Caithness Redesign – COMMUNITY HUB AND CARE VILLAGES: SCIM Design Statement v4

NHS Highland is carrying out a redesign of health and social care services in Caithness. This major service change will include the creation of two new Community Hub and Care Villages, one in Wick and one in Thurso.

The Business Objectives for the wider redesign project are

- Delivering sustainable services
- Delivering services locally (in Caithness)
- Meeting the demographics challenge
- Addressing buildings issues
- Patient experience
- Staff experience
- Caithness as a proposition

To achieve these objectives the completed development must have the attributes described below. These experiences are expected for all people irrespective of physical, sensory or cognitive impairments. Although the experiences below are split by different user groups due to their different needs, this should not be read that each experience must be met through providing separate spaces. Where different groups' needs are compatible or can be accommodated in the same space at different times, the spaces for these experiences should be provided for together.

1) Non-Negotiables for Service Users

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
Criteria common to all service users experience	
1.a Getting to and from the facility must be easy and reliable, safe and pleasant during daylight and darkness.	• Walking routes from street and public transport to be no longer than from general parking, and in no case more than 50m. • Pedestrian routes within the site to be prioritised over cars. • Drop-off within 25m of entrance, designed to discourage use for parking. • Pedestrian routes to have good lighting and visibility (no hidden corners) and passive observation from occupied areas of the facility/adjacent buildings. • Entrance(s) clearly visible from the arrival route and not obscured by parking • Walking routes, including those within parking, to be sheltered from the wind by use of building or landscape/planting features. • Storage and charging for bikes, e-bikes, e-scooters within 25m of entrance, attractively designed to encourage use • 10% of total parking provision to be electric vehicle charging points, with infrastructure in place to provide more at a future date. Chargers must be placed at a height and location suitable for wheelchair users.

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
	Well-designed drop off areas which discourage stopping for any length of time, pedestrian / cycle-friendly, community feel

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
1.b The building(s) and landscape must provide a welcoming, homely, calm and safe impression so you feel reassured from first sight and invited to use as much of the place as possible (without compromising privacy requirements noted in sections below). It must not feel unnecessarily clinical or like a hospital.	• All external routes between amenities on the site to meet descriptions in 1a above • Route from 'day' facilities to hub, max 5 mins • Route from residential/bed areas to the day facilities and entrance area of hub max 5 mins. • Routes from all facilities to community growing area, with growing space visible during normal daily use of each (either from public areas or routes to/from the facility if used daily) to encourage use. Welcoming, homely and non-clinical, merge of inside and outside space Community spaces – inviting people in Dominated by tarmac
1.c Internal routes must be short, easy and direct so as not to create stress.	• Public routes must minimise walking distance by not requiring people to double back through the sequence of progressing through the building • Maximum distance 20m between regular rest opportunities provided along the way.

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
	• Layout to support intuitive wayfinding – ideally the destination will be visible before setting off, but where this is not possible, routes must have features (views, art, colour etc.) at decision points to aid orientation. • Signage attractive supplement to wayfinding and interior design. • Waiting areas to be within 30m of consult/treatment spaces to enable staff to collect patients, assess their condition and build relationship as walking to the appointment. Seating incorporated into corridor, natural light & views to garden space, clear links Staircase too dominant Confusing corridor, no rest points

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
Criteria specific to people going for an appointment, treatment, to take part in a group, or to access information.	
1.d The facility must draw people in gently and provide positive connections to other amenities (both within the care village and across the town) so that health and care are an integral part of the life of the town.	• Entrance within 10 mins (walk or public transport) of other amenities in the town to allow people to do more than one thing on their trip and to encourage unplanned use. • Space between the street and the entrance to have places to sit and get yourself together whilst sheltered from the wind. • Spaces for play and physical activity visible from arrival routes • Wide entrance with easy views into attractive internal space • Space to wait in comfort inside (within 15m of door) and outside (within 15m of pick-up & bus stops) where you can see transport/pick up location and reliable information on public transport.
1.e The initial arrival space must accommodate individual needs and preferences and make clear the range of support/facilities available. It must be an attractor, a place to stay and feel comfortable.	• WCs and reception within 15m, and refreshments within 25m, of entrance; all visible from point of entry • Initial space to have a range of areas / heights / volumes to allow personal choice in environment, and enough space that you can stop without feeling hurried, or walk straight through without interrupting those stopped there • From this space you must be able to see and get direct access to external spaces used for rest, exercise and activity (1b & c above) to encourage people to engage in these.

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
	• Bookable, meeting/activity rooms accessed directly off entrance area for training/in-reach/3rd sector/community use. Rooms to be designed to be used flexibly to allow safe space for sensitive discussions, or together and with entrance space for larger groups/events

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
1.f Reception must set the tone for the onward patient journey, be accessible and welcoming.	• Patients should only have to check in once, and be given options of where to go to wait for their appointments, with reliable information provided in real-time • There should be a place to go to manage private conversations within 15m of the reception • Reception desks must not place obvious physical barriers to the conversation – staff security and comfort (heat and protection from draughts) to be provided through positioning and direct links to safe space.
1.g Booking and patient planning systems should reduce waiting times, but where patients will wait waiting areas must be comfortable, pleasant with positive distractions. Patients must feel not forgotten and be able to deal with their human needs (toilet, refreshments etc).	• Booking systems to enable appointments to align with patient's transport options, combined with clear information on transport options and accessibility of each • A variety of comfortable and accessible seating options, arranged in groups to allow some personal choice and perception of privacy, and these groups should have space for wheelchair users and buggies as part of the group. • Good sound attenuation / acoustics to provide audio separation from private conversations • Good natural light, colour and views to interesting external spaces where people may wait for more extended periods of time • Toilets adjacent to (max 1 minutes' walk) and location visible from waiting areas

