THE NEW UNIVERSITY HOSPITAL IN AARHUS

INFORMATION REGARDING THE PROCUREMENT OF GENERAL CONSULTANCY, JANUARY 2007
1. INTRODUCTION

2. CENTRAL DENMARK REGION

3. THE PROJECT BACKGROUND
   3.1. Historical Background and Political Decisions
   3.2. Phased Vacation of the Premises
   3.3. Funding

4. VISIONS
   4.1. Visions for the New University Hospital in Aarhus

5. GOALS AND FRAMEWORK
   5.1. Scope of the Project
   5.2. Organisation of the New University Hospital into Manageable Units
   5.3. Research and Teaching
   5.4. The Physical Basis of the Plan
   5.5. Schedule

6. PROJECT ORGANISATION
   6.1. Overall Organisation of the Project

7. GENERAL CONSULTANCY
   7.1. Selection of General Consultant
   7.2. The Consultancy Service
   7.3. Basis for the Selection of the “Competitive Dialogue” Form of Procurement
   7.4. The Dialogue Process
   7.5. Submission of Tenders
   7.6. Allocation of the Project
   7.7. Selection Committee
   7.8. Remuneration for Tender
1. **INTRODUCTION**

This material serves as a briefing on the background and performance of the procurement of General consulting regarding the New University Hospital in Aarhus, which is open for tender in competitive dialogue in accordance with the EU’s procurement directive (European Parliament and Council Directive no. 2004 18/EC of 31st March 2004) by governmental order of 12th January 2007. The governmental order can be downloaded from www.rm.dk/via1026.html and contains all the information and requirements regarding participation in the bidding.

This material has been prepared to serve as an additional explanation of the consultancy project and is aimed for the use of those interested in participating in bidding for the project.

Central Denmark Region will invite 3-5 applicants to participate in the competitive dialogue, which will commence with the descriptive document being sent out, which will contain more specific information, requirements and conditions for the bidding process.

2. **PRESENTATION OF THE CONTRACTING AUTHORITY “CENTRAL DENMARK REGION”**

The contracting authority, Central Denmark Region, is one of the five Danish public regional authorities that were established in connection with the structural reforms. The main responsibilities for the Danish regions are all the health authorities, social institutions and regional co-operation with trades and industries, municipalities and educational bodies, to ensure regional development. Central Denmark Region covers central Jutland from coast to coast and includes the former counties of Aarhus and Ringkøbing, along with parts of the former counties of Vejle and Viborg. Central Denmark Region is one of the largest regions, with a population of 1.2 million.

**Map of Denmark by region**

(population: 5.5 million)
Central Denmark Region commenced its activities on 1st January 2007 and its head office is in Viborg. The Region is managed by an elected regional council with 41 members. It has 24,000 employees and an operating budget of approximately 21 billion Danish kroner, which is mainly funded by a block grant from the Danish Government and service-charge payments from the 19 municipalities in the Region. As part of the structural reforms the municipalities have been strengthened through an increased responsibility within selected projects in the health sector, such as rehabilitation and improvement of the health of the population.

Further information about Central Denmark Region can be found at [www.regionmidtjylland.dk](http://www.regionmidtjylland.dk) (only in Danish).

**Functions of the Hospitals in Region Midtjylland**

The main responsibility for Central Denmark Region is the operation of the somatic hospitals, shown in the illustration above. The hospitals are organised into the Regional Hospital and the University Hospital. The Regional Hospital has its hospital functions located across the entire region with independent hospital managing bodies in Herning, Viborg, Randers, Horsens and Silkeborg. The University Hospital has independent hospital managing bodies at Aarhus University Hospital, Skejby and Aarhus University Hospital, Aarhus Hospital. A close co-operation exists between the University Hospital, the Regional Hospital, the general practitioners and the municipalities.
3. **THE PROJECT BACKGROUND**

3.1. **Historical Background and Political Decisions**

On 1st February 2005 Aarhus County Council decided to initiate the planning of the unification of the somatic hospital functions in Aarhus at Skejby Hospital ("The Master Plan for the Hospitals in the City of Aarhus"). On 1st January 2007 Skejby Hospital changed its name to Aarhus University Hospital, Skejby.

