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North

Yorkshire County Council

Contractor Quality
Assessment
Questionnaire

CONTRACTS FOR TRANSPORT SERVICES IN THE SCARBOROUGH,
HAMBLETON, CRAVEN, STOKESLEY AND SELBY AREAS.
COMMENCEMENT DATE: 18TH April 2010

CONTRACT REFERENCE: VARIOUS

DATE FOR RETURN OF THE QUESTIONNAIRE
12:00 (noon) 30th November 2009

Name of Company (*please complete*)

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North Yorkshire County Council
County Hall
Northallerton
DL7 8AD

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Aims and Objectives

The objective of this contractor quality assessment questionnaire is to assess the suitability or not, of an organisation to operate contracted transport services on behalf of North Yorkshire County Council. The ultimate award of contracts decision will be based upon assessment of the most economically advantageous tender, which will take account of the price and quality of tender submissions.

GUIDANCE NOTES FOR COMPLETING THE QUESTIONNAIRE
(PLEASE READ CAREFULLY)

- (i) The purpose of this Questionnaire is to provide the Council with sufficient information about tenderers to allow an assessment to be made of their capability and suitability to operate transport contracts on behalf of North Yorkshire County Council.
- (ii) All questions should be answered in English. The questions require concise, honest and factual responses.
- (iii) Each question must be answered in full using the same section and numbering format as appears in the Questionnaire. Failure to do so will result in the organisation's questionnaire not being considered and their tenders being discarded. Even if you already provide similar services to the Council, you should still answer all questions fully.
- (iv) The questions are either "info" or "Threshold". Your tender will only be considered if you have provided all the info requested and given the correct answer to each of the Threshold questions. Where possible these answers have been restricted to yes or no with yes being the correct answer. You should, however be aware that before awarding you any contracts we will seek further clarification to validate your answers. If we are unable to validate your answers then you will be deemed not to have met the Threshold and **ALL YOUR TENDERS WILL BE DISREGARDED**,
- (iv) For the purposes of this Questionnaire, all references to "the contractor" mean the contractor which is submitting the application. Unless stated otherwise when answering the questions, please give details which specifically relate to your organisation and not the whole group if your organisation forms part of a group. Contractors must provide details of the legal status of their organisation (e.g. limited company, partnership etc).
- (v) Format Of Questionnaire
 - Your answers should be inserted in the table in the space provided either below or alongside each question. Where possible we have restricted this to yes or no – make sure you tick the box.
 - Please ensure that each question is answered in full and in the order it appears in the Questionnaire. If the question is not applicable or relevant to your organisation please insert N/A.
 - Please ensure that the declaration is signed and dated by an authorised person of suitable seniority within the organisation.
 - Please ensure that any supporting documents are clearly cross-referenced to the question number to which they relate.

DECLARATION

As set out in the Public Contract Regulations 2006 (SI 2006 No. 5), regulation 23, the Council shall comply with the following extract of requirements:

(1) Treat as ineligible and shall not select an economic operator in accordance with the Regulations if the contracting authority has actual knowledge that the economic operator or its directors or any other person who has powers of representation, decision or control of the economic operator has been convicted of any of the following offences—

- (a) conspiracy within the meaning of section 1 of the Criminal Law Act 1977(a) where that conspiracy relates to participation in a criminal organisation as defined in Article 2(1) of Council Joint Action 98/733/JHA(b);
- (b) corruption within the meaning of section 1 of the Public Bodies Corrupt Practices Act 1889(c) or section 1 of the Prevention of Corruption Act 1906(d);
- (c) the offence of bribery;
- (d) fraud, where the offence relates to fraud affecting the financial interests of the European Communities as defined by Article 1 of the Convention relating to the protection of the financial interests of the European Union, within the meaning of—
 - (i) the offence of cheating the Revenue;
 - (ii) the offence of conspiracy to defraud;
 - (iii) fraud or theft within the meaning of the Theft Act 1968(a) and the Theft Act 1978(b);
 - (iv) fraudulent trading within the meaning of section 458 of the Companies Act 1985(c);
 - (v) defrauding the Customs within the meaning of the Customs and Excise Management Act 1979(d) and the Value Added Tax Act 1994(e);
 - (vi) an offence in connection with taxation in the European Community within the meaning of section 71 of the Criminal Justice Act 1993(f); or
 - (vii) destroying, defacing or concealing of documents or procuring the extension of a valuable security within the meaning of section 20 of the Theft Act 1968;
- (e) money laundering within the meaning of the Money Laundering Regulations 2003(g); or
- (f) any other offence within the meaning of Article 45(1) of the Public Sector Directive as defined by the national law of any relevant State.

