NORTH WESTERN HEALTH BOARD

PLANNING BRIEF

FOR

CLINICAL SERVICES SUPPORT CENTRE
SLIGO GENERAL HOSPITAL

Technical Services Department
For the
Research and Education Foundation

13th July 2004

Document Control Sheet				
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Draft 2	08/04/04	SH/MJ/JW	SH/	Incorporating revisions to main text from MJ and discussions meeting SGH 07/04/04
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Abbreviations:
PT=Project Team.
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CONTENTS

INTRODUCTION/STATEMENT OF NEED

The need for CSSC has been previously identified by the review report prepared for SGH in January 2001 and summarised again in the CSSC Strategic Project Brief completed in July 2003 and Enhancement and Support of Education/Training at Sligo General Hospital. 2004. All documents clearly identify the need for a purpose built facility, which is accessible from the main hospital by staff and through a rear entrance for external attendees at events. .

The main points identifying the need in each document are summarised as:

- Provision of a purpose built facility for current and future research activity and Clinical Governance functions
- Meeting Government targets as set out in (NDP, Target 73 of the National Health Strategy, National Health Research Strategy, Agreed Programme for Government, Prospectus Report on Health Structures etc
- Provision of educational facilities for undergraduate and postgraduate medical education, continuous medical education and related activities.
- Raising the strategic profile of SGH as a Centre of Excellence to match the status of a Gateway City
- Enhancing the corporate image of the NWHB and SGH
- Research and Development required for the future development of health services delivery and organisation.
- The need to attract and retain high-calibre doctors, nurses and other health professionals to the Sligo area.
- Enhanced patient care as a result of fostering a culture of research, education and training.
- Networking and partnership with other health care institutions, charities, industry and the third level sector.
- Interfacing with Primary Care and Public Health

Other essential business considerations are:

- Freed up office space within the hospital
- Release of rented office space adjacent to the hospital campus
- Consolidation of services
- Economies of scale in providing on site office facilities
- Increased conferencing facilities and meeting rooms
- Reduced outsourcing for large meetings and conferences
- More effective purpose built facility
- Energy efficient, cost effective office solution.
- Accessible and fit for purpose

SECTION 1.

1. Summary Description of Existing Facilities

The brief for new Clinical Support Services Centre (CSSC) must be interpreted in the context of the overall health care campus in which it is located.

The existing education facilities in the form of Library Information Service is located on Level 6 Centre Building of the Hospital, with access from both 1940/1960 and multi-storey buildings by a link corridor. This centre was developed and commissioned in 1996.

Other support services i.e. Clinical Audit, Clinical Risk management, Clinical Coordinators, General Practice Support, and Research office are located in individual offices throughout levels 3-4-5and 6 of the Hospital building as well as in some temporary accommodation.

Facilities for Post Graduate Nurse Education are also located on campus

SECTION 2

2. General Description of Project

2.1 Clients philosophy

It is the intention of the Board that the planned development will make provisions appropriate for a General Hospital Clinical Services Support Centre encompassing Clinical Research, Health Services R&D, Science for Health Research, Skills Lab, Basic and Advanced Life Support, Post Graduate and Undergraduate Medical Training and Clinical Governance. It recommends the merging of the four main groups to achieve optimum use of resources.
The centre will facilitate accreditation by various bodies and promote a research environment. Efforts should be made to accommodate services in such a way as to easily integrate with similar activity within the main hospital building thereby improving the combined efficiency of facilities.

2.2. Scope

The project should be completed in one phase
The building will consist of the following main components:

a) Research Laboratories/Research hot-desks/Research support Office
b) Clinical Governance Functions
c) Lecture/Seminar/ Training Rooms
d) Skills Labs/Simulation Centre/Resuscitation Training
e) Medical Registrar/Student/Working Group Rooms
f) Reading Rooms/ ICT support
g) Offices
h) Ancillary Rooms
i) Circulation/ Social Space
j) Adequate storage space

2.3. Basic Principles

Basic Principles underline the content of the brief and the type of building that is envisaged are:

1) Flexibility in the planning of defined areas to meet future changes in function must be kept in mind.