The somatic hospital functions in the city of Aarhus are now covered by two organisations – Aarhus University Hospital, Aarhus Hospital and Aarhus University Hospital, Skejby. Aarhus Hospital now has its functions in Nørrebrogade, Tage-Hansensgade and P.P. Ørumsgade. The hospitals are all a part of Aarhus University Hospital and undertake a significant amount of research and teaching. They also undertake national and provincial hospital treatment functions, just as the hospitals undertake basic treatment for the 300,000 inhabitants of the city of Aarhus.

The purpose of the project is to merge the four geographical units into a new single university hospital. In the New University Hospital the two organisations will be amalgamated into one hospital, wherein the strengths from the existing organisations are to be exploited to the best possible advantage for the patients. The professional co-operation already existing across the organisations is to be developed further.

**Unification of the Hospitals in the city of Aarhus**
The first stage of Aarhus University Hospital, Skejby opened in 1987 and since then a number of departments have moved from the other Aarhus hospitals to Skejby. Most recently the Clinical Microbiological Department moved from Nørrebrogade to Skejby and in 2007 the Institute of Forensic Medicine will be moving to the hospital. Aarhus University Hospital, Skejby is currently one of the country’s most specialised hospitals with modern buildings and sophisticated equipment. The hospital has approximately 40,000 admissions and 150,000 outpatient visits every year. There are approximately 3,000 employees.

Aarhus Hospital is a specialised and well-functioning university hospital with a very comprehensive research activity. It is the largest hospital in Central Denmark Region with approximately 60,000 admissions and 433,000 outpatient and accident-and-emergency visits every year. There are 6,000 members of staff. The 40 departments are contained in five centres and among these is one of the country’s largest emergency centres and one of the largest centres for the treatment of cancer.

There are currently considerable problems with the physical conditions at Aarhus Hospital. Aarhus Hospital in Tage-Hansensgade (formerly known as the County Hospital) was primarily erected in the 1930s and is therefore showing signs of failing to live up to modern-day requirements for hospital buildings. In 2001 a general plan was prepared with a budget of approximately 1 billion Danish krone with a view to a substantial improvement of the physical conditions. Aarhus Hospital in Nørrebrogade (formerly known as the Municipality Hospital) is also showing the signs of an ageing collection of buildings, of which the greater part was erected between 1893 and 1959. The hospital is located in a dense, urban built-up area, making extension very difficult. Additionally, it is difficult to comply with orders from the Danish Working Environment Authority, since these would require considerable changes to the buildings. In addition to this, the continual transfer of patients, personnel, laboratory specimens etc. between the hospitals in Aarhus has increasingly hampered possibilities for professional co-operation and the arrangement of a more rational mode of operation.

On this basis, in 2002 Aarhus County decided to merge Aarhus Municipality Hospital and Aarhus County Hospital into what is known today as Aarhus Hospital. A decision to move the functions of Aarhus County Hospital (including the functions of the former Marselisborg Hospital) in the long term to Aarhus Municipality Hospital and Skejby Hospital also formed part of the plan, with a view to selling off the County Hospital’s buildings.

In March 2004 Aarhus County Council decided, furthermore, to come up with a model in which all the somatic hospital functions in the city of Aarhus would be moved to Skejby.

On 1st February 2005 Aarhus County Council decided to initiate the planning of the assembly of all the somatic hospital functions in Aarhus at Skejby Hospital (“The Master Plan”).

In continuation of the County Council’s decision the Project Department for the New University Hospital was established (up until 1st January 2007 known as “The Master Plan Secretariat”). In 2005 the Project Department commenced preliminary planning with the organisation of the hospital,
changes to the basis of the plan, purchase of land, preparation of EU
invitation to tender etc.

On 8th March 2006 the Regional Council for Central Denmark Region made a
unanimous decision to continue the planning of the New University Hospital.

