
1.01 - SCOPE OF SERVICES – TENDER DOCUMENT

Open Tender Process

For

Discipline 1: Architectural Services (as Principal Service Provider with domestic sub-consultants forming an Integrated Design Team)

For

The provision of a Development Control Plan for Bantry General Hospital, St. Finbarr's Hospital & Mallow General Hospital

For

Health Service Executive

Contents:

1.01 - SCOPE OF SERVICES – TENDER DOCUMENT	1
SECTION 1: SCOPE OF SERVICE	3
1.1 THE AGREEMENT:	4
1.2 OBJECTIVES OF THE SERVICE:	4
1.3 THE PROJECT STAGE AND ITS SUB-STAGES (IDT SERVICES FOR DEVELOPMENT CONTROL PLAN)	4
1.4 TYPICAL MEETINGS TO BE PROVIDED:	6
1.5 IDT MANAGEMENT:	8
1.6 IDT SERVICES:	9
1.7 THE DEVELOPMENT CONTROL PLAN (DCP):	15
1.8 REPORT AND APPROVAL OF REPORTS:	15
1.9 'THE DELIVERABLE':	16
OPTIONAL SERVICES – POST DCP SERVICE COMPLETION:	17
1.10 DESIGN TEAM – THE PROJECT STAGE AND SUB-STAGES:	18

Section 1: Scope of Services

Section 1: Scope of Service

Section 1: Scope of Service

1 Scope of Service

1.1 The Agreement:

The contractual relationship between the successful Tenderer and the Client shall be governed by the **Standard Conditions of Engagement for Consultancy Services (Technical) (COE-1)**.

The Services shall be delivered with reference to the Client's Programme, Scope of Services and the completed Tender & Schedules A & B [as set out in the tender documentation and based on the completed Pricing Document – Document 1.4].

***Note:** Unless otherwise stated within the tender documents, the Principal Service Provider, as defined in Sections 2.5 and 4.6 of this document shall assume the role of Design Team Lead Consultant. In the event that the scope of service required does not include the Architectural Discipline, the role of the Design Team Lead Consultant shall be undertaken by an alternative, suitably qualified Consultant. In such circumstances, the discipline required to undertake this role shall be named within the tender documents and this scope of services document shall be amended as required.*

1.2 Objectives of The Service:

The Principal Service Provider and their Integrated Design Team (IDT) shall deliver the project safely, on time, within budget and to the highest quality standards required and provide these services in a manner consistent with and directed at achieving these objectives.

1.3 The Project Stage and its Sub-Stages (IDT Services for Development Control Plan)

For consistency with DoPER's Capital Works Management Framework (CWMF), the Development Control Plan ('The Project') shall consist of one (1Nr.) Stage (referred to as Stage (i): Preliminary) which shall be broken down into four (4Nr.) milestones/sub-stages.

This section brief should be read in conjunction with the Instructions to Tenderers (ITT) – Information Memorandum and the completed Schedules A & B of the Standard Government Conditions of Engagement.

The following is a summary description(s) of the wider IDT responsibilities and proposed programme.

Section 1: Scope of Service

The Stage requirements for this project are as follows:

Performance Periods & Stages – Bantry General Hospital

STAGE:	STAGE DESCRIPTION:	DURATION:	REQUIRED:
Stage (i)A	DCP Brief Development:	1 Month	Yes
	Client End of Stage Approval Period:	0.25 Months	Yes
Stage (i)B	Preparation of DCP Options	1 Month	Yes
	Client End of Stage Approval Period:	0.25 Months	Yes
Stage (i)C	Development of preferred DCP Option	1 Month	Yes
	Client End of Stage Approval Period:	0.25 Months	Yes
Stage (i)D	Preparation & Presentation of DCP Report	0.5 Months	Yes
	Client End of Stage Approval Period:	0.25 Months	Yes
	Total Performance Period:	4 Months	

Performance Periods & Stages – St. Finbarr's Hospital

STAGE:	STAGE DESCRIPTION:	DURATION:	REQUIRED:
Stage (i)A	DCP Brief Development:	1 Month	Yes
	Client End of Stage Approval Period:	0.25 Months	Yes
Stage (i)B	Preparation of DCP Options	1 Month	Yes
	Client End of Stage Approval Period:	0.25 Months	Yes
Stage (i)C	Development of preferred DCP Option	1 Month	Yes
	Client End of Stage Approval Period:	0.25 Months	Yes
Stage (i)D	Preparation & Presentation of DCP Report	0.5 Months	Yes
	Client End of Stage Approval Period:	0.25 Months	Yes
	Total Performance Period:	4 Months	

Section 1: Scope of Service

Performance Periods & Stages – Mallow General Hospital

STAGE:	STAGE DESCRIPTION:	DURATION:	REQUIRED:
Stage (i)A	DCP Brief Development:	1 Month	Yes
	Client End of Stage Approval Period:	0.25 Months	Yes
Stage (i)B	Preparation of DCP Options	1 Month	Yes
	Client End of Stage Approval Period:	0.25 Months	Yes
Stage (i)C	Development of preferred DCP Option	1 Month	Yes
	Client End of Stage Approval Period:	0.25 Months	Yes
Stage (i)D	Preparation & Presentation of DCP Report	0.5 Months	Yes
	Client End of Stage Approval Period:	0.25 Months	Yes
	Total Performance Period:	4 Months	

The desired performance periods for the DCP are shown above and are indicative. The Principal Service Provider and IDT are expected to identify any opportunities to improve on these periods where possible during the project.

The Client retains discretion to change/rearrange the programme [within reason] at any time. Therefore, the cost and time associated with these changes, should they occur, are deemed to be within the terms of engagement of the Consultant.