2) A solution should be reached that will achieve the desired standards and within the financial capacity which will ensure accommodation meets the required needs and be economical in running costs.

3) A pleasant environment-paying due regard to aesthetics, scale and landscaping, both internally and externally. A pleasant atmosphere, which is free from noise, pollution or unpleasant odours, is desired. Levels of noise reduction to be achieved should not be less than those set out in the Building Regulations 1991.

4) Natural lighting and ventilation should be at a maximum level in all areas, particularly in offices and areas where staff are working continuously.

5) Mechanical ventilation/Air conditioning will be required in Lecture/Seminar Rooms and other relevant areas in line with Health and Safety guidelines.

6) Easy accessibility should be achieved, particularly bearing in mind the needs of the Board's priority groups i.e. persons with disabilities, etc.

7) The design of the building will incorporate maintenance free / low maintenance elements where practical.

SECTION 3

3. **Description of the Site**

3.1 Location and Area

The area located on the North side of the existing General Hospital site identified in the Hospital proposed site development plan as potential site No 2. The site has frontage on to an access road to the west of the site connected to Connaughton Road. It is situated on a sloping site of approximately 600m² in size. The proposed site although not ideal meets the criteria for functionality i.e. central location as vital for a successful Hospital Research Centre. This has been appreciated and arrived at following visits to other locations and drawing on the experience of staff working abroad. The ability of supervisors and Principal Investigators to "drop in" to the unit frequently in the course of their working day is considered critical for success of research endeavours. The same access criteria apply to staff on part-time project work. The dissemination of findings and the integration of health research into routine practice is also influenced by location

3.2 Access to the Site

Entrance and Exit from rear access road linked to Connaughton road. (Orthopaedic Department approach)

3.3 Public Utility Services

Drainage, water and electricity supply facilities are available on site.

3.4 Site Investigation

The specification of site investigation works and the completing of the report thereon will be the responsibility of the Design Team.

3.5 Planning

Preparation of documents for Planning Permission and Fire Safety Certificate Applications will be deemed to be part of the Design Team Brief.

SECTION 4

4. Operational Policies

4.1 Management:
The overall facilities will be under the management of the Hospital/Health Board. The centre will be available on an extended day basis with designated areas available out of hours.

4.2 Conference/Lecture/Seminar Rooms:
A system of pre-booking rooms will operate through a designated person for each of the main activities. It is envisaged the lecture rooms for BLS/ACLS training will be dedicated to these functions full time; other lecture rooms will be available through a reservation system.

4.3 Catering:
Snack facilities will be required in the centre this will operate on a self-service or part-time daily basis. Facilities provided should be capable of catering for large gatherings when required. The canteen at the hospital will be used for lunches and other meals on a day-to-day basis.

4.4 Cleaning
It is likely that cleaning will be carried out by the hospital's own staff. All surfaces will be specified to facilitate low maintenance cleaning as much as possible.

4.5 Car Parking:
It is envisaged the general car parking facilities of the Hospital will be used.

4.6 General Accommodation:
It is envisaged that the 4 main facilities will be accommodated as far as possible on separate levels

4.7 Security:
Internal and External security cameras should be provided at designated locations and linked to the main hospital security system.

SECTION 5

5. **Special Planning / Design Requirements**

5.1 External / Internal access:

External access/Foyer is to be designed with view to use by non-hospital based staff e.g. public, voluntary groups, interface groups, Health System Staff from other sites. The design and layout taken as a whole system should aim to optimise relationships and so achieve efficient use of accommodation.

This area will have a multi purpose function e.g. Catering overflow/Conference registration/Exhibition area and general networking space. For security reasons it should be possible to isolate the public areas from the remainder of the building.

