

Invited Design Competition

A new, integrated eye care, research and education facility

Phase One
design brief



**Design brief for a new, integrated eye care,
research and education facility for Moorfields
Eye Hospital, UCL Institute of Ophthalmology
and Moorfields Eye Charity**



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1. Executive Summary

This design brief has been prepared for the purposes of procuring a multi-disciplinary design team for the provision of architectural design and related services for a proposed new joint eye care, research and education facility for Moorfields Eye Hospital and UCL Institute of Ophthalmology.

This is a joint venture between:

- ✦ Moorfields Eye Hospital NHS Foundation Trust (Moorfields)
- ✦ University College London (UCL)
- ✦ Moorfields Eye Charity (MEC)

The proposal is to plan, design, build and operate a new integrated care, education and research facility at a preferred site at St Pancras Hospital in London.

This presents a complex design challenge for architects worldwide to secure a high-profile, global opportunity to produce a design for a new, state-of-the-art facility in an important regeneration and conservation area in the heart of London.

Moorfields and the UCL Institute of Ophthalmology (UCL IoO) have established global reputations of excellence, and are top-ranked internationally as stand-alone institutions in the field of ophthalmology. They provide globally-recognised research, excellent education and outstanding clinical care.

In addition, Moorfields and the UCL Institute of Ophthalmology is the only Hospital-University partnership in the UK that is ranked number one globally in any medical field.

Moorfields Eye Charity (MEC) is an independent charity founded in 2011 and formed through the merger of various charitable and philanthropic activities connected to Moorfields Eye Hospital. The merger was completed in April 2017. The principle way MEC supports Moorfields is by providing financial support, through grant-making to Moorfields and the UCL IoO. The charity's philanthropic support covers building projects, equipment, pioneering research, training of current and future healthcare professionals, development of Moorfields staff to ensure the care they provide is outstanding, public education about eye health, and improving the experience for Moorfields patients and their families.

Philanthropy will play a critical role in the realisation of the partners' plans to build a new, integrated eye care, research and education facility. In partnership, MEC and UCL are looking to deliver £100m in philanthropic support to the new facility, £75m of which will be for the capital element of the project, which will include the cost of purchasing the preferred site. Recognising and celebrating the role of philanthropy throughout the building should be a key consideration for the design team.

1.a. Core belief

Our core belief is what motivates all of us on a day-to-day basis and underpins the vision and objectives for this new, joint facility.

Our sight is a critically important sense. Sadly, sight loss is an increasing reality for many people - every five seconds someone in the world goes blind¹. It is estimated that by 2050 there will be four million people in the UK living with sight loss². The ageing population is adding to this challenge, resulting in greater and more complex demand for eye services as one in five people over the age of 75 live with sight loss¹.

The experience of losing sight is distressing and can be isolating and costly for the individuals affected. Putting the people affected by sight loss at the centre of care is essential if we are to support their needs.

We are all motivated by the core belief that:



This statement is intended to be inclusive and respectful of varying degrees of sight loss. Whether an individual has no sight or full sight, we believe that everyone's needs should be taken into account.

¹ Fight for Sight research 2014

<http://www.fightforsight.org.uk/about-the-eye/facts-about-sight-loss>

² The economic impact of partial sight and blindness in the UK adult population | Author: Access Economics | Publisher: RNIB Year of publication: 2009

