

Midland Metropolitan Hospital Project

ITPD Volume 1
5th September 2014



Where
EVERYONE
Matters



Sandwell and West Birmingham Hospitals NHS Trust

Midland Metropolitan Hospital Project

**Invitation to Participate in Competitive Dialogue
Volume One**

TABLE OF CONTENTS

	Definitions.....	5
	Abbreviations	7
1	Introduction	8
2	Background to Project and Strategic Context.....	9
	2.1 The Trust.....	9
	2.2 Context for Change.....	10
	2.3 RCRH Model of Care.....	11
	2.4 Midland Metropolitan Hospital Acute Model of care	12
	2.5 Activity	13
3	ITPD Volume Two: The Design Specification	14
	3.1 Functional Content	14
	3.2 The Site	15
	3.3 Planning.....	15
	3.4 Ground Conditions	15
	3.5 Phasing	15
	3.6 Design Development Process	15
	3.7 Functional and Departmental Briefs	15
	3.8 Public Sector Comparator (PSC) Design Brief and Exemplar Design	16
	3.9 DQI.....	16
	3.10 Design Vision	16
	3.11 DQI and Engagement.....	17
	3.12 Sustainability.....	17
	3.13 Information Management and Technology (IM&T) Strategy.....	18
	3.14 Equipment	18

3.15	BIM.....	18
4	ITPD Volume Three: Commercial Document	19
4.1	ITPD and the Project Agreement.....	19
4.2	Facilities Management (FM).....	19
4.3	Interim Services	19
4.4	Retail Opportunities.....	19
4.5	Car Parking.....	20
4.6	Regeneration Strategy	20
5	ITPD Volume Four: Procurement Process.....	21
5.2	Competitive Dialogue Strategy.....	21
5.3	Procurement Timetable.....	21
5.4	The Evaluation Process	22
5.5	Reference and Variant Bids	22
5.6	Price and Value for Money Assessment	22
6	Project Management and Administration	23
6.1	Project Structure and Role	23
6.2	Advisors to the Project	24
7	General Information, Disclaimers and Bidder Commitments	25

LIST OF FIGURES

Figure 1 ITPD Volume Structure	8
Figure 2 Activity Overview 2013/14 Outturn.....	9
Figure 3 Trust Financial Performance	10
Figure 4 Staff in post April 2014	10
Figure 5 RCRH Model of Care	12
Figure 6 Anticipated Trust Activity 2019/20 on Opening of MMH	13
Figure 7 Summary of Functional Content	14
Figure 8 Procurement Timetable.....	21
Figure 9 Project Structure and Role.....	23
Figure 10 Project Advisors	24

Foreword

We are delighted to issue this Invitation to Participate in Dialogue (ITPD) following your selection at pre-qualification.

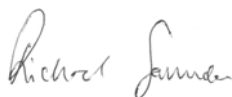
We would like to welcome you to the project and look forward to meeting you at the 'Meet the Organisation' meetings in the next week or two.

The Trust has worked really hard to listen to staff and our local community about their aspirations for the Midland Metropolitan Hospital and we have a lot of support for the project locally. This ITPD provides clear guidance about Trust requirements and the approach we want to take to ensure that Competitive Dialogue delivers the best possible outcomes.

ITPD Volume 1 is an executive summary and as such provides an overview of the project. The full details are provided in Volumes 2 – 4 and supporting documents.

We have both been very involved in this project and fully support the approach presented in this ITPD. It is really exciting for us to move into procurement at last and we are looking forward to seeing your proposals start to deliver the Trust's vision for future excellence.

Wishing you every success.



Richard Samuda



Toby Lewis

Definitions

Defined terms used in this Invitation to Participate in Dialogue (ITPD) shall have the same meaning given to them in the Project Agreement and schedules unless otherwise stated in this document:

The '**Appointment Business Case**' is the business case required for the approval of the Preferred Bidder which has replaced the Full Business Case as the key formal approval point for the Department of Health and Treasury.

'**Bidder**' means any organisation or Consortium who has been selected to receive this ITPD following short listing of their PQQ Response.

'**Bid Deliverables**' means the items the Trust requires from Bidders which will be evaluated as part of the selection process.

'**Commercial in Confidence**' means responses to Bidders' request for information which will not be circulated to other Bidders because of the commercial value of the intellectual property contained therein.

'**Competitive Dialogue**' means the procedure required under European Law: Article 29 of directive 2004/18/EC (the Directive) and Regulation 18 of the Public Contracts Regulations 2006 (SI 2006/5) (as amended).

'**Consortium**' means an organisation or group of shareholding organisations that make up a bidding project consortium that would ultimately become Project Co contracting with the Trust.

'**Core Project Team**' means the group of project leads who coordinate and manage the Dialogue process.

'**Design Vision**' means a set of aspirations for the Midland Metropolitan Hospital developed by the Design Vision Group, which underpin the Trust's requirements for the hospital design.

'**Dialogue**' means the process of Bidders working with the Trust to develop proposals during the ITPD phase of the project.

'**Draft Final Bid**' means a fully worked up Bid submitted as a draft to allow final dialogue to take place if required before Closure of Dialogue.

'**Evaluation Report**' means the report prepared by the Core Project Team to present the weighted aggregate scores to identify the most economically advantageous tender.

'**Evaluation Teams**' means the groups of Trust staff and advisors who will be scoring the bids in line with the evaluation criteria.

'**Facilities**' means the new acute hospital.

'**Final Bid**' means the completed Bid, following final dialogue on the Draft Final Bid prior to Closure of Dialogue, which will be evaluated to select the Preferred Bidder the Trust is minded to appoint.

'**Financial Close**' means the point after the contract is signed at which the debt funding is drawn down.

'**Financial and Standing Orders**' means the Trust's Standing Orders, Reservation and Delegation of Powers and Standing Financial instructions as at January 2014, as may be amended or replaced from time to time.

‘Funders’ means providers of equity and senior debt funding to the project.

‘General Vesting Declaration’ means notice under the compulsory purchase order to acquire the land.

‘Interim Submission’ means a Bidder's interim proposal for the Project submitted during the dialogue phase of the CD process and following the evaluation of which, the Trust will down select to two Bidders.

‘ITPD Period’ means the period between issue of the ITPD to Bidders and Financial Close.

‘Member Organisation’ means individual organisations that constitute the Consortium.

‘PF2 Contract’ means the form of contract to be entered between the Trust and Project Co.

‘Preferred Bidder’ means the Bidder who has submitted the most economically advantageous tender as confirmed by the evaluation process and approval of the Appointment Business Case.

‘Preferred Bidder Trust Minded to Appoint’ means the Bidder who has submitted the most economically advantageous tender as confirmed by the evaluation process and approved by Trust Board before confirmation by ABC approval.

‘Procurement Regulations’ means the Public Contracts Regulations 2006, as may be amended or replaced from time to time.

‘Project’ means the Midland Metropolitan Hospital Project.

‘Project Agreement’ means the project agreement and schedules initially issued in draft with this ITPD and confirmed and agreed during Dialogue.

‘MMH and Reconfiguration Committee’ means the body responsible for overseeing the management and delivery of the Project.

‘Project Co’ means the entity which will contract with the Trust for the Project.

‘Project Web Portal’ means the Trust's on-line web portal provided by BravoSolution;

‘Reference Bid’ means the full set of Bid Deliverables specified by the Trust within specified scope and requirements.

‘Reserve Bidder’ means the Bidder that will stand by in case they are required to step in should one of the selected Bidders withdraw within the early stages of the dialogue.

‘Relevant Organisation’ means all organisations connected with a Bidder's bid for the Project.

‘Schedule of Accommodation’ means the list of accommodation requirements included in the Trust's brief.

‘Trust’ means Sandwell and West Birmingham Hospitals NHS Trust.

‘Trust Board’ means the executive and non-executive directors of the Trust.

‘Trust Retained Estate’ means the buildings that will be retained on current sites and will not be included within the Scope of the PF2 contract.

