RE-PROVISION OF THE ROYAL HOSPITAL FOR SICK CHILDREN AND DEPARTMENT OF CLINICAL NEUROSCIENCES AT LITTLE FRANCE

INFORMATION MEMORANDUM AND PRE-QUALIFICATION QUESTIONNAIRE FOR APPOINTMENT OF NPD PARTNER
Lothian has a long history of being at the forefront of medicine and research within Scotland and the world.

Our Royal Hospital for Sick Children (RHSC) and Department of Clinical Neurosciences (DCN) have played pioneering roles in developing Scotland’s healthcare.

The RHSC has been saving children’s lives for over 150 years and has established a reputation as a world leader in a number of fields, including the development of keyhole surgery in children. Today, the hospital cares for over 100,000 children and young people a year from across Lothian and beyond.

The first neurosurgical unit in Scotland opened in Edinburgh in 1937 and DCN has recently celebrated 50 years in its current home at the Western General Hospital. When it opened, the unique theatre design attracted worldwide attention and the unit has continued to play an important role in advancing neurosurgery.

Our vision for this project will ensure that Lothian continues to lead the way in these fields. It will allow us to deliver the highest standards of care and pioneer new treatments. It will provide a safe, comforting and healing environment which promotes recovery and has been designed to meet the needs of the wide range of age groups who will use the facility.

This is an exciting project and the Lothian NHS Board is looking forward to working in partnership with the private sector to deliver our vision and create new centres of excellence for children, young people and for neurosciences on the Little France site.
NHS Lothian is focused on improving the quality and standards of care while increasing productivity and creating an organisation that is best placed to meet the needs of our population in Lothian now and in the future.

We are committed to maintaining Edinburgh’s reputation as a world-class centre for medicine. Our project to re-provide services from the Royal Hospital for Sick Children, Child and Adolescent Mental Health Service and the Department of Clinical Neurosciences at Little France will help us to provide the people of Lothian with facilities and services that ensure they receive the highest possible standards of care.

The benefits of having children’s, maternity and adult services on the same site are well documented. This new building will bring the pieces of the jigsaw together to create a new centre of excellence at Little France. Having paediatric care, specialist neonatal care, neurosciences and adult and children’s emergency departments all on one site will ensure that teams can share experience and expertise for the benefit of patients.

The proximity to the University Medical School and the BioQuarter places the facility at the heart of one of the most successful and renowned medical and research communities in the world, improving opportunities for partnership working and bringing research to the bedside.

Healthcare is moving forward at incredible speed. Through this procurement process we are looking for a building that will adapt to meet the changing demands on services, ensuring we can take full advantage of future developments.

This Information Memorandum and Pre-Qualification Questionnaire marks the beginning of the process for selecting a partner who will develop and maintain this new facility and I am very much looking forward to engaging with you in this process.
EXECUTIVE SUMMARY

1.1 Introduction

Plans to build a replacement for the current Royal Hospital for Sick Children (RHSC) and for a new Department of Clinical Neurosciences (DCN) have been in the making for several years.

In November 2010, the Scottish Government set out proposals to take forward a number of capital infrastructure developments across Scotland using the Non-Profit Distributing (NPD) model.

The re-provision of RHSC and DCN were highlighted as projects to be procured through this new funding model. Since then the Board has worked closely with the Scottish Government and the Scottish Futures Trust to develop the outline business case for a combined building.

The Board is now inviting, by means of issuing this Information Memorandum (“IM”) and Pre-qualification Questionnaire (“PQQ”) to interested parties following a contract notice in the Official Journal of the European Union placed on 5 December 2012 (the “OJEU Notice”), applications from Candidates who can fulfil the requirements of designing, building, financing and maintaining (DBFM) the new facility.

Those interested in being shortlisted are required to complete and submit the PQQ, the Statement of Good Standing and any other documents as required in accordance with this IM and PQQ.

In accordance with 6.4 the deadline for receipt of completed PQQs is 21 January 2013.

1.2 Strategic context

The Board’s principal purpose is to deliver the Scottish Government’s objective of a Healthier Scotland, and other national strategic objectives are also reflected in the Board’s strategic clinical framework.

The Board has identified six high-level strategic aims:

- prioritise prevention, reduce inequalities and promote longer, healthier lives for all
- put in place robust systems to deliver the best model of integrated care
- ensure that care is evidence-based, incorporates best practice and innovation, and achieves sustainable care pathways for patients
- design healthcare systems to reliably and efficiently deliver the right care at the right time in the most appropriate setting
- involve patients and carers as equal partners, enabling individuals to manage their own health and wellbeing and that of their families
- use resources efficiently and effectively.

There are a number of common drivers behind this project, which reflect the quality ambitions for NHS Scotland to provide appropriate services for all, at the right time, in a suitable environment with minimal waste or harm.

The options available to the Board were appraised for their benefits and risks, and their financial affordability. The preferred option identified is a stand-alone new build combining services from the RHSC, child and adolescent mental health (CAMHS) and DCN on the existing site of the Royal Infirmary of Edinburgh (RIE) at Little France, Edinburgh.
1.3 The vision

The Board’s vision is to create a world-class facility founded in Lothian’s finest traditions of healthcare and medical research. It will allow the Board to ensure the highest standards of care, pioneer new treatments and provide a safe, spacious, light and comforting environment which promotes recovery and meets the needs of patients and their carers.

1.4 The opportunity

In accordance with the Scottish Government’s Non-Profit Distributing (NPD) initiative, the Board is now seeking to procure through a competitive dialogue procedure a NPD partner who will form a NPD company (the “Project Co”) for the delivery of, including the design, construction, financing and the provision of certain non-clinical management services, a new facility for a combined stand-alone DCN and RHSC.

The Project will also include: the delivery of a dedicated energy centre and FM goods yard to service the facility, certain interface enabling works, installation and commissioning of Information and Communications Technology (ICT) infrastructure and the supply, installation and maintenance of other associated works. The Project will include some elements of equipment (excluding specialist medical) and FM services including reactive and planned maintenance, associated helpdesk facility, grounds maintenance, utilities procurement and management, pest control and external fabric cleaning.

The Project’s capital design and build value is estimated at c. £140m to £165m (excluding VAT).

1.5 The site

The planned location for the new facility is at Little France, a site in the south east of Edinburgh, home to the RIE and the University of Edinburgh Medical School and adjacent to the Edinburgh BioQuarter development.
1.6 Reference design work to date

The Board has, in conjunction with experienced private sector organisations, undertaken a significant amount of work to develop a reference design for the Project. Planning permission in principle was received from the City of Edinburgh Council Planning Department on 5 April, 2012.

Parts of the information that relate to certain aspects of operational functionality will be mandatory, as will be set out in the Invitation to Participate in Dialogue (ITPD) documentation. An overview of the reference design shall be made available to Candidates at the bidders’ day as outlined in 5.5.

1.7 Stakeholder support

The Scottish Government, who will provide revenue support, approved the Outline Business Case for the Project on 18 September 2012.

The new development will be home to a number of regional and national speciality services and as a result will receive revenue support from NHS Scotland and other health boards.

A project stakeholder board has been established to ensure these organisations and other interested groups are kept informed of developments in the Project.

1.8 Outline of this Information Memorandum

• Section 2 provides background and details of the contracting authority – Lothian NHS Board
• Section 3 provides an overview of the project and associated opportunities
• Section 4 describes the proposed site for the new facility and work completed to date by the Board and their advisers
• Section 5 describes the project management arrangements that the Board has in place
• Section 6 provides information on how the PQQ should be completed and submitted
• Section 7 details conditions for participation
• Section 8 describes the evaluation process that will be applied to PQQ submissions.
2 THE CONTRACTING AUTHORITY

2.1 About the Board

The Board provides a comprehensive range of primary, community-based and acute hospital services for the populations of Scotland’s capital city of Edinburgh, Midlothian, East Lothian and West Lothian.