3.2. Phased Vacation of the Premises

The New University Hospital is expected to consist of new buildings of
approximately 250,000 m2, which will be established in connection with the
existing Aarhus University Hospital, Skejby. The construction process is
expected to be carried out in a number of stages. One of the terms for the
County Council’s decision on 1st February 2005 regarding the establishment
of the New University Hospital was that the buildings in Tage-Hansensgade
are to be vacated as soon as possible. So far no plan exists for dividing the
project into phases. The regional council for Central Denmark Region has
expressed a wish for the urgent performance of the entire project for the
New University Hospital.

3.3. Funding

A significant amount of the anticipated gross expenditure of approximately
5.3 billion kroner (index 108.8) is expected to be funded through the sale of
the vacated hospital buildings in Tage-Hansensgade and Norrebrogade.
Furthermore, in 2007 Central Denmark Region will enter into concrete
negotiations with the Ministry of the Interior and Health regarding funding
for the project.

In 2006 a preliminary “public-and-private-partnership” analysis was carried
out on the project. The Regional Council was in agreement with the
conclusions of the analysis and on 13th December 2006 decided that the
new building work for the New University Hospital should not be carried out
as a single “public-and-private-partnership” project. Nor would further work
be done on investigating whether segments of the project (e.g. the
functioning of utilities) should be performed as “public-and-private-
partnership” projects. If the terms for taxes, rates and dues for “public-and-
private-partnership” projects should change then the Regional Council would
evaluate whether segments of the project should be carried out as “public-
and-private-partnership” projects.

4. VISIONS

4.1. Visions for the New University Hospital in Aarhus

The vision for the New University Hospital in Aarhus is as follows:
- The New University Hospital is to be among the leading university
  hospitals in Europe, delivering high quality, specialised hospital
  treatments to Central Denmark Region and the rest of Denmark. The
  highly specialised treatments will be supported by research,
  development and education.
• The New University Hospital shall also be a well-functioning local hospital, in which approximately 300,000 inhabitants in Aarhus will have access to general, high quality hospital treatments.

• The New University Hospital is to serve as an integrated part of the hospital structure in Central Denmark Region.

• The New University Hospital is to contribute towards creating coherence between specialist functions, basic functions, general practitioners, rehabilitation, home care etc.

The New University Hospital is to handle patient treatments within all somatic health care specialities at both basic and highly specialised levels. A high level of professional quality is to be ensured and developed through integration between patient treatments, research and education.

In terms of the organisation of specialisations and functions, the vision is that the New University Hospital should function as a single patient-focused hospital, in which the individual patient will experience a logical, coherent treatment process with as few transfers as possible and in which treatment, research and education will form an integrated part of the process.

Furthermore, the vision is that the New University Hospital, through the establishment of co-operation, suitable physical conditions and a coherent
process of treatment for the patient, will become the preferred choice for highly qualified personnel for research, education and clinical activities. The key words for the attitudes and values the physical conditions should support in relation to patients and their relatives are ‘integrity’, ‘respect’, ‘comfort’ and ‘privacy’.

The New University Hospital is to be divided into manageable physical and organisational units. These will be called professional communities/blocks and could, for example, be the Woman-Child Block, consisting of the current specialisations in Obstetrics/Gynaecological Department and the Paediatrics Department (see page 10). The division of the health specialisations into professional communities should help to ensure that close professional co-operation can be established between the specialisations. This will ensure the possibility for creating a coherent process of high quality for the individual patient. The division into professional communities must also support the establishment of co-operation between relevant specialisations across the entire hospital.

5. GOALS AND FRAMEWORK

5.1. Scope of the Project

The implementation of the New University Hospital in Aarhus involves new buildings of approximately 250,000 m2 with an anticipated expenditure of approximately 5.3 billion Danish kroner (index 108.8 – regulation index for the building of houses). The new building is to be integrated with the existing Aarhus University Hospital, Skejby, which occupies approximately 150,000 m2. The New University Hospital will thus occupy approximately 400,000 m2. The total area of land for the New University Hospital in Aarhus will be approximately 970,000 m2.