https://www.rnib.org.uk/sites/default/files/FSUK_Report.pdf

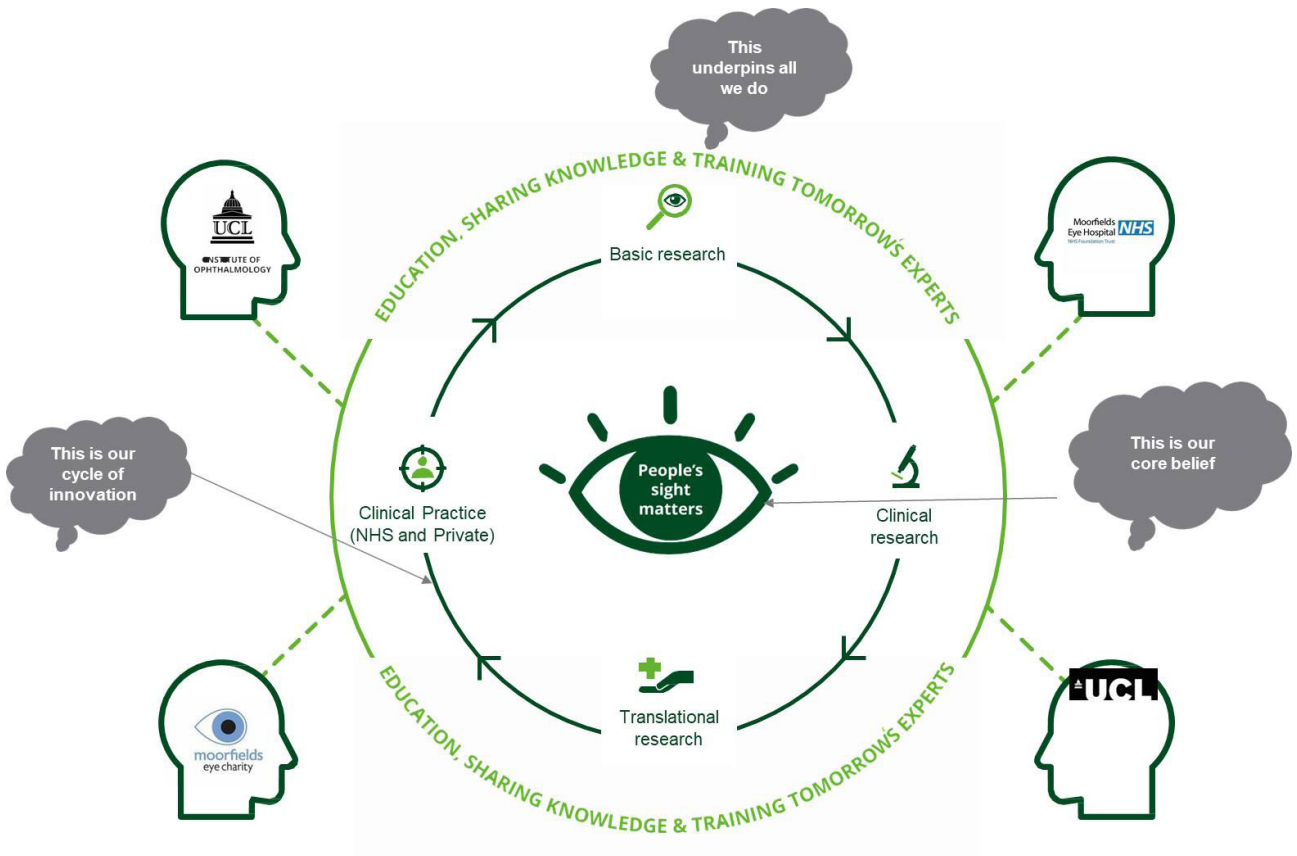
1.b. Partnership principles

The relationship between Moorfields and UCL, with the support of MEC, is symbiotic. We work together to improve the experience of our patients, staff and students across a whole range of activities. The underlying principles to our partnership are:

- ✦ **Committed to collaborate**
The partners will continuously evaluate the impact of their collaboration, reflecting on lessons learnt to continuously improve outcomes for all.
- ✦ **Effective and sustainable**
The partnership will operate in a way that delivers high quality education, research and clinical services within a sustainable system.
- ✦ **Harmonised and aligned**
The partnership's work will support a culture of openness, integrity and trust at all levels.
- ✦ **Joint strategy**
The partnership will have a shared ambition with long term aims and measurable plans for achieving them.
- ✦ **Autonomous and independent**
The partnership recognises that members will have independent objectives and respects the requirement to act autonomously outside of the joint strategy.
- ✦ **Flexible, resourceful and innovative**
The partners will proactively adapt and respond to emerging circumstances, embracing change while maximising effectiveness and productivity.

As a partnership, we have a cycle of innovation from basic research, through to clinical research, translational research and ultimately into clinical practice, improving the clinical outcomes for our patients. If approved, this new facility will allow greater interaction between clinicians, researchers and patients by removing the physical barriers that currently exist and creating an environment where innovation will flourish. We believe this will reduce the time taken to implement new treatments and therapies and increase the number of patients taking part in clinical trials, further improving their clinical outcomes.

The principles are underpinned by a commitment to education, knowledge sharing and training tomorrow's experts.



1.c. Our vision for a new building

Moorfields and UCL IoO and the wider research strengths of UCL have a long heritage of expertise in eye care, research and education. We are known as industry leaders both nationally and internationally. Looking ahead to the challenges and opportunities of a changing world, we need to both build on our past and adapt for the future so we can continue to be relevant for our patients.

This leads us to our vision:

We will create an environment for innovation to flourish, inspiring improvements in people's sight



'We will create an environment'

means we will develop a brand new facility to enable us to deliver our objectives



'Innovation'

means the design will encourage collaboration between clinicians and researchers to enable greater innovation in delivering care, research and education



'Inspiring improvement'

means we will harness the collective power of our staff, students and patients to improve people's sight

2. Part 1 – design brief



2.a. Introduction

This project to build a new, modern facility is a joint venture between three partners; Moorfields, UCL and MEC. Together, these three partners are working on a plan to relocate the services currently provided at Moorfields, City Road and UCL IoO, Bath Street, to a new joint facility at a preferred site at St Pancras Hospital.

The planned new facility will be flexible and modern, enabling us to bring together eye research, education and healthcare for the first time, while being focused on patients, and attracting and retaining the best ophthalmic scientists, educators and clinicians.

It will also house the three partners, bringing together clinical care, research and education expertise in one flexible, fully integrated facility.

This is a significant, high-profile project on a global scale. It presents a rare and exciting opportunity for a multi-disciplinary team to secure the design for a new, world-class centre of excellence in a major London regeneration and conservation area.

The design team is being procured by the client body in accordance with the requirements of the Competitive Procedure with Negotiation (CPN) as set out within Regulation 29 of PCR15. The use of the Competitive Procedure with Negotiation is justified by the desire to consider innovative solutions and to allow appropriate engagement with Participants during the development of design proposals in response to the Client's evolving brief. The negotiation phase will be restricted to design-related considerations, with the opportunity for participants to access the Client's representatives to discuss and develop their design concept.

At the first phase, expressions of interest from innovative, multi-disciplinary design teams are invited to apply by completing the Selection Questionnaire. The evaluation of the submitted Selection Questionnaires will lead to a shortlist of five design teams, who will then compete for the award to design the new integrated facility.

2.b. Team Skills

We are looking for a multi-disciplinary team that the partners can work closely with over several years.

The winning team will need to:

- ✦ be excited about this complex project
- ✦ prove outstanding and innovative design skills combined with evidence of practical experience and the ability to deliver in accordance with a challenging brief
- ✦ demonstrate an understanding of NHS capital build projects and the specific requirements of higher education and research, and how these three components might best collaborate
- ✦ provide a concept design that responds to the site's context, the wider site, the local neighbourhood and the King's Cross/St Pancras regeneration and conservation area
- ✦ deal creatively with the challenges of the brief
- ✦ design an efficient, affordable, realistic and buildable scheme which limits the impact of its construction on the locality
- ✦ have the ability to create a building that aspires to BREEAM Outstanding and must as a minimum achieve a BREEAM Excellent rating (approx. equivalent to LEED Gold)
- ✦ have the ability to create a building with an innovative use of design and technology that is flexible and multi-functional
- ✦ have the ability to engage with clinical and academic stakeholders, providing innovative health planning solutions to the challenges set out for the new facility

Given the complexities of combining a hospital with research and education, a BIM Level 2 and "Soft Landings" approach will be expected from the winning team.