Sandwell and West Birmingham Hospitals NHS Trust
Midland Metropolitan Hospital Project
Invitation to Participate in Competitive Dialogue – Volume One

‘Variant Bid’ means a Bid which falls outside the requirements specified by the Trust, but which may be considered to add value to proposals and which has been discussed with and agreed to by the Trust.

Abbreviations

CBC	Confirmatory Business Case
CD	Competitive Dialogue procedure
DH	Department of Health
FM	Facilities Management
IM&T	Information Management and Technology
ITPD	Invitation to Participate in Dialogue
M&E	Mechanical & Electrical Engineering
MEAT	Most Economically Advantageous Tender
Mol	Memorandum of Information
NHS	National Health Service
OJEU	Official Journal of the European Union
PFI	Private Finance Initiative
PF2	Private Finance 2
PFU	Private Finance Unit
PQQ	Pre-Qualification Questionnaire
PSC	Public Sector Comparator
RCRH	Right Care Right Here
SMBC	Sandwell Metropolitan Borough Council
UK	United Kingdom

1 Introduction

- 1.1.1 The Trust requires a new acute hospital (The Facilities). The Project will be a new build development and has been named the Midland Metropolitan Hospital Project (MMH).
- 1.1.2 The Project is an uncomplicated, single phase development to be built away from current hospital services. The Trust has prepared a clear, affordable, design brief and fully developed an Exemplar Design which responds to that brief and which clinical staff have signed off as clinically functional. The Trust will encourage Bidders to use this design as a starting point and suggest how improvements may be made. The Trust is not intending to assume design risk and innovative suggestions and improvements will be encouraged. The procurement will be managed in an efficient, transparent way so that all parties can maximise the opportunity of the Competitive Dialogue process.
- 1.1.3 This Invitation to Participate in Dialogue (ITPD) has been issued to your consortium following your selection at prequalification. Three bidders have been selected: Balfour Beatty, Carillion and Laing O'Rourke / Interserve..
- 1.1.4 Issue of this document initiates the Competitive Dialogue (CD) programme. We look forward to meeting you at the introductory meetings and hope to develop productive working relationships.
- 1.1.5 The ITPD aims to:
- Initiate the CD process
 - Provide information on the Project and set out the Trust's requirements
 - Present the Trust's commercial position
 - Provide information on the Trust's approach to the CD and evaluation process
- 1.1.6 The ITPD is presented in four volumes, with this first volume forming an executive summary as an introduction and high level overview.
- 1.1.7 **Error! Reference source not found.** below provides a summary of the content of each of the ITPD volumes.

Figure 1 ITPD Volume Structure

Volume	Title	Content
1	Executive Summary	Introduction and background ITPD Executive Summary
2	Design Specification	Clinical and functional brief Architectural design requirements Quality of construction Technical information
3	Commercial Document	The Trust's commercial position The Project Agreement and schedules
4	Procurement Process	The Dialogue process and timetable Deliverables required from bidders The evaluation strategy

- 1.1.8 The ITPD documents have been published on <https://online.contractsfinder.businesslink.gov.uk/> and the Trust website in line with transparency guidance.

2 Background to Project and Strategic Context

2.1 The Trust

- 2.1.1** The Trust provides general acute care to a population of around 530,000 in Sandwell, western and central Birmingham, as well as specialist services for a wider population.
- 2.1.2** Acute services are currently provided by the Trust from 4 sites: City Hospital, Sandwell General Hospital, Rowley Regis Hospital and Leasowes Intermediate Care Centre. The Trust is an integrated care provider and also provides services in a range of community and primary care settings.
- 2.1.3** Estate will be retained at all of the current sites for:
- The development of our Community Treatment Centres and Hospitals which will provide a range of planned secondary care services (outpatient, diagnostics and day case), community services and primary care in line with the Right Care, Right Here (RCRH) Programme
 - Provision of Trust services not within the scope of the Project
- 2.1.4** The Trust's more specialist services include the provision of tertiary ophthalmology for the West Midlands and beyond. This service will continue to be based in the Birmingham Midland Eye Centre (BMEC) in retained estate on the City Hospital site.
- 2.1.5** The Trust is the Gynae-Oncology Centre for the Pan-Birmingham Cancer Network, hosts the regional Poisons Unit and provides a specialist allergy service to patients from across the region. The Trust also has particular specialist expertise in Dermatology, Cardiology and Rheumatology Services. Inpatients and some daycase activity for these services will be provided in MMH.
- 2.1.6** The Trust also provides Adult and Children's Community services for Sandwell. This supports the Trust's development as an integrated care provider and delivery of the RCRH model of care described in section 2.3.
- 2.1.7** The Trust has a strong track record in improving services, meeting performance / financial targets and achieving quality standards.
- 2.1.8** Figure 2 summarises Trust activity 2013/14 Outturn.

Figure 2 Activity Overview 2013/14 Outturn

Activity	2013/14 Outturn
New Outpatients	208,377
Review Outpatient	508,309
Total Outpatients	716,686
A&E Attendances	171,752
Elective admissions (spells)	52,642
Emergency admissions (spells)	57,838

2.1.9 Figure 3 below summarises the Trust's financial performance over the last four years.

Figure 3 Trust Financial Performance

	2010/11	2011/12	2012/13	2013/14
	£000	£000	£000	£000
Income	386,935	424,144	433,007	437,605
Surplus*	2,193	1,863	6,523	6,417

* excluding technical adjustments

2.1.10 Sandwell and West Birmingham Hospitals NHS Trust is an integrated care organisation. We are dedicated to improving the lives of local people; to maintaining an outstanding reputation for teaching and education; and to embedding innovation and research. We are one of the largest employers in the Birmingham and Black Country area employing around 7,500 people with an annual pay spend of circa £283m.

2.1.11 Our teams are committed to providing compassionate, high quality care from City Hospital on Birmingham's Dudley Road; from Sandwell General Hospital in West Bromwich; and from our intermediate care hubs at Rowley Regis and at Leasowes in Smethwick (which is also our stand-alone Birth Centre's base). Our community teams deliver care across Sandwell providing integrated services for children in schools; GP practices and at home; and offering both general and specialist home care for adults, in nursing homes and hospital locations.

Figure 4 Staff in post April 2014

Staff Group Category	Head count	Whole Time Equivalents
Prof Scientific and Technical	307	268.25
Consultants	290	275.25
Other medical	511	488.58
Nursing / Midwifery	2100	1916.77
Allied Health Professionals	426	378.07
Healthcare Scientists	223	208.19
Healthcare Assistants / support	1171	1018.70
Administration and Estates	2232	1836.91
Management	134	131.83
Students	38	37.50
Total	7480	6540.19

2.2 Context for Change

2.2.1 The Outline Business Case approved by ministers on 14th July 2014 presents a strong case for change.

2.2.2 Poor health in the area that the Trust serves requires a new approach to healthcare as described by the RCRH model of care. Development of the Midland Metropolitan Hospital is essential to the changes required to deliver the overall model of care described in section 2.3.

2.2.3 Sustaining top quality acute services is increasingly difficult from two district general hospitals located 4-5 miles apart. This includes issues with:

- Maintaining staffing and expertise levels for specialist inpatient services
- Providing senior on site cover across extended hours for emergency and acute inpatient care
- Duplication of departments, functions and equipment across sites
- Ability to maintain national standards

2.2.4 The current hospital buildings are old and / or unsuitable for the provision of 21st century healthcare. This includes issues with:

- High levels of backlog maintenance
- Fragmented adjacency of buildings and departments
- Poor facilities
- Problems with way finding / movement around the sites
- Poor working environments

2.2.5 Developing a new hospital will ensure that the majority of the Trust's acute care can be provided on one site in fit for purpose facilities. This is part of a model of care which delivers care closer to home as described in section 2.3 below.

