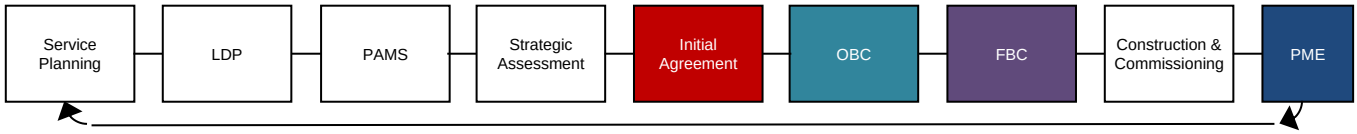
SCOTTISH CAPITAL INVESTMENT MANUAL

NHSScotland Design Assessment Process (NDAP)

Latest drafting: 2/02/2017



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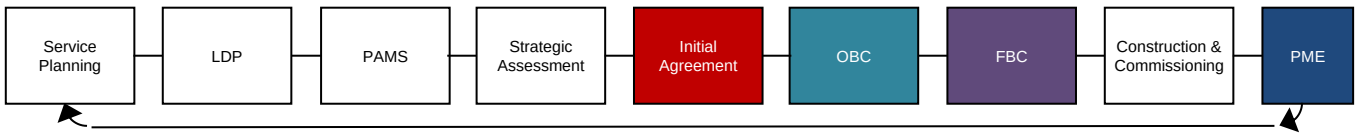


1 Overview

The purpose of the NHSScotland Design Assessment Process (NDAP) is to promote design quality and the service outcomes realised through this. It does this by mapping design standards to the key investment deliverables plus Scottish Government objectives and expectations for public investment, then demonstrating their delivery via self, and independent, assessments. NDAP supports continuous investment improvement, through sharing design standards and learning from comparable projects, thus building upon the best of what has gone on before.

1.1 Introduction

NHSScotland Design Assessment Process (NDAP) has been an integral part of the Scottish Capital Investment Manual (SCIM) since the 1st July 2010. The full SCIM suite of business case guidance is available at www.scim.scot.nhs.uk.

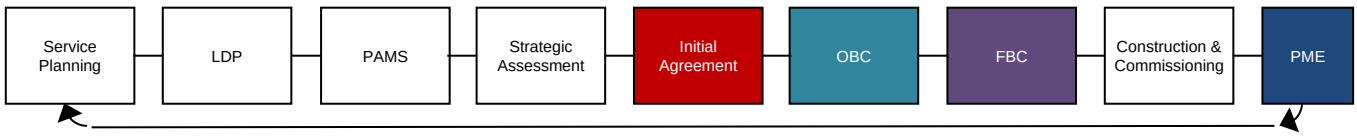
This guidance answers the following questions:

- how are project specific design standards established,
- when are the design assessments carried out,
- what are the submission requirements and responses,

Although the full process described below, and the requirement to refer projects to the NHSScotland Design Assessment Process (NDAP), applies only to projects that are to be considered by Capital Investment Group (CIG), it is intended and expected that Boards/ Client will develop Design Standards and utilise the assessment methodologies described below on all development projects.

NDAP supports Boards/ Clients achieve sustainable and best value investment. Early and regular dialogue at key project decision points will ensure this aim is achieved within an appropriate programme for each project.

NDAP support commences at the end of IA, and runs through-out OBC and FBC stages. Board/ Client submit their Business Case to CIG only following appropriate consideration of the formal NDAP responses. CIG approval is conditional on the level of support verified in the formal NDAP report sent at OBC or FBC submission. Feedback at Project Monitoring & Evaluation will ensure continuous improvement.

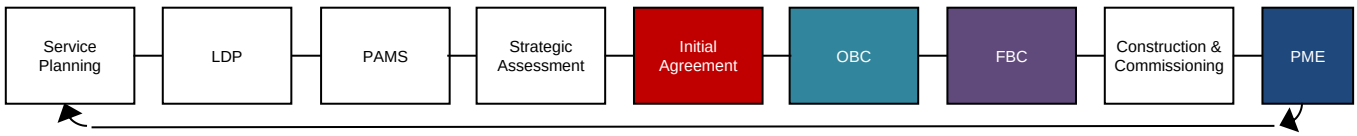


2 How are project specific design standards established ?

	Question	Response
HOW	How are project specific design standards established?	Prepare Brief: AEDET benchmark & target; map objectives into Design Statement; Design guidance & technical requirements.

There are two complimentary key aspects of quality consideration in the design of healthcare buildings. These can broadly be described as healthcare specific design - those aspects generally covered by NHSScotland Design Guidance; and general good practice in design – incorporating the whole human experience and effective resource use. Both aspects are key to delivering Board /Client investment objectives and Scottish Government /NHSScotland policy, they must work together to be sustainable, including providing whole life value for money (VfM).

Towards the close of IA stage, NDAP requires NHS Board/ Client to establish Design Standards in their brief. Architecture & Design Scotland (A&DS) and NHS Health Facilities Scotland (HFS) collaborate across the two aspects above, and on request, may be able to provide support. The bespoke Design Standards will incorporate NHSScotland Guidance, technical standards, AEDET benchmark and target, BREEAM and energy targets, plus a Design Statement; see details below. These form the first design control documents and establish the key demonstrable targets used to assess the design proposals at each key stage. The first NDAP report is a joint HSF/ A&DS review of the Board/ Client IA stage brief, recording their incorporation of appropriate Design Standards, i.e. in-line to deliver Board /Client investment objectives and Scottish Government /NHSScotland policy, plus any aspects of best practice. The report will state any recommendations; essential for attaining NDAP ‘supported’ status, or advisory ones to achieve good practice.



2.1 Design Standards -compliance with NHSScotland Design Guidance

"*The SGHD must provide guidance on compliance with those aspects of statutory and mandatory requirements which are particular to the procure-ment, design and delivery of healthcare buildings and guidance on best practice. This will be effected through the support to be provided by HFS and A&DS under the tripartite working partnership with SGHD*."

NHS CEL 19 (2010) A Policy on Design Quality for NHSScotland.

NDAP will assess for compliance with current published Design Guidance. To facilitate this, Boards/ Clients must submit, at IA business case stage, a project specific list of the guidance they consider applicable to their development (see inset box below). This will be updated at OBC and FBC stage and will include any derogations, together with the technical reason for this proposed mitigation.

Projects submitted for NDAP will be assessed for compliance with:

a) NHSScotland current guidance:

NHSScotland policy letters (DLs,CELs, CMOs)	Scottish Government: Health and Socia Care; Chief Medical Officer directorates
Scottish Health Planning Notes (SHPN)	Health Facilities Scotland
Scottish Health Facilities Notes (SHFN)	Health Facilities Scotland
Scottish Health Technical Memoranda (SHTM)	Health Facilities Scotland
Health Building Notes (HBN)	Dept of Health (England)
Health Technical Memoranda (HTM)	Dept of Health (England)
Health Facilities Notes (HFN)	Dept of Health (England)

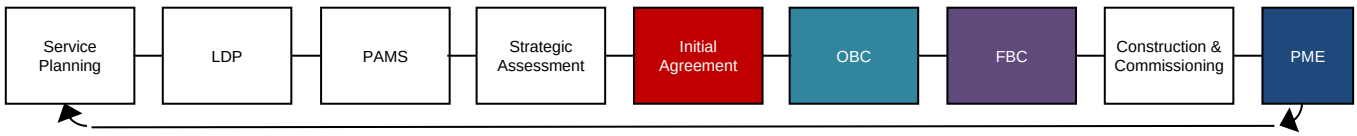
plus relevant UK construction industry bodies best practice or design guidance publications: e.g. HSE, CIBSE, BRE, safety, sustainability, dementia, and equality.

Note: where there is a current SHPN or SHTM relating to a subject then it takes precedence over the equivalent HBN or HTM. Where there is no Scottish version of a document the English or Welsh document may be used. For further information on the current guidance status refer to Health Facilities Scotland (HFS) website: www.hfs.nhs.scot.uk/publications .

