



The Fleming Centre, St Mary's Hospital Phase 1 Briefing Information







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Overview

Imperial College Healthcare NHS Trust is seeking submissions for an Invited Design Competition from architect practices with exceptional design skills in order to deliver a world class, state of the art medical research centre.

1. Introduction

The Fleming Centre (the 'Centre'), a collaborative initiative between the Trust and the College, will be a major new contributor to the UK's vision that by 2040 antimicrobial resistance (AMR) will be effectively contained, controlled, and mitigated. It will be a place of discovery, innovation and, above all, the place that drives global change, from the birthplace of antibiotics. The Centre will be one of many globally, representing a key component of a wider international initiative to shift the needle in AMR.

To do this effectively, the Centre will powerfully combine four major strands of activity:

- world class scientific and clinical research
- on-site public engagement
- convening of policy and regulatory work
- innovative behaviour science

Crucially, all of the Fleming Centre's activities will take an approach of public and patient involvement and engagement (PPIE), because science cannot solve the AMR crisis alone – it needs to be working with society to drive change. Co-locating AMR scientific research, policy, and public engagement in this way is unique and essential if the Fleming Centre is to drive global action.

The Centre's global ambitions and culture of engagement and involvement will require flexible and welcoming convening spaces to mix, meet, and collaborate. It will include spaces not only to share with the local community, but engage them in the pioneering work being conducted. It will involve spaces to gather and convene with international partners, researchers and other professionals both face-to-face and virtually.

Open to All

Like the Fleming Centre's work, the building itself needs to have patient and public involvement and engagement at its heart. The design should invite the public in, so researchers and policy makers can discuss and collaborate with them. While some areas will require access restriction, the overall feel and design of the facility should be welcoming and permeable in such a way that enables PPIE, research and policy to align. The building should foster moments of interaction and make it as easy as possible for researchers to see and hear the public, spend time with the public, and work with the public. The building should create an enticing and welcoming place where the public actively want to go. Its thresholds should present the lowest possible barrier to entry, making it easy and appealing for passing traffic to wander in. It should be a place with generous



circulation space that feels seamless and rewards exploration rather than overwhelm people with information upon entry.

Co-location

The Fleming Centre's outputs are not limited to new scientific knowledge – they span from concept through to bedside translation, policy, and societal action. To accommodate this, the Centre will host a collaborative mix of laboratories, clinical and non-clinical research, public engagement, event, and exhibition space.

In addition to clinical research, the Centre will be a place for behavioural insights and social science research, policy making, as well as a place for impact partners, visiting academics, and citizen collaborators.

Co-location of multiple disciplines in one building is key to the Fleming Centre's success. The building must actively work to support interdisciplinary collaboration, breaking down silos and boundaries where possible. While all features of the project have yet to be finalised and are dependent upon multiple factors, including the feasibility study, the current vision is that the Centre will consist of the following components:

Component	Features		
Discovery Centre	Public-facing exhibition and engagement space, and event area.		
Clinical Research Facility	8 patient rooms, 4 consult/exam rooms, 2 treatment rooms		
Research Laboratories	Category 2 & 3 research labs, translational labs		
Workspace	A mix of open workstations and enclosed offices, quiet rooms, and meeting rooms of varying size.		

Additionally, all clinical space within the future new St. Mary's Hospital will be viewed as potential research or training space.

2. The Fleming Centre and St. Mary's Hospital

Innovation in infection treatment at St Mary's Hospital (SMH) has transformed medicine worldwide and the hospital remains home to clinical and academic excellence focussed on common diseases of global relevance. A number of key current and proposed changes to services at St. Mary's mean there is a strong case for developing the Fleming Centre at SMH. These are:

- The scheduled replacement of St. Mary's Hospital which will bring an opportunity to colocate the FC with inpatient adult and paediatric infection services, including a paediatric high consequence infection unit (HCIU).
- Designation of a wider commercial development east of Paddington Station as a Life Sciences Cluster, adjacent to the SMH campus.
- Imperial College plans to move existing infection laboratory research to South Kensington
 as part of the newly established Institute of Infection (the Institute, IoI) creates a need for
 on-site capacity within or close by SMH to support clinical studies for the understanding
 of disease, new treatment, and new vaccines. The Institute, whose main base will be on
 the Imperial College South Kensington campus will implement "downstream" science that
 requires more substantial infrastructure and equipment facilities. The Fleming Centre will