Central key figures for the new hospital, with a starting point in the current situation, are expected to be as follows:

The operational budget is expected to be approximately 4.5 billion Danish kroner, most of which will be used for clinical activities:

- 100,000 admissions per annum
- 600,000 outpatient visits per annum
- approximately 1,300 beds
- approximately 9,000 employees
- approximately 25,000 transfers per day

The implementation of this vision places great demands on the physical and technological conditions for the New University Hospital, including:

- Patient and personnel-friendly surroundings with plenty of daylight, a good indoor climate, green areas and art exhibits etc. (healing architecture).
- Good logistics, with the best possible coherence between new and existing buildings.
- Good infrastructure with a suitable phasing out of the various forms of transportation to and from the hospital area and within the hospital area itself.
• The best possible exploitation of future technologies within patient treatment, logistics and delivery of services.
• Buildings with architectural durability, technical solutions that will be viable in the future and a high quality of construction.
• High flexibility, such that the hospital buildings can continually be adapted at low cost to developments within patient treatment and research.
• Possibility for the fulfilment of future capacity requirements.
• Completely economical building, for which the construction costs, operation and maintenance are optimised and for which technical and energy solutions, that will be viable in the future, and high construction quality are selected.

Research and teaching facilities for the University of Aarhus form a significant, integrated function in the New University Hospital.

Furthermore, there is a need for a number of help functions to support the clinical activities, including:

• Pharmacy
• Kitchen
• Laundry
• Central depot
• Transport departments
• Central sterile area
• Technical departments
• Technical supply
• Medical-technical department
• etc.

5.2. Organisation of the New University Hospital into Manageable Units

Central Denmark Region has decided, as one of the basic terms for the New University Hospital in Aarhus, that the hospital should be divided into manageable units.

The fundamental values adopted for the New University Hospital in Aarhus are as follows:

• Logical coherent process of treatment for the patient, implying that the hospital complex can be divided into smaller and more manageable units.
• Close professional and cross-professional co-operation as a prerequisite for high quality in the health services.
• Integration of patient treatment, research and education.
• Good internal and external logistics.
• Attractive workplace.
• Support of good business economics.

Since autumn 2005 various work groups have been established and have come with suggestions for how the hospital can be organised into manageable units. On the basis of this, in June 2006 the Steering Committee decided on a plan for the division of the New University Hospital into seven professional communities.
In order to be able to live up to the aforementioned fundamental values and terms it has been necessary to think about coherence in a new way. Coherence for the patient means a minimum of moves to different departments. It is therefore crucial that as much as possible in terms of preliminary tests, diagnostics and treatment can take place within a professional community in the form of physically connected blocks.

However, it is clear that there are some functions that are so specialised and require so much apparatus that they will only take place in a few locations – or maybe just in one location in the hospital. It is the view of the Steering Committee for the New University Hospital that quality should be prioritised over proximity, which also applies when prioritising what should be placed centrally and what can be decentralised.

Characteristics of a professional community / block:
- A number of existing departments located in physical connection with each other.
- Larger shared capacity, which involves a greater flexibility regarding shared beds, covering of duties etc.
- Gives the opportunity for both highly specialised treatment and basic treatment.
- Gives a basis for locating transverse functions, such as anaesthesia/intensive care/operations, X-ray, physiotherapy/ergotherapy, laboratories etc. in a block or possibly across two blocks.
- Gives a basis for common research/teaching facilities and a more appropriate capacity with respect to international recognition.
- A professional community thereby becomes more than just the sum of its parts.

Organisation of the Seven Professional Communities and the Current Location of the Departments
The specialisations in the seven professional communities.blocks are to be supported by cross-clinical functions. In 2006 four working groups worked with recommendations for the placement and scope of the cross-clinical functions within the following areas:

- Anaesthesia/intensive care/operations
- X-ray diagnostics
- ergotherapy and physiotherapy
- laboratory area

The starting point for the working groups was for the professional communities to be “self-sufficient” with cross-clinical functions in order to consider the requirement for manageable units. At the same time the requirement for rational operation means that individual professional communities do not have support for all cross-functions. A number of recommendations now exist from the working groups regarding which cross-clinical functions should be connected to the individual professional communities, with an evaluation of future capacity requirements.