Including, but not limited to:

b) Statutory requirements
Planning permission
Building Regulations compliance
Equality Act compliance
Health and Safety Executive (HSE) compliance
Construction (Design and Management) Regulations compliance

c) Other mandatory NHSScotland requirements – use of:
Activity Data Base (ADB): www.adb.dh.gov.uk
Achieving Excellence Design Evaluation Tool (AEDET): www.hfs.nhs.scot.uk
#BREEAM Healthcare (BRE environmental & sustainability tools) www.breeam.org



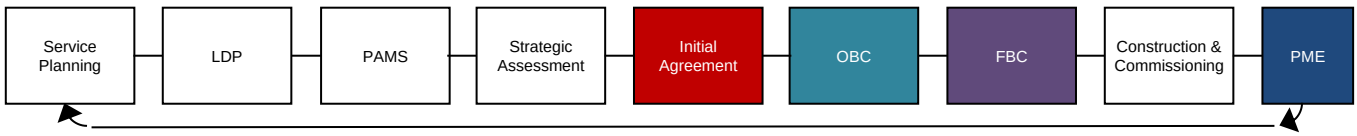
"All NHSScotland bodies engaged in the procurement of both new build and refurbishment of healthcare buildings must carry out an independent environmental accreditation for projects. The Scottish Capital Investment Manual requires that all new build above £2m are required to obtain a BREEAM Healthcare (or equivalent) 'Excellent' rating; all refurbishments above £2m to obtain a 'Very Good ' rating. If the capital costs are less than £2m, projects should undertake a BREEAM pre-assessment to establish whether BREEAM is a viable option."

BREEAM - NHS CEL 19 (2010) Annex A - Mandatory Requirement 6.

NDAP will assess for ADB, AEDET, and BREEAM/ energy sustainability compliance and optimisation for Value for Money (VfM). To facilitate this, Boards/ Clients must submit at IA stage, a statement of project compliance and targets. At OBC and FBC business case stages, the Board/ Client must provide evidence of their progress or compliance and the technical reasons for any project specific mitigations. On request, HFS may be able to provide support..

2.2 Design Standards –development of the Design Statement

The development of a Design Statement is intended to assist Boards / Clients in using good design to get the most out of their development projects. The project specific Design Statement will link directly to Board / Client Strategic Assessment service outcomes, or a Design Action Plan, which sets the investment objectives for the development. The Design Statement is produced by the Board / Client, with initial workshops undertaken near the end of IA stage. These will map out what the physical and environmental solution must do in order to deliver success. The stakeholders agree a series of clear statements of intent, describing the essential issues in a 'day in the life of' their user groups. They then define demonstrable benchmarks i.e. the parameters for what success might look like for each user group, without pre-determining the actual design outcome. Thirdly, they agree an action plan, stating how their Design Statement will inform key decision-making throughout the project, including OBC and FBC stages, plus the evaluation of its ultimate success post-occupancy at Project Monitoring & Evaluation (PME) stage.



NDAP will assess if the Design Statement is line with Board /Client investment objectives and Scottish Government/ NHSScotland policy expectations. Boards/ Clients must submit their draft Design Statement towards the end of at IA stage. NDAP 'supported' formal report is then submitted to CIG in IA submission and on approval, establishes the design control document/ criteria for future NDAP review. On request, A &DS may be able to support your Design Statement development. We strongly recommend early discussions, to ensure NDAP integrated into your project programme, particularly if project is novel/ unusual.

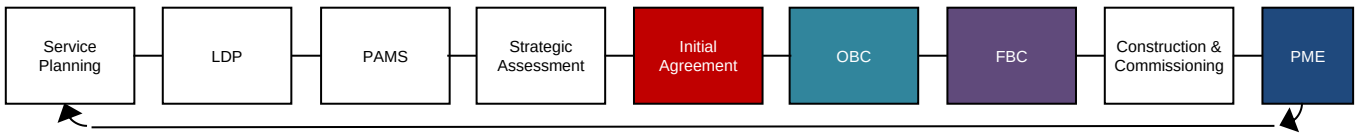
The final 'supported' Design Statement is a key, project specific, design quality control document. It also supports the project as a user-friendly tool for:

- **briefing**: it describes the design intent, or design vision (to be included in the HLIP -High Level Information Pack). This is subsequently developed into the final design brief, supplemented by more detailed briefing materials such as schedules of accommodation, key adjacencies and room data sheets as and when prepared. Public sector briefing is often identified as under-developed and therefore the Design Statement is intended to address this.

- **communication**: it starts a conversation on the project direction with a wide range of stakeholders, in non-technical language. It captures a consensus view of benefits and benchmarks. It builds momentum, obtaining early buy-in and allays some frequent concerns on public sector commissioning.

- **promotion**: it will stimulate interest in the market in the direction and viability of the project. The Design Statement raises the profile of design to deliver outcomes; and will motivate the market to bring its best and most appropriate skills to the table

Appendix B provides guidance on the form and content of a 'Design Statement'. **Appendix C** describes how to develop your statements of intent and benchmarks, including 'non- negotiables' workshop.



3 When is the design assessment carried out?

	Question	Response
WHEN	When is the design assessment carried out?	IA: draft Design Standards /Statement etc -late OBC: strategy/ site/ OA -early; evidence IA met -late FBC: pre-down selection –mid; evidence IA met -

The NHSScotland Design Assessment Process (NDAP) for all projects over the delegated value, sits in an advisory role to decision makers in both the Board / Client commissioning the project, and in the Capital Investment Group (CIG) within the Scottish Government Health & Care Directorate (SGHCD). This service is at no cost to NHS Boards under SGHCD's tripartite partnership with HFS and A&DS.

The NHSScotland Design Assessment Process (NDAP) commences at IA stage.

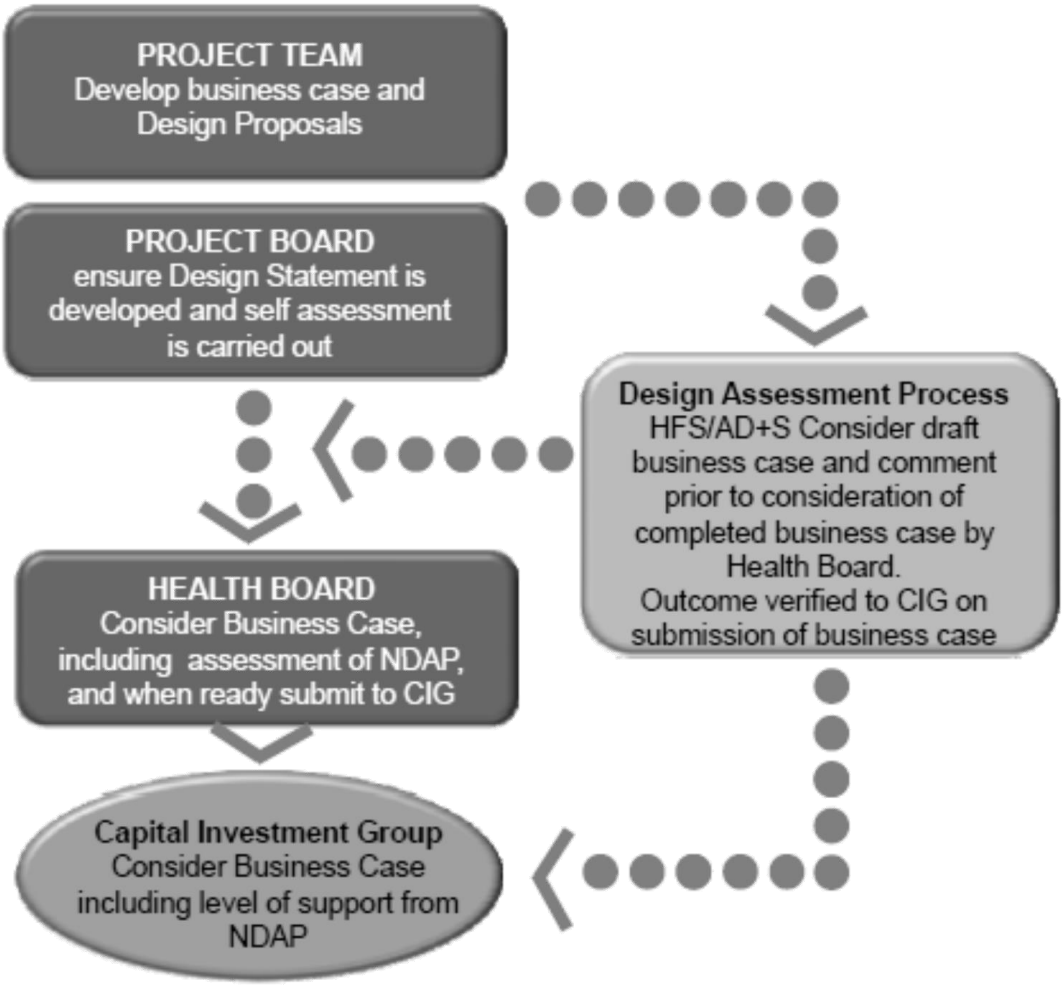
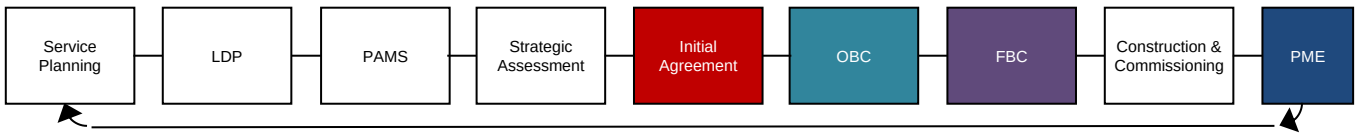