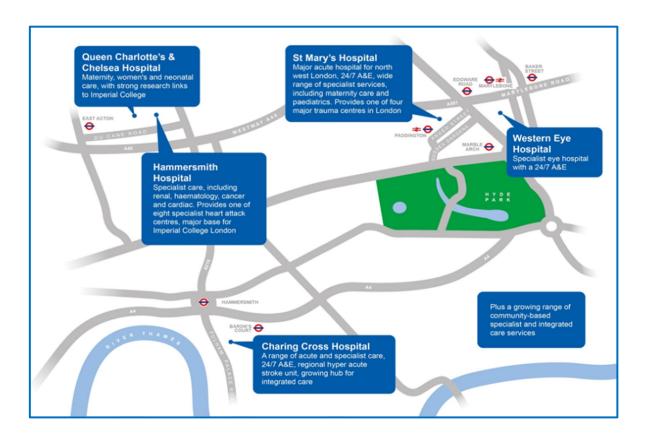
provide "upstream" clinical research requiring access to both outpatients and inpatients, hence its need to be located on a clinical site.

3. About Imperial College Healthcare NHS Trust

Imperial College Healthcare NHS Trust (The Trust) was formed in October 2007 with the merger of Hammersmith Hospitals NHS Trust and St Mary's NHS Trust. The Trust's close working relationship with the Imperial College Faculty of Medicine led to the development of the UK's first Academic Health Science Centre (AHSC).

The Trust provides acute and specialist care for a population of 2.4 million people in Northwest London, has an annual turnover of £1.4bn billion, and a strong reputation for driving world-class research.

The Trust manages and provides services from five hospitals (Charing Cross, Hammersmith, Queen Charlotte's & Chelsea, St Mary's, and Western Eye) as well as a number of community-based services. The locations and roles of these hospitals are illustrated in Figure 1 below.



Education and Research

The partnership between the Trust and Imperial College is a major strength and enabler for the successful development of programmes of translational medicine. The integration of clinical and research facilities, supported by educational functions, is a primary objective across the Trust. Recent developments, including Imperial College's White City and the Centre for Translational and Experimental Medicine building at Hammersmith Hospital emphasise the benefits of co-



locating complex clinical services with expert research space in order to nurture academic and clinical relationships.

4. 'Discovery Centre'

Background

The existing St Mary's Hospital is home to the Alexander Fleming Laboratory Museum (AFLM) which opened in 1993, commemorating Fleming's discovery of penicillin at the hospital in 1928. The discovery of the first antibiotic revolutionised medicine and earned Fleming a Nobel Prize. Modern medicine and advances in medicine depend on effective antibiotics. This museum is located at the site of Fleming's original lab and receives visitors from all over the world and is run by a committed expert and team of volunteers.

The AFLM is in need of redevelopment and how to best achieve this is still under review. It has not been significantly updated since it opened and is limited in both its capacity and access. The museum is scattered over four floors, with one room per floor and no lift access, making the museum inaccessible to wheelchair users and anyone unable to use the stairs. It is not the aim to rehouse the AFLM in the Fleming Centre, however through exhibitions, their digital footprints, and shared history, the two will be linked.

Service Description

The new Discovery Centre (DC; working title) will be an exhibition space capable of hosting events, as well as a forum for researchers and policy makers to engage the public in their work - a modern petri dish where new ideas will emerge and thrive. Here, visitors will discover and contribute to the past, present and future of AMR research.

The Discovery Centre will celebrate Sir Alexander Fleming's discovery, whilst providing awareness and education about AMR and the importance of preserving antibiotic use. It will not seek to relocate Fleming's original laboratory – who's authenticity comes from its location – but to bring this story to life in new ways, displaying select AFLM heritage objects relating to Fleming in the new Centre. The DC's creation in an accessible, high-footfall location co-located with related research will significantly improve the visibility, accessibility, and impact of this important heritage asset.

The Discovery Centre will:

- Re-animate the past by introducing the origin story of antibiotics and include authentic Fleming artefacts.
- Function as an education and exhibition space, incorporating pieces from the Fleming Museum currently located at St. Mary's Hospital.
- Reveal the scale and impact of AMR in the present, embracing data visualisation, interactivity, and personal stories to make the invisible visible.
- Encourage and invite visitor contribution to help shape the future by providing flexible space to experiment with others, shaping and contributing to AMR research.
- Be capable of hosting virtual and in-person events with light catering provided by an adjacent café kitchen.



The DC will create a unique space of national and international interest in Alexander Fleming, AMR, and the role of antibiotics. It will provide a powerful backdrop against which to drive positive change and creatively blend history, education, public engagement, civil action, research, public health, and awareness. It will be a focal point of the building and spacious enough to host events.

The legacy of Fleming's work is extraordinary, as is his warning about the risk of overuse and resistance. AMR is now one of the world's greatest health threats and a public health priority for the UK. The UK has also been highly active in driving the global response to AMR. The Trust and College have a strong track record in addressing the issue via multidisciplinary AMR research and are leaders in the field nationally and internationally, informing policy as well as national and international guidelines. Providing knowledge and awareness on AMR is vital and public involvement is essential to preserve this precious resource.