Serving around 800,000 people and employing 24,000 staff, it is the second largest health board in Scotland. It was established in 2001 as the umbrella organisation for all Lothian health services in the belief that working together across all areas of health is the best way to provide care for patients.

Over the years, patients and staff have benefited from the creation of a more streamlined, patient-centred structure and from an integrated approach to planning and delivering healthcare services.

More than £1.4 billion a year is invested by the Board in health care services, which are aimed at preventing ill health wherever possible, and are provided by local health centres and hospitals.

The organisation also provides a wide range of specialist services for people from across Scotland, including liver and kidney transplantation, neonatal intensive care, cancer services and complex surgery.

In any one year, there are more than 4.4 million patient contacts - more than 90% of these are in primary and community settings.

Much of what the Board does is delivered in partnership with other agencies and organisations, including local authorities, universities, and voluntary sector and community groups.

NHS Lothian comprises the following:

- Lothian NHS Board
- Acute Hospital Services
- Community Health (and Care) Partnerships

2.1.1 Lothian NHS Board

With its headquarters at Waverley Gate in the heart of Edinburgh, the Board’s overall purpose is to ensure the efficient, effective and accountable governance of the organisation and to provide strategic leadership and direction focused on outcomes.

The Board is responsible for investing in health care services to monitor, protect and improve the health of the people of Lothian and beyond.

2.1.2 Acute Hospital Services

A comprehensive range of acute adult and children’s services is provided for the population of Edinburgh and the Lothians, and more specialised health services for patients from all over Scotland.

The Royal Infirmary of Edinburgh (RIE), the Western General Hospital and St. John’s Hospital, Livingston are the three main adult acute teaching hospital sites.

The existing Royal Hospital for Sick Children is a teaching hospital that provides a comprehensive range of general and specialist services for children, locally, regionally and nationally.

Other specialist hospitals provide services including acute psychiatry, care of the elderly, learning disabilities and rehabilitation.
2.1.3 Community Health Partnerships
The Board has four Community Partnerships:
- Edinburgh Community Health Partnership
- Midlothian Community Health Partnership
- East Lothian Community Health Partnership
- West Lothian Community Health and Care Partnership

These partnerships provide a focus for the integration between primary care and specialist services, and with social care, and ensure that health improvement is placed at the heart of both service planning and delivery. They have played a key role in making sure that more people receive clinical care closer to their homes and in community settings.

2.2 A healthier future
The Board has developed a strategic clinical framework to underpin its approach to delivering Scotland’s vision for sustainable, quality health care services and a healthier future for everyone.

The framework sets out the Board’s principles for planning and delivering services and care in Lothian, and identifies how, through integrated working with partners and redesigning services around and with people, the Board will promote good health and deliver safer, more effective, person-centred healthcare.

The key principles are to:
- focus on prevention and early intervention to help people keep well and anticipate care needs
- take a whole system approach to planning and managing integrated pathways of care, working with partner agencies in local authorities and the voluntary sector
- reduce unnecessary variation in the way patients are cared for
- deliver services with the appropriate mix of staff skills, ensuring viable clinical staff rotas
- reduce spend on property and buildings as hospital stays reduce, to release money for direct patient services
- question active treatment which will not extend life or quality of life
- identify services that are not sustainable in the longer term and proactively plan a new way of delivering care
- make sure we stop procedures and treatments which add no clinical value
- maximise the opportunities for use of new technologies to support health and healthcare.
The framework focuses on six strategic aims:

1. prioritise prevention, reduce inequalities and promote longer, healthier lives for all
2. put in place robust systems to deliver the best model of integrated care for our population – across primary, secondary and social care
3. ensure that care is evidence-based, incorporates best practice and innovation, and achieves sustainable care pathways for patients
4. design healthcare systems to reliably and efficiently deliver the right care at the right time in the most appropriate setting
5. involve patients and carers as equal partners, enabling individuals to manage their own health and wellbeing and that of their families
6. use resources – skilled people, technology, buildings and equipment - efficiently and effectively.

The Board is committed to increasing social capital and addressing inequalities, deriving benefit for the local communities, such as through proactive application of community benefits clauses in procurement.

These common goals run throughout the organisation’s strategies and plans for the future. They reflect the national aims of the Healthcare Quality Strategy for Scotland to maximise the contribution the NHS can make to support the people of Scotland to live longer, healthier lives and to participate more productively, both economically and socially.

2.3 Financial performance

As in previous years, the Board achieved its financial targets for 2011/12. The Scottish Government sets three budget limits at Health Board level on an annual basis.

These limits are:

- Revenue resource limit – the resource budget to fund ongoing operations
- Capital resource limit – the resource budget for new capital investment
- Cash requirement – the financing requirement to fund the cash consequences of the ongoing operations and new capital investment.
### Limit set by Scottish Government £’000

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<td>Cash requirement</td>
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### 2.4 About the Royal Hospital for Sick Children (RHSC)

The existing RHSC provides a comprehensive range of dedicated children’s services, caring for over 100,000 children, up to the age of 13, and to age 18 in certain cases, from across Lothian and beyond.

Services include accident and emergency, acute medical and surgical care, specialist surgical and medical care, haematology and oncology, day care, and critical care. The busy outpatients department cares for more than 34,000 patients a year. A number of regional and national services are hosted by RHSC, including the Paediatric Intensive Care Unit for the east of Scotland and the national Scoliosis service.

The hospital has been based at its current site in the centre of Edinburgh for almost 120 years. A three floor extension was added in 1995 and the vacated wards created a new Paediatric Intensive Care unit.

Based on current projections, the emergency department for children and young people will expect to see around 50,000 attendances a year by 2016. The hospital is also expected to admit 9,500 inpatients, treat 8,000 day cases and see 64,000 outpatients under 18 years of age.

### 2.5 About the Department for Clinical Neurosciences (DCN)

The neurosciences centre in Edinburgh is not only for the people of Lothian; it is where patients from the Borders, Dumfries & Galloway, Forth Valley and Fife are transferred for specialist care. It covers a population of 1.6 million across these areas, while for some specialist services it covers the 2.8 million people living on the east side of Scotland.

The department is currently located at the Western General Hospital, Edinburgh and has three wards, operating theatres, diagnostic services (e.g. scans) and an outpatients department. An outpatient service is also provided at St John’s Hospital in Livingston and at the Royal Infirmary of Edinburgh.

The outpatient service for children is provided in the existing RHSC in Edinburgh.
Based on current projections, the DCN in 2016 will admit 3,600 inpatients from across the region, treat 1,200 day cases, and see 21,000 outpatients.

2.6 Little France: Edinburgh’s BioQuarter

Edinburgh’s reputation as a world-class centre of excellence for medicine is built on almost three centuries of teaching and world-leading research. Today, Edinburgh boasts the largest concentration of high-quality medical research in Britain outside Oxford. The Little France site combines this research with practical application as the Royal Infirmary of Edinburgh (RIE) and the University of Edinburgh Medical School sit side by side.

The RIE is a major acute teaching hospital with more than 900 inpatient beds. The hospital opened in 2003 and has Scotland’s busiest Accident & Emergency Department. It provides a full range of acute medical and surgical services for patients from across Lothian and specialist services such as cardiac surgery and kidney, liver and bone marrow transplants for the South East of Scotland and beyond.

The hospital is also home to the Simpson Centre for Reproductive Health, Scotland’s biggest maternity unit, where over 6,000 babies are born every year.

The University of Edinburgh’s medical school and research institute provides significant teaching and research facilities on site. The Queen’s Medical Research Institute houses more than 600 researchers and incorporates Medical Research Council and British Heart Foundation research centres. The Chancellor’s Building is home to the Euan MacDonald Centre for Motor Neurone Disease Research and the Centre for Multiple Sclerosis Research.

Overall the BioQuarter is home to a research community of more than 1,200 scientists.

2.7 Project background

Plans for this project have been developed over a number of years.

