

Frequently Asked Questions

Question 1

The criteria for Phase 1 includes as a minimum mandatory requirement a provider must demonstrate a track record in the last two years in delivering or running children's residential services. Tenderers must provide all examples, minimum of 2, in the last 2 years to meet the track record criteria.

If a provider is registered since 2018 is currently accommodating a child on behalf of Tusla but cannot demonstrate the 2 year track record requirement, is there any flexibility on the mandatory requirement?

Answer 1

As clearly outlined in the tender document, this is a minimum mandatory requirement, therefore there is no flexibility.

Question 2

The first phase? Does that mean I submit this information first then wait for a reply as to whether we meet the criteria?

Answer 2

The tender documentation should be completed in full before submission. HSE Procurement does not have access to any submission until the closing deadline has passed. All phases of the evaluation will be undertaken after the closing date.

Question 3

I am writing to request clarity on the process of new providers entering the market after the tender closing date. Will new providers be able to submit for the procurement process once they have all required minimum requirements in hand after this date and are there any restrictions on such submissions. I understand that if a provider submits and fails to meet the required minimum requirements then they will be disbarred from re-submitting for a period of time but if a provider can only satisfies these minimum requirements after the closing date will there be any delay in their submission being accepted and evaluated.

Answer 3

Providers will not be permitted to submit a response until the original process has been completed and contracts have been awarded it.

Question 4

How do you provide evidence of insurance/ financial capacity etc. Is it possible to download relevant documentation to support this? If this is possible can we refer in the box to the documentation attached?

Answer 4

You are required to complete the box with the information required and can attach proof of same as an appendix.

Question 5

Invitation to Tender – It states “Tenderers are being invited to submit tenders per residential unit”. Does that mean that a separate submission has to be made for every residential home? Some of the information like finances and insurances are just available for our organisation as a whole?

Answer 5

No, you do not need to submit a separate tender document for each residential unit being included. You must provide details for each residential unit being tendered for under the relevant headings in the tender response document. For example in relation to Transport proposals, you should identify each unit in your answer and provide the necessary details under that.

Unit A

Detail transport proposals for this unit

Unit B

Detail transport proposals for this unit

Question 6

Tender Response Document – section 2.6.4 “Relevant and Applicable Standards”. Do we have to make specific reference to every policy mentioned and indicate if we are compliant?

Answer 6

You do not have to make reference to every policy if you are compliant with them all. You can tick yes in the response box and provide further detail if applicable in the response box.

Question 7

I understand that this is an open process. Our organisation does not meet all the criteria at present but hopes to within the next 12 months. Therefore we can hold off and reply to this tender in 12 months time - is that correct? e.g. we do not submit any documents by the current deadline and simply contact the commissioner in due course and then apply.

Answer 7

All organisations can apply at certain predetermined times (as set out in the tender documents) during which the tender is open for applications.

Question 8

On the pages of the tender response document that need to be signed do we sign and scan these pages or simply type the signature?

Answer 8

Please sign and scan the pages or insert digital signature.

Question 9

N/A

Answer 9

N/A

Question 10

Where a provider does not have the number of required personnel with the specified qualifications in place, can a 'Invitation to Tender' submission be made subject to the appointment of such staff when successful in the procurement process? And if so what time frame will be expected to be adhered to have such staff in place?

Answer 10

All successful tenders must have the requisite requirement in place before any contract can be awarded or young people placed within the service.

Question 11

For a service that has several units, what would the placement arrangements be, should a Provider determine not to put forward all of their units for this arrangement, and would TUSLA continue to place in units not put forward for the Tendering if required?

Answer 11

Under the terms of the tender Tusla will only place young people in centres that form part of the organisation contact with the National Placement Team

Question 12

Can an organisation apply to the panel if they have no current vacancies?

Answer 12

Yes, an organisation can apply if they have no current vacancies.

Question 13

If I am going to submit the tender document, where can I do this?

Answer 13

Completed responses need to be submitted on the etenders website using the tenderbox as per the Invitation to Tender document.