The retail café will serve both public and staff and will have a prominent visible location with both internal and external seating areas. It will encourage people into the building and be adjacent to the events and exhibition space to encourage exploration. The café will serve a selection of hot and cold drinks as well as hot and cold food prepared primarily off site and reheated on the premises. It will function as a catering base for events hosted at the Centre as needed.

Functional Content

The Discovery Centre will serve as a welcoming gateway to the Fleming Centre. It will be a collection of spacious events and exhibition spaces located such that it is highly visible and accessible to both visitors and the passing public. It will be a focal point of the building that invites the public to get involved and seamlessly integrates with the research activities co-located in the building. It will be a stimulating space in which to engage and rally civil society, highlight the AMR crisis, function as a living lab, and give visibility to the innovative work being done at the FC.

Functional content of the Discovery Centre is yet to be finalised, but it is envisioned to contain the following:

Space Type	Description	
Events and Exhibition Space	A multipurpose, voluminous area suitable for PPIE collaboration	
	and updatable exhibitions building awareness of AMR and inviting	
	public involvement in research work being done at the Fleming	
	Centre. It will also be able to host public and private events with	
	light catering.	
Multifunctional Workshop	A versatile room that can accommodate a variety of functions such	
	as group discussions, presentations, performances, experiments,	
	temporary displays, virtual engagement and creative activities. Will	
	be accessed by all FC staff and the public.	
Retail Café	A retail café open to both public and staff that entices people to	
	enter by taking advantage of the building's prominent location on	
	both a busy public footpath and the canal.	
Exhibition store	Secure space to accommodate artefacts, exhibits and equipment	
	as they come on or off display as the exhibition is updated.	



5. Clinical Research Facility

Service Description

Patients at St Mary's Hospital have long benefitted from access to new infection treatments and vaccines with many landmark trials having been led and recruited locally. Clinical trial facilities are currently located within the Clinical Trials Centre (Winston Churchill Wing), the Jefferiss Wing outpatient department, the Imperial College Respiratory Research Unit (ICRRU, Mint Wing), the Paediatric Clinical Trials Unit (Cambridge Wing), and the anti-viral trials unit (10th floor QEQM).

There are advanced plans for Phase I paediatric trials of new antibiotics and vaccines which would be carried out at the main hospital as studies of this nature require an adjacency to paediatric intensive care, though staff executing the studies may be based at the Fleming Centre. Such studies will further raise the high international profile of the Trust and help accelerate access to treatment for children, which often lags behind adult developments.

Types of clinics offered within the Clinical Research Facility (CRF) are yet to be finalised, but both paediatric and adult participants will access the facility, therefore an appropriate waiting area and experience for paediatric participants is required. At present, it is unknown whether paediatric and adult participants will access the facility at the same time or whether these clinics will be scheduled separately.

Functional Content

Details of the functional content required within the CRF is yet to be finalised, but its operation and layout is likely to be similar to a typical outpatient clinic. At present, the CRF is envisioned to contain a combination of the following functional elements:

Space Type	Description			
Interview Rooms	A non-clinical room where clinicians and researchers can conduct confidential discussions with participants.			
	A clinical room where a participant will have a short stay and			
Consult/Exam Rooms	where a clinician can discuss, advise, and examine participants			
Consulty Exam Rooms	during their participation in a clinical trial. Some treatments			
	will be provided in consult/exam rooms. Fitted with medical			
	gases and suction.			
	A larger clinical room designed for a longer length of stay, but			
	not overnight use. Equipped either a bed(s) or reclining			
Patient Room	chair(s), where clinicians will discuss, advise, and examine			
ratient Nooni	participants during their participation in a clinical trial. Some			
	treatments will be provided in patient rooms. Rooms must be			
	negative pressure and fitted with medical gases and suction.			
Treatment Room	Clinical room where participants receive non-invasive clinical interventions. Fitted with medical gases and suction.			



The Clinical Research Facility will have point-of-care testing (POCT) with freezers and will utilise a pneumatic tube system to link to the laboratories.

6. Research Laboratories

Service Description

St. Mary's Hospital currently has a paediatric high consequence infection unit (HCIU) on site and anticipates adding an adult unit within the new hospital building. These units will require support with onsite laboratories. These laboratories will also support a range of other clinical research that will include category 2 and category 3 pathogens. The ability to process and analyse fresh samples is critical to high quality care and research.

