

Ministry of Health

Engineer/Architect

For Hospital Infrastructural Improvement Project

Terms of Reference

1.0 BACKGROUND

The Glendon Hospital was temporarily relocated to the St. John's School buildings in 1995 and permanently in 1996. The school buildings were constructed in excess of fifty (50) years ago. The conditions were subpar and unsuitable for a hospital. A curtain separated the Obstetrics and Female Ward. Floors were untiled and staff had to rummage through boxes for supplies as there was no shelving. There were no air conditioning units to keep supplies and equipment cool. The operating theatre was located off the compound in the building now occupied by Environmental Health. The Morgue, Medical Stores and Pharmacy Stores were housed in containers. Metal buildings housed the elderly. Approximately seventeen years ago rehabilitation work was undertaken in phases to make the facility more purpose-fit for use as a hospital. Over the years, maintenance on the buildings were not routinely carried out based on the limited budgetary allocations. In later years with the anticipation of an upgraded/new facility maintenance was further deferred. The buildings have also been impacted by the harsh environmental conditions. The Glendon Hospital is comprised of the Casualty, Medical Records and Ward Blocks, Administration Office, Physiotherapy Unit, Morgue, Kitchen and Margetson Memorial Home (MMH). The Morgue and Theatre were commissioned in 2004; MMH in 2007 and Physiotherapy Unit in 2008. With the support of the UK Department for International Development (DFID), the Government of Montserrat (GoM) is embarking on addressing the outstanding maintenance issues within the 2015/16 fiscal year to make the facility functional until a new one is provided.

2.0 OBJECTIVES

The initiation of some aspects of the schedule of activities requires technical support to make assessments, recommend solutions, develop Scopes of Works, review required pieces of work, make modifications and cost these works. This will include but is not limited to:

1. Reviewing the project proposals, budgets, expenditure schedules, existing technical, analytical and economic data to ensure that the targets are achieved within the agreed timeframe;
2. Ensuring all relevant government objectives, legislation, codes and national policies which are necessary to promote positive outcomes are adhered to including; procurement, land take and contract regulations.
3. To ensure that all current and ongoing assessments and topographic surveys carried out throughout the project are considered during project design and implementation.

It is anticipated that the contracted engineer/architect will collaborate closely with the Secondary Care Manager and Maintenance Technician at the Glendon Hospital, under the supervision of the Permanent Secretary, Ministry of Health & Social Services. The role will involve providing solutions, preparing plans, developing Scope of Works, evaluating tenders and supervision of works as required. This will include supporting delivery of the objectives in a timely manner, whilst considering quality and value for money at all times.

3.0 SCOPE OF WORKS

To ensure the effective planning, execution, reporting and monitoring of the Glendon Hospital schedule of activities detailed below. The engineer/architect will be required to work within the existing Glendon Hospital team, whilst also liaising with the Ministry of Communications, Works & Labour Architectural Division and Engineering division as necessary. The Glendon Hospital team will call on the services of the engineer/architect 'as and when' required, initially for a **6 week period**. The scale of the work is likely to range from 2 to 3 'full' working days a week. However this could increase depending on conflicting work pressures within the ministry as well as the stage of implementation of the works. The team will be responsible for taking forward the following activities:

SCHEDULE OF ACTIVITIES

1. **Activity One:** Completion of Scope of Works (including plans where necessary) for:
 - a. Enhancement of Privacy on Ward:
 - Construction of partition from ceiling to floor with two swinging doors having glass panels and kick plates on Female Ward
 - Replacement of swinging door(s) on Male Ward
 - Create direct access from Nurses Station to Male Ward
 - b. Removal and replacement of drop ceiling in Isolation Room en-suite
2. **Activity Two:** Completion of Scope of Works (including plans where necessary) for:
 - a. Replacement of existing Ward Windows with suitable screened windows
3. **Activity Three:** Completion of Scope of Works (including plans where necessary) for:
 - a. Modifications to the entrance of the Casualty. This will include:
 - Covering entrance
 - Using guttering to divert water away
4. **Activity Four:** Completion of Scope of Works (including plans where necessary) for:
 - a. Modifications to the Casualty sluice room:
 - Determine best position to locate access door.
 - Diversion of plumbing as needed
 - Installation of access door and construction of external platform

Enclosure of Nutrition Office
5. **Activity Five:** Completion of Scope of Works (including plans where necessary) for:
 - a. Removal/repair/replacement of external fascia board

- b. Resurfacing walkway from Casualty to Wards and from Kitchen to Wards and Physiotherapy
6. **Activity Six:** Completion of Scope of Works (including plans where necessary) for:
- a. Construction of covered walkway from Casualty to Wards
 - b. Improvements to Compressor Room:
Removal and replacement of Compressor Room and installation of two (2) horizontal windows.
7. **Activity Seven:** Completion of Scope of Works (including plans where necessary) for:
- a. Repair of the Hospital Conference Room
Removal and replacement of rotting T1-11
8. **Activity Eight:** Completion of Scope of Works (including plans where necessary) for:
- a. Construction of shed for Incinerator
9. **Activity Nine:** Completion of Assessment (including plans where necessary) for:
- a) Assessment of MMH Sewage System, recommend solution and cost
 - b) Review drainage tender for MMH, determine suitability and cost
 - c) Review plan for enclosure of MMH external stairs, determine suitability and cost
10. **Activity Ten:** Completion of Assessment (including plans where necessary) for:
- a) Assessment of soil to determine whether repairs or demolition required for the lunchroom
 - b) Assessment of water seepage through walls in Nursing Administration Building, Medical Records, Administration Office, recommend solution and prepare scope of works