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
	• Access to food / refreshments, and internal and external children's play area to be provided for supervised play within sight of spaces where people may wait for extended periods of time • Charging points and access to WiFi • Staff base visible and within 15m of waiting so you know there is help if you need it

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
1.h Consulting and treatment spaces must promote open and trusting interactions, helping patients take in information and maintain dignity.	• Natural light and views to be provided without compromising privacy • Good sound attenuation to waiting and public areas • Options to view information provided by consultant (e.g. movable monitor/screen) • Equivalency between patient and practitioner achieved by having the same furniture and relationship to the table and screen so no hierarchy in the relationship is set up • There must be space to gather yourself again after the consultation before stepping out into 'public'

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
Criteria specific to people using day care services	
1.i Arriving at the day care areas must support dignity and independence for service users who may be particularly vulnerable and/or need high levels of predictability in their experience.	• Walking routes and drop-off facilities to same standards as 1a above, within calm quiet space (not busy with lots of people/traffic). It must not be necessary for service users to navigate through general parking or other large/complex/busy spaces to reach the entrance. • Entrance obvious from public street/space, but with distinct domestic identity to reduce chance of general public seeking to access services through it.
1.j Internal spaces must offer flexibility and choice in activity and environment, and the ability to personalise your environment. The design of the space must not place boundaries on individuals choices.	• From arrival point can see the range of spaces/activities on offer and choose where to go. • Spaces of different size/nature to allow boisterous activity, or quiet controlled space. • No clinical features, but staff visible from all areas so help is always visible. • Acoustic control and adaptable lighting/heating in every room.

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
1.k The internal and external spaces must work together to extend options for quiet respite or activity with options being clear, easy and understandable.	• Direct access from 'boisterous' internal spaces to gardens for activities/eating (shared only with other users of facility), with onward connection to community garden. • Direct access from quiet area to private respite gardens, other people must not be able to look in or access this uninvited.

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
1.l Mealtimes are a key experience in the day and the calendar. The environment must enable these to be meaningful and engaging without raising anxieties or conflicts.	• Spaces for people to sit together, or individually, depending on personal choice. • Options for external eating should the occasion permit

Non-Negotiable Performance Objectives *What the design of the facility must enable*	**Benchmarks** *The physical characteristics expected and/or some views of what success might look like*
Criteria specific to people staying overnight, be that one night or in a place that's their home.	
1.m Arrival at the residential area must feel discrete and homely, with a warm welcome. It must feel distinctly different to the more public areas described above	• Benchmarks as 1k above • Immediately on entering there must a place to be greeted by staff

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
1.n The layout of the area must be enabling, encouraging you to be up and about as much as possible under your own steam and carrying out realistic day to day activities staying in control of your options and activities.	• Spaces to sit/gather informally within 15m of each bedroom, and larger more social spaces within 30m of each bedroom. These spaces to have daylight and views to interesting distractions (nature/birds from more private areas, public spaces/gardens from more communal areas to watch the world go by) • Access to external spaces as benchmarks for 1m above. Spaces designed with steps and other features to help people practice managing common obstacles in local built environment and engage in green therapy exercises. • Tea prep/kitchen facilities within 30m of rooms to enable people to prepare own refreshments/food as they wish • Eating facilities as 1l above

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
1.o The place must enable you to stay in touch with family and friends, maintaining your social routines and place in the community.	• Social spaces as 1n above • Garden areas, and access routes, designed to allow visiting family and pets access without disturbing other residents. • Routes to village gardens/café etc as above to enable family to take you out on a trip.
1.p Residents must be able to maintain regular activities that are important	• Spaces both within the 'home' environment and wider village for religious observance and to hold special events of different scales like birthday/Christmas parties, cinema screenings.

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
to them or special ones which raise their spirits.	• Space for hairdressing and other personal care services to help maintain self esteem • Gardens and shared day spaces to have features/facilities that enable activities that are relevant for local population • Spaces out with the 'home' environment to be max 5 mins away and usable out of normal hours of other services.
1.q The space(s) people live in daily must feel like their own space, where they're safe and not vulnerable to strangers.	• Layout should allow family/visitors/day service users to access communal areas without going past private bedrooms • Entrance to bedrooms designed with features to allow personalisation to aid recognition and comfort. • Building designed with option to join bedrooms to allow couples to live together on longer stays.

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
1.r Bedrooms must feel private, but not isolating, and provide personal control	• Windows with interesting, but not exposing, view from lying and seated position • Space to sit and carry out activities out of bed in comfy chair. Space for friends/family to sit in the room if visiting in social areas is not appropriate/wanted. • Homely interior design scheme considering wide age range of potential occupants • Ability to control light/temperature and views in from bed/seated. • Direct access to private external space from palliative care rooms and long-term residential rooms.

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*

2) Non-Negotiables for Staff (all public and 3rd sector services, including those based on other sites)

