NHS Greater Glasgow and Clyde

Design Action Plan

Summary of Progress on Barrhead Health & Social Care Centre

This brief review highlights the progress of the development of Barrhead Health & Social Care Centre and compares this against the proposed Design Action Plan produced by NHS Greater Glasgow and Clyde in October 2007.

Since much of the development has taken place before the DAP was produced it offers a useful comparison between current practice and the set steps laid out in the plan.

1:00 Context

The new building will create 5600m2 of new-build accommodation on Main Street Barrhead on the site of the previous Carlibar School. The site is owned by East Renfrewshire Council and is currently vacant. The site will be made available as part of a land swap which will allow ERC to include the site of the former Health Centre in their plans to regenerate Barrhead.

Services
The proposal brings together a number of services which are currently provided by both NHS and ERC from a myriad of local premises, including the existing Health Centre. The services provided in the new building will include 3 GP practices, 2 Dental practices, Elderly Day Care, Physiotherapy, Podiatry, Sandyford Initiative, Adult Mental Health, Bookable Clinical Zone for sessional use and a series of Interview and Meeting Rooms. The centre will also provides an office base for workers who are based in the community including, Health Visitors, District Nurses, Social Workers and School Nurses.

Timescale
A brief timescale of the project is as follows:

- circa 2002 - first plans to redevelop Barrhead Health Centre and Initial Agreement formed
- 2004 – DTZ commissioned to develop regeneration strategy for Barrhead
- 2006 – Project Board formed
- March 2007 OBC approval
- June 2007 appointment of Design Team
- June 2007-December 2007 Design Development
- January 2008 Planning application lodged
- Late 2008 site start
- Autumn 2010 completion

The project is a joint project with East Renfrewshire Council who will occupy approximately 20% of the finished building.

2:00 Progress

To date the development has been progressed under the management of the Barrhead H&SCC Project Board and it's sub group the Barrhead H&SCC Accommodation and Design Group.

Under these groups the briefing documents were created, the Outline Business Case was produced, the services of a Design Team were procured and a number of design options developed.

A preferred option has been agreed with users, developed in liaison with ERC Planning and in discussion with Architecture & Design Scotland. A number of public meetings have been held, the most recent in early January 2008 to inform the public of the emerging design and to canvas their views.

The critical aspect of progress in relation to the Design Action Plan however, is the process and this is more fully described in the pages that follow.

3:00 Design Action Plan

The published Design Action Plan has four sections that allow comparison with progress at Barrhead:

- Principles
- Scope
- Objectives
- Process

Principles
The DAP highlights Principles that have been followed in the project development:

• The need for development or refurbishment should be clearly articulated through a specification of Clinical or Service redesign;
This is addressed formally in Section 3 of the Outline Business Case which was co-ordinated by the Project Director.

• The functional design, construction and operation of a building should be clearly described and considered primarily within the process and articulated in a design brief (business case and brief);
The accommodation and operational requirements form part of the OBC. The Design Brief was developed with the Accommodation and Design Group. This consisted of Staff, ERC and CHCP management, Public Partnership representation and GPs. The document was produced by Capital Planning.

• The wider environmental impact and design enhancements to the building will be considered alongside financial and clinical considerations;
The environmental and design issues in respect of the building have been central since day one. Key to protecting these have been appropriately skilled management, motivation of decision makers and quality-led selection of a design team. An Energy Study was conducted to investigate options to reduce environmental impact of the building and establish costs / payback periods of these measures. Early engagement with Planning, Barrhead Regeneration and A&DS has ensured that the project design has been developed in context.

• There will be a transparent and inclusive process to support any development;
The Barrhead project has benefited from early engagement with the public and fellow public service providers from early on. A series of meetings with public interest groups (Community Council, Access Panel, Public Partnership Forum) has allowed the scheme to be developed with their input rather than presented for agreement. An open public display in early January 2008 explained the design development process and illustrated the preferred option (reductions of the public display boards are appended to this paper).

• Improved partnership working will be instigated to support additional value for service users, staff and communities.
Because the scheme is promoted by East Renfrewshire CHCP, and East Renfrewshire Council will occupy part of the building, communication with local Council has been good from the outset. Staff groups were consulted at the start of the process to develop the accommodation schedule and during the preparation of the final options. A workshop event was organised in November where each staff group were talked through the whole building design and then their individual area examined in detail. This will be followed up as part of the Room Data Sheet process.

Scope
The scope of the DAP is outlined to include seven headings:

- ***Ethos and 'supportive ambiance' conveyed within the building***
- ***Internal spaces and the use of non clinical and clinical space***
- ***External environment and outdoor space***
- ***Movement in and around a building or site***
- ***Impact and relationship of a building to and on the local community***
- ***Inclusion of staff, patients and users within the design development process***
- ***Supporting infrastructure and access to the building or site***

All of the above items have been dealt with through the briefing and the design development process. The original Design Brief, which is not a standard NHS document, but was written specifically for the project based on user priorities, includes the following statements,

"The Project Board have extremely high aspirations for this project. The new building must be modern, flexible, attractive and practical. The building must achieve excellence through good design based on the functional and environmental requirements of staff, visitors and the community."