Planning

Planning and execution of each activity will include, but is not limited to:

- Providing all the required preliminary and final architectural/structural designs and plans for each assigned project or assigned aspect of the project.
- Providing the required information for project planning including measurements, dimensions and quantities for the finalisation of estimates and bill of quantities.
- Providing the required information that will assist in the development of the project schedule, implementation plan and milestones.
- Providing the requisite information for the development and finalisation of the tender documents.
- Facilitating the timely completion of all contractual agreements for the assigned project including the specifications.

Execution

- Managing the Gantt chart of all activities required to move from planning, procurement, implementation delivery and closing of the project.
- Assisting in ensuring contractors carry out the work as planned, designed and in accordance with architectural standards and practices.
- Carrying out measurement of works completed and agreed by foreman and the contract.
- Where required provide payment certificates for certification and process by the relevant authority.
- Directing and controlling all technical / execution aspects of the project including all work undertaken by contractors.
- Monitoring and ensuring that the activities are being implemented in accordance with the plans, on schedule to budget, and within defined quality standards.
- Ensuring that all works are carried in a safe manner and all the required signs and safety measures are put in place.

4.0 TIMEFRAME

It is essential to note that all works and expenditure under this first dispensation of programme must be completed by March 2016. The arrangement for this short term technical assistance will cover an initial period for **6 weeks**.

5.0 REPORTING REQUIREMENTS

The architect/engineer shall prepare and submit weekly progress reports to the Permanent Secretary, which will be prepared in a format following best practice. These reports shall include written descriptions of:-

- Designs and documentation completed according the schedule agreed.
- Progress of the works during the week and expenditure to-date;
- Any technical problems or issues arising with recommendations for remedies/solutions;
- Any delays in timeframe and proposed adjustment to maintain schedule according to the Gantt chart;
- Updates on any other issues which could facilitate or affect the progress of the work;
- Future planned works and expenditure;
- Compile weekly reports on quality assurance and quality testing.

The architect/engineer will report daily and directly to the Permanent Secretary, Ministry of Health & Social Services/ Director of Public Works Department and will provide any requested information pertaining to the project to DfID with the authorisation of the Director. Upon completion of any activities, the architect/engineer shall prepare a Project Completion Report (PCR) in accordance with GoM and DfID requirements. The PCR will form a comprehensive record of the design, construction and erection of the works accomplished including:-

- A description of changes or modifications to the design;

- Problems encountered and solutions adopted (Lessons learned);
- Overall construction volume, quantities and costs;

All reports will be submitted in electronic and hard copy format and sent to Director of Public Works. All drawings and designs must be provided in DWG and PDF format that are compatible with MCWL current software. Reports should be written (in English) in Microsoft Word and spreadsheets must be compatible with Microsoft Excel.

To improve the coordination and delivery of works, the architect/engineer will also be required to liaise/work with GoM staff including the Government Architect, PWD Architect, Quantity Surveyor, Assistant Quantity Surveyor, and CAD Technician.

6.0 REQUIRED PROFILE AND QUALIFICATIONS

The ideal candidate should be a professionally qualified engineer, architect (or similar discipline) and have at least 5 - 10 years of experience. Candidates should have a bachelor's degree or similar qualification. Ideally the candidate will be able to demonstrate 2 years recent experience of working within an Health environment, or within similar surroundings. This can include a portfolio that demonstrates practical experience for: i: improving privacy to existing rooms/ buildings; ii: window and screening replacement; and, iii: modification of building entrance points. There will be a need to demonstrate a strong ability to be mobilised and on site as and when required, during the initial four week period from the commencement of the contract. This will include experience in completing work in a timely manner, whilst demonstrating value for money, without loss to quality.

The candidate should also have experience and knowledge of, but not limited to:

- Design and construction of public and commercial buildings;
- Design and construction of residential units;
- Building and facility maintenance management;
- National Building Code and international design standards;
- Planning Application procedures;
- Government procurement procedures;
- Report writing, project planning and reviewing skills;
- Contract and contract management.

8.0 RESPONDING to the TOR

All interested parties must submit a CV by **Monday November 23rd 2015 by 12:00 noon** along with a proposal outlining how they plan to achieve the purpose and objectives of the Terms of Reference. The CV should include a short relevant biographical resume of the applicant, making clear how their

knowledge, skills and recent experience fulfil the required competences. The names and contact details of two independent referees should be included. These referees can be contacted without prior advice to the applicant. Costs should include the overall daily rate, together with a breakdown of all associated fees and all expenses. Compensation will be commensurate with qualifications and experience and will be paid as per assigned works completed.

The applicant may offer suggestions and improvements to the Terms of Reference, which it considers would result in better implementation of the project. Such proposals if accepted will form part of the Terms of Reference of the proposals submitted by the applicant. The effect on time and cost estimates given under the above clause shall be clearly identified.