

Caithness Service Redesign – Caithness General Hospital: SCIM DESIGN STATEMENT V5 FINAL 14 December 2021





NHS Highland is carrying out a redesign of health and social care services in Caithness. This major service change will include the reconfiguration and refurbishment of the local rural general hospital, Caithness General Hospital in Wick.

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.

1 AGREED NON-NEGOTIABLES FOR SERVICE USERS

Non-Negotiable Performance objectives <i>What the design of the facility must enable (what it needs to do)</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like for each (what you expect there to be)</i>
<p>1.1 The first impression of the facility must build confidence and reduce stress. It must convey all one service, be recognisable as a hospital, feel part of the community.</p>	<ul style="list-style-type: none"> • It should appear be welcoming and professional, efficient and not too ostentatious - ‘clearly of Caithness’ • The facility should have a human scale, be light and green • Clear intuitive way finding from out with the site to indicate presence of facility and route to it (even during hours of darkness). <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  <p>Green approach</p> </div> <div style="text-align: center;">  <p>Easily seen from main road, green landscape</p> </div> </div>
<p>1.2 Arriving must be easy and equitable and support self-reliance.</p>	<ul style="list-style-type: none"> • Arrival routes and spaces, including parking areas, must be safe and pleasant for use in the day and also during darkness, e.g. through passive observation of walking routes, lighting, length of walking routes, quality of surface materials, integrating landscape etc. • The entrance must appear welcoming and be clearly visible from the route. • Patient arrival will be primarily by car therefore adequate and easy access must be provided from parking areas to the front door – this should be safe, easy and within 50 metres • Walking routes should be sheltered from the wind and all weathers by use of building or landscape/planting features

Non-Negotiable Performance objectives
*What the design of the facility must enable
(what it needs to do)*

Benchmarks
*The physical characteristics expected and/or some views of what success might look like for each
(what you expect there to be)*

- Secure cycle storage and charging for bikes, e-bikes, e-scooters within 25 metres of entrance, attractively designed to encourage use
- 10% of total parking provision to be electric vehicle charging points including infrastructure in place to provide more at a future date. Chargers must be placed at a height and location suitable for wheelchair users. Refer to SHTN 02-02 Sustainable EV charging Infrastructure.



Sheltered, clearly visible main entrance



Welcoming, obvious entrance

Non-Negotiable Performance objectives

*What the design of the facility must enable
(what it needs to do)*

Benchmarks

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Building gives shelter, good mix of old and new



Pleasant route guides you to where you need to go



Local stone work, good mix of old and new, car parking and drop off close by

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	 <p data-bbox="748 821 1491 853">Long route from main car park, little observation from building</p>
<p data-bbox="206 879 710 975">1.3 Arrival experience to A&E must be discrete, maintain privacy and dignity of all.</p>	<ul data-bbox="797 879 2051 1273" style="list-style-type: none"> • The route for emergency admission should be obvious and intuitive when approaching the site, not relying solely on signage to indicate where the entrance is and what that entrance is for • Adjacent to the entrance, within 20 metres there must be space to accommodate: Ambulances, Taxi or other drop-off • Limited emergency parking within 20 metres • The design of the routes and spaces must make it clear that these are not for general use and discourage general parking. • On entering the building, you must be able to find help immediately, visible from entrance and within 10 metres. • Patients arriving at A&E should be able to do so away from view from visitors to other services on the site

Non-Negotiable Performance objectives

*What the design of the facility must enable
(what it needs to do)*

Benchmarks


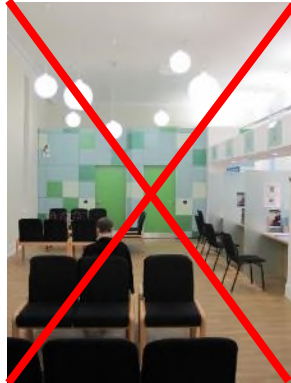
*The physical characteristics expected and/or some views of what success might look like for each
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Discrete, sheltered access separate from main entrance



Reception is visible straight after entrance to department

Non-Negotiable Performance objectives <i>What the design of the facility must enable (what it needs to do)</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like for each (what you expect there to be)</i>
<p>1.4 Reception must set the tone for the onward patient journey, be accessible and welcoming, whilst maintaining the safety and security of staff.</p>	<ul style="list-style-type: none"> • There should be access to help – in person and digitally – visible from entrance and within 10 metres from the front door • It should be light, comfortable, open and barrier-free • Reception desk(s) to have different heights to take account of all user needs • The design should ensure the safety and security of staff, particularly out of hours when lone working is more likely. This could be through unobtrusive measures such as a deep desk or proximity of reception to a secure area. The receptionist should be able to immediately summon help in the event of an incident. • 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 15 metres <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div data-bbox="745 722 1431 1106" style="text-align: center;">  <p data-bbox="745 1110 1355 1139">Obvious reception desk, clear wayfinding, cosy feel</p> </div> <div data-bbox="1453 722 1742 1106" style="text-align: center;">  <p data-bbox="1453 1110 1592 1139">Too clinical</p> </div> </div>
<p>1.5 Booking and patient planning systems should reduce waiting times, but where patients will wait (such as pre and post surgery or between tests and other appointments), waiting areas must be comfortable, pleasant</p>	<ul style="list-style-type: none"> • 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 to be provided. It should be 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