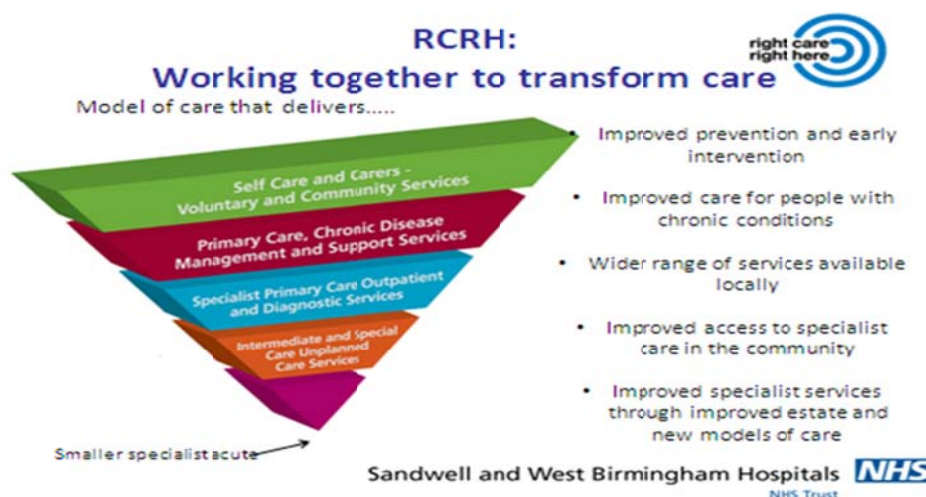
2.3 RCRH Model of Care

2.3.1 Figure 5 below puts the Midland Metropolitan Hospital development in the context of the RCRH model of care in which:

- local people are helped to stay well and continue receiving care at / closer to home
- the majority of secondary care outpatient, day case and diagnostic services are provided more locally

2.3.2 All acute inpatient care but only the most acute or specialist outpatient, diagnostic and day case care (requiring fixed specialist equipment, specialist facilities or the back up of a full 24/7 on site acute, emergency team) will be provided in the Midland Metropolitan Hospital.

Figure 5 RCRH Model of Care



2.3.3 This model of care has been agreed by the partner organisations in the RCRH programme:

- Sandwell and West Birmingham Clinical Commissioning Group
- Black Country Partnership
- Birmingham Community Health Services
- Sandwell and West Birmingham Hospitals NHS Trust (SWBH)
- Birmingham City Council (BCC)
- Sandwell Metropolitan Borough Council (SMBC)
- Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT)

2.3.4 High levels of engagement with the public, staff, GPs and partner organisations has ensured that there is strong local support for this development.

2.3.5 We have the support of our commissioners for this scheme.

2.4 Midland Metropolitan Hospital Acute Model of care

2.4.1 The impact of the RCRH model of care is that the majority of outpatient attendances, day cases, and planned diagnostics will be provided outside the acute hospital in community treatment centres and other community locations.

2.4.2 A significant reduction in the average length of stay in the acute setting will be supported by new services being developed in the community including intermediate care beds.

2.4.3 The Trust is assuming a catchment loss for emergency inpatient activity related to change in location.

2.4.4 Increased community-based urgent care and out-of-hours services will provide alternatives to attending the acute hospital Emergency Department for those with conditions that can be appropriately assessed and treated in urgent care services.

- 2.4.5 Increased day surgery rates are assumed, with the majority of day surgery being provided in three community treatment centres.
- 2.4.6 Better physical environments will encourage rapid recovery, provide greater privacy and dignity and improve patient experience.
- 2.4.7 The development of a new single site acute hospital will bring together clinical teams from the two current acute hospitals within the Trust and will result in a greater critical mass of services within larger clinical teams.
- 2.4.8 Greater sub-specialisation, robust 24 hour senior cover and ongoing service development will improve sustainability of services with emergency and inpatient services being available 24 hours, 7 days a week.
- 2.4.9 The majority of other services in the MMH will be operational for at least 12 hours a day during the week and for some time at the weekend thereby offering patients greater choice of appointment times and making efficient use of facilities and equipment.

2.5 Activity

- 2.5.1 The Trust activity anticipated on opening of the Midland Metropolitan Hospital is summarised in the table below.

Figure 6 Anticipated Trust Activity 2019/20 on Opening of MMH

Category	Type	MMH	Community	Total
Admitted Patient Care	Elective Inpatients	7,876	0	7,876
	Day Cases	14,230	31,188	45,418
	Emergencies (including intermediate care)	59,349	2,171	61,520
	Occupied Bed Days	215,450	25,916	241,366
Outpatients	New Outpatients	35,239	161,864	197,103
	Review Outpatients	46,114	298,441	344,555
	OP with Procedure	16,846	30,265	47,111
	Maternity	16,642	1,076	17,718
Other	A&E Attendances	137,402	29,491	166,893
	Urgent Care	0	72,258	72,258
Capacity	Beds	666	158	824
Community	Contacts	0	927,085	927,085

3 ITPD Volume Two: The Design Specification

3.1 Functional Content

3.1.1 Volume Two of the ITPD presents the Trust's key design criteria and the Design Vision for the Midland Metropolitan Hospital.

3.1.2 The Trust has also developed Schedule 8 part 3 of the Project Agreement, Trust Construction Requirements, which is supported by a Functional Brief and a series of Planning Policy and Design Descriptions (PPDDs). These documents set out the functionality and specification for the Midland Metropolitan Hospital.

3.1.3 The functional content of the Midland Metropolitan Hospital is summarised below.

Figure 7 Summary of Functional Content

Department	Functional Content
Emergency	Initial assessment areas, Minors, Majors, Children's, Resuscitation and 2 plain film x-ray
Inpatients	14 generic 32 bed wards (including 14 Coronary Care Beds), 96 Adult Assessment Beds, 56 children's beds, 30 level 2 / 3 Critical Care beds
Maternity Delivery Suite	2 theatres, delivery suite, birth centre
Neonatal	36 cots
Operating Theatres	11 theatres, central admissions area and recovery
Outpatients	Bespoke Antenatal Clinic (including ultrasound), bespoke Paediatric Clinic and Urodynamics
Interventional Cardiology	2 cardiology catheterisation laboratories and support accommodation including day case area
Imaging	2 CT and MRI scanners, 2 plain film, 5 Ultra sound, interventional radiology suite, 4 gamma cameras and radio-pharmacy
Clinical Support	Therapy Suites (including physiotherapy), Pathology Essential Laboratory, Pharmacy, Endoscopy, Medical Day Case Unit including Sickle Cell and Thalassemia, Cardiac Diagnostics, Cardiac Rehabilitation, Neurophysiology, Respiratory Physiology, Mortuary (No PM facilities), Medical Illustration
Administration / Non Clinical support	Multifaith Centre, Clinical / Corporate Administration, Education and Training, Academic Research, Medical Engineering, Facilities, Energy Centre, Relatives Overnight Stay

3.2 The Site

- 3.2.1 The site identified at Grove Lane for the new acute hospital has an area of 6.76Ha. It is bounded by the Grove Lane dual carriageway to the west, London Street to the north, Cranford Street to the north east, Cape Arm canal to the east, Grove Street to east and old Grove Lane to the south west. Details about the site may be found in ITPD 2 and 3.

3.3 Planning

- 3.3.1 On completion of the Public Consultation an outline planning application, complete with Design and Access Statement, was submitted to SMBC on the 4th April 2008.
- 3.3.2 This outline planning application was for the redevelopment of the Grove Lane site to provide a new acute hospital (Use Class C2) and a supporting education, research and administration centre (Use Class B1 (a) and (b)), together with a gym (D2), crèche (D1) and car parking.
- 3.3.3 Sandwell Metropolitan Borough Council granted outline planning approval on 29th October 2008 and this was renewed in July 2013.

3.4 Ground Conditions

- 3.4.1 ITPD 3 and The Project Agreement set out the Trust's commercial position in respect of ground conditions and contamination.

