

GREATER GLASGOW AND CLYDE NHS BOARD

NEW SOUTH GLASGOW HOSPITALS PROJECT

**THE APPOINTMENT OF A LEAD CONSULTANT FOR
A PUBLIC FINANCE PROCUREMENT ROUTE**

PRE-QUALIFICATION QUESTIONNAIRE

MAY 2008

OJEU Ref : 2008 - 048508



CONTENTS

Clause		Page No
Section 1	Statement of Good Standing	2
Section 2	Corporate Information	4
Section 3	Financial Information	10
Section 4	Relevant Experience	13
Section 5	Key Personnel	16
Section 6	Quality Assurance	17

Introduction

This pre-qualification questionnaire is referred to in the attached Information Memorandum. The purpose of this document is to provide information to assist Greater Glasgow and Clyde NHS Board (the "**Board**") in preparing a shortlist of applicants to receive tender documents.

The Board is looking to appoint a single project management consultancy (the "**Lead Consultant**") who will then lead a team of technical advisers (the "**Sub-consultants**") across a range of technical services.

The Lead Consultant and the Sub-consultants are collectively referred to as the "**Relevant Organisations**" and the term "**Relevant Organisation**" shall apply to the Lead Consultant and each of the Sub-consultants.

Completing This Form

All companies and relevant organisations that wish to be considered for the award of this contract must answer all questions within this document.

The Lead Consultant should complete all sections of this document.

The Sub-consultants should complete the following sections of this document: -

- All of Section 3
- Part (a) only of Section 4
- All of Section 5; and
- All of Section 6

Incomplete submissions may result in the submission not being considered by the Board. All submissions must be in the form of this pre-qualification questionnaire and respondents shall not change the format of this document.

Respondents are asked to focus their responses to the specific questions within this PQQ and not provide large quantities of company information where key responses maybe lost or difficult to find.

Section 1 – Statement of Good Standing

The Lead Consultant shall be required to sign the following certificate as part of their response to this document.

I/We confirm that:

The organisation/individual named below (and its directors and partners where relevant)

- (if an individual) is not bankrupt or had a receiving or administration order made against it nor made any composition or arrangement with or for the benefit of its creditors nor made any conveyance or assignment for the benefit of my/our creditors nor are unable to pay, or have no reasonable prospect of being able to pay, a debt within the meaning of Section 268 of the Insolvency Act 1986, or article 242 of the Insolvency (Northern Ireland) Order 1989, nor in Scotland has granted a trust deed for creditors or become otherwise apparently insolvent, nor is the subject of a petition presented for the sequestration of its estate, nor the subject of any similar procedure under the law of any other state.
- (if partnership constituted under Scots law) has not granted a trust deed nor become otherwise apparently insolvent, or the subject of a petition presented for sequestration of our estate.
- (if a company) has not passed a resolution or the subject of an order by the court for its winding up otherwise than for the purposes of bona fide reconstruction or amalgamation, nor had a receiver, manager or administrator on behalf of a creditor appointed in respect of its business or any part thereof or the subject of proceedings for any of the above procedures or the subject of similar procedures under the law of any other state.
- Has not been convicted of a criminal offence relating to the conduct of its business or profession
- Has not committed an act of grave misconduct in the course of its business or profession
- Has fulfilled its 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 it is established
- has fulfilled its obligations relating to the payment of taxes under the law of any part of the United Kingdom
- has not been guilty of serious misrepresentation in providing information required as set out in the preceding requirements and/or information required to be provided in response to the prequalification questionnaire

And further confirm that, where applicable:

- where licensing and/or membership of a specified organisation is required (in the EU member state where it is established) in order to provide the Services then it holds the relevant licence and/or membership
- it is registered with the appropriate trade or professional register

Organisation's name:

Signed:

Name:

Position:

Section 2 – Corporate Information

- (a) Indicate the Relevant Organisations that will undertake the following roles on the Project. The second column in the table indicates the sections of this document that each Relevant Organisation must complete.