1.4 Typical Meetings to be Provided:

The IDT Lead Consultant shall:

- Manage and coordinate, in cooperation with the CA, an appropriate meetings structure to facilitate the efficient and effective progress of the project;
- Establish a programme of meetings for the scheme;
- Manage the attendance, as required, of all the Specialist Sub-Consultants.

The IDT Lead Consultant shall chair, attend and issue minutes (as required) for the meetings for which they chair. The Client/CA shall issue minutes (as required) for those meetings the Client shall chair.

The IDT shall be required by the Client to attend the following meetings (refer “*Table of Meeting (Typical)*” below). The IDT shall also attend as required, meetings called by the Client and any other meetings that may reasonably be necessary to properly deliver the project objectives services/duties.

These meetings are in addition to meetings required by the IDT in the performance of duties.

Table of Meetings (Typical)

Section 1: Scope of Service

Nature of Meeting:	Frequency:	Chair & Minutes:	Location:
Client Meetings: <i>The Client Group will include representatives of the Stakeholders as appropriate.</i>	Monthly and as required.	Client	Client accommodation.
Technical Meetings: <i>Meeting will be with CA.</i>	Fortnightly and as required.	Design Team	Client accommodation.
Stakeholder Meetings: <i>Presentation and Review Meeting with Principal Stakeholders.</i>	At the completion of each of the sub-stages as detailed in this document and as required.	Client	Client accommodation.
Specific User Meetings (Strategic): <i>Meetings with identifiable Strategic User Groups to assist in developing the Final Project Brief and DCP solution.</i>	As required.	Design Team	As required.
Sundry Meetings: <i>Meetings with other Stakeholders such as statutory bodies and other interested parties.</i>	As required.	Design Team	As required.

Section 1: Scope of Service

1.5 IDT Management:

The IDT Members have a collective responsibility to the Lead Consultant to assist in the delivery of the project on programme through the leadership of the Lead Consultant. They shall collaborate fully with each other and with the Lead Consultant to enable the project to progress through the sub-stages.

The IDT Lead Consultant will manage the entire service from start to finish, co-ordinating the activities of the sub-consultants and specialists. Duties will include, but shall not be limited to:

1. Manage the IDT through all stages/sub-stages of the Project; co-ordinate all relevant aspects of the of 'The Project' delivery including programme and deliver the 'The Project' on time and to the quality standards required, whilst advising the Client on all relevant matters.
2. Prepare a list of deliverables for each member of the IDT for each sub- stage of *The Project* and see that all separate consultants and specialists prepare lists of deliverables in a similar manner. Prepare all required plans and schedules/ programmes of design activities and monitor / report progress against these on a regular basis.
3. Draw up and implement a common drawing numbering system, CAD guidelines, document register and a document control system and filing structure across all members of the IDT and for all separate design consultants and specialists. Reports shall be presented to the Client in PDF format but must also be provided in editable format where requested by the Client. The DCP shall be provided in A3 hardcopy format illustrated with diagrams and drawings as necessary. Additional large-scale copies of drawings shall also be provided when requested.
4. Establish and manage a consistent and appropriate roster of meetings. Attend and report on, whilst providing input to the Project, other co-ordination meetings established by the Project Team.
5. Take Client's instructions, co-ordinate with and report to the Client throughout the Project. Organise briefing sessions with Client personnel, as necessary to meet the Client's needs.
6. Monitor the design development as it progresses, checking at all times that it complies with the brief. Distribute and deliver all design and related information through all sub-stages.
7. Provide drawings, specifications and other information to enable preparation of all cost estimates, budgets and cost plans. Ensure that the capital costs are advised to the Client in a timely manner.
8. Check the performance of all separate design consultants and specialists and take remedial action when/if required.
9. Consult the relevant statutory authorities, where required.

Section 1: Scope of Service

1.6 IDT Services:

A summary of the required Services including related Management Services is set out in this document and the completed Schedules A & B of the CoE1 and any other services that may reasonably be regarded as consistent with the services required for a project of this size, nature and complexity.

- Services **not required** for this project type:
 - Employers Representative: Not applicable for this project type.
 - BC(A)R Services (including Assigned Certifier): Not applicable for this project type.
- Services **required** for this project type:
 - Principal Service Provider: Designation for this project: **Architect**

In their role as Architect the Principal Service Provider shall, in addition to the duties relevant to their professional discipline:

- ❖ Liaise and advise the IDT on all architectural matter pertaining to the DCP options in a timely manner.
- ❖ Be responsible for the delivery of the IDT service including the direction, management and co-ordination of the work of the IDT with their own work, in order to ensure that the preparation of documents and the carrying out of works shall proceed with all reasonable expedition and in the best interests of the Client and in accordance with the proposed programme. Ensure that any information, communications, documentation and reports are channelled through them as Lead Consultant.
- ❖ Collaborate fully with the other members of the IDT at all stages of the project; provide the IDT with any necessary information reasonably required for the purpose of providing their service and with such copies of the documents at the several stages of the works as may be required by them e.g. drawings, etc.
- ❖ Review all IDT documentation; check for completeness of all information and ensuring that all drawings and documentation be co-ordinated between the IDT members.
- ❖ Ensure IDT compliance with the Services described herein and in the contract documents including any authorised Client instructions.
- ❖ Ensure effective and sufficient communication and co-ordination between the relevant IDT members, and where such communications or responses are not effective or where conflicts occur, implement corrective action including (if required) Client notification.
- ❖ Consult with, present to and liaison with the diverse stakeholders involved in this project as outline in the introduction.
- ❖ The architect shall provide high level conservation advice regarding the preservation of buildings that may be deemed historic or within an Architectural Conservation Area. The architect shall help ensure that the building's character is not damaged in the process of any alterations or extensions being carried out.