3.5 Phasing

- 3.5.1 The Trust expects that MMH will open in autumn 2018. There will early dialogue with bidders to confirm that this date accommodates an efficient and affordable construction period.
- 3.5.2 Given the availability of a clear site, the Trust expects that the development will be achieved in a single phase. Whilst Bidders may propose phased schemes they should be aware that it is very unlikely that the value for money advantages of such a scheme would outweigh the disadvantages to the Trust of continuing to run three acute sites for an extended period.
- 3.5.3 The concession period of 30 years will apply from the scheduled end of this single phase completion date.

3.6 Design Development Process

- 3.6.1 ITPD Volume Two outlines the process undertaken to develop a Design Vision which has underpinned the Trust's requirements in relation to functionality, flows, way finding and the patient, public and staff experience. This Design Vision (presented at Appendix 1) is fundamental to the Project and will be given high priority at each stage.
- 3.6.2 A strong clinical, staff and public engagement process has supported the development of the design brief.

3.7 Functional and Departmental Briefs

- 3.7.1 The functional brief contains the overarching principles which should be addressed by bidders in their design solutions.
- 3.7.2 The Trust has developed a set of Planning Policy and Design Descriptions (PPDDs) for both clinical and non-clinical departments. These documents form the departmental briefs, and contain the operational policies. They have been signed off by our clinical staff.

3.8 Public Sector Comparator (PSC) Design Brief and Exemplar Design

3.8.1 The PSC Design Brief was developed in line with the Design Brief Framework for PFI Public Sector Comparators at OBC Stage, October 2004, Department of Health.

3.8.2 Key features of the PSC design solution are as follows:

- 90% of the solution uses repeatable design ensuring flexibility for future use
- Use of natural topography is maximised
- 32 bed wards are arranged in clusters of 3
- Support hubs service ward clusters and clinical areas
- Separation of patient, visitor and goods flows is achieved
- Clinical adjacencies were maximised at the time of design
- Visitor car parking located below the building

3.8.3 In an effort to minimise costs for Bidders and in order to ensure that the project can be procured to programme, the Trust has developed an Exemplar Design which responds to the design brief. The purpose of the Exemplar Design is to provide Bidders with a very comprehensive explanation of the Trust's requirements and expectations in this regard. The Exemplar Design, which has been developed to 1: 200 layout, was produced following very extensive engagement with the Trust's wider stakeholder group. Bidders are not required to simply accept the Exemplar Design as is and all design risk will still pass to the Contractor. However they should view it as being a very clear indication as to how the Trust would hope the final design of the hospital would progress. The Trust has undertaken a Design Review on the Exemplar Design and the resulting commentary is included at Appendix D to ITPD 2. Bidders will be challenged during the procurement process to interpret, develop and improve the Exemplar Design wherever possible. The Public Sector Comparator design solution has a gross internal floor area of 79,828m². ITPD Volume Two presents a PSC capital cost analysis resulting in a total project cost of circa £353m.

3.8.4 The Trust wishes to procure a design that includes as much flexibility and adaptability as possible; it sees generic design as a way of achieving that aim. The brief therefore includes a number of standard rooms that have been tested with clinicians, accounting for a significant proportion of the total room numbers.

3.9 DQI

3.9.1 The Exemplar Design has been assessed using the Design Quality and Innovation framework. The results and comments raised by participants are presented in ITPD Volume Two. This tool will be used to assess the design developed by bidders.

3.10 Design Vision

3.10.1 The Design Vision Group has continued to develop the Design Vision with particular focus on the patient, public and staff experience. The Group is chaired by the Design Champion (Trust Chair). The Vision is summarised by the following statements which emphasise the human impact of the building which will be:

- Inspirational, attractive and imaginative
- Welcoming
- Reassuring
- Light and airy

- Clean without being clinical
- Sympathetic to the environment
- Fully accessible
- Designed with privacy and dignity at the centre of patient flows
- A good place to work

3.10.2 The Trust gives high value to the achievement of the Design Vision and for this reason has established an inclusive strategy for evaluation. A summary of the Design Vision is presented at **Appendix 1**.

3.11 DQI and Engagement

3.11.1 The Trust will arrange DQI assessments of Bidders' proposals at key stages of the project.

3.11.2 Engagement events will be organised by the Trust with staff and other stakeholders. Bidders will be asked to present their proposals to these events to inform DQI and the evaluation process.

3.12 Sustainability

3.12.1 The Trust is committed to ensuring that the new development is environmentally sustainable to the maximum extent possible and will contribute to longer term affordability by minimising energy costs.

3.12.2 Bidders should consider sustainability and the Design Vision together ensuring that a sustainable future is fully integrated into the design.

3.12.3 The Trust places importance on technology, materials and policies that promote sustainability in relation to:

- Energy use in the building
- Minimising pollution
- Water use in the building
- The materials used in construction
- Land use and ecology
- Travel plans for the new hospital
- The equipment used by the Trust
- Recycling and waste management

3.12.4 Bid Deliverables have been developed to test responses in these areas.

3.12.5 The Trust places high importance on the sustainability of the energy solution.

3.12.6 An energy use performance target will be set for a maximum of 42GJ/100m².

3.12.7 In addition, to encourage carbon reduction, Bidders will be required to design and build the Facilities to achieve a BREEAM 2011 Healthcare 'Excellent' score under ENE01.

3.12.8 As the impact of the new facility will be influenced by both the activities of those operating the building and those occupying the building, it is recognised that the minimisation of such impacts will be as a result of partnerships.

3.13 Information Management and Technology (IM&T) Strategy

- 3.13.1 The Trust has developed an IM&T Strategy to inform the development of a 'Digital Hospital'.
- 3.13.2 The Trust will require Bidders to design and install a single integrated network delivering wired and wireless coverage to agreed criteria at completion and at the operational stage.
- 3.13.3 The Trust will manage the single integrated network across the site after completion and requires that Project Co will utilise that network for building management and other systems.
- 3.13.4 The fixed network cabling and containment systems will be designed by Bidders to ensure that the capacity and connectivity provided can support the IM&T Strategy as it is implemented on opening of the new hospital and beyond.
- 3.13.5 Project Co will provide maintenance of the network as an elective service for the first five years of the operational phase of the contract.
- 3.13.6 The Trust's hardware, software, systems and management services remain outside the scope of the scheme.

3.14 Equipment

- 3.14.1 The Trust has developed a comprehensive approach to equipping the Midland Metropolitan Hospital.
- 3.14.2 The Trust has defined which equipment types are best managed by the Trust or by Project Co. Project Co will be required to provide, install, maintain and replace certain items of fixed medical equipment which will be specified and selected by the Trust. The provision, installation, maintenance and replacement of all other equipment will be the responsibility of the Trust.
- 3.14.3 The Trust will be procuring an MES for certain large items of medical equipment in parallel to the MMH procurement. Bidders will be expected to engage in dialogue with the MES preferred bidder during CD stage 4.
- 3.14.4 The Trust will require beneficial access to the Facilities prior to Practical Completion for the purpose of installing and commissioning certain items of fixed medical equipment.

3.15 BIM

- 3.15.1 The Trust will expect Bidders to design their solution using agreed Building Information Modelling systems.
- 3.15.2 As a minimum the Trust expects that Bidders will comply with BIM level 2 but would prefer that BIM level 3 is achieved.

4 ITPD Volume Three: Commercial Document

4.1 ITPD and the Project Agreement

- 4.1.1 ITPD Volume 3 sets out the Trust's commercial position as presented in detail in the Project Agreement.
- 4.1.2 The Project Agreement has been prepared in advance with comprehensive bespoke drafting to reflect project specific matters.
- 4.1.3 The Project Agreement is based on the Department of Health (DH) standard form project agreement and schedules (Version 3, as amended July 2004, February 2006, November 2006) ("DHSF") and has been tailored to reflect SOPC4 amendments, and the specific elements of the Project and amended for PF2 requirements.
- 4.1.4 This tailoring has been agreed with the Private Finance Unit of the Department of Health. No amendments to the DHSF standard drafting will be considered unless revised standard form drafting is issued or made available by the DH prior to closure of dialogue. The Trust has no power to accept suggested improvements to the DHSF drafting, nor will the Trust be permitted to discuss alternative methods of dealing with standard form concepts.