Figure 1: NHSScotland Design Assessment Process (NDAP) role in Business Case governance

The development of project specific Design Standards, incorporating the



Board/ Client bespoke Design Statement, provide the key criteria for future NDAP reviews. Formal NDAP reports are submitted to CIG at IA, OBC and FBC stage with Board/ Client submissions. Interim NDAP responses are available on request at strategic design stages. Interim response will be sought at early in OBC at site selection/ option appraisal; plus mid FBC pre-down-selection; to provide comfort/ confidence. We strongly recommend early discussions, to ensure NDAP integrated into your project programme, particularly if project is novel/ unusual.

3.1 NDAP programme and time periods

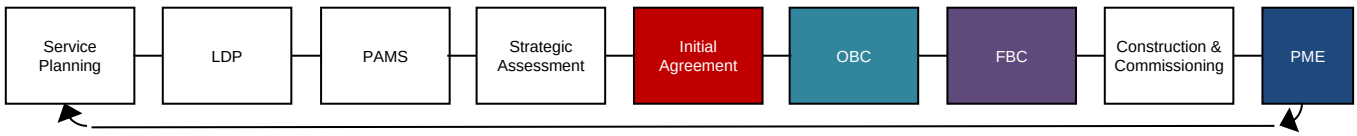
It is recognised that different projects and different Boards/ Clients will require different lead-in and consultation periods, from the point of notification and to the submission to the Capital Investment Group (CIG). Therefore In order to provide NDAP services in a timely manner project teams are advised to establish an early dialogue with HFS and keep them informed of the project programme and key dates. Teams are encouraged to maintain the dialogue, particularly at key design development points, rather than waiting always until the formal reporting points in the business case, to ensure that risks can be identified and addressed timeously. **Appendix A** contains the NDAP pro-forma for both Notification and Submission. NDAP Activities and Information Flow diagrams are in **Appendix D**.

There are two methods of NDAP assessment at formal reporting points:

- **Desktop** assessment by staff at HFS and A+DS, based on submitted information, supplemented by project team conversations to clarify any matters.

- **Panel** assessment, based on submitted information and supplemented by presentation by, and discussion with, the project team including designers.

All schemes at IA will be viewed as a desktop assessment. Some schemes at OBC and/or FBC stage will be taken to a larger panel. If this is anticipated it will be notified to the Board/ Client in the response to the IA or OBC submitted previously. Teams are encouraged to maintain a dialogue between these reporting points to ensure that risks can be identified and addressed timeously.



Notification Period: is the notice given by the Board to HFS that a scheme is to be submitted to the NDAP to allow resources for a timeous turn-around.

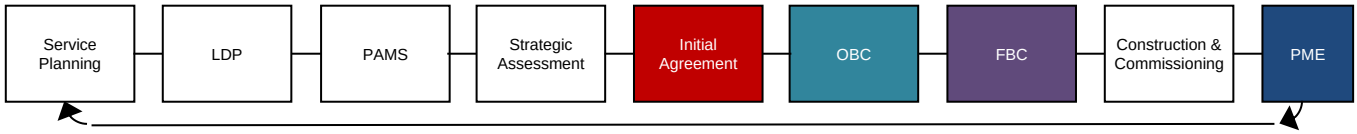
- **desktop** assessment: 14 days.
- **panel** assessment: 28 days. Submission information must be submitted 7 days in advance of the panel assessment to allow the panel to digest and prepare.

Period of consideration (from receipt of full information to NDAP response issue to Board/ Client): This is dependent on the scale of data and the group required to consider the proposals.

- **desktop** assessment: 14 days (unless extended discussions are necessary)
- **panel** assessment: 21 days(i.e. circa 14 days from panel discussion)

Note: a slightly quicker turn-around may be possible by prior consultation, and a verbal response will be provided at any panel meeting to allow work to progress whilst the paperwork is being done.

The Board/ Client is responsible for ensuring that the consultation is sought in a timeous manner to allow the NDAP response to be appropriately considered, and where necessary designs and costs to be updated, prior to Board/ Client approval, and in-line with their overall programme. We would recommend contingency time allowances for both the in-complete information at submission, plus design / cost incorporation of any NDAP response. This should be prior to the Board/ Client's CIG submission of each business case stage.

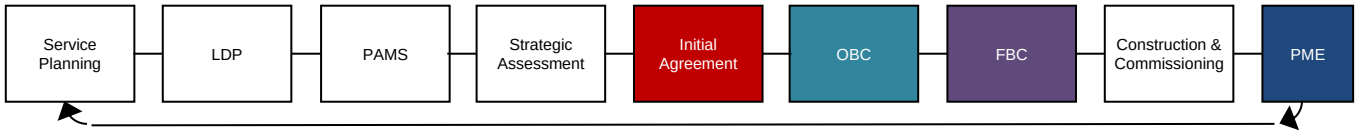


4 What are the submission requirements?

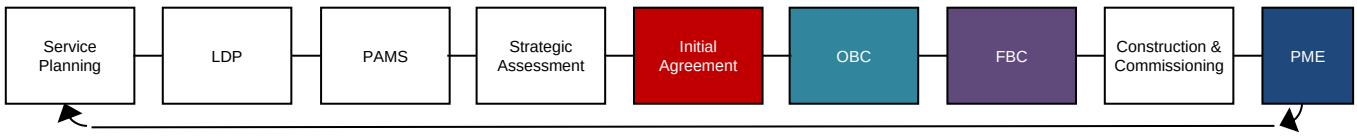
	Question	Response
WHAT	What are the submission requirements?	IA: set Design Standards, incl. IA Design Statement. OBC: concept design info. to evidence IA met

The aim of the NHSScotland Design Assessment Process (NDAP) is to provide confidence that each project's key investment deliverables, plus general Scottish Government policy are met. Each project team must satisfy itself that their brief is optimally met. NDAP is therefore not an additional information burden, but merely formalises both the self- and independent assessments, of each project teams own evidence of their design's optimisation. Other than **Appendix A**'s pro-forma, NDAP deliverables will vary depending on scale, complexity and risks. **Appendix D** and tables below, follow RIBA guidance on expected level information at key stages.

