Masterplanning Health
A brief guide for Health Boards

Architecture + Design Scotland
Ailtearachd is Dealbhach na h-Alba
We now appreciate that not only the quality of our buildings but also the spaces that surround them within our large hospital sites can contribute to a more appropriate therapeutic environment for patients and a more pleasant environment for visitors and staff. Therefore, rather than considering only the buildings within our healthcare campuses we are adopting an approach which seeks to identify the opportunities and capacity of these large, complex sites and puts in place a basic structure for their future development. As we continue to make significant investments in these sites, we must ensure that our objective is to provide environments that support the health and wellbeing of those who will use them and which are positive additions to the communities they serve. Masterplanning is the key approach to achieving this objective.

Masterplanning is the act of managing and making the most of change; of understanding how the context of a large, complex site will develop over time; of considering potential and realising best value investment.

Foreword

We now appreciate that not only the quality of our buildings but also the spaces that surround them within our large hospital sites can contribute to a more appropriate therapeutic environment for patients and a more pleasant environment for visitors and staff. Therefore, rather than considering only the buildings within our healthcare campuses we are adopting an approach which seeks to identify the opportunities and capacity of these large, complex sites and puts in place a basic structure for their future development. As we continue to make significant investments in these sites, we must ensure that our objective is to provide environments that support the health and wellbeing of those who will use them and which are positive additions to the communities they serve. Masterplanning is the key approach to achieving this objective.

Masterplanning is the act of managing and making the most of change; of understanding how the context of a large, complex site will develop over time; of considering potential and realising best value investment. It establishes a shared vision of the future; a flexible framework that guides individual developments and promotes a sense of place.

As part of our Framework Agreement with Architecture and Design Scotland, we have agreed to prepare this guide to assist those involved in the planning and development of our large hospital sites. Adopting the principles within this document will ultimately result in healthcare facilities we can be proud of and I strongly urge all NHS Boards in Scotland and others involved in the delivery of our healthcare infrastructure to embrace the messages contained in this guide.
At the moment most hospital environments say to the patients, in effect:
“How you feel is unimportant. You are not of value. Fit in with us, not us with you.”

With very little effort and money this could be changed to something like:
“Welcome! And don’t worry. We are here to reassure you and your treatment will be good and helpful to you.”

Maggie Keswick Jencks

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Our health and wellbeing is influenced by the environment we occupy, by physical factors such as air quality, noise, daylight and climate but also by psychological factors such as a perception of safety or of being valued. A building can raise or lower stress; it can affect our receptiveness to treatment, our recovery and how we feel about the service we receive. Key in this is the way in which we experience a healthcare building – its initial impression, ease of access and the way it interacts with external spaces and nature.

Masterplanning establishes a framework for just these aspects. But more than that, it establishes a shared and agreed vision within which individual projects can then be developed with greater confidence and efficiency.

A Masterplan should identify the opportunities and capacity of the site and set down the basic structure for its sustainable development. It should establish key links to the local communities, existing built or natural features that should be retained, the hierarchy of routes and spaces, transport and parking strategies, building locations and expansion space. It should establish a three-dimensional spatial structure that responds to local context, views and daylight and, in turn, forms and gives identity and amenity to the spaces within and around the site. A well developed masterplan can also assist with the planning process. If adopted as supplementary planning guidance (SPG) the masterplan is given status within the local authority’s planning policy providing security and potentially speeding up individual applications.

This publication is a brief guide to masterplanning and includes case studies of two projects where a design led process has brought real value and opportunity to the commissioning health authority.

Gareth Hoskins
Scotland’s Healthcare Design Champion and Board Member, Architecture and Design Scotland
This is an excellent example of how a strong masterplan combined with a committed client can lead to an excellent hospital environment where the needs of the patient are central.

The new St Olav’s Hospital in Trondheim is a £1.1 billion redevelopment of a university hospital on an existing city centre site. Almost all of the existing stock of 100 year old buildings were unfit for purpose and are being replaced through a 10 year phased construction programme.

Trondheim is the third largest city in Norway and is the capital of its central region which covers an area of 57,000km² (Scotland is 78,000km²). The masterplan vision is for a ‘medical part of the city’ – a series of city blocks which house separate clinical centres connected at first floor level with ‘skyways’ and below ground with service tunnels. Between the blocks, tree-lined avenues and parks provide a familiar, green extension of the urban street pattern of Trondheim.