4.2 Facilities Management (FM)

- 4.2.1 The Trust requires Project Co to provide a hard FM service to maintain the fabric of the buildings and estate and ensure their lifecycle replacement for the duration of the PFI Contract.
- 4.2.2 The Trust requires Project Co to provide elective and minor maintenance services as described in ITPD3.
- 4.2.3 Project Co will not be required to provide Hard FM services to Trust retained estate. The scope of our OJEU advert allows this to be reviewed this in the future if the Trust decides to do so.
- 4.2.4 Soft FM services are not included within the scope of requirements and will be provided by the Trust directly or by a third party. Operational policies for Soft FM services in the new hospital have been developed and are available in the appendices to ITPD 2.
- 4.2.5 The required standards for the hard FM service are set out in the Project Agreement. The Trust intends the full payment mechanism to apply.
- 4.2.6 It is proposed to transfer some members of the Trust's hard FM staff to Project Co using TUPE arrangements. Some staff will be retained to maintain the retained estate. The Trust has engaged with Estates staff regarding the most appropriate way of identifying staff that will transfer to Project Co.

4.3 Interim Services

- 4.3.1 The Trust does not propose to include interim services in the agreement.

4.4 Retail Opportunities

- 4.4.1 The Trust does not expect Project Co to manage retail opportunities (including retail catering) within the hospital. The Trust will deliver retail catering services internally.
- 4.4.2 The Trust has specified an amount of retail space within the MMH atrium which it expects to manage itself or sublet to an independent third party.

- 4.4.3 The Trust will require that internet access through the single integrated IMT network will be available to visitors and patients and reserves the right to charge for this access.
- 4.4.4 The Trust would be interested in suggestions as to how the building / site could generate revenues through advertising.
- 4.4.5 The Trust is open to proposals on other income generating opportunities elsewhere on the Site. Bidders should discuss the possibility of any such opportunity with the Trust within the first four weeks of Dialogue before any major bid costs are incurred.
- 4.4.6 If the Trust agrees with a Bidder to include such an opportunity any rental or guaranteed profit levels generated by Project Co from these commercial opportunities should be reflected transparently in the financial model and reduce the unitary payment.

4.5 Car Parking

- 4.5.1 Construction, maintenance and lifecycle of car parking infrastructure (excluding barrier equipment) will be included in the PF2 contract. Car park management (including supply and maintenance of barrier equipment) will remain the responsibility of the Trust.

4.6 Regeneration Strategy

- 4.6.1 The community served by the Trust is one of the most deprived in England and suffers from high levels of chronic ill health. Bearing in mind the strong links between poverty and ill health the Trust is committed to local regeneration as a key strand in the RCRH Programme and intends that the scheme will act as a catalyst for development in Sandwell and west Birmingham.
- 4.6.2 The Trust therefore expects Bidders proposals to:
- Generate employment and training opportunities during construction and ongoing management
 - Provide opportunities for local suppliers when sourcing goods and services
 - Engage with local social and economic regeneration initiatives

5 ITPD Volume Four: Procurement Process

5.1.1 A Competitive Dialogue (CD) process will be used to select a Preferred Bidder from the private sector as a PF2 partner.

5.2 Competitive Dialogue Strategy

5.2.1 A summary of the Competitive Dialogue Strategy outlined in ITPD Volume 4 is as follows:

- The CD Process will follow a 3:2:1 pattern.
- The Trust will follow lean procurement guidance including the use of “boot camps” in Dialogue
- The process will be as structured as possible to avoid incurring undue pressures on Bid Team costs and Trust staff
- A good level of preparation has been undertaken by the team including comprehensive bespoke drafting of the Project Agreement and well developed design briefing documents
- Bidders will be given opportunities to test their ideas early on in the CD process to provide clear direction and feedback
- The two Bidders remaining after evaluation of Interim Submissions will continue development of their schemes until design, cost and commercial certainty has been achieved
- A full evaluation of Draft Final Bids will be undertaken before Closure of Dialogue is confirmed
- No changes to the basic features of the Bid involving changes to cost or distorting competition will be made following Closure of Dialogue
- Formal approvals will be required at key stages to enable progression of the project – Bidders will need to ensure that they comply with requirements at each stage

5.3 Procurement Timetable

5.3.1 The outline timetable below has been developed to take the requirements of the competitive dialogue process into account.

Figure 8 Procurement Timetable

Milestone	Target Date
SOC approved	Complete July 2004
OBC approved to initiate CPO	Complete August 2009
Approval for exercise of Trust NHS CPO	Complete September 2009
OBC Update approved	14th July 2014
Submission of OJEU notice	14th July 2014
ITPD issued	5 th September 2014
Interim Submissions	12 th December 2014
Selection of two Bidders	8 th January 2015
Submission Draft Final Bids	9 th April 2015
Approval Process – Generic ABC	June /July 2015
Closure of Dialogue	30 th July 2015
Submission of Final Bids	7 th August 2015
Preferred Bidder the Trust is minded to appoint	3 rd September 2015

Milestone	Target Date
Preferred Bidder appointed and ABC approval	22 nd October 2015
CBC Approval	30 th March 2016
Financial close	15 th April 2016
Construction complete	20 th July 2018
Hospital operational	15 th October 2018

5.3.2 A detailed programme is provided in ITPD Volume 4, which also provides information on the processes to be used at each stage.

5.4 The Evaluation Process

5.4.1 A comprehensive guide to the evaluation process is presented in ITPD Volume Four.

5.4.2 Bid Deliverables have been specified to present the Trust's requirements from Bidders at each stage of the Competitive Dialogue process.

5.4.3 Formal evaluation will take place at:

- Interim Submissions from 3 Bidders to enable selection of two bidders to continue to the next stage of Dialogue
- Draft Final Bids to prepare for Closure of Dialogue
- Final Bids

5.4.4 The scoring mechanism, weighting structure and Bid Deliverables are presented in ITPD Volume Four.

5.4.5 There will be an evaluation moderation committee who will oversee the process and moderate scores if appropriate.

5.5 Reference and Variant Bids

5.5.1 ITPD Volume Four outlines the approach to variant bids. If Bidders wish to submit any variant bid, they should have early discussion with the Trust to avoid wasted bid costs. Variant bids will not be considered unless they have been discussed and agreed with the Trust during the early stages of the Dialogue AND a reference bid has also been submitted, as set out in the Bid Deliverables.

5.6 Price and Value for Money Assessment

5.6.1 The Trust will place a high importance on price at the Final Bid Stage and intends to score price as a Bid Deliverable. This is described more fully in ITPD4.

5.6.2 Bids will need to pass a number of compliance tests before the Trust will evaluate them. These tests are described in ITPD4.

5.6.3 The evaluation will generate an overall weighted score for each Bidder.

5.6.4 The Preferred Bidder will be the Bidder with the highest overall weighted score.

6 Project Management and Administration

6.1 Project Structure and Role

Figure 9 Project Structure and Role

Group	Membership	Role
Trust Board	In line with standing orders	Approvals at each stage Overview of project direction
Configuration subcommittee	Executive Directors and Non-executive Directors	Project Assurance Overview of project management Alignment of MHH with Trust reconfiguration
MMH & Reconfiguration Committee	CEO , Executive Directors, Project Leads	Overview of project management Decision making / change control
Core Project Team	Project Director	Management of CD process Response to RFI Resolution of issues Coordination of evaluation process Documentation of process
	RCRH Implementation Director	
	Commercial Manager	
	Project Manager	
	Head of Estates	
	Senior Project Accountant	
	Deputy Director of Workforce	

6.1.1 The Core Project Team will be managing the Competitive Dialogue process. Further detail about participants and user groups is presented in ITPD Volume Four.

6.1.2 The Trust is committed to active staff and public involvement in the Project and has established a process for involving stakeholders in the Competitive Dialogue process.