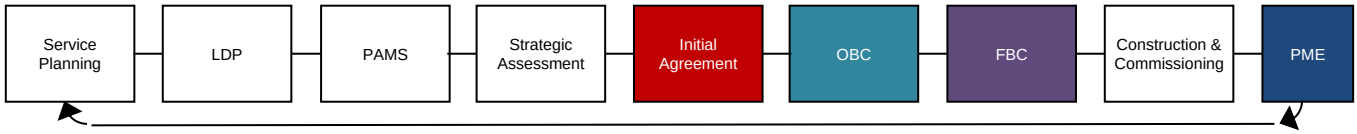
		INITIAL AGREEMENT
IA	**Stage -late**	Late in the IA process when a facility investment project appears to be a serious possibility
	Methodology	Desktop assessment based on submitted information, supplemented by project team conversations to clarify any matters
	Submission requirements	Completed IA notification NDAP form (**Appendix A**) Design Statement in line with the enclosed guidance, and a note of the stakeholders involved at each stage (**Appendix B & C**) Commitment to Sustainability incl. BREEAM targets Commitment to Equality, incl. Access, Dementia, Health Promotion, etc. Initial list of key NHSScotland design guidance & technical Standards to be followed – e.g. SHPNs, SHTMs, SHFNs, HBNs; Activity Data Base; CIBSE etc Initial NHSScotland AEDET or equivalent



		healthcare Design Quality Indicator (DQI) incl. IA Target for proposed service investment; plus, IA Benchmark (for the existing service -if appropriate
		OUTLINE BUSINESS CASE
OBC	**Stage-early***	Early in the OBC process an informal consultation on strategy/ site/ option appraisals – ***as required.**
	Methodology	Interim assessment based on submitted information, supplemented by panel if appropriate, and project team conversations to clarify any matters
	Submission requirements	Completed OBC notification NDAP form (Appendix A) Strategic context and Masterplan - (e.g. ≥ 1:1000). If a project is one of a series or a key development for a site, a masterplan is required to demonstrate the potential interaction on other services & infrastructure. Site Selection /Option Appraisal- analysis of each option (e.g. ≥ 1:500, photos, 3Ds, risks, HAI, VfM,); state strength/ risks for achieving the brief e.g. SWOT/; incl AEDET & Design Statement; plus HAI Scribe & WLC Initial concept sketches & sustainable design strategy Any key derogations, and their technical reasons Evidence of stakeholder engagement on option quality, incl AEDET, Design Statement self-assessment Confirmation Activity Data Base (ADB) use optimised
	Stage-late	Late in OBC development, when the design is nearly formed yet is still open to influence – consultation and response /formal report to use in CIG and Planning.

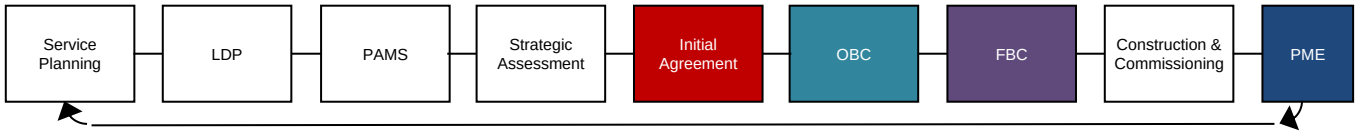


	Methodology	Will be as advised in the IA NDAP response, either: **Desktop** assessment based on submitted information, supplemented by conversations with project team to clarify any matters. **Panel** assessment, based on submitted information and supplemented by presentation by, and discussion with, project team including designers.
	Submission requirements	Completed OBC submission NDAP form (Appendix A) Concept Design incl. Arch, M&E, C&S, Fire, Landscape Outline drawings (≥1:200, key ≥1: 50) & specifications Outline sustainability strategy Outline construction strategy incl. HAI, CDM H&S Plan

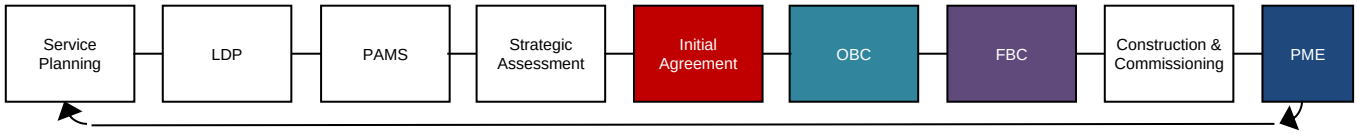


OBC	**Submission requirements (cont)**	3D sketches of key Design Statement spaces Completed Design Statement OBC self assessment Completed AEDET OBC self assessment Photographs of site showing broader context Evidence of Local Authority Planning consultation and/or alignment with Local Development Plan. Extract of draft OBC detailing benefits& risks analysis Evidence of HAI & CDM consultation Evidence Sustainability commitments will be met. e.g. accurate & NCM models (DSM). BREEAM, .CAB files and BRUKL; show how design will be optimised Evidence Equality & access commitments will be met. Evidence of VfM e.g. WLC on key design options Evidence Activity Data Base (ADB) use optimised. Evidence NHS guidance & technical standards will be met; list any derogations, with their technical reasons. OBC design report evidencing all above & IA brief met ≥1:500, ≥1:200, key ≥1: 50; diagrams, sections plans, 3Ds, specs, comfort & energy DSMs, to RIBA Stage 2 Concept plus key elements developed to Stage 3 For SFT schemes, also include: Design/ VfM/ Benefits related extracts of additional info required under current SFT procurement guidance

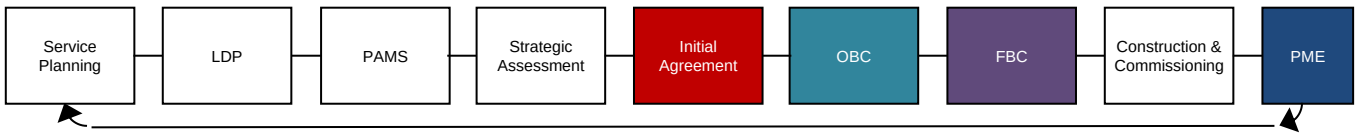
		FULL BUSINESS CASE
FB	**Stage-mid#**	In mid FBC process an informal consultation, prior to competition or bidder down selection –



		FULL BUSINESS CASE
		#as required.
	Methodology	Interim assessment based on submitted information, supplemented by panel if appropriate, and project team conversations to clarify any matters
	Submission requirements	Completed FBC notification NDAP form (Appendix A) Evidence of development incorporation of OBC NDAP Developing Design incl. Arch, M&E, C&S, Fire, Landscape, plus specialists e.g. acoustics, biodiversity Developing drawings (≥1:200, key ≥1: 50) & spec's Developing equality strategy incl. Access, Health Promo Developing sustainability strategy incl. BREEAM RAG ratings, BRUKL, accurate thermal & energy DSMs Developing construction strategy incl. HAI, CDM Developing commissioning strategy incl BIM, Soft Land'gs Update list of derogations, & their technical reasons
	Stage-late	Late in FBC development, when the design is nearly formed yet is still open to influence – consultation and response /formal report to use in CIG and Planning.
	Methodology	Will be as advised in the OBC NDAP response, either: **Desktop** assessment based on submitted information, supplemented by conversations with project team to clarify any matters. **Panel** assessment, based on submitted information and supplemented by presentation



		FULL BUSINESS CASE
		by, and discussion with, project team including designers.
	Submission requirements	Completed FBC submission NDAP form (Appendix A) Developed & coordinated design incl. Arch, M&E, Fire C&S, Landscape, plus any specialists e.g. acoustics 3D images of key Design Statement spaces Contract drawings (≥1:200, key ≥1: 50) & spec's Developed sustainability plan incl. BREEAM RAG ratings, BRUKL, accurate thermal & energy DSMs Developed equality plan incl. Access, Health Promo Developed construction plan incl. HAI, CDM Developed commissioning plan (CMP) incl BIM, Soft Landings, Equipping Responsibility Matrix, Evidence OBC /Interim NDAP response incorporated Completed Design Statement FBC self assessment Completed AEDET FBC self assessment Evidence of Local Authority Planning & Warrant status Extract of draft FBC detailing benefits& risks analysis Evidence of HAI & CDM consultation Evidence Equality & access commitments are met. Evidence of VfM e.g. WLC on key design options



		FULL BUSINESS CASE
FBC	**Submission requirements (cont)**	Evidence Sustainability commitments are met. e.g. accurate & NCM models (DSM). BREEAM, .CAB files and BRUKL; show how design is optimised Evidence Activity Data Base (ADB) use optimised Evidence NHS guidance & technical standards are met; list any derogations, with their technical reasons. FBC design report evidencing all above & IA brief met ≥1:500, ≥1:200, key ≥1: 50; diagrams, sections plans, 3Ds, specs, comfort & energy DSMs, to RIBA Stage 3 Developed Design, plus key elements to Stage 4. For SFT schemes, also include: Design/ VfM/ Benefits related extracts of additional info required under current SFT procurement guidance

Project teams are encouraged to maintain a dialogue with NDAP at key project decision points to allow smooth information flow and reduce programme risks.

