

CP11/11/13

Lot 1 - Appendix 1:

INVITATION TO TENDER

Questionnaire & Form of Tender

States of Guernsey

Provision of Patient Air Transfers

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SECTION 1 - ITT QUESTIONNAIRE

Part 1 - Commercial Details

Company Name	
Registered Address	
Postcode	
Date Company Formed	
Company Registration No.	
GST / VAT Registration Number	
Contact point for this tender	
Contact phone number	
Contact email address	
Company Web Address	

Type of Organisation - (e.g. Private, Private Limited Company, Partnership, Local Authority, Voluntary Body, Registered Charity)	
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If part of a group or parent company structure please provide details and outline the structure/relationship.

Will the Parent Company sign a Performance Guarantee contract?	YES/NO
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Insurance Policy	Level of Cover £	Current Policy Expiry Date
Employers Liability Insurance – Min £10m		
Public Liability Insurance – Min £10m		
Aircraft Third Party / Passenger Liability Insurance - £50m		

Please note - if you do not have the required level of cover you may declare that you will increase the cover to these levels if you are awarded the contract.

Do any of the following apply to your organisation, or to (any of) the Director(s), Partners or Proprietor(s):- (delete the response NOT applicable)

Is in a state of bankruptcy, insolvency, compulsory winding up, receivership and composition with creditors or subject to relevant proceedings?	YES/NO
Has been convicted of a criminal offence related to business or professional conduct? (this would include breaches of environmental legislation for example)_	YES/NO
In the last three years has any finding of unlawful discrimination in relation to employment legislation been made by any court or tribunal or in comparable proceedings in any other jurisdiction?	YES/NO
In the last three years has any finding of unlawful discrimination in relation to equality legislation been made by any court or tribunal or in comparable proceedings in any other jurisdiction? This covers unlawful discrimination on the basis of ethnicity (or race), gender, sexual orientation, disability, religion, belief or age	YES/NO
In the past 3 years has the company (or any Director or Partner of the Company) been prosecuted or received any form of improvement or prohibition notice or equivalent, for any offence relating to Health & Safety	YES/NO
Has not fulfilled obligations related to payment of taxes and social security contributions in its registered jurisdiction or residence	YES/NO
Conflicts of interest. Do any potential conflicts of interest exist between this work, any senior member of your organisation or any sub-contractor that you may use?	YES/NO

If YES was answered for any of the above – provide brief details and explain what action has been taken to rectify the situation and prevent a reoccurrence:-

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Year	Total Turnover for all company trading £	Profit/Loss for all company trading £
2009/10		
2008/9		
2007/8		

Please confirm that upon request you can provide copies of the last three financial years' audited accounts and annual reports of your organisation and those of the Ultimate Holding or Parent Company where applicable.	YES / NO
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If unable to supply upon request, please give reasons.

Financial information is required FOR YOUR COMPANY ONLY – NOT any parent company or group finances.

The Authority will complete a credit reference check to review your company's financial status if you do not have registered accounts at Companies House.

Please complete the following

<input type="checkbox"/>	NO objection to a financial check being undertaken
<input type="checkbox"/>	Objection to a financial check being undertaken. Please provide reasons for this:-

Part Two – Company Reference Sites

Reference Sites

This can relate to previous or current work. References WILL be taken up if required. If you wish to provide more references then please include details on a separate sheet.

Reference One: -

Name of Client Organisation	
Referee Name & Contact Number	
Referee email address	
Description of Contract	
Key successes or value added by your company	
Contract Start Date	
Contract Expiry Date	
Total Contract Value	

Reference Two: -

Name of Client Organisation	
Referee Name & Contact Number	
Referee email address	
Description of Contract	
Key successes or value added by your company	
Contract Start Date	
Contract Expiry Date	
Total Contract Value	

Reference Three: -

Name of Client Organisation	
Referee Name & Contact Number	
Referee email address	
Description of Contract	
Key successes or value added by your company	
Contract Start Date	
Contract Expiry Date	
Total Contract Value	

Part Three – Service Provision & Technical Ability

Experience of Service Provision

Whilst the Authority wishes to encourage new entrants to the market where practicable, we are seeking to discover what relevant experience your company / organisation has for the provision of this tender/contract. Provide brief details of relevant experience over the last 3 years including a brief introduction to your company.

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Data Protection

Is your company compliant with the following data protection laws?