6.2 Advisors to the Project

6.2.1 The Trust has appointed the following advisors to the project:

Figure 10 Project Advisors

Advisors	Advice
Pinsent Masons	Legal advisors
Deloitte	Financial advisors
Capita	Coordination of technical advice, health planning, facilities management
Nightingales	Architecture, town planning
Hulley and Kirkwood	Engineering, traffic and transport
Cyril Sweet	Quantity surveying, lifecycle analysis, health and safety, costing services
Willis	Insurance

7 General Information, Disclaimers and Bidder Commitments

7.1.1 General information, disclaimers and bidder commitments are presented at **Appendix 2**.

APPENDIX 1: DESIGN VISION GUIDELINE & ART GUIDELINE

The Design Vision Guideline

The table below presents the Design Vision Values, a brief description of the Design Vision and detailed evaluation guidance drawn from Design Vision Group workshops and all of the briefing documents.

Design Vision Values	Design Vision Description	Evaluation Guidance	Source Reference
Inspirational, attractive and imaginative	A modern, iconic building that creates a sense of pride and looks to the future as a leader in healthcare design. Form and function are complementary and design adds value throughout the building.	There should be clear ideas behind the building design?	DQI Q:66
		Does the building communicate its function as a high reputation acute hospital?	Design Vision Group
		Does the building generate a positive image?	Design Vision Group
		Is there potential for entry to design awards?	Design Vision Group
		Does the design create a 'wow' factor?	Design Vision Group
		The building design should influence future projects.	DQI Q:70
		Is the design iconic in impact?	Design Vision Group
		Will the new building create a focal point for the local area?	Design Vision Group
		Does the building have impact at night as well as in daylight?	Design Vision Group
		Does the research / education / administration facility convey the Trust's status as an academic centre and a successful teaching hospital?	Design Vision Group
		The building should be interesting to look at and move around in.	DQI Q:67
		The external materials and detailing should be of high quality with appropriate use of colours and textures.	DQI Q:64

Design Vision Values	Design Vision Description	Evaluation Guidance	Source Reference
		The exterior and form of the building should be carefully designed to be considered of high quality.	DQI Q:62
		The interior design should be attractive in appearance.	DQI Q:53
Welcoming	The building provides welcoming spaces, a homely feel and human scale. Art is integral to the design, promotes wellbeing and supports wayfinding. Receptions and waiting areas are easy to find and wayfinding is clear and intuitive.	Will the main entrance be easy to find and does it draw visitors towards it?	Design Vision Group
		Designated entrances should be obvious and logically positioned in relation to access.	DQI Q:3
		Inside the building, the layout should be easy to understand and the signage should be clear.	DQI Q:8
		Does the design use artwork / colour / graphics to support wayfinding?	Art Strategy
		The building should have a human scale, feel welcoming and create a good impression.	DQI Q:61
		Are spaces designed with good balance between height and width?	Site visits
		Does ambient lighting contribute to creating a homely feel?	Design Vision Group
		Is artwork integrated into the design of the building?	Art Strategy
		Are children's areas designed with fun and diversion considered?	Art Strategy
		Do corridors look as if movement around the building will be easy and pleasant avoiding blandness, crowding or claustrophobia?	Design Vision Group
		Will catering areas provide pleasant café style environments to facilitate conversation and leisure?	Design Vision Group
		Are outside spaces designed with areas for sitting and walking?	Design Vision Group

Design Vision Values	Design Vision Description	Evaluation Guidance	Source Reference
		Are outside spaces designed with effective planting at various levels to soften the hard environment?	Design Vision Group
		Are outside spaces designed with variation and good use of materials to create interest?	Site visits
Reassuring	The environment feels calm and professional. High quality design and materials create expectation of high quality health services. Users of the building will feel safe and confident in the care they will receive.	Will the building create a positive first impression as a non-threatening place to be?	Design Vision Group
		Does the building convey a professional image for the Trust?	Design Vision Group
		Does the building support the Trust customer care promises?	Design Vision Group
		Does the design create a caring image for the Trust?	Design Vision Group
		The building should project a caring and reassuring atmosphere.	DQI Q:68
		The building should appropriately express the values of the NHS.	DQI Q:69
		Will the building facilitate customer care and welcoming services?	Design Vision Group
		Will the design make patients and staff feel safe by avoiding a sense of isolation and perceived lack of security?	Site visits
		The layout should facilitate both security and supervision.	DQI Q:24
		Will outside spaces be well lit at night?	Site visits
		Will outside spaces feel safe?	Site visits
		Will car parks feel safe?	Design Vision Group
		Is there a line of sight from points of access to reception desks in each	Design Vision Group

Design Vision Values	Design Vision Description	Evaluation Guidance	Source Reference
		area?	
		Is the layout clear and simple?	Design Vision Group
		Do layouts help patients know what they need to do when they move around the building?	Design Vision Group
		Do reception areas give patients confidence that they have been checked in properly and will not miss their appointment?	Site visits
Light and airy	The building will convey a sense of space and light and will provide outside views. The design of the building will maximise use of natural light. Provision of lighting will promote the 'light and airy' impact without glare and will be easy to control.	Does the design maximise use of windows to bring in natural light?	Design Vision Group
		There should be good views within and outside the building.	DQI Q:51
		Are external views maximised from public areas?	Design Vision Group
		Are external views are achieved from all beds?	Site visits
		Is interest designed into external views where possible?	Site visits
		Patients, staff and visitors should have good access to attractively landscaped outdoor areas.	DQI Q:52
		Does the design draw the outside views in?	Design Vision Group
		Will external planting and artwork enhance the views from inside the building?	Site visits
		Does the design contribute to a sense of light and space?	Design Vision Group
		Do colour and materials contribute to a sense of light and space?	Design Vision Group
		Does the lighting support a light and airy feel without glare?	Design Vision Group

Design Vision Values	Design Vision Description	Evaluation Guidance	Source Reference
Clean without being clinical	The building will facilitate cleaning in a way that is obvious to patients and staff, so that it looks clean and tidy. This will be achieved without presenting a harsh clinical feel. Pleasant colours, finishes, shapes and designs will make users feel comfortable in the environment and will support wellbeing.	Does the design facilitate a clean look which minimises clutter?	Design Vision Group
		Does the design promote tidiness?	Site visits
		Do the surfaces look easy to clean?	Site visits
		Does the design look as though it would promote easy cleaning?	Site visits
		Is the interior design sympathetic and welcoming?	Design Vision Group
		Do furnishings create a friendly, comfortable feel?	Design Vision Group
		Are internal colours and textures used to create interesting and attractive contrasts?	Art Strategy
		Does the interior design solution present a non-clinical finish?	Design Vision Group
Sympathetic to the environment	The building will be a catalyst for regeneration of the local area. It will be an asset to the local community both in its outward appearance and in the provision of facilities for local people. Sustainability is fundamentally integral to the design.	Will the building create architectural impact without overwhelming the area?	Design Vision Group
		The height, volume and skyline of the building design should take account of the surrounding environment.	DQI Q:45
		Will design themes be transferable to local development design as it moves forward?	Design Vision Group
		The building should be well located in relation to local facilities.	DQI Q:47
		People in the neighbourhood should enjoy the building.	DQI Q:48
		The hard and soft landscape around the building should contribute positively to the neighbourhood.	DQI Q:46
		Are civic pride themes addressed in the design, wayfinding strategy and	Art Strategy

Design Vision Values	Design Vision Description	Evaluation Guidance	Source Reference
		artwork?	
		Can design adjacent to the canal create opportunities for regeneration?	ITPD Vol 2
		Do engineering solutions for sustainability enhance the visual design?	Design Vision Group
		Does the scheme facilitate use of facilities by local residents?	Design Vision Group
		Does the landscape design improve a sense of local wellbeing?	Design Vision Group
		Does the site encourage local residents to walk on the site?	Design Vision Group
Fully accessible	The building will meet the needs of all users whatever their level of physical ability and mode of transport. Independence will be promoted in accessing and moving around the building.	Does the design support delivery of the MMH Access Policy?	MMH Access Policy
		The location of the building should provide good access for everyone including for people using public transport.	DQI Q:1
		Is access to the hospital facilitated for people with physical, sensory, learning or mental health impairments?	MMH Access Policy
		Has an equality impact assessment been undertaken?	Trust Policy
		Is access in inclement weather facilitated?	Design Vision Group
		Are outdoor spaces provided with appropriate and safe lighting indicating paths, ramps and steps?	Site visits
		The layout and landscape around the building should provide safe and convenient pedestrian access and be suitable for use by wheelchair users and people with other disabilities.	DQI Q:2
		Is there good access from available public transport including any on-site roads?	Design Vision Group

