

ART PLAN

vision and guiding principles

New building for Haukeland University Hospital, project no. 110701

The building will accommodate the Centre for Child and Adolescent Psychiatry and Somatic Medicine, together with the Women's Clinic and Maternity Ward.



Revised Spring 2019

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1. Mandate

New buildings at Haukeland University Hospital will accommodate new centres for child and adolescent psychiatry and somatic medicine, as well as the Women's Clinic and Maternity Ward. The construction work has been planned in two phases, with Phase 1 taking place in 2012 to 2017, and Phase 2 from 2017 to 2023. The total floor area of the new buildings will be approx. 80,000 m² (see also the description in Section 5 of this document).

Once Phases 1 and 2 are completed, the new buildings will accommodate all activities relating to the diagnosis and treatment of somatic and psychiatric disorders in children and adolescents, as well as teaching and research. Phase 2, scheduled for completion in 2023, will also accommodate the Women's Clinic, putting high-quality diagnostic, treatment and research facilities in the area of women's health under one roof.

The building owner, represented by the Project Office at Helse Bergen HF (the local health authority), wishes to develop a unified art plan for the entire construction project.

Spending on the completed construction project is expected to total approx. NOK 5.4 billion. Approx. 0.5 % has been allocated to art for the buildings.

Architect: KHR Arkitekter (Copenhagen), in collaboration with Studio 4 Arkitekter – Rambøll, PKA Arkitekter (both based in Trondheim) and Schønherr Landskap (Copenhagen – Aarhus)

The Project Office has contracted Public Art Norway ("KORO") to plan and implement art projects for the buildings. The Art Committee was constituted on 11 October 2011.

Project manager at KORO: Janicke Iversen



The architecture emphasizes a sense of proximity and openness to the landscape.



The illustration shows how the hospital will appear following completion of both phases of construction. On the right (south of the new buildings) we see the existing Central Block of Haukeland University Hospital. Møllendal Cemetery is in the foreground. The Phase 2 building (2016 - 2023) is adjacent to the cemetery, with the Phase 1 building (2012 - 2016) immediately behind.

2. The Art Committee – composition and working method

Jørgen Blitzner	Art consultant/KORO, Chair of the Committee
Harald Fenn	Art consultant/KORO
Anne Jorunn Langeland	User representative/advisor/Children's Clinic
Siri Larsen	User representative/Head of Unit, Child Psychiatric Unit
Siri Luise Rørholt	Architect/ Rambøll
Lars-Petter Smid	Advisor
Knut Harald P. Opheim	Project manager
Marte C. Jettestad	User representative/consultant gynaecologist, Women's Clinic
Anja Rolvung	Architect/KHR Arkitekter (to 28 February 2015)
Mona Høgli	Head of Communications (to 1 June 2015)
Egil H. Haugland	Clinic Director/Children's Clinic (to 1 April 2019)
Britt Skadberg	Developer/Project Director (to 1 June 2012)

Jørgen Blitzner has served as Secretary to the Committee.

The Art Committee (the “Committee”) met for the first time on 11 October 2011. The Committee meets at irregular intervals. Its main tasks are to identify suitable locations for artworks and to select artists. The Committee will also recommend locations to install works from the hospital’s existing collection. The art consultants have also met with KRK Arkitekter in Copenhagen to familiarize themselves with the model and drawings, and to handle samples of materials. In addition, the art consultants have stayed in contact with each other, including holding their own meetings when necessary.

Committee meetings have been held at the Project Office at Haukeland University Hospital, no. 68 Jonas Lies vei, and at Haukeland Hotell. In between meetings, the members of the Committee have exchanged opinions via email.

The Committee has made site visits to the Rikshospitalet University Hospital in Oslo and Ahus (Akershus University Hospital) in Akershus County, as well as to Telenor, Nordahl Grieg Upper Secondary School, Bergen Light Rail (Bybanen) and the Gulating Court of Appeal in Bergen. The Committee has found these site visits useful when making strategic decisions. For example, one question that arose early in the process was whether we should focus on having a large number of artworks distributed throughout the buildings, or instead on having a small number of large, prominent works.

The Committee has invited people with relevant experience from various professional environments, both within and outside the hospital, to discuss possible collaborations, especially with regard to education/information activities. The hospital school is run by Nordahl Grieg Upper Secondary School, and we have initiated a dialogue with the school, the Play Therapy Service, and the Disability Support Service to ensure support for the Art Plan within the existing hospital environment. Siri Larsen and Jørgen Blitzner have held meetings with the hospital’s Youth Council to receive input from the user group it represents.