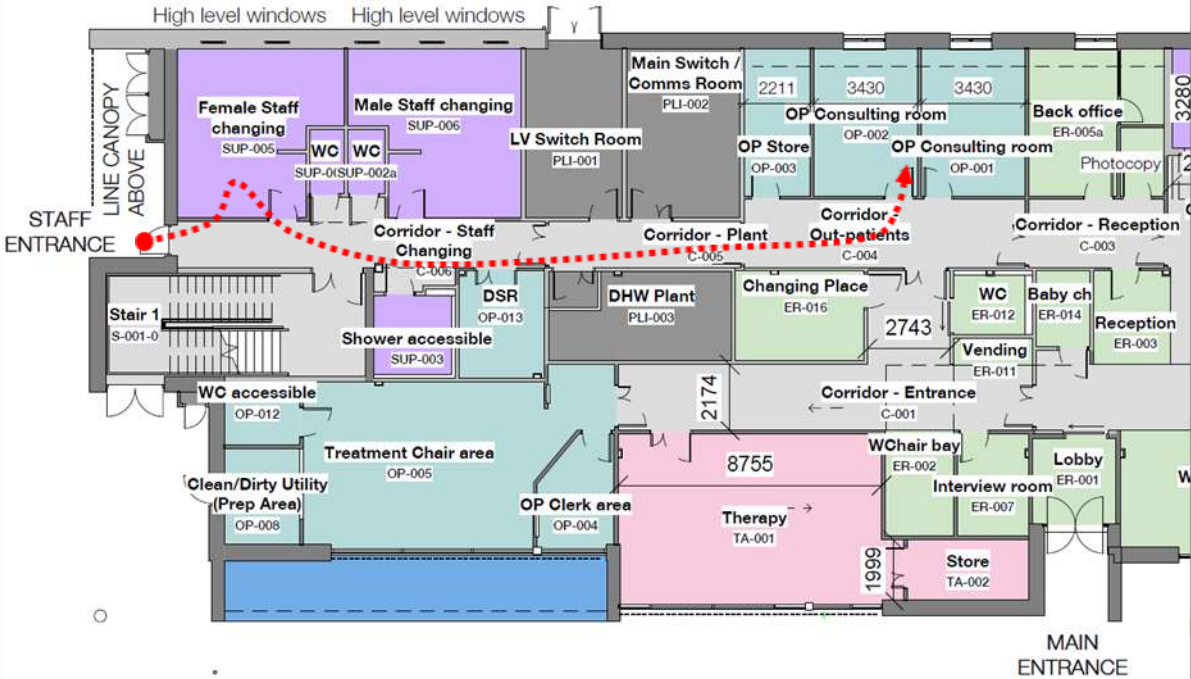| Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
2a Getting to and from the facility must be easy and reliable considering different needs of shift and peripatetic workers.	• Reliable vehicular parking for staff, who may be working late at night / early morning, to same standards as 1a above, though max walking distance from parking may be increased to 75m. • Vehicular parking should have direct access/short routes to facility and be well lit. • 10% of total parking provision to be electric vehicle charging points, with infrastructure in place to provide more at a future date. Chargers must be placed at a height and location suitable for wheelchair users. • Drop off facility within 15m of discrete entrance with equipment store max 15m from entrance to allow quick transfer of materials without going through public areas. • There must be discrete and immediate egress for ambulances and clinicians on emergency calls, with sheltered parking for ambulances immediately adjacent to this entrance and on call staff parking max 20m from the same entrance (relevant to Thurso Hub only). • Changing facilities and safe storage of personal belongings close to route between arrival and working area. • Access to wider town amenities to enable exercise/shopping/banking etc as benchmark for 1c above *Safe, well lit access* *EV charging* *Staff lockers on circulation route*

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
	 Staff changing facilities adjacent to staff entrance on route to work areas
2b The layout of the hub must enable staff to come together to share information and build working relationships and practice	• Services and departments connected by 'non-public' routes so that staff can seek/provide help to other areas without going through main entrance and have short impromptu sensitive conversations away from public. • Like activities (training, office-based working, rest) provided all together, not split by employer or area of working within the hub. • Meeting areas immediately adjacent to residential service, and close to other services for regular staff meetings. These spaces to be away from public areas to enable confidential, uninterrupted meetings.

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
	• Spaces for 2-3 people to come together for impromptu chats (convey and issue or pastoral support) without leaving working environment
2c The layout of the hub, and specification of rooms, must allow flexibility of use.	• Circulation and consult/treatment rooms so that department/clinic sizes can flex and change without physical alteration • Standardised room layouts to enable multiple uses over time • Storage within 20m of rooms of equipment needed on daily basis
2d Working areas, away from public spaces, to convey welcoming, friendly, lively, modern and innovative culture.	• Mix of different types of spaces to enable agile and flexible working patterns • Access to daylight, external views and fresh air from office areas • Shape of space and choice of finishes/fittings to provide good acoustic environment • Wifi connectivity to allow flexible, agile working

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
2e Staff must be able to have time off duty to relax, refresh, meet their own personal needs and build social connections with colleagues.	• Shared social space available 24/7, within 5 mins walk of all working areas and not directly visible from public areas. Space must be in 'neutral' territory, not part of any one department or service so all feel they can use it. • Direct access to external space for breath of fresh air. • Space to store and prep food, with the capacity to deal with peak numbers at busy mealtimes. • Seating in a range of grouping and natures to allow people to choose a more social gathering or quieter corner.

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
2f The layout of the hub must enable phased shut down so that heating/fire/evacuation etc can be managed within the parts that are open at the time.	• Access to 24/7 areas not through internal routes to day services. • Community/Meeting/group working/training areas to be able to operate without access through or to clinical areas, and without requiring these to be heated.

3) Non-Negotiables for Friends, Family and wider community

Most of the needs of these people will be met though the experiences for service users above, therefore only additional needs are listed below.

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
3a Family and friends of residents must be enabled to take part in their care, and supported in their own needs	• Comforting, quiet space for confidential discussions with staff away from bedroom/social areas and to take time to themselves if needed
3b Shared landscapes and amenities must encourage all members of the community in to use them	• Routes through the site and to amenities such as the growing space to be open and publicly accessible, with clear views to occupiable spaces on each part of the journey. • Spaces to be designed to encourage use for education and training at all ages

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*

4) Alignment with Policy

The additional benefits to the community (not directly service related) sought from the investment and change.