Design Vision Values	Design Vision Description	Evaluation Guidance	Source Reference
		Does the building promote independence?	MMH Access Policy
		Does the hospital feel safe and secure?	Design Vision Group
		Will car parks feel safe and secure?	Equality Impact Assessment
		Will lifts be easy to find?	Equality Impact Assessment
		Will stairs be easy to access to encourage exercise where appropriate?	Design Vision Group
		Will lifts be easy to access for all users?	Design Vision Group
		Are colour schemes designed to avoid difficulties for partially sighted users?	MMH Access Policy
Supports privacy and Dignity	The building design will support privacy and dignity throughout the patient pathway.	Does the design support delivery of the Privacy and Dignity Policy?	MMH Privacy and Dignity Policy
		How effectively does the design promote freedom from intrusion in areas personal / sensitive to individuals?	MMH Privacy and Dignity Policy
		Would the design make patients feel worthy of respect?	MMH Privacy and Dignity Policy
		Have age, ethnicity, gender, social, cultural, psychological and physical needs been considered?	MMH Privacy and Dignity Policy
		Has the modesty of patients been considered to avoid embarrassment?	Design Vision Group
		Does the design support patient involvement in decision making?	MMH Privacy and Dignity Policy

Design Vision Values	Design Vision Description	Evaluation Guidance	Source Reference
		Does the design support gender segregation?	MMH Privacy and Dignity Policy
		Will the design avoid crowding in corridors, waiting areas, doorways and receptions?	Design Vision Group
		Does the design support dignified use of toilet facilities?	Design Vision Group
		Are beds arranged for maximal privacy in four bedded bays?	Site visits
		Are arrangements for privacy in bedrooms effective whilst maintaining good levels of patient observation?	Site visits
		Does design and orientation of en suite bathrooms support privacy?	Site visits
		Are lines of sight into bedrooms across courtyards minimised?	Design Vision Group
		Will patients feel that they can talk without being overheard when required?	Design Vision Group
		Has the need to support patients and their loved ones following the giving of bad news been considered?	Design Vision Group
A Good Place To Work	The building needs stimulate the senses of the individuals working in it. The design should inspire, motivate and empower staff.	<p>“You really can’t motivate another human being. But what you can do is create the kind of environment where people feel motivated”</p> <p>How does the design reflect the above statement?</p>	Michael Kerr – Inspiring Workplaces
		The building should enhance the efficiency and performance of the organisation.	DQI Q:19
		There should be good facilities for staff, including convenient places to work and relax without being on demand.	DQI Q:14

Design Vision Values	Design Vision Description	Evaluation Guidance	Source Reference
		The building should accommodate the users' needs and should satisfy the agreed brief	DQI Q:18
		Does the design encourage the desire to succeed?	
		The building should give staff a sense of recognition and belonging to a greater cause.	
		Staff should enter the building with a smile, not because they have to but because they feel cause to.	
		The design should give staff the confidence and desire to grow both personally and professionally with the ultimate goal of leaving behind a legacy.	
		The design should promote and encourage staff to move around the building both in and outside their work environment during the typical workday.	
		The building needs to provide workspaces which create visibility and openness and encourage engagement. When staff are more likely to see each other they are more likely to connect and collaborate.	
		The building should instill a sense of pride in staff and lift the spirits.	

The Art Guideline

Art proposals should build on the Design Vision Values in the delivery of the Art Strategy. The Vision is for the provision of arts in the Midland Metropolitan Hospital to:

- Enhance and humanise the environment
- Promote patient and staff well being
- Provide meaningful art work creating civic pride through community engagement

Art Evaluation Guidance
How do bidders propose to engage with staff and the local community in the development of integrated artwork?
Will the artistic expression integrated into the design deliver the Design Vision and Vision for art in the hospital?
Does the integrated artwork present (and / or facilitate display of) a range of the media proposed in the Art Strategy (paintings, drawings, photographs, textiles, crafts, sculpture, water, plants, sound and music, drama, mime, dance, writing, poetry, light, reflection, moving image, moving 3D art)?
Have a selection of the Trust's art themes / messages, outlined in the Art Strategy, been included in the integrated artwork (heritage and civic pride, celebration of health and medicine, healthy lifestyles, local creativity and engagement, the power of storytelling, bringing the outside in)?
How effectively has artwork and colour been used to support wayfinding?
How is unity of artistic expression promoted across public areas?
Are the themed murals proposed effective in delivering the vision for art in the hospital
Do children's wards contain murals, bright colours and areas to support participation in art activities?
Would the artwork proposed for the children's areas reduce anxiety and create interest / fun? Does artwork include safe opportunities to engage physically e.g. touching, climbing and walking through?

Art Evaluation Guidance
Has keynote artwork been designed into key public area(s) and do these pieces deliver the Design Vision and Vision for art in the hospital?
Does the design facilitate display of artwork, including approach to hanging / positioning and lighting?
Is there at least one area designated for changing / permanent displays of artwork? Are proposals for display mounting systems included?
Has provision been made for exhibition / performance space in public areas? Does the design facilitate small group performance art?
Has cleaning of artwork been considered in the design?
Does the artwork proposed for the public realm support the Design Vision and Art Vision?
Have opportunities for artistic expression been utilised in the external design including the hard landscaping and outdoor furniture?

APPENDIX 2:

General Information, Disclaimers and Bidder Commitments

Definitions and Interpretation

Terms to which a definition is allocated in this ITPD document shall bear the meaning ascribed to them as presented in section 1. Bidders are referred to the definitions and interpretation provisions of the Project Agreement for all terms not defined within this document.

Precedence

This ITPD sets out the Trust's requirements in respect of the project. In the event of any inconsistency, volumes comprising this ITPD will take precedence over any documents previously issued by the Trust.

Law

The ITPD shall be governed by and construed in all respects in accordance with the laws of England and Wales and the parties agree to submit to the exclusive jurisdiction of the English Courts in relation to any matter or dispute arising out of or in connection with this documentation.

Reliance on Information & Liability of the Trust

The ITPD has been prepared by the Trust to provide persons interested in tendering for the project with information regarding the project and a formal application procedure. It will also be used by the Trust to assist in the evaluation of bids, in terms of their satisfaction of the requirements set out in this ITPD.

The information contained in the volumes comprising this ITPD, together with any other information to be provided at any time within the procurement process, has been and will be provided in the interests of assisting Bidders to develop relevant bids. It is intended only as an explanation of the Trust's requirements and is not intended to form the basis of a Bidder's decision on whether to enter into any contractual relationship with the Trust.

Accordingly information provided does not purport to be all-inclusive or to contain all the information that a prospective contractor may require. Bidders and their advisors must take their own steps to verify information which they use and must make an independent assessment of the opportunity described in this ITPD after making such investigation and taking such professional advice as they deem necessary.

None of the Trust, its advisors, or the directors, officers, members, partners, employees, other staff, agents or advisors of any such person (such directors, officers, members, partners, employees, other staff, agents or advisors):-

- Makes any representation or warranty (express or implied) as to the accuracy, reasonableness or completeness of the ITPD. Any persons considering making a decision to enter into contractual relationships with the Trust following receipt of the ITPD should make their own investigations and their own independent assessment of the Trust and its requirements for services associated with the redevelopment and should seek their own professional financial and legal advice; or

- Accepts any responsibility for the information contained in this ITPD or for its fairness, accuracy or completeness. Nor shall any of them be liable for any loss or damage (other than in respect of fraudulent misrepresentation) arising as a result of reliance on such information or any subsequent communication. Only the express terms of any written contract relating to the subject matter of this ITPD as and when it is executed shall have any contractual effect in connection with the matters to which it relates.