Specific factors driving the need for change in children’s and young people’s services and clinical neurosciences are:

• the age and limitations of the current premises
• the need to deliver sustainable specialist services whilst meeting the challenge of relatively small numbers of patients and small numbers of clinical experts
• the national policy for Paediatric Intensive Care Units in Scotland, which have been commissioned under NHS National Services since 2007, sited in two hospitals for children and young people
• the need to provide care for young people up to 16 years of age, and up to 18 in some cases, in an age appropriate facility
• the need to deliver neurosurgery on the same site as adult and children’s emergency departments
• the need to maintain strong links with the University of Edinburgh’s Division of Clinical Neurosciences and their planned Institute of Neurosciences at Little France.

Clinical benefits of integrating the services into one building, supporting the Board’s and national strategic ambitions include:

• the ability to deliver paediatric and adult neurosurgery in the same theatre suite, maximising the utilisation of specialist equipment (e.g. intra-operative MRI) and expert staff, with direct internal access to age-appropriate critical care and wards
• mental health services on the same site as acute hospital services for children and young people, supporting their physical and psychological care
• joint-working and economies of scale in high-cost specialist clinical areas such as theatres and radiology
• the opportunity to improve emergency access to services by incorporating a helipad on the roof of the new build.

The options available to the Board were appraised for their benefits and risks, and their financial affordability. The preferred option was a stand-alone new build combining DCN and RHSC on the existing site of the Royal Infirmary of Edinburgh (RIE) at Little France, Edinburgh.

In November 2010, the Scottish Government set out proposals to take forward a number of capital infrastructure developments across Scotland using the Non-Profit Distributing (NPD) model. The RHSC and DCN were highlighted as projects to be procured through this new funding model. Since then the Board has worked closely with the Scottish Government and the Scottish Futures Trust (SFT) to develop the outline business case for a combined building.

2.7.1 Involving people
The Board is committed to involving people, be they patients, staff or members of the general public, to help shape and improve services.

Extensive public consultation has taken place in the development of the proposals for this Project and specific stakeholder groups have been set up to ensure that patients and partner organisations have an understanding and input into the Project.

The new development will be home to a number of regional and national speciality services and as a result will receive revenue support from NHS Scotland and other health boards.
These organisations and groups are kept informed of developments in the Project through representation on the Project stakeholder board.

The stakeholders to the Project can be summarised under the headings below:

- the Board, comprising Lothian Partnership Forum, individual clinical design groups, facilities management, support services groups
- patient and carer representative groups
- project work stream groups, e.g. commercial, FM, design and construction groups
- statutory authorities and public utilities, including the Health & Safety Executive and City of Edinburgh planning department, as well as other bodies such as Architecture and Design Scotland (A&DS) who are a statutory consultee through the planning process
- funding bodies comprising Scottish Government, Lothian NHS Board, other NHS Boards, charities, the University of Edinburgh and the Scottish Government.

The Board has demonstrated its commitment to working with stakeholders prior to the establishment of the Project and will continue to inform, engage and consult stakeholders for the duration of the Project, and to involve them in post-project evaluation.

The communications and engagement plan for the Project, developed in conjunction with the Scottish Health Council, details the plans for involving and informing staff, patients, the public and other stakeholders.

There has been ongoing dialogue with the City of Edinburgh planning department throughout the development process. This has included engagement with all statutory bodies and other key stakeholders as necessary.

The Board is engaged directly with third sector and voluntary organisations to develop the community benefits agenda and create shared learning opportunities from projects and new services. The Board actively pursues opportunities for apprenticeships and local sourcing of products to support local and national business and economies.

2.7.2 Affordability

The Scottish Government, through the Scottish Government Health and Social Care Directorates, has confirmed the terms under which it is prepared to provide financial support to the Board and the Board is confident and content that these terms can be satisfied.

It is intended that the Project is to be fully financed by the successful NPD partner inclusive of the design, construction and maintenance. However, in accordance with section II.1.5 of the OJEU Notice, the Board reserves the right to consider alternative financing, funding and/or contractual arrangements to support the delivery of the Project in line with other projects in the NPD programme.

The Board confirms that the financial consequences will ultimately be managed as part of their financial planning process; with significant support from the Scottish Government in terms of the revenue funding for the unitary charge, as well as support from other NHS Boards and partners. Further details of the affordability envelope for the Project will be included within the ITPD.
3.1 Introduction

National policy on the provision of paediatric and neuroscience services provides a framework for redesigning services, developing new models of care and, in turn, identifying the facilities required to support the provision of high quality care in fit-for-purpose accommodation. This framework is reflected in the redesigned models of care and the plans for the new combined facility.

The Project will co-locate services currently provided at the existing Royal Hospital for Sick Children based in Sciennes, Edinburgh and CAMHS based at the Royal Edinburgh Hospital, Morningside with the clinical neuroscience services currently provided out of the Western General Hospital on Crewe Road South, Edinburgh, on the existing RIE site adjacent to the RIE Hospital at Little France.

The new facility is to be delivered as a stand-alone new build but, as it will be located on the existing site of the RIE, there will be a physical link between the new facility and the RIE at ground and first floor levels. These links will ensure clinical functionality and efficiencies, particularly between the emergency departments, theatres and critical care departments on site. There shall also be operational links between the new facility and the RIE in respect of connecting services mainly in terms of infrastructure associated with ICT, pneumatic tube system and fire alarm systems.

Facilities required include:

- inpatient beds
- day case facilities
- outpatient clinics
- emergency care
- operating theatres
- radiology and physiology departments
- rehabilitation and therapy facilities
- roof top helipad
- dedicated energy centre and goods delivery yard.

3.2 The opportunity and anticipated scope

The Board is seeking an innovative NPD partner to make its vision for the Project a reality and provide a state-of-the-art new facility for its local and national specialist services.

This Project will give the NPD partner the opportunity to create a long term relationship with the Board as a key participant in this significant Project. A summary of the anticipated scope of service to be provided by the NPD partner is contained within this section of the IM. This is indicative only and a detailed Board’s Construction Requirements Document will be provided to shortlisted Candidates as part of the ITPD documentation.
3.2.1 Design and construction

Using the work undertaken to date, as referred to in 4.2, the Board is looking for innovative proposals to meet its requirements. At ITPD stage, shortlisted Candidates will be asked to provide high quality designs as part of their proposals, building on work completed to date and described in the reference design for the Project.

The focus will be on providing age-appropriate facilities in a safe, caring and healing environment. This ranges from suitable facilities for young children, adolescent areas, and accommodation for the adult population of DCN.

Areas for children, young people and adults should have their own identity within the integrated facility. The ethos, environment and needs of these different specialist areas has been considered in planning departmental relationships and patient pathways and this will need to be maintained.

Effective services rely on close adjacencies between related specialties and disciplines. The design brief specifies that routes between departments should minimise travel time and distances for patients and staff in order to maximise clinical safety and efficiency.

The design will incorporate clearly identifiable, friendly and secure children’s entrances to their outpatients and ward areas. Recreation space and public facilities outside the wards will also be segregated as far as is practical.

The Board welcomes and will encourage shortlisted Candidates to bring innovation, and expertise from within the UK and/or overseas to develop their own design proposals but it should be noted that certain elements of the design, as they relate to certain aspects of the operational functionality, will be mandatory, as will be set out in the ITPD documentation.

3.2.2 Art and Wayfinding

The integration of art into the architecture and landscape to enhance wayfinding and the hospital environment is an essential requirement of the design. The Board welcomes innovative proposals for interactive art and wayfinding and will work with Project Co to appoint artists to deliver the Board’s developing arts strategy.

3.2.3 BREEAM

Candidates will strive to achieve a “Very Good” BREEAM rating in line with BREEAM requirements for health facilities 2011.
3.2.4 Sustainability design and quality
Candidates will be required to promote sustainable development by demonstrating an integrated approach to the social, environmental and economic wellbeing of the area served, now and for future generations. The facilities will reflect the objectives of any local agenda strategy supported by the City of Edinburgh Council and also satisfy the requirements of all Health and Social care guidance notes associated with sustainability and environmental performance.