Guernsey	YES / NO / DON'T KNOW
Jersey	YES / NO / DON'T KNOW
UK or jurisdiction of your organisations location.	YES / NO / DON'T KNOW

Information Security

Do you accept that where appropriate, Employees will be required to sign documents obliging them to conform to the provisions of the relevant Authority Official Secrets legislation?

YES / NO

Resource Availability

State the number of staff currently employed by your organisation

Total for your Company	
Full time Employees	
Part Time Employees	
Number of Employees that will support this contract if successful	

Full Time Employees QTY

Management	
Pilot	
Anaesthetist	
Doctors	
Nurses	

Part Time Employees

Management	
Pilot	
Anaesthetist	
Doctors	
Nurses	

Provide details of staff including their qualifications and experience who will form part of :

- The Air Crew
- The Ground Crew
- The Medical Team
- The Support Personnel for the Medical Team

Confirm that all pilots of the aircraft shall be Civil Aviation Authority qualified, possess current and valid Instrument Rating and are fully trained in air ambulance operations

Confirm all staff meets the training requirements as specified by the Intensive Care Society (ICS) guidelines and the Royal College for Nurses (RCN) guidelines.

Confirm that all medical staff will comply with GMC requirements for revalidation, and have a license to practice.

Confirm that all medical staff used for the provision of the service will be registered on the Specialist Register or will be under supervision of a Doctor registered on the Specialist Register.

Provide details of your appraisal system for all staff which must include transfer services. Please clarify who would undertake this appraisal. E.g. Doctors, Nurses, Pilots.

Provide details of any indemnity insurance your staff are covered with. Include any medical insurance they may have.

Training Course Content for Medical Staff Provided by the Authority

Provide detail of the content of the training courses which will be needed to be provided in order for Authority medical staff to use the aircraft and the Services.

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Provide detail of the expected minimum content of the training requirements for accompanying medical staff and the method of delivery.

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Provide detail details of any supplementary training which would be available to the accompanying medical staff provided by the Authority.

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Health & Safety

Do you employ a designated Health and Safety Officer?

YES / NO

Provide a copy of your company health & safety policy – this can be attached as a separate document

Please detail your organisation’s safety performance over the last three years in terms of days lost due to work related incidents.

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Please detail your organisation’s safety performance over the last three years in terms of reported incidents or accidents involving any of your aircraft.

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Provide a copy of your company’s manual handling policy, guidance or training manual that you provide your staff.

Provide a detailed copy of your risk assessment process that your own staff are expected to follow on operational duties. This is to include specific areas including manual handling of patients and equipment.

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Relevant Accreditation / Membership

Identify any relevant bodies or organisations that your company is a member of or affiliated with.

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Environmental Management

The Authority encourages service providers to carry out services on its behalf in an environmentally friendly manner. Please supply a copy of your environmental policy indicating passages and statements that relate directly to this contract. Please also supply copies of any accreditation held (i.e. ISO 14001).

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Quality Management

Does your Organisation have a Quality Management System in place?

YES / NO

If so please provide details below. If not, do you have an in-house quality control system?

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Other Policy's

Provide the following copies of your company's policy's, guidance or training manual for:

- Resuscitation
- Infection Control
- Risk Management

Service Provision

State number and type of aircraft at the disposal of your business to deliver the required service.	
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State any non civilian airports your company are able to provide access to during the term of the contract
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State how your company would provide the Authority with a manned "help desk" 24 x 7 x 365 days p.a. with staff capable of dealing with all issues that could arise.

Provide details of how your company would ensure that an aircraft would be based at Jersey or Guernsey Airport or would be available for takeoff from either Airport within 1-2 hours of a request.

Provide existing processes in place that will ensure a 1-2 hour response to an emergency call out at all times
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Provide details of experience of dealing with other agencies necessary for the delivery of the service.

Provide details of how you would manage a response to a critical incident if you did not have access to any aircraft used for the running of the contract.
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Provide details of how your company transfers patients from road ambulance to air ambulance and vice-versa.

Provide details of your method for the most efficient and cost effective management of the repatriation of Authority personnel
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Provide details of your method for the most efficient and cost effective management of the repatriation of patients

Detail your methods of ensuring that clinical staff can communicate during the flight with transferring road ambulance and hospital staff and with the receiving road ambulance and hospital staff in the receiving site

Provide details of your company's Critical Incident System.