Furthermore, paragraph 4 of the Regulations state that;

- (4) A contracting authority may treat an economic operator as ineligible or decide not to select an economic operator in accordance with these Regulations on one or more of the following grounds, namely that the economic operator—
 - (a) being an individual is bankrupt or has had a receiving order or administration order or bankruptcy restrictions order made against him or has made any

composition or arrangement with or for the benefit of his creditors or has made any conveyance or assignment for the benefit of his creditors or appears unable to pay, or to have no reasonable prospect of being able to pay, a debt within the meaning of section 268 of the Insolvency Act 1986(h), or article 242 of the Insolvency (Northern Ireland) Order 1989(i), or in Scotland has granted a trust deed for creditors or become otherwise apparently insolvent, or is the subject of a petition presented for sequestration of his estate, or is the subject of any similar procedure under the law of any other state;

- (b) being a partnership constituted under Scots law has granted a trust deed or become otherwise apparently insolvent, or is the subject of a petition presented for sequestration of its estate;
- (c) being a company or any other entity within the meaning of section 255 of the Enterprise Act 2002(a) has passed a resolution or is the subject of an order by the court for the company's winding up otherwise than for the purpose of bona fide reconstruction or amalgamation, or has had a receiver, manager or administrator on behalf of a creditor appointed in respect of the company's business or any part thereof or is the subject of the above procedures or is the subject of similar procedures under the law of any other state;
- (d) has been convicted of a criminal offence relating to the conduct of his business or profession;
- (e) has committed an act of grave misconduct in the course of his business or profession;
- (f) has not fulfilled obligations relating to the payment of social security contributions under the law of any part of the United Kingdom or of the relevant State in which the economic operator is established;
- (g) has not fulfilled obligations relating to the payment of taxes under the law of any part of the United Kingdom or of the relevant State in which the economic operator is established;
- (h) is guilty of serious misrepresentation in providing any information required of him under this regulation.

This summary is intended as a guide only and organisations should refer to the relevant statute for further guidance on ineligibility. The Council may request further information from the organisation or from competent authorities if such information is required to decide on any exclusion referred to above.

I can confirm that the organisation is not ineligible to tender under the Public Contract Regulations 2006, regulation 23 and that I have checked that all questions have been answered where applicable and the supporting documents are enclosed as requested.

Signed:

.....

Date:

.....

Name:
(Capital letters)

.....

Position Held

.....

On behalf of
(Name of organisation)

.....

Name and address of organisation

.....
.....
.....

Telephone No:

E:mail:

Fax No:

Please note that for electronic submissions, electronic signatures or the name and position of the designated person is sufficient.

	management, skilled and un-skilled maintenance staff, office staff and drivers and passenger assistants.	
	<u>SECTION 2: OPERATOR / TAXI LICENCE DETAILS:</u>	
	PCV OPERATOR LICENCE DETAILS :	
2.1	Licence Number (Where than one licence is held, please give full details)	Info
2.2	Date Issued	Info
2.3	Valid Until	Info
2.4	Names which appear on this licence	Info
2.5	Name of Traffic Manager and hours they are employed each week	Info
2.6	No of Vehicles authorised	Info
2.7	No of Discs held	Info
2.8	Registered Operating Centres	Info
	TAXI LICENSING DETAILS:	
2.9	Hackney - licensing district	Info
	licensing ref	Info
	Private Hire - licensing district	Info
	licensing ref	Info

SECTION 3: FINANCIAL INFORMATION

NOTE TO CONTRACTORS: This section will be used to assess overall financial stability of the organisation. Financial References and Credit Checks will be followed up prior to the award of any contract. PCV contractors are required to demonstrate the availability of funds as required by Operators Licence legislation. Taxi contractors are required to demonstrate the availability of adequate funds to maintain vehicles which they operate.

3.1	<p>The names, addresses and contact details of the organisation's banker and accountant and confirmation that the Council can approach them for a financial reference. DO NOT LEAVE BLANK. IF YOU DO NOT HAVE AN ACCOUNTANT WRITE N/A</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Banker</th> <th style="width: 50%; text-align: center;">Accountant</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td style="height: 100px;"></td> </tr> </tbody> </table> <p>The council may request the following additional information, please confirm that you are willing to provide it:</p> <ul style="list-style-type: none"> • Your turnover over for the last two years • Confirmation that you have met the terms of your banking facilities and loan agreements during the last year • Confirmation that you have met all obligations to pay creditors and staff during the last year <p><u>Please tick to confirm</u></p> <p><input type="checkbox"/></p>	Banker	Accountant			Threshold
Banker	Accountant					