The winner will give the partners a building that reflects the joint vision and objectives and will enhance the collective and individual organisational brand and reputation. It will fulfil the project's commitments to patients, staff, students, academics and researchers from the UK and abroad, and will advance London's role as a leading global city and centre of excellence for biomedical/life sciences.

2.c. Our objectives

Our objectives describe what we will need to become and what we will need to do if we are to realise our vision. They are deliberately ambitious because we want to challenge ourselves, so we deliver the best we can for our patients, staff and students.

We have identified five objectives that enable our vision for this building to be delivered:

- ✦ Creating the best possible patient experience
- ✦ Attracting and empowering our people
- ✦ Inventing and innovating together to be at the leading edge
- ✦ Educating people to be the very best
- ✦ Driving efficiency and effectiveness

To ensure the implementation of our strategy is focused and measurable, the partners will use these objectives to track progress over the next five years.

2.d. What will success look like?

This proposed joint facility is about more than a physical building. It will be a catalyst to implement new, modern and innovative ways of working, so that Moorfields and UCL IoO capitalise on the strengths UCL bring, and continue to develop and expand leading edge research programmes; attract and retain the best people; attract necessary investment; train the next generation of researchers and clinicians; and provide the standard of care a growing patient population requires in the 21st century.

For each objective we will describe how we will deliver the vision and objectives and the key measures we will use to identify success.



Objective 1:

Creating the best possible patient experience

We want every patient to have the best care, with an excellent experience of our clinical and supporting services. We will develop a new hospital that is accessible and navigable, with spaces to encourage access to the latest treatments and clinical studies. Together we will engage patients in the design process to create a calm, safe, aesthetically pleasing environment inspiring trust and confidence. We will ensure systems and processes are designed to enable patients to easily navigate the new facility minimising the length of hospital visits.

Key measures will include:

- Improvement in patient reported outcome and experience measures
- Reduction in waiting and travel times
- Disability Discrimination Act compliance
- Friends and Family scores



Objective 2:

Attracting and empowering our people

We want to empower our people to ensure they all feel they have an important contribution to make to our success. We will deliver space that enables collaboration between staff, providing flexible space for working and resting. The new facility will be designed with staff to provide an exciting and energising working environment, with space that encourages inclusion and embraces diversity. Systems and processes will be well designed and operated so staff can work in an effective and satisfying way.

Key measures will include:

- Improvements in Organisational Health Measures
- Improvements in recruitment and retention
- High staff engagement
- Improved staff satisfaction survey outcomes



Objective 3:

Inventing and Innovating together to be at the leading edge

We believe it is important for us to continue scientifically discovering, inventing, and innovating because together we can make a meaningful difference to people's sight and health. We will do this by enabling fundamental laboratory research, the rapid development of new devices and technologies that improve patient, student and staff satisfaction and outcomes, and leading the development of new treatments and therapies. We will ensure our design and infrastructure enables us to embrace new and emerging technologies while facilitating new partnerships to drive invention and innovation.

Key measures will include:

- ✦ Ranking as world leading university(QAA), specialist eye hospital (CQC) and research facility (REF)
- ✦ Biomedical Research Centre – increased rate of conversion of new therapies from trials to clinical care
- ✦ Space for internal collaboration
- ✦ Enhanced delivery of life changing research



Objective 4:

Educating people to be the very best

We believe educating our staff, the next generation eye care experts and society is key to ensuring we deliver our ambition to create and disseminate vision and eye care knowledge. We want our staff and others interested in vision and eye health care education to have access to lifelong learning opportunities – anytime, anywhere and at any point in one's career. Innovative and collaborative learning and teaching across multidisciplinary staff in the new facility is fundamental to the strength of our partnership. We will provide cutting edge and inclusive teaching and learning space that meets the needs of diverse learners, ensuring access to equipment and technology, including digital resources, enabling onsite and remote learning.

Key measures to include:

- ✦ A global reputation as the best place in the world for vision and eye health care training
- ✦ Increased cutting edge learning and development opportunities across all staff groups
- ✦ Increased demand for Moorfields and UCL education and training suite of vision and eye health care programmes
- ✦ Moorfields and UCL alumni in key global leadership roles who continually return as lifelong learners



Objective 5:

Driving efficiency and effectiveness

The new facility will help us operate sustainably in the long-term by enabling improvements in the efficiency and effectiveness of our work, enabling the investment required for the project. We will have flexible clinical, research and education space that minimises duplication and delay. Operating processes and systems will be redesigned to harness the benefit of the new infrastructure, enabling continuous improvement, minimising waste and maximising resources.

Key measures will include:

- Improved adoption rates for new technologies
- Improved clinical outcomes
- A financially viable partnership
- Reduced stock holding and waste