4.1 Standard Business Case (SBC)

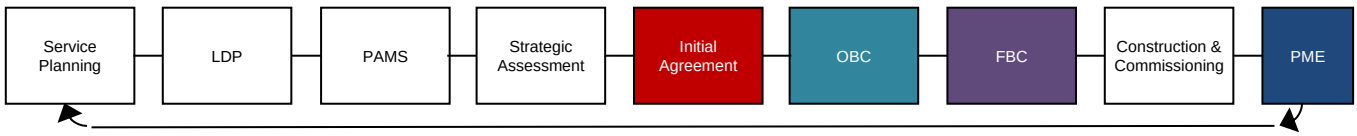
This is a combination of OBC and FBC into one Business Case Stage. Therefore the design assessment is a combination of both, and the level of final information submitted should be as FBC in tables above. NDAP IA stage report will confirm whether panel or desktop assessment is anticipated. Early NDAP engagement is required to determine the exact requirements to suit an SBC project programme.

4.2 NDAP response

The outcome of the assessment will be encapsulated in a brief report to cover:
Joint Statement of Support (one of following options):

SUPPORTED : this may include recommendations as follows:

- Essential Recommendations: those areas requiring amendment or alteration



in order to meet either national guidance or established benchmarks but which, in the opinion of the panel, can be amended without significant re-working. The Board will be required to submit agreed evidence to the panel before the 'supported' statement will be verified to the CIG.

- Advisory Recommendations: areas of potential for further improvement for the board's consideration, including notes on aspects which (though not falling short of standards set in the Design Statement) are potential risks in relation to the development planning process.

- Notes of potential to deliver good practice: where the panel sees that the project is demonstrating the potential to deliver best practice in a particular area of design this will be noted.

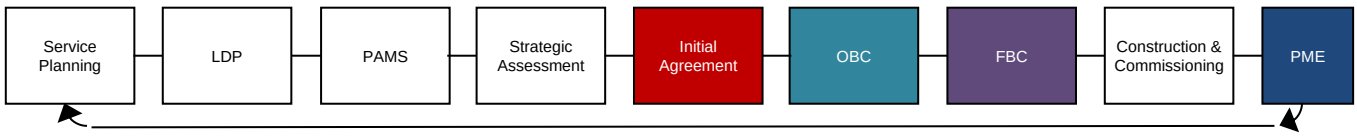
UNSUPPORTED: this will include a statement of the areas of concern that leads the panel to consider that the project is likely to fall seriously short of either the benchmarks set by the Board / Client, the standards established for healthcare buildings, or the expectations established in national policy (i.e. if the benchmarks established by the board do not address significant areas of policy or are low). Such areas of concern are considered, by the panel, to require significant reworking or reconsideration and are therefore unable to be resolved using the 'essential recommendations' above.

Next Stage Process: the notification required for the next assessment stage and the methodology of assessment that will be applied which will vary depending on the scale and complexity of the project.

Where a project is 'unsupported' it is anticipated that a further dialogue will be established to promote improvement in the areas identified. An amended submission, addressing these areas, would allow the report to be updated and the support status amended prior to progressing the project further through the business case process and prior to any verification to CIG.

4.3 NDAP sustainability response

NDAP supports sustainability by combining the mandatory BREEAM requirement



and whole life value for money (VfM) brief with an independent assessment of the integrated design proposals. This allows BREEAM credits to be assessed on a project specific basis; and only where NDAP agreed unsustainable, eliminated from final target score. The NDAP formal report for each project and stage will confirm the 'equivalent' BREEAM scheme and minimum credits, for Board/Client compliance with CEL19(2010) BREEAM Healthcare 'Excellent' or 'Very Good'.

4.4 Interaction with Capital Investment Group (CIG) process

HFS will notify the CIG when the process is completed and verify, to the CIG, the recommendation given to the Board. The submission sent, by the Board, to the Capital Investment Process (CIG) should include the information sent previously to the NHSScotland Design Assessment Process (NDAP) and the response received.

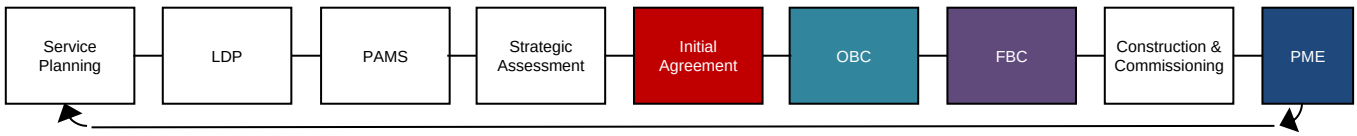
CIG will take the NDAP's response into consideration as follows:

- Supported with no qualifications: CIG can approve.
- Supported with Essential or Advisory Recommendations: Evidence of how these will be addressed is required prior to CIG approval.
- Supported with notes of potential to deliver good practice : CIG can approve
- Unsupported: CIG will not approve.

Post occupancy Project Monitoring & Evaluations (PME) submitted to the CIG should have design related information copied to HFS to inform future projects and NDAP. This will include a PME AEDET and a 'Design Statement' self-assessment for those projects that incorporated these.

4.5 NDAP information publication

SGHD requires Boards to publish the outcome of Business Cases within one month of the CIG meeting. After the business case is in the public realm; key information submitted to the Design Assessment Process will be added to the NHSScotland Project Resource (Pulse) on the Healthier Places website www.healthierplaces.org .



The published information will include key project details, selected images and design documents such as the Design Statement. This is to aid briefing, shared learning between Boards/ Clients and to raise the profile of NHSScotland's developing estate. See Appendix B for further details on the web-based resources'.

4.6 NDAP Support, notifications and submissions

For NDAP **Notification** fill-in top 6 (min) rows and email the Appendix A pro-forma to:
NDAP: nss.hfsdesignassessment@nhs.net;
plus susan.grant7@nhs.net and health@ads.org.uk

For NDAP **Submission** complete and email the pro-forma in Appendix A as above. Plus, email (as above), or send (2no electronic copies e.g. CDs, USB; and on request 2no scaled hardcopies), all stage specific information relevant to submission to:

- **NHSScotland Design Assessment Process**
  c/o Director, Health Facilities Scotland
  3rd Floor, Meridian Court, 5 Cadogan Street, Glasgow G2 6QE
  Tel: 0141 207 1600 Fax: 0141 221 5122

Support and advice is available from HFS and A+DS staff, contact firstly:

- **Principal Architect** ([redacted])
  Health Facilities Scotland, PCF part of NHS National Services Scotland
  3rd Floor, Meridian Court, 5 Cadogan Street, Glasgow G2 6QE
  T: 0141 282 2937 or 0141 207 1600; F: 0141 221 5122
  [redacted] or nss.hfsenquiries@nhs.net

For support and advice on the development of Design Statements see www.healthierplaces.org and contact A+DS directly:

- **Healthcare Design Team** (Heather Chapple –Head)
  Architecture and Design Scotland
  Bakehouse Close, 146 Canongate, Edinburgh EH8 8DD
  T: 0131 556 6699 F: 0131 556 6633
  health@ads.org.uk

Appendix A

NHSScotland Design Assessment Process (NDAP)

Notification & Submission Pro-forma

APPENDIX A: NDAP NOTIFICATION & SUBMISSION PRO-FORMA	
PROJECT NAME	
NHSScotland Board/ Client	
Other client partners (such as Local Authority)	
Business Case Stage (*IAs will be desktop, thereafter as advised in previous NDAP response)	IA / OBC / FBC
Type of assessment anticipated*	desktop / panel
Client Contact (person who can respond to queries during review period)	name: phone: e-mail:
Additional Contact (such as the lead designer or design manager -if applicable)	name: phone: e-mail:
Project general details: (broad estimates)	GIFA construction value: procurement route:
Project Website (if available)	
Key dates	
• Target date for business case to be submitted to own Board	
• Target date for business case to be submitted to CIG	
• Date notification pro-forma submitted to NDAP	
• Target date Information submitted to NDAP	
• (if applicable) pre-agreed date for panel assessment	
• Date NDAP response needed	
Any other relevant information	

for Notification: complete 6 top rows (as a minimum); for Submission: ALL rows;
e-mail completed form to NDAP: nss.hfsdesignassessment@nhs.net ;
plus: [redacted] and health@ads.org.uk