No advisors appointed by the Trust, whether legal, financial, technical or other, will be responsible to anyone other than the Trust for providing advice in connection with the scheme.

Contract

Nothing in this ITPD or any other documentation issued during the course of the Competitive Dialogue process shall constitute the basis of a contract that may be concluded in relation to the Project, nor shall such documentation or information be used in construing any such contract. Each Bidder must rely on the terms and conditions contained in any contract when, and if, finally executed, subject to such limitations and restrictions that may be specified in such contract. No such contract will contain any representation or warranty in respect of the ITPD or any other pre-contract documentation.

Non-Solicitation of Staff

Bidders shall not, and shall ensure that third party organisations connected with the Bidder's Bid shall not, for the duration of this procurement process, solicit or entice away any Trust employee or knowingly do or cause to be done any act whereby any such person would leave the employment or engagement of Trust (whether or not such Trust employee would by reason of so leaving commit a breach of his contract of employment or engagement) unless the Trust has given its consent to such Trust employee accepting employment or engagement with the Bidder or relevant third party organisation.

Consequences of Non-Compliance

The Trust reserves the right to rule out Bids they regard as non-compliant, including Bids below the reference service provision level, unless exceptional extenuating circumstances prevail, of which the Trust will be the final arbiter. The Trust may in its absolute discretion refrain from considering any bid if:

- It is not in accordance with the requirements of this ITPD and all other instructions issued by the Trust during the tender period
- The Bidder does not tender for the provision of the whole of the services required by the Trust
- It is not received by the time specified in this ITPD.

The Trust reserves the right to reject any Bid submitted in respect of which the Bidder:

- Has put any name or mark on the envelope in which the bid is contained identifying the Bidder
- Has failed to return the ITPD documents fully completed and signed or any of the accompanying documents
- Is guilty of serious misrepresentation in relation to its application and/ or the process
- Incorporates a change in identity, control, financial standing or other factor impacting on the selection and/ or evaluation process affecting the Consortium and/ or a key Consortium member.

Bidder Disqualification

The Trust may in its absolute discretion disqualify any Bidder from further involvement in the Procurement Procedure, if the Bidder (or any holding company of the Bidder) goes into receivership, administration or liquidation (other than on a bona fide restructuring of its business), becomes insolvent or enters into any composition, scheme or arrangement with its creditors or ceases or threatens to cease to carry on its business or does or threatens to do any similar or analogous act in any jurisdiction.

Right to Cancel or Vary the Process

Information in respect of the procurement process provided within this ITPD is provided for information purposes only. Applicants should note that the Trust reserves the right (subject to the provisions of the Public Contracts Regulations 2006) to alter the structure and timing of all stages of the procurement process. The Trust undertakes to inform Bidders as soon as is practicable of any decision by the Trust to alter the structure and/or timing of the procurement process.

Furthermore, the Trust reserves the right, in its absolute discretion:

- To reject all of the Bids submitted in response to the ITPD or during any subsequent part of the procurement process
- Not to proceed with the procurement to which this ITPD relates, in which case the Trust will not be liable in any circumstances for any fees, costs and expenses of Bidders in relation to any part of the procurement process or arising due to its re-scoping or abandonment

Changes During Dialogue in Membership of Bidding Consortium or Advisors

The Trust must receive written notification of any proposed change in the control or membership of a Bidder or its advisors that takes place subsequent to the completion and submission of the Pre-Qualification Questionnaire. Similarly, the Trust must be notified in writing of any proposed changes to the identity of the Service Providers so that the Trust can make a further assessment by re-applying the relevant selection criteria. The Trust reserves the right to withhold approval for any such changes and to disqualify the Bidder concerned from any further participation in the procurement process.

Statement of Degree of Involvement Required

Bidders shall ensure that they are familiar with the content, the extent and nature of their obligations as outlined in this ITPD and any associated documentation and shall in any event be deemed to have done so before submitting their Bids.

Bidders will be deemed to have carried out all reasonable research, investigations and any due diligence where necessary and to have made all necessary enquiries in order to have satisfied themselves as to the nature, extent, volume and character of the design, build, finance and operating requirements, their obligations described in this ITPD and any associated documentation, the extent of the personnel, equipment, assets, plant and machinery which may be required and any other matter which may affect their Bid, pricing projections or financial modelling.

The Trust shall not make any payments to the successful Bidder or any other Bidder save as expressly provided for in the contract which may eventually be entered into as a result of this procurement process and no compensation or remuneration shall otherwise be payable by the Trust to the successful Bidder by reason of the scope of the works, services or requirements being different from that envisaged by the successful Bidder or otherwise.

Sub-Contractors

If the Bidder engages any sub-contractor then the Bidder must ensure that the sub-contractor enters into an agreement with the Bidder, which reflects the terms of this section.

The Trust reserves the right to approve all sub-contractors.

Costs of Bidding

The Trust has ensured that the specification and procurement documentation related to the Midland Metropolitan Hospital scheme has been completed and tested to a significantly higher level than schemes going to market prior to the introduction of Competitive Dialogue. We have also carefully designed our procurement time table to minimise time spent in Dialogue. The Trust's objective is to ensure that the 'at risk' costs of bidding this scheme are no greater than would have been the case for schemes of a similar size prior to the introduction of competitive dialogue.

From the earliest stage in the procurement we will be asking Bidders to carry out due diligence on the Trust's specifications, commercial position and programme to assure themselves that the programme is achievable within budget under the circumstances known at the time. Thereafter compliance with the programme will be taken as prima facie evidence that additional costs will not be due.

Throughout the procurement the Trust will require Bidders to repeat the due diligence at regular intervals and alert it to any potential costs arising as a result of changes in the procurement or new issues.

The Trust will use all reasonable endeavours to mitigate concerns raised through this process.

If the Trust is unable to fully mitigate concerns and agrees that there has been an increase in the costs of the unsuccessful bidder, which this bidder could not reasonably have controlled or mitigated, then provided that there has been a robust competition between bidders, each of whom has produced a final bid proposal that is affordable and provides value for money, the Trust will consider making a contribution towards those costs.

When forming its judgement, the Trust will be guided by the recommendation of the Department of Health's Private Finance Unit.

The Trust would reserve the right to carry out due diligence to confirm the amount of any costs incurred by bidders should it be minded to make any contribution towards bid costs.

Confidentiality & Publication of Information

The Trust and its appointed advisors shall hold all completed Bids on a confidential basis. However, Bidders should note that the Trust and its appointed advisors may disclose any completed Bids or part thereof to representatives of the other organisations involved in the procurement of the project including but not limited to the Department of Health and H M Treasury. In such circumstances, the relevant department or agency shall be subject to a similar obligation to prevent any disclosure by its officers, employees and agents. Bidders should also be aware that Bids may also be shared with other Government bodies for the purposes of helping the Cabinet Office fulfill its role in delivering overall Government policy on public procurement – including ensuring value for money and related aspects of good procurement practice.

Furthermore, the Trust is subject to the Freedom of Information Act 2000 and the Environmental Information Regulations 2004 and disclosure of certain Bid information may be required under the Act or Regulations.

Bidders shall note that no publicity in relation to the Project, the selection of the short list of Bidders or the procurement in general will be permitted by the Trust unless and until it has given express consent in writing to the relevant communication. In particular, no statements shall be made to the press or any other similar organisations regarding the nature of any submission, its content or any proposals relating thereto without the prior written consent of the Trust.

The Trust shall have the right to publicise or otherwise disclose to any third party, information in relation to the project, the selection of the short list of Bidders (including details of their respective Members, subcontractors, representatives, advisors, consultants, servants or agents), the appointment of the Preferred Bidder, the procurement process in general or the award of contract at any time.