2.e. Existing Sites

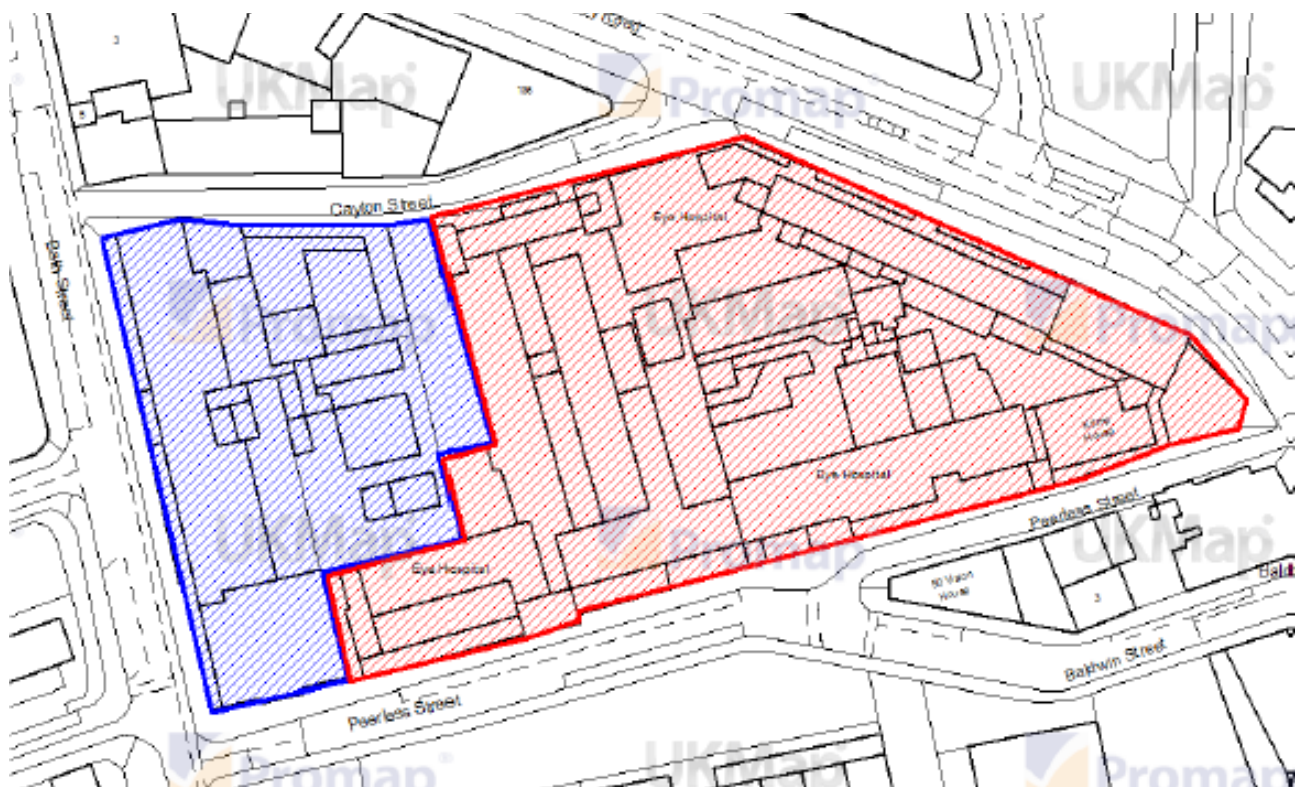
Moorfields Eye Hospital at City Road is the organisation's central London base, and provides comprehensive general and specialist outpatient, diagnostic and surgical services, emergency surgery and a 24 hour A&E. Most research and teaching activities are also based at City Road. It houses the world's largest children's eye centre, the Richard Desmond Children's Eye Centre. It is supported by an extensive portfolio of over 30 sites, located in London and the south east of England, bringing eye health care nearer to patients' homes and work. The patients seen at these sites directly benefit from the collaborative partnership of Moorfields and UCL IoO.

The UCL IoO site on Bath Street adjoins Moorfields Eye Hospital and provides research and education facilities. Neighbouring the hospital allows for collaborative working between the organisations. The IoO is part of UCL's Faculty of Brain Sciences, a division of the School of Life and Medical Sciences.

The organisational objectives above can best be achieved in a new facility by creating an efficient, integrated and flexible space.

The site that has been identified as a potential location for the new facility is a section of land at St Pancras hospital.

City Road



Moorfields ownership in red, UCL ownership in blue

St Pancras Hospital site



Digital aerial view – existing context c2013 data

2.f. The Emerging Brief

The purpose of this proposed new facility is to deliver a building that enables new ways of working and much closer integration between Moorfields, UCL IoO and the wider UCL. Identifying these innovative ways of working will be a key joint focus as we progress to the Concept Design stage (RIBA Stage 2). Integration is key for the success of the joint facility. UCL IoO and Moorfields research activities are not undertaken in isolation. Through better integration we will enhance our research capabilities, and strengthen our impact, outcomes and global brand.

A key driver of moving to an integrated building for Moorfields and UCL IoO is the realisation and implementation of the bench-to-bedside concept (translational medicine). This concept requires close collaboration between clinicians and scientists across Moorfields and UCL IoO, enabling clinical observations to inform research studies, which in turn result in new treatments and further clinical discoveries. It is therefore critical to achieve this outcome through the design of the building.

Currently, there has been no detailed architectural design work undertaken for the new building at the preferred site at St Pancras Hospital.

Work on the project vision has been undertaken by Moorfields, UCL and MEC and much of that work is included in this brief.

Based on existing services from across the partners, external advisors have developed schedules of accommodation to inform the building scope and size. In accordance with our shared vision, during 2018 strategic planning work will be undertaken to define our ways of working in integrated research, education and clinical services, which will further inform space requirements.

Currently, the building is envisaged to have an area of circa 45,000 m². The strategy team is currently in the process of validating this. The new building will require a footprint based upon the key functional areas of research laboratories, educational spaces, operating theatres, outpatient clinics and associated support space. The new building should be to a standard of design commensurate with the world class reputation of the partners.

Place is integral to how students learn and engage. We want to create an effective environment that promotes flexibility and collaboration for educating and training staff and students. Given the expertise of our lecturers and training staff coupled with our degree programmes that span Clinical Ophthalmology to Ophthalmic Nursing, we need space for the allied health and life sciences which will spur innovation that can make a difference for society in the vision and eye health fields. We need space that will encourage and promote active learning. It should embrace David Thornburg's four optimal settings for learning: campfires (lecture rooms for disseminating information), water holes (gathering places for conversations), caves (places for individual learning and self-reflection) and life (places where students get context such as teaching clinics, simulation labs, webinars, and so on). This space also needs to be welcoming to our community of stakeholders who share with us a passion for vision and eye healthcare and will join us for lecturers, activities and celebrations in our learning space.

The healthcare workforce will continue to change going forward so we need an education and training space that will be able to adapt and keep pace with these changes. It needs to be able to be reinvented on a daily basis, leverage technology, virtual learning and, yet, not lose the look and feel of a learning place for students being trained for a caring profession.