5.2 Disability Access

Design criteria should take account of the needs of disabled persons in relation to door furniture and fittings. The information booklet access for the disable, minimum design criteria by the National Rehabilitation Board should be followed with preference for "preferred dimensions" rather that minimum dimensions.

5.3 Information Technology:

The centre will require connection to the boards' wider area network

ICT facilities including videoconferencing will be required in specified areas of the development. All student areas will need to be provided with high capacity on-line links to third level parent institutions [HEAnet]

5.4 Basic Life Support (BLS) Advanced Cardiac Life Support (ACLS) ATLS, PALS, Neonatal

Teaching Seminar rooms with capacity to hold 32 students and 15 faculty staff for lecture type presentation with a number of break out rooms/areas to accommodate 10-12 people are required. Space within each room is required to accommodate mannequins and simulators together with general storage space. Seminar Room to have folding partition to facilitate use as 2no breakout rooms and be fitted with ICT/Audiovisual facilities

Activities will take place in areas defined for BLS/ACLS in rotation. Training will be for many groups in the community for whom direct entrance will be desirable.

Accommodation should ideally be located on level 4. Cleaning facilities for equipment will be requires.(base for these programmes is currently at this level in main hospital)

5.5 Skills Labs / Simulation Centre

Area for demonstration, teaching, self-learning and communication skills training.(There may be a need to replicate a full operating room environment) These facilities will be used out of hours and should be located within the main Education/Teaching area level 6. .

5.6 Reading Room.

A quiet area for personal study incorporating study desks/carrels with access to on-line facilities, rooms should be available at all hours 24/7 and have storage

facilities for personal reading /project material. The area will serve as a backup when main Library on level 6 is closed.

5.7 Clinical Research Centre
5no offices each to accommodate 2no personnel
Locate at level 6 adjacent to Day Services / Oncology.

5.8 Lecture /Conference /Seminar/Group Rooms/Boardroom

5.8.1 Conference Room
Two adjoining rooms with facility to open into one with capacity to host large events, hospital wide meetings and external health service groups. Located on ground floor, will require external access, a small Reception/Registration area with Cloakroom and Poster display area. Support for IT/Teaching requirements and AVA equipment storage will also be required Area to be teleconference enabled and have appropriate colour finish and lighting. A tiered seating facility will also be required in one section.
The above should be accessible to patients from the clinical areas of the Hospital, a small patient waiting area should be provided.

5.8.2 Seminar Rooms
A number of Rooms are required for meeting and tuition/training purposes. At lease two should be teleconference enabled in the conference mode (not lecture) finish,/fitting should match this requirement.
These areas will also be used for interview for selection, appraisal, coaching, mentoring and counselling type activities. 1no room will be dedicated to IT Induction/Training

5.8.3 Lecture Room
To accommodate multidisciplinary team meetings, and Consultant team/tutor meetings etc;
Should be accessible to patients from the clinical areas of the Hospital, a small patient waiting area to be provided.

5.8.4 Boardroom
Area to accommodate up to 25 persons with ICT facilities etc

5.8.5 Group Rooms
Room for Action Learning sets to cater for approx 7 students with a small worktop area for making coffee, plus small storage area for books

5.9 Other office type accommodation:
Clinical Staff/Administration offices should be located within each functional area where possible.
Accommodation for the following groups is required:
5.9.1 Tutors for Medical Students/postgraduates for main specialties
5.9.2 Director of Medical Education and Post Grad Medical Co-ordinator
5.9.3 Secretarial/Admin support for Director of Medical Education and Post Grad Medical Co-ordinator
5.9.4 Research and Education Foundation

5.9.5 General Admin/secretarial and related Organisational and Research support

5.9.6 Registrars open plan office

5.10 Coffee area/serving

Area for refreshments should be provided on the ground floor close to the main entrance and to main conference room. The area should be suitable for accommodating external firms catering for large gatherings. This is seen as the major social concourse and an area for information/ideas exchange. It is critical that it is very attractive and that there is no significant delay in obtaining beverages etc. Should integrate with Lobby space. Both are additional to basic circulation space.