How the art plans have been structured

The Committee decided early on to develop a number of art plans, all of which would be subordinate to a single overarching strategic plan that would determine the general goals and strategy. This overarching plan governs all the art planning for both phases of construction. This approach is designed to ensure continuity and consistency in the art planning, not least in light of the large scale and lengthy time-frame of the project.



*Phase 2,
seen from Haukelandsveien.*

3. The architecture – guiding principles

The architects' proposal reflects an ambition to connect two features of the surrounding landscape:

the openness of the views down towards the fjord, and the steepness of the slopes of Mount Ulriken.

Many of the existing buildings are oriented along contour lines, resulting in a 'closed' effect that can be claustrophobic. The group of architects (KHR Arkitekter, Studio 4 Arkitekter and PKA Arkitekter) responsible for the new building made the decision to orient the new buildings perpendicular to the contour lines. This will give a sense of openness and allow for better views.

Three principles were of fundamental importance when developing the proposal:

- keeping the scale of the buildings child-friendly, as far as possible;
- generating a sense of contact between the buildings and nature/the surrounding landscape; and
- using materials in a way that stimulates the senses.

A holistic vision

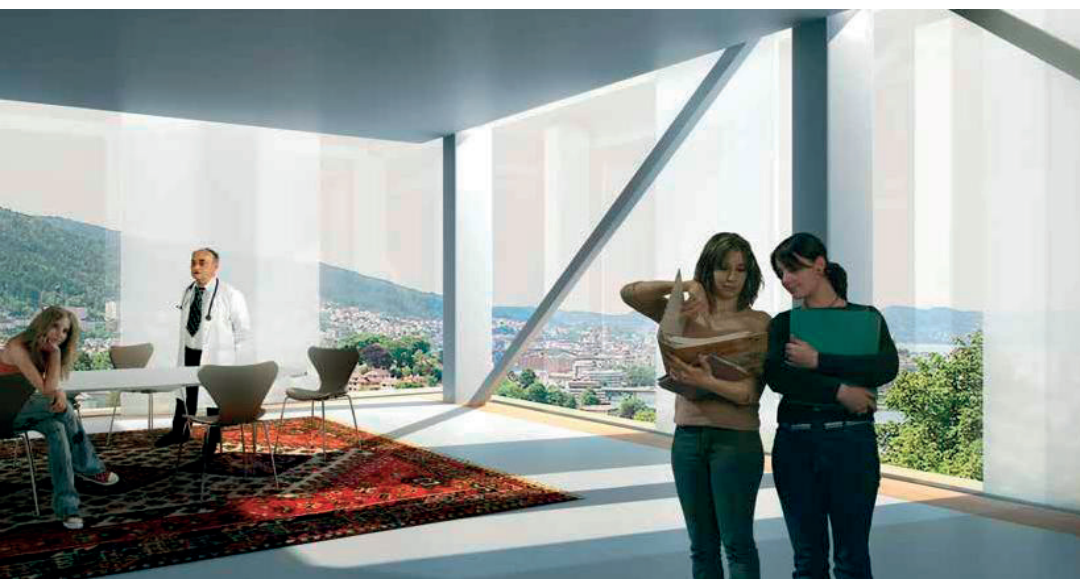
The design of the new building attaches strong emphasis to the potential positive effects of physical surroundings for the hospital's users. Expertise in psychiatry and somatic medicine will be integrated within the same centre, reflecting the philosophy that the mind and body are a single, indivisible whole. This philosophy is expressed in the design of the facilities for play, fitness and physical development, which form a central hub within the project. The architectural style conveys trust, quality and openness. The new hospital facility will be designed to provide a high-quality, practical setting for patients, families, staff and students. This setting will support an innovative cross-disciplinary environment, facilitating the integration of traditional areas of medicine, research and teaching.

Parallel glass wings set within the landscape

The hospital will be set into the landscape through the insertion of green areas between the linked parallel wings of the buildings. The west Norwegian landscape will thus extend throughout the site, linking the steep mountainside with the hospital grounds and the park-like Møllendal Cemetery, which extends down towards the sea.

