

1.02 - SPECIFIC PROJECT INFORMATION

For	Architectural Service Provider (who will lead a multidisciplinary design team acting as sub-contractors to the Architectural Service Provider)
For	Development Control Plan for Bantry General Hospital, St. Finbarr's Hospital and Mallow General Hospital.
For	Health Service Executive (HSE)
Version Nr.	



SECTION 1: SPECIFIC PROJECT INFORMATION 3

1.1 PROJECT DESCRIPTION:..... 4

1.2 SERVICES WHICH ARE TO BE PROVIDED AS PART OF ARCHITECTURAL SERVICE: 11

1.3 SERVICES WHICH ARE TO BE PROVIDED AS PART OF CIVIL & STRUCTURAL ENGINEERING SERVICE: 12

1.4 SERVICES WHICH ARE TO BE PROVIDED AS PART OF BUILDING SERVICES ENGINEERING SERVICE: 12

1.5 PERFORMANCE PERIODS & STAGES..... 13

1.6 TYPICAL MEETINGS TO BE PROVIDED: 14

SECTION 1: SPECIFIC PROJECT INFORMATION

1 SPECIFIC PROJECT INFORMATION:

1.1 Project Description:

Table 1.1 - Project Description:

PROJECT DESCRIPTION – GENERAL:	
Project Title:	Development Control Plan for Bantry General Hospital, St. Finbarr's Hospital, and Mallow General Hospital.
Project Location:	Bantry General Hospital, St. Finbarr's Hospital and Mallow General Hospital
Detail of Client Requirements:	Introduction The HSE invites applications from suitably qualified and experienced architectural practices (who will lead a multidisciplinary design team acting as sub-consultants to the Architectural Service Provider) to prepare a Development Control Plan (DCP) for each of the following: • Bantry General Hospital • St. Finbarr's Hospital • Mallow General Hospital The resulting plans will be the framework within which the hospitals will undertake their planned development programmes over the next ten years. This will include the consideration of relocating services which are inappropriately placed currently on each hospital campus. The Principal Service Provider as Lead Consultant together with the IDT and through engagement with the Client shall work to achieve a plan that aims to realise as much of the significant potential of the campus as possible and fostering co-location synergies and design quality of an appropriately high standard. The IDT shall consider campus potential in the wider context and in relation to the Client and stakeholders' vision and aspirations for the hospital campus and sites in the locality. Design Team Composition Candidates who are deemed eligible to participate in the tender competition will be required to submit a single point design team tender, comprising of a multidisciplinary team to include the following: • Architect (team leader) • Planning Consultant • Project Supervisor for the Design Process • Fire Engineering Consultant • BIM Information Manager • Quantity Surveyor / Cost Consultant • Building Services Engineer (M&E) • Civil & Structural Engineer (C&S) Candidates will be required to demonstrate an established track record in DCP development, preferably for sites of comparative size & complexity within the health sector. The DT shall allow for additional specialist disciplines where site-specific issues require them. The DT to identify gaps in specialist expertise during the commission, advise and appoint accordingly. DT are required to clearly define responsibilities and interfaces between disciplines, coordinated by DT lead.

PROJECT DESCRIPTION – GENERAL:

Drivers for the DCP

A number of recent policy decisions accentuate the need for a new Development Control Plan. These decisions include the following:

- Adoption of the Cork County Development Plan 2022–2028
- Changing needs of the three campuses
- Reviewing capacity issues including the need to increase patient beds.
- Reviewing relevant national HSE healthcare and estate strategies. Review relevant regional and local service strategies.
- Demographic and demand trends relevant to future estate requirements.
- Identify strategic assumptions on which the DCP is based.
- Identify uncertainties in service strategy that may materially affect future development.

Tender Arrangements

This tender competition will be assessed as a qualitative process in terms of cost, approach & methodology etc. Refer to ITT for detail.

There will only be one Conditions of Engagement at appointment stage (with the Architectural Service Provider).