Section 1: Scope of Service

➤ Quantity Surveyor (QS):

The QS shall provide high level advice to the Principal Service Provider / Lead Consultant in relation to cost of options under consideration and broad advantages and disadvantages of these from a cost perspective with respect to capital cost of build, development and on-costs and provide high level advice, consistent with the preliminary stage of DCP process under consideration and make recommendations in respect of these matters as appropriate. The QS shall be responsible to the Lead Consultant, for the preparation and co-ordination of the costs including building services costs and Option Cost Analysis for the DCP Options. They shall report through the Lead Consultant and attend meetings as required with CA, all stakeholders and IDT members as appropriate.

➤ Civil & Structural Engineer (C&S):

The C&S Engineer shall provide high level advice to the Lead Consultant regarding relevant C&S matters including Campus utility issues, water supply and disposal, road layout and car parking design issues including compliance with Design standards, and requirements as necessary and make recommendations on these matters as appropriate. The C&S Engineer shall provide drawings, specifications and other information to the QS to enable them in their preparation of all C&S costs and cost modelling regarding the different DCP Options. The C&S Engineer shall report through the Lead Consultant and attend meetings as required with CA, all stakeholders and IDT members as appropriate.

➤ Mechanical & Electrical Engineer (M&E):

The M&E Engineer shall provide high level advice to the Lead Consultant regarding Mechanical, Electrical and Plumbing services; Campus infrastructure advice and requirements in relation to condition, location, capacity and distribution; High level strategy in relation to sustainability and energy efficiency and make recommendations on these matters including compliance with Design standards and requirements as appropriate. The M&E Engineer shall provide drawings, specifications and other information to the QS to enable them in their preparation of all building services costs and cost modelling regarding the different DCP Options. They shall report through the Lead Consultant and attend meetings as required with CA, all stakeholders and IDT members as appropriate.

➤ Town Planning Consultant (PL):

The Town Planning Consultant shall provide high level advice to the Lead Consultant regarding planning matters and shall have a role in relation to liaison with Cork City Council / Cork County Council Planners. The Town Planning Consultant shall also provide high level advice on compliance with planning policies, development standards and requirement as necessary and shall make recommendations on these matters as appropriate. They shall report through the Lead Consultant and shall attend meetings as required with Local Authorities, CA, stakeholders and IDT members as appropriate.

Section 1: Scope of Service

➤ Traffic Engineer (TE):

The Traffic Engineer shall provide high level advice and recommendations to the Lead Consultant regarding traffic issues including existing traffic load and anticipated increase in traffic load, current road capacities, access and parking requirements and how best these demands will be dealt with and how to mitigate requirements through the use of mobility management plans to promote alternative means of access. They shall report through the Lead Consultant and shall attend meetings as required with CA, all stakeholders and IDT members as appropriate.

➤ PROJECT SUPERVISOR DESIGN PROCESS (PSDP):

The PSDP shall provide the following services, without limitations: Perform the statutory duties of the PSDP as specified in the Safety Health and Welfare at Work (Construction) Regulations ensuring full statutory compliance with the Health & Safety regulations.

Notify each member of the Design Team in writing of their responsibilities as outlined by the Act and the associated Regulations, and that they must take into account the general principles of prevention. The PSDP shall coordinate the health and safety design elements of decanting, phasing and/or enabling works including temporary works design. Liaise, meet, and consult with project stakeholders.

Organise design health and safety workshops during Stage (i), to review and coordinate the health and safety aspects of the design. These workshops shall be attended by all design team members.

Ascertain from the Lead Consultant what safety files are available and relevant to the works and have been issued by the Client. Review all available information including drawings and third-party infrastructural drawings and information and highlight any pertinent issues to the other design team members.

Review all drawings produced by designers during preliminary design to identify hazards arising from the design or from the technical, organisational, planning, scheduling, or the time related aspects of the project and that the general principles of prevention have been applied to them.

Coordinate the health and safety aspect of surveys to be carried out at this stage and prepare preliminary safety and health plans for those surveys if required. Identify and assess any adjacency risks associated with the Project.

➤ Client Duties:

A Client must, for every project, appoint in writing before design work starts a Project Supervisor for the Design Process (PSDP) who has adequate training, knowledge, experience, and resources. If the Client appoints a PSDP without first verifying the PSDP's competence, the Client is guilty of a criminal offence. To be suitable to act as PSDP on a project an individual must both be aware of his/her responsibilities under the Safety, Health and Welfare at Work Act 2005 and the Safety Health & Welfare at Work (Construction) Regulations 2013 (or subsequent legislation/regulations) and have the resources and competency to carry them out.

➤ Design Team Duties:

The Architect, the DT and specialist designers (where required) shall comply with their duties as specified in the Safety Health and Welfare (Construction) Regulations 2013 and shall provide all required assistance to the Project Supervisor for the Design Process in the provision of the (PSDP) duties under that legislation. Designers must comply with all directions issued by PSDP in their role as Project Supervisor Design Process. These directions must be reasonable, in the context of the duty with which the Designer is required to comply.

Section 1: Scope of Service

➤ Landscape Designer (LD):

The Landscaper Designer shall provide high level advice to the Lead Consultant regarding principals of Landscape Design Strategies for the Campus and make recommendations in respect of these matters as appropriate. They shall report through the Lead Consultant and shall attend meetings as required with CA, all stakeholders and the IDT members as appropriate.

➤ Health Planner (HP):

The Health Planner shall provide high level advice to the Lead Consultant regarding to the various hospital departments and functions including issues of adjacencies, links and flows between hospitals and hospital departments/functions and make recommendations in respect of these matters as appropriate. They shall report through the Lead Consultant and shall attend meetings as required with CA, all stakeholders and the IDT members as appropriate.