The Board supports the importance of enhancing sustainability of the community, regional and national employment and economy. Community Benefits Clauses in procurement support this agenda. Provisions relevant to training and appropriate supply chain contracts and engagement with SMEs are recognised as examples of elements demonstrating sustainable projects.

3.2.5 Enabling works
The extent of any enabling works as they are required will be fully set out within the ITPD.

3.2.6 Operation
Project Co will be required to provide a lifecycle replacement, hard FM service with associated helpdesk facilities including grounds maintenance, utilities procurement and management, pest control and external fabric cleaning.

It should be noted by interested parties that it is anticipated that soft FM services will be provided by a combination of the Board and third party providers. There will be a number of operational interfaces not only with the Board’s team but also the FM staff working within the RIE. As a result, Project Co will be required to adopt a collaborative approach to interfaces to ensure that hard and soft facilities services are provided by the Project Co, the Board and the RIE FM team effectively. Key to the success of that relationship will be the quality of the team and clarity of the agreement between the parties.

3.2.7 Energy centre and FM goods yard
A dedicated autonomous energy centre with standby power generation and FM goods yard is required to be provided as part of the Project.

3.2.8 ICT
The Project includes the design, construction and maintenance of a comprehensive and robust infrastructure (e.g. containment, cabling and node rooms) for the facilities in accordance with the requirements of the Board’s construction requirements.

However, it should be noted by interested parties that the Board will install hardware (e.g. servers, PCs, printers, scanners), make the final connections (at the application and in computer rooms) and commission the operational system. Future management of the telephone system and IT helpdesk will not form part of Project Co’s scope of operational services. Instead, the telephone system and switchboard will be managed by the Board. The IT helpdesk service will also be provided by the Board.

3.2.9 Retail opportunities
The provision of catering and retail services within the new facility does not form part of the Project. Catering and retail services shall be provided by the Board and associated parties, such as voluntary and/or charitable organisations.
3.2.10 Equipment
By reference to the NHS Estates Activity Database (ADB), Project Co will be responsible for the procurement, installation, maintenance and lifecycle replacement of all Group 1 equipment and the installation of certain Group 2 equipment. Further information relating to equipment responsibilities will be set out in the ITPD.

3.2.11 Variant bids
In accordance with the OJEU notice, Candidates should be aware that no variant bids will be permitted.

It is envisaged that the ITPD will set out certain minimum requirements, including in relation to output specifications and adherence to the reference design (see 1.6). Minimum requirements set out at ITPD stage may, in accordance with the competitive dialogue procedure at the Board’s discretion, and where, in compliance with the regulations (including considerations relevant to maintaining a level playing field), be subject to some revision and update during the dialogue phases. Candidates should however be aware that the Board envisages limited scope for change to its output specifications and reference design.

Final tenders will require to meet the minimum requirements set out within the invitation to submit final tenders. Failure to meet stipulated minimum requirements will result in non-compliance.

3.2.12 TUPE
The Board does not envisage that the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) will apply to the Project or to any current Board staff.

3.3 NPD structure
The Project will be delivered using the Scottish Government’s NPD model. The NPD model was developed and introduced as an alternative to, and has since superseded, the traditional private finance initiative or “PFI” model in Scotland. It has been used in the education (schools) and health sectors. The model has been fine-tuned since it was first introduced and this section summarises the basic principles that will underpin the NPD model as it will apply to the Project.

The NPD Model is defined by three core principles:

- enhanced stakeholder involvement in the management of projects
- no dividend bearing equity
- capped private sector returns.

Projects funded using the NPD model will pay a fixed return to the holders of the junior or risk-bearing debt of the special-purpose vehicle (SPV). All other distributions to equity (i.e. the holders of the shares and junior debt of the SPV) will be prohibited. Surpluses arising after satisfying all precedent lines in the cash cascade, subject to any agreed buffer, will be payable to the Board as a rebate against unitary charge service payments. In this way, returns to investors are capped at the level bid during the procurement process.
Therefore, the NPD model is often referred to as a “not for profit” model. Although contractors and lenders are expected to earn a normal market rate of return as in any other form of privately-financed PPP deal, the NPD model seeks to eliminate uncapped equity returns associated with the traditional PFI model and limit these returns to a reasonable rate set in competition.

3.3.1 Key features of the NPD model:
These key features include:

(a) Corporate structure: the Board will contract with a Special Purpose Vehicle (referred to in the Project Agreement as “Project Co”) which will be majority owned and controlled by the private sector investors. The Board will own a “golden share” in the Project Co which gives it certain controls over the corporate, governance and management structures within the Project Co. The Project Co articles of association must incorporate the mandatory NPD articles, produced by the SFT, that enshrine the fundamental principles of the NPD model.

(b) Public Interest Director: one of the Project Co’s directors will be nominated by the SFT. The Public Interest Director will bring an independent voice to the Project Co’s board and shall ensure a greater degree of transparency and accountability to stakeholders.

(c) Refinancing: under the NPD model the Public Interest Director has the right to instigate a refinancing on the same basis as the Board may instigate a refinancing under SoPC4 guidance.

(d) Capped returns: this shall ensure that a “normal” level of investment return is made by the private sector and that these returns are transparent.

(e) Surpluses: surpluses generated by Project Co shall be reinvested in the public sector.

(f) Transparency: the public interest shall be represented in the governance of the NPD structure, which increases transparency and accountability and facilitates a more pro-active and stable partnership between public and private sector parties.

SFT has provided a suite of contractual documents, comprising a NPD Project Agreement and articles that will be adopted for use in this Project, appropriately amended for project and NHS-specific issues. These will be included in Volume 2 of the ITPD.

Further information on the NPD model is available from the SFT website: www.scottishfuturetrust.org.uk.

3.4 Allocation of project risks
The DBFM contract between the Board and the NPD partner will reflect the SFT Standard NPD Project Agreement that will be appropriately amended for Project and NHS-specific issues. In particular, the NPD payment mechanism will require to be revised to reflect the fact that the facilities will be required to be available 24/7, with some additional Project-specific risk allocation.
4.1 Little France site

The planned location for the new facility is at Little France, situated in the south east of Edinburgh, home to the RIE and the University of Edinburgh Medical School.

4.1.1 The RIE

The RIE is a major acute teaching hospital which opened in 2003 and has more than 900 inpatient beds. It is home to Scotland’s biggest maternity unit – some 6000 babies are born at the RIE’s Simpson Centre for Reproductive Health each year – and Scotland’s busiest emergency department.

With a 24-hour emergency department, it provides a full range of acute medical and surgical services for patients from across the Lothian region and specialist services for people from across the south east of Scotland and beyond.

4.1.2 University of Edinburgh

The Chancellor’s Building, adjoining the RIE, is part of the University of Edinburgh Medical School and houses teaching facilities, the medical library and research laboratories. It is currently home to the Multiple Sclerosis and Euan MacDonald Motor Neurone Disease research centres. The Chancellor’s Building was constructed by Consort Healthcare (Edinburgh Royal Infirmary) Ltd under the terms of the RIE Project Agreement.

The University opened its Queen’s Medical Research Institute in 2005 which represented a major milestone in the history of biomedical research in Edinburgh.

The University of Edinburgh’s medical school and research institute provides significant teaching and research facilities on site. More than 600 researchers are based at the Queen’s Medical Research Institute, which incorporates Medical Research Council and British Heart Foundation research centres, in addition to researchers at The Chancellor’s Building and the MRC Centre for Regenerative Medicine. Centres include the Euan MacDonald Centre for Motor Neuron Disease Research and the Centre for Multiple Sclerosis Research. The Anne Rowling Clinic for Regenerative Neurology will also focus on clinical research for patients with multiple sclerosis and other neurodegenerative diseases.