The facilities would support clinical trials (both inpatient and outpatient) and other clinical research requiring processing of samples within 4 hours. There would be a need for suitable microbiological cabinets, centrifuges, and freezer space. A fluorescence-activated cell sorter (FACS) and analyser inside containment laboratories would make possible fresh cell counts and analyses, increasingly important in both clinical management and research. These required on-site facilities are not highly specialised; culture of infectious agents is unlikely to take place on-site and specialised equipment, for example high-end microscopes, would be located at South Kensington.

Alongside conventional category 2 and category 3 laboratory space, there is a need for a multidisciplinary translational laboratory focused on work requiring rapid access to fresh specimens that cannot be transported within a realistic time window to South Kensington or other sites (i.e. require processing and/or analysis within 4 hours).

Functional Content

Details of the functional content required within the research laboratories is yet to be finalised. At present, the CRF is envisioned to contain a combination of the following functional elements:

Space Type	Description
Cat 2 and 3 laboratories	Laboratory space supporting research associated with human disease that poses a moderate to high hazard.
Translational Laboratory	Detail of requirements is still to be determined.

7. Workspace

Service Description

Workspace space will be a vital element of the Fleming Centre. It will provide staff support as well as a combination of dedicated workspace and hot-desk configurations to allow research teams and staff the option to choose where and how they work. Workstations will have excellent power, data, and Wi-Fi coverage and be arranged such that staff may work independently or collaborate with other staff, researchers, volunteers, or community groups.



Workspace areas will support all Fleming Centre staff, including those involved in social science research and policy work.

Workspace areas will vary in size and be strategically located throughout the Centre, allowing staff to work close to their home department or area if they choose. Each area will include hot desk arrangements for individual and collaborative working, several privacy booths, and at least one of each the following:

- Meeting room
- Supply hub
- Tea point

Meeting rooms, supply hubs, and tea points will be available for all staff to use. Workspace also includes a staff rest room and personal lockers.

Functional Content

Details of the workspace is yet to be finalised. At present, the area is envisioned to contain a combination of the following functional elements:

Space Type	Description		
	Open-concept desks arranged to enable both individual and collaborative working		
Workstations	practices where staff will be able to easily connect devices to both power and data.		
Office	Enclosed room for 1-5 people, dedicated to an individual or team.		
Collaboration Area	Open-concept table and chairs for informal discussions and exchange of ideas. Access to whiteboard/smartboard.		
Meeting Rooms	Enclosed rooms of varying sizes that are able to be pre-booked or used for ad-hoc meetings and collaborations.		
	Small, enclosed rooms sized for 1-3 people intended for individual quiet working,		
Privacy Booth	teleconsultations, phone calls, virtual meetings, confidential discussions, and small meetings.		
Staff Lockers	4-door assigned lockers for all permanent staff and day-use lockers for		
	temporary/visiting staff/researchers.		
Supply Hub	Area with stationery supplies and printer/photocopier. To be		
	located as needed throughout co-working spaces.		
Tea Point	Respite area with provisions to make hot/cold drinks. Zip tap (or		
	similar) required.		
	A centralised respite area with kitchenette for all Fleming Centre		
Staff Rest	staff and volunteers where they can take breaks and have informal discussions.		

8. Pre-Planning Application Advice

Informal pre-application planning advice has been provided by the Local Authority (LA) and it is their preference for The Bays buildings to be retained on the site and incorporated within the design for the new facility on the basis of their inherent heritage asset value.



Retaining The original Bays buildings may limit the redevelopment potential of the site and present additional construction logistic challenges.

The competition brief does not dictate the direction of demolition or retention of the existing Bays buildings and it will be up to the applicants to determine the most appropriate development approach for the site noting this initial informal pre-application advice.

9. Outline Design Proposals

A RIBA Stage 1 design study has been undertaken by ICHT. The site context and analysis sections of this report will be provided as part of the ITPN process to the shortlisted architectural practices.

10.0 Budget

The estimated build cost is GBP £30M excluding professional fees, personnel costs, non-works costs, equipment, fit-out and VAT.

Competition Conditions

1. Eligibility

Expressions of interest are sought from architect practices to take part in this exciting opportunity to design the Fleming Centre on behalf of Imperial College Healthcare NHS Trust.

The architect firm must include an architect who has the right to practise in the country where they are qualified or in the country where they currently reside or practise. UK-based applicants should therefore be registered with the Architects Registration Board (ARB) with overseas-based applicants registered with an equivalent regulatory body.

This procurement is for the provision of architectural services, which is deemed to include the following supplementary services relevant to this commission:

- Principal Designer (BSA)
- Lab Planner (required for design of CL2 and CL3 lab design)
- Exhibition Designer
- Accessibility and Inclusion Consultant
- Interior (FFE) Design
- Landscape Architect
- Wayfinding and Signage Consultant

Where the practice does not have the requisite in-house experience to provide these services, they will be required to sub-contract them to suitable third parties.



