



There is growing evidence and recognition that good design in healthcare buildings makes a measurable difference to the experience of staff, patients and their families. A well designed environment can make attending a healthcare facility less stressful, improve health outcomes, increase efficiency and lower staff turnover. Such benefits are not only felt by the people using the building, but can also contribute towards efficiencies in the operational costs of the services being delivered. As such, the design of the healthcare estate is fundamental to the delivery of all services; and therefore affects the successful operation of Boards whether they are Special Health Boards working at a strategic level to improve service delivery or location specific Boards charged with delivery on the ground.

Improving design quality, and therefore delivering better health care, requires co-ordinated corporate action and responsibility across and between each Board's sphere of influence. It will require analysis of the current position, setting a vision for improvement, investigation of the tools needed to effect improvement and then action. A **Design Action Plan** enshrines the Board's commitment to achieving design quality, and sets out how it will bring about the necessary changes to deliver it either through its own development programme or, in the case of some Special Health Boards, by educating and influencing others. The Design Action Plan will have three spheres of operation:

- **Strategy** – setting the agenda,
- **People** – having the right people with the experience and skills to deliver the agenda,
- **Practice** – identifying the tools that will be used in implementation.

To be deliverable, the Design Action Plan will have to be sensitive to the context of each Board, reflecting the Board's strategic vision for healthcare delivery - or in the case of some Special Health Boards, influencing others' delivery - and the factors that influence the realisation of this.

Role of the Design Action Plan

- The Design Action Plan should be a dynamic and evolving tool designed to assist the Board in the achievement of its strategic aims. It should incorporate a commitment to review and amend the plan as targets are met, and other works identified. Completing the actions identified in the first draft of the plan should not be seen as the end of the process – the plan should be seen as a vehicle for continuous improvement. It should be a self contained document and although references to other sources may be helpful in setting the context for actions, it should not be necessary to have access to those sources in order to understand the plan.
- The plan, depending on its recommendations and actions, may have other roles such as providing a framework for prioritising new works, or a means of raising public awareness of the Board's commitment and work in this area. The eventual form and nature of its publication (plans should be published, not simply be documents for internal consumption) will be influenced by such roles – see the appended examples for different models of publication.

Below is an indicative structure, some suggested actions and links to copies of similar plans prepared by local authorities to act as an inspiration to Boards when preparing their own. Each Board must develop its own plan in response to its current situation and strategic vision; however the areas described below are likely to be common to all plans.



INDICATIVE STRUCTURE

Strategic Vision

This section would give a brief overview summarising the Board's strategic vision in respect of its healthcare provision or educational role, and how design in its broadest sense (see the definition of 'good design' on page 1 of the NHSScotland Design Champions' Network Induction Pack) will contribute to achieving this. This section should be concise, legible and set the context for the actions that are to follow.

The Design Action Plan

The Plan should be split into the following three sections:

- **Analyse :** Know where you are.
- **Envision:** The Board's aspiration, commitment and framework objectives.
- **Implement :** The actions you'll take to address the issues arising from the above.

A description of the content of each of these sections is included below.

Analyse

The analysis should look across the 3 key areas of **Strategy, People** and **Practice** and should assess:

- The policy context: those drivers that bring change from outwith the Board including national policy both on design quality and healthcare provision, SEHD policy and local planning policy and guidance. This section should include all the policies that affect the development of the built environment, including requirements such as the general duties the Board has under disability and gender equality legislation.
- The strategic context: other factors influencing the provision of healthcare environments from within the Board such as land and property strategy etc.
- The current situation – in essence a SWOT analysis of a number of areas, typically:
 - The condition and utility of your existing estate; not just the building fabric and functionality, but the quality of the external and internal environments, strengths and weaknesses, character and identity, and community accessibility and perception.
 - The Board's achievements in terms of the recent developments – looking at both the process and the result of procurement – will the result be a long term positive asset, both to the Board and the wider community?
 - Any relevant internal steering groups or skills development programmes you have, or other partnership networks (such as joint working groups with Local Authorities), that could be a vehicle for the work of the plan.
 - The staff resources you have in procurement (and those you bring in) and how these are used - how you gather and resource (people, skills and time) project specific procurement teams.

Envision

This section should set the vision and framework for how the Board will improve design quality in order to meet its strategic aims, and to comply with policy requirements and guidance. This section would describe:

- The value (social, cultural, economic, environmental) of good design and how improvements in the physical environment will help staff, patients, visitors, and the wider community and aid the Board in the delivery of its strategic vision.
- The Board's commitment to proactively address design quality by their own actions and/or by influencing others.
- Defining a vision for future healthcare environments, setting a standard against which all new works will be judged and noting the Board-specific aspects that need particular attention (such as links to regeneration of communities, consideration of the urban fabric....).



- Setting **framework objectives** within and across the three key areas of Strategy, People and Practice: a series of recommendations that, when combined, describe how the Board will address and deliver the vision. These may include, but should not be limited to:

Strategy

- Raising awareness (both within the Board and generally) of the social, economic and health value of well designed environments, and the aspiration to achieve these.
- Setting health at the heart of community development and re-development.
- Communicating the vision and commitment to the general public.

People

- Embedding the role of the Board's Design Champions (both Member and Officer Champions) and supporting them in their role.
- Raising the skills and capacity to achieve.

Practice

- Developing constructive and proactive relationships with partners/stakeholders.
- Establishing and supporting an environment in which good design can thrive.
- Making the plan public.

Implement

This section should illustrate, in practical terms, what actions are going to be taken to deliver the vision. It should not contain details of particular development projects but it should illustrate the mechanisms (such as the ones suggested below) that the Board has, or intends to, put in place across the areas of Strategy, People and Practice. The implementation schedule of actions should contain:

- **Statement of intent:** what is to be done, and which framework objective the action is addressing;
- **Lead Person**
- **Resources:** areas/departments involved, consultees, costs etc
- **Timetable**
- **How success will be measured**

POTENTIAL ACTIONS

Strategy

- Constitute and empower a steering group or individual to direct and oversee the work of the Design Action Plan, charging them with communication of the importance and objectives of their work.
- Develop formal, effective, strategic working relationships with relevant Local Authority Planning Departments and other partners/stakeholders not just for population/demand service planning, but to play part in local regeneration through joined up investment, the development of healthy communities, and to be proactive in helping your planning applications to be seen favourably. Find out who is responsible for design quality in each organisation and establish a working relationship. There is a toolkit developed in London to assist strategic engagement (see reference section for HUDU consultation document) - investigate if similar methodologies would assist.
- Aim to submit a specified number of developments for awards.

People

- Develop Board Member awareness of the importance and impact of design through formal and informal training and discussion. Visits to exemplary healthcare buildings can raise awareness and aspiration, and staff guided visits to the Board's buildings can demonstrate the results of their decisions.
- Good working relationships (between staff and Board) and mutual objectives are critical in the pursuit of strategic aims, as are good working practices with committee structures. Review these and amend as necessary.
- Implement regular skills audits for staff involved in briefing and procurement (i.e. 3 or 5 yearly) to ensure a high level of multidisciplinary expertise. Link outcomes of this into staff training and development programmes and recruitment strategy.
- Raise general awareness of staff, particularly clinicians involved in briefing, of the importance and impact of design quality and raise aspiration through leadership, training and site visits.



Practice

- Learn from recent/current work, commit to carrying out PPE and POE for all projects, as required by Scottish Executive policy and in compliance with the requirements of the Scottish Capital Investment Manual, and send results to SEHD.
- Review standard procedures – identify blockages to design quality* and amend if needed to create a system that allows ‘what’ is being procured, and ‘why’, to be seen alongside ‘how’ – there should be mechanisms to allow design quality to be monitored and maintained throughout the process. If requirements external to the Board are causing the blockages refer to SEHD.
- Review standard documentation used for development contracts (including assessment criteria and weightings) – identify blockages to design quality* and amend to create an intelligent selection process. If requirements external to the Board are causing the blockages refer to SEHD.
- Develop a Project Start-up Kit detailing those things that will be provided or assured at the beginning of every development project – this could include:
 - Site Assessment Framework: setting out the elements to be considered in site choice, and potentially weighting them – elements should include community linkages and development, physical context, regeneration potential, accessibility, expansion potential etc.
 - Project Design Drivers: a list of commitments and aims for the project such as ‘*the long term utility of the building will take precedent over short term expediencies*’ and ‘*landscape, architecture and art will be integrated to produce an environment that promotes human dignity*’ against which all project decisions should be tested. This document, together with the site assessment framework, should be used as the basis for a design statement (required by planning) and the briefing documents.
 - Good practice resource library, such as a copy of “Creating Excellent Buildings” to be provided to each team, and used by them.
 - A clear structure of the roles, responsibilities and means of interaction of client team members both within the team, and in its work with developers/consultants etc.
- Audit and review Design Action Plan.

* Remember the key aspects to allowing an environment in which good design can thrive:

- A clear and considered brief,
- A realistic budget,
- Adequate time to prepare, design and construct
- Appropriate skills and resources both in the client and design/delivery teams



REFERENCES

Examples of Published Design Action Plans

Name	Location	Description
Designing North Lanarkshire	Attached pdf	This document sets out the framework within which an action plan will be developed; though the broad headings of each recommended action are given. It is useful to see how the vision is described and communicated.
The Fife Urban Design Action Plan	To follow – refer to www.pcpd.scot.nhs.uk	This is a concise document describing the policy framework, the Council's commitment, ownership of the document and 19 actions with a timeframe for each.
Royal Borough of Kingston Urban Design Action Plan	http://www.kingston.gov.uk/browse/environment/conservation/urbandesign/urban_design_action_plan.htm	This is a web page linking to 3 short and targeted lists of actions; there is a commitment to review and update regularly.

Other resources will be added to the SEHD Property and Capital Planning website on SHOW (www.pcpd.scot.nhs.uk) when available.

Toolkits

HUDU Health and Urban Planning Engagement Toolkit – draft for consultation

http://www.healthyrurbandevelopment.nhs.uk/pages/improving_engagement/Intro_improving_engagement.htm

Further Information

This document has been produced by Architecture and Design Scotland, in collaboration with SEHD, and is intended to give NHSScotland Health Boards a template structure for the preparation of the Design Action Plans required under SEHD policy. A copy will be available to Boards on the SEHD website below.

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