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
4a The location and design of the hub health and wellbeing village must support local business and public initiatives such as Wick townscape improvements.	• Joint planning with public sector agencies through NHS Highland participation in the Caithness Place-based Review process, working with public-sector agencies The Highland Council, Highlands & Islands Enterprise, Scottish Futures Trust, Scottish Fire & Rescue Service and Scottish Ambulance Service to look at Caithness as a place, and discuss and agree use of public assets jointly to benefit the community. Evidenced through notes of meetings and output documents. • Community stakeholder group set up to review proposals at key decision-making points (site selection, building design etc). Outcome recorded illustrating how design will be adapted in line with feedback received. • Proximity to existing business as 1d above • Entrance space and meeting room suite in 1d above designed to enable public and third sector use • Landscape design of hub, village and adjacent developments to be co-ordinated in terms of materials and uses so spaces between buildings read as one space, there's no physical barriers (other than for private gardens). Materials/services laid for one development must not need removing for another.
4b The released sites should be considered not only in their monetary value but in terms of how their redevelopment can be of benefit to the needs of the local community.	• Joint planning with local planning partners through NHS Highland participation in the Caithness Place-based Review process, as stated in 4a benchmarks above. • Maximise the potential for any sites to be released to ensure that their redevelopment will be of benefit to the local communities.
4c The facility will be designed to support the NHS Scotland commitment to being a 'net-zero'	• Appointment of project-specific Environment and Sustainability champion. • Value re-use of existing buildings as key criteria in site selection • Net Zero Carbon design brief informed by IES modelling and additional expertise brought in as required.

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
greenhouse gas emissions organisation	• Application of and compliance with Sustainable Design and Construction (SDaC) Guide (SHTN 02-01). • Building design to achieve the aims set out in A Policy for NHS Scotland on the Climate Emergency and Sustainable Development – DL (2021) 38 and to support all focus areas of the NHS Climate Change and Sustainability Strategy 2020-2025. • Buildings designed to enable net zero greenhouse gas emissions by 2040 at the latest and heated from renewable sources by 2038 at the latest. • Building to achieve Net Zero Carbon objectives in operation through design of building fabric (airtightness), and renewable energy sources wherever possible. If renewable energy sources are not available now, the buildings will be designed with systems which can adapt to future sources e.g., district heating, hydrogen, heat pumps. • Buildings designed to optimise energy performance using climate projections to 2050. • Emissions minimised during construction, and construction site waste management plan in place. • Sustainability through linking into active travel networks, provision of bicycle storage and changing facility, and EV charging points. • Sustainability reviews carried out at key design stages and reviewed by the NHS Highland Sustainability Group. • Climate change risk assessment completed, and adaptation plan produced **Wellbeing** • Co-production of whole neighbourhood active travel strategy with partner and third sector organisations such as Transport Scotland, Sustrans, HITRANS and Cycling UK. Alignment of the design with agreed strategy will be evidenced in our proposals, and partner views will be sought at each decision-making stage, with key recommendations for improvement incorporated into the site design.

Non-Negotiable Performance Objectives *What the design of the facility must enable*	Benchmarks *The physical characteristics expected and/or some views of what success might look like*
	• NHSH health improvement team represented on Project Team and participates in development of service model, design brief, design development and AEDET and Design Statement reviews. Evidenced by meeting notes, attendee lists and outputs. • Site travel surveys carried out pre and post development (with input from partner organisations as above) to evidence improvement.
4d Equality and diversity to be embedded into all functions and activities in line with the Equality Act 2010.	• Facility designed to comply with the Equality Act 2010, Equality Specific Duties (Scotland) Regulations 2012 and its amendments, and British Standards for accessible environments e.g. BS 8300:2018 parts 1&2. • Project EQIA in place, to be reviewed and developed at each stage with appropriate stakeholders and published on project website. • Stakeholder groups to include representatives of people who are disadvantaged or discriminated against because of who they are, their protected characteristic, for example: age, disability, race, gender or transgender, religion or belief and sexual orientation. • Local access panel input to the design brief and design development workshops, and involvement in the assessment of the design through participation in AEDET and Design Statement reviews at key decision-making points. • Access and equality specific group set up to review project-specific access and equality issues in detail, and input to key stages of briefing and design development. • External access and equality consultant engaged for specialist advice and asked for written advice at key decision-making points. • Project Team guided by NHS Highland Equality Outcomes and Mainstreaming Report 2021. • Equality reviewed through NHS Highland's Principal Officer Health Inequalities, Equality and Diversity being engaged with the Project Team. • Project Communications and Engagement Plan reflects these objectives.

5) Self-Assessment Process

Decision Point	Authority	Additional Skills / Perspectives	How the above criteria will be considered at this stage and/or valued in the decision	Information required to allow evaluation
Site strategy	NHSH Board with advice from Programme Board	Caithness Place-based Review and agreed master strategy, Sustainable Design and Construction guide (SDaC), NHS Scotland Design Assessment Process (NDAP), external health care planner, external technical advisor. SDaC (SHTN 02-01) workshop(s) with sustainability consultants, Health Facilities Scotland and Design team prior to site selection.	Risk / benefit analysis of the capacity of the sites to deliver a development that meets the criteria identified above.	Site feasibility study based on best available information
Completion of brief	NHSH Programme Board with advice from Project Director and Senior Project Manager	Stakeholders, including health and care service providers and internal technical advisors, third sector and public sector partners. Clinical modelling supported by Healthcare Planner. Agreement on shared spaces with Independent GP practice, planning partners and third sector organisations.	This Design Statement should be integral to the design brief.	Early engagement with development partner (hub North Scotland Ltd) to assess the affordability / deliverability of the project brief. Use of AEDET, SDaC, KSAR & NDAP Design Statement to check that the brief meets the agreed criteria.