For the sake of clarity, separate procurement processes are being undertaken for all other design disciplines including:

- Project Manager
- Quantity Surveyor
- Structural Engineer
- Mechanical, Electrical and Public Health (MEP) Engineer
- Principal Designer (CDM)

Architects with more limited experience may wish to consider collaborating with another practice, but the proposed delivery arrangement should be clearly articulated in the return.

Teams based remotely from the UK should demonstrate their ability to deliver the project from within the UK should they be successful.

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

2. How to Register

To be considered for the competition, suitably qualified applicants must submit a completed Selection Questionnaire (in electronic copy only) as per the requirements outlined in this Briefing Document.

Interested parties who intend to apply must obtain a Unique Registration Number (URN) to receive access to the submission portal. RIBA Competitions will issue a URN to interested parties within 2 working days of submitting the wufoo online request form (link below).

https://www.architecture.com/awards-and-competitions-landing-page/competitions-landing-page/the-fleming-centre

Registered applicants will be issued with an editable version of the SQ and a secure link to enable them to upload their completed Selection Questionnaire via RIBA Competitions' digital submission portal (RIBASubmit).

It is advised that applicants who intend to submit should complete the above registration process as soon as practicable. Responses to questions raised as well as any additional competition documentation will be made available to registered applicants through the online portal.

Please note that this and all future correspondence will be sent to the email address entered into the online form.



3. Overview of the Procurement Process

The selection of an architect firm is being procured by Imperial College Healthcare NHS Trust in accordance with the requirements of the Competitive Procedure with Negotiation (CPN) as set out within Regulation 29 of The Public Contracts Regulations 2015.

RIBA Competitions is assisting the Trust with the management of the competitive process. The selection process will be organised over the following phases:

Phase 1: Expression of Interest with Selection Questionnaire

Phase One is a Selection Questionnaire which requests experience and track record relevant to the project, information on the proposed team including CV's and completion of standard questions.

Phase 2: Invitation to Participate in Negotiation (ITPN)

A shortlist of up to five architect 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 discuss and develop their design concept with the client. This will take the form of a competition workshop with each team.

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.

Phase 3: Invitation to Submit a Final Tender (ITSFT)

Each team invited to submit a Final Tender who then submits a compliant tender and makes a presentation at the final interview will receive an honorarium payment of GBP £12,500 (+VAT). Honorarium payments will be paid following submission and presentation of design proposals at the final interview.

4. Competition Timetable*:

Activity	Estimated Date
Brief and SQ available	8 th July 2024
Latest date for queries relating to the SQ	24 th July 2024
Deadline for receipt of SQ returns	7 th August 2024
Evaluation of SQ returns	8 th – 30 th August 2024
Shortlisted teams notified and unsuccessful candidates notified	w/c 2 nd September 2024



Issue of ITPN and supplementary information for shortlisted teams	4 th September 2024
Briefing session and site visit for shortlisted teams	w/c 9 th September 2024
Design approach workshop meeting	w/c 23 rd September 2024
Latest date for general clarification queries relating to the ITPN	4 th October 2024
Responses to general clarification queries in relation to the ITPN issued	11 th October 2024
Issue of ITSFT	16 th October 2024
Deadline for general clarification queries in relation to the ITSFT	30 th October 2024
Responses to general clarification queries in relation to the ITSFT issued	6 th November 2024
Deadline for submission of Final Tenders (with design concepts)	13 th November 2024
Tender Evaluation commences	14 th November 2024
Final interviews and presentations	w/c 25 th November 2024
Issue of Intention to Award Contract	18 th December 2024
Standstill period	10 days
Confirmation of Contract Award	w/c 6 th January 2025
Public Announcement of Result	January 2025

^{*}The above Timetable is indicative only and the Client reserves the right to amend the Timetable or extend any period at its discretion. Applicants will be notified of any changes made to the Timetable. The Client reserves the right not to proceed beyond the competition stage in the event that no one scheme meets the requirements and aspirations in respect of the project. All honorarium payments will however be paid as indicated.

5. Evaluation Panel

The Evaluation Panel will appraise the Technical and Professional Ability component of the SQ return and is expected to comprise:

Name	Title	Organisation
Matt Tulley	Redevelopment Programme	ICHT NHS Trust
	Director	
Rob Roodhouse	Redevelopment Delivery Director	ICHT NHS Trust
Jo Wright	RIBA Competition Architect Adviser	Perkins and Will



Lisa Jamieson	Independent Consultant	Fleming Initiative
Paul Terry	Project Director	CPC Project Services

Members of the panel are subject to change and in the event of a panel member being unable to act through illness or any other cause, the Trust, in consultation with RIBA Competitions, reserves the right to either appoint a replacement or reduce the number of Panel members as agreed.