4.2 Work to date

The Board has developed a reference design to confirm operational functionality. An overview of the reference design shall be made available to Candidates at the bidders’ day as outlined in 5.5, and may be requested by any Candidates unable to attend the bidders’ day.

4.2.1 Reference design mandatory elements

Certain elements of the information included in the reference design will be mandatory; as will be set out in the ITPD documentation.

4.2.2 Clinical relationships

The way in which the reference design proposal arranges the various components of the Board’s brief horizontally and vertically is outlined in diagram 4.2.2. In describing the key clinical adjacencies it is also important to establish some of the existing RIE facilities to which connections must be made.
The provision of the new emergency department must make a direct connection with the existing RIE emergency department in order to maximise the benefits of co-location and to ensure that the arrival of blue-light emergency vehicles is contained in a single area served from one principal road.

The proposed emergency department must therefore occupy a ground floor location adjacent to the existing facility. The location of the new emergency department, adjacent to the existing facilities, also determines the location of the new vertical circulation cores. These have to connect with the new emergency helipad. It is also critical that radiology services are co-located with emergency services, so the proposed radiology facilities must also be on the ground floor, close to emergency services.

The proposed DCN operating theatres must co-locate with the existing first floor RIE theatres and critical care in order to facilitate the transfer of adult patients to and from intensive care and high dependency beds. This physical link will also support the transfer of emergency patients destined for other RIE surgical and critical care services from the helipad.

Optimum adjacencies to be achieved with operating theatres include critical care, DCN acute care and surgical admissions.

A further key requirement is the need to arrange inpatient wards serving the children’s hospital on a single floor in order to ensure flexibility of services and staffing.

Wards also need to be arranged contiguously as far as possible, in order to allow boundaries between adjoining wards to flex as and when service demands change. Good access to external space both as a visual and physical amenity is also a requirement.
Key adjacencies are as shown on the diagrams below:

Diagram 4.2.2

- Plant
- Restaurant
- Child life & health
- Access to rooftop helipad
- Clinical management suite
- Classrooms
- RHSC surgical long & short stay inpatient wards
- RHSC neurosciences/hematology/oncology inpatient wards
- Paediatric neurophysiology
- Medical inpatients, medical day case unit
- Sleep laboratory, special feeds unit
- Co-joined theatres
- DCN acute care
- DCN neurophysiology
- Central staff changing
- NHSL server
- Family hotel
- Clinical education suite
- RHSC surgical long & short stay inpatient wards
- RHSC neurosciences/hematology/oncology inpatient wards
- Paediatric neurophysiology
- Medical inpatients, medical day case unit
- Sleep laboratory, special feeds unit
- Co-joined theatres
- DCN acute care
- DCN neurophysiology
- Central staff changing
- NHSL server
- Clinical management suite
- Health records
- Equipment library
- DCN staff support
- RHSC bereavement suite
- RHSC outpatient department
- RHSC therapies
- Co-joined theatres
- RHSC critical care
- On-call suite
- DCN acute care
- Clinical research facility
- RHSC bereavement suite
- RHSC family support
- Co-joined radiology
- Emergency department
- Paediatric acute receiving unit
- Children & adolescents mental health services
- DCN outpatient department
- Spiritual care
- Kitchen, bed & toy stores, estates, domestic services
- Materials management
- Service yard, plant
4.3 Interface with Consort

The RIE was procured as a PFI contract between the former Royal Infirmary of Edinburgh NHS Trust and Consort Healthcare (ERI) Ltd (Consort). The Project Agreement for the RIE was signed in August 1998 and covers a 25 year operational period until February 2028 (RIE Project Agreement). The RIE was financed, designed and built by Consort Healthcare, and a range of soft and hard facilities management services are provided through the RIE Project Agreement.

The site is leased to Consort thus any site development required Consort approval together with changes to the RIE Project Agreement.

The Board has concluded negotiations on a Supplemental Agreement (No. 6) to the RIE Project Agreement which included a land transfer of the site earmarked for the Project. The Supplemental Agreement also covers:

- access during construction
- wayleaves for utilities
- land provision associated with the new sub station
- oversail rights
- right to connect to the RIE.

The DBFM contract will reflect these provisions.

4.3.1 Enabling works

Consort is also undertaking certain ‘enabling’ works on the Little France site in preparation for the Project. These fall into two categories: external and clinical. The external enabling works relate mainly to flood defence and service diversions from the proposed site and are due to be completed prior to financial close. The clinical enabling works within the RIE include changes in critical care, pharmacy and laboratory services and will be completed prior to the new facility opening.

4.3.2 Traffic management

During construction activities for the Project, the RIE shall continue to operate and function as a 24 hour working hospital facility.

Accordingly, interested parties should note that it is of paramount importance to the Board that construction activities by Project Co at the RIE site are respectful of the existing operational needs of the RIE in respect of safe traffic management. The Board wishes to minimise construction traffic using Little France Crescent and intends that the primary construction access to the site will be via a dedicated construction access from Old Dalkeith Road or Little France Drive (i.e. rather than over Little France Crescent).

If such a dedicated access is not technically feasible, would not represent value for money or if construction access is otherwise required over Little France Crescent then access over Little France Crescent will be available. However, it should be noted by interested parties that where construction access is required over Little France Crescent shortlisted Candidates shall be required as part of the Competitive Dialogue to prepare and submit to the Board a Traffic Management Strategy for approval.
Further details relating to the Traffic Management Strategy shall be provided to shortlisted Candidates in the ITPD, but as a minimum it is anticipated by the Board that it shall be necessary for any traffic management system to recognise the following:

- the health and safety of all users of the RIE site must be safeguarded at all times
- the RIE is a working hospital to which access must be maintained at all times
- a prioritisation of traffic in accordance with the following hierarchy:
  - blue light traffic access and egress;
  - staff, patients and visitors to the RIE (by means of public transport);
  - staff, patients and visitors to the RIE (by means of vehicular access and parking);
  - deliveries, FM supplies and waste collection for the RIE
  - construction traffic for the Project.
- a segregation of construction traffic from other traffic, e.g. by way of contra-flow or one way traffic, in so far as practicable and reasonable.

4.3.3 Access strategy
Likewise, interested parties should note that it is of paramount importance to the Board that safe vehicular and pedestrian access to the RIE is maintained at all times. Accordingly, in addition to a traffic management strategy, where permitted works (for example, to install services) are to be carried out outwith the site and may impact upon access to RIE, shortlisted Candidates shall be required, as part of the competitive dialogue, to prepare and submit to the Board for approval an access strategy to allow for the continued access and egress of pedestrians and vehicles to and from the RIE during the relevant construction period. It is anticipated that a similar hierarchy shall apply as with the traffic management strategy.

Further details relating to the access strategy shall be provided to shortlisted Candidates in the ITPD.
5.1 Introduction

This section describes the arrangements the Board has put in place to ensure the procurement process is as efficient as possible and the interests of the public sector are accounted for at all times. It also outlines the timetable and procurement process.

The Board has a fully resourced in-house team dedicated to the delivery of the Project, supported by a team of specialist, technical, legal and financial advisers.

5.2 The Procurement Team

The proposed structure below shows the Board’s resources required for the PQQ evaluation and subsequent dialogue and tender evaluation stages of the procurement process. The structure shows the relationship between a core evaluation team (that will be consistent throughout the process and be the principal assessment body), the evaluation support groups (that will provide technical, legal and financial input as required to support the core group) and, the Project Steering Board (that will ratify decisions made by the core evaluation team).