The entrance to the building and first impressions upon entering are critical to the success of the building. The entrance should be easily accessible, particularly by service users with disabilities, whether arriving by car or public transport. It should make a statement about the nature of the building. The entry should be obvious, without reliance on signage, and should make visitors feel welcome, secure and comfortable.

The building must be designed to include as many passive security elements as possible…… Electronic Systems will be provided to enhance passive security, built into the design, rather than being the solution to security.

It is a requirement that the building adopts a strategy to minimise energy use. This should be approached from first principles to allow as much natural lighting, ventilation and cooling as possible.

Design proposals will be subject to NHS design quality management tools. Design proposals will be assessed at key stages using NEAT (NHS Environmental Assessment Tool) and AEDET (Achieving Excellence Design Evaluation Toolkit). Design

It is envisaged that the use of artwork will form a fundamental element of the success of the building…… At this stage it is not clear exactly how this will be achieved / commissioned. It is likely however that the Design Team will require to provide a degree of consultation / collaboration with selected artists to allow works to be successfully integrated.

Due to the public nature of the building and it's importance to the local community there is a requirement to consult and inform local community groups and interested parties of the design development and implementation of the project. Design Teams must make allowances for attendance at public events which may take place at evenings or weekends.

The importance of this building to service providers and users is such that it is an essential requirement of the brief that the design team fully commit their highest standards of professionalism to every stage of the project development. The project board specifically wish to avoid a situation where junior staff are given responsibility to deliver the project.

All of the above statements were given to potential design teams to signal that the design aspirations were beyond the generic standards outlined within general NHS design guidance.

Objectives

A list of objectives is given in the Design Action Plan. These are amplified by a list of Actions that offer a practical framework to apply to each project. In looking at the progress of Barrhead against these we can make the following observations in respect of the actions noted:

	Action	Activity
1	***Ensure Project Steering Groups are established…***	As noted before the project is managed by a Project Board consisting of senior management from CHCP and Council, Capital Planning, Finance and Property
	Capital Planning Group monitors and reviews implementation of Design Action Plan.	Capital Planning via Project Manager have ensured consultation and design / environmental aspects have been addressed.
2	***Engage with clinical staff to agree core considerations in relation to clinical redesign and functionality to be agreed by capital planning group.***	Clinical staff has been engaged directly by CHCP, by the Accommodation and Design Group and directly be the design team.

	Develop policy on health improvement for capital projects to be agreed by capital planning group.	Not in place yet.
	Capital planning group to agree project initiation pro-forma for all capital projects to ensure fit with strategic objectives and Design Action Plan.	Not in place yet.
	Capital Planning Group to approve supplementary guidance (handbook) for project teams to ensure delivery of design quality in line with Design Action Plan.	Not in place yet.
3	***All actions under Item 3 relate to establishing mechanisms at a strategic level and do not relate directly to implementation at Barrhead.***	
4	***As part of project initiation process project leads will evidence that stakeholders have been engaged in formulation of project brief.***	We have been unable to source records of early consultation when the project began with Argyll & Clyde Health Board. Enagagement with public and staff post 2006 is recorded in minutes and file notes.
	Undertake review of opportunities for joint capital planning arrangements with local authority partners to ensure joint working arrangements in place to support delivery of design vision.	Due to the nature of the project, joint-working has formed a part of the setting of the project. Finance representatives from both organisations sit on the Project Board.
	Provide guidance as part of process flowchart and accompanying documentation to support project teams to engage with partners.	Work in Progress. Attached is flowchart showing progress at Barrhead.
	Provide guidance to project leads on the availability of external assessment tools to support projects deliver the vision for design quality.	This was done early on and requirements for AEDET and NEAT assessments form part of the formal Design Team Brief. Collaboration with A&DS also encompassed within brief.
	Where appropriate work with partners to undertake supporting analysis of individual projects to support delivery of vision for design quality and identify shared objectives.	Partnership with ERC has extended from briefing to Design Team Selection and ongoing Design Review. This has been invaluable in dealing with Council controlled issues such as Roads.
5	***Senior managers with responsibility for commissioning project to identify multidisciplinary project team (project steering group) appropriate to size and nature of the project.***	Established late 2006 in advance of forming Brief and compiling OBC.
	Ensure appropriate information in relation to the Design Action Plan is available at project initiation stage.	Not available at the time.
	Remaining Actions under 5) 6) 7) and 8) are not project specific and don't relate to progress of Barrhead.	

Appendix 3

Appendix 3 in the Design Action Plan offers a concise sequence of stages. What follows is a graphic representation of the processes at Barrhead which can be compared against this.

Summary

The Design Action Plan offers the prospect of clear guidance and support on a subject that is embedded in every development but is much more subjective and difficult to measure than other project objectives e.g. cost, programme, comfort conditions etc.

By looking at current processes as outlined in the comparison against Barrhead it's clear that many of the Design Action Plan objectives are reflected in current practice on some projects.

A clearly defined process given the full weight of the Board's Design Champions will assist in realising these objectives in a more consistent manner across a wider range of projects.

John Donnelly
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