6. Site Visit & Briefing Session

A briefing session and site visit will be undertaken with the shortlisted teams at Phase 2.

Detailed arrangements will be provided to the shortlisted teams in due course.

7. Submission Requirements

In order to be considered for the project, candidates must submit a duly completed Selection Questionnaire (SQ). 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 on-line request form available at: https://www.architecture.com/awards-and-competitions-landing-page/competitions-landing-page/the-fleming-centre

8. Evaluation Criteria

Technical and Professional Ability	Weighting	Demonstrated by	Evaluation notes
Ability to design & deliver high quality schemes of a similar nature, scale &/or complexity to the proposed Fleming Centre including wherever possible your proposed team's experience in: new construction and	50%	Illustrative case studies should be presented for (up to) three (3 No.) which demonstrate: High quality projects of a similar scale which have maximized the	Contracts for supplies or services should have been performed during the past ten (10) years and relate to the architect firm wishing to be considered for the
refurbishment projects in the life science or healthcare sector exceeding a £20m+ construction budget Ilife science and/or healthcare buildings adjacent to major transport hubs and watercourses, and/or above railway lines with complex site access and construction logistics.		potential opportunities of similar sized spaces. Successfully designed high quality projects of similar quality that demonstrate creativity in design and use of appropriate materials Please provide a brief description of the contract delivered (to include project	Applicants should consider the relevance & relative merits of projects within their portfolio. Whilst the inclusion of an 'incomplete' project (i.e. a project that is on, or about to commence on site); as one
 supporting science and research and/or healthcare projects with sustainability objectives considering building design and whole lifecycle costs. NHS buildings reflecting the Adaptable Estate agenda centred 		value and date of practical completion) and outline its relevance to the vision for the proposed Fleming Centre. Images and sketches should be included to illustrate the rationale and drivers behind the final realised design.	of the contract example case studies would not deem the submission unacceptable, it may, depending on the stage that it is at, limit the ability of its qualities to be appraised.
on designing high quality and flexible healthcare assets. • buildings incorporating cultural		Each case study example (text and images) should be presented over a maximum of x2 single sides of A4. If a	Similarly, whilst Applicants may elect to include projects which reached completion



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and/or leisure offers such as		collaborative approach with another	beyond the stipulated 10-year
galleries, libraries, archives and		architect firm is proposed, at least one	limit, their inclusion may limit
museums, especially those that		contract case study example should be	the current technical &
include exhibition spaces.		included from each practice and/or a	professional ability of the
molade exmander spaces.		contract example case study delivered	architect firm to be appraised.
		jointly by the firms should be included as	dreinteet iiiii to be appraised.
		one of the x3 case studies provided.	A clear distinction should be
Ability to design & deliver projects to	20%	An expanded illustrative case study (1 No.	made between photographic
budget & programme involving	20/0	additional or as an expanded case study to	images of completed projects
complex briefs and input from Clients		the above) which demonstrates:	and computer-generated
and stakeholders		,	visualisations. Any images
		 Successfully designed projects 	featured within the
		that were delivered on time and	submission should be clearly
		in line with the planned	annotated to explain to which
		construction programme (and if	project(s) and/or firms they
		not, full details as to the reasons	refer.
		why not);	
		, ,	The contract example case
		Please provide a brief description of the	studies will be evaluated in a
		contract delivered (to include project	holistic manner. Greater
		value and date of practical completion)	weight will be applied to the
		and any similarities in the challenges	contract example case studies
		faced to those likely to be encountered in	where individuals named in
		the Fleming Centre project. This should	the CVs were involved in
		include representative illustrations and	delivery of the project(s)
		sketches, together with additional	shown.
		explanatory notes where the duration	
		and/or final budget exceeded the original	
		projections. The case study example	
		(text and images) should be presented	
		over a maximum of x2 single sides of A4.	
Overall experience and balance of the	30%	Brief CVs for key members of the design	
design team, including proposed key		team demonstrating professional	
personnel who will be responsible for		qualification, recent project experience,	
design development of the project.		current position and proposed role within	
		the team. Reference should be made to	
		the contract example case studies where	
		possible.	
		Footured images should be also the	
		Featured images should be clearly	
		annotated to explain to which projects, consultant firms and personnel they	
		refer. If a collaborative approach with	
		another firm of architects is proposed,	
		the respective roles and anticipated	
		delivery arrangement must be clearly	
		articulated. The information should be	
		presented over a total of x2 single sides	
		of A4 for the lead architect firm, and a	
		further total of x4 single sides of A4 for	
		the other required core design	
		disciplines.	
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9. Submission Instructions

The deadline for submission of the SQ is **12:00 midday (BST) on Wednesday 7th August 2024.** The Trust and 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.