Non-Negotiable Performance objectives <i>What the design of the facility must enable (what it needs to do)</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like for each (what you expect there to be)</i>
<p>with positive distractions. Patients must feel not forgotten and be able to deal with their human needs (toilet, refreshments etc).</p> <p>Waiting while in a vulnerable condition (during and just post treatment, and on discharge) must be discretely located to maintain people's privacy and dignity.</p>	<ul style="list-style-type: none"> • Good natural light, colour and views in all spaces where people may wait • Accessible toilets adjacent to and location visible from waiting areas • Access to food / refreshments for longer waits • Charging points and access to WiFi • Internal and external children's play area to be provided for supervised play • Space provided for visiting services, e.g. third sector charities and support organisations • You can see staff so you know there is help if you need it, maximum distance 10 metres from waiting areas <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div data-bbox="743 619 1384 1045" style="text-align: center;">  <p data-bbox="743 1050 1384 1077">Personal choice and privacy, natural light and views</p> </div> <div data-bbox="1393 619 2065 1045" style="text-align: center;">  <p data-bbox="1393 1050 2065 1117">Range of seating options, natural light and views Design on glass good for dementia / accessibility</p> </div> </div>

Non-Negotiable Performance objectives

*What the design of the facility must enable
(what it needs to do)*

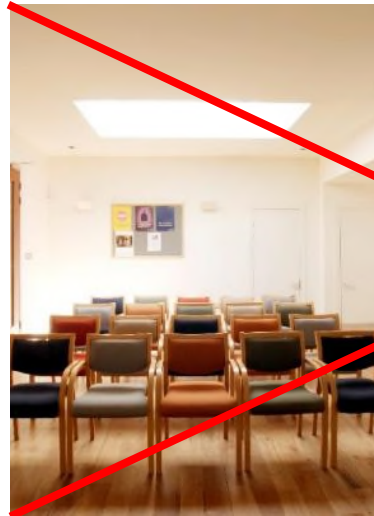
Benchmarks

*The physical characteristics expected and/or some views of what success might look like for each
(what you expect there to be)*



Personal choice and privacy, staff visible

Discrete waiting during and post-treatment / discharge



No choice of seating



Rows of seats looking at blank walls (natural light is good though)

Non-Negotiable Performance objectives
What the design of the facility must enable (what it needs to do)

1.6 Routes throughout the building must create positive flow, provide dignity, privacy and not create stress unduly.

Benchmarks

The physical characteristics expected and/or some views of what success might look like for each (what you expect there to be)

- Patient routes must minimise walking distance, by not requiring patients to double back through the sequence of progressing through the building
- Maximum distance 20m between regular rest stops provided along the way
- Waiting areas to be within 30m to enable clinicians to collect patients and build relationships
- Easy access to pharmacy should be provided adjacent to normal patient routes in/out of the building
- Circulation routes must make use of good daylight and intuitive wayfinding practices (routes having clear identity through use of views, art, colour etc.)
- Space for quiet contemplation, or religious observance close to clinical areas
- Circulation routes to allow for discrete transfer of patients in vulnerable condition (to/from theatre etc) away from public routes
- Large materials/deliveries not to be through public routes



Rest stop on circulation route



Use of colour and natural light



Colour coding / shapes

Non-Negotiable Performance objectives

*What the design of the facility must enable
(what it needs to do)*

Benchmarks

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Good daylight, intuitive wayfinding



Private quiet space / religious observance



Informal space for quiet contemplation

Non-Negotiable Performance objectives <i>What the design of the facility must enable (what it needs to do)</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like for each (what you expect there to be)</i>
<p>1.7 Consulting and treatment spaces must promote open and trusting interactions, helping patients take in information and maintain dignity.</p>	<ul style="list-style-type: none"> • Natural light and views to be provided without compromising privacy • Spaces that provide privacy and dignity to patients, not on view to visitors • 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' • Adjacencies of clinical departments should be considerate of sensitivities, e.g. ultrasound, maternity, chemotherapy <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;">  <p>Cluttered, cramped consulting space</p> </div> <div style="text-align: center;">  <p>Generic, bland (although no barrier between clinician and patient which is positive)</p> </div> </div>

Non-Negotiable Performance objectives

*What the design of the facility must enable
(what it needs to do)*

Benchmarks


*The physical characteristics expected and/or some views of what success might look like for each
(what you expect there to be)*





Good: splashback behind sink / Bad: couch pushed up against wall



Bright and spacious clinical and treatment spaces with good use of natural light

Non-Negotiable Performance objectives <i>What the design of the facility must enable (what it needs to do)</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like for each (what you expect there to be)</i>
1.8 Maternity rooms must feel safe, homely and build confidence in the service.	<ul style="list-style-type: none">• Bedrooms to be adaptable for family use day and night• Rooms to have good daylight and views of nature, and to be within 20m of outdoor space to allow families a breath of fresh air.• Rooms should be designed to make it easy to control noise and lighting levels to allow rest/sleep when needed etc.• Maternity rooms not to feel too clinical or over medicalised  <p>Homely, good daylight and views</p>

Non-Negotiable Performance objectives <i>What the design of the facility must enable (what it needs to do)</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like for each (what you expect there to be)</i>
<p>1.9 Surgery spaces to provide positive distractions from the procedure and be comfortable for people in varying degrees of undress for different lengths of time.</p>	<ul style="list-style-type: none"> • As 1.6 above (unless technically disallowed) • Visual distractions on ceilings where patients are prostrate • Secure areas for patient's belongings to be provided • Light and bright, with calming colours and lighting scheme that avoids glare <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Light and bright</p> </div> <div style="text-align: center;">  <p>Visual distractions</p> </div> </div>
<p>1.10 Areas for extended periods of treatment (e.g. for chemotherapy) must support choice, comfort and the ability to personalise the space.</