The new buildings, which have been designed as a series of linked parallel wings oriented across the contours of the landscape, will be airy, light-filled glass volumes on bases of natural stone. The wings have been staggered to optimize the availability of natural daylight, which also has the effect of weaving together the buildings and landscape. The green areas between the wings will be landscaped as terraces, gardens and play areas. The design conveys a sense of openness and breaks down the large overall mass of the building into smaller, more understandable units. The highest-rise structures will be those adjacent to the existing hospital, with lower-rise structures adjoining the area of low-rise residential housing to the north. This will allow a large amount of light to flood into the buildings, and expansive views over the fjord and city.

The landscaping of the outdoor areas between the wings will reflect three themes: "mountain"; "fjord"; and "forest".



Large windows give a sense of openness and help connect the building to its surroundings.

4. The hospital and its users

The building for the new centre for children and adolescents will accommodate the Child and Adolescent Mental Welfare Clinic, as well as the Maternity Ward (part of the Women's Clinic).

Phase 1: Completed year-end 2016. Floor area approx. 29,000 m². Phase 1 accommodates 27 in-patient beds and three out-patient areas for children and adolescents suffering from mental health problems. Phase 1 also accommodates the Eating Disorders Unit, an "Energy Centre" (including a swimming pool and a gym), and premises for the University of Bergen and Bergen University College.

Phase 2: Expected completion 2022/2023. Floor area approx. 50,000 m². Phase 2 will accommodate a full range of in- and out-patient paediatric medical and surgical facilities, a research unit, offices and other common areas. Phase 2 will also accommodate the Maternity Ward, which is currently part of the Women's Clinic.

When both phases of building work are completed, all specialist medical and mental health services for under-18s in Hordaland County will be housed under one roof!

Child and Adolescent Mental Health Clinic - Phase 1

In addition to in-patient facilities, the Child and Adolescent Mental Health Clinic will have dedicated areas for specialist out-patient clinics; consultation rooms; domiciliary out-patient services; a research unit; shared teaching and activity areas; offices; and other common areas. These will include dedicated rooms for diagnosis, treatment, physical fitness, teaching, and other activities. The general child and adolescent out-patient clinics will continue to be decentralized; i.e. they will continue to be located offsite.

The new building will provide more space for patient participation, the involvement of parents and other carers and relatives, and interdisciplinary collaboration. Overall, the hospital will feel far more "open" than has been possible previously. Different units will also be able to coordinate their resources more efficiently.

Phase 1 also includes the construction of the children’s “energy centre” (final name not yet determined). This will provide a meeting place for physical activity, professional development, education and research, where healthy children and teenagers will interact with patients of the same age with various kinds of needs.

Children’s Clinic. Phase 2

The Children’s Clinic is Norway’s second-largest paediatric unit. It covers all medical specialities in somatic medicine, and has seven units covering eight specialisms. At least 60 percent of all children requiring specialized health services are admitted to the Children’s Clinic in its current form. The remainder are treated in the Paediatric Surgical Ward or on specialist adult wards. Currently, healthy newborns are cared for at the Women’s Clinic.

The new building will be specially adapted to accommodate the particular rights and needs of children and teenagers. It will be easier for patients to maintain contact with their parents, siblings and other carers and relatives; and there will be space for play and recreational activities, as well customized programmes of educational activities. The Clinic has approximately 300 staff members. Four broad research programmes contribute actively to the achievement of good results and a committed professional environment.



From the waiting area next to the main reception desk and main entrance, Phase 2.

Women’s Clinic. Phase 2

The Women’s Clinic in Bergen includes Norway’s second-largest maternity unit, with approximately 5,000 births each year. The Clinic also has a large gynaecology department, which offers a broad range of expertise in the diagnosis and treatment of women’s health problems. The Clinic is the regional centre for the treatment of gynaecological cancers. There is a strong focus on research and systematic professional development. The teaching of students from university colleges and the University of Bergen is an important aspect of the Clinic’s work. Approximately 500 people work at the Women’s Clinic.

An important feature of the new Child and Adolescent Centre will be a child-centred approach, whereby cross-disciplinary specialist teams will visit the child in the child's room, rather than requiring the child to be moved from one room to another in an alien environment. Children are not miniature adults, and accordingly lack the capacity to understand their situation in a rational or reflective manner. The new approach acknowledges the particular needs of a child, which include – very importantly – secure surroundings and a certain level of predictability.

