



Version 2 (dated 9 May 2007)

This is an updated version of an Advice Note which is being developed by A+DS for the Design Assessment process being undertaken with NHSScotland client bodies. It is likely that A+DS will continue to expand, clarify and develop the criteria for use in Design Assessment and comments are most welcome.

This note describes general principles but is intended to be used as a starting point for examining the most effective means of interaction on any project. Therefore the exact format for any assessment may vary slightly from the description below.

1.1 Purpose of Design Assessment

Design Assessment is a professional review designed to assist clients in assessing the prospect of achieving design quality in their development and their preparedness to continue to the next phase of procurement. Design Assessment sits within the context of the Scottish Executive Health Department’s Policy on Design Quality and is carried out with and for the NHS Board in the spirit of OGC Gateway Review at agreed points during the development of the project.

The aim of design assessment is to work with and assist the client; it is not designed to assess the team’s performance against current common practice, nor to judge any design professional’s performance solely against the brief they have been given. Rather it considers the project in the context of national policy on design quality and provides helpful pointers to achieving best practice. As such it should be of assistance to even the best prepared and most informed teams.

Design Assessment will offer advice and, where necessary, constructive criticism in the following areas:

- Context / Masterplan – how the building sits within, and contributes to, the wider area.
- Civic presence
- Circulation and access
- Quality of Place – the quality of the internal and external environments and the general utility of these spaces for all users
- Future flexibility - how the building might adapt and expand
- Sustainability
- Process – whether the programme, budgeting, processes and documentation established, or in development, are likely to communicate and support the delivery of the client’s vision.

Design Assessment will not give detailed comment or approval on, space standards, clinical adjacencies, construction techniques or any other technical aspect. It is suggested that the client team appoint suitable professionals to advise on these matters if deemed necessary.

1.2 Preparation and Expectation at Particular Stages

A preparatory meeting will be held to discuss and agree the information to be provided to A+DS, and the scope and timing of the assessment, which should be sufficiently in advance of project reviews to allow the report from the assessment to feed into the review. The design related aspects that are likely to be available for assessment at each stage will vary depending on the chosen procurement method, but are likely to include those listed below.

	Design and Build	Traditional
Gateway 1 Pre OBC	Anticipated/appointed project advisors / design professionals Any <i>feasibility studies</i> that have been done. Early <i>design brief</i> including space, quality and sustainability criteria. Record of consultations and stakeholder involvement, and procedures for continuing this process.	
Gateway 2 Pre-OJEU	Developed <i>Design Brief</i> including quality and <i>sustainability criteria</i> Any <i>feasibility studies</i> that have been done. Any early stage designs that have been done. Methods of <i>monitoring design development and assessment</i> .	

	Design and Build	Traditional
Gateway 3 Pre FC	The developers suggested plan and elevations; these are likely to be nearing a level of detail suitable for a planning application. The design may be based on the developer's understanding of the Health Board's written brief (in which case different bidders could have very different buildings), or on a design prepared on behalf of the Health Board.	A fully considered design and specification priced by the contractor. Planning Consent and Building Warrant should have been obtained, and details prepared of how the building is to be constructed. Please note that if a 3rd assessment is carried out it would be significantly before this stage, during the early design development.
	Information anticipated on PPP / PFI projects	
Gateway 1 Pre OBC	Anticipated/appointed Technical Advisors/Design Professionals. Full <i>Public Sector Comparator</i> (PSC) design in accordance with 2004 guidance and cross relating to affordability / VfM assessment. Site analysis noting particular constraints and opportunities of the site such as preferred access points, views, planning constraints and site services.	
Gateway 2 KSR 1 Pre-OJEU (part of OBC for PPP projects)	Developed <i>PSC</i> design incorporating any changes. Procedures for <i>monitoring design development and assessment</i> . Procedures for bidders consulting Health Board on developing design. Record of consultations and stakeholder involvement, and procedures for continuing this process. Outline Planning Consent.	
KSR 2 Pre-ITN	<i>Public Sector Comparator</i> (PSC) design Developed <i>Design Brief</i> including quality and <i>sustainability criteria</i> . Pre submission / interim period design briefs. Full submission requirements (1:50ies etc). Method for engaging with bidders design teams. Method for assessing the bids.	
KSR 3 Pre-PB Gateway 3	<i>Design solutions</i> by bidders. These should be almost at a level of detail suitable for the submission of a planning application, with the scale and mass of the building and the internal relationship of spaces being described. 3D views of proposals for key areas should be available.	
KSR 4 Pre-FC	Approved Planning Application drawings, and potentially a Building Warrant for the scheme. Management of client requested design changes / process / protocol Ongoing design monitoring	

The requested information should be forwarded to A+DS within the agreed timescale. This information, and the issues discussed at the preparatory meeting, will be used to prepare a briefing for the panel which will be forwarded to all parties in advance of the meeting.

1.3 Participants

The assessment panel is chaired by the Scottish Healthcare Design Champion, Gareth Hoskins (or substitute A+DS Board Member) and normally consists of around 4 people, including an A+DS Enabler chosen to have skills and experience relevant to the project, A+DS's Head of Design Review, and a member of the Enabling staff. It is the intention that the panel will remain consistent through the development of the project so that subsequent assessments require less preparation and explanation on both sides.

We would encourage client teams to invite a small representative sample (ideally not more than 6 people) from their team, this should include:

- the project owner, and other key personnel (development and clinical)
- the Board's Design Champion(s)
- representatives from their technical/design advisors, where appropriate, could attend all or part of the meeting.

Where appropriate representatives of the local Planning Department may be invited to attend all or part of the meeting; this is seen as good practice as it allows the assessment panel to understand the planning department's requirements for the site, so that comments can be made with this knowledge, and provides for a more integrated approach to achieving a quality outcome. However, it is the client's decision whether to include such representatives, as is the risk.

The Board will be responsible for arranging the attendance of suitable personnel.

1.4 Location and Facilities

It is anticipated that, at least, the first Design Assessment for any project will be carried out 'on site', in a room as close to the development location as possible. The client team will be responsible for arranging a suitable room with a table around which all key people can be seated and having the following facilities:

- It would be appreciated if tea/coffee/water could be provided in the room.
- If a powerpoint presentation is to be used (please see below) it will be the responsibility of the Board to arrange equipment.

Should Design Assessment meetings take place at A+DS's office in Bakehouse Close, the format is based around a large table with white sliding screens behind the presenters.

1.5 Programme and Format

The programme for each assessment event will be agreed with the client team at the preparatory meeting, however typically each session will take approximately 3 hours, split roughly as follows:

- 45 minutes for description – during this time the client team, with the assistance of any advisors if required, should describe:
 - their approach to the project and the context, opportunities and constraints of the site,
 - their vision, both in terms of the model of care and the environment that will support that care,
 - the processes being established to realise this vision
 - any areas of difficulty should also be described so that the panel can focus on assisting in the most critical areas.

A power point may be used if helpful; however it is the panel's preference that any key drawn information (plans, programmes etc) should also be presented on paper (drawings placed on the table, printed at a suitable scale to allow group examination) so that they can be viewed together during discussion.

- 45 minutes for site walk about / familiarisation (including travel to/from base room) – during this time the client team may expand on the particular issues and opportunities of the site, the social/community context and any adjacent regeneration or change. Should a representative of the Planning department attend, this would also be an opportunity for them to describe the authority's requirements in relation to the site.
- 60 minutes discussion – allowing the panel and the client team to talk through the key issues, gain greater understanding and investigate options.
- 30 minutes feedback and summation – where the panel draw out the key recommendations resulting from the session, and the Chair summarises the points that will be described in the subsequent report.

As Design Assessment is essentially a private process it is the panel's preference that the discussion session is not minuted as this can limit the scope for a free and full discussion. The client is however welcome to take notes of the summation to allow them to progress the work whilst awaiting the report that will follow.

1.6 Report and Links to Gateway Review or Key Stage Review

A report will be issued **to client team** within 2 weeks of the assessment. This report shall detail the recommendations and suggestions given during the assessment, including further detail in explanation of these points where helpful. The recommendations below will be categorised to reflect OGC Gateway Review colour coding as follows:

Red : meaning that this aspect needs immediate attention and should be fully addressed before proceeding to the next stage but does not mean stop.

Amber : meaning that this aspect needs ongoing consideration and to be fully addressed before the completion of the next stage of development.

Green : meaning that this aspect appears to be progressing well and should contribute to the achievement of design quality.

Where the Design Assessment is linked to a project review stage (Gateway or Key Stage Review) a representative of the panel will be available to attend the review, if required, to explain the result of the assessment.

A+DS does not publish this report nor forward it to the Planning Department or any other parties without the prior approval of the client team, subject always to any Freedom of Information request. Clients may use the report as they wish to assist the development of the project, including making the full report public. However, should clients wish to make statements about the outcome of the process, or selectively quote the report, either to the public or in discussions with planning authorities and similar organisations, A+DS would expect advance notice of this intention and the opportunity to comment on the use of the report to prevent any potential misconceptions.

1.7 Guidance/Glossary/Terms

For guidance at this stage:

- “Context” is to be interpreted in its widest sense, encompassing form, topography, views, historic buildings, climate, economics, planning policy, cultural factors, patterns of building established from the past etc.
- “Opportunity” offers encouragement to the client team to view their project with optimism – how will this project fulfil its potential for the betterment of Scotland through fulfilling policy and the Designing Places principles. It is also the key to demonstrating where close reading of “Context” may be set aside, to take advantage of a clear opportunity of betterment.

Quality of Place

The key criteria of successful places, as set out in the Scottish Executive’s ‘Designing Places’ (Nov 2001) and summarised in SPP 20 (which establishes the role of A+DS), are:

- Distinctiveness – they have a distinct character and identity;
- Safe and pleasant – their public spaces are well looked after;
- Easy to get to and move around – they are easy to reach, especially on foot;
- Welcoming – their occupants and visitors feel at ease;
- Adaptable – they have the capacity to cope with change;
- Resource efficient – they promote the sustainable use of resources;
- Beauty.