Provide details of your company's Patient Complaint System

Aircraft Technical Specification

Provide a complete and detailed specification sheet for each aircraft listing all aircraft that you would use to provide the provision of the agreement to the Authority and ensure the requested technical specification below is, as a minimum, is included in the sheets.

Aircraft Type, Aircraft Model, Aircraft Registration

Height from the ground of the floor of the aircraft or of the loading mechanism on to which the patient will be transferred.

Internal dimensions of aircraft indicating the amount of space to accommodate the patient and clinical staff.

Dimensions of aircraft doorway and the method to be used to embark /disembark the patient.

Length width and inclination of any loading ramp to be used.

State if the aircraft to be used will facilitate the easy loading/unloading of a stretcher patient or incubator with adequate door openings etc.

Clarify the height of the aircraft floor or of any mechanical lifting and handling system will not exceed three foot six inches from the ground unless the aircraft is fitted with a suitable ramp.

Confirm and provide details that the aircraft proposed for the provision of the contract will have Civil Aviation-approved fixings and electrical connections for: Stretcher; Incubator; Medical equipment.

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Confirm and provide details that the aircraft proposed for the provision of the contract will be fitted with a 'Life port or equivalent loading system including suction and oxygen and be fitted with D.C. power connections.

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Confirm that the space inside the aircraft to be proposed for the contract will be sufficient to accommodate a stretcher or an incubator with room for up to three clinical staff to attend to the patient during the flight.

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Provide details of your company's aircraft maintenance and repair plan including details of how your company would maintain the aircraft without loss of service to the Authority.

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Equipment Technical Specification

Provide a list, including any technical specifications of the medical equipment that the aircraft will have onboard as standard.

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Provide a list, including any technical specifications of the medical equipment that you are able to provide if required by the Authority that is additional to the above list.

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Confirm all equipment conforms to the guidelines from the ICS both current and future revisions made during the course of the agreement.

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Provide details of how any equipment provided by the Authority will be appropriately located and secured within the aircraft

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Provide details of your method for the most efficient and cost effective management of the Authority medical equipment which is used in the transfer of patients.

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Provide details of your company's equipment maintenance and repair plan including details of how your company would maintain the equipment without loss of service to the Authority.

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Provide details of any drugs that are carried on board also providing details of how they are stored and dispensed.

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Specific Medical Modifications

Provide details of any specific modifications, equipment installations, specialist configurations etc. your company would review and implement that may enhance the provision of air ambulance services.

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Additional Information

It is the intention of both jurisdictions to work collaboratively with each other with the successful supplier over the period of any agreement to review the service and implement any changes that may collaboratively provide savings and / or efficiencies. If you believe you may have any information or solutions to put forward and submit please provide the details here, including any information for an area the States may have over seen or missed in the above specification.

We welcome any proposals from suppliers.

If you wish to provide attachments please ensure you have referenced the title below for evaluation purposes.

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SECTION 2 – PRICING SCHEDULES

Pricing Schedule

Please complete the pricing schedule attachment (Appendix 1A) and sign the pricing schedule declaration.

Where Third Party costs are included or specification altered, these must be agreed prior to arrangement

Pricing Schedule Declaration

I/We offer to supply the services in accordance with the foregoing pricing schedules:

* Signed: Date:

Name: *(in block capitals)*

In the capacity of: on behalf of:
(State official position, i.e. Director, Manager, Secretary etc.)

Name and postal address:

.....

.....

Telephone No: Fax No:

*(It must be clearly shown whether the Tenderer is a limited company, statutory corporation, partnership or single individual, trading under his own or another name, and also if the signatory is not the actual Tenderer, the capacity in which he/signs or is employed.

Appendix 1A: Pricing Schedule (Attachment)

The Authorities intention is to contract on the basis of a Schedule of Rates.

The Authority recognises however, that certain costs are outside the control of the Contractor e.g. Fuel; landing fees; related airport charges.

For these, the Authority proposes a bi-yearly review with price movements from an agreed baseline being applied in the subsequent period.

To ensure total cost transparency and to enable the bi-yearly reviews to be conducted on a fair and equitable basis Contractors are required to provide cost breakdowns in the format provided.

Price per flight hour

Please complete **Table 1** in the attachment 'Appendix 1A Pricing Schedule' to provide the price per flight hour you will charge for each aircraft that will be available to the Authority.