In addition to serving as a local hospital, the new Centre will also function as the regional hospital for Helse Vest RHF. In addition, it will have several multi-regional functions.



Waiting area with a view over the gardens

Materials have been chosen to enhance sensory stimulation. Here we see the swimming pool (Phase 1), where slate features among the materials used. In the Art Plan, we wish to perpetuate this emphasis on the use of varied materials and tactile qualities.



5. Vision, primary objectives for the art programme

The design for the new hospital building will focus strongly on children's particular need for, and right to, specially adapted areas; space to maintain contact with parents, siblings and other relatives and carers; space for recreation and play; and schooling. All these factors will be reflected in the principles underlying the Art Plan.

The new hospital facility will be designed to provide a high-quality, practical setting for patients, families, staff and students.

The art should reflect the values that are embedded in the plans for the centre. It should exist in dialogue with the architecture, both stylistically and with regard to the architectural ambition. The plans for the new hospital building attach particular importance to the special rights and needs of children. The art should be relevant to how children and teenagers experience the world, how they understand the world, and their capacity for reflection. The art should take account of the situation of the hospital's users, and should provide both immediate sensory experiences and also a deeper sense of recognition and affirmation. The Committee hopes that children's encounters with art will give them confidence in their own experiences and reflections, widen their perception of reality, and stimulate their own creativity.

The artistic vision point by point:

1. The art should be relevant to hospital users' experiences, their understanding of the world, and their capacity for reflection.
2. Diverse sensory experiences should be an important feature of the art.
3. The art should be of a high international level.
4. The art should exist in dialogue with the architecture, both stylistically and with regard to the architectural ambition.

1. The art should be relevant to hospital users' experiences, their understanding of the world, and their capacity for reflection.

Children experience art more through their emotions and senses than intellectually/cognitively. The art should reflect a view of art in which the artwork itself is not the sole centre of attention, but where the act of experiencing the art is also important as part of a creative and investigative process. Older children and teenagers may approach art in a more adult manner, encountering art on adult terms.

2. Diverse sensory experiences should be an important feature of the art.

Children find participation more stimulating than observation, and the Committee believes that a form of interactive artistic expression, which encourages participation, may be stimulating for younger age groups.

By attaching importance to the sensory aspects of art, the Committee wishes to take children seriously. This approach also corresponds to the hospital's explicit goal of being a hospital where the professionals providing treatment come to the patients – on the patients' terms.

3. The art should be of a high international level.

By "high international level", the Committee means that the art and the artists, who will be required to submit professional credentials, should display a high level of professional competence. The approach also reflects the hospital's high medical goals.

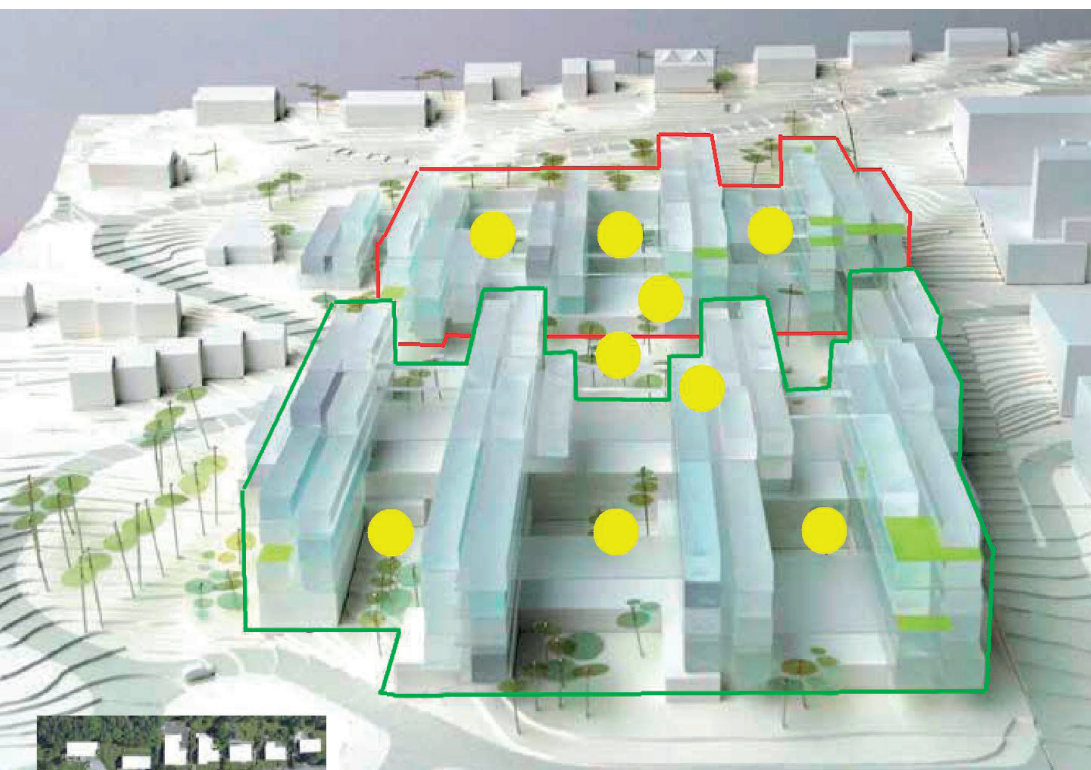
4. The art should exist in dialogue with the architecture, both stylistically and with regard to the architectural ambition. Architects establish guidelines for how we should experience a space, through their use of scale, the relationship of built structures to the surrounding context, and their use of materials. Importance should be attached to the architectural guidelines in the Committee's work on the Art Plan.