5.3. Research and Teaching

Research and teaching will form a significant part of the New University Hospital. Research and teaching are to be undertaken by the partnership “Aarhus University Hospital”, which is a partnership between the Faculty of Health Sciences at the University of Aarhus and the following six hospitals in Central Denmark Region and North Denmark Region:

- Aarhus University Hospital, Skejby
- Aarhus University Hospital, Aarhus Hospital
- Psychiatric Hospital in Aarhus
- Children and Young People’s Psychiatric Hospital in Aarhus
- Aalborg Hospital
- Aalborg Psychiatric Hospital

The partnership is the framework around a highly-specialised clinical activity with a dense concentration of national and provincial functions as well as clinical and other hospital-based research. Additionally there is the clinical teaching of medical students, special projects in specialist training programmes and placements for students on other health education programmes.

The Faculty of Health Sciences at the University of Aarhus is among the forerunners in Scandinavia (Times Higher Education 2004-2005). These impressive results are due to the fact that the research is closely connected to patient treatment at the hospital. In future it is expected that Aarhus University Hospital will attract even more research activity in line with research funding being transferred from East to West Denmark. It is necessary to ensure that the physical conditions support an increased level of health sciences research activity in Aarhus.

A strong university hospital needs to be a dynamo for the whole of Central Denmark Region. A dynamo functioning in an interaction with the regional hospitals, primary care sector and the municipalities. The research and teaching facilities need to be available for all parties in the health service. The two principles upon which Aarhus University Hospital rests also serve as
a basis for this strong position and influence its operations in its daily work as well as in its strategies and plans.

The first principle states that there is an inextricable connection between fundamental research, clinical research and clinical developments, and thereby treatment. This principle is in operation every day in the university hospital’s coherent structure, in which research laboratories and research personnel are integrated into the hospital’s work. The principle means that development is based on a network organisation rather than on large centres.

The second principle states that education should be research based. Research is the basis for the teaching and educational programmes and thereby also the staff qualifications. This applies to the undergraduate and postgraduate medical education programmes as well as to other health education programmes.

In the spring of 2006 a working group prepared a report with recommendations for the organisation and location of research and teaching functions in the New University Hospital. It is anticipated that research and teaching facilities will be established both at the hospital level in the individual professional communities and in connection with the individual specialisations.

5.4. The Physical Basis of the Plan

The New University Hospital is a significant part of the urban development in northern Aarhus, an area which is already undergoing vigorous rebuilding. To the east of the hospital there is a larger business area under development and an entire new urban area is being established in Lisbjerg to the north. The infrastructure in the area is being extended considerably with the establishment of the Søften-Skødstrup motorway. Furthermore, there are plans for a light railway between Aarhus C and Lisbjerg, many of whose passengers are expected to come from the New University Hospital.

A perspective area is expected to be laid out immediately north of the hospital area, with the possibility for establishing hospital-related activities, such as research activities, a psychiatric hospital etc.

Today Aarhus University Hospital, Skejby is a relatively low one-to-two-storey building. The hospital is situated in an area assigned by the municipality for public purposes. There are green areas to the north-west, west and south of the area and these have been allocated as part of the green structure around the city of Aarhus. The areas are referred to as ‘connecting areas’. This means that they form part of the connection or transition between city and countryside, but in themselves they do not contain anything of specific natural interest. Koldkær Stream runs through the green area - along certain stretches ducted through pipes.

To the north of the hospital there is an area assigned for public purposes. To the east of the hospital there is an area allocated to public and business use. The landscape around the hospital is slightly hilly and in general slopes down from Randersvej to Koldkær Stream.
The implementation of the desire to establish the New University Hospital at Skejby requires a change in the existing municipality plan. The aim of the supplement to the municipality plan is to ensure the future of the physical basis of the plan for the New University Hospital, including ensuring that the percentage of built-up areas can be increased and the buildings can be higher than the existing ones. Furthermore, it should be ensured that the overall traffic structure in the area can be reorganised. In connection with the supplement to the municipality plan consideration is also being given to whether there should be the possibility of erecting a few very tall buildings – “landmarks” – in the new hospital building complex.