Note: key information submitted to NDAP will, after the business case is made public, be used in the NHSScotland project resource: www.healthierplaces.org

Appendix B

NHSScotland Design Assessment Process (NDAP)

Design Statement Guidance and examples

APPENDIX B: Design Statement Guidance and examples

The Design Statement sets out your approach to the project and how it will be delivered. The Design Statement should have three basic elements:

- The Non- Negotiables
- The Benchmarks
- The Self- Assessment Process

Design Statement Elements – The Non-Negotiables

As we use buildings, for the most part, to house and support human activity, the Design Statement is built around the needs of the people who the facility will directly impact upon and whole life value for money. It is then expanded to consider the elements needed to deliver on the broader responsibilities of using public money – that of addressing local and national needs – for the public purse to achieve economies of benefit .

Figure 2: People and Policy Areas for the 'Non-negotiables'

These are incorporated into the Design Statement by establishing, early in the project's development, agreed statements that give the core objectives of the project: non- negotiables that all key stakeholders can sign up to that derive from and articulate the Investment Objectives. These are the fundamental aspects that define the success

of the scheme - the criteria which, if you cannot achieve them, will seriously call into doubt the viability of the project.

It is anticipated that the non- negotiables will be established and agreed by the Project Board to encapsulate a broad consensus - from a range of points of view, from strategic planners to those with a more intimate and ongoing relationship with the proposed facility - rather than be written by one person. Appendix D suggests a series of questions that might be helpful in debating the non- negotiables with key stakeholders. Once established, these non negotiables encapsulate an agreed direction and as such can help resist incremental change in the brief due to external pressures or subjective opinions.

Design Statement Elements – The Benchmarks

One of the strategies that could bring real change, but which the public sector generally under-utilises, is benchmarking developments. The private developer knows that it has to surpass its competitor to obtain market advantage. The advantage to the public sector is less clear as we have yet to fully use the lessons learnt through POE's to understand the impact of a good design on the people and policy factors described previously. However benchmarking against the best and most relevant that NHSScotland and its sister bodies have delivered, and in doing so learning from the work of others, is perhaps the single most helpful tool available to improve both the standard of care environment and the image of the NHS in the community.

There are three basic ways of benchmarking:

- **Number** - by giving a numerical minima or maxima ...the entrance space must be at least 100m2 in area

- **Relative** - by describing how you want it to be different to something that already exists ...the entrance space should be much bigger than the one in the current facility...

- **Comparator** - by pointing to something you want it to be like ...the entrance space should be like the one provided elsewhere...

Each of these has its benefits and pitfalls in terms of the extent of description and even

prescription given to the designer and therefore this must be balanced in the methods and skills being employed to assess if this benchmark is being achieved. When setting a benchmark by using a comparator it is important to bear in mind that the purpose of choosing comparators is not to choose a predetermined design solution; it is to provide an example (or better still a range of examples) of 'what success might look like'.

The setting of benchmarks requires an understanding of what has gone before, and this is likely to require the project team to do some research and carry out site visits to learn from what others have done. As an initial step into this there are a number of web resources that can be used for scoping and as a source of reference projects or criteria. The most likely to be relevant are:

Healthier Places - www.healthierplaces.org

This website has been commissioned by SGHCD, HFS and A+DS to house information on good healthcare design to assist Boards/ Client in brief development and to raise awareness of the good practice being developed and delivered across NHSScotland and elsewhere. In addition to providing guidance on the development of 'Design Statements', and articles on healthcare design topics, the website holds a project resource (called 'pulse') that can be used in two main ways:

- Search by project type: to find out about recent and current developments in NHSScotland, and elsewhere, that are of a similar type to the one being considered by the client team. This will provide basic details on the project, the key team members involved and images where available. Key design documents, such as the 'Design Statement' and post occupancy Project Monitoring & Evaluations (PME) will be included once they are in the public realm to allow greater learning from what has gone before. It is envisaged client teams will use this search primarily at the outset of a project to:
    - to Establish similar works by colleagues in other Boards /Clients
    - Facilitate contact to allow shared learning
    - Establish possible visit lists for the client team and key stakeholders to raise awareness and understanding.
- Search by area: to find photographs of different areas of the healthcare estate (such as entrance areas and consulting rooms) to raise awareness of what has been achieved elsewhere. It is envisaged client teams will use

this search primarily to assist benchmarking within the Design Statement being developed for projects.

This resource will be maintained by A+DS using project information submitted to the NHSScotland Design Assessment Process (once the Business Case is in the public realm), case studies of completed developments, and supplemented by images submitted by users of the site. NHS Boards are encouraged to upload photographs taken during visits to inspirational developments (especially those outwith Scotland) to assist knowledge transfer between project teams.

Ideas - http://ideas.dh.gov.uk
Developed by NHSEstates in England this site describes design challenges of particular built elements (such as bedrooms or consulting rooms) and numerous examples of completed buildings that respond to these challenges.

Macmillan Quality Environment Mark -
www.macmillan.org.uk/HowWeCanHelp/CancerEnvironments/MQEM/MQEM.aspx
This self- assessment toolkit establishes aims for cancer care environments and views of what success might look like. Though designed particularly with cancer patients in mind many objectives have a much wider applicability. Case studies of environments that have been awarded the mark may be added to the site over time.

Over recent years, some well- designed developments have been delivered in Scotland and elsewhere that are supporting care and improving community infrastructure in the areas they serve. The purpose of mapping design into the business case is to extend this higher level of design quality across NHSScotland, and to promote a culture of continuous improvement by facilitating learning from what has gone before. Boards are expected to seek out and choose examples of good practice in design against which to benchmark their projects, such as those given in the example statements attached.

Benchmarks can be refined, as the project develops and more information is understood, or if better benchmarks become available. It is anticipated that the benchmarks set at IA may be revisited in advance of the OBC and FBC to check that they are still the most relevant and useful means of checking that the project is

achieving real value. The benchmarks should also be used in the Post Occupancy and Post Project Evaluation processes.

Design Statement Elements – The Self Assessment Process

This section of the Design Statement should establish the key design milestones for the project; then for each milestone set out the methodology and authority of the assessment, and the information and skills needed to carry it out. There are three areas to cover, **when**, **who** and **how**:

When

The business case process is designed to seek approval at key financial milestones, however these do not always coincide with key design milestones. Therefore the client team must consider and set out the key milestones that are most appropriate to their particular project. These may move relative to each other and relative to the business case milestones, dependant on the procurement route chosen, but are likely to include the following key milestones:

- Strategic Context, Site selection, or Option Appraisal
- Completion of Brief (inc. Public Sector Comparator if relevant) or High Level Information Pack (HLIP)
- Selection of Delivery/Design Team or pre-down selection
- Approval of early design concept / feasibilities (approx. RIBA stage 2)
- Approval of design to submit to Planning.
- Approval of design and specification to allow construction.
- Post occupancy Project Monitoring & Evaluations (PME)

Who

This is likely to be different depending on the milestone reached, the decision being made, and the risk associated with that decision.

The first thing to be decided therefore is the position of the particular assessment within the project governance - i.e. does the assessment sit within the project team (a matter that the project manager handles and reports to the project board on), or is the Project Board looking to undertake this function either itself or by seeking an opinion that is independent from the reporting being given by the project manager and forms part of the Project Board's assurance process.

Thereafter the skills set of the people, process or advisor assessing the options or proposals must be established. It is likely that specific design training and/or expertise would be of value in assessing the information being given and in differentiating between alternatives.

For example: A common issue in design team selection is that many people do not feel they have the competence or confidence to differentiate strongly between the ability of different designers to design. This can result in them assessing the 'quality' aspect of the scoring in terms of the clarity and coverage of the written information submitted - their essay writing skill – rather than their potential to design a facility of lasting value.