2.g. Programme

The programme is lengthy due to the NHS Business Case process (outlined below), the need to develop acceptable designs, secure planning consent and to then construct the new facility.

In 2017, Moorfields and UCL submitted their Strategic Outline Cases which confirmed the strategic context of the proposal. The partners are now working towards the Outline Business Case (OBC), which is the detailed planning phase of the project. This design competition will inform the OBC. Once approved by the regulatory bodies, the project partners will progress from OBC to the Full Business Case (the detailed, final phase). As Moorfields is an NHS Foundation Trust, NHS England, NHS Improvement and the Department of Health and Social Care will review each business case phase. HM Treasury are also involved in the business case process.

A public consultation on the proposed relocation of Moorfields services from City Road to the preferred site is scheduled to be undertaken. The outcome of this consultation will inform the project's OBC.

Best and worst case programmes have been developed and are being constantly reviewed and updated. These will be shared with the shortlisted design teams at Phase 2.

Moorfields and UCL had Strategic Outline Cases approved in 2017, confirming the strategic context of the proposal. The partners are now progressing to Outline Business Case.

A public consultation on the proposed relocation of Moorfields services from City Road to the preferred site is scheduled to be undertaken in late 2018. The outcome of this consultation will inform the project's Outline Business Case.

The competition programme can be found in **section 3.vii** below and includes a public exhibition of the shortlisted schemes in Autumn 2018, at which the public will have the opportunity to give their views and feedback.



2.h. Advisors

Henry Riley have been appointed as Project Managers for the competition together with Gardiner and Theobald to provide cost advice to the team. Further client-side advisors are to be appointed.

2.i. Due Diligence

Town Planning – A town planning report has been prepared for the St Pancras Hospital site by the London Borough of Camden, Town Planning Department and we hope to make that available to the shortlisted design teams in Phase 2.

We are informed there is one Tree Preservation Order on a tree that abuts the boundary of the site on St Pancras Way.

Title – There is a title report for the site that we hope to share at Phase 2. We have been informed that there are no legal title/restricted covenant issues, however, this will be confirmed during the site acquisition process.

Asbestos – We are informed there are some tunnels beneath part of the site, which have been used as part of the hospital, steam heating system and which contain asbestos.

Site Investigations – Detailed site investigation surveys will be undertaken and available to the design teams in Phase 2. However, we are aware that there is a power supply issue in this part of London, which will need to be resolved as part of the project. Furthermore, the site is located close to but not adjoining Regents Canal.

3. Part 2 – The Competition Format



The design team is being procured by the Client in accordance with the requirements of the Competitive Procedure with Negotiation (CPN) as set out within Regulation 29 of PCR15. This selection process has been adopted in order to engage as widely as possible with the architectural industry and other consultants and to promote innovative working arrangements within teams.

Phase One is a Selection Questionnaire which requests relevant experience and approach to the project especially from the designers; and information on the proposed team composition, including its members and limited financial information.

A shortlist of up to five teams will be selected for Phase Two, the Invitation to Participate in the negotiation phase. The negotiation phase will be restricted to design-related considerations, with the opportunity for participants to access the Client's representatives to discuss and develop their design concept. This will take the form of up to two competition workshops with each team which will be held at the lead consultant's offices. This is intended to be a collaborative experience to aid understanding of the brief.

Each team invited to submit a Final Tender who then submits a compliant tender and makes a presentation at the clarification interview will receive an honorarium payment of GBP £15,000 (+VAT). Honorarium payments will be paid following submission and presentation of design proposals at a final interview. The honorarium in respect of the winning team will be subsumed within their fee bid.

Once design proposals have been received, the team will undertake a rigorous assessment of the content. An anonymous public exhibition of all five submissions will be held prior to a presentation and interview with the Evaluation Panel to determine a winner. It is expected the winner will then be invited to enter into contract with Moorfields, on behalf of the partners.

3.a. Phase 1 – Selection Questionnaire

Selection Questionnaires (SQ) are invited from design led teams. Complete design teams are required including structural, mechanical, electrical, and so on.

The Partners will be appointing their own external project manager and cost consultants to support the project team.

Using the "Criteria for Selection", a shortlist of up to five teams will be selected and invited to the design phase of the competition.

3.b. Phase 2 – Invitation to Participate in Negotiation

During the competition period mid-competition workshops will be held by Partners at the lead design consultancy's offices.

The Client hopes that all shortlisted participants will take part in subsequent stages of the process. However, the Client reserves the right to reduce the number of solutions to be discussed via the application of the appropriate Award Criteria.

3.c. Phase 3 – Invitation to Submit Final Tenders

Remaining Participants will be asked to submit Final Tenders and design concepts based on the solutions presented and specified during the negotiation Phase.

A public exhibition of the shortlisted designs will be held at a central London venue to be decided where the project partners, the community, neighbours and stakeholders will have the opportunity to review the designs and indicate their preferred scheme. The outcome will be one aspect considered by the Evaluation Panel in their evaluation.

Final assessment will involve a presentation and interview with each shortlisted team to the Evaluation Panel comprising advisers and senior representatives from the Partners.

Design submissions will be a mixture of A1 boards and an A3 report to augment the presentation boards. The design submission must also be provided in digital format suitable for uploading and viewing on the project website (currently in development). Design teams must ensure their submissions are appropriately accessible to people who have a visual impairment.

The design submissions will be to RIBA Plan of Work 2013 (Stage 0-1). A construction cost estimate and detailed fee proposal covering all the main sub-consultants is required; the format for the cost submission will be provided as part of the Phase 2 brief.

The winning team will be appointed to take the proposed scheme through to completion and will be novated to the contractor during the design phases (the intention is to novate at the end of RIBA Plan of Work 2013 Design Stage 3 or 4). The contractor is likely to be procured through a two stage design, build and operate process.

It should be noted that the information contained within this document is subject to change and may be varied by the project team in information issued later in the competition.