The procurement co-ordination team will be responsible for managing and overseeing all aspects of communication and engagement with Candidates to ensure compliance with EU procurement rules. This will range from meeting management and document control to overseeing the tender evaluation process and processing clarifications with Candidates.
### 5.3 Procurement and Evaluation Team structure

#### Procurement Co-ordination Team
Procurement and commercial representation from the Board and technical advisers.

#### Project Steering Board – approval and sign off of core evaluation team recommendations

#### Core Evaluation Team – principal assessment body

<table>
<thead>
<tr>
<th>NHSL Personnel</th>
<th>Advisers</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHSL Project Director</td>
<td>Technical adviser</td>
</tr>
<tr>
<td>NHSL Operations</td>
<td>Financial adviser</td>
</tr>
<tr>
<td>NHSL Finance</td>
<td>Legal adviser</td>
</tr>
<tr>
<td>NHSL Clinical</td>
<td></td>
</tr>
<tr>
<td>NHSL Commercial and Legal</td>
<td></td>
</tr>
</tbody>
</table>

#### Evaluation Support – by NHS Lothian and advisers

<table>
<thead>
<tr>
<th>Technical support</th>
<th>Commercial support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist support</td>
<td>Operational/User support</td>
</tr>
</tbody>
</table>
### 5.4 Outline Timetable

Target dates for the procurement process for the Project are as follows:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Date By</th>
</tr>
</thead>
<tbody>
<tr>
<td>OJEU dispatch</td>
<td>5 December 2012</td>
</tr>
<tr>
<td>Bidders’ day</td>
<td>13 December 2012</td>
</tr>
<tr>
<td>Submission of PQQs</td>
<td>21 January 2013</td>
</tr>
<tr>
<td>PQQ evaluation and shortlist</td>
<td>8 March 2013</td>
</tr>
<tr>
<td>Issue Invitation to Participate in Dialogue to shortlist</td>
<td>11 March 2013</td>
</tr>
<tr>
<td>Submission of Final Draft Tenders</td>
<td>30 August 2013</td>
</tr>
<tr>
<td>Submission of Final Tenders</td>
<td>22 November 2013</td>
</tr>
<tr>
<td>Announce Preferred Bidder</td>
<td>Early 2014</td>
</tr>
<tr>
<td>Financial close and contract award</td>
<td>Summer 2014</td>
</tr>
<tr>
<td>Start on site</td>
<td>Autumn 2014</td>
</tr>
<tr>
<td>Building operational</td>
<td>Summer 2017</td>
</tr>
</tbody>
</table>

Please note the above dates are indicative only.
5.5 The procurement process

A bidders’ day will be held on 13 December 2012 which Candidates are invited to attend so as to meet the Board and the project team and learn more about this opportunity. Information on how to register for the bidders’ day is available on www.publiccontractsscotland.gov.uk

This Project is regulated and governed by the Public Contracts (Scotland) Regulations 2012 and any contract awarded shall be to the Candidate who can offer the most economically advantageous tender in accordance with the competitive dialogue procedure. The procurement process will also be conducted in accordance with guidance published by the Scottish Government Health and Social Care directorates and Office of Government Commerce guidance and use the NPD standard form contract, with the payment mechanism and output specifications amended to take account of project and NHS specific issues.

This section describes in summary how the Board intends to procure the solution that satisfies the Board’s requirements and is the most economically advantageous tender.

5.5.1 Pre-qualification

Section 6 of this document sets out the completion and submission requirements of PQQ responses; section 7 sets out the conditions for participation; section 8 sets out the methodology to be used by the Board relative to the pre-qualification and selection process.

The Board intends to shortlist three Candidates who will be taken through to the competitive dialogue stage.

5.5.2 Shortlist

The three shortlisted Candidates successfully pre-qualifying will receive the Invitation to Participate in Dialogue (ITPD) which will confirm the award criteria and the arrangements for the next stage of the procurement process.

Drafts of all the relevant contracts (including the DBFM contract) will be made available in the ITPD.

The ITPD shall set out the information for shortlisted Candidates to prepare during the competitive dialogue process, at final tender stage and at Preferred Bidder stage up to and including financial close.
Details of the scoring criteria and weightings that will be used by the Board during the evaluation of bid proposals will also be described in the ITPD.

5.5.3 Competitive dialogue

It is proposed that the competitive dialogue process will comprise of a series of dialogue meetings leading to submission of the final tender.

It is proposed that there will be five dialogue meetings prior to submission of the draft final tender. Initially the dialogue meetings will focus on the strategic direction of the Project and development of the Candidate’s proposals, including technical, financial and legal proposals. Informal and non-evaluated submissions will be required in advance of the dialogue meetings to support the Candidate’s proposals. As the dialogue process proceeds the technical, financial and legal proposals will be looked at in more detail. This will require a more formal submission, focusing on key issues including affordability.

Feedback will be given to each shortlisted Candidate at every stage of dialogue and will inform the basis for the remaining dialogue prior to submission of the draft final tender.

Following the fifth dialogue meeting shortlisted Candidates will be asked to submit their final proposals in draft form based on an agreed contractual position. Draft proposals will be reviewed for compliance and to ensure they are presented correctly to allow full evaluation to take place at the final tender stage.

Only limited dialogue is anticipated after submission of draft final tenders. This will allow the Board to engage with each shortlisted Candidate to clarify, specify or fine tune their tender.

Dialogue will formally close when the Board is comfortable that one or more solutions are capable of meeting its needs.

5.5.4 Final Tenders

When the Competitive Dialogue period concludes, shortlisted Candidates will formally be issued with an Invitation to Submit Final Tender (ISFT).

5.5.5 Selection of Preferred Bidder

Following receipt of final tenders, some further discussions will take place with shortlisted Candidates to clarify their final tenders. The Board shall then undertake a detailed evaluation of final tenders based on the evaluation criteria specified in the ITPD. Following the detailed evaluation, a final evaluation report will be prepared to recommend the Preferred Bidder. This recommendation will be based on the most economically advantageous tender. A standstill period will apply at the point at which the Preferred Bidder is selected and announced.
5.5.6 Financial close

It is envisaged that the Board and the Preferred Bidder shall then proceed towards a position where the DBFM contract can be entered into and signed. At this time the Preferred Bidder shall not be entitled to make material changes to any aspect of its final tender. During this period the Preferred Bidder will apply for and obtain detailed planning approval of the detailed components of the Project, through applications for approval of matters specified in the conditions attached to the planning permission in principle.

In parallel, activity will take place to complete the full business case for the Project and gain all necessary approvals to allow financial close to take place.

It is proposed that a further standstill period shall take place between the date the Board notifies those parties who submitted a tender and the date on which the Board proposes to enter into and conclude the final contract with the Preferred Bidder, if the Board considers a further standstill period to be required or appropriate.
6.1 Introduction

The PQQ assesses the technical capability and capacity, financial and economic strengths of organisations expressing an interest in bidding for the Project.

The Information Memorandum (IM) provides information about the Board and the Project.

The Board wishes to be satisfied that, within the parameters of Regulations 23 – 26 of the Public Contracts (Scotland) Regulations 2012, each Candidate selected has the appropriate capacity and resources to undertake the Project and successfully meet the necessary requirements to design, build, finance, and maintain the relevant facilities within the specified facility.

6.2 Form of PQQ

The content of PQQ response to which Candidates are to submit is set out in Section 6.3 below. The layout of this PQQ has been designed to enable Candidates to complete their submissions as easily as possible and is organised as follows:

Section A: details of the Candidate as a whole, including the financial standing of its Key Organisations

Sections B – D: details which are specific to certain Candidate Members.

6.3 Content of PQQ responses

Each Candidate must complete and submit:

- all sections of the PQQ under the headings given and using the tables and information supplied by the Board, following the order and numbering set out. Where a section of this PQQ is not applicable to a Candidate this should be clearly stated. All aspects of a PQQ response must be clear, concise and formatted as follows:
  - language: English (UK)
  - font – Arial
  - size of text: font size 10
  - maximum file size 10Mb, maximum submission size of 30Mb
  - financial: all financial information or data forming part of the PQQ submission shall be submitted in or converted to pounds sterling. Where any official documents include financial data in a foreign currency, a sterling equivalent shall be provided by the Candidate. Any such sterling equivalent shall be certified as a true and fair equivalent by the Candidate.
  - the Declaration signed on behalf of the Candidate (or Lead Candidate Member where the Candidate is a consortium) by an authorised representative of the Candidate
  - the Statement of Good Standing signed on behalf of the Candidate (in the case of a Consortium by each Candidate Member), confirming that:
1. the Candidate or Candidate Member (as applicable) has not committed certain specified offences which would make it ineligible to tender in accordance with Regulation 23(1) of the Public Contracts (Scotland) Regulations 2012.