5.11 Common Room

Casual meeting area/lounge adjacent to Lecture Room (L6) suitable also for casual catering requirements

5.12 Storage/Equipment Room

5.12.1 Store

Large space for storage and maintenance of general equipment /freezers is required.

Space for chairs, teaching equipment, e.g. flip charts, OHPs and poster boards, mainly for use in Lecture Rooms, and Exhibition Area Level 4. Storage can be located on Lower Ground Floor

5.12.2 Equipment Room

Dedicated space for Photocopying machines etc should be provided separate but proximate to administration offices, these areas require mechanical ventilation

5.13 Locker/Change Room/WC

Accommodation for approx 50 student types

to change from outdoor clothes to white coats, etc. and store belongings and clothing before going to work areas –can be located on lower Ground Floor

5.14 Science for Health laboratory

5.14.1 Sample preparation and molecular biology (PCR) set-up conducted in one area and post PCR manipulation/ analysis (electrophoresis) in a separate area (or a laminar airflow stations and PCR enclosures) preferably in separate rooms if feasible.

5.14.2 Areas to be used for PCR set up should be away from high traffic to ensure minimal disturbance. All areas should not be directly under or adjacent to windows, air vents, or frequently opened and closed doors.

5.14.3 A dark room area of about the size of a toilet cubicle is required for Transilluminator to view and photograph gels

5.14.4 Safety Cabinets:

According to the guidelines 90/679/EEC (Commission of the European Community) "*Categorization of the protection of workers related to exposure to biological agents at work"* Work with biological agents

Group 2 and 3 (product protection is necessary) should be conducted in Class 1 or 11 microbiological safety cabinets (MSC's).

5.14.5 Fume hoods:
One of the most important safety devices in a laboratory is a properly functioning fume hood. The fume hood protects users from inhaling chemicals by constantly pulling air into the hood and exhausting it out of the building. Fume hoods also provide protection in the event of an explosion or fire. To capture vapours adequately, a fume hood must provide an average face velocity of >100 linear feet per minute. However, excessive air velocities can cause turbulence that may bring the contaminants back into the user's breathing zone.

5.15 R&D- Health Services Research
Open plan office accommodation incorporating "Hot Desk" facilities

5.16 Consultants Common Room
General meeting room fitted with ICT facilities

SECTION 6

6. **Mechanical and Electrical Services**

The consulting, mechanical and electrical services engineer will be a fully integrated member of the design team (for which the Architect will be co-ordinator) and will design and supervise the mechanical and electrical services for the project.

The Mechanical and Electrical Services Engineer will prepare the specification for the mechanical and electrical works. All documentation will be in metric (SI) units. This section of the brief describes the engineering services contained in the development. Its purpose is not to inhibit the design solution but to acquaint the engineering member of the design team with the criteria adopted (in terms of material specification, design conditions and reference material) to meet the functional requirement. All descriptions in this section of the brief are to be read in conjunction with appropriate general operation policies and special accommodation briefs.

6.1 Basic Principles

6.1.1 Economy

Engineering services should be designed to obtain the optimum benefits from the capital invested. Where alternative design solutions are available, their consequential capital and revenue cost should be compared using present worth and cost in use techniques.

6.1.2 Energy Conservation

Taking into account the guidelines in Section 9 the efficiency of the design in regard to energy economy must achieve the following objectives:

- Provide adequate thermal comfort.
- Reduce heat transmission through fabric and openings.
- Reduce heat loss due to ventilation and infiltration.
- Control and optimise the distribution of heat within buildings by heating installations, ventilation and by transmission through fabric.
- Maximise the use of solar and casual heat gains by controlling overheating.
- Optimise the relationship between patterns of occupancy, thermal response of building fabric and thermal response of heating installation.
- Provide occupants with appropriate control and ensure that they understand what should be done to achieve economical operation.
- Ensure that the need for maintenance and monitoring is understood and that guidelines are provided.