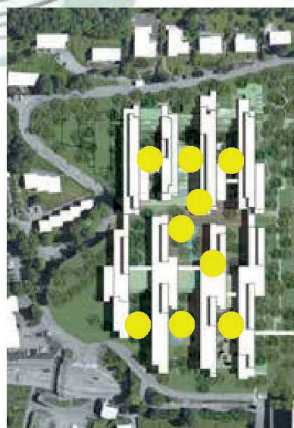
The illustration shows one of the gardens between the buildings. In its Art Plan, the Committee will exploit the sense of openness and contact between indoors and outdoors; all users will be able to experience artworks in the gardens.

The objectives should be achieved through:

- developing a small number of prominent art projects;
- assisting in the development of art that includes and engages children and teenagers, and tells them something significant to their lives;
- developing art projects through collaborations between the hospital and artists that preserve the patient perspective (a “bottom-up” approach);
- creating space for an open dialogue between the hospital and artists engaged in projects by establishing a platform for cooperation. This can be achieved by inviting artists and staff, patients and families to participate in joint competence-building and inspirational measures, such as seminars, workshops and courses, for example;
- promoting art of a high international level, that is inquisitive, experimental and life-enhancing for a child audience;
- creating an identity-building work (a landmark) that will contribute to raising the profile of Haukeland University Hospital; and
- establishing an ambitious education programme targeted at hospital users.



From the waiting area next to the main reception desk and main entrance, Phase 2.



— Construction phase 1. 2012 - 2016
 — Construction phase 2. 2016 - 2023



Major projects:

- 1: Entrances, window art at main entrances.
- 2: Gardens.
- 3: Outdoor area by main entrance.
A monumental work in the entrance area between the Phase 1 and Phase 2 buildings

6. Major projects

Against the background of the Committee's objectives and vision, as described in Chapter 5, the Committee concluded at a relatively early stage that certain spaces/areas were particularly suitable for art projects. These spaces/areas are (see sketch) the gardens, the entrance areas, and the glass walls near the entrances.

The gardens

The gardens at the new Child and Adolescent Centre will be an extension of the west Norwegian landscape, and will run between the parallel glass wings of the building. The gardens will link the mountain behind the hospital with the outdoor areas of the hospital site and the park-like Møllendal Cemetery that runs down to the sea.

The new blocks, which are oriented across the contours of the landscape, will be airy, light-filled glass volumes on bases of natural stone. The wings' heights have been staggered to optimize the availability of natural daylight; this also has the effect of weaving together the buildings and landscape. The green areas between the blocks will be landscaped as terraces, gardens and play areas, forming a new arena for Haukeland Sculpture Park.

The gardens between the parallel glass wings serve as visual connectors between different parts of the building, while also functioning as visual oases for patients and visitors when seen from day and patient rooms. A specially adapted sculpture park will further enrich the garden environment. The gardens are important elements in both Phase 1 and Phase 2, and will be accessible by all users.

A sculpture park in the gardens will exploit the openness of the architecture: the large windows with their expansive views will mean that very many people will be able to experience the sculptures, including from inside the building. The artworks in the gardens will stimulate patients to engage actively in a life-enhancing quest for something outside themselves, beyond the medical environment.