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 in the Wufoo online form used to request the SQ and Unique Reference Number [F#].

Each applicant 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. The contract example case studies and CVs etc. of the Professional and Technical Ability component of the SQ return (Part 3, Section 7.16-7.18) must use Arial 11-point typeface (or close equivalent). Candidates may elect to submit responses to Section 7.16 through to Section 7.18 (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.

Applicants electing to submit a separate Appendix should append a Front cover sheet (in addition to the specified page limits) displaying the name of the architect firm and main point of contact. The file names should consist of the URN [F#] assigned to the applicant by RIBA Competitions, together with the name of the architect firm:

F#_Lead architect firm name_SQ.pdf
F#_Lead architect firm name_Technical & Professional Ability.pdf

Any other appended files should follow a similar file-naming protocol.

As above please note that the front cover, any blank dividing pages and back cover (if used) can be additional to the specified page limits.

Applicants are strongly advised to familiarise themselves with RIBA Competitions' digital submission portal (RIBASubmit) 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.

10. Changes to SQ Response

The Client recognises that arrangements in relation to a group of economic operators (for example, a consortium) and/or use of sub-contractors, may be subject to change and will, therefore, not be finalised until a later date. The lead contact should notify the Client immediately of any change in the proposed arrangements and ensure a completed Part 1 and 2 of the SQ is submitted for any new organisation relied on to meet the selection criteria. The Client will make a revised assessment of the submission based on the updated information.

The Trust reserves the right to disqualify any Candidate where there is a change to any aspect of its response to the SQ if the Trust considers the effect of the change is such that the basis



of the evaluation for the purpose of selecting potential bid teams, the Candidate would not qualify.

11. Scoring Guide

Score	Definition	Criteria for awarding score
0-2	Poor	The response demonstrates a definite lack of relevant track record/relevant experience (both of the organisation and individuals) in delivering the Architectural role. Trust would have no confidence in selecting the bidder.
3	Acceptable	The response demonstrates an acceptable relevant track record/relevant experience (both of the organisation and individuals) in delivering the Architectural role.
4-5	Good	The response demonstrates a good relevant track record/relevant experience (both of the organisation and individuals) in delivering the Architectural role.
6-7	Very Good	The response demonstrates a very good relevant track record/relevant experience (both of the organisation and individuals) in delivering the Architectural role.
8-9	Outstanding	The response demonstrates an outstanding relevant track record/relevant experience (both of the organisation and individuals) in delivering the Architectural role.
10	Exceptional	The response demonstrates an exceptional relevant track record/relevant experience (both of the organisation and individuals) in delivering the Architectural role.

12. Phase 2 documents and Process

The following documents will be made available to shortlisted teams at phase 2:

- Final ITPN
- Scope of Services
- Topographical survey
- PPA Advice Note (Westminster City Council)
- Site Logistics Study
- RIBA Stage 1 Design Study Report

It is envisaged that up to 5 teams will be shortlisted to proceed to the concept design phase of the competition. Shortlisted teams will be invited to a site visit and briefing session and will be provided with further information to enable them to outline their design concept, strategy and approach to the site through the following outcomes:



- 3 No. A1 Sheets
- Design Report (maximum 20 single sides of A4, or double-side equivalent)
- Statement on Costs/ high level appraisal of the headline budget
- Submission of a competitive fee proposal (to be broken down into RIBA work stages within a template that will be issued with the ITPN documents)

Following the submission of concept designs each shortlisted team will be invited to give a presentation to the Evaluation Panel and participate in a question and answer session.

13. Copyright

The ownership of copyright will be in accordance with the Copyright, Designs and Patents Act 1988 - i.e. Copyright rests with the author of the submitted design.

14. Honoraria

Each participant invited to submit a Final Tender who then submits a compliant tender and makes a presentation at the final interview will receive an honorarium payment of GBP £15,000 (+VAT). However, in the event that the Client carries out deselection on conclusion of the negotiation phase, teams who participated in the interim design workshops in accordance with the ITPN but were not invited to submit a Final Tender will receive an honorarium of £7,500 (+VAT). Honorarium payments will be paid to the Lead Consultant from each multi-disciplinary design team. The client will undertake to make the honorarium payments within 30 calendar days of the clarification interviews and on receipt of an invoice which should be submitted to RIBA Competitions. No payments will be made in respect of the SQ phase.