Decision Point	Authority	Additional Skills / Perspectives	How the above criteria will be considered at this stage and/or valued in the decision	Information required to allow evaluation
Selection of Delivery / Design Team	Development Partner (hNSL) with input from NHSH Project Managers	Development partner and stakeholders, including internal / external technical advisors	Selection process as per Development Partner Method Statements, including cost and quality considerations, to ensure that the best design team is chosen from the supply chain. NHSH will be involved in the selection process and can influence the outcome and, if necessary, nominate other designers for consideration	Previous experience / examples of work on developments of a similar nature and complexity. Interview process to include presentation and questions relating to design approach and the potential to meet the criteria set. Consideration given to quality criteria set.
Early design concept selected from options developed	NHSH Programme Board with advice from Project Team	Internal / external technical advisors, HFS input through NDAP, planning authority	Use of AEDET, SDaC, KSAR and NDAP to determine if the criteria are being met	Proposals developed to Stage 3 with enough detail to enable distinction between the main use types (including circulation and external space). Elevations/3D visuals
Approval of Design Proposals to be submitted to the Planning Authority	NHSH Programme Board with advice from Project Team	NDAP, The Highland Council Planning and Transport Departments	Use of AEDET, SDaC, KSAR and NDAP to determine if the criteria are being met	Selected Design to Stage 4, with elevations
Approval of detailed Design to allow Construction	NHSH Programme Board with advice from Project Team	In-house architectural team and internal / external technical advisors	Use of AEDET, SDaC, KSAR and NDAP to determine if the criteria are being met	Design developed to Stage 5 with agreed specification.

Decision Point	Authority	Additional Skills / Perspectives	How the above criteria will be considered at this stage and/or valued in the decision	Information required to allow evaluation
Post Occupancy Evaluation	Consideration by appropriate NHSH governance and report sent to SGHD	Independent analysis by service providers / stakeholders. Potential Third Party evaluation	Assessment of completed development by representatives of the stakeholder groups involved in establishing the assessment criteria (AEDET, Design Statement, KSAR, SDaC).	Post occupancy evaluation

This statement was developed through the engagement of the following stakeholders. A full list of attendees is provided in Appendix A:

- NHS Highland clinical and care staff including representatives from; Care Homes, Day Services, Community Mental Health, Learning Disabilities, Care at Home, Community Nursing, Occupational Therapy, Podiatry, Physiotherapy, Palliative and End of Life Care, Pharmacy, Dental Services, Health Improvement
- NHS Highland support staff; admin, hotel services, estates
- NHS Highland local operational managers and project managers
- Staff-side representative
- General Practices; Riverbank, Riverview and Pearson medical practice
- Partner agencies; Scottish Ambulance Service, Highlands and Islands Enterprise
- Third sector organisations; Laurandy Centre (older adult day services), Caithness Mental Health Group, Caithness Voluntary, Caithness Rural Transport
- Caithness Disability Access Panel
- Public and patient representatives, including CHAT

A list of applicable design guidance is provided is Appendix B.

Appendix A
List of Attendees for Design Statement / AEDET for Hub & Care Villages

Forename	Surname	Designation	Organisation	Role / Representing
Margaret	Allan	Manager	Laurandy Centre	Day Services - Older Adult
Sarah	Budge	Professional Lead	NHS Highland	Occupational Therapy
Ivor	Campbell	Estates Operations Manager	NHS Highland	Estates
Heather	Chapple	Director of Design	Architecture & Design Scotland	Facilitator
Gail	Clark	Manager	Thor House	Day Services - LD
Graham	Cormack	Acting Area Service Manager	SAS	Scottish Ambulance Service
Penny	Cormack	Care Home Manager	NHS Highland	Pulteney House Care Home
Angela	Edwards	Centres Manager	Caithness Mental Health Group	The Haven & Stepping Stones
Bill	Fernie	Public rep	CHAT	Service User
Diane	Forsyth	Senior Project Manager	NHS Highland	Senior Project Manager
Anne	Fraser	Mental Health Advanced Practitioner / Lead	NHS Highland	Community Mental Health
Pam	Garbe	Rural General Hospital Manager	NHS Highland	Project Lead (Supporting Services) / Wick T&C inpatients
Paul	Gilligan	Architect	Oberlanders	Facilitator
Eric	Green	Head of Estates	NHS Highland	Project Technical Lead
Joanna	Groves	Practice Manager	GP Practice	Riverview Medical Practice
Lynda	Gunn	Senior Charge Nurse	NHS Highland	Dunbar inpatients
Bev	Horton	Integrated Team Lead (East) / Mental Health Team Manager	NHS Highland	East Caithness Integrated Team / Mental Health
Danny	Hunter		Architecture & Design Scotland	Facilitator
Jane	Ingleby	Oral Health Improvement Co-ordinator	NHS Highland	Public Dental Service
Nova	James	Lead ANP / Clinical Co-ordinator	NHS Highland	

Forename	Surname	Designation	Organisation	Role / Representing
Dan	Jenkins	Health Promotion Officer	NHS Highland	Health Improvement / External Spaces
Michelle	Johnstone	Area Manager	NHS Highland	Project Director
Michael	Loynd	Macmillan Advanced Nurse / Cancer Team Lead	NHS Highland	Palliative & End of Life Care
Julie	Lewis	Deputy Manager	NHS Highland	Pulteney House Care Home
Cathy	MacKay	Day Care Manager, Bayview	NHS Highland	Couthie Corner Day Services
Tracy	MacKay	Assistant Manager	Laurandy Centre	Day Services - Older Adult
Chris	Mackenzie	Third sector	Caithness Mental Health Group	Third sector
Stephen	Makin	Consultant Geriatrician	NHS Highland	Medicine for the Elderly
Steve	Malone		Architecture & Design Scotland	Facilitator
Lesley	Martin	Care at Home Manager	NHS Highland	Project Lead (SPOA) / Care at Home
Julie	McGee	Senior Development Manager - Infrastructure	Highlands & Islands Enterprise	Community Planning Partner
Claire	McIntosh	Care Home Manager	NHS Highland	Bayview House Care Home
Heather	McLean	Public rep	Public	Service User - Thurso
Lindsay	Morrison	Integrated Team Lead (West)	NHS Highland	Caithness Integrated Teams
Catriona	Naughton	Practice Manager	GP Practice	Riverbank Medical Practice
Gordon	Nicoll	Team Leader	SAS	Scottish Ambulance Service
Christian	Nicolson	District Manager	NHS Highland	Senior Manager / Project Team / Integrated Team
Laura	O'Brien	Advanced Practitioner (West)	NHS Highland	Community Nursing
Shona	Paterson	Professional Lead	NHS Highland	Physiotherapy
Ewen	Pearson	General Practitioner	GP Practice	Pearson Practice
Eileen	Reed-Richardson	Associate Lead Nurse	NHS Highland	Project Lead (Education & Training) / Nurse Lead
Donna	Robertson	Hotel Services Manager	NHS Highland	Hotel Services
Morven	Shone	Project Manager	NHS Highland	PM (SPOA)
Hamish	Stewart	Professional Lead	NHS Highland	Podiatry