2. various listed circumstances which could result in the Candidate’s or Candidate Member’s (as applicable) exclusion from the process do not apply to that Candidate or Candidate Member (as applicable), in accordance with Regulation 23(4) of the Public Contracts (Scotland) Regulations 2012.

Where a Candidate is a consortium it should complete the PQQ in accordance with the completion table at paragraph 8.7.

The inclusion of an executive summary or a statement of reasons for selection or general information such as marketing and promotional information is not required and will not be considered in the evaluation of PQQ submissions.

6.4 Submitting PQQ responses

Candidates are required to:

1. deliver five CD ROMs and five hard copies of their completed response in unmarked packages addressed to:
   RHSC and DCN Project Director
   NHS Lothian
   Project Offices
   56 Canaan Lane
   Edinburgh
   EH10 4SG

   Candidates must obtain a signed receipt acknowledging delivery. Faxed or emailed PQQ responses will not be accepted.

2. upload one electronic copy of their completed PQQ responses at:
   www.publiccontractsscotland.gov.uk

   Completed responses must be received via the e-tendering system and by paper copy by no later than 12 noon on 21 January 2013 at the above addresses. Any completed responses received after this closing date and time may be rejected by the Board and therefore not be evaluated further.
6.5 Clarification requests by Candidates

The Board will not enter into any detailed discussions in relation to its tender requirements at this stage. Any questions about this PQQ should be submitted via www.publiccontractsscotland.gov.uk by 12 noon on 9 January 2013. Both the question and the response will be communicated to all Candidates before the closing date for the PQQ responses.

The Board will not be obliged to answer any queries received after the deadline, though the Board may extend the submission date if it considers it is required to do so.

6.6 Clarification requests by the Board

Candidates may be required by the Board to provide additional information (including as to any Candidate Members) supplementing or clarifying its PQQ submission in order for the Board to assess their suitability in accordance with this PQQ process. If so required, any additional information shall be requested by the Board in writing to the Candidate or its nominated representative. Failure by a Candidate to respond fully and adequately to any request by the Board for such additional information may result in the Candidate’s PQQ submissions being rejected by the Board.
7 CONDITIONS FOR PARTICIPATION

7.1 Right to reject and/or disqualify

The Board reserves the right to reject or disqualify a Candidate where:

- the PQQ response is completed incorrectly, is incomplete or fails to meet the Board’s submission requirements in this document or as otherwise notified to Candidates prior to the deadline for submission of PQQ responses
- the Candidate fails to provide any of the information requested in the PQQ or otherwise fails to comply fully with the requirements of the selection process set out in this PQQ
- the Candidate or any Candidate Member is excluded under Article 45 of Directive 2004/18/EC and Regulation 23 of the Public Contracts (Scotland) Regulations 2012 as amended at any stage during the pre-qualification and evaluation process
- the completed Statement(s) of Good Standing disclose, or the Board otherwise finds out, that grounds for mandatory or discretionary rejection exist under Article 45 of Directive 2004/18/EC and Regulation 23 of the Public Contracts (Scotland) Regulations 2012. In the case of a Candidate who is a Consortium, the Candidate will be rejected if any Candidate Member is rejected on those grounds
- the Board becomes aware that information provided by the Candidate or any of its candidate members in response to the PQQ is false, misleading or incorrect
- the circumstances for rejection referred to in Paragraph 6.4 and 6.6 above apply.

7.2 Right to revisit PQQ evaluation

The Board reserves the right to revisit, and if necessary amend the result of, the evaluation if after completion of the evaluation:

- new information emerges or circumstances change which require the Board to revisit the outcome of the original pre-qualification and shortlisting
- in relation to a consortium a Candidate Member changes
- there is a change in identity, control, financial standing or other factor affecting the Candidate or any of its Candidate Members unless approved by the Board.

The Board also reserves the right at a later stage of this process to ask for evidence as to the claims made by and information provided by the Candidate or Candidate Member pursuant to the PQQ.

Candidates must immediately bring to the Board’s attention any material change in the financial or other circumstances of the Candidate or any Candidate Members which the Candidate would have been obliged to disclose in response to the PQQ had such circumstances existed at the time of PQQ submission.
7.3 Right to cancel or vary the PQQ or the procurement process

The Board reserves the right to:

• cancel, abandon and/or withdraw from the contract opportunity and procurement process at any time and therefore not proceed with this PQQ or selection process and/or award a contract
• amend the terms and conditions of the PQQ process and/or tender process.

7.4 Freedom of Information

Candidates should note that the contents of PQQ responses and tender submissions, and any of the information provided by the Candidates in the course of tendering for this Project or in the course of their subsequent appointment, may be disclosed to the Scottish Government and/or SFT. These parties will be subject to the same confidentiality obligations as the Board.

In addition, the Board is committed to meeting its responsibilities under the Freedom of Information (Scotland) Act 2002. Accordingly, all information submitted to the Board may need to be disclosed and/or published by the Board in response to a request under the Act. If any interested party considers that any of the information provided to the Board in its PQQ submission is commercially sensitive and/or confidential, please identify which information and explain in broad terms what harm might result from disclosure and/or publication. All parties should however be aware that, even where an indication is given to the Board that information is commercially sensitive and/or confidential the Board may be required to disclose and/or publish that information.

Receipt by the Board of any material marked “commercially sensitive” and/or “confidential” or equivalent shall not be taken to mean that the Board accepts any duty of confidence by virtue of that marking.

7.5 Costs

The Board shall not be responsible or liable in any way to any person for any expenses incurred by any Candidate or Candidate Member (or connected persons or any of their respective advisers) in responding to this PQQ or any future stages of the selection and evaluation process. No expenses incurred shall be reimbursed by the Board.
7.6 Notice to applicants

The PQQ and other contract documents have been prepared by the Board for the purpose of providing an application procedure for Candidates interested in tendering and to assist Candidates in making their own evaluation of the potential opportunity.

Whilst prepared in good faith, the PQQ and other contract documents are intended only as a preliminary background explanation of the Board’s activities and plans and are not intended to form the basis of any decision on whether to enter into any contractual relationship with the Board. The PQQ and other contract documents do not purport to be all inclusive or to contain all of the information that a potential Candidate may require. The Board reserves the right to amend and update information and/or processes outlined in this PQQ and IM in taking forward the procurement of the Project.

Any Candidates considering making a decision to enter into contractual relationships with the Board following receipt of the PQQ and other contract documents should make their own investigations and their own independent assessment of the Board and their requirements for the project and should seek their own professional technical, financial and legal advice.

None of the Board, its advisers, or the directors, officers, members, partners, employees, other staff, agents or advisers of any such body or person:

- makes any representation or warranty (express or implied) as to the accuracy, reasonableness or completeness of the PQQ and other contract documents
- accepts any responsibility for the information contained in the PQQ and other contract documents or for its fairness, accuracy or completeness
- shall 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 the PQQ and other contract documents, as and when it is executed, shall have any contractual effect in connection with the matters to which it relates. Any such contract will be governed by Scots law.

The publication of the PQQ or other contractual documents, in no way commits the Board to award any contract or pursue any tender process for this Project.
8 PRE-QUALIFICATION EVALUATION PROCESS

8.1 Overview
The PQQ evaluation will comprise the following stages:

- all PQQ submissions submitted in accordance with the PQQ submission requirements (section 6) will firstly be checked by the Board for compliance and completeness. Non-compliant and/or incomplete PQQ submissions may be rejected by the Board
- the Board will then carry out a preliminary assessment of each remaining PQQ submission to evaluate the “Pass/Fail” questions. If a Candidate is assessed as failing any such question their PQQ submission will be rejected by the Board. Candidates should note that the preliminary assessment will include an assessment of each remaining Candidate’s financial standing submission(s) and any Candidate’s PQQ submission assessed as failing the financial standing evaluation will be rejected by the Board
- the Board will then carry out a detailed assessment of each remaining PQQ submission to evaluate the scored questions. During the detailed assessment the Board will calculate a score for each remaining PQQ submission using the section weightings and question sub-weightings shown in the evaluation table at paragraph 8.6.

