

Invitation to participate in a mini competition
Panel Name:- MULTIDISCIPLINARY PANEL OJEU REF 2014/s 020-031462
Project Name:- Future Development, Former St Georges Hospital, Morpeth Date:- 15 th June 2015 Reference Number:- HCAP16016
From:- [REDACTED] Homes & Communities Agency, St Georges House, Kingsway, Team Valley, Gateshead, Tyne and Wear, NE11 0NA; Email: [REDACTED]; Direct Dial: [REDACTED]
<p>Introduction</p> <p>As identified at the 'Expression of Interest' and 'Sifting Brief' stages, a hybrid planning permission has been secured by Galliford Try for phase 1 which was approved in March 2015 for 375 new homes. Consideration is now being given by HCA to delivery of the remainder of the site (as identified at Appendix A) for residential development which has capacity to deliver around 650 new homes. Therefore, the HCA is now seeking to appoint a Lead Consultant to provide planning, engineering and property services required for future development phases of the project.</p> <p>Background</p> <p>St George's Hospital was the County Asylum for Northumberland, and is located on the north eastern edge of Morpeth. The NHS Trust retained a pocket of land to construct a new hospital with the remainder of the site transferring to HCA. The surrounding hospital grounds are characterised by mature and pleasant landscape with a belt of protected ancient woodland (Bluebell Wood and Howburn Wood) separating the site from the A197 and the built up area of Morpeth. Within the confines of the former hospital there are a range of vacant buildings of varying architectural interest and structural quality. Under the Phase 1 Agreement for Lease, Galliford Try are also responsible for demolition of all demolish all buildings on site including those outside the boundary of Phase 1 with work due to commence in July 2015.</p> <p>Northumberland County Council's (NCC) Core Strategy Full Draft Plan and Draft Morpeth Neighbourhood Plan both identify the site as a strategic housing site for future housing growth in Morpeth. At present the former St Georges Hospital site is accessed via the A197 (Dark Lane) with capacity for phase 1 development but future phases of development will be accessed from the bypass. NCC commenced work on the Morpeth Northern Bypass in April 2015 to the north of the site which is anticipated to be completed by December 2016. The land required for access from the bypass to the HCA site was secured by the HCA in March 2014 and it is intended that a link road will be required to access future development phases.</p> <p>Progress to Date:</p> <p>Initial feasibility work was completed early 2015 by Amec Foster Wheeler and DTZ which identified:</p> <ul style="list-style-type: none"> • Potential infrastructure requirements for the site identifying foul / surface water drainage options and preliminary design / costing of the link road from the bypass; • Updated market assessment and development appraisal to understand the development potential and identify an indicative masterplan to assess the development capacity of the site (all reports provided at Appendix B) <p>The outcome of this work has identified that the access through the site will be from a roundabout on the bypass via a link road as identified in the preliminary designs at Appendix B. The link road will join</p>

Cottingwood Lane which will need to be widened to accommodate traffic with a bus gate to control access through to Phase 1 development as identified under Option A in the Amec Foster Wheeler 'Preliminary Assessment of Route Options' report at Appendix B.

Scope of Work

It will be the appointed lead consultants responsibility to manage a team through the following key stages of work on the project:

Stage One:

- **1. Hybrid Planning Application** (to be completed 30th October 2015)

To develop the masterplan to support the preparation of a hybrid planning application with an outline application for residential development and a full application for the road as per Amec Foster Wheeler Option A.

No additional reports have been commissioned on this part of the site. Therefore, the lead consultant will be required to identify planning requirements, produce designs and prepare supporting reports which fulfil the functional and design requirements of the HCA as well as the requirements of the local planning and highways authority.

This will also include inter alia:

- undertaking pre-application discussions with NCC;
- community consultation;
- co-ordination of any subcontractors undertaking further supporting reports;
- negotiation of the anticipated s106 Agreement.

It is expected that there will remain a number of reserved matters to determine once a developer has been selected to develop the site.

It will also be the responsibility of the lead consultant to carry out all statutory consultations as deemed necessary, and to submit the final planning application for approval.

- **2. Development Appraisal / Disposal Strategy** (to be completed 30th October 2015)

The work completed by DTZ (May 2015) included a high level development appraisal which was completed based on the emerging concept masterplan produced by Amec Foster Wheeler.

This was undertaken on a desk top basis to assist decision making on HCA investment required to progress proposals for residential development on the site. Site disposal options were considered under which HCA may or may not construct the link road and identified residual land values which could potentially be achieved. Further work is now required to review timing of phasing and the financial benefit of HCA delivering strategic infrastructure versus a development partner with a net present value analysis to identify the preferred disposal strategy for the site which will maximise the HCA's land receipt.