Forename	Surname	Designation	Organisation	Role / Representing
Allan	Tait	Third sector	Caithness Voluntary Groups	Caithness Voluntary Groups / Caithness Rural Transport / Caithness Access Panel
Zhen Ron	Tan	Project Manager	NHS Highland	PM (Estates)
Josie	Thomson	Clinical Advisor	NHS Highland	Project Clinical Advisor
Naomi	Watson	Project Manager	NHS Highland	PM (MDT)
Lyn	Wormald	Staff-side rep	NHS Highland	Staff side

Appendix B
Applicable Guidance - Community Hubs

Project Applicability	Reference ID	Relevant NHS / Care Facility Guidance Document	Date Published	Links / Further info / Comments
3 - Highest		**Care Inspectorate** Building better care homes for adults - Design, planning and construction considerations for new or converted care homes for adults	2018	https://www.careinspectorate.com/images/documents/4293/Building%20better%20care%20homes%20for%20adults%202017.pdf
3 - Highest	SHTN 02-01	Sustainability Design and Construction Guide	2021	
3 - Highest	BS8300-1:2018	Design of an accessible and inclusive built environment. Part 1: External environment - code of practice	2018	
3 - Highest	BS8300-2:2018	Design of an accessible and inclusive built environment. Part 2: Buildings - code of practice	2018	
3 - Highest	HBN 00-01	Core guidance - General design for healthcare buildings (HBN 00-01)	Oct-14	
2 - Normal	HBN 00-02	Core elements - Sanitary spaces (HBN 00-02)	Mar-17	
2 - Normal	HBN 00-03	Core guidance - Clinical and clinical support spaces (HBN 00-03)	Oct-14	
2 - Normal	HBN 00-04	Core Guidance - Circulation and communication spaces (HBN 00-04)	Oct-14	
3 - Highest	HBN 00-07	Core guidance - Planning for a resilient healthcare estate (HBN 00-07)	Oct-14	
2 - Normal	HBN 08-02	Dementia-friendly Health and Social Care Environments (HBN 08-02)	Aug-16	
2 - Normal	HBN 14-02	Medicines storage in clinical areas (HBN 14-02)	Sep-21	
2 - Normal	HBN 37	In-patient facilities for older people (HBN 37)	Oct-14	
2 - Normal	HTM 65	Wayfinding -effective wayfinding and signing for healthcare facilities (HTM 65)	Aug-16	
2 - Normal	SFPN 00-01	Fire safety - A model management structure (SFPN 00-01)	Apr-04	
2 - Normal	SFPN 3	Fire safety - Escape bed lifts (SFPN 3)	Oct-10	Depending on design
2 - Normal	SFPN 4	Fire Safety -Hospital main kitchens (SFPN 4)	Dec-99	Depending on outcome of catering model option appraisal
2 - Normal	SFPN 6	Fire safety - Prevention and control of deliberate fire-raising in healthcare premises (SFPN 6)	Dec-07	
2 - Normal	SHFN 01-01	National Facilities Monitoring Framework Manual (SHFN 01-01)	Apr-21	
2 - Normal	SHFN 01-02	NHSScotland National Cleaning Services Specification - NCSS (SHFN 01-02)	Jun-16	
2 - Normal	SHFN 01-03	Implementation and Communication Plan NCSS (SHFN 01-03)	Dec-16	

Project Applicability	Reference ID	Relevant NHS / Care Facility Guidance Document	Date Published	Links / Further info / Comments
2 - Normal	*SHFN 01-04*	*National average cleaning time (NACT) user guide (SHFN 01-04)*	*Apr-21*	
2 - Normal	*SHFN 01-05*	*Safe Management of the Care Environment (SHFN 01-05)*	*May-21*	
2 - Normal	SHFN 02	Access - Audit survey toolkit for disabled people in healthcare premises (SHFN 02)	Sep-07	
2 - Normal	*SHFN 02-01*	*Portering Services Standards for NHSScotland (SHFN 02-01)*	*Jun-21*	
2 - Normal	SHFN 03	Access - checklist for people with dementia in healthcare premises (SHFN 03)	Oct-07	
2 - Normal	*SHFN 03-01*	*Security - Management Framework for NHS Boards in Scotland (SHFN 03-01)*	*Dec-08*	
2 - Normal	*SHFN 03-02*	*Security - Services Standards for NHSScotland (SHFN 03-02)*	*Jul-21*	
2 - Normal	*SHFN 03-04*	*Security Lockdown - Controlling movement and access in healthcare facilities (SHFN 03-04)*	*Mar-20*	
2 - Normal	SHFN 04-01	Food in Hospitals (SHFN 04-01)	Mar-16	
2 - Normal	SHFN 04-03	Food Safety Assurance Manual (SHFN 04-03)	Mar-20	
2 - Normal	SHFN 04-04	Food Allergen Management (SHFN 04-04)	Mar-14	
2 - Normal	SHFN 14	Access - Disability (SHFN 14)	Sep-00	
2 - Normal	SHFN 20	Access - audits of primary healthcare facilities (SHFN 20)	Sep-00	
3 - Highest	SHFN 30 Part A	HAI-SCRIBE Manual information for project teams (SHFN 30 Part A)	Oct-14	
3 - Highest	SHFN 30 Part B	HAI-SCRIBE Implementation strategy and assessment process (SHFN 30 Part B)	Oct-14	
3 - Highest	SHFN 30 Part C	HAI-SCRIBE questionsets and checklists (SHFN 30 Part C)	Jan-15	
2 - Normal	SHPN 04-01	Adult in-patient facilities (SHPN 04-01)	Oct-10	
2 - Normal	SHPN 08	Rehabilitation services facilities (SHPN 08)	Jan-02	
2 - Normal	SHPN 16-01	Mortuary and Post Mortem Facilities (SHPN 16-01)	Nov-17	Storage facility only - no post-mortem
2 - Normal	SHPN 36 part 1	General Medical Practice Premises in Scotland (SHPN 36 part 1)	Jul-06	
2 - Normal	*SHPN 36 Part 2*	*NHS Dental Premises in Scotland (SHPN 36 Part 2)*	*Jul-06*	*Dental on site (Dunbar only) but no changes proposed to existing facility*