How

Firstly, and most importantly, the decision making process for these key points must allow you to ascribe a value to the elements needed to achieve the benchmarks you have set yourself.

Secondly, set out how you will approach the assessment. This would include both the tools you might use (such as an AEDET or ASPECT workshop) and the information you will need to inform the decision: i.e. the shortlist of sites for selection are likely to require some level of design feasibility study to provide reliable information on whether the 'Non- negotiables' can be delivered on the site and the implications of doing so.

For example, a site that is ideal in terms of transport connections and immediate availability may be very close to a busy road and therefore building on that site will require significant investment in the building envelope (wall and window construction) to attenuate sound, and a more sophisticated building layout and section is likely to be needed to allow the use of natural ventilation to keep the development within the sustainability criteria. This knowledge may either prompt the choice of a different site, where all of these factors are more easily achieved, or if this site is still the preferred option will allow the proper planning and budgeting of a project on this site.

The information required to make good and informed decisions at these key points needs to be allowed for in the programme and budget of the project and therefore the process of self- assessment must be understood early in the project to allow the proper planning of this.

Example Design Statements

The following three example Design Statements have been worked up based on real NHSScotland projects.

They are included in this guidance both as an illustration of the likely form and content of such statements, but also as a demonstration of the standard of benchmark that is 'deemed to satisfy' policy. Projects submitted to the NDAP that set benchmarks below these standards will be unsupported by the Process.

As stated previously - it is expected that the Design Statements developed for each project will be the product of cross disciplinary working and represent the core objectives and benchmarks that have been agreed by a broad spectrum of stakeholders including those involved in strategic planning for the board and those with a more intimate link to the particular facility under consideration. A list of those persons involved in the development of the statement should be appended to the initial submission. The self- assessment process may more readily be written by the project manager, but must be agreed by the project board.

- **Example Primary Care Design Statement**
- **Example Acute Care Design Statement**
- **Example in-patient Design Statement**

Appendix C

NHSScotland Design Assessment Process (NDAP)

Design Statement Workshop

- the 'Non-Negotiables'

APPENDIX C: Design Statement Workshop the 'Non-Negotiables'

Appendix B includes recommended headline areas (Figure. 2 people and policy) under which to consider and set the objectives of the project, but how these are used or interpreted will be specific to the aims of the project. To assist, the headline areas are expanded upon below by a series of questions and prompts, the responses to which should inform the development of project specific 'non- negotiables' .

PEOPLE

PATIENTS ...a welcoming, healing and reassuring place

Converting patient pathways into the patient experience, from leaving their home to returning home.

- Accessibility and approachability - Is this facility to be somewhere that is part of their experience of the community structure; a familiar place they go past when shopping, maybe even pop into for information or coffee, or somewhere that is likely to be a special trip for a significant purpose?
  Therefore how important is location in terms of prominence, links with public transport, parking space etc. Is it something that's an integral part of the built fabric of the community or a place apart from it? What should the initial impression be like? Can we say that drivers (other than those with a specific physical need or urgency) will not be given priority over those arriving by other means - that the facility will not face the world through a sea of car parking?
- Welcome and wayfinding - a place that doesn't stress you out just finding where you have to be.
  A single entrance space from which you can see all secondary reception points has been achieved in a number of primary and acute buildings - is this a non- negotiable for your project?
- The overall ethos and appearance of the facility.
  A place that gives me confidence that I'll receive good care/treatment, and where I can retain some sense of myself rather than feel subsumed by the system - see also notes above on ethos.
- The patient environment - evidence based design links basic placemaking aspects such as views (positive distractions), control over your environment (noise, heat, ventilation and light etc), and a sense of privacy and human dignity to improved recovery. Can you pick a few key location types (reception/waiting areas, bedroom, and social space) and benchmark these?
- Will there be somewhere nearby I can escape to if there's an opportunity – a breath of fresh air on a difficult day.

PATIENTS ...a place that supports life

- For a children's hospital - a play space I can get to from my bed – an external space I can get to every day if I want - a place my family or friends can be with me....
- For a dementia unit - a place that doesn't add to my confusion, that is reassuring and somehow familiar. A place I can still do some things for myself.
- For many wards - a place I can rest, where I can think, where I can talk in confidence or be comforted in private. A place to get away for a moment to feel I've still some choices and control.
- For outpatient facilities - a place that doesn't depress me / stress me to go to and where those that have to come with me (a carer / a driver / my children) can be kept occupied.

STAFF ...a place that supports the work

- What is the working model that is to be supported by the new/altered facility? Does it transpose current working practices or are new more integrated working methods to be used?
  Can this be embodied in any specifics such as only one reception point (as opposed to one for NHS, one for social work etc) or a commonality of room specification to allow space to be used as a resource rather than a territory?
- Is it a stand-alone facility, or are links to other services/ departments/ community facilities critical?
  This will affect both the location and the facilities that will be needed within the development.
- What do staff need to function effectively in terms of accessibility of the facility, functionality of working space and places to escape. Are there particular spaces you wish to benchmark?
  e.g. deciding early days that there's a particular theatre design that you wish to benchmark (perhaps open plan with windows) will inform very early design approaches to ensure a view that cannot be reciprocated.
- What is the ethos of the facility? What messages is it trying to convey and what behaviours are you looking to engender? The physical nature of the building (imposing or friendly) both embodies and influences the staff/patient relationship and the types, places and modes of communication.
- What level of efficiency are you looking for and how will you approach it? Does 'lean design' mean concentrating solely on staff walking distances (and potentially making the building deep plan and artificially lit/ventilated) or are you really looking at making the briefing and design work harder so that you get more than one benefit from any space (internal and external) that you build?

e.g. - Designing areas that have more than one use such as combined circulation/waiting spaces with something such as an atrium that assists with daylighting and ventilation: or, placing accessible external spaces (which may be need as lightwells etc) where they can have others uses such as formal and informal therapy, play space, additional waiting, respite and contribute to the biodiversity commitment?

- What are the additional benefits you're looking for from the development?
  Are you looking for it to help with staff retention or event to attract new staff - if so which facilities does it have to beat to attract the skilled employees you want?

STAFF ...a place that'll not constrain future work

- How serious are you about future flexibility?
  Will you require all consulting rooms to be the same, and a proportion of such rooms serviceable from more than one sub-reception to allow different users to occupy different areas as needs change? Will you require services to be routed such that walls can be removed/reconfigured more cheaply and the building refurbished on a floor by floor basis? What does flexibility mean in terms of your project?
- Is expansion space an absolute?

VISITORS ...a place to meet and discuss...a place that I can leave loved ones

- Do those accompanying, or visiting patients have a significant impact on the building function and the experience of patients?
  Will they take residents for a walk, or need space to meet and chat with in-patients? Will they be waiting for loved ones to come out of treatment, and need information and reassurance? Will they be there for extended periods and need a breath of fresh air whilst not feeling too out of touch?
- How important are play and even crèche facilities to allow patients to attend and keep accompanying children occupied?
- Are there complimentary facilities or services that'd help meet broader objectives of community perception or accessibility of services / encouraging healthy lifestyles? Are there any other visitors you'd wish to encourage by facilities such as drop-in information point?
  One of the community health facilities in Belfast has a cafe for use by those attending the GP, but it's so nice that it's popular with other locals and helps maintain the vibrancy and 'normality' of the place as it's a familiar part of the community structure rather than a place you go only when unwell.

POLICY

LOCAL NEEDS ... regeneration, community context and development

- **Local Board context**: how does this project link into the board's wider strategic asset management plan? Is it a piece in the onward development of a larger site and therefore must include elements that deliver on broader site masterplanning and infrastructure elements or set a standard for future developments on the site?
- What additional benefits does the board want from the project in terms of public perception?

- **Community Context:** The project is undoubtedly a significant investment in the community it serves, how should that be used to support the community structure including local needs for healthier places, regeneration and sustainable growth in the community?
  e.g. The construction of a facility in a run-down area is a chance to develop local civic pride and a feeling of worth (thereby potentially increasing community ownership and reducing vandalism as well as setting a benchmark for future projects in the area) as opposed to developing something that is simply 'in keeping' with the current dilapidated nature.