In order to achieve this the design team should take into account the following:

- Chartered Institute of Building Services Publication.
- Building Energy Code – Part 1.
- Guidance towards Energy Conservation.
- Design of building and service.
- Building Energy Code – Part 11.
- Calculation of Energy demands and targets for the design of new buildings and services.

6.2 Maintenance

The engineering services should be designed and installed so as to ensure ease of maintenance with the minimum interruption of service and of the working of the complex while repairs and maintenance are being carried out.

6.3 Safety

The design should take into consideration all relevant health and safety legislation

6.4 Heat

6.4.1 General Considerations

The heating to be provided will be governed by the pattern of usage of the building i.e. primarily weekday, 9.00a.m. - 5.30 p.m. Meeting / Training rooms will have a high percentage of occupancy throughout this timeframe therefore good ventilation is required. It will be necessary to design a system to allow for certain specified areas e.g. Lecture/Seminar rooms etc to operate outside this time frame.

6.4.2 Main Systems and Room Requirements

Heating will be provided by connection to the Hospitals conventional hot water heating system, in some areas such as entrance halls and waiting rooms fan assisted convectors may be more appropriate. In offices and meeting rooms it should be possible to adjust the temperature manually.

Notwithstanding any variations that may arise in the context of Section 9 of this brief the recommended temperature and ventilation rates will be the responsibility of the consulting Mechanical and Electrical Services Engineer.

6.5 Ventilation

Natural ventilation will normally be used throughout the building. Where natural ventilation of internal rooms is not possible or inadequate for their purpose mechanical ventilation or air conditioning should be adopted. Design of appropriate temperature control/specification for air handling in various areas will be the responsibility of the Mechanical and Electrical Services Engineer.

6.6 Hot and Cold Water Services

Water services will be provided by connection to the hospital system.

Spray taps may be supplied for hand rinse basins in WC compartments. In the assessment of the hot water storage requirement the intermittent and light demand should be taken into account. Appropriate provision for a mains drinking water station should be made at each level.

6.7 Electrical Services/Artificial Lighting

6.7.1 General Illumination Requirements

The minimum recommendations levels of general illumination are as follows:

Offices/Meeting Rooms	200LUX
Reception/Waiting Etc	150LUX
Lavatories/Stores Etc	100LUX

Special attention should be given to lighting in rooms where videoconferencing facilities will be used and overbench lighting in Wet LAb

6.7.2 Socket Outlets

Consideration should be given to the provision of power link cable trunking or similar approved at dado level or skirting level in the offices areas and Skills Labs. This will offer maximum flexibility with regard to desks, computers and equipment locations. Generally socket outlets should be located in a manner that will minimise risk to building users, tripping over cables etc and minimise the risk to damage to the cables themselves. Power sockets, telephone and data outlets will be grouped to provide each user with ready and safe access to the services and be sufficient in number to cater for current and future needs

Each Workstation has a requirement for a minimum of 2 electrical outlets. It is recommended, however, that 4 outlets be provided. This reduces the need for adaptors etc. should extra outlets be required.

The CAT5e communications cabinets must also be supplied with electrical outlets. At least 6 outlets should be provided. A UPS (uninterruptible power supply) is recommended for the communications cabinet and for any servers employed by the various units within the Centre.

6.7.3 Telephones

It is envisaged the telephone system will be an extension of the hospital PABX equipment including connection to emergency numbers. Some direct telephone lines will be required in specified areas. Telephone handsets will be supplied as part of equipment

6.7.4 Computer equipment

The design team shall liase with the management information services officer with regard to this item. Provision is to be made in trunking and all PABX drops for additional data transmission cabling. Facilities for connection to 3rd level Institution high-speed networks should be provided. All computer equipment shall be supplied as an equipping item.

Data and Voice Cabling

Cable Structure

Any proposed office accommodation shall be equipped with Category 5 enhanced (CAT 5e) structured cabling system. The system will be used to deliver Voice and Data services.