**The Coming Planning Work**

The New University Hospital in Aarhus is to be constructed in connection with the existing Aarhus University Hospital, Skejby. Central Denmark Region currently owns approximately 500,000 m² of land around the hospital. In order to make room for the new buildings there is a need to extend this area by an additional 500,000 m².

On 13th September 2006 Aarhus City Council formally commenced work on changing the municipality plan for the area around Aarhus University Hospital, Skejby.

Over recent years the City Council decision has been planned in a joint planning group with representatives from the Municipality of Aarhus and the former Aarhus County.
Aarhus County has submitted an application to the Municipality of Aarhus regarding the preparation of the physical basis of the plan for the area around Aarhus University Hospital, Skejby with the county’s concrete wishes for the design of the area. The change to the municipality plan is anticipated to be carried out in the summer of 2007. The local plan for the hospital buildings is to be subsequently carried out on the basis of the draft project, which is being prepared in connection with the procurement for general consultancy.

**Traffic**

One condition for the hospital building is that the road structure in the area needs to be altered. This also serves as part of the municipality’s planning, such that there will be easy access from the hospital to the coming Søften-Skødstrup motorway. The roads serving the hospital area will primarily be built up around the future light railway and extension of Herredsvej to the west of the hospital.

Principle sketch for the overall road structure
It should be emphasised that all the information in point 5.4 takes its starting point from the proposal published by the Municipality of Aarhus in connection with a former publicity phase regarding changes to the existing municipality plan and that the information is therefore subject to change (source for point 5.4: Technical and Environmental Department, Municipality of Aarhus).

**Environmental Impact Screening**

As a basis for the changes to the basis of the plan in the area, the former Aarhus County and the Project Department for the New University Hospital carried out an Environmental Impact Screening for the project. On the basis of that screening the former Natural and Environmental Administration, Aarhus County has concluded that the project is not anticipated to have a significant impact on the environment, and an Environmental Impact Assessment is therefore not needed for the project.

**5.5. Schedule**

The EU procurement of the general consultancy in connection with the building of the New University Hospital in Aarhus is being initiated through the advertisement of the governmental order. After this there will be a number of phases in accordance with the following schedule:

EU procurement of the general consultancy in competitive dialogue (exact dates will appear in the descriptive document)

The procurement process is expected to be completed by the end of 2007. The draft project is to be completed immediately after this and an overall plan and a construction programme will be prepared. The detailed planning of the first stage is expected to be initiated in 2008. The Regional Council for Central Denmark Region has expressed a wish for all the building work to be completed as soon as possible. The precise schedule depends on funding possibilities and project viability.
6. PROJECT ORGANISATION

6.1. Overall Organisation of the Project

It is significant that the building work is to be carried out as a “triangular partnership” between 1) the Central Denmark Region Administration, 2) Managers, staff and users (patients and relatives) at the hospitals along with 3) External consultants such as architects, engineers etc. Those participating in the process are to become involved through close dialogue, ensuring the best possible performance of the building work. In this way optimal conditions can be created for the patients at the New University Hospital in Aarhus.

An administrative project organisation has been established for the performance of the tasks and this is to be managed by the Steering Committee for the New University Hospital and chaired by health director Leif Vestergaard Pedersen. The Steering Committee consists of the hospital managers at Aarhus University Hospital, Aarhus Hospital and Aarhus University Hospital, Skejby, along with representatives from the University of Aarhus and the Health Staff, Central Denmark Region. The Project Department at the New University Hospital will handle the co-ordination and performance of the work tasks connected with the project. The Project Department is managed by Project Manager Weise Olesen.

The Steering Committee for the New University Hospital will appoint a number of working groups, which will be involved at a more detailed level in connection with the interior design of the individual buildings. Central Denmark Region considers this involvement and dialogue as a prerequisite for designing the physical conditions in the best possible way, such that they benefit the quality of treatment, patient satisfaction, research and education, as well as the business economics. It is expected that the
consultants will be active partners in the process and contribute with new thinking and creativity, while the focus will simultaneously be kept on the budget, quality and adherence to the schedule.