Role	Complete Sections	Name of Organisation
Lead Consultant	All	
Project Management	3, part (a) of 4, 5 & 6	
Employer's Agent/Contract Administration	3, part (a) of 4, 5 & 6	
Architect & Site Masterplanner.	3, part (a) of 4, 5 & 6	
QS/Cost Consultant / Risk & Value Management advice	3, part (a) of 4, 5 & 6	
Civil and Structural Engineer	3, part (a) of 4, 5 & 6	
Building Services Engineer	3, part (a) of 4, 5 & 6	
Healthcare Planner	3, part (a) of 4, 5 & 6	
CDM Co-ordinator	3, part (a) of 4, 5 & 6	
Facilities Management Advisor	3, part (a) of 4, 5 & 6	
Landscape Architect	3, part (a) of 4, 5 & 6	

(b) Full name and address of the Lead Consultant:

Company Name	
Address	
Postcode	

(c) Name, position, telephone number, fax number and e-mail address of main contact for this Project:

Name:	
Position:	
Telephone no:	
Fax no:	
E-mail:	

(d) Current legal status of the Lead Consultant (e.g. partnership, private limited company, etc.):

Sole Trader:	
Partnership:	
Limited Company:	
Private Limited Company:	
Other:	

(e) Date and place of formation of the Lead Consultant's registration under the Companies Act, copies of certificate of incorporation and any changes of name, registered office and principal place of business:

Date of Formation:	
Place of Formation:	

Date of Registration:	
Registration Number:	
Certificates enclosed YES / NO	
Registered Office:	
Principal Place of Business	

- (f) Details of any significant corporate changes made to the Lead Consultant since the last financial year end:

Significant Corporate Changes

- (g) Brief description of the Lead Consultant's primary business:

Primary Business

(h) Please provide information relating to the total number of employees within your organisation, their areas of expertise and professional qualifications held.

(i) Please provide information relating to the professional or trade bodies for which the Lead Consultant is a member.

(j) Please indicate in the table below, projects where two or more Relevant Organisations have previously worked as a team on the same project. Note Relevant Organisations may wish to provide this information, and related design and project experience in another format to be included within their submission.

Project Title	Lead Consultant	Project Management	Employer's Agent/Contract Administration	Architect & Site Masterplanner	Q.S/ Cost Consultant/Risk & Value Management advice	Civil & Structural Engineer	Building Services Engineer	Healthcare Planner	FM Advisor	CDM Coordinator	Facilities Management Advisor	Landscape Architect

- (k) Certificate of Conformity regarding Professional Indemnity Insurance and Sub Consultants.

It will be a requirement of this commission that evidence is produced to the Board at prequalification stage that the Lead Consultant can secure appropriate Professional Indemnity Insurance for the proposed Sub-Consultants. That evidence requires to be in the form of an irrevocable undertaking from the Lead Consultant's PI insurers that the level of cover required by the terms of the proposed appointment will be provided and an acknowledgement that they would provide that undertaking upon sight of the proposed terms of the commission.

Section 3 – Financial Information

- (a) Please provide details of your total revenues and revenues relating to Healthcare Design and Build projects and Design and Build projects generally for the current and previous two financial years. Please also provide revenues from PPP/PFI Healthcare projects where a D&B contract has been used for the delivery of the building project:

	Total revenues £m	Health Design and Build related revenue £m	Design and Build related revenue £m	Healthcare PPP (D&B) related revenue £m
Year				
Year				
Year				

- (c) Please provide a copy of the latest annual report and audited Accounts for each Relevant Organisation within your team, this information should be provided as part of your submission for all Relevant Organisations.