8.2 Preliminary assessment
Responses to the “Pass/Fail” questions identified in the evaluation table at paragraph 8.6 will be evaluated on a pass/fail basis as described in the evaluation guidance at the end of the relevant questions. As noted at paragraph 8.1 any Candidate who fails any of these questions will be automatically rejected by the Board.

8.3 Detailed assessment
The scored questions identified in the evaluation table at paragraph 8.6 will be scored using the scoring system described at paragraph 8.4.

Some of the questions relate to the use of references provided by the Candidates. The references are not scored in themselves but will allow the Board to clarify and verify aspects of the Candidates’ and/or Candidate Members’ (as applicable) PQQ submission, concerning project-specific experience. Candidates should note the scores for some of the scored questions (where indicated) may be amended by the Board following review of the references and clarification of the Candidates’ PQQ submission. The Board will afford Candidates an opportunity to clarify prior to the Board moderating any score as a result of a reference.

8.4 Scoring system
Evaluation guidance is provided in the PQQ for each question that will be scored. Unless otherwise indicated, responses to each question will be scored out of 10 and based on the degree to which the response covers the range of factors specified in the relevant evaluation guidance and as appropriate/relevant to the question, depth of understanding of the issues and/or quality of examples and experience provided as set out on the next page:
<table>
<thead>
<tr>
<th>Scoring Range</th>
<th>Categorisation</th>
<th>Description</th>
</tr>
</thead>
</table>
| 0-1           | Very poor     | A response that fails to address the factors within the evaluation guidance.  
As appropriate/relevant to the question:  
- demonstrates a very poor understanding of all the issues;  
- provides some examples/basic examples of relevant experience. |
| 2-4           | Poor          | A response that addresses some but not necessarily all factors within the evaluation guidance.  
As appropriate/relevant to the question:  
- demonstrates a poor understanding of all the issues  
- provides some examples/basic examples of relevant experience. |
| 5-6           | Satisfactory  | A response that covers some but not necessarily all factors within the evaluation guidance in a satisfactory way.  
As appropriate/relevant to the question:  
- demonstrates some understanding of all the issues  
- provides some examples of relevant experience. |
| 7-8           | Good          | A response that covers most or all factors within the evaluation guidance in a good way.  
As appropriate/relevant to the question:  
- demonstrates a good understanding of all the issues  
- provides good examples of relevant experience. |
| 9-10          | Excellent     | A response that covers all factors within the evaluation guidance in an outstanding way.  
As appropriate/relevant to the question:  
- demonstrates excellent understanding of all the issues  
- provides excellent examples of relevant experience. |
8.4.1 Questions B8 and C7 will be scored using the following mechanism:

10 = no claims
9 = 1 claim
8 = 2 claims
7 = 3 claims
6 = 4 claims
5 = 5 claims
4 = 6 claims
3 = 7 claims
2 = 8 claims
1 = 9 claims
0 = 10 or more claims

In the event that the scores of two or more Candidates are equal such that it is not possible to distinguish between the scores of three Candidates and the remaining Candidates following detailed assessment, the Board reserves the right to invite to participate in the dialogue more than three. Likewise, the Board reserves the right to invite to participate in the dialogue fewer Candidates than three, provided the Board considers the number of Candidates is sufficient to ensure genuine competition.

8.5 Shortlisting of Candidates

Following the detailed assessment stage, the Board shall rank the remaining Candidates in numerical order against their cumulative score. A shortlist of Candidates to be invited to participate in the dialogue stage shall be drawn up.

The Board only intends to select three Candidates for inclusion on its shortlist. The three shortlisted by the Board shall be those achieving the highest scores during detailed assessment.
### 8.6 Evaluation Table

**Note:** Items that are ‘not scored’ must be completed. Failure to complete may result in rejection (see paragraph 7.1 and 8.1)

<table>
<thead>
<tr>
<th>Section</th>
<th>Question Number</th>
<th>Subject</th>
<th>Status</th>
<th>Qu-Sub Weighting</th>
<th>Section Weighting</th>
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<td>A9</td>
<td>Conflicts</td>
<td>Pass/Fail</td>
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<tr>
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<td>A11-A14</td>
<td>Financial capacity and economic standing</td>
<td>Pass/Fail</td>
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<tr>
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<td></td>
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</tr>
<tr>
<td>B7</td>
<td></td>
<td>Other experience</td>
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</tr>
<tr>
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<td></td>
<td>Claims</td>
<td>Scored</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>B9</td>
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* Each designated organisation will be scored separately with sub-weighting split evenly across them.
8.7 Completion table

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<th>Question Number</th>
<th>Subject</th>
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<tr>
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<tr>
<td>F</td>
<td></td>
<td>Statement of Good Standing</td>
<td>Candidate/each Candidate Member</td>
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</table>
9 DISCLAIMER

This Information Memorandum and the associated pre-qualification document are intended only as background preliminary explanation of the Project. This document is intended to provide the information necessary for respondents to the Contract Notice in the Official Journal of the European Union to decide whether the Project is an opportunity of interest to them, and explains the procedure that the Board intends to use to allow respondents the opportunity to be considered to be invited to participate in the EU public procurement procedure. No warranty or representation of any kind is given by the Board or its advisers to any person, as to the accuracy or completeness of the information provided. As more fully set out in section 7, publication of this Information Memorandum and the associated pre-qualification document in no way commits the Board as a contracting authority to award any contract and the Board reserves the right to amend or withdraw the pre-qualification document at its discretion at any time. No information provided in this document or the pre-qualification document shall be construed as part of any contract which may be awarded by the Board.
## GLOSSARY

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Board</td>
<td>means Lothian NHS Board (usually written as NHS Lothian) which is the common name of Lothian Health Board.</td>
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<tr>
<td>Candidate</td>
<td>means the entity submitting this PQQ, including in case of a consortium all of the Candidate Members.</td>
</tr>
<tr>
<td>Candidate’s Advisers</td>
<td>means a Candidate’s financial and legal Advisers.</td>
</tr>
<tr>
<td>Candidate Members</td>
<td>means the members of a consortium submitting a PQQ comprising collectively the Key Organisations, the Designated Organisations and the FM Service Provider.</td>
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<tr>
<td>Construction Contractor</td>
<td>means the design and build contractor or contractors to be appointed by Project Co in respect of the Project.</td>
</tr>
<tr>
<td>DBFM Contract</td>
<td>means the project agreement to be entered into between the Board and Project Co in relation to the design, construction, financing and maintenance of the Project.</td>
</tr>
</tbody>
</table>
| Designated Organisations         | means the entities which are to perform the following roles:  
  - Lead Architect  
  - Lead Civil and Structural engineer  
  - Lead Mechanical and Electrical engineer. |
<p>| FM Service Provider              | means the entity or entities to be appointed by Project Co to provide the facilities management in respect of the Project.                  |
| Key Organisations                | means all of the Investors and the Construction Contractor.                                                                                |
| Lead Candidate Member            | means in the case of a consortium the lead member of a consortium submitting a PQQ.                                                           |
| Project                          | means the design, build, finance and maintenance of a joint building to re-provide services from the Royal Hospital for Sick Children, Child and Adolescent Mental Health Service and the Department of Clinical Neurosciences on the Royal Infirmary of Edinburgh campus at Little France. |
| Project Co                       | means the special purpose company to be formed to enter into the DBFM Contract to design, build, finance and maintain the Project.           |</p>
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