- **Planning and Local Development:** In broad terms, the new Planning Act shifts the emphasis of planning to consider and plan "what goes where and why" and therefore local development plans should be supporting the identification and protection of community facilities, such as those for health. This, combined with Single Outcome Agreements, is a real opportunity to plan the location of facilities to support local development rather than in response to it.
  An agreed 'non-negotiable' objective that requires the facility to be placed in a location the supports local regeneration or a planned shift in population, on a project commissioned jointly with the local authority, is likely to be a very powerful tool.

- **Local Board context**: how does this project link into the board's wider strategies such as commitments under the Single Outcome Agreement or local initiatives on health promotion, carer support etc?
  How does the project fit into the board's strategic asset management plan? Is it a piece in the onward development of a larger site and therefore must include elements that deliver on broader site masterplanning and infrastructure elements or set a standard for future developments on the site?
  What additional benefits does the board want from the project in terms of public perception of the board?

e.g. the location and approachability of the facility can increase or reduce the likelihood of people walking or cycling to the facility and even using it.

NATIONAL NEEDS ... NHSScotland Policies

- **Better Health Better Care**: how does the project support the shift in care patterns and embody the concept of mutuality.
- **Sustainability and Asset Management**: how the project will allow you to improve your reporting on these elements.
- **Design Quality:** This is unlikely to need a specific objective as it should be met in achieving the others.

NATIONAL NEEDS ... Broader Governmental Objectives

- **The 5 Strategic Outcomes and 45 National Indicators:** Health boards, as bodies spending the public purse, are expected to contribute across all of these outcomes.
- **National policies on placemaking and design**: the call for leadership by example in the public sector.

Scotland's Infrastructure Investment Plan 2008 establishes that good design is key to achieving best value from all public sector investment.

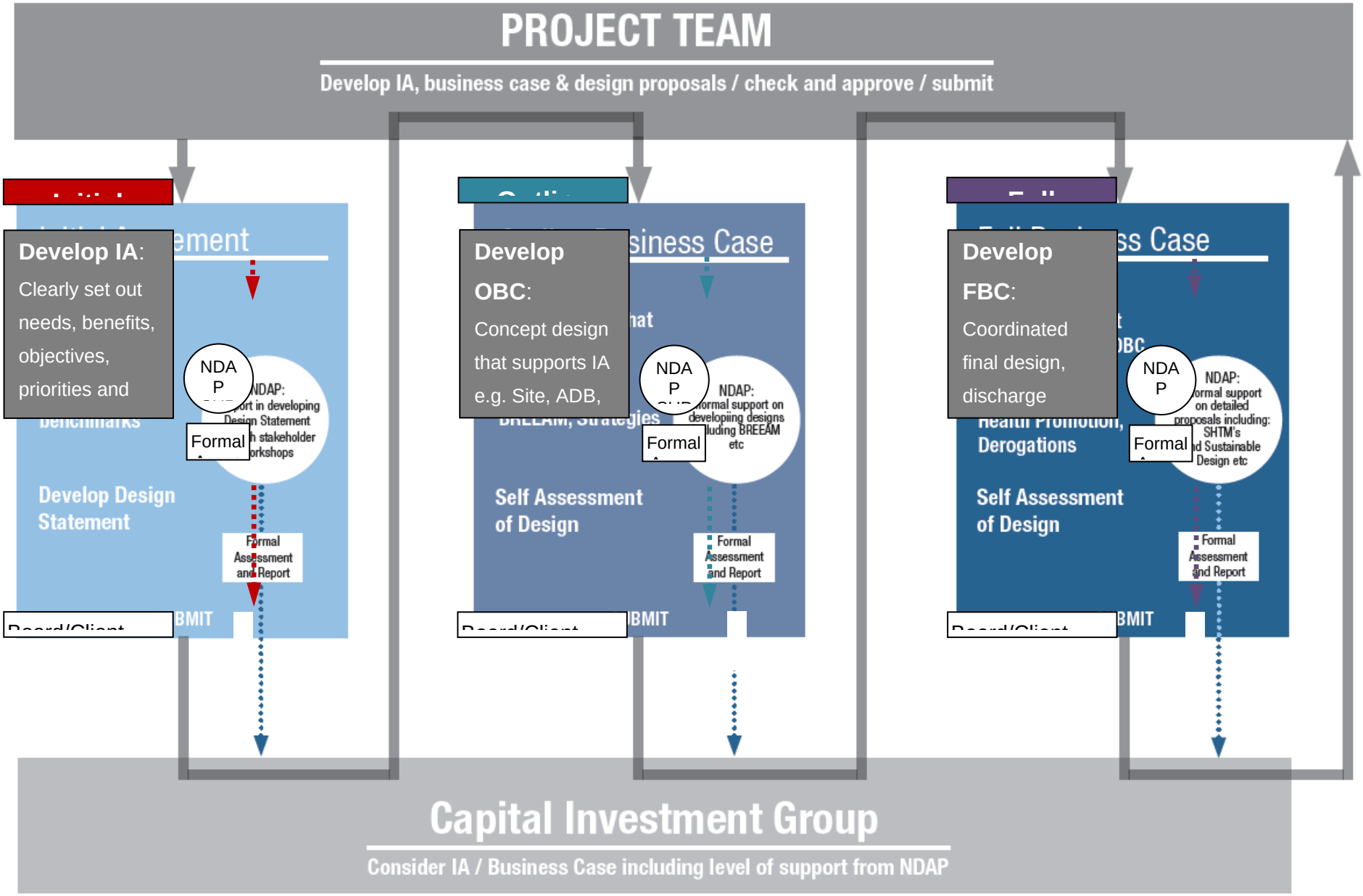
"In developing Scotland's infrastructure, the Scottish Government recognises that good building design should be responsive to its social, environmental and physical context. It should add value and reduce whole life costs. Good building design should be flexible, durable, easy to maintain, sustainable, attractive and healthy for users and the public; and it should provide functional efficient adaptable spaces ... Equally important to the design of individual buildings is the design of sustainable places. Well-designed buildings and places can revitalise neighbourhoods and cities; reduce crime, illness and truancy; and help public services perform better".

It is this approach - which is underpinned by national policies on Architecture and on Place Making - that will inform appraisal of all projects.

Appendix D

NHSScotland Design Assessment Process (NDAP)

Activity and Information Flow Charts


PROJECT TEAM
Develop IA, business case & design proposals / check and approve / submit
Develop IA:
Clearly set out needs, benefits, objectives, priorities and
Develop Design Statement
Formal Assessment and Report
Develop OBC:
Concept design that supports IA e.g. Site, ADB,
Self Assessment of Design
Formal Assessment and Report
Develop FBC:
Coordinated final design, discharge
Derogations
Self Assessment of Design
Formal Assessment and Report
NDAP
Formal
Capital Investment Group
Consider IA / Business Case including level of support from NDAP

RIB

PM & Technical Information:

Establish Objectives:

- Project

PM & Technical Information:

Early Stage:

- Outline Brief , incl. Strategic Context & IA

PM & Technical Information:

Finalise:

- Down-selection of any bidders/ competitors #

PM & Technical Information:

Hando

Design Information - Brief:

Establish:

- AEDET or equal, healthcare (DQI) Design

Design Information - Concept Design:

Early Stage:

- Strategic Context & Masterplan studies e g. ≥ 1 1000
  Site & Option Appraisa e g. ≥

NDAP Information - Developed Design:

Mid - Late Stage:

- IA Design Standards, with any updates in benchmarks highlighted.
- Completed Design

Design information -PME:

- Complete BREEAM

RIB					
	Design Statement (DS):	Design Statement (DS):	Design Statement (DS):		Design Statement
	AEDET /	AEDET /	AEDET /		AEDET
	NHS	NHS	NHS	NHS &	NHS &
		BREEAM:	BREEAM:	BREEA	BREEA
	HAI	HAI SCRIBE:	HAI SCRIBE:	HAI	HAI
	CDM:	CDM:	CDM:	CDM:	CDM:
	Building	Building	Building	BIM:	BIM:
		Planning:	Planning:		