Functional
Content

Introduction

The scope of the service is the preparation of coherent individual 10 year Development Control Plan (DCP) for each of the following:

- Bantry General Hospital
- St. Finbarr's Hospital
- Mallow General Hospital

Stakeholder engagement

A hospital project team comprising of Executive Management Board representatives, senior managers, divisional representatives, and other appropriate hospital/HSE nominees will oversee and guide the process under the direction of the Estates Department.

- Agree a stakeholder engagement strategy at project commencement.
- Distinguish confirmed requirements from aspirations and emerging requirements.
- Record key decisions, assumptions and unresolved matters.
- Require the Design Team to test and challenge stakeholder requirements using professional expertise.
- Identify conflicting stakeholder requirements and advise on resolution.
- Validate emerging DCP proposals with relevant stakeholder groups.

Estate Appraisal

An examination of all current building stock should be carried out to ascertain its current use, quality of infrastructure, challenges in delivery of service. Further the DCP shall identify opportunities to optimise existing infrastructure and its suitability for expansion including:

- Vertical expansion.
- Mechanical & Electrical upgrade requirements
- Civil & Structural requirements.
- Traffic and Mobility needs.

PROJECT DESCRIPTION – GENERAL:

The DCP shall incorporate all current and planned developments into the solution, taking account of future growth of all services.

The design team shall carry out site investigations and surveys as required. The shall also review and validate available drawings, surveys and estate records.

Development Capacity and Spatial Strategy

- Identify the realistic development capacity of each campus and any key limiting factors.
- Define potential development, redevelopment, intensification and safeguarded zones.
- Consider how retained buildings, new development and future expansion should relate spatially.
- Identify opportunities to consolidate fragmented uses and improve overall campus structure.
- Ensure near-term development does not sterilise strategically important land or future expansion routes.

Landscape, Public Realm and Campus Environment

- Identify opportunities to improve campus legibility, arrival experience and wayfinding.
- Protect and enhance valuable landscape features, open spaces and mature planting where appropriate.
- Consider external amenity and therapeutic landscape opportunities for patients, visitors and staff.
- Integrate landscape, pedestrian movement and public realm with future development areas.
- Consider biodiversity, sustainable drainage and climate-responsive landscape measures.

Planning, Statutory and Property Considerations

- Identify relevant statutory, planning, heritage and environmental constraints affecting future development.
- Review land ownership, boundaries, easements, wayleaves, access rights and third-party interests where relevant.
- Identify planning risks, opportunities and likely approval considerations associated with the preferred DCP.
- Consider potential future land acquisition, disposal or boundary rationalisation where this may improve campus development.

Clinical and Operational Relationships

- Identify key clinical and operational adjacencies that should inform future campus development.
- Assess opportunities to improve patient, staff, service and interdepartmental movement.
- Consider opportunities for co-location, consolidation and shared support facilities.
- Identify operational relationships or existing layouts that significantly constrain service delivery.
- Ensure future phasing, decanting and redevelopment maintain safe and effective hospital operations.

PROJECT DESCRIPTION – GENERAL:

Optional studies

For each site the DCP shall include the preparation of site option studies identifying the preferred solution and alternative options considered, which demonstrate the appropriate adjacencies and configurations that allow for the most efficient use of staff and resources and interdepartmental travel routes.

- Evaluate options against strategic, technical, operational, cost and deliverability criteria.
- Identify principal risks, dependencies and disadvantages associated with each option.
- Identify opportunities to improve patient, staff and service movement.

It will indicate all phasing and sequencing that will be required to achieve the approved options. This will include for all principal enabling works, temporary accommodations, temporary mechanical and electrical service installations, temporary rerouting of pedestrian and traffic routes, demolitions etc. Health and Safety and Fire Safety requirements will be provided for.

Phasing, Sequencing and Decanting

- DCP shall identify sequence of development, identify predecessor projects and dependencies between development phases.
- Identify infrastructure works that must precede later developments.
- Consider construction access and logistics during each phase.
- Identify areas that must be safeguarded for future phases.
- Identify potential temporary loss of parking, access or operational capacity during implementation.
- Consider infection-prevention implications of major construction phases.

Fire Safety / Health & Safety Strategy

The proposals will consider site wide Fire strategies, emergency and fire-appliance access across the campus and Health and Safety requirements.