Accounts enclosed YES / NO

- (d) Details of the name of insurer, the policy numbers, expiry dates and limits of indemnity for the following, for all Relevant Organisations within your team:

	Insurer	Policy No.	Expiry Date	Limit of Indemnity £000
Public liability				
Employer's liability				
Professional indemnity				

- (e) Please give below details of any claims the Relevant Organisation has made within the last three years in respect of the policies referred to in (d) above:

- (f) Please give details of any outstanding claims, litigation or judgments against, or other court orders affecting the Lead Consultant or any Relevant Organisation which could affect its financial stability or continued existence:

- (g) The Board will require as part of the evaluation process a reference from your bankers as to the company's suitability to undertake a contract of this size and nature.

Please complete the Status Enquiry Authority on the following page. This must be signed by someone whose signature is acceptable to your bankers.

The duly completed form will be sent by the Board to your bankers to obtain a reference from them.

Status Enquiry Authority

To: The Manager

Sort Code: : :

Status enquiry in respect of:

Name:

Account Number:

Bank address:

CONSENT

I/We consent to Bank plc providing a reference on me/us to Greater Glasgow and Clyde NHS Board and debiting my/our account with the bank's standard administration fee.

Account Number:

Signed:

Date:

For and on behalf of:

Section 4 – Relevant Experience and Applicability

(a) Please provide details, including the consultancy services provided, dates of your involvement, the scale of the project and the stage each project has reached. Graphic information in the form of photographs and 3-D presentations would be useful to quickly describe the scope of each project. Please also be very clear as to the service supplied for each reference project listed (e.g. architect, medical planner etc).

(i) where you have worked on Design and Build Healthcare or Healthcare related projects within the last three years.

Nature of Contract	Service Provided	Dates of Involvement	Customer	Project Scale Sq.m & £m	Stage

(ii) where you have worked on other complex Design and Build projects within the last three years.

Nature of Contract	Service Provided	Dates of Involvement	Customer	Project Scale Sq.m & £m	Stage

(iii) where you have worked on PPP/PFI Healthcare projects where a D&B contract has been used for the delivery of the building project:

Nature of Contract	Service Provided	Dates of Involvement	Customer	Project Scale Sq.m & £m

(b) Describe your understanding and knowledge of the areas listed below. The description should include a brief description of the projects in which you gained the understanding and knowledge and your role in that project. It should also explain how your approach and technical skills helped to deliver a successful outcome. Contact details from whom we can seek references for one project for each of the areas of expertise should be provided.

(i) Structuring the a two stage Design and Build tender process.

(ii) The Relevant Organisation's experience of developing full Employer's Requirement documentation, engaging with contractor organisations on a process as noted in (i) above, and achieving a GMP with the preferred bidder within a timescale of 24 months

(iii) Experience of working on the site of a functioning Acute Hospital.

(iv) Experience of contractual incentivisation processes.

- (c) Contact details from whom we can seek references for one project for each of the areas of expertise should be provided.

Name: Job Title: Address: Telephone:
Name: Job Title: Address: Telephone:

Section 5 – Key Personnel

a) Please state the name and position of the key personnel from the Relevant Organisations who would be working on the Project, for the whole of your team, and provide a short summary of their career experience.

Name	Position	Professional Qualifications

Section 6 - Quality Assurance

(a) Please state the name and position of the person responsible for quality matters within your organisation:

Name	Position

(b) Please set out your quality assurance processes:

(c) Please confirm whether the Relevant Organisation is currently, or is in the process of becoming, accredited to International Standards Organisation (ISO) 9002, Investors in People (UK only) or other recognised quality standard. Please state appropriate assessment level and enclose a copy of the certificate.

Certificate enclosed YES / NO

(d) Please confirm whether the Relevant Organisation has failed to achieve any Quality Assessment standard within two years. If this is the case, state the standard and level concerned and the date the assessment was carried out:

Declaration

A duly authorised employee must sign the following declaration:

I CONFIRM ALL QUESTIONS HAVE BEEN ANSWERED WHERE APPLICABLE AND THAT SUPPORTING DOCUMENTS ARE ENCLOSED AS REQUESTED	
Signed:	
Name: (Capital Letters)	
On behalf of: (name of Lead Consultant / Relevant Organisation)	
Position:	
Date:	