The project was conceived in 1990, construction began in 2002 and 90% of the development is due to be complete by 2012. The masterplan provides the framework for how the hospital can be developed, altered and extended beyond that date.

St Olav’s Hospital, Trondheim

Case Study 01

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Hospital/Development Project Central Norway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year Completed</td>
<td>2002-2012</td>
</tr>
<tr>
<td>Location</td>
<td>Trondheim, Norway</td>
</tr>
<tr>
<td>Location type</td>
<td>Edge of the historic city centre</td>
</tr>
<tr>
<td>Client</td>
<td>St Olav’s Hospital and Ministry of Education</td>
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<table>
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<tr>
<th>Lead Architect / Designer</th>
<th>FRISK Arkitekter (Niels Torp with Narud Stokke Wiig &amp; P. V. Kvernen)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Type</td>
<td>Redevelopment of existing General and University hospital</td>
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<table>
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<th>Planning Authority</th>
<th>Trondheim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sources of Funding</td>
<td>Norwegian Health Authority</td>
</tr>
<tr>
<td>Contract value</td>
<td>£1.1 billion in 1995, including competition costs</td>
</tr>
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</table>
The most important innovation of Trondheim’s new university hospital is that – unlike other hospitals in Norway – it is structured around seven clinical centres. This has involved a major organisational change where the goals are to fully serve the needs of patients, to improve resource utilisation and to achieve shorter hospital stays.

A design competition for a masterplan was launched in 1992 and a design team selected in 1995. The development started on site in 2002 and is expected to be completed around 2012. The total floor area of new buildings is intended to be 223,000m² and the total project cost is anticipated to be around £1.07 billion including taxes. The government established a special development company to manage the construction of the new buildings.

Project Description

St. Olav’s Hospital is the main hospital for Central Norway and functions as a general and local hospital for the 660,000 inhabitants of the region. It is also a teaching hospital. There are 1250 students in the Faculty of Medicine at NTNU and with 6000 hospital staff treating 1200 outpatients and 1000 inpatients a total population of nearly 10,000 is accommodated. The role of the masterplan has been crucial in steering the successful development of this hospital which remains in use throughout the building process. A number of significant ideas are contained within the masterplan which was developed by the clients, patient groups and the design team.

- The notion of a medical part of town with the hospital occupying around 10 blocks typical at the scale of the city’s urban structure. This is in contrast to the traditional development of a hospital in a suburban ‘institutional’ hospital complex.

- The hospital being organised around seven clinical centres each in its own building occupying a city block. Service functions such as anaesthesia, X-ray and image diagnosis are provided in each building.

- Close integration of research and teaching with patient care.

- A holistic resource model to guide the patient-centred hospital development.
A flexible masterplan fully supported by an ambitious client provides a great example of how good architecture and design can make the delivery of the clinical service more efficient. There is a strong belief in Norway of the importance of a well designed clinical environment in reducing recovery times.

A masterplanner was appointed following a two-stage international competition with six design teams short listed to prepare sketch design proposals. The team selected comprised two of the largest practices in Norway, Niels Torp and Narud Stokke Wig from Oslo working with a local practice, Pål Kavli Arkitekter.

The guiding principle of the plan is to develop the new hospital in a series of separate buildings which are integrated into their city centre surroundings. This reinforces the image of the hospital as a medical part of town rather than a forbidding hospital institution. The effort has been made, both with the buildings and the masterplan, to make the hospital feel as normal (non-clinical) as possible in an attempt to alleviate the anxiety often felt by patients.

The location of the hospital in the city centre offers the best possible public transport connections, an important issue in a wide region with long travel distances and limited road systems. The urban block structure creates public streets and a central square. Car parking is either underground or on street. Landscaped courtyards provide more private space to the rear of the buildings.

The blocks are connected below ground with service and technical corridors and at first and second floor level with ‘skywalks’ – glazed bridges which dramatically connect the buildings. The various buildings have been designed by a handful of architects and have individual characteristics, although the masterplan requires that certain design principles are adhered to in the selection of materials and in the massing and form of the buildings.

The urban block structure has shown great flexibility to adapt to changes in the hospital organisation and the building program over a 20 year period whilst retaining the original vision. Each of the clinical centres, which occupy buildings of around 20,000m², has the capacity to expand on vertically or laterally its block by around 10-20% and there is room on site for an overall expansion of a further 20%.