3.2	<p>The Organisation's VAT registration number (if registered) otherwise write N/A</p>	Info
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3.3	<p>Details of any outstanding claim or litigation against you or the organisation, which could affect its financial stability. (If none write N/A.)</p>	Threshold
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3.4	<p>Please confirm that if asked, you would be able to provide at least one of the following? (please indicate which)</p> <ol style="list-style-type: none"> 1. A copy of your most recent audited accounts. 2. A statement of your turnover, profit and loss account and cash flow for the most recent year of trading. 3. A statement of your cash flow forecast for the current year and a bank letter outlining the current cash and credit position. <p>Please tick as appropriate</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	Threshold
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SECTION 4: INSURANCE INFORMATION

	NB. Vehicle/fleet cover must include use for the business of the insurer including the carriage of passengers for hire and reward	
4.1	<p>Details of the organisation's Public Liability Insurance: - minimum of £5m</p> <p>Name of provider</p> <p>Value of Cover:</p> <p>Expiry Date:</p>	Info
4.2	<p>Details of the organisation's Employer's Liability Insurance: - minimum of £10m</p> <p>Name of provider</p> <p>Value of Cover:</p> <p>Expiry Date:</p>	Info
4.3	<p>If your current cover is less than the minimum indicated above, please CONFIRM that you would be prepared to increase your level of cover accordingly if awarded the contract</p> <p><u>Please tick as appropriate</u></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	Threshold

SECTION 5: EQUALITIES

5.1	<p>Does your organisation comply with your statutory obligations under the following legislation (or European equivalents)?</p> <ul style="list-style-type: none"> • Equal Pay Act 1970 • Sex Discrimination Act 1975 • Race Relations Act 1976 • Disability Discrimination Act 1995 • Sex Discrimination (Gender Reassignment) Regulations 1999 • Employment Act 2002 	Threshold
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	for CHAS or the equivalents and have ticked that they are not prepared to join are required to complete the remainder of the Health and Safety section, questions 6.5 to 6.14 below.	
6.5	Does your organisation have a written Health and Safety Policy (covering General Policy, Organisation and Arrangement) as required by Section 2(3) of the Health and Safety at Work etc Act 1974 and issue any codes of safe working practices to employees? (If the answer is yes please enclose a copy of the policy. If your organisation does not have a written Health and Safety Policy please give the reason why.)	Threshold
6.6	Please state how health and safety policies and procedures are communicated to your employees and administered within your organisation?	Threshold
6.7	Does your organisation have a procedure for the reporting and recording of accidents and dangerous occurrences in accordance with RIDDOR? (If the answer is yes , please enclose a copy.) YES <input type="checkbox"/> NO <input type="checkbox"/>	Threshold
6.8	Please complete the following table in respect of accidents and dangerous occurrences in the last 3 years as set out below. IF NONE WRITE N/A-DO NOT LEAVE BLANK	Info

Year	Fatal	Major Injury or "Over 3-Day"	Non-Reportable	Dangerous Occurrences	Reportable ill-health	Near Misses
Last 12 months						
Year 2						
Year3						

6.9	If your organisation has experienced any of the above occurrences during the last 3 years, or your organisation has been subject to	Threshold
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	<p>formal enforcement (e.g. Prosecution, Prohibition Notice or Improvement Notice) for contravention of the Health and Safety at Work etc Act 1974, or equivalent legislation arising from your conduct of activities similar to those covered by this contract during the last five years, you will be required to provide full details and explain corrective action taken to prevent re-occurrence prior to being offered any contracts</p>	
6.10	<p>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? (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.)</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	Threshold
6.11	<p>Does your organisation have a health and safety training programme for your employees to ensure that they are competent for their duties? (If the answer is yes, please enclose brief details of training courses or programmes undertaken by managers and employees.)</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	Threshold
6.12	<p>Does your organisation have arrangements in place for consultation with employees on health and safety matters?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	Threshold
6.13	<p>Where appropriate, does your organisation undertake health monitoring of employees? (If the answer is yes, please provide details.)</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	Threshold
6.14	<p>If your organisation uses sub-contractors, do you have a system in place for assessing their competence and the ongoing monitoring and review of their Health and Safety performance? (If the answer is yes, please provide details.)</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	Threshold

	N/A (DON'T USE SUBCONTRACTORS) <input type="checkbox"/>	
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<u>SECTION 7: SUSTAINABILITY</u>		
The Council is committed to working towards the objectives of sustainable development through its own actions and its influence over others. This includes through its procurement processes.		
7.1	<p>Does your organisation have an environmental policy?</p> <p><u>Please tick as appropriate</u></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If no please confirm (by ticking the box below) that you would be prepared to work with the authority to develop one. Samples of a simple environmental policy are available via this link and at other web sites www.environmentalpolicy.org.uk/statement.html.</p> <p><input type="checkbox"/></p>	Threshold
7.2	<p>Has your organisation been investigated, prosecuted or currently being investigated for a breach of any Environmental Legislation or regulation? (If yes, please provide details and note that the Council will investigate this further before determining whether you have met the Threshold.)</p> <p><u>Please tick as appropriate</u></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	Threshold