Stage Two: (optional: if required by HCA)

- **3. Detailed Design** (completed by 29th February 2016)

Following the submission of the planning application, the recommendations from the development appraisal / disposal strategy work and subject to necessary HCA approvals a the lead consultant will be required to prepare detailed designs, specifications, cost plan and programme. The plans and associated documents will require sufficient detail for tender documents to be prepared.

- **4. Tender/Contractor Appointment** (completed by 29th April 2016)

Following on from the detailed design work the lead consultant will prepare full tender documents; the lead consultant will then procure on behalf of the HCA a suitably qualified contractor to carry out infrastructure works. The procurement will be undertaken in accordance with HCA's standard

procurement process.

- **5. Construction** (completed by 28th February 2017)

On appointment of the contractors the lead consultant will take on the role of contract administrator on behalf of the HCA, to ensure the project is delivered on time, to quality and within budget. Additionally the lead consultant will attain any validation certificates deemed necessary and to carry out valuations of all completed works.

Project Lifetime: (project design to construction elements of work)

- **6. CDM 2015**

The HCA will be client throughout the duration of the project from project design through to construction completion. A Principle Designer should be identified to ensure the HCA complies with its statutory responsibilities as Client under the Construction (Design and Management) Regulations 2015 and its general duties under the Health and Safety at Work etc Act 1974. The detailed scope of work under CDM is set out at Appendix C and will be required over the lifetime of the appointment at relevant stages of design and construction.

Anticipated Services:

To achieve the scope of project work identified it is anticipated that the appointed consultant will provide all services included within the list below, the list is not exhaustive and there may be additional duties/services required but will be used to evaluate bids received:

Professional Services General

- Perform services identified through the design, planning, pre- construction and construction stages.
- Attend relevant meetings and follow up on action points of minutes.
- Maintain strong communication of relevant information with the wider project team.
- Liaise closely with the HCA, Local Authority and key project partners as identified.
- Make all site visits as deemed necessary.

Project Management

- Take responsibility for the administration, management, communication and co-ordination of the project.
- Chair regular Project Group Meetings and client review meetings, including preparation and distribution of agendas and minutes.
- Ensure construction within the agreed programme timescales and within budget, to ensure this is achieved the lead consultant shall prepare and update Project Execution Plan.
- Undertake a risk assessment and update a risk register for the project.
- Lead consultant shall procure and manage any sub-consultants whose services may be required to satisfy the objectives of this project.
- Agree a project delivery plan, which minimises disruption to the existing hospital facility during the construction works phase.

Design

- Agree approach with the HCA for the design / masterplanning process and design of the road and associated landscaping.
- Carry out a review of existing design documentation for the road, finalise design principles with the HCA and planning / highway authority.
- Prepare a scheme design, cost plan and programme.
- Carry out a high level appraisal of likely construction costs to be approved by HCA prior to preparing planning documentation.

- Appoint Principle Designer to ensure the HCA complies with its statutory responsibilities as Client under the Construction (Design and Management) Regulations 2015 and its general duties under the Health and Safety at Work etc Act 1974.

Planning

- Lead the planning application and project team to deliver a hybrid planning consent, including carrying out all relevant studies and producing necessary reports.
- Review existing Traffic Impact assessment data and scope, agree and carry out any additional required for planning application purposes.
- Review requirements through the planning application process such as design and access etc. which may be required by the planning authority.
- Review available technical / environmental information and provide any further information to secure the planning approval.
- Ensure all necessary approvals are in place with regards Northumbrian Water, Environment Agency and Natural England.
- Liaise with the Local Authority on a regular basis regarding negotiation and completion of the S106/S104/S38/S278 Agreements as necessary.
- Subject to HCA approval, prepare and submit planning application documents and fees.

Detailed Design

- Undertake comprehensive design to produce full design and specification documentation with supporting, production, cost plan and programme drawings and information to enable the tender process to commence.

Tender Stage

- Prepare and advise on a bill of quantities, contract documents and pre tender cost estimates
- Co-ordinate procurement for all infrastructure, servicing and other works associated with the successful delivery inclusive of tender assessments through to recommendations.
- Commence procurement based on HCA standard procurement process.
- Respond to all tender queries as they arise.
- Collate and appraise returned tender documents with a view to providing a recommendation to HCA of the most economically competitive bid.