The principal lines of the project will be politically ratified following adjustments by the Steering Committee for the New University Hospital and the management in Central Denmark Region. In 2006 both Århus County Council and the Preparation Committee for Central Denmark Region were the decision-makers for the project. As from 2007 the Regional Council for Central Denmark Region is responsible for the project.

7. GENERAL CONSULTANCY

7.1. Selection of General Consultant

The Regional Council has decided to have one general consultant affiliated to the building activity, one who will be able to handle all the complicated elements in the project and who can maintain a complete overview of the functions, logistics, technical and architectural solutions.

Therefore as a starting point the general consultancy will encompass the general organisation of all the functions, detailed planning of the individual stages, building management and professional supervision as overall consultancy.

It will hereby be ensured that a main thread will be adhered to in the project, right from the preparation of the first draft project, which serves as part of the procurement, to the point at which the last of the buildings has been completed and is put into use and the last department of Aarhus Hospital moves in.

The purpose of assigning the entire consultancy regarding the establishment of the New University Hospital (the building works) to a team of consultants is furthermore to ensure that the hospitals and administration in Central Denmark Region receive a trusted permanent partner throughout the entire run of the project. The team of consultants must therefore, as a starting point, be able to manage all the phases of the consultancy throughout the building project.

However, the complexity of the project means that it is currently difficult to determine the final content in, and scope of, the consultancy project. Central Denmark Region will therefore have the ability, within the individual stages, to put up for tender the planning and/or supervision tasks, e.g. concerning the performance of individual stages/projects in the all-inclusive contract. In addition to this Central Denmark Region will be able to decide that individual stages/projects should be performed as public-and-private teamwork or public-and-private partnerships. The consultancy contract will reflect this flexibility.

7.2. The Consultancy Service

The complexity of the new building work for the New University Hospital in Aarhus also involves a highly complex consultancy project. Many of the
segments of the project need to be co-ordinated and managed in connection
with planning and performing the project. The following come into play here:

- New buildings of 250,000 m² with functions that are to be integrated
  with the existing 150,000 m² of Aarhus University Hospital, Skejby.
- Interior design of the buildings in partnership with managers, staff
  and users, in order to ensure ownership for the project and to ensure
  the establishment and performance of an effective hospital operation.
- Integration of significant functional, logistical and technical
  interdependence between the individual hospital functions into the
  building.
- For technical, organisational and financial reasons, planning and
  performance of the building works will take place over a lengthy
  period.
- The organisation of a building that has to adapt to changes and new
  developments in technology and treatment, such as an increased use
  of outpatient treatments or new treatment methods with
  sophisticated equipment.
- The design of a building with minimal operating and maintenance
  expenses.
- Risk management and management of budget, time and quality
  throughout the building process.

7.3. **Basis for the Selection of the “Competitive Dialogue” Form of
Procurement**

The general consultancy is a task of considerable economic, juridical and
technical complexity, which is to be performed over a lengthy period and in
which the undertaking of consultancy can/will change in content according
to changes in circumstances along the way. This, together with the
complexity of the project, means that it is difficult at the time of invitation to
tender to determine the content of, and the juridical and physical framework
for, the consultancy task.

Therefore, in order to choose the best consultant to deliver the optimal
solution for the project it will be necessary for Central Denmark Region to
have the opportunity to discuss the solution of the consultancy task, and in
this connection the juridical and physical framework for this, with those
submitting tenders, in order to achieve a more precise definition of the
consulting service that can best fulfil Central Denmark Region’s consultancy
requirements in connection with the performance of the project.

Therefore the consultancy task is being opened for tender with the use of
the procurement directive’s new, flexible form of invitation to tender,
“competitive dialogue”, to which there will be access for Central Denmark
Region to discuss the solution of the project that is open for tender with
those parties intending to submit tenders, before they actually give their
bids.

7.4. **The Dialogue Process**

After the prequalification of the applicants the procurement process will be
divided into a dialogue phase and a phase containing the final tender
submissions.
The dialogue phase will start with the publication of a descriptive document, in which Central Denmark Region describes the requirements and expectations for the general consultant. The applicants will be asked to come with their proposals on how a number of areas and elements in the consultancy project can best be handled. A draft project will be involved at this stage.

In the subsequent dialogue phase with the individual bidding applicants, the aim will be to pin down and determine how Central Denmark Region’s requirements for consultancy on the project can best be met.

In this phase Central Denmark Region will be able to discuss all aspects of the project and the contract with the individual participants in the dialogue, including the financial terms. In order to ensure the best and most profitable dialogue the starting point will be that the tendering applicants will exclusively submit tenders on the basis of their own solution to the consultancy task. The proposals of the participants in the dialogue will therefore be treated confidentially during the discussions and proposals, solutions and financial information etc. from the individual proposals will, as a starting point, not be given to the other participants in the dialogue. The proposals and solutions from the individual participants in the dialogue will, however, mean that Central Denmark Region may consider it necessary or appropriate to revise Central Denmark Region’s requirements for the consultancy project. Such requirements will possibly become the subject for discussions with all of the participants in the dialogue and/or will appear in the final tender material. The process will be organised such that it is ensured that all the participants are treated equally during the dialogue, which will thus be carried out individually between Central Denmark Region and each individual participating bidder.

The proposals of the participants in the dialogue will serve as the basis for the stipulation of Central Denmark Region’s final requirements for the consultancy project, upon which the bidders shall base their tender applications.

In order to achieve the most appropriate and profitable dialogue process the dialogue meetings will be based on a number of themes, which are found particularly relevant for discussion between Central Denmark Region and the participants in the dialogue. It is anticipated that over a period of two months, three individual dialogue meetings will be held, with each of the three to five bidders. The themes for these meetings will appear in the descriptive document.

When Central Denmark Region has ascertained the solution(s) that can best fulfil the consultancy requirements – and at the same time has come to a point in the dialogue at which the conditions that are to apply to the partnership have been established, then the dialogue will end. When Central Denmark Region has declared the dialogue process closed the participants in the dialogue will be notified of this.

Central Denmark Region will be represented at all the dialogue meetings by a Dialogue Committee with the following participants:

- Hospital Director Ole Thomsen, Aarhus University Hospital, Aarhus
- Hospital Director Villy Helleskov, Aarhus University Hospital, Skejby
During the tendering process the juridical consultancy will be handled by Bech-Bruun Lawyers. The technical consultancy in this case will be handled by NIRAS A/S.

7.5. Submission of Tenders

In the tendering phase the bidders are invited to submit their final tenders on the basis of the requirements and solutions that have been presented and specified in the dialogue phase. In the tendering phase it is solely technical clarifications and the adjustment of ambiguous elements regarding the tender that can take place. There are no opportunities for further dialogue or negotiations at this point.

In connection with the submission of tenders, there will be the opportunity for those submitting tenders to present their bids via an oral presentation.

7.6. Allocation of the Project

The allocation criteria will be the most economically advantageous bid with sub-criteria, which will appear in more detail in the descriptive document. The sub-criteria will be within main fields such as form of partnership and organisation of the project, the technical solution including functionality and architecture, along with financial conditions, such as cost of the building work and consultancy fees etc.

7.7. Selection Committee

In connection with the invitation to tender, a selection committee has been established, whose task is to carry out the final evaluation of the incoming bids, and thereby select the consultant who is to undertake the general consultancy for the project. The selection committee is made up of representatives from Central Denmark Region, managers at the hospitals, the University of Aarhus, the Project Department for the New University Hospital and the Danish Association of Architectural Firms.

A number of professional groups are connected to the selection committee and these will undertake the factual evaluations of the bidders’ project material.

7.8. Remuneration for Tender

Out of consideration for the competitive dialogue and the considerable involvement that is expected of those participating in the dialogue phase and the submission of tenders, compensation will be awarded for participation. The conditions for this will appear in the descriptive document.