Question 14

For the purpose of this tender is it preferred that questions are answered in great detail. i.e. describing all the policies and procedures to indicate how we are compliant with all standards ... legislation etc.

Answer 14

It is a matter for each individual tenderer to determine what information to include in the tender submission. Please note that the information provided will be scored as outlined in the Award Criteria in the

Invitation to Tender documentation. Tenderers should be cognisant that in order to become a panel approved provider they must meet or exceed the minimum scoring where required.

Question 15

Have TUSLA/HSE staff involved in the drawing up of the tendering criterion advised of Conflicts of Interest and if so have these been made available to the public?

Answer 15

TUSLA staff involved in the tender process did not have conflict of interest.

Question 16

Has TUSLA/HSE carried out a test of suitability to ensure the new tender arrangements/criterion are congruent with Competition Law in the Republic of Ireland?

Answer 16

This tender process is being conducted under Annex XIV of Procurement directives 2014/24/EU. The required services are listed as Annex XIV services, and accordingly, only Articles 74 to 77 of Directive 2014/24/EC applies to the award of any contract(s) that arise from this process.

Question 17

Due to the fact that this Contract is a long term contract with an option to extend for 12 months, will there be any provision during this period to review the pricing structure should there be significant increases in Insurance Premiums, Inflation, Cost of Living and any other significant increases which may occur during this period?

Answer 17

Any extension to the existing contract would be at pre-existing contractual terms & conditions including rates.

Question 18

Is it intended to build a review period into the final contract?

Answer 18

The terms and conditions of contract awarded will remain in place for the duration of the contract i.e. 36 months with option to extend for 12 months. Contracts will be subject to continuous performance monitoring and on-going review; bi-annual contract reviews will be in place for all centres procured

Question 19

In the case where the Invitation to Tender bid is unsuccessful but the provider continues to provide residential services for Tusla what will be the weekly rate for each child be?

Answer 19

If a tender bid is unsuccessful it assumes that the provider did not meet the requisite specifications to meet the required standard of care therefore young people cannot be placed in a centre that does not meet the required standard. If required alternative plans will be made accordingly, in consultation with relevant professionals

Question 20

Assuming that a tender is awarded to a contractor, will any new centres registered and operational by that contractor during the tender period be automatically included in the tender or does it require a standalone application?

Answer 20

If a contract is awarded to a service, any new centres that the provider wishes to add to this contract will be expected to comply with the requirements of individual centres under the procurement document and contractual arrangements. If a contractor wishes to open a centre in line with a Lot for which they have not been awarded a contract this will require a new application.

Question 21

How can TUSLA have the authority to request us to change the Purpose & Function Statements of our units with no cognizance to the fact that our insurance companies will not/may not cover the risk of Single/Dual Occupancy Units, based on the experience/knowledge that the children/young people placed in these environments have much more challenging presentations?

Answer 21

TUSLA may request the change under the terms & conditions of the contract.

Question 22

In order for us to change Purpose & Function Statements, we will have to apply to Registration & Inspection and, in the future, HIQA. What is the consequence, if any, should either Registration Authority deny our request to change Purpose & Function Statements?

Answer 22

TUSLA can only utilise centres who are registered for the purpose & function required.

Question 23

With regards to be prescribed Staffing Levels, are we obliged to comply with the Staffing Levels as outlined regardless of the number of occupants in the relevant unit?

Answer 23

The staffing levels as outlined in the tender documentation apply.

Question 24

Do we have the autonomy to determine the necessity to implement Live Nights in our units and the flexibility not to utilise them if Risk Assessments determine they are not necessary?

Answer 24

Providers are expected to be compliant at all times with regulation and legislation including the EU Working Time Directive plus they are required to consult with all parties prior to decision making. Rotas can be determined based on needs of young people residing in the centre and in line with young people's care/placement plans.

Question 25

Is it a requirement to comply with the Social Care Leader positions or do we not have the autonomy to structure our units in ways that we feel most benefits the children and young people we look after?

Answer 25

The staffing levels as outlined in the tender documentation apply.

Question 26

Should TUSLA Senior Management request a unit to change its Purpose & Function from a 4 bed to a 2 bed, will the unit continue to be funded as a 4 bed from a budgetary point of view?