➤ Ecologist (EC):

The Ecologist shall provide high level advice to the Lead Consultant regarding environmental impacts and implications of proposals ensuring that these are in accordance with planning requirement and policies, consistent with the DCP stage under consideration and make recommendations in respect of these matters. They shall report through the Lead Consultant and shall attend meetings as required with CA, all stakeholders and the IDT members as appropriate.

➤ BIM

The use of a full level 2 collaborative BIM process, as defined in the PAS 1192 suite of standards and as superseded by international standards for BIM ISO 19650-1 (concepts and principle) and 19650-2 (delivery phase and assets) is a requirement of this competition for Design Team (DT) Services. The Design Team Lead assisted by the DT shall write the specification for the BIM Survey outlining all information and level of detail required.

This shall include maintaining the EDMS on the Client's Common Data Environment (Aconex) by the Architect, as DT Lead, and the management of inputs to the BIM model by consultant disciplines and relevant supply chain members.

The level 2 BIM model for this project and all associated digital information derived from it (COBie, AIM data, Digital O&M's, etc.), shall be fully owned by the Client and shall be fully interoperable in order to maximise its usefulness to the Client. To ensure these requirements are achieved the federated BIM model prepared by the DT for each data drop shall be an Industry Foundation Classes (IFC) Data Model and shall also be provided in the relevant Native software format where applicable. The IFC data model shall comply with the requirements of the official international standards ISO16739:2013.

All DT members or other parties working on the Model or providing data for input to the model shall utilise formats compatible with this requirement, during all project stages. Coordination in this regard will be led by the Design Team Lead, and the BIM Information Manager (Design) and supported by the relevant BIM Managers for each discipline.

Section 1: Scope of Service

All parties and DT disciplines with Design Input and using the BIM Model for Outputs or inputs must identify a BIM Manager. The role of the BIM Manager is set out below. The role of BIM Manager is separate and distinct from that of the BIM Information Manager. Therefore, the Architect, as DT Lead, must identify both a BIM Information Manager (Design) and BIM Manager role. The scale of the project will determine the resource or resources needed in this regard.

As part of the quality submission in the DT competition, each tenderer is asked to outline their methodology for how they intend to comply with these Technical Requirements in respect to BIM. This methodology should summarise proposed BIM IT resources, BIM Personnel Resources and BIM Capabilities including BIM project experience.

The Building Information Model shall be compatible with the NEIS IWMS system, IBM Tririga.

Where relevant to the project the Design Team Lead in conjunction with the Architect and all relevant DT members shall write suitable specification for a BIM survey of existing buildings including external landscaping and features as appropriate. The DT will define in the specification the level of detail required in the survey for each of its constituent parts, obtain quotations, make recommendations to the Client, and appoint successful tenderer. BIM Survey shall form the basis of the BIM model for the design.

The roles and responsibilities of the Project **BIM Information Manager** (Design) include:

- ❖ The Project BIM Information Manager is responsible for the management of information, information processes and compliance with agreed procedures, not the coordination of design.
- ❖ Develop, implement, obtain client approval for, and maintain a BIM Protocol.
- ❖ Create and maintain a BIM Coordination Programme that is aligned with the Project Programme.
- ❖ Identify any impact on the BIM Coordination Programme arising from errors in the transmission and use of information during the BIM process.
- ❖ Establish BIM Coordination workshops and report progress at the Project Design Team meetings.
- ❖ Keep a record of BIM models and their status.
- ❖ Keep a record of any deliverables which are not derived from the models.
- ❖ Establish quality control procedures to check that all of the models are accurate, the level of detail is fit for purpose; common title blocks are distributed and updated as necessary and presentation styles across the project is consistent.
- ❖ Identify and document clashes between different discipline models using clash detection software (Collaborative BIM Data Sharing).
- ❖ Ensure that each organisation has published an archived version of the model for each significant milestone stage as identified in the BIM Coordination Programme.
- ❖ Record and monitor shared data and relationships between models e.g., grids, floor levels, shared project coordinates.
- ❖ Identify and agree any co-located or shared technical infrastructure needs, software package interoperability requirements and standards to be used by each team member to deliver BIM project.
- ❖ Administer the agreed Common Data Environment (Aconex).
- ❖ Exclusive responsibility and power to issue binding instructions on BIM related issues.
- ❖ Co-ordinate handover of model and data to the Client and/or contractor as appropriate, at the agreed milestones in the BIM Coordination Programme.
- ❖ In the event of the Project BIM Information Manager (Design) role transferring to another person, provide all associated documents and fully Brief incoming personnel on the protocols and history of the collaboration.

Section 1: Scope of Service

BIM Manager for Each Design Team Consultancy:

Note: Each organisation using the BIM Model for outputs or inputs must identify a BIM Manager as part of their design discipline team for each project.

The roles and responsibilities of the BIM Manager include:

- ❖ Ensure that organisation BIM Protocols support the BIM Execution Plan.
- ❖ Ensure that the project is adequately resourced in terms of hardware and software.
- ❖ Liaise with the Project BIM Information Manager to ensure that BIM Outputs and Inputs are compliant with the BIM Execution Plan or otherwise notify the Project BIM Information Manager immediately.
- ❖ Liaise with the Project Lead/Designer on issues relating to BIM Management and any impacts on the organisation project programme.
- ❖ Notify the Project BIM Information Manager of any impacts on the BIM Coordination Programme arising from errors in the transmission and use of information during the BIM process.
- ❖ Attend BIM Coordination Workshops.
- ❖ Notify the Project BIM Information Manager on the status of BIM models.
- ❖ Notify the Project BIM Information Manager of shared data and relationships between models e.g., grids, floor levels, shared project coordinates.
- ❖ Ensure that data exchange protocols between different software/hardware systems are verified through sample testing to ensure data integrity is maintained.