There is provision in the table to indicate any discounts which might apply at above 500 hours per annum. If a discount would apply at a different point, please indicate this.

Charging of flight hours

This information is being requested to help us understand your charging policy.

Please complete **Table 2 & Table 2A** in the attachment 'Appendix 1A Pricing Schedule' to indicate the approximate number of flight hours you would charge for the example journeys.

In **Table 2A** please include any chargeable hours for collecting medical crews (if you are asked to provide them) etc., so that the total number of hours you would charge the Authority are shown in the table.

For the purposes of this exercise, in terms of repatriating staff (Authority, NHS or Contractor provided), please assume that staff need to be returned to their base as quickly as possible, using your aircraft (on charter).

Medical Team

Please complete **Table 3** to provide the price for medical crew, indicating whether per hour/day etc.

Ad-Hoc Expenses

Please indicate in **Table 4** how you will cost ad-hoc expenses to be passed on to the Authority.

Provision of Medical Equipment

Please complete **Table 5** to provide the price for the provision of medical equipment.

Other costs

Please indicate in **Table 6** any other options or value add services with providing this service that haven't already been included in the pricing schedule.

Price increases

Prices will be reviewed on an annual basis, with the exception of certain costs that are outside of the control of the tenderer.

Please indicate in **Table 7** which elements of the price you are proposing this would apply to.

For each bi-yearly review the Contractor will be asked to provide the following information:

- Evidence to support current price.
- Evidence of price increase & date this is applicable from.

Payment

The total payment to the Air Ambulance by the department will be based on the following criteria:

- The fee or fees as specified in the tender documents for the core services. This may be up-rated as indicated in the tender submission and would cover the providers cost and profit.
- Any additional costs incurred for incidental services specified in the tender document.

SECTION 3 – FORM OF TENDER & TENDER

DECLARATION

Form of Tender & Tender Declaration

To:

We undertake to provide the following services: -

We accept the provisions of the Invitation to Tender and offer to provide goods, services or works in accordance with the prices, terms and conditions stated herein.

We understand that the Authority will disregard any oral agreement or arrangement made by us, and that we are cautious to check our Tender before submission, as amendments to or withdrawals of Tender submitted, if received by the Authority after the time specified for receipt of tender, may not be considered.

We undertake, and it shall be a condition of any Contract that;

the following is a 'bona-fide' Tender, intended to be competitive and that we have not fixed or adjusted the amount of the Tender by or under or in accordance with any other person. We also certify that we have not done and we undertake that we will not do any of the following:

communicate to any person other than the person calling for these Tenders the rates or approximate rates in the proposed Tender,

enter into an agreement or arrangement with any other person that he shall refrain from tendering or as to the amount of any Tender to be submitted,

offer to pay or give or to receive, or agree to pay or give or receive, any sum of money or consideration directly or indirectly to or from any person for doing or having done or causing or having caused to be done in relation to this or any other Tender or proposed Tender for the said goods or services any act or thing of the sort described above. In this context "person" includes any person and anybody or association, corporation or incorporate and "any agreement or arrangement" includes any such transaction formal or informal whether legally binding or not.

that no variations in, or acceptance of any Invitation to Tender, or Tender shall be binding unless agreed in writing.

This Tender shall remain open for acceptance for a period of One Hundred and Twenty **(120) days** from the final date for the submission of Tenders.

We also confirm that we have not allowed any amount in our Tender for Value Added Tax.

Unless and until a formal agreement is executed this Tender together with your written acceptance thereof, shall constitute a binding agreement between us.

We undertake that any of our employees, agents or servants providing the services under this Contract, where so required by the Authority will enter into and abide by a Confidentiality Agreement to be in a form acceptable to the Authority.

We understand and it is agreed that the Authority shall retain the right to reject any and all Tenders, in whole or in part. And it is furthermore agreed that the Authority shall be under no obligation to select the lowest or any other Tender.

We understand that the Authority reserves the right to alter or cancel any requirement stated in the contract at any time during the period of the contract.

We have taken all necessary steps to inform ourselves regarding this requirement and we understand and agree that the Authority shall not be liable for any inaccuracy or insufficiency in the information available to us in connection with this Tender.

Dated:

Signed:

Name (Capitals):

Title:

On behalf of:

Address:
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