Engineering services

Site investigations and evaluations of the mechanical and electrical services will be undertaken. This analysis will not be confined to the boundaries of the estate nor to the present level of service but will include a strategic development plan endorsed by the service providers.

The reports will include a detailed description of the various infrastructural services coupled with a risk analysis matrix outlining, but not confined to items such as capacity, condition, ability to meet future growth potential of the estate, health and safety and continued compliance with rapidly developing regulations within this area.

- Assess resilience and redundancy of critical infrastructure.
- Identify strategic infrastructure corridors or routes that should be protected.
- Identify major plant or utility zones required for future development.
- Assess dependencies on off-site utility infrastructure and external providers.
- Identify infrastructure trigger points associated with future development phases.
- Consider opportunities to rationalise fragmented or inefficient site infrastructure.
- Identify infrastructure investment that could unlock future development areas.

PROJECT DESCRIPTION – GENERAL:

Sustainability

Energy conservation and sustainability are prime considerations and the report must include a detailed plan of action.

- Consider climate adaptation and resilience of future campus development.
- Consider opportunities for renewable and low-carbon energy infrastructure.
- Consider biodiversity and sustainable drainage opportunities where relevant.

Cost Planning

The proposal will be supported by a verified budget cost statement which shall be presented in a format approved by the client. The construction cost of the projects shall be developed based on schematic information developed by the design team and will include an assessment of 'on costs' based on the level of information provided, for the purpose of verifying the budget cost for the schemes. The DCPs will permit the costing of communications and most external works and the evaluation of the remaining 'On Cost' factors implied by the proposals, which are not capable of direct measurement at this stage of the work.

The proposals will collate all capital costs and complete the costing sections in formats to be agreed. Regarding any phasing proposed, the cost implications of such phasing will be clearly identified. The proposals will include cash flow forecasts in formats to be agreed.

The DCPs shall take account of the requirements set down in Local Authority area plans, including the areas of commuter planning, parking, etc. and the appointed service provider will undertake full engagement with the relevant Local Authorities.

Site Constraints

The Hospital Campuses and proposed additional lands constitute sites with great potential. Known constraints include but are not limited to the following:

1. Town Planning Standards: including zoning, plot ratio, building heights, density, open space requirements, planning context and planning objectives.
2. Traffic and Transport: including car parking standards, cycle parking standards, road and pedestrian safety and safe ingress and egress of the campus.
4. Existing Service Infrastructure: is known to be at capacity in certain respects.
5. Existing Hospital Accommodation: Appraisal of existing Hospital context and operations will be an important element of any analysis or solution including:
 - Need to maintain existing hospital services and operations in clinically acceptable conditions as developments progress.
 - Establishment of appropriate functional relationships.
 - Efficiency of all hospital and related activity.

Shared services, etc.

PROJECT DESCRIPTION – GENERAL:		
Stakeholders: Bantry General Hospital	Key DCP Stakeholders:	Other Campus Stakeholders:
	a. Health Service Executive (HSE)	Cork County Council
	b. Bantry General Hospital (BGH)	National Transport Authority (NTA)
	c. Department of Health (DoH)	Irish Water
	d. Irish Aviation Authority (Helipad)	Gas Networks Ireland
		Eirgrid & ESB
		Local Community Groups
Stakeholders: St. Finbarr's Hospital	Key DCP Stakeholders:	Other Campus Stakeholders:
	a. Health Service Executive (HSE)	Cork City Council
	b. St. Finbarr's Hospital (SFH)	National Transport Authority (NTA)
	c. Department of Health (DoH)	Irish Water
		Gas Networks Ireland
		Eirgrid & ESB

Stakeholders: Mallow General Hospital	Key DCP Stakeholders:	Other Campus Stakeholders:
	Health Service Executive (HSE)	Cork County Council
	a. Health Service Executive (HSE)	National Transport Authority (NTA)
	b. Mallow General Hospital (MGH)	Irish Water
	c. Department of Health (DoH)	Gas Networks Ireland
		Eirgrid & ESB

The Project Design Team:

Table 1.2 – The Project Design Team:

DISCIPLINES REQUIRED AS PART OF DESIGN TEAM: <i>[CA to complete as appropriate]</i>			
Principal Service Provider: Architectural Service (including Specialist Skills providers as detailed below).	Required ☒	Not Required ☐	<i>Refer to Table 1.4 below which notes the optional services which may be required as part of Architectural service.</i>
Specialist Skills Provider as part of Integrated Architectural Team: <i>[CA to complete in alignment with the framework type being advertised.]</i>			
Specialist Skills Provider: Planning Consultant.	Required ☒	Not Required ☐	
Specialist Skills Provider: Project Supervisor Design Process Consultant.	Required ☒	Not Required ☐	
Specialist Skills Provider: Employer's Representative Consultant.	Required ☐	Not Required ☒	
Specialist Skills Provider: Fire Safety Consultant.	Required ☒	Not Required ☐	
Specialist Skills Provider: BIM Information Manager.	Required ☒	Not Required ☐	
Specialist Service Provider: Quantity Surveying Services.	Required ☒	Not Required ☐	
Specialist Service Provider: Building Services Engineering Services.	Required ☒	Not Required ☐	<i>Refer to Table 1.6 below which notes the optional services which may be required as part of M&E Engineering service</i>
Specialist Service Provider: Civil / Structural Engineering Services.	Required ☒	Not Required ☐	<i>Refer to Table 1.5 below which notes the optional services which may be required as part of C&S Engineering service.</i>
Principal Service Provider: Fire Safety Consultant.	Required ☐	Not Required ☒	
Principal Service Provider: Project Supervisor Design Process Consultant.	Required ☐	Not Required ☒	
Principal Service Provider: Employer's Representative Consultant.	Required ☐	Not Required ☒	
Principal Service Provider: Energy Efficient Designer Facilitator.	Required ☐	Not Required ☒	
Principal Service Provider: Assigned Certifier Services.	Required ☐	Not Required ☒	

1.2 Services which are to be Provided as part of Architectural Service:

Table 1.3: Services which are to be Provided as part of Architectural Services:

SERVICES WHICH ARE TO BE PROVIDED AS PART OF THE ARCHITECTURAL SERVICE (non-exhaustive list): [CA to complete as appropriate]			
Planning advice and expertise:	Required ☒	Not Required ☐	This service will be provided as a Specialist Skills Provider under the Architect as Principal Service Provider.
Healthcare Planning:	Required ☒	Not Required ☐	
Interior Design (including furniture design):	Required ☐	Not Required ☒	
Fit Out Design:	Required ☐	Not Required ☒	
Design for Manufacture and Assembly (DfMA):	Required ☐	Not Required ☒	
Universal Design, Accessibility:	Required ☒	Not Required ☐	
Landscape Design:	Required ☒	Not Required ☐	
Signage Design & Way Finding:	Required ☒	Not Required ☐	
Catering Design: *	Required ☒	Not Required ☐	
Acoustic Services:	Required ☒	Not Required ☐	
Conservation Architect:	Required ☒	Not Required ☐	
Air Tightness Design:	Required ☐	Not Required ☒	
Façade Design:	Required ☒	Not Required ☐	
Ecology Design:	Required ☒	Not Required ☐	
Aviation Design:	Required ☒	Not Required ☐	

Note1: Where a Catering Design Service is required, the service shall be understood to include both design of the catering facilities (catering, kitchen & canteen facilities, pantry, and all other food preparation or eating areas) and the preparation of all performance specifications & schedules for all catering equipment required, i.e., equipment groups 1-4.

1.3 Services which are to be provided as part of Civil & Structural Engineering Service:

Table 1.4: Services which are to be provided as part of C&S Engineering Services:

SERVICES WHICH ARE TO BE PROVIDED AS PART OF THE C&S ENGINEERING SERVICE (non-exhaustive list):			
Traffic & Mobility Engineering:	Required ☒	Not Required ☐	
Geotechnical Engineering:	Required ☒	Not Required ☐	

1.4 Services which are to be provided as part of Building Services Engineering Service:

Table 1.5: Services which are to be provided as part of Building Services Engineering Services:

SERVICES WHICH ARE TO BE PROVIDED AS PART OF THE BUILDING SERVICES ENGINEERING SERVICE (non-exhaustive list):			
Sustainability & BREEAM:	Required ☐	Not Required ☒	
BER:	Required ☐	Not Required ☒	
AV & ICT	Required ☒	Not Required ☐	

1.5 Performance Periods & Stages

1.5.1 The desired overall DT project performance period is set out below. Individual performance periods are based on information currently available and are indicative. The DT is expected to identify any opportunities to improve on these periods where possible, during the project.

