please provide a detailed Mobilisation Plan with timeline for key milestones, and named accountable officers, including the following:</b></p> <ul style="list-style-type: none"> <li>• How the change from the current service arrangements will be managed to agreed timescales. Including proposals for location and accommodation of the services in line with the requirements in the Service Specification</li> <li>• How will continuity of care for existing service users be ensured?</li> <li>• Describe the approach to comply with TUPE in order to facilitate an efficient and effective transfer of staff and smooth transition of services and service continuity.</li> <li>• What are your proposals around sustained marketing and communications and branding the new service appropriately so as to ensure early and effective partnership working?</li> <li>• The Service will be required to use and manage the ICNet Surveillance System. Please describe how you will ensure access to the ICNet system hosted at East Cheshire NHS Trust and Microbiology Lab used by both the Acute Hospital Trusts.</li> </ul> <p><b>Maximum Page Limit: 2</b></p> | 10% |
| <p><b>Response:</b></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
| 1.3                     | <p><b>How will you engage with stakeholders effectively to ensure a reduction in HCAIs?</b></p> <p>Please provide a stakeholder engagement plan.</p> <p><b>Maximum Page Limit: 2</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5%  |
| <p><b>Response:</b></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 1.4                     | <p><b>Please outline your proposed clinical governance framework, to include:</b></p> <ul style="list-style-type: none"> <li>• How will a culture of continuous improvement and learning be integrated across the service, including audit processes, learning from events, incidents, comments, complaints and service user experience?</li> <li>• Describe procedures for dealing with staff performance and how any issues relating to staff arising from service user and stakeholder feedback will be dealt with.</li> <li>• Provide details of case assessment, risk assessment, safeguarding and testing and prescribing documentation.</li> <li>• How does your organisation intend to ensure a safe migration of data at the start of the contract?</li> <li>• Describe how you propose to manage the ICNet Surveillance System?</li> <li>• How will your organisation ensure a safe sharing of data to manage and reduce the impact of HCAI?</li> </ul> <p><b>Maximum Page Limit: 2</b></p> | 10% |
| <p><b>Response:</b></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| 1.5                     | <p><b>Please describe your organisation's proposals for responding to an outbreak?</b></p> <p>Please describe how will you intend to work with partners and other agencies such as Public Health England?</p> <p><b>Maximum Page Limit: 2</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5%  |

**Response:**

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| 1.6 | <p><b>Explain how you will ensure that you have the capacity to deal with service providers who complete self-audit tools and how your service proposes to manage this workload?</b></p> <p>What skills and expertise will your organisation be able to bring to deal with service providers such as dental practices to ensure compliance is achieved?</p> <p><b>Maximum Page Limit: 2</b></p> | 5% |
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**Response:**

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| 1.7 | <p><b>What proposals does your organisation have for improving infection prevention and control in providers reluctant to engage with this agenda? How will you proactively engage with reluctant parties in Cheshire East?</b></p> <p>Please include details of:</p> <ul style="list-style-type: none"> <li>• Communication plans</li> <li>• Training programmes</li> <li>• Audit processes</li> </ul> <p><b>Maximum Page Limit: 2</b></p> | 5% |
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**Response:**

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| 1.8 | <p><b>Please provide the following information in relation to workforce:</b></p> <ul style="list-style-type: none"> <li>• Provide details of the proposed management structure which demonstrates key clinical/managerial roles, reporting relationships and accountability. This should include roles and accountabilities between organisations where sub-contracting or partnership arrangements apply.</li> <li>• How will all staff be recruited, assessed, trained and supervised to ensure they can deliver interventions commensurate with their role and appropriate to the service's needs, in line with relevant guidance and standards?</li> </ul> | 5% |
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|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                         | <ul style="list-style-type: none"> <li>• How will the service ensure that all staff are effectively supervised and have the appropriate competencies for their roles and responsibilities?</li> <li>• How will staff cover (e.g. in case of absence) be ensured, including details of approach to use of agency staff.</li> <li>• Describe key induction programme modules for all staff and the rationale involved.</li> <li>• How will the service ensure clinical competence is maintained and all mandatory training requirement and Continuing Professional Development is delivered, including maintenance of registration?</li> </ul> <p><b>Maximum Page Limit: 2</b></p> |  |
| <p><b>Response:</b></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |

*End of Schedule 5 ITT Response*