Construction

- Undertake the role of contract administrator
- Carry out all site supervision duties through the duration of construction from award of contract to practical completion and agreement of final account.
- Attain all validation certificates required, and carry works valuations to support the payment of invoices.
- Appoint Principle Designer for the construction phase of the project in accordance with Appendix C to ensure effective delivery of the project.

Programme

It is envisaged that the programme will be as follows:

- Prepare and submit Hybrid Planning Application - to be submitted to LPA by 30th October 2015 with a view to a decision in January 2016;
- Development Appraisal / Disposal Strategy to be submitted to HCA and complete by 30th October 2015.

Optional Work (if required):

- Detailed infrastructure design completed by 29th February 2016.
- Procurement of the highways/services contractor from 29th February to 29th April 2016.
- Construction start on site targeted for May 2016 (although preparation works must occur in advance of this)
- Road completion by end of February 2017.

This programme is based on HCA funding programme timescales as if recommendations are made for the HCA to construct road / other infrastructure, works will need to be complete for March 2017 at the latest. Prospective Engineering Consultants are asked for their views on this programme, achievability and whether it may be improved upon.

Project management and structure of commission

The Client for this commission will be HCA and [REDACTED], Area Manager will be the key contract responsible for management of this commission.

On appointment there will be a 10 day standstill period following which it is intended that an inception meeting will be held on the 20th July at 2pm between HCA, lead consultant and any sub-contractors identified in the tender submission.

It is anticipated that the Project Working Group meetings will held on a monthly basis, it may be necessary to attend other project/technical meetings as deemed necessary.

HCA will support the process where needed through the use of in-house expertise.

Site information and Appendices

To support consultants bids a number of appendices are provided containing:

- Appendix A – HCA land (remaining for future development)
- Appendix B – Amec Foster Wheeler and DTZ Reports (2015)
- Appendix C – CDM Brief

Key information required from the bidder is:

- Full staff details including sub-consultants (if applicable) for those proposing to carry out the works (including time allocation and fees) and there relevant experience.
- Methodology Statement to deliver proposed scope of work and anticipated services, providing details of how this will be delivered; where and why you propose to alter the scope of work (if required), particularly if any gaps are identified.
- Programme: Comprehensive programme which demonstrates understanding of the project and key milestones which need to be achieved (gaant chart to be submitted).
- Organogram setting out how project will be managed (including sub-consultants) setting out how project team will communicate with client/stakeholders.
- Risk Register for Stage One work.
- Examples of similar projects which have been delivered **by staff** proposed to carry out the works.
- Financial bid

Evaluation Criteria

The prospective lead consultant should provide a detailed response and fee, along with any suggestions for additional advice that may be necessary for the successful delivery of the project.

The bids submitted will be evaluated on the basis of 70% price/ 30% quality. To provide guidance, the financial bid and quality assessment will be based on the attached spread sheet breakdown.

The financial bid will be assessed on the basis of:

- (a) Stage One Works: a fixed lump sum fee (identifying site specific surveys required and price for each survey);
- (b) Stage Two Works: as identified this is optional and will be determined by Stage One work and infrastructure requirements. Therefore for the purposes of the financial bid, submissions are to be based on delivery of the Option A road works and total number of days per grade of staff under the panel is specified (based on assumptions / road scheme of similar size and complexity). Daily rates and an estimated cost should be provided for evaluation purposes as identified in the spreadsheet.

To add to the information provided at sifting stage the quality criteria will be as follows as identified in the spreadsheet appended:

- (c) Methodology Statement: Overall merit of the methodology and approach taken – project team, quality of response to scope of work and services and programme.
- (d) Management and Communication
- (e) Examples of Similar Projects **by staff** proposed to carry out the works.

Where clarification is sought a response will be required within 24 hours so please ensure a contact is available and identified in the tender to respond within the evaluation period which is intended to run from 2nd July to 9th July 2015. If no response is received within the 24 hour clarification period the tender will be excluded.

The selection process will be a single stage process, it is anticipated that the final appointment will be confirmed on 9th July. A 10 day standstill period will then be required and an inception meeting will be held on 20th July, 2pm at HCA Gateshead office which should be held in diaries.

Date response required by: - 1pm on Wednesday 1st July 2015

Please respond to:- Please return an electronic copy (**memory stick or CD – email not accepted**) and a hard copy of tender with the financial bid at the front of the tender, using the label attached to the brief. Bids may be invalidated if late or if unidentifiable or improper envelopes / labels are used.

If you have any queries please contact:-

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