Table 1.6: 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	

Table 1.7: 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	

Table 1.8: 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	

Note1: During the Client End of Stage Approval Period, the DT may be required to undertake certain tasks to support the approvals process. The DT shall include for the preparation of end of stage presentations (in addition to the end of stage reports) respective to their disciplines and shall allow for attendance at four (4) Client meetings to present presentations to any necessary stakeholders.

Note2: Please note that:

- (a) the overall Stage (i)D includes for the agreed Final Account.
- (b) It is understood that there may be a period of no more than three (3) Months (maximum) after the issue of the final DCP Report for the issue of the Final Payment Certificate.
- (c) This period of three (3) Months (maximum) is not included within the performance period stated above but shall be deemed included as part of the DT service as necessary for the satisfactory completion of the DT service requirement.

1.6 Typical Meetings to be Provided:

1.6.1 Table of Meetings (Typical):

- 1.6.1.1 The DT Leader shall propose and coordinate in cooperation with the Client an appropriate Meetings structure to facilitate the efficient and effective progress of the project.
- 1.6.1.2 All time and travel costs associated with meetings, whether listed below or not, are to be borne by the individual tenderers and included in their tender.
- 1.6.1.3 Where possible, meetings shall be organised, so they run concurrently on the same day.
- 1.6.1.4 Detailed design team meetings are not listed below but are a requirement of the project. Their frequency and attendance requirement are at the discretion of the DT Leader in consultation with all disciplines within the DT.
- 1.6.1.5 Required meetings shall include but not limited to the following:

Table 1.10: Table of Meetings (Typical)

Ref:	Meeting Type:	Frequency:	Chair & Minutes	Location:	Attendees:
1.	Introduction and Clarification Meetings:	Once.	Client.	Client Accommodation.	Client. DT Members.
2.	Project Controls Meeting:	Bi-weekly (every two (2) weeks).	ER.	Client Accommodation.	Client. ER / DT.
3.	Design Team Meetings:	Bi-weekly (every two (2) weeks).	Design Team Lead.	Client Accommodation.	DT Members.
4.	End User / Client Consultation Meetings:	As necessary.	Design Team Lead.	Client Accommodation.	Client. DT Members.
5.	BIM Review Meetings:	Bi-weekly (every two (2) weeks).	Design Team Lead.	Client Accommodation.	BIM Info Manager. DT Members.
6.	Project Review Group:	Bi-weekly (every two (2) weeks).	Client.	Client Accommodation.	Client. DT Members.
7.	Risk Management:	Monthly.	Design Team Lead.	Client Accommodation.	DT QS. DT Members.
8.	Lessons Learned:	At end of each project stage.	ER.	Client Accommodation.	DT Members.
9.	Pre-stage Report Meetings:	One (1) per stage.	Design Team Lead.	Client Accommodation.	DT Members.
10.	Stage Report Meetings:	One (1) per stage.	Client.	Client Accommodation.	Client. DT Members.
11.	Community Liaison Meetings:	As required.	Design Team Lead.	Client Accommodation.	DTL + ER. DT Members.

Note1: Notwithstanding the above, consideration is to be given to the necessity for attendance of all DT members at the above listed meetings. The core disciplines of the team shall present themselves at all meetings; however, the presence of other members of the team, such as the Planning Consultant, PSDP and Fire Safety Consultant, etc, is required only when the meeting agenda addresses and has a particular relevance to the areas of their expertise and at the request of the Design Team Lead. The competence of such consultants in consideration of their required attendance at the above listed meetings and meeting frequency is necessary. All disciplines, whether in attendance at a meeting or not shall be circulated with any minutes of meetings and any documentation issued at such meetings.