A firm of landscape architects were appointed to work alongside the masterplanners and they were given equal status in the decision making process and have been retained throughout the period of development. This has ensured a consistency in the detailing of materials and furniture in the public realm spaces between buildings.

A public art program aims to providing original artworks in every space, both inside and outside.
Although only half completed it is clear that this is a hospital of which staff, patients and local residents are very proud. The urban block structure creates an open and highly legible place for patients to navigate. A central avenue is the main axis on which all clinical centres are located with out-patient facilities at street level. A central square with high quality landscaping is proposed at the heart of the hospital and this will add a significant new public landmark to the city as a whole. The masterplanners have considered the wider landscape by carefully framing views of the surrounding hills with the six storey hospital buildings.

Within this structure the new buildings, although of simple design, are clearly and legibly organised with brightly lit interiors and constant views out either to the streets or landscaped gardens. Tall vertical circulation spaces at the entrances to each clinical ‘house’ enable visitors to immediately grasp the size of the whole of the building, helping them to familiarise themselves with their surroundings and making navigation straightforward.

The success of this project is due to strong leadership and a clear vision from the client and the political groups steering the project. They were determined to create a fully patient-centered hospital and a delightful place for staff to work. The Health Authority established a special development company who have procured the masterplan and they in turn employed a chief architect to constantly champion the cause of good design.

The project was delayed whilst a proposal to build the new hospital on a greenfield out-of-town site was considered. There was considerable opposition to the city centre redevelopment from both patients and clinicians who believed that an out of town complex would be cheaper and capable of delivering a better service. As phase 1 is now completed these fears are being allayed with a series of attractive and bright modern buildings which surround elegant tree-lined streets that feel like a natural extension of the historic city centre.

Another innovation for the Trondheim project was the use of extensive patient participation at the beginning of the masterplanning process. One tangible result of this is the exclusive use of single bed rooms organised in clusters of eight rooms within wards of twenty-four. These give patients privacy and obviate the need to move them to a separate exam room for consultations. Single rooms have also been shown to reduce the spread of infection.

Rather than a strict set of constraints the masterplan process has proved sufficiently flexible to provide the vision and structure for a twenty year design and development process whilst allowing within that significant change to the individual parts. The urban block structure has a logistic which will last well into the future, allowing individual centres to expand or contract as necessary.

This development clearly demonstrates that good design both on a city wide level and with individual buildings can have an impact on improved quality of life and the provision of a better clinical service. St Olav’s provides a strong sense of identity with an urban presence which is a source of civic pride to staff and residents.

Internally attractive working and healing environments have been created which have a strong connection with both the surrounding city and with the nature which is allowed to permeate the site.
Springfield University Hospital is part of one of the largest mental healthcare institutions in the UK. Set in a beautiful landscape setting in south London, the hospital’s mental health facilities are totally inadequate for today’s treatment. The large site contains attractive but crumbling Victorian buildings many of which are uninhabitable. A full survey of the Trust’s estate revealed that 75% of the buildings at Springfield were below an acceptable condition.

The Trust decided in 2003 to tackle this situation by commissioning a masterplan that would provide a vision for the complete development of the site. The ambition is to create an excellent healthcare environment within a balanced community connected to the neighbouring urban fabric.

The existing listed buildings will be converted to housing, thus providing some of the funding to create new fit-for-purpose hospital facilities. Re-branded as Springfield Village, the hospital site will become a vibrant urban community where healthcare facilities are integrated with new community, residential and commercial uses. A network of new streets and paths through extensive green space will provide connections to the surrounding communities of Wandsworth and Tooting.

**Case Study 02**

**Project Name**
Springfield Village redevelopment

**Lead Architect / Designer**
Urban Strategies Inc.

**Project Type**
Redevelopment of existing University Hospital site

**Year Completed**
2002-2012

**Location**
Tooting, South London

**Location type**
Suburbia

**Client**
The South West London & St. George’s Mental Health NHS Trust

**Planning Authority**
London Borough of Wandsworth

**Sources of Funding**
Self funding through land/building sale

**Contract value**
£95,000 in 2004
Project Description
The Masterplan is intended to provide a framework for the physical redevelopment of this attractive and well-located 33 hectare site. Currently a large proportion of services are being provided in a severely outdated series of 19th Century asylum buildings. These are entirely unsuitable for treatment due to their sprawling layout, failing infrastructure, huge maintenance costs, tiny cell-like bedrooms and limited bathing facilities. The impact of poor accommodation on patient well-being, staff recruitment and retention is severe.