As already mentioned, the gardens will extend between the parallel blocks constructed during both phases of construction, and accordingly it is natural to think of the project as continuing through both phases.



Gardens constructed during Phase 1. In the foreground Petter Hepsø "Inverse XI, XII and XIII", in the background, "Pearls" by Mari Røysamb and Ole Rosén.

The gardens are an area of particular focus for art projects.



Gardens between the glass wings of the building help to link the architecture to the surrounding landscape.

The art project in the three gardens will be a major project for the new Child and Adolescent Centre. In the Committee's opinion, this project will coincide with a primary ambition of the Art Plan, which is to attach particular importance to children's particular needs, understanding of the world, and capacity for reflection. The project will provide immediate sensory impressions, as well as stimulating a deeper sense of recognition and affirmation.

It will be possible to design the sculpture park so that it both reflects the landscaping themes for the three gardens (forest, mountain and water), and also satisfies a wide range of patient and staff preferences through the installation of works in a wide variety of styles. In sickness or in health we are all different, and it is precisely through such a collection of diverse artistic expressions that individuals will be able to find their art, their place or a sculpture that speaks to them.

The Committee envisages that at least one of the works should be of a nature that serves to link the three gardens together. For example, it could be in several parts, so that users can recognize different elements in different places.

Acquisition of artworks

We will conduct a search for our own artworks for Haukeland Sculpture Park. Works that we believe will be best suited for Haukeland University Hospital and all users of the new buildings. We will search with enthusiasm and curiosity, bearing in mind patients, families and staff. We want this to be a sculpture park that generates satisfying encounters between the art and the hospital's users. We will find art that provokes wonder and joy.

Some sculptures will be purchased directly from artists, others from exhibitions. Yet others will be commissioned for specific locations, while some will be selected from Haukeland's existing collection.

The existing collection

Another key advantage of a sculpture park is that it gives us the opportunity to install art from the hospital's existing collection that is perhaps not currently displayed to its best advantage, or that has to be moved due to demolition work.

Just as we will assemble a collection of two-dimensional artworks already owned by the hospital, in the sculpture park we will be able to relocate three-dimensional artworks in new contexts and alongside new acquisitions, enhancing both new and "old" art.

Entrance areas

Outdoor entrance plaza

The outdoor entrance plaza between the Phase 1 and Phase 2 buildings is scheduled for completion during 2018. This area will be highly visible and much-used by everyone arriving at the hospital. Here the Committee wishes to realize a work that will be integrated into the paved surface of the plaza. We envisage that the artist will work closely with the landscape architects and art consultants. The Committee will identify suitable candidates through a prequalification round. The project will be completed in the form of a direct commission following interviews with selected candidates.

Indoor entrance area

In both the Phase 1 and Phase 2 buildings, the entrance area is where the users first encounter the hospital. It is easy to imagine how patients and family members arriving at the hospital may feel powerless and helpless. The building owner is very eager for these spaces to be something more than transit zones. The entrance halls should be experienced as places where one wants to spend time, like a town square or a living room, and their content and design should express a sense of welcoming and solicitude. For these areas, the Committee envisages artworks that invite participation and contemplation. The art should provide a positive experience for users. The Committee wishes to consider both the Phase 1 and Phase 2 entrance areas as part of the same context.



Outdoor entrance area, between the Phase 1 and Phase 2 buildings. For many people, this will be their first encounter with the hospital. The Committee considers this an important area for art.



“Colour Clouds”, by Miram Sleeman and Tom Sloan.

An interactive work in the entrance area of the Phase 1 building.

Art on the glass walls

All the entrance areas feature large glass walls. The Committee envisages artistic designs on the glass walls in both the Phase 1 and Phase 2 entrance areas. A transparent building structure with open sight-lines is an architectural device that contributes to giving the hospital “openness and breaks the building volume down into smaller, understandable elements, which gives the site a friendly feel and reduces its institutional appearance” (from a presentation by KHR Arkitekter). Glass surfaces have a unique quality as a medium, and it is desirable to use these to welcome patients and family members. Colours and small narrative elements can contribute to giving them a favourable experience in their first encounter with the hospital.



“Children as heroes – heroes as children”, by Anne K. Wille.

Main entrance of the Phase 1 building. An artwork will also be installed on the glass walls of the Phase 2 building.