3.i. Budget

The gross estimated budget for the project building costs is £200 million – £250 million (two hundred million to two hundred and fifty million pounds sterling) exclusive of VAT, equipment and professional fees.

3.ii. Procurement

The partners wish to appoint a multi-disciplinary team led by a design consultant (“Lead Design Consultant”) with whom Moorfields will contract. This lead design consultant need not necessarily be an architectural practice. This team will be required to deliver a full design service for the building in accordance with the Design Stages in the RIBA Plan of Work 2013.

At the outcome of the competition a design led team will be selected on the basis of a preliminary concept and an appropriate design approach. The winner of the competition will be appointed to develop a design through to construction and will be novated to a design and build contractor; it is the project team’s intention to novate at the end of RIBA Plan of Work 2013 Stage 3 or 4. A copy of the Deed of Appointment and novation contract will be issued to the shortlisted five designers. The design and build contractor will be working under a bespoke contract based on the ECC NEC 4 contract and will be appointed via a two stage process.

The lead design consultant will be responsible for the appointment of all sub-consultants and it is understood that all design work is priced for within the fee bid when given. The project team require collateral warranties with all design sub-consultants; a copy of the warranty will be issued to the shortlisted five teams.

A full design service is required for RIBA Plan of Work 2013 Design Stages 1-7. At novation the project team will retain an additional “Executive” consultant from each main discipline who will continue to work directly for the project in a client monitoring role.

The project team reserves the right to only select a lead design consultant and, if appropriate, to select the remaining team or members of the team separately, following a combined selection process.

The project team reserves the right to halt or amend the competition arrangements and its timing at any stage.

3.iii. Team Composition

The team selected will need varied skills including:

- ⊕ the appropriate skill set and relevant experience
- ⊕ an outstanding and demonstrable design ethos
- ⊕ the ability to understand and synthesise the brief into built form
- ⊕ the skills to deliver a highly sustainability building
- ⊕ understanding of the future strategic goals of the Partners
- ⊕ ability to respond to the context of St Pancras Hospital site and its surroundings
- ⊕ ability to clearly demonstrate the benefits of collaboration if this is proposed

3.iv. Collaboration

The joint project team is keen to encourage innovative design collaborations which provide the opportunity for maximum creativity. For example this may mean, but is not limited to, collaborations between large and smaller practices; between established and emerging talent, between those in different geographical locations or between established companies who together can enhance design quality and bring other aspects of added value to the project. It may mean that one practice leads the development of the design concept with another leading delivery. Such arrangements must be clearly articulated in the expression of interest.

If the project team's location is remote from the design and/or lead practice's principal location, anticipated delivery arrangements should also be clearly outlined.

The project team is seeking suitable multi-disciplinary design teams including but not limited to the following design disciplines:

- ⊕ architecture and design
- ⊕ structural and civil engineering
- ⊕ building services engineering
- ⊕ sustainability engineering
- ⊕ landscaping and public realm design
- ⊕ any other specialist services considered necessary to undertake the scheme

3.v. Consultant and Team Arrangements

This project requires a lead design consultant who is of sufficient financial standing in proportion to the size of the scheme. The lead design consultant is expected to be one organisation who will enter into contract with the project team and who will sub contract/employ the other sub-consultants. The lead design consultant is expected to complete the SQ with input as required from the other members of the team. If delivery arrangements vary from the project team's expectations then the proposals and the rationale for them need to be clearly articulated in the SQ response.

Financial information on the lead design consultant will not form part of the SQ submission. To promote maximum participation the project team has not determined a minimum annual turnover or other financial threshold at this point. Each submission will be considered on its merits during the shortlisting stage and further information may be required before the conclusion of shortlisting.

If they consider there are good reasons for doing so, lead design consultants are permitted to submit more than one SQ with different sub-consultants. The project team will consider each submission on its individual merits. Each submission requires a separate Unique Registration Number (URN) from RIBA Competitions.

Sub-consultants are permitted to submit with more than one lead design consultant if they choose. However, to avoid a conflict of interest, if the same sub-consultant is on more than one of the five teams shortlisted by the project team then the sub-consultant in question must field a different director, or decide which lead design consultant to remain involved with during Phase 2. The project team reserves the right to seek clarification on team composition during the shortlisting process.

