



# Annex A Technical Questionnaire

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## 1. Mandatory Declarations

| Question Area  | Requirement – Select Yes/No   |     |  |  |
|--|---|-----|--|--|
| Service<br>Description                                     | Please can you confirm you have reviewed 'Schedule 2.1 – Services Description' and confirm that you understand and can deliver on the requirements and outcomes therein?  |     |  |  |
| Digital &<br>Technology<br>and<br>Information<br>Assurance | Please can you confirm you have reviewed and understood Schedule 2.4 (Information Security and Assurance) of the Framework Agreement?   | Yes |  |  |
|  | Please can you confirm your organisation will be compliant with Service Level 1 (SL1) of Schedule 2.4, prior to service commencement? (note; this includes accreditation to Cyber Essentials Basic)   | Yes |  |  |
|  | Please can you confirm your organisation will upgrade to Cyber Essentials Plus, and comply with Service Level 2 (SL2) of Schedule 2.4, if the Authority, at its sole discretion, determines additional Information Assurance is required of the Provider of this contract at any stage during the contract term?    | Yes |  |  |
| Workforce .  | Please confirm compliance with regards to vetting requirements within PI 2014/03  | Yes |  |  |
|  | Please confirm compliance with regards to vetting requirements within Pl 2014/23  | Yes |  |  |
|  | Please confirm compliance with regards to vetting requirements within Pl 2014/60  | Yes |  |  |
|  | Confirm that you will appropriately engage and communicate the outcome and implications of this competition with your employees, and where relevant, Trade Unions and/or transferring staff.  | Yes |  |  |
| Estates  | Please confirm your compliance that services will be delivered in a way that supports environmental sustainability, in accordance with Schedule 2.3 of the Framework Agreement.   | Yes |  |  |
|  | The Provider shall have a duty of care to provide a facility that meets basic H&S standards and is accessible to People on Probation and Provider Personnel with protected characteristics (in the main, physical impairments), please can you confirm that you will comply with this requirement?                  | Yes |  |  |
|  | Please can you confirm you have reviewed and understood Appendix 1 – Supplier Own Site Suitability Review?  | Yes |  |  |
|  | Please can you confirm your organisation will be compliant with the Legal Requirements as outlined in Appendix 1 – Supplier Own Site Suitability Review?  | Yes |  |  |
|  | Please can you confirm your organisation will be compliant with the Best Practice Requirements as outlined in Appendix 1 – Supplier Own Site Suitability Review, or agree that adequate consideration has been applied and where necessary, mitigations are in place or in development, as agreed by the Authority? | Yes |  |  |

#### 2. Technical Criteria Questions

The tables below set out the Award Criteria and weightings relating to the provision of Support for People on Probation living with Autistic Spectrum Condition, please provide your responses to each requirement in the 'Response' box, and upload the completed document to ITT\_5865 question 1.2.1 in the technical Envelope on the Jaggaer esourcing portal.

In responding to the technical criteria questions, Bidders are required to provide detail on <u>all</u> the following areas (these are the Authority's "minimum requirements").

Bidders should have regard to the appropriate scoring Matrix and the Specification (Schedule 2.1 of the Draft Call-Off Contract) and the wider Draft Call-Off Contract Documentation where appropriate when responding to the question (and should note that since the requirements listed are expected to be covered as a minimum, it may be appropriate for Bidders to include additional information as part of the response to the question in order to achieve a higher score).

| TC-001 - Service Delivery in the Local Landscape |   |  |  |                    |  |  |
|--|---|--|--|--------------------|--|--|
| Weighting:                                       | 25%   | Quality Threshold:   | N/A  | Limitations        |  |  |
| Question:  |   |  |  | Up to 1750 words;  |  |  |
| minimum, and that ea                             | d to provide detail on how<br>ich and every point below   | The response should be entered in this table in the cell below;  |  |                    |  |  |
| a combination of accellimited to; telephone,     | equires the Provider to<br>eptable service delivery in<br>Authority approved video,<br>a group basis), the Auth           | Additional diagrams and tables can be submitted to support your response, however any wording within these shall be included in the overall word count |  |                    |  |  |
|  |   | Action Plan. Responses to points A and B to this requirement, ensuring that a granu  |  | Line spacing 1.5   |  |  |
| as part of your tender                           |   | To the roquiterion, cheaning that a grant  | .a. 1000 01 000 01 000 000 000 000 000 000 | Arial font size 11 |  |  |
| Condition in South Wa                            | er a locally tailored service<br>ales: Swansea, Neath and<br>ge Scheme 2018 and Wels                                      |  |  |                    |  |  |
| on Probation living wi                           | you will provide an <b>appro</b><br>th ASC, ensuring that you<br>service, so that such deliv<br>quirements of each Persor |  |  |                    |  |  |
| Response   |   |  |  |                    |  |  |
| [REDACTED]                                       |   |  |  |                    |  |  |
| Total Word Count -                               | (Providers to self-popula   | ite) 1,693   |  | 1,693              |  |  |