A landmark work

The external wall of the old Children's Clinic (now demolished) featured a monumental bronze sculpture "Mother and Child" by the Swedish sculptor Ivan Viktor Johnsson.

The sculpture is approximately 3.8 metres in height. It was a gift from the people of Sweden for the opening of the Children's Clinic in May 1950. The Children's Clinic itself was also a gift from our neighbouring country.

The Committee wishes to relocate this sculpture to the grass slope leading down to Haukelandsbakken, where it will be very noticeable to people arriving at the hospital. The presence of the sculpture will acknowledge the history of the Children's Clinic, and it will also serve as a worthy "landmark" for the hospital's new Child and Adolescent Centre.

Existing artworks

The clinics that will move into the new buildings – the Child and Adolescent Mental Health Clinic, the Children's Clinic and the Women's Clinic – already own collections of artworks. In total, these collections comprise over 100 mostly two-dimensional works, although there are also some sculptures. As already mentioned, we plan to relocate some of the sculptures in the gardens.

The Committee plans to review the collection with a view to finding suitable places for the artworks in the new building.



"Mother and Child" by Viktor Johnsson.

The sculpture will be restored and reinstalled in a central position by the new hospital.



"Horsemen", a frieze by Frans Widerberg.

One of many works in the existing collection. Shown here restored and installed in the new building.

7. Education/information

Children's books

We want to create an ambitious, magical narrative based on the art and the gardens at the new children's hospital. The narrative could unfold in Haukeland's gardens among the nature, architecture, trees and art. Using words and images, such a story could transport users to a magical and fantastical world of art and nature. With the help of a children's book we could create a world of experiences, with a place for art in both reality and the imagination. We envisage two publications per phase of construction, with one targeted at younger children and one at teenagers.

Adults users could find an online narrative on the hospital's website. There will be a link on the website to information about the art projects.

We will focus particularly on educational activities for younger audiences. As each individual work is completed, we will consider developing a specific publication relating to it (in addition to the children's books already mentioned); making information available online or on the hospital intranet; and other forms of educational activity.



One of our education projects involves the production of books about art, targeted at various age groups.

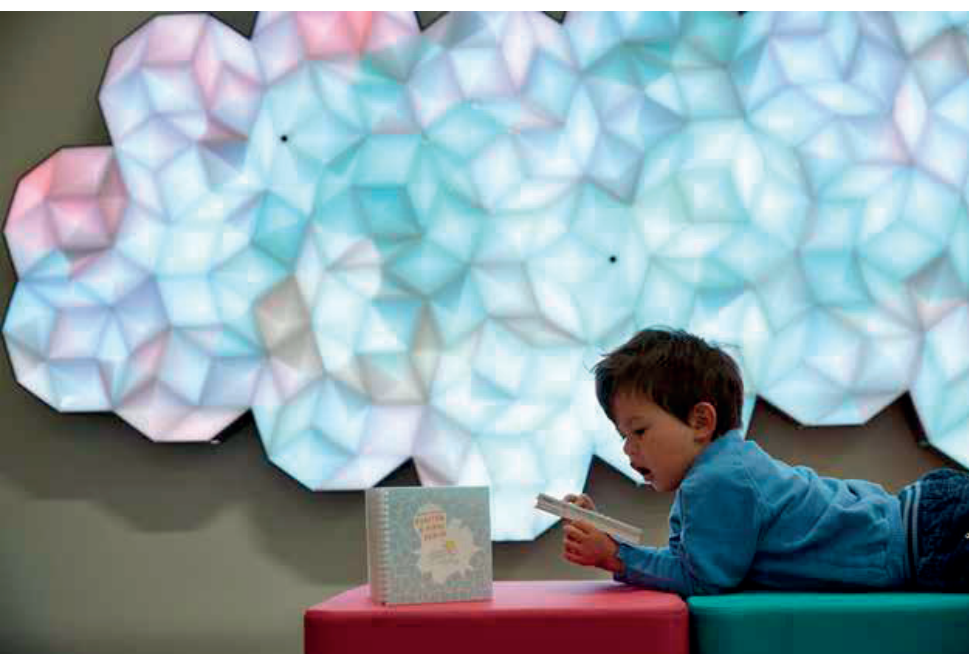
A participatory perspective recognizes children's need to be creative contributors in the artistic process, and we believe that our education plan should take into account the art teaching that already takes place at the hospital and develop programmes in collaboration with the Hospital School and the Disability Support Service, for example.