3.vi. PO Direct Appointments

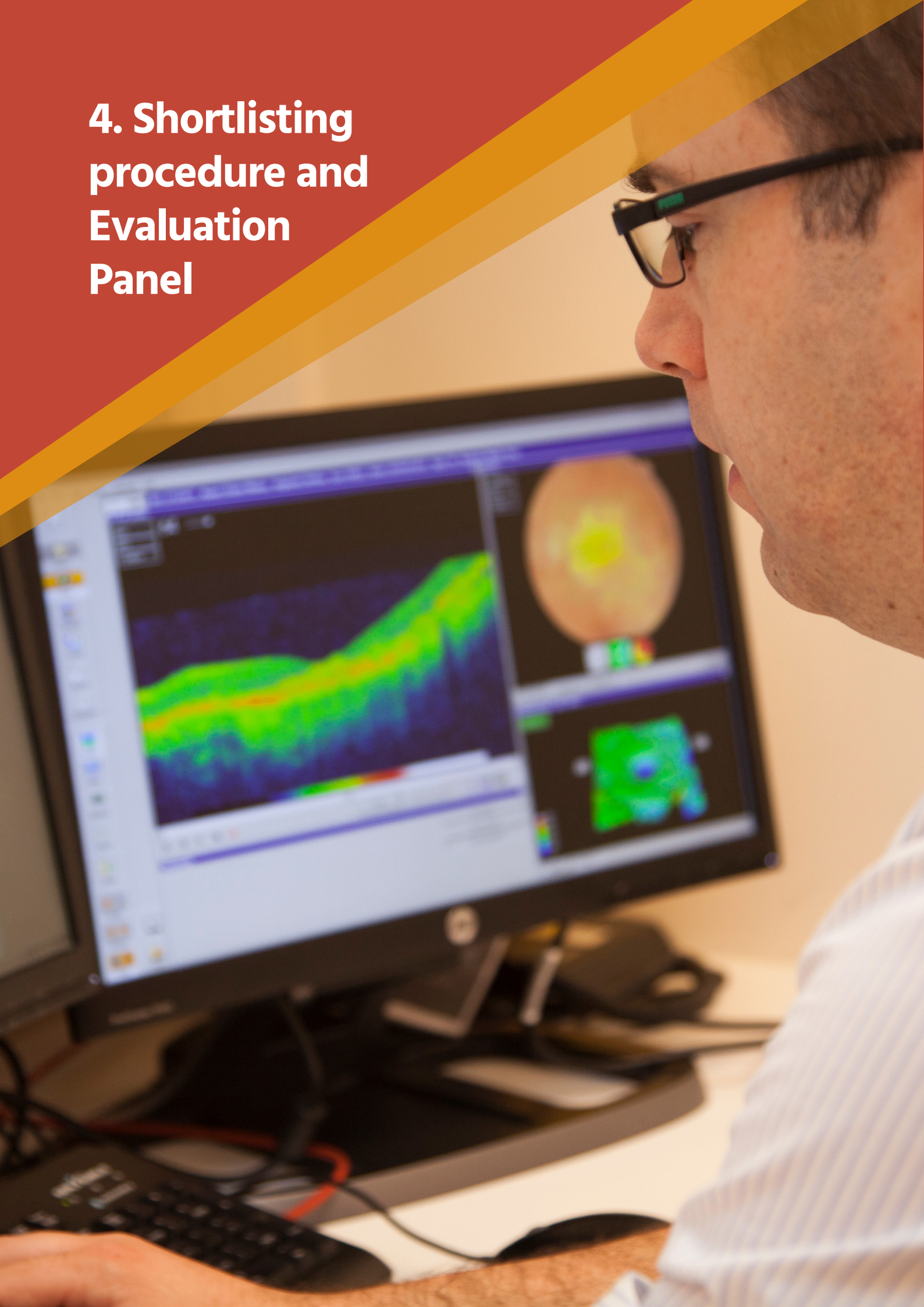
The project team is appointing its own cost and project delivery management consultants who will take the scheme forward with the successful team and who will provide cost advice during the competition to the five shortlisted teams. We are in the process of procuring a town planning consultant, a cost consultancies and other consultants.

3.vii. Outline Competition Programme

The timetable which may be subject to alteration is as follows:

Activity	Estimated Date
Launch	
Brief & SQ available	07 June 2018
Latest date for queries relating to the SQ	21 June 2018
Deadline for receipt of SQ returns	13 July 2018
Evaluation of SQ returns	30 July 2018
Shortlisted teams notified	w/c 06 August 2018
Notifications to unsuccessful Candidates	w/c 06 August 2018
Invitation to Participate in Negotiation (ITPN)	
Issue of ITPN & design brief to shortlisted teams	13 August 2018
Site visit & open briefing session for shortlisted teams	22 August 2018
First round of design approach workshop meetings	w/c 03 September 2018
Second round of design approach workshop meetings	w/c 17 September 2018
Latest dates for general clarification queries relating to the ITPN	24 September 2018
Issue of Memorandum in response to general clarification queries	26 September 2018
Invitation to Submit Final Tenders (ITSFT)	
Issue of ITSFT	05 October 2018
Deadline for general clarification queries in relation to the ITSFT	10 October 2018
Issue of Memorandum in response to general clarification queries	15 October 2018
Deadline for submission of Final Tenders (with design concepts)	29 October 2018
Tender evaluation commences	w/c 29 October 2018
Clarification interviews & presentations	w/c 19 November 2018
Issue of Intention to Award Contract	23 November 2018
Standstill period	10 days
Confirmation of Contract Award	7 December 2018
Public announcement of result	w/c 10 December 2018

4. Shortlisting procedure and Evaluation Panel



4.a. Shortlisting

The following criteria will be used to evaluate the SQ responses:

Shortlisting Criteria	Weighting
<p>A. Design Quality</p> <p>Outstanding track record of achieving the highest architectural design standards not necessarily limited to NHS, Research and Higher Education. Demonstrable inspiration and creativity in recent work. Ability to design innovatively and with distinction. Ability to design in a contemporary and innovative style which is sensitive to the conservation area.</p>	45%
<p>B. Relevant Experience</p> <p>Overall relevant experience not necessarily limited to NHS, Research or Higher Education. Experience of similar orientated schemes with environmental credentials equivalent to a minimum of BREEAM Excellent standards (Approx LEED Gold) and have used the “Soft Landings” approach. Evidence of delivering buildings fit for purpose, practical to build which have met the needs of the client and which represent value for money and stand the test of time. Evidence of a holistic design approach including coordinated and considered interiors and also excellent public realm design.</p>	30%
<p>C. Resource and Ability to Deliver</p> <p>Technical and professional capability of the proposed team including team composition. Ability to collaborate effectively and ensure cooperation by the whole design and construction team and client. Evidence of capacity to deliver this scheme. Ability to service this scheme in central London; The Lead Consultant must be capable of serving a scheme of this size and location.</p>	25%

4.b. Scoring Guide

The following scoring guide will be used to evaluate the SQ responses against the Selection Criteria:

Score	Definition	Reason
0	Deficient	The response does not provide sufficient detail for evaluation.
1 – 3	Poor to Deficient	The response or information provided falls below expectations in respect of the scheme and the criterion being scored.
4 – 5	Adequate	The response or information provided is acceptable and meets the expectation in respect of the scheme and the criterion being scored.
6 – 8	Good	The response or information provided exceeds the normal expectation.
9 – 10	Exemplary	The response or information provided is exceptional or exemplary in respect of the scheme and criterion being scored.