Each proposed workspace shall be serviced by a minimum of a twin CAT5e faceplate, providing two RJ45 outlets. A spare twin faceplate should be provided per office to provide for future expansion. In other words, an office with two staff would be equipped with three double CAT5 faceplates, providing six points in total.

These outlets shall be labelled in a permanent and consistent fashion.

All cabling shall terminate within a secure communications room where a communications cabinet of sufficient size to house all patch panels and active data equipment shall be housed. The termination panels of the system shall be adequately housed within such cabinets, and clearly labelled to match the office outlets.

The Design Team should note that Eircom only provide their services to an area one metre from their point of entry into the building. It is a necessity that suitable cabling is installed from the dedicated Comms cabinet to this point of entry. In this instance, a cable size of 20 pair is sufficient.

Category 5 wiring should ideally be carried out at time of Electrical wiring, by a reputable Contractor who is certified for installation of such structured cabling systems. A test result and set of marked up drawings shall be presented at completion of this work and a guarantee offered. The NWHB reserves the right to have the system independently tested by an independent party, and have any shortcomings made good by the contractor at no cost to the NWHB.

6.7.5 Local External Lighting

To be provided at and around entrance areas.

6.7.6 Emergency Lighting System

An emergency lighting system should be installed. This lighting system should be directed towards facilitating evacuation of any occupied area in the event of fire coinciding with failure of normal lighting sources and towards ensuring adequate pilot lighting. (The system shall be independent of, and additional to standby electricity generation for the complex). Individual self charging lighting units should be considered.

6.8 Fire Safety

Engineering services proposed shall comply with recommendations contained in Health Technical Memoranda 81, 84 and 85 dealing with the Fire Protection of Health Care Buildings. Proposals in relation to fire detection and alarm systems shall comply with Health Technical Memoranda 82. The Design Team should also pay particular reference to Health Building Note 46, and Building Regulations 1997 – 2000 Part B.

The Design Team shall reach agreement with the Chief Fire Officer of the Local Authority Fire Service with regard to fire safety matters at an appropriate stage of the Planning process, and a Fire Safety Certificate shall be produced for all elements of the development. Adequate fire fighting equipment shall be provided as part of the Contract.

SECTION 7.

7. Civil and Structural Engineering Requirements

The Consulting Civil / Structural Engineer will be a fully integrated member of the Design Team (for which the Architect will be the co-ordinator) and will design and supervise the civil engineering site works and building structures. The Civil / Structural Engineer will prepare the specification for the civil engineering site works and structural works for incorporation in the building specification and bill of quantities.

7.1. A site investigation may be considered necessary to determine the underground conditions and if this proves to be the case approval to the additional expenditure should be sought at an early date.

7.2. Verification of the positions, levels, capacities and conditions of any existing underground services on or off site must be made so that they may be utilised to best advantage and that construction costs are minimised when siting proposed new buildings and associated services for the project.

7.3. Scope

The site works will comprise;

1) Water supply including external water mains and fire hydrants.

2) Sewerage comprising main site surface water sewers and foul sewers and out-fall sewers external to site if required:
site sub-soil drainage where necessary.

3) Earth works and retaining walls as may be required.

7.4. Structural Works

Foundations, reinforced concrete, pre-cast concrete and structural steelwork as required. Structural design will conform to current national and E.U. standard codes of practice and the Department of the Environment building regulations. Specification of requirements will be the responsibility of the Design Team.

SECTION 8

8. Guidelines for Sustainable Design

The goal in a sustainable-designed building is the same as in a conventional one:

To provide comfortable conditions for the people who use it.
The designers shall be sensitive to the complex interactions between external climate, building fabric and the human body and is so doing create an effective/efficient workplace environment. In sustainable design it is now usual to take account of peoples adaptive behaviour and to allow the occupants some degree of control over their immediate environment. Insulation levels for example should be viewed not only in terms of reduced building heat loss, but also in terms of reduced design air temperature.