| TC-002 - Delivering  | ng the Service to Pe   | ople on Probation  |   |  |  |  |
|--|--|--|---|--|--|--|
| Weighting:   | 40%  | Quality Threshold:   | 60%                                       | Limitations  |  |  |
| Question:  |  |  |   | Up to 2250 words;  |  |  |
|  | implementing a service that of having, an Autistic Spec                                    | t will provide specialist support and developn<br>trum Condition.                                  | nent to People on Probation with          | a diagnosis  The response should be entered in this table in the cell below; |  |  |
| The Specification require Autistic Spectrum Condi should take account of t reference the process y response and should exp | d. This plan stion should part of your response, however any wording within these shall be |  |   |  |  |  |
|  | n responding to this questic<br>on your proposed service o                                 | on, that you are providing responses which e lelivery model;                                       | xplain <b>how</b> you will deliver the re | equirements  Line spacing 1.5  |  |  |
|  |  | ed Action Plan and <b>detail</b> how you will deliver part of the requirements under this Service. | the interventions that meet the sp        | ecific needs Arial font size 11  |  |  |
| B) Please detail how you protected characteristics   | es, including  |  |   |  |  |  |
| C) Please provide an exa<br>how you will achieve the<br>individual needs of Peop   |  |  |   |  |  |  |
| D) How will you measure  | tion period?   |  |   |  |  |  |
| Response   |  |  |   |  |  |  |
| [REDACTED]   | [REDACTED]   |  |   |  |  |  |
| Total Word Count – (Pr   | oviders to self-populate)  |  |   | 2,247  |  |  |

| TC-003 - How Workforce Delivers the Service  |  |   |                                       |  |  |  |
|--|--|---|---------------------------------------|--|--|--|
| Weighting:   | 25%  | Quality Threshold:                        | N/A                                   | Limitations  |  |  |
| Question:  |  |   |                                       | Up to 2000 words;  |  |  |
| The Authority requires the this group.   | Provider and Provider Personnel to have  | ve thorough understanding of Autistic S   | pectrum Condition and likely needs of | The response should be entered in this table in the cell below;                        |  |  |
| Please ensure that you cov   | ver all points below, and that you have  | provided a granular level of detail as pa | art of your tender response.          | Additional diagrams and tables can be submitted to support your                        |  |  |
|  | and <b>experience</b> of working with peop<br>perience informs your Service Delivery<br>m Condition. |   |                                       | response, however any wording within these shall be included in the overall word count |  |  |
| B) Describe how your Ser<br>Spectrum Condition includi                                 | eople on Probation living with Autistic ess successful.  | Line spacing 1.5  Arial font size 11      |                                       |  |  |  |
| C) Detail how you will ensu<br>and knowledge required to<br>response to any changes to | Ariai font size 11   |   |                                       |  |  |  |
| Response   |  |   |                                       |  |  |  |
| [REDACTED]   |  |   |                                       |  |  |  |
|  |  |   |                                       |  |  |  |
| Total Word Count – (Prov   | viders to self-populate)   |   |                                       | 1,990  |  |  |

| TC-004 - Implemen                               | TC-004 - Implementation  |   |     |             |  |  |  |
|---|--|---|-----|-------------|--|--|--|
| Weighting:                                      | 10%  | Quality Threshold:  | N/A | Limitations |  |  |  |
| Question:                                       |  | Up to 1000 words;   |     |             |  |  |  |
|   | provide detail on how they will im<br>s the Swansea, Neath and Port<br>detail                                | The response to parts A & B should be entered in this table in the cell below;  |     |             |  |  |  |
| A) In order to ensure that a                    | all the required implementation me<br>an explanation of how your inte  | Additional diagrams and tables can be submitted to support your response, however any wording within these shall be included in the overall word count. |     |             |  |  |  |
|   | ementation Plan (in any format) t<br>as per Schedule 2.1 – Services  | For Part C - Please submit an implementation plan below   |     |             |  |  |  |
| meeting the necessary mile                      | roach you shall take to ensure t<br>estones in preparation for Servic<br>quired role and responsibilities of | Line spacing 1.5 Arial font size 11   |     |             |  |  |  |
| Response  |  |   |     |             |  |  |  |
| [REDACTED]                                      |  |   |     |             |  |  |  |
| Total Word Count – (Providers to self-populate) |  |   | 993 |             |  |  |  |

### IM-001 Implementation Plan

Please enter or embed your implementation plan here, ensuring that your link/attachment is compatible with our systems:



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