<u>SECTION 8: STAFF AND RECRUITMENT</u>		
8.1	<p>Please confirm that your company undertakes the following best practice for recruitment</p> <p>Ensures that application forms are completed by all staff</p> <p>Ensures that proper interviews are undertaken</p> <p>Ensures that references are requested and followed up</p> <p>Ensures that any offer of employment to staff employed in</p>	Threshold

	<p>relation to this contract is subject to satisfactory CRB clearance.</p> <p>Please tick as appropriate</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
8.2	<p>Name of person designated to be contacted in relation to CRB applications/staff related issues</p>	Info
8.3	<p>Please confirm that you will ensure that all medicals and eyesight tests for staff required to drive on NYCC contracts will be undertaken and that records of their existence will be retained</p> <p>Please tick as appropriate</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	Threshold
8.4	<p>Please confirm that you will check and retain a copy of all driving licenses every 6 months.</p> <p>Please tick as appropriate</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	Threshold
	<u>SECTION 9: SERVICE DELIVERY</u>	
9.1	<p>Would you use sub-contractors to deliver any part of the contract and if yes under what circumstances and how would the sub contractor be managed?</p> <p>Please tick as appropriate</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	Info
9.2	<p>Do you have a written contingency plan that your organisation would put in place to ensure delivery of service in the event of vehicle breakdown and driver or Passenger Assistant failure e.g. in the event of severe weather conditions</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you do not have a contingency plan for service delivery please confirm that your organisation will develop/implement one if the organisation is awarded a contract/s</p> <p>Please tick to confirm</p>	Threshold

	<input type="checkbox"/>	
9.3	<p>Is your organisation able to receive requests for quotations and tenders by e-mail? <u>Please tick as appropriate</u></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If so, please provide details of your IT system and e-mail address.</p>	Info
9.4	Please give the name of the person who is responsible for customer care and complaints within your organisation along with their contact details	Info
9.5	<p>Please confirm that your company undertakes the following best practice in relation to complaint handling</p> <p>Complaints are logged/recorded when they are received <input type="checkbox"/></p> <p>Complaints are acknowledged and investigated <input type="checkbox"/></p> <p>Complainants are provided with an appropriate response <input type="checkbox"/></p> <p>NYCC are notified of complaints that are made in relation to their contracted services <input type="checkbox"/></p> <p>If you do not have a complaints procedure please confirm that your organisation will develop/implement one if the organisation is awarded a contract/s</p> <p>Please tick to confirm <input type="checkbox"/></p>	Threshold

<u>SECTION 10: VEHICLES</u>						
10.1	Please provide details of all prohibitions made by VOSA on your PCV fleet in the last two years.					Threshold
	Registration No	Seating capacity	Date of Notice	Immediate/Delayed	Reason for prohibition	

10.2	Please provide details of PCV annual test results over the last two years					Threshold
	No presented	First time pass	Pass rectified at station (PRS)	Fail	Prohibition on test	
10.3	Please provide details of all defects identified by the local District Council Licensing Department on your taxi fleet in the last twelve months					Threshold
	Registration No	Seating capacity	Date of defect identified	Nature of defect		
10.4	Please tick the appropriate statement below in relation to your vehicle maintenance regime					Info
	<p>The organisation undertakes its own “in house” maintenance <input type="checkbox"/></p> <p>The organisation has an external contract for its vehicle maintenance or has a mix of in house and external provision <input type="checkbox"/></p>					
10.5	Please confirm that you have a daily first use check system for all vehicles					Threshold
	<p>Yes <input type="checkbox"/></p> <p style="margin-left: 300px;">No <input type="checkbox"/></p>					

10.6	Please give dates of any Traffic Commissioner enquiries that have been undertaken in relation to your company in the last 5 years.	Threshold
10.7	Please confirm that your taxis receive an independent safety check at no more than 3 monthly intervals <u>Please tick as appropriate</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	Threshold
10.8	Please confirm that your PCV vehicles are serviced in line with the requirements of your operators license <u>Please tick as appropriate</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	Threshold

This section is not part of the quality assessment

Please complete the following table to indicate the vehicles you will have available to undertake contracts for which you have tendered.

Passenger Seating Capacity	Total Number of Vehicles which will be available
4	
5 - 7	
8	
9 - 16	
17 - 21	
22 - 35	
36 - 57	
57+ Single deck	
57+ Double Deck	