Answer 26

The rates as outlined in the tender documentation apply.

Question 27

Where a child is to be discharged in emergency circumstances can examples be provided where the child can be accommodated?

Answer 27

Children need to be accommodated in a safe and appropriate environment in consultation with Young Person's Social Work Team and the centre's Regulatory body

Question 28

Will the said unregistered facilities require evidence of inclusion on insurance policies?

Answer 28

Yes the unregistered facility will require evidence of their premises being appropriately insured.

Question 29

What remedy or mechanism available to a provider where they believe the duration of alternative placement is inappropriate; the answer refers to on-going discussion to allow for the continuation of the placement. Please confirm what escalation process is available to providers in this circumstance?

Answer 29

The escalation process is in line with the organisation own policies and procedures and can be escalated to Tusla, Senior Social Work management and Senior Manager NPT.

Question 30

The provider has to date retained autonomy and responsibility for all admissions. Tusla reserving the right to transfer young people between centres suggests that the provider may not retain autonomy for admissions to their centre. Can this be clarified to reassure providers that the final decision regarding an admission rests with the provider?

Answer 30

Final decision for all admission to a centre lies with the Service Provider following consultation with relevant parties

Question 31

Providers may be required to switch their Purpose and Function where applicable at any time within a contracted period at the request of TUSLA Senior Management. Can you confirm that providers retain the right to determine a Centres purpose and function and this cannot be changed without the agreement of the provider? Has TUSLA considered the insurance implications for a provider in meeting this requirement?

Answer 31

Any change to purpose and function of a centre will be completed in consultation with private provider. All services will require evidence of their premises being appropriately insured.

Questions 32

Can TUSLA advise what has informed this particular staffing requirement, i.e.. what qualitative analysis is this structure based upon?

Answer 32

The staffing structure required is comparable to other residential settings and was decided upon following internal consultation including consultation with ACIMS.

Question 33

Is it intended that Multi Occupancy services and Multi Occupancy Enhanced services should have the same staffing obligation?

Answer 33

Staffing obligations for each service type are outlined in the Specification in the Invitation to Tender document.

Question 34

Can a children's residential centre registered with HIQA under the Health Act 2007, Registration of Designated Centres for Persons with disabilities (Children and Adults with Disabilities) Regulations 2013 be considered eligible to support children with Intellectual and/or physical disabilities and /or ASD under this framework?

Answer 34

Tusla invites tenders for the provision of mainstream Children's Residential Services where the centre's Purpose and Function reflects same.

Question 35

Can a registered centre have dual registration both under the Child Care Act 1991 and Health Act 2007, Registration of Designated Centres for Persons with disabilities (Children and Adults with Disabilities) Regulations?

Answer 35

No, if the centre is registered with HIQA as a disability centre then it is not a mainstream children's residential centre

Question 36

Please can you clarify the role of the deputy centre manager? Is this role to deputise for the centre manager when the centre manager is out of office but otherwise can work on the floor?

Answer 36

The Deputy Manager would act up for the manager, take on specific tasks perhaps including but not limited to supervision of staff and administrative roles. The person would be identified as being in charge in the absence of the manager and would assist in supporting the team and manager in delivering service role.

Question 37

An unregistered facility will require evidence of their premises being appropriately insured. Customarily, providers will use holiday homes hotels who may be reluctant to provide insurance and indeed refuse admission on the basis of the need/risk for this level of detail. This will impact on provider's ability to access said accommodation. Please clarify what evidence is acceptable and the levels and types of insurance that are required?

Answer 37

All private providers are required to check, prior to any use of any 3rd party premises, that there is correct insurances in place for the premises in respect of Employer's Liability and Public liability insurance in place in respect of their liability at law.

The owners of the building should provide proof of public liability insurance to cover liability associated with their negligence. The recommended limit of cover for Public Liability Insurance should be €6.5 million.

Question 38

Is there a minimum level of staffing hours for Social Care Leaders?

Answer 38

The tender document outlines a requirement for 3 Social Care Leaders which represent 3 WTE.