Project Applicability	Reference ID	Relevant NHS / Care Facility Guidance Document	Date Published	Links / Further info / Comments
2 - Normal	SHPN 36 part 3	Community Pharmacy Premises in Scotland Providing NHS Pharmaceuticals (SHPN 36 part 3)	Aug-07	TBC
3 - Highest	SHTM 00	Best practice guidance for healthcare engineering policies and principles (SHTM 00)	Feb-13	
2 - Normal	SHTM 02-01 Part A	Medical Gas Pipeline Systems: Design installation validation and verification (SHTM 02-01 Part A)	Jun-12	
2 - Normal	SHTM 02-01 Part B	Medical Gas Pipeline Systems: Operational management (SHTM 02-01 Part B)	Jul-15	
2 - Normal	SHTM 03-01 Part A	Ventilation for Healthcare - Design and validation (SHTM 03-01 Part A)	Feb-14	
2 - Normal	SHTM 03-01 Part B	Ventilation for Healthcare - Operational and verification (SHTM 03-01 Part B)	Oct-11	
2 - Normal	SHTM 04-01 Part A	Water safety for healthcare- Design installation and testing (SHTM 04-01 Part A)	Jul-14	
2 - Normal	SHTM 04-01 Part B	Water safety for healthcare- Operational management (SHTM 04-01 Part B)	Jul-14	
2 - Normal	SHTM 04-01 Part C	Water safety for healthcare- TVC Testing Protocol (SHTM 04-01 Part C)	Feb-14	
2 - Normal	SHTM 04-01 Part D	Water safety for healthcare- Disinfection of domestic water systems (SHTM 04-01 Part D)	Aug-11	
2 - Normal	SHTM 04-01 Part E	Water safety for healthcare- Alternative materials and filtration (SHTM 04-01 Part E)	Aug-15	
2 - Normal	SHTM 04-01 Part F	Water safety for healthcare- Chloramination of water supplies (SHTM 04-01 Part F)	Dec-11	
2 - Normal	SHTM 04-01 Part G	Water safety for healthcare- Operational procedures and exemplar (SHTM 04-01 Part G)	Jul-15	
2 - Normal	SHTM 04-02 Part A	Water safety for emerging technologies - Solar domestic hot water heating (SHTM 04-02 Part A)	Jul-15	
2 - Normal	SHTM 04-02 Part B	Water safety for emerging technologies - Rainwater harvesting (SHTM 04-02 Part B)	Jul-15	

Project Applicability	Reference ID	Relevant NHS / Care Facility Guidance Document	Date Published	Links / Further info / Comments
2 - Normal	SHTM 04-02 Part C	Water safety for emerging technologies - Grey water recovery (SHTM 04-02 Part C)	Jul-15	
2 - Normal	SHTM 06-01 Part A	Electrical services supply and distribution: Design considerations (SHTM 06-01 Part A)	Jul-15	
2 - Normal	SHTM 06-01 Part B	Electrical services supply and distribution: Operational management (SHTM 06-01 Part B)	Jul-15	
2 - Normal	SHTM 06-02	Electrical safety guidance for Low Voltage systems (SHTM 06-02)	Jul-15	
2 - Normal	SHTM 06-03	Electrical safety guidance for High Voltage systems (SHTM 06-03)	Jul-15	
2 - Normal	SHTM 07-03	Transport management and car parking (SHTM 07-03)	Jan-08	
2 - Normal	SHTM 07-04	Transport - NHSScotland Travel Plan Guidance (SHTM 07-04)	Sep-07	
2 - Normal	SHTM 08-01	Specialist Services: Acoustics (SHTM 08-01)	Jul-15	TBC
2 - Normal	SHTM 08-02	Specialist Services - Lifts (SHTM 08-02)	Jul-15	
2 - Normal	SHTM 08-03	Specialist Services - Bedhead Services (SHTM 08-03)	Jul-11	
2 - Normal	SHTM 08-05 Part A	Building Management Systems: Overview and Management (SHTM 08-05 Part A)	Apr-12	
2 - Normal	SHTM 08-05 Part B	Building Management Systems: Design Considerations (SHTM 08-05 Part B)	Apr-12	
2 - Normal	SHTM 08-05 Part C	Building Management Systems: Validation and Verification (SHTM 08-05 Part C)	Apr-12	
2 - Normal	SHTM 08-05 Part D	Building Management Systems: Operational Management (SHTM 08-05 Part D)	Apr-12	
2 - Normal	SHTM 08-07	Confined Spaces policies procedures and guidance (SHTM 08-07)	Feb-15	