The Committee also wishes to enter into a dialogue with the artists in respect of each commission in order to refine the education/information activities relating to each project and to discuss possible ways of involving users in the artistic process, including in education/information.

Here it is essential to acknowledge that all artists have different ways of working. Any involvement of children in the process must be discussed and adapted to each artist's way of working.

The hospital has users of all ages. The user groups include patients aged 0-18 to adults, as well as students, employees and families. When addressing a younger audience, it will be necessary to develop an education strategy that takes account of how children experience art: through participation and activity.

In developing its education/information strategy, the Committee has been in contact with the Play Therapy Service and the Disability Support Service, as well as institutions outside the hospital, including Arts Council Norway and its Kunstløftet programme [a programme designed to promote art for children and teenagers]; and Bergen Art Museum's children's art programme, Kunstlab. We will consider involving all these institutions in our education programme for the hospital's most important users.



The users need educational activities that are adapted for their requirements.

Seminar: what are the possibilities?

As part of the Committee's work on an education/information strategy, we held a seminar on 10 May 2012 in collaboration with Arts Council Norway. The seminar focused on children, art and participation. The seminar's two-pronged primary goal was to discuss art for children and teenagers and to establish contact with environments within and outside the hospital with regard to future education/information initiatives relating to the art projects.

At the seminar, the participants discussed artistic processes that can give children opportunities to participate, particularly with regard to a performative programme, and provided the Committee with a shared understanding of the possibilities that were available. The differences between different professional traditions and disciplines stimulated an inspiring debate on the topic of children, teenagers and participation in artistic processes.

After a process of reflection and discussion, the Committee has agreed not to focus on performative types of artistic expression, as these would most likely be exclusive, with only a very few users being able to enjoy such activities.

The seminar laid the groundwork for an education/information plan that invites participation and activity, and that has the support of the existing professional environment. With the assistance of existing professional environments such as the Hospital School and the hospital's Play Therapy Service and the Disability Support Service, the Committee will ensure the continuation of a high-quality education/information programme in connection with the art projects, including after the Committee has concluded its work.

Apart from the Committee and the introductory speakers, the participants at the seminar included 20 hospital employees who have daily contact with the target audience for the art projects.

Introductory speakers at the seminar included Rolf Engelsen, project manager, Arts Council Norway; Ole Hamre, musician; Kurt Johannessen, visual artist; Lise Håvik, choreographer and doctoral fellow at Queen Maud's College of Early Childhood Education; Torunn Myrva, Anne Ree and Helga Anspach, all education consultants at Kunstlab; and Sissel Lillebostad, lecturer, Bergen Academy of Art and Design.

8. Ownership and management

Ownership

The art will be owned by Helse Bergen HF, as represented by Haukeland University Hospital.

Management

When making its deliberations, the Committee must take account of the issue of maintenance. The Committee will prepare a manual that will contain maintenance instructions along with photographic documentation supplied by a professional photographer. The manual is intended to contain information about the materials used, the artist's name and contact details, and similar practical information. The manual will be kept in the office of the communications director at Haukeland University Hospital.

Copyright in public art is protected by the Norwegian Copyright Act of 12 May 1961.

9. Budget

More detailed budgets are included in each subsidiary art plan.

Phase 1	NOK 7,500,000
Phase 2	NOK 14,500,000
Total	NOK 22,000,000

10. Progress plan

A detailed schedule will be presented in the Art Plan for each phase of construction.

Phase 1

Approval of the overarching Strategic Plan - Vision and framework conditions and the Art Plan for the Phase 1 building.

Spring 2013

Prequalification round for projects in stage 1 (major projects)

Spring 2013

Competition for Phase 1 projects

Autumn 2013

Completion/installation of all projects; to be coordinated with the completion of the building

Autumn 2016

Phase 2

Start work on the Art Plan for the Phase 2 building.

Spring 2015

Prequalification round, interviews, award of commission for entrance plaza

Spring/Autumn 2016

Approval of art plan for Phase 2

Spring 2019

Competitions and award of commissions for Phase 2

2019-2020

Completion/installation of all projects

Autumn 2022/Spring 2023

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Photo: Øystein Klakegg and Pål Hoff, May 2019
For the Art Committee for the new Child and
Adolescent Mental Health Centre and the new
Women's Clinic and Maternity Ward.