4.c. Evaluation Procedure

A representative from RIBA Competitions will attend the assessments to document the selection process and provide procedural support. The RIBA Architect Adviser will input into the shortlisting process.

4.d. Financial Requirements

For the lead design consultant, the project team require a minimum Professional Indemnity Insurance cover of £5M or equivalent. Further information on the financial data required is provided in the Selection Questionnaire (SQ).

4.e. Evaluation Panel

Members of the Evaluation Panel and Advisory Panel are set out below (subject to confirmation):

Name	Affiliation
David Probert	Chief Executive Officer Moorfields Eye Hospital
Tessa Green	Chairman Moorfields Eye Hospital
Sumita Singha	Non-Executive Director Moorfields Eye Hospital
Alan Thompson	Dean of Faculty Brain Sciences UCL
Andrew Dick	Director UCL Institute of Ophthalmology
Kevin Argent	Head of Programme Delivery UCL
Meryvn Walker	Chairman Moorfields Eye Charity
Rob Jones	Vice-Chair Membership Council Moorfields Eye Hospital
Bill Taylor	RIBA Architect Adviser

4.f. Evaluation Panel Advisors

The Evaluation Panel will refer to a team of Advisors who will facilitate the process and who will compile the analysis of the submissions and prepare summary reports for the consideration of the Evaluation Panel.

The advisors will be led by **Kieran McDaid**, Director of Estates, Capital and Major Projects, Moorfields Eye Hospital and the team will include the following:

- ✦ **Neil Turvey** – Assistant Director Capital Projects, UCL
- ✦ **Donna Fitzpatrick** – Henry Riley Project Manager
- ✦ **Chris Boyce** – G&T Cost Managers
- ✦ **Joanne Wallis** – Senior RIBA Competitions Manager
- ✦ **Planning Consultant** – To be appointed

Other expert input may also be drawn upon in order to assess the submissions.

A wider panel, including outside parties, may be involved in a preliminary appraisal of the design concepts.

The role of the Evaluation Panel will be to make a recommendation to the respective Partners Boards/ Governing Councils for their consideration and ratification. The Evaluation Panel reserves the right not to make an appointment if a consensus cannot be reached.

GENERAL NOTES

Selection Questionnaire (SQ)

In order to be considered for the contract opportunity, Candidates must submit a duly completed Selection Questionnaire. Candidates who intend to submit an SQ return must obtain an editable version of the SQ document together with a Unique Reference Number by completing the online request form available at: <https://ribacompetitions.wufoo.eu/forms/moorfields-ucl>

RIBA Competitions will issue a URN [M#] to interested parties within 2 working days of submitting the online request form. Candidates should refer to the Notes for Completion section of the SQ, together with the Submission Instructions provided in the briefing document.

Information available to Candidates at the SQ Phase

The following documents will be made available to Candidates on submission of the online request form and checking of the relevant box confirming that the Candidate agrees to treat the supplied information in the strictest confidence:

- ✦ PDF version of the Briefing document (this document)
- ✦ Editable (Word version) of the SQ
- ✦ Draft PDF version of ITPN

Submission Instructions for return of SQs

The SQ must be submitted in English (including all additional information). Any financial data provided must be submitted in, or converted into GBP Pounds Sterling. Where official documents include financial data in a foreign currency, a Pounds Sterling equivalent must be given.

The SQ must be completed in its entirety, with an electronic version (PDF format) of the completed SQ return submitted via RIBA Competitions' digital submission portal (RIBASubmit). A total upload limit of 20mb will be available but candidates are requested to keep file sizes as small as practicable whilst ensuring that the information presented is readily legible.

A secure link for this purpose will have been sent to the email address entered into the online form used to request the SQ and Unique Reference Number [M#].

Each consultant firm from the required design disciplines must complete Part 1 (Potential Supplier Information) and Part 2 (Exclusion Grounds) of the SQ. The architect firm leading the design team should in addition complete Part 3 of the SQ. Candidates may elect to submit responses to **Section 8.4A** through to **Section 8.4D** (Project Specific Questions to assess Technical and Professional Ability) as a separate, collated appendix provided the requested information is presented and numbered in the order set-out in the SQ and the responses do not exceed the specified page limits. Candidates electing to submit a separate appendix should append a front cover sheet displaying the name of the lead architect firm, together with the names of proposed firms from the other required design disciplines.

The file name of the completed SQ should consist of the URN [M#] assigned to the candidate by RIBA Competitions, together with the name of the lead architect practice.

- ✦ M#_Lead architect firm name_SQ.pdf
- ✦ M#_Lead architect firm name_Technical & Professional Ability.pdf

Candidates are strongly advised to familiarise themselves with the RIBA Competitions' digital submission portal and allow sufficient time for their SQ return to successfully upload in advance of the deadline. The portal system will not allow material to upload after the deadline has expired.

Deadline for receipt of SQ Returns

The deadline for receipt of SQ Returns is **14.00hrs Friday 13 July 2018**. RIBA Competitions will not be responsible for any SQ returns delayed, lost or otherwise damaged or corrupted during transmission, however so caused. Late submissions will not be accepted.

Eligibility and composition of the multi-disciplinary design team

Expressions of interest (in the form of a completed SQ return) are sought from multi-disciplinary design teams. Each candidate's multi-disciplinary design team should also include (as a minimum) the services of a structural engineer, building services engineer and landscape architect together with any other specialists the Candidate considers may be necessary to service the contract.

The lead architect firm must include an architect who has the right to practise in the country where he/she is qualified or in the country where he/she currently resides or practises. UK-based applicants should therefore be registered with the Architects Registration Board (ARB) with overseas-based applicants registered with an equivalent regulatory body. Architects with more limited experience in the delivery of relevant projects may wish to consider collaborating with another practice, but the proposed delivery arrangement should be clearly articulated in the return.

No member of the Evaluation Panel, employees of the Client body, their advisers, or any third party connected to the procurement (including any partners, close associates or employees of them) shall be eligible to compete or assist a participating Candidate.

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