Project Applicability	Reference ID	Relevant NHS / Care Facility Guidance Document	Date Published	Links / Further info / Comments
2 - Normal	SHTM 08-08	Pressure Systems: Policies and Guidance (SHTM 08-08)	Jul-14	
2 - Normal	~~SHTM 2022 Supp 1~~	~~Dental compressed air and vacuum systems (SHTM 2022 Supp 1)~~	~~Mar-04~~	*Dental on site (Dunbar only) but no changes proposed to existing facility*
2 - Normal	SHTM 2035 Part 1	Mains signaling - Overview and management (SHTM 2035 Part 1)	Jun-01	
2 - Normal	SHTM 2035 Part 2	Mains signalling - Design considerations (SHTM 2035 Part 2)	Jun-01	
2 - Normal	SHTM 2035 Part 3	Mains signalling - Validation and verification / operation (SHTM 2035 Part 3)	Jun-01	
2 - Normal	SHTM 54	Building component series -User manual (SHTM 54)	Dec-06	
2 - Normal	SHTM 55	Building component series -Windows (SHTM 55)	Dec-06	
2 - Normal	SHTM 56	Building component series - Partitions (SHTM 56)	Dec-06	
2 - Normal	SHTM 57	Building component series - Internal glazing (SHTM 57)	Dec-06	
2 - Normal	SHTM 58	Building component series - Internal doorsets (SHTM 58)	Dec-06	
2 - Normal	SHTM 59	Building component series - Ironmongery (SHTM 59)	Dec-06	
2 - Normal	SHTM 60	Building Component Series - Ceilings (SHTM 60)	Oct-09	
2 - Normal	SHTM 61	Building component series - Flooring (SHTM 61)	Jul-09	
2 - Normal	SHTM 61 app 1a	Building component series - Flooring - matrix_example xls (SHTM 61 app 1a)	Jul-09	
2 - Normal	SHTM 62	Building component series - Demountable storage systems (SHTM 62)	Dec-06	
2 - Normal	SHTM 63	Building component series - Fitted storage systems (SHTM 63)	Dec-06	
2 - Normal	SHTM 64	Building Component Series – Sanitary assemblies (SHTM 64)	Dec-09	
2 - Normal	SHTM 66	Building component series - Cubicle curtain track (SHTM 66)	Dec-06	
2 - Normal	SHTM 69	Building component series - Protection (SHTM 69)	Dec-06	
2 - Normal	SHTM 81 part 1	Fire safety - Precautions in new healthcare premises (SHTM 81 part 1)	Jul-09	
2 - Normal	SHTM 81 part 2	Fire safety - Fire engineering of healthcare premises (SHTM 81 part 2)	Jul-09	
2 - Normal	SHTM 81 part 3	Fire safety - Atria in healthcare premises (SHTM 81 part 3)	Apr-13	

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2 - Normal	SHTM 82	Fire safety - alarm and detection systems (SHTM 82)	Apr-13	
2 - Normal	SHTM 83	Fire safety - General fire precautions in healthcare premises (SHTM 83)	Apr-04	
2 - Normal	SHTM 83 Part 2	Fire Safety - Fire safety training (SHTM 83 Part 2)	Jul-17	
2 - Normal	SHTM 84	Fire safety - Risk assessment in residential care premises (SHTM 84)	Apr-03	
2 - Normal	SHTM 85	Fire safety - Precautions in existing healthcare premises (SHTM 85)	Dec-07	
2 - Normal	SHTM 86	Fire safety - Risk assessment (SHTM 86)	Jun-13	
2 - Normal	SHTM 87	Fire safety - Textiles and furniture (SHTM 87)	Aug-09	
2 - Normal	SHTN 00-01	Property Appraisal Manual -PAMS (SHTN 00-01)	Mar-21	
2 - Normal	SHTN 00-02	Strategic property and asset management guidance for NHSScotland - PAMS (SHTN 00-02)	Nov-10	
2 - Normal	SHTN 00-03	Property appraisal guidance for NHSScotland - PAMS - Risk-based methodology (SHTN 00-03)	Nov-10	
2 - Normal	SHTN 00-04	Guidance on Management of Medical Devices and Equipment (SHTN 00-04)	Jun-21	
2 - Normal	SHTN 02-00	Sustainable Development Strategy (SHTN 02-00)	Feb-12	
2 - Normal	SHTN 02-01	Sustainable Design and Construction	Oct-21	
2 - Normal	SHTN 02-02	Sustainable - EV Charging Infrastructure (SHTN 02-02)	Dec-20	
2 - Normal	SHTN 3	Waste management - Segregation Chart (SHTN 3)	Nov-13	
2 - Normal	SHTN 3 Part A	Waste management - Summary of requirements - best practice overview (SHTN 3 Part A)	Feb-15	
2 - Normal	SHTN 3 Part B	Waste management - Policy template (SHTN 3 Part B)	Feb-15	
2 - Normal	SHTN 3 Part C	Waste management - Compendium of regulatory requirements (SHTN 3 Part C)	Feb-15	
2 - Normal	SHTN 3 Part D	Waste management - Guidance and example text for waste procedures (SHTN 3 Part D)	Feb-15	
2 - Normal	GUID 5006	Decontamination - Carriage of Dangerous Goods Regulations for Used Medical Devices (GUID 5006)	Dec-13	
2 - Normal	GUID 5007	Decontamination - Compliant Podiatry Instruments (GUID 5007)	Mar-20	

Project Applicability	Reference ID	Relevant NHS / Care Facility Guidance Document	Date Published	Links / Further info / Comments
2 - Normal	GUID 5008	Decontamination - Disposal and Recycling of Medical Devices (GUID 5008)	Oct-14	