8.1 Visual Comfort
Poor lighting can cause eyestrain, fatigue, headache and irritability, to say nothing of mistakes and accidents. For visual comfort people need the right intensity and direction of illumination for the task they are engaged in, together with pleasant ambient lighting. Good colour rending is required with freedom from glare and some variety in lighting quality. Special attention is required with regard to wall finishes and lighting in areas using Videoconferencing equipment.

8.2 Acoustic Comfort
Acoustic quality is a primary issue and the acoustic consequence of ventilation strategy will have to be taken in to account e.g. ventilation openings between interior spaces. It is essential that measures be provided to reduce the transmission of noise and to provide sufficient sound absorption in occupied spaces, particularly in areas where videoconferencing /teleconferencing will be used

8.3 It is essential that the strategies for control of the interior climate are made explicit and agreed with the client at an early stage.

SECTION 9

9. Safety, Health and Welfare at Work (Construction) Regulations 1995

It is envisaged that the Architect, as leader of the Design Team, will be appointed as Project Supervisor (Design) under the above Regulations. The fee for this work will be identified separately but incorporated with the overall design fee for the project. The other members of the Design Team will be required to co-operate with the Project Supervisor (Design) and furnish all necessary information required by the Project Supervisor (Design) in fulfilment of that role and in completion of the preliminary safety plan for the project.

SECTION 10

10. **Cost Controls and Cost Limit**

The primary objective of cost control is to ensure that the cost of the project, on completion, is within the cost limit stated hereunder. The capital cost of the project is divided into four categories i.e.

- Works (Construction) including any enabling works.
- Design team fees.
- Equipping/Commissioning.
- Miscellaneous including: -
  - (a) Local authority charges,
  - (b) Utility company charges,
  - (c) Fees for special consultants, legal, etc.

The cost limit stated hereunder covers only the first category, i.e. works.

Cost control concerns all members of the project and design team and is broadly divided into two distinct parts.

A) Pre-contract Cost Control:

This is by far the most important stage of cost control as most of the costs are decided relatively early in the design process. It is necessary to ensure that the cost limit is adhered to through all stages in the Design Process. The departments and schedules of net floor areas in the brief reflect the accommodation that is considered can reasonably be achieved, to acceptable functional and quality standards for the cost limit. The first design task will involve examining the design options within the parameters set by the brief and recommending a preferred option to the Project Team for consideration. It may be necessary to modify the brief following the selection of a preferred option to reflect affordable accommodation. The most significant cost of a project is its revenue costs and it is imperative that every effort will be made to ensure that the best overall value for money is achieved. Investment appraisal should be carried out wherever appropriate in this regard.

B) Post – Contract Cost Control:

This involves ensuring that from the placing of the contract to the issue of final certificate, control is exercised to ensure the Final Account is agreed within the cost limit.

Changes in building prices:

The cost limit is set at a stated date and is based on market prices achievable by competitive tender at that date. Allowance will be made to the cost limit for price movements that occur after that date until the designate date of the accepted tender.

From the designated date until completion of the works the "Wage and Price Variations" clause of the contract will identify fluctuations, which are allowable in addition to the cost limit. Where the contract is fixed price that is where the wage and price variation clause has been deleted due allowance will be made to the cost limit to cover the fixed price premium payable.

Cost Limit:

The cost limit is €4m including Equipment/Furniture/Fees and V.A.T.