15. Post Competition Commitment and Programme

The anticipated programme is as follows:

Task Name	Start Date	Finish Date
RIBA Stage 1 – Initiation & Validation	18/12/24	26/02/25
RIBA Stage 2 – Concept Design	26/02/25	16/07/25
RIBA Stage 3 – Developed Design	16/07/25	17/12/25
Submit Planning Application	28/01/26	28/01/26
Third Party Engagements	26/02/25	15/07/26
Contractor Procurement – First Stage	12/03/25	19/11/25
PCSA Appointment	19/11/25	19/11/25
RIBA Stage 4 - Technical Design & Second Stage	17/12/25	14/10/26
Procurement		
Decant, Demolition & Enabling Works	17/12/25	14/10/26
Award Main Contract	14/10/26	14/10/26
RIBA Stage 5 – Main Construction Works	14/10/26	08/11/28
RIBA Stage 6 – Practical Completion	08/11/28	08/11/28



It is the Trust's intention to appoint the successful architect to develop the design proposals through RIBA stages 2 to 7 in accordance with the scope of services to be issued with the ITPN.

The successful architect will be appointed under the NEC4 Professional Services Contract.

It is envisaged that the design team will be appointed directly by the ICHT up to the end of RIBA stage 4, at which point they will be novated to the main contractor.

The Trust also reserves the right not to proceed beyond the competition phase in the event that no one scheme meets the requirements and aspirations set for the competition, but all honorarium payments as indicated will be awarded.

On appointment the architect team shall have in place the following insurance levels as a minimum for each individual claim:

Professional Indemnity Insurance	GBP £10m
Public Liability Insurance	GBP £10m
Employer's Liability Insurance	GBP £10m

16. Disclaimer

This is an Expression of Interest (Selection Questionnaire) phase only. Nothing in this briefing document or accompanying SQ is to be construed as implying commitment by the Client that it will award a contract. The Client is not obliged to accept any submissions or enter into any contract pursuant to process and reserves the right in its absolute discretion to withdraw from or terminate the process set out in this document at any time, for any reason and without prior notice to the applicants and at its sole discretion re-invite proposals on the same or any alternative basis. Any expenditure, work or effort undertaken is accordingly a matter solely for the commercial judgement of the applicants. The Client will not reimburse any expense incurred by teams in preparing their Expression of Interest.

Applicants are responsible for obtaining the information which they consider necessary in connection with the competition and must form their own judgement on its validity and suitability. Each applicant must make its own independent assessment after making such investigations. The subject matter of this brief and/or SQ return shall only have a contractual effect when it is incorporated into the express terms of an executed contract.

The Client (including its employees, agents, consultants, advisers and representatives) does not make any representations or warranties (express or implied) or accept any liability or responsibility (other than in respect of fraudulent misrepresentation) in relation to the adequacy, accuracy, reasonableness or completeness of the information in this Briefing Document or any



part of the SQ (including but not limited to, any loss or damage arising as a result of reliance by the Competitor on the information or any part of it).

17. Confidentiality

The information supplied with this document and all other information whether written or oral made available at any time to applicants by or on behalf of the Client in connection with this Competition is provided on the basis that the applicant, their sub-contractors and/or respective advisers will keep such information provided confidential at all times and that such information will only be used for the purpose of participating in this competition. For the avoidance of doubt nothing in this paragraph shall prevent an applicant from passing the information provided to its employees, potential sub-contractors and professional advisers in connection with this procurement provided such persons agree to treat such information as confidential in accordance with the duty described in this paragraph.

The duty of confidentiality in this paragraph does not apply to information:

- (i) which is in or enters the public domain otherwise than by breach of an obligation of confidentiality: or
- (ii) which is or becomes known from other sources without breach of any restriction on disclosure; or
- (iii) which is required to be disclosed by law or any professional or regulatory body.

18. Notification of Result/Publicity

Applicants and participating teams will be required to maintain confidentiality throughout the procurement process and not identify themselves; the names of shortlisted applicants; or the names of successful or unsuccessful applicants; or release any design proposal images etc. to any third parties or media outlets until they have been given permission by the Client and RIBA Competitions.

Once any anonymity restrictions or embargoes have been lifted, authors of all proposals will be duly credited and recognised in all associated media publicity.

19. Data Sharing

All documents submitted via RIBAsubmit by participants will be made available to the Trust for the purposes of the Competition.

20. Enquiries

RIBA Competitions are assisting the Client with the management of the competition process.



Representatives from the Client and members of the Evaluation Panel should not be directly solicited for information as this may lead to disqualification from the process.

All queries relating to the Selection Questionnaire Phase should be submitted via email to riba.competitions@riba.org. Applicants should refer to the Competition Timetable regarding the latest deadline by which to raise queries.

The intention will be to make advice arising from queries received available to all applicants (where doing so is in the interest of maintaining transparency and fairness in the procedure and would not constitute a breach of commercial confidentiality) via RIBAsubmit, so those wishing to access the Q&A documents should register via the Wufoo online request form as indicated in Section 2.

RIBA Competitions

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