➤ Fire Safety Design

- ❖ Provide full Fire Safety Consultancy services in accordance with the current GCCC Standard Conditions of Engagement for Consultancy Services.
- ❖ Allocate competent and qualified personnel at the commencement and for the duration of the Project and ensure continuity of service between personnel.
- ❖ This includes the preparation of the relevant applications for Fire Safety Certificate, associated Fire Safety Reports, and documentation in respect of the Project, preparation of supplementary applications and / or compliance submissions as required.
- ❖ Consult with the Local Authority Fire Officer as required in relation to design issues around each campus.
- ❖ Observe and participate in the implementation of the DT's sustainability and environmental objectives for the project.
- ❖ Attend DT meetings, progress meetings, site meetings or other meetings as required and provide appropriate design support, assistance, and advice in relation to safety matters as they affect the project.
- ❖ Develop in conjunction with the Hospital Fire Safety Manager, DT disciplines and local HSE Fire Officer, a Fire Strategy Document, including compartmentation strategy, means of escape, alarm response procedures, campus evacuation plan & procedures, etc.
- ❖ Liaise with the M&E Engineer regarding project design strategy for siting of fire safety signage (emergency escape lighting) throughout the campus to ensure a fully coordinated and integrated design with the wider emergency lighting design.
- ❖ Allocate adequate resources to achieve program dates / timelines.
- ❖ At all stages, provide such other services as are reasonably incidental to the services identified herein and as may reasonably be required from time to time by the Architect.
- ❖ Advise the DT on performance requirements / levels of coverage of key elements of fire protection in buildings (fire ratings / sprinklers / smoke control etc.) and site access and fire hydrant requirements etc. to assist in feasibility and Cost Plan preparation.
- ❖ Commence to develop with all relevant stakeholders and DT Disciplines a project Fire Strategy Document.

Section 1: Scope of Service

1.7 The Development Control Plan (DCP):

The DCP shall promote a high standard of development as required by Client and stakeholders and shall:

- Be prepared by the Principal Service Provider with the assistance of the IDT and agreed with the Client. It shall facilitate decisions and support methodical orderly development on campus in response to future clinical requirements and priority of funding.
- Provide agreed accommodation requirements on the site in a manner consistent with the local authority's planning controls and the planning objectives for the site and it shall also be agreed with the Planning Authority in principle as part of IDT services for the project.
- Establish a reasonable level of accommodation that may potentially be accommodated on the site and in addition to planning the accommodation desired by the stakeholders as stated in this brief the team shall also plan out the balance of unstated in a suitable strategy.
- Provide a template for managing change on the site in the short and medium term and shall include the identification of appropriate sites for the required range of health care and associated functions.
- Allow for early consultation with the stakeholders to review develop and validate a final brief and to ensure proposals are consistent with stakeholder requirements. The IDT shall prepare and evaluate DCP options and identify an agreed option with the stakeholders.
- Allow for early consultation with the local authority to ensure proposals are consistent with the site zoning planning objectives generally and formal planning regulations.

1.8 Report and Approval of Reports:

A number of reports will be required at various stages of the DCP process as services are completed, to record the considerations and outputs of each relevant stage of the DCP process/sub-stages as outlined in Section 1.4 above.

Reports required shall include but not be limited to the following:

- Campus appraisal report.
- Options analysis report.
- Preferred option report.
- DCP Report.

Section 1: Scope of Service

1.9 'The Deliverable':

The IDT shall prepare a DCP report which shall set out and explain through narrative diagrammatic and illustrated means as necessary, the intended accommodation and uses proposed. The DCP shall demonstrate in a series of solutions, how it is intended to accommodate the development through short (0 – 5 years), medium (5 – 10 years) and long term (10 – 20 years) phases of the site. The solution shall address the following:

- Identify meaningful blocks of space to allow for functional optimisation of use in the future taking cognisance of clinical needs and functional relationships.
- Clarification of zoning issues relevant to the site, and what this means in terms of the potential floor area capacity, as well as an understanding of height, density, form and configuration of development options.
- Consideration of maintaining existing hospital operations during the various phases of development.
- Description of strategic approaches to future expansion.
- Strategy in relation to other known planning and design constraints with specific reference to sensitive adjoining functions including residential areas etc.
- Strategy in relation to proposed vehicular access and internal road layouts car-parking hard-standings, compounds, etc.
- All of above shall be informed by strategic understanding of the Campus and Hospital operations circulation and distribution routes, with suitable separation of different streams (pedestrian, vehicular and bicycle).
- Consideration with regard to future developments shall allow for protection of and avoidance of any disruption to existing Campus or Hospital operations and the phasing of the proposals shall reflect these concerns also.
- Strategy in relation to proposed site services infrastructure and capacity study of utility services within the site and public infrastructure serving the site including water, drainage, electricity, gas, telecoms and data and any other services that may be required.
- Strategy in relation to proposed impact of any known site constraints on development potential, and/or possible mitigation options.
- Strategy in relation to traffic, parking, access and mobility is to be prepared, with reference to impacts both on and off site.
- An access, way-finding, traffic and car parking strategy based on the anticipated activity on the site in the short, medium and long term is required.
- Approach to urban design and the public domain, landscaping strategy, public space, security and site permeability if any intended, etc.
- Specific inputs, issues or comments raised by the Local Authority Planning Department in the IDT's consultation with them.
- Consultation will be required with all stakeholders.
- Public consultation will be required with local community groups, representatives and the community themselves.
- Input to DCP of all of the above.

Section 1: Scope of Service

Optional Services – Post DCP Service Completion:

Tenderers may be required to provide optional services as necessary and when requested by the CA, within 24 months of the completion and delivery of this DCP.