SECTION 11

11. Schedule of Accommodation

Distribution of Related Activity Function to Levels

Level	Function/Activity	Total Area m²	Approximate Room area	Sub Total /Note/Ref
7	▪ Science for Health laboratory. ▪ R&D ▪ Research Fellows/Visitors o Single open plan office for 2-3 persons ▪ Research Advisors o Open Plan office for 2-3 persons ▪ Seminar Room ▪ ICT Support office/Poster making o 1no open plan room for 2persons including large equipment ▪ Research Support Offices o 1no admin office o 1no managers office o 1no Office (Res Ethics) ▪ Registrars Offices o Open plan Hot desks ▪ Tutors Offices o 4no Offices ▪ Group Room (1)	▪ 100 ▪ 90 ▪ 35 ▪ 25 ▪ 35 ▪ 25 ▪ 35 ▪ 50 ▪ 48 ▪ 20	10m 15m 10m	463 m²
6	▪ Clinical Research Centre/Institutes o 5no offices ▪ Skills Labs o 1no Major Training o 5no Minor training	▪ 75 ▪ 110	40m 70m	

	▪ Common Room ▪ Lecture Room ▪ Seminar (4no) ▪ GP o 1no admin Office o 1no managers office o 1no open plan office ▪ Group rooms (2) ▪ Reading room	▪ 30 ▪ 45 ▪ 48 ▪ 45 ▪ 40 ▪ 60m	 10m 15m 20m 	 <u>453 m²</u>
5	▪ Consultants` common Room ▪ Clinical Audit o 1no Admin Office o 1no managers Office o 1no open plan office for 5no Staff ▪ Specialty Support o Office for 2no staff ▪ Safety/Risk o 1no admin office o 1no managers Office o 1no open plan office ▪ Pub. Health o 1no admin office o 1no managers office o 1no open plan office ▪ Clinical Coordinators o 1no Office for 2no managers + Filing ++ and side meeting area o 1no office for 3 staff + document production and Photocopy ▪ Seminar room. ▪ Dir/Medical Ed/Post/Grad Medical coordinator/Sec o 2no managers offices	▪ 45 ▪ 60 ▪ 20 ▪ 60 ▪ 60 ▪ 65 ▪ 40 ▪ 40	 10 m 15 m 35m 10m 15m 35m 10m 15m 35m 30m 35m 20m	

	○ 1no admin office		20m	
	▪ Group Room (1)	▪ 20		
	▪ REF	▪ 45		
	○ 1no admin office		10m	
	○ 1no managers office		15m	
	○ 1no open plan work area		20m	455 m²
4	▪ ACLS etc Resuscitation	▪ 150		
	○ 4no breakout rooms		75m	
	○ Seminar room		40m	
	○ Office for 2persons		15m	
	○ Storage		20m	
	○			
	▪ Conference x 2 + Support	▪ 160		
	○ Adjoining rooms: Rm 1		80m	
	Rm 2		60m	
	○ Hub room IT equipment		20m	
	▪ Board Room (generic)	▪ 30		
	▪ Foyer/exhibition /catering overflow	▪ 80		
	▪ Coffee Dock	▪ 40		460 m²
3	▪ Storage	▪ 60		
	▪ Change/Locker	▪ 50		110 m²
	Optimise space here			
Total				**1941 m²**

SECTION 12

12. Space freed up in the main Hospital Building		**Sq Meters**
12.1. Research and Education office Level 4	14	
Sub Total		14
12.2. Clinical Management Activities (non clinical)		
12.2.1. Clinical Audit		
12.2.1.1. Manager (level 5)	12	
12.2.1.2. facilities (Cherry Cottage)	45	
Sub Total		57
12.2.2. Clinical risk Management		
12.2.2.1. Manager (level 5)	15	
12.2.2.2. Administrator (level 5)	12	
Sub Total		27
12.2.3. Clinical Coordinators		
12.2.3.1. Coordinator+Admin+2 Researchers (Level 2)	55	
12.2.3.2. Storage (Level 3)	5	
Sub Total		60
12.3. General Practice Support		
12.3.1. Office/Director (Level 4)		14
12.3.2. Administration (Level 6)		10
Sub Total		24
12.4 Consultants Common Room (Level 3)	50	
Sub Total		50
12.5. Specialty coordinator (The Mall)	10	
Sub Total		10
TOTAL Approx:		**242m²**

SECTION 13

13. Staffing

It is envisaged the transfer of staff from existing facilities within the hospital and other areas will manage the facilities.