



SUMMARY REPORT

The June 2007 meeting of the Design Champions network was very successful, with the feedback welcoming the altered format with more time for networking and discussion between champions and longer afternoon workshops allowing more in-depth investigation of an issue.

Although three options of workshop were offered to the Champions the one on commissioning a masterplan was by far the favourite and therefore the only one to proceed. Champion's seeking further information on Health Facilities Scotland's guidance on Healthcare Associated Infections should be aware of a conference to be held on this subject on 5th September 2007 at the Beardmore Hotel. Further information can be found on <http://www.hfs.scot.nhs.uk/guest/education/courses/default.htm>.

Below is a summary of the day.

Introduction

Gareth Hoskins opened the day, thanking the champions for making the trip to Aberdeen and summarising the communications that had been issued to the network since the last meeting. Of particular note was the template for Design Action Plans which was developed in response to champions requests at the last meeting. Although A+DS are aware of a few boards progressing these plans neither SEHD or A+DS are aware of any completed or adopted plans. **The first anniversary of the launch of the policy requiring these plans (23rd October 2007) should be viewed as a deadline for completing and submitting these to SEHD (copied to A+DS).**

Ian Grieve reminded champions about the share site he has established at <https://nhssdesignchampions.seworksites.org.uk/> and notified the network that he had upgraded the status of members to allow them more freedom in operating and contributing to the discussions on the site.

Terry Mackie (NHS Grampian) took the champions for a site walk to describe the issues that led NHS Grampian to commission a masterplan for the Aberdeen Royal Infirmary (Foresterhill) site in conjunction with colleagues at the University of Aberdeen, who also occupy, and part own, the land. This masterplan is still in development.

Masterplanning – what and why

Karen Esslemont A+DS Enabler

Biography - Karen, a Director of EDAW, is qualified as both landscape architect and urban designer: she has worked extensively in both the public and private sectors. This mix of skills and workplace has given her a breadth of experience in all aspects of the development industry from policy writing to policy challenge, project design and implementation, research and masterplanning at a variety of scales.

Karen's presentation concentrated on the following issues:

- **The policy background** that is demanding better masterplanning
- **Why it is beneficial to clients to masterplan;** including more efficient use of resources, improved public realm and streamlined processes for ongoing development
- **What is a masterplan;** that it's not a zoning diagram nor is it something set in stone – it's a dynamic and flexible tool for planning the spacial and organisational impact of long term change.
- **Who should help you masterplan:** the skills you may wish to employ to develop the masterplan with you.

A copy of Karen's presentation can be found on the secure Design Champions' website at www.pcpd.scot.nhs.uk.

Masterplanning – the client's perspective

Roelf Dijkhuizen talked about NHS Grampian's motivation for masterplanning the ARI site. He eloquently described the difficulties in moving forward any change on a site, and the extent of stakeholder consultation required. He saw the benefit of masterplanning as building a consensus around a long term vision to allow each element of that vision to be progressed more quickly and efficiently. It is the board's intent to have the masterplan adopted by the council to allow similar benefits in the Planning system.

Discussions and Workshop

There was much discussion about the right time to masterplan and the relationship of this process to strategic, regional, healthcare planning. There was call for such strategic thinking. However, there was also agreement that, in the absence of a period of sufficient stability and clarity in such matters to allow a long term development strategy to be developed with certainty, masterplanning is a worthwhile method of dealing with uncertainty and planning in flexibility.

There was further discussion about the recourses necessary, both in terms of staff time and consultant costs, to commission a masterplan with the following consensus:

- that masterplanning a large acute site is likely to be about a 9 month process, with a wide range of consultant skills needed dependant on the characteristics of the site and the client's aims,
- that a small and focussed client group, with the resources to consult wider interests within the board, was beneficial in directing the consultants

There was further discussion about how to assess the range of skills of bidding teams, and the work that they were offering using methods such as:

- Examining the CV's of the team being put forward – do they have demonstrable experience in all the areas needed including soft skills such as community consultation?
- Examining the time /fee assessment to see the amount of time key people are to commit to the project – are you getting these key people, or an office junior?
- That being very clear about the scope of work being tendered, and the range of skills needed to do that work was likely to bring forward more directly comparable bids.

Next Meeting

The autumn meeting of the Design Champions' Network will be held at around the anniversary of the launch of the network (ie around 14th November 2007), a venue is still being sought and any board wishing to volunteer to host the event should contact Heather Chapple a.s.a.p. It is our intention to use that occasion to review the early impact and direction of the Champions and the Network.

As the production of Design Action Plans has been the major piece of work required of Champions over the past year these will form the focus of the review. A+DS will examine the submitted plans to draw out common areas and key lessons to help inform the future work of champions and discussions with policymakers. To allow this learning to be reported and discussed at the autumn meeting it would be helpful if plans (either adopted by the board or in final draft if still to be formally adopted) could be forwarded to A+DS **prior to 10th October 2007**. If there are any other actions that have been taken by Champions it would be helpful to have a note of this too.

Format of Future Meetings

A+DS has put the suggestion to champions (contained within the report of the meeting of 5th March 07) that one event each year should comprise a visit to a building or group of buildings, potentially outwith Scotland to examine the achievements of the building and talk to the people involved in the delivery about the processes they employed and the lessons they learnt.

This suggestion was well received and it is therefore intended that the winter meeting (February) each year be used for this purpose. The parameters agreed for this were as follows:

- that primary/community care should be considered for visits as well as acute,
- that the location could require one overnight stay,
- if a hotel was needed A+DS could arrange a rate for delegates at a particular hotel, but Boards would be responsible for arranging and paying for accommodation there, and
- Boards would be responsible for arranging Champion's travel.

Should any champions have particular buildings they would like to recommend for a visit please contact Heather Chapple.