The optional services shall provide a revised/amended DCP to take account of Client/Stakeholder agreed decisions / requirements post DCP delivery. The optional service(s), as required by the CA, shall be based on:

- A reasonable and agreed time period relative to the service to be provided **and**
- An appropriate Service Provider team **and**
- An appropriate hourly rate based on the particulars of this tender.

The CA reserves the right to request these optional services as they deem necessary.

Section 1: Scope of Service **(Project Sub-Stage (i) A: DCP Brief Development)**

1.10 Design Team – The Project Stage and Sub-Stages:

Stage (i): Preliminary:

Sub-Stage (i) A: DCP Brief Development:

Sub-Stage: (i) A	Sub-Stage Description: DCP Brief Development
This sub-stage shall consist of the following: • Brief Clarification: Assist the Contracting Authority / Client in examining the Project Description in Document 1.02_Specific_Project_Info-DCP and developing it into the Final Project Brief. • Consult at the appropriate time with relevant stakeholder and user groups as necessary in developing the Final Project Brief. • Assess and recommend the relative priority of the various master-plan components and rank as a) known priorities; b) high priorities; c) other priorities and d) operational considerations. • Review and interrogate all information provided whether as part of the Brief or otherwise and identify and request any additional information required. • Carry out a high-level inspection and assessment of the existing Hospital accommodation and infrastructure, broadly classifying condition of different Departments/buildings, noting accommodation which is under-used or out-of-use and identifying general suitability for future use. Assess the site/campus potential. • Initiate sufficient campus survey information to inform the development of the DCP Brief. • Establish and analyse all or any site factors which may impact on potential strategy for master planning the Campus, including the design and cost implications of linking new and existing buildings or constructing stand-alone buildings including co-location. • Fully determine the scope and extent of the works necessary and prepare a DCP.	

Brief Development and Stakeholder Consultation:

A clear Final Project Brief is essential to the success of the project. This Scope of Service document is primarily concerned with setting out the DCP tasks and deliverables unambiguously.

The Lead Consultant, with the active and timely input from the other members of the IDT, shall prepare a document which will be the Final Project Brief which combines the programmatic and technical objectives of the DCP. It is envisaged that preparation of an architectural/spatial Brief will entail the following steps leading to a Final Project Brief:

- Agree Consultation Process.
- Identify priority developments and campus requirements.
- Carry out site visits and assessment of the Campus facilities.
- Consult with Stakeholders.
- Make assumptions estimate space projections identify priorities.
- Finalise Project Brief.
- Review and approval.

DCP Content:

The IDT under the direction of the Lead Consultant shall consult with relevant stakeholders and user groups as necessary in developing a Final Project Brief.

Section 1: Scope of Service **(Project Sub-Stage (i) A: DCP Brief Development)**

The Development Components must be identified and agreed with stakeholders at an early stage and should largely derive from the objectives of the various organisations as expressed in Section 4 of this document, the Outline Project Brief and associated Appendices as part of that document. In addition to known priority developments which are outlined, the host hospital may have requirements with regard to upgrade of existing services and may include all or any of the following:

- Increase in the capacity of existing services.
- Enhance the capability of existing services.
- Establish new services.

Changes in core services may have an impact on either clinical or general support services and the impact of these changes will need to be assessed and any such identified requirements be included in the DCP Brief.

Brief Analysis, Priorities and Phased Solutions:

It will be important for the Design Team working with the Stakeholders and Client to assess and recommend the relative priority of the various DCP components. This will inform the sequence and timeframe of development notwithstanding the availability of funding and technical feasibility. Priority of developments should be ranked perhaps as follows:

- Known Priority Developments:
Elements which Decisions, DoH decision or HSE Service Hospital decisions have already identified as requiring priority implementation within the life of the plan.
- High Priorities:
Elements that is essential to the furtherance of corporate objectives.
- Other Priorities:
Desirable development for which there is flexibility over time and manner of execution.
- Operational Considerations:
Considerations which may influence space provision e.g. shared services.

The Final Project Brief:

The Outline Project Brief sets out the Client's functional requirements for '*The Project*' and any particular project requirements. The IDT shall, under the direction of the Lead Consultant and in consultation with the CA and stakeholders, develop the Outline Project Brief into a co-ordinated Final Project Brief for review and approval by the CA and stakeholders.

The Final Project Brief shall set out in detail the project requirements and the parameters within which they must be satisfied. As part of Sub-Stage (i) A: DCP Brief Development the Lead Consultant and the IDT, in conjunction with the CA, will develop the Outline Project Brief into a suitably detailed Final Project Brief which shall include interrogation of the campus and accommodation particulars provided in the Outline Project Brief document and its associated appendices; as well as the Stakeholder liaison.

Section 1: Scope of Service **(Project Sub-Stage (i) A: DCP Brief Development)**

Campus Mapping / Surveys:

Site Appraisal:

All available survey information for sites will be made available to the Lead Consultant and the IDT members. At design appointment stage, the IDT shall assess the available site information and advise the Client on any additional surveys required in order to progress the project. In considering the need for additional surveys the IDT should be mindful that the deliverable is a DCP and not a building design.

In the event that site information required to progress the DCP is not available, the Lead Consultant in conjunction with the other members of the IDT will be responsible for obtaining that survey information, setting the criteria, procuring and managing the required specialists / surveys and reports, unless agreed otherwise. In addition it will be the responsibility of the IDT to interpret the results of all surveys when received and to report to the Client on these results making recommendations for the project. While the cost of all necessary specialists/surveys will be borne by the Client, the costs of the IDT involvement are deemed to be included in their tendered fees.

The Lead Consultant shall ensure that the relevant IDT members prepare a site plan to a scale of 1:500, indicating the existing features, contours at 0.5m intervals and showing:

- Levels/contours related to Ordinance Datum with any information currently available on main services, geological data, archaeological data, landscape etc.
- Existing external communications to the site, roads, services and drainage.
- Existing internal communications within the site.
- Adjacent properties as necessary to assist the designers in taking decisions within the site boundary such as, height restrictions, sightlines, way-leaves, rights of way etc.

Typical specialists / surveys may include areas on the following non exhaustive list [where necessary]:

- Topographical Surveys.
- Site Investigations as may be recommended by the IDT.
- Sub-soil Investigations as may be recommended by the IDT.
- Geo-technical Services Surveys as may be recommended by the IDT.
- Additional site services or infrastructure information as may be recommended by the IDT.
- Archaeological Surveys / Investigations (desktop study).

Where required the IDT shall procure tenders in compliance with public procurement. The tender shall detail the full scope of the work and the level of detail required. The IDT Lead Consultant, in conjunction with the primary input of the relevant IDT member(s), shall submit to the Client a tender report on the tender process with a clear recommendation for the Client's consideration.

The Client shall consider, select and appoint the Tenderer based on the IDT tender report.

For geotechnical surveys or other invasive surveys, the services of the PSDP will be required.

Condition Surveys, where required and unless otherwise stated, are part of the duties of the IDT.

Section 1: Scope of Service **(Project Sub-Stage (i) A: DCP Brief Development)**

Appraisal of existing hospital accommodation:

The IDT shall undertake an appraisal of the existing building stock and shall assess the facilities on the campus and classify them in various categories e.g. those which are suitable for demolition, those which are in need of refurbishment and those that are functioning well. This study shall also identify opportunities within the existing hospital accommodation to designate new or intensified uses to unused or under-used accommodation within the existing hospital. The IDT shall agree strategies in this regard with the Client and relevant stakeholders on these matters and incorporate agreed strategies into the DCP.

Analysis of DCP Issues:

As part of this Sub-Stage the IDT shall review and analyse all the DCP issues raised in this document and the Outline Project Brief. These shall include but not be limited to the following;

- Review existing survey information.
- Review existing DCP and other relevant documentation.
- Undertake visit to the site and appraise existing hospital facilities.
- Assess existing buildings and infrastructure.
- Analyse existing patient visitor staff and materials movement routes.
- Project future space needs.
- Identify site capacity.
- Review statutory plans and meet with planners.
- Analyse existing and future vehicular traffic and car parking.
- A patient journey is the entire process a person goes through when seeking and receiving a healthcare service. It covers everything from first noticing symptoms or realizing the need for care and medical attention to finally resolving the health issue. The journey involves patient interactions with healthcare professionals, diagnostic procedures, treatment activities, and follow-up care.
- Mapping and understanding the patient journey can help boost the quality of hospital care and improve patient satisfaction and allow us to create building environments that reduce challenges, enhance communication, and better cater to patients' needs. It also contributes to promoting patient-centered care, shifting the focus beyond just treating diseases to considering the overall well-being and experience of the patient.
- Healthcare journeys also involve multiple stakeholders, various diagnostic and treatment options, and inherent uncertainties which is why wayfinding and navigation through a building should be clear and intuitive.
- Maximise site capacity & development potential
- Allow for Future proofing and flexibility
- Improve pedestrian & active travel accessibility to the campus
- Develop better traffic flow for vehicles entering and exiting the campuses and improving vehicular arrival & set down
- Ensure a secure campus overall with secure access control points
- Consolidate services areas and access
- Clear and efficient ambulance access and set down area

Deliverables: Sub Stage (i) A – DCP Brief Development:

The Deliverables for this sub-stage shall consist of the following (but not limited to):

- Site/building appraisal report including:
 1. 1:1000 scale Analytical plans

Section 1: Scope of Service **(Project Sub-Stage (i) A: DCP Brief Development)**

2. 1:500 scale Survey plans.
 3. Functional/Technical Assessment of Existing Facilities.
 4. Town Planning issues
 5. MEP and utilities capacity appraisal
 6. Traffic and transport Impact Report
- Final Brief
 1. Architectural/Planning Brief.
 2. Topographic and Site Services Survey.
 3. Planning and Development Strategy.
 4. Technical Brief.
 - Sufficient Campus Survey Information
 1. Drone Survey
 2. LiDAR Survey of Entire Campus

Section 1: Scope of Service **(Project Sub-Stage (i) B: Preparation of DCP Options)**

Sub-Stage (i) B: Preparation of DCP Options:

Sub-Stage: (i) B	Sub-Stage Description: Preparation of DCP Options
This sub-stage shall consist of the following: • Explore and evaluate the options available for meeting the DCP Brief and to demonstrate, through comparison of options, that the recommended option achieves an acceptable balance between the design (architectural, engineering and health & safety), protection of the site for future needs of healthcare, site commercial value, site utilisation including protecting for future healthcare need, site leveraging options and the economic requirements of the project. • The Options shall take account of all surveys necessarily required for the DCP. • Attainment of a preferred option for a DCP compatible with the existing Hospital campus.	

Generally:

Having agreed a consolidated Final Project Brief during Sub-Stage (i) the IDT shall explore and evaluate all potential options for meeting the Clients requirements. Proposals shall take cognisance of functional, aesthetic and operational requirements, Local Authority and Public Utility requirements, site issues, Sustainability, capital cost constraints, best overall value and delivery schedule.

Options: The IDT shall initially consider alternative DCP solutions and in consultation with the CA and the Local Authority identify the preferred site DCP. The DCP should also identify future capacity and availability of future capacity within any design. The IDT shall develop and agree with the CA and stakeholders the evaluation criteria to be used in assessing the options.

The IDT shall propose a set of criteria and related marking system against which the options shall be assessed, and this shall be agreed with the Client. The IDT shall analyse potential DCP options, identify the preferred option for a DCP compatible with the requirements of the Project Brief.

Principal tasks to be undertaken during this Sub-Stage shall include but are not limited to the following:

- Review and develop existing site capacity studies and identify potential development sites on the campus.
- Develop options for DCP.
- Prepare options evaluation criteria
- Agree options evaluation criteria with the Client
- Review for significant cost differences between options
- Present options at workshop with key stakeholders
- Identify the preferred option.
- Report on the option Appraisal.

Criteria for Option Appraisal:

The Lead Consultant supported by the IDT members shall prepare an option appraisal matrix recommending a marking system, weighting the marks for criteria appropriate to their importance. The award criteria shall be discussed and agreed with the Client and Stakeholders in advance of assessing the options. Criteria might include but not be limited to some of the following:

- Quality of solutions.
- Functional, aesthetic and operational requirements.
- Local Authority and public utility requirements.

Section 1: Scope of Service **(Project Sub-Stage (i) B: Preparation of DCP Options)**

- Site issues.
- Phasing.
- Ease of development.
- Sustainability and environmental consideration.
- Planning considerations.
- Capital cost constraints.
- Best overall value and delivery schedule.

Deliverables: Sub Stage (i) B – Preparation of DCP Options:

The Deliverables for this sub-stage shall consist of the following (but not limited to):

- A1 size Block plans (no. as required) at a scale of 1:500 for three differentiated options showing proposed option layouts with the location of potential development sites with the proposed facilities/ functions identified and shown in outline with indicative heights (no. of Floors). The plans should also indicate, site entrances, access principles, approach to public and private sides of the hospital and support services such as utilities, car parking and FM.
 1. Outline Road /Parking layouts.
 2. Public realm and landscaping proposals.
 3. Vertical stack diagrams with functional content and areas.
 4. Outline engineering strategies.
 5. Outline phasing sequence.
 6. Outline cost estimates.
 7. Evaluation Criteria.
 8. Option Appraisal Report.

Section 1: Scope of Service **(Project Sub-Stage (i) C: Development of Preferred DCP Option)**

Sub-Stage (i) C: Development of Preferred DCP Option:

Sub-Stage: (i) C	Sub-Stage Description: Development of Preferred DCP Option
This sub-stage shall consist of the following: - Refinement of the preferred DCP option developing approach to functional, aesthetic and operational requirements, Local Authority and Public Utility requirements, site issues, sustainability, capital cost constraints, best overall value and delivery schedule. The preferred DCP option shall address the site potential and value to the market. - Present the DCP at two (2Nr.) information sessions. Agreement of DCP with all Stakeholders.	

Generally:

As part of this Sub-Stage the IDT shall develop the preferred option and the principal tasks during this stage shall include the following:

- Develop the Block plan layouts of each new and existing building within the Campus.
- Massing study.
- Refine site layouts, public realm, roads, car parking, landscaping layouts, etc.
- Develop engineering strategies between/in proposed blocks.
- Develop phasing plan.
- Assess implications for campus fire safety strategy.
- Refine total and phased cost assessment.

Deliverables: Sub Stage (i) C – Development of Preferred DCP Option:

The Deliverables for this sub-stage shall consist of the following (but not limited to):

- Contoured external site plans showing proposed roads, parking landscaping, drop off and delivery and collection points
- 1:500 scale layouts of each level of all buildings including departmental boundaries, inter-departmental circulation and engineering space.
- Building Sections.
- Massing diagrams.
- Engineering layouts 1:500 scale final and phasing proposals.
- Mobility management plan.
- Full phasing sequence.
- Draft Cost Report.

Sub-Stage (i) D: Preparation & Presentation of DCP Report:

Sub-Stage: (i) D	Sub-Stage Description: Preparation & Presentation of DCP Report:
This sub-stage shall consist of the following: • Preparation of a narrative and tabulated DCP report of the DCP options providing a clear recommendation of the preferred option including cost benefit analysis support. The report shall include DCP drawings.	

Generally:

As part of this Sub-Stage the IDT shall prepare the DCP report and DCP drawings. The principal tasks during the stage shall including the following:

- Prepare narrative and tabulated report to accompany the drawing set.
- Finalise and consolidate plans sections and other graphic material.
- Tabulate all Building areas.
- Measure main circulation /plant areas.
- Cost estimates for each constituent part of the DCP. All costs to be presented at Current Price Base Date.
- High level cost comparison of options.
- Cash flow Forecast.
- Phasing implications.

Deliverables: Sub Stage (i) D – Preparation & Presentation of DCP Report:

The Deliverables for this sub-stage shall consist of the following (but not limited to):

- **Drawings:** A1 size Block plans (drawings appropriately numbered) at a scale of 1:500 for three differentiated options showing proposed option layouts with the location of potential development sites with the proposed facilities/ functions identified and shown in outline with indicative heights (Nr. of Floors). The plans should also indicate, site entrances, access principles, approach to public and private sides of the hospital and support services such as utilities, car parking and Facilities Management:
 1. Outline Road / Parking layouts
 2. Public realm and landscaping proposals
 3. Vertical stack diagrams with functional content and areas
 4. Outline engineering strategies
 5. Outline phasing sequence
 6. Outline cost estimates
 7. Evaluation Criteria
- **Report:** Narrative describing process and conclusions of the DCP Study including the following sections:
 1. Architectural section.
 2. Engineering sections.
 3. Traffic and car parking.
 4. Cost Report.
- **DCP Format:** The DCP report shall be provided in the following formats and shall be illustrated with diagrams and drawings as necessary. Additional large-scale copies of drawings shall be issued to the Client/CA on request.
 - ✓ Electronic format;
 - ✓ Electronic (native) format.
