

Briefing on 10-Year Hospital Development Plan

Date: 15 September 2016

Time: 2:30pm – 4:00pm

Q&A Session

Preamble: Below is a record of the questions and answers given at the 10-year Hospital Development Plan briefing. However, it should be noted that final tender Terms and Conditions may vary at the time of actual tender exercise.

Q1: *Regarding the Conditions of Contract used by HA for the coming projects, will it be the traditional Government contract form or the New Engineering Contract (NEC) form?*

A1. HA first adopted NEC on their Tin Shui Wai Hospital. HA will take stock and review the lessons learnt from the usage of the NEC with the works agent Architectural Services Department (ArchSD) before deciding whether to adopt it in future. In the meantime, HA will use the Government standard contract form for the upcoming projects.

Q2: *With regards to the use of BIM and its nature as a collaborative tool, I am assuming that you will need to do some adaptations of the Government contract form. Will there be some adaptations of the current form to take account of BIM?*

A2. Yes. HA plans to amend contract clauses to reflect HA's BIM requirements, which will be of similar form to those adopted by ArchSD where they have specified BIM usage. Interestingly, Buildings Department (BD) has recently issued a practice note* to encourage authorised persons to submit building plans in BIM form. HA requirements will go towards the same direction.

Q3. *Regarding the marking scheme for Route 2 (architectural lead), is there any "smaller" [specific, detailed] marking scheme?*

A3. Route 2 tender submissions will be marked in a similar way to the assessments used in the Project Management Consultant (PMC) route. That is, the technical and fee proposals weighting will be 70% and 30% respectively. Technical assessment would be based on the same five marking sub-sections and tenderers' proposals should cover all design disciplines within each of these sub-sections.

Similarly, screening criteria will be set as a completed hospital project or a building project of similar complexity and scale.

*Practice Note for Authorized Persons, Registered Structural Engineers and Registered Geotechnical Engineers (ADV-34)- Building Information Modelling issued by Buildings Department in September 2016

(Follow-up: So will there be any specific allocation of marks under the 70% score?)

The technical score will focus on the five areas mentioned: consultant's experience, response to the brief, approach to cost effectiveness and sustainability, methodology and programme, as well as staffing.

Q4: *Regarding the works main contract, is there no technical aspect in the tender assessment but only price and past performance? So there is no need to submit technical proposal, right?*

A4. Correct, there is no technical aspect in the assessment. Technical proposal is not required but tenderers still need to provide all the information as specified in the tender, e.g. job reference, proof of the value of building services works within your submitted screening criteria project if it is not a hospital project. All these details will be specified in the tender documents.

Q5: *Is there any invitation criteria for a firm interested in the Project Management Consultant (PMC) tender? Are you looking for international project management organisations in Hong Kong? What are you anticipating?*

A5. It is an open tender which means that PMC is open to anyone, either local or overseas, and so there is no prescribed list or selected tender list. We encourage as many companies as possible with the relevant professional knowledge and experience to submit in a tender exercise.

Q6: *Regarding the healthcare planner design consultant, it is quite difficult to partner with an appropriate healthcare planner. We would like to hear your views.*

A6. HA considers the healthcare planner to be a very central part of the architectural service and in fact has been actively encouraging firms to incorporate new international thinking and benchmarking into their designs and planning. International companies can bring a great deal of innovation to healthcare planning. HA is actively considering the mechanism of evaluating the importance of the healthcare planner in tender proposals and are looking for expert and experienced healthcare planners to take a significant role in the future projects.

Q7: *Are there any criteria for the healthcare planner?*

A7. The healthcare planner must have a solid record of completed hospital projects. In the marking scheme, we will consider the number of hospital projects the healthcare planner has actively participated, both locally and overseas. The healthcare planners should team up with local architects and act as their sub-consultants for healthcare planning services. HA will consider the combined number of hospital projects completed by the architectural firm and the healthcare planner along with other factors (e.g. complexity).

Q8: *With this new plan [10-year Hospital Development Plan], is there any thought or new approach to the procurement of supporting services such as catering, cleaning, housekeeping, etc.? Would there be a different approach where HA could partner with industry or would HA continue to self-deliver these services?*

A8. Supporting services have always been an important part of any hospital. HA has specialist teams whose role is the delivery of supporting services. In terms of the hospital design process, supporting services staff will be one of the key stakeholder groups consulted about facility requirements. Under the leadership of the architect and healthcare planner, HA hopes to introduce innovative ideas and best practice both locally and internationally to hospital designs in order to allow efficient and effective delivery of supporting services.

(Follow-up: Are you expecting some of the bidders to have a supporting services provider as a partner in this aspect to help provide feedback and input in the operation of future facilities?)

That would be an advantage but not mandatory. Healthcare planners, together with the architect and the specialist consultants, through their professional knowledge and experience in hospital designs and the planning process, should possess both the knowledge and expertise in planning hospitals to ensure supporting services operations to function efficiently. It is expected that the specialists will incorporate the latest development or technology into these areas, that will give them some advantages in the tender assessment.

If you are a specialist in a certain area and are actively looking at offering innovative services to the HA, HA would welcome your sharing of such services or new technology so that they may be considered for adoption in future healthcare facilities.

Questions received through emails after the briefing (up to 4 October 2016)

Q1. *Please advise on the procedures for participating in the tender process.*

A1. Hospital Authority follows the procedures as stated in the Architectural and Associated Consultants Selection Board (AACSB) Handbook for consultancy tender and follows the Technical Circular (Works) No. 4/2014 issued by the Development Bureau of the HK Government for works tender.

Q2. *Queen Elizabeth Hospital does not feature in the plan – is there no plan for major improvements / redevelopment aside from the new single block currently being built on Wylie Road?*

For PMC, as it is open tender and overseas firms may participate, how will such firms find out and keep abreast about the latest EOI and RFP timetables for such consultancies?

A2. The redevelopment of Queen Elizabeth Hospital has yet to be planned and is not included in the 10-year Hospital Development Plan. Hospital Authority (HA) will inform all consultancies and upload the information on HA's internet <http://www.ha.org.hk> when inviting tender.

Q3. *Could the Lead Consultant be formed by the Joint Venture of Band I HK Architectural Firms listed on the AACSB?*

A3. The Lead Consultant could not be formed by Joint Venture of Band 1 Hong Kong Architectural Firms listed on the AACSB.