The Trust recognises that it urgently needs new fit-for-purpose facilities if it is to maintain the Hospital’s high standard of care and to ensure a safe environment for patients and staff. Maintenance costs have become unsustainable. The site’s assets are its extensive green space which includes attractive gardens, 400 mature trees and an urban golf course. The site has excellent strategic links, is within easy reach of central London and is at the heart of a thriving community.

It is hoped that a special delivery vehicle will be established to procure the development. Community participation is considered essential to this process and a community group will be established to steer the development. Benefits to the local community include a target of 1000 affordable homes in housing co-operatives, local employment and improved amenities including a new park.

The fundamental requirement of the masterplan is to provide a vision for a new part of London, one which has a strong sense of place, a sense of ownership by the community, and excellent healthcare facilities.

There is an ambition to remove the stigma attached to mental health treatment by making the hospital feel like a normal part of the city. Healthcare facilities will be provided in buildings which occupy a series of city blocks located alongside flats, houses and businesses. The existing security fences surrounding the site will be removed and new streets and squares will create a degree of permeability across the site and with the surrounding environment.

Springfield University Hospital, London

The project will involve the complete redevelopment of the site. Existing buildings will be either demolished or converted to residential use if they are listed. New state of the art healthcare facilities will sit alongside approximately 2000 new residential units and 35,000m² of commercial space.

The £500 million budget includes £140 million for the new hospital buildings. Community amenities will include a new primary school, affordable business space, a community centre and sporting facilities.
A masterplanner was selected following an invited single stage design competition in 2004. The masterplan process took 18 months and was completed in 2005. The selected team demonstrated an imaginative approach to the development coupled with skilful management of the extensive consultation process. Stakeholder consultation and input has been sought at every stage in order to create a shared vision for the future of Springfield. The result was a 50 page document which illustrates this vision and establishes the principles by which the site should be regenerated. The masterplan is a flexible document which not only illustrates the use of each of the city blocks but, more importantly establishes a strong sense of place. The vision is inspired by the buzz of cosmopolitan Greenwich Village in New York and the relaxed leafiness of Marylebone in London.

A three-person development team led by the Trust’s Design Champion, Andrew Simpson, provides strong leadership combined with a determination to utilise the site’s assets to the best advantage of the Hospital and the wider community.

In 2008 an outline planning application is being prepared following community consultation. It is intended that development of the entire site will be completed by 2017.
Plan ahead

Masterplanning takes time and preparation and is most effective when undertaken in advance of commissioning any major development projects. Give yourself time to consult with neighbouring landowners and the local authority to make sure that you understand how the context of your site will develop over time. Investigate where complementary interests exist with adjacent public sector land owners - you may be able to join forces and rationalise both organisations’ development strategies.

Develop a brief

Procuring any service requires the client to be very clear about what they want and to describe those needs in a manner that allows the market to price the service. Masterplanning does not yet have a universally understood definition and therefore you will need to describe exactly what you want from the consultants in terms of services (consultations, design skills, research, financial modelling etc) and what qualitative aspects of the service are important to you.

Be clear about what information you can supply (measured drawings of existing buildings, condition and asbestos survey, topographical survey, tree survey) and what they’ll be expected to research themselves. Be equally clear about what you want the end product to achieve and the level of detail you will expect - it should be clear that you are looking for a three-dimensional spatial framework and that a zoning diagram will be insufficient.

Creating Successful Masterplans: A guide for clients.

This CABE publication is a must for new clients embarking on preparing, designing, implementing and delivering masterplanning projects.

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This is an excellent example of how masterplanning can establish a vision for a healing environment which is shared by stakeholders and the community. The masterplan’s strength lies in its general fluidity and flexibility of building use coupled with a strong sense of place.

The best possible use is made of attractive listed buildings which will form the centrepieces of the new urban spaces. These buildings will make desirable homes overlooking a park and they will provide the revenue to fund new healthcare buildings. They will also add distinctive identity to the new urban public spaces.

The masterplan demonstrates a holistic approach with an ambition to provide not only the optimum healing environment but also to create a new mixed use part of London. The relationship between the two is understood as vital if a sustainable community is to be created that maximises social inclusion. The Trust is taking the innovative step of steering the design of the non medical parts of the site, recognising that in being part of a vibrant mixed-use community better healthcare services can be provided. Keeping control of all of the site also allows the best possible funding stream and ensures the procurement of the best possible medical facilities.

This masterplan document is clear and legible and it has improved communication and increased people’s capacity to discuss design. Design quality has been embedded at an early stage in the process as a key aspiration for all those involved. The masterplan framework will guide the development of the site and can generate market confidence in the viability of the overall scheme, maximising the capital return on the sale of existing buildings and land. This masterplan is just the first in a long process of development of this site but it sets out an attractive vision of a desirable new part of London.
Establish a programme that allows time to design and to develop a consensus

The time taken to masterplan a site will depend greatly on the scale and complexity of the site, your capacity to provide information and direction, and the extent of consultation needed. Bringing different stakeholders with you through the process, allaying any concerns and building consensus is a significant task which, understandably, takes time. However time is also needed for the consultant team to develop a creative and intelligent resolution to the issues faced on the site. It is unlikely that a masterplan of long term value and worth will be developed for an acute hospital site in a couple of months.

Manage Expectations

Make sure that all stakeholders understand what the masterplan will establish and what it cannot. Consultation with stakeholders can tend towards fine detail such as where staff will park, where their room will be. Time and care will be needed to manage these expectations and describe the benefits of the process both in terms of establishing a shared vision and simplifying (and therefore speeding up) subsequent developments where such details will be established.

Get a good team

There is no qualification in masterplanning – masterplanners generally come from related disciplines such as planning, architecture and landscape architecture. It is therefore important to define which skills you are looking for – these are likely to include: urban design, landscape design, architecture, transport and environmental engineering, artists, cost consultants, and public consultation skills.

Ask for CVs of key personnel that detail the skills and experience in these fields. Ask for a breakdown of the bid detailing the rates and hours allowed for each person to check you’re getting the skills level that you’re looking for and that the project is not being handed down to an office junior. Don’t be afraid to publish the budget that you have for the project and ask teams to bid to that budget on the quality of service that they can offer.

Allow sufficient time and resources within the Health Board

Developing a masterplan – a vision for your site - is a conversation between the design consultants and the health board and other stakeholders. The health board must be prepared to spare key people from a range of disciplines to allow them to participate in the process. You must then establish a lead person who will carry out the key role in channelling the knowledge and expertise of these stakeholders and prioritising between requirements. The Board’s Design Champions will have an important role in describing and advocating the benefits of good design and ensuring these principles are given prominence in the process.
10 points for a Successful Hospital Masterplan

1. A shared vision
   - A vision that the community, clinicians, patients, managers and local authority see value in and will support through the delivery phases. This is not to say that the vision will develop naturally through consultation – the client will need to provide strong leadership to establish both the vision and a consensus around it.

2. Robust but flexible
   - Strong simple concepts and organisational structures that define a sense of place but are not wholly prescriptive or dependent on individual clinical decisions and priorities. A strategy that plans the long-term sustainable development of the site.

3. Three dimensional
   - A 3D framework that establishes the general form and massing of the buildings and spaces and their relation to and impact on the site topography and other features. In establishing this structure the designer will have to consider the hierarchy and utility of the routes and spaces; the public and private faces of the buildings and the way in which the built forms shadow external spaces and adjacent buildings or offer views and light.

4. Sensitive to the local built or rural context
   - A framework that considers its connection and relationship to the community it is part of and which renews, reinforces or otherwise benefits the local built structure. This does not mean that a hospital need replicate the local context. As a significant building in the community it can stand out; however, it should not be designed in isolation as a building divorced from its context.

5. Easy to navigate
   - We’re not talking signage strategies here, but about a clear and understandable built structure – where places have identity – that allows people to know where they are and see where they’re going. The masterplan should define places that are safe and pleasant to walk in and where pedestrians take precedence over cars.

6. Makes the most of opportunities
   - Establishes and benefits from key views to, through and from the site. Accepts and controls light and provides shelter from wind or other factors.

7. High quality open space in the right place
   - Spaces that have a use rather than are simply a management and maintenance drain – i.e. space for play, for patients, staff and visitors to escape the clinical environment providing respite and relaxation or, importantly, for formal and informal therapies. Each use requires a different approach and location.

8. Integrated access and transport solutions
   - Parking, vehicle routes, cycle and public transport designed to enhance the site rather than dominate it.

9. Manageable Disruption
   - Describes and plans for the construction phases so that the impact of noise and other nuisances on the treatment and recovery of patients will be minimised. However, disruption is inevitable and this must be balanced against the long-term benefits of improved facilities and environment.

10. Deliverable
    - Establishing a costed and phased strategy that, realistically, describes how the phases of development will be delivered and the anticipated timescale for these.
St Olav’s, Trondheim
Project team
Client
St Olav’s Hospital and the Norwegian University of Science and Technology
Development manager
Helsebygg Midd-Norge
(The Hospital Development Project for Central Norway)
Lead Architect/Designer
FRISK Arkitekter
(Niels Torp with Narud Stokke Wiig & P I Kavli Arkitekter)
Landscape Architect
Asplan Viak
Architects Phase 1
Medplan, Narud Stokke Wiig
Architect Phase 2
Narud Stokke Wiig
Masterplan Contract value
Around £100,000 in 1995, including competition costs
St Olav’s Development
www.helsebygg.no/english
Medplan Architects
www.medplan.no/
Narud Stokke Wiig Architects
www.nsw.no/
Niels Torp Architects
www.nielstorp.no /IPS /
Asplan Viak
www.asplanviak.no/
Trondheim information
www.trondheim.com /engelsk /

Springfield Village, London
Project team
Client
South West London and St George’s Mental Health NHS Trust
Client Lead
Andrew Simpson, Director of Planning
Masterplanners
Urban Strategies Inc.
Landscape Architect
Urban strategies Inc.
Architect Phase 1
Maap
Masterplan Contract value
£95,000 in 2004
South West London and St George’s Mental Health NHS Trust
www.swlstg-tr.nhs.uk
Springfield Village Regeneration masterplan
Urban Strategies Inc:
www.urbanstrategies.com
Maap Architects
www.maaparchitects.com
Arup Partners
www.arup.com
We would recommend the following Commission for Architecture and the Built Environment (CABE) publication to any client considering a masterplanning exercise:

Creating Successful Masterplans: a guide for clients.
Commission for Architecture and the Built Environment (CABE)
www.cabe.org

Architecture and Design Scotland may be able to assist clients through our dedicated stream of work on healthcare facilities which allows:

→ the enabling of healthcare projects – providing dedicated, hands-on support to commissioning clients;
→ the provision of design assessment services, to make design quality part of project approval mechanisms and procurement processes;

Useful Organisations, Documents and Links

Central Avenue
Public art has been included in all hospital spaces, inside and out
Photo by Steinar Bendiksvoll

Women and Children's Centre Courtyard
A children's school spills out onto high quality landscaping
Photo by Geir Otto Johansen

Central Laboratories Courtyard
High quality landscaping and water features animate this space
Photo by Geir Otto Johansen

Perspective view of central plaza
This will be constructed in phase 2
Image by Team St.Olav

Women and Children's Centre Courtyard Flat roofs are used to provide outdoor play space
Photo by Geir Otto Johansen

Women and Children's Centre Courtyard
Flat roofs are used to provide outdoor play space
Photo by Geir Otto Johansen

Perspective view of Chapel Square
Listed buildings are retained as the centrepiece to high quality public realm space
Image by Urban Strategies Inc.

Perspective view of Steam Plant Walk
Listed buildings are retained to add character and sense of place to new streets
Image by Urban Strategies Inc.

Original Masterplan metal perspective, 1992
Shows the concept of the hospital occupying city blocks connected to the urban fabric
Image by FRISK Arkitekter

Existing listed 1840s hospital
Attractive red brick buildings in a high quality landscape setting
Photo by Simon Worsford

Perspective view of Cafe Square
Housing, retail, community uses and the hospital will occupy a series of 3 and 4 storey buildings
Image by Urban Strategies Inc

Perspective view of Cafe Square
Housing, retail, community uses and the hospital will occupy a series of 3 and 4 storey buildings
Image by Urban Strategies Inc

Block Plan
A potential site plan for the regeneration of Springfield University Hospital
Image by Urban Strategies Inc

Glenburnie Road
One of the entrances to the site will use an avenue of existing trees
Image by Urban Strategies Inc
“Masterplanning is the act of managing and making the most of change... of considering potential and realising best value from investment. It establishes a shared vision of the future; a flexible framework that guides individual developments and promotes a sense of place.”

Dr Kevin Woods
Director General Health | Chief Executive NHS Scotland

This publication gives all those involved in healthcare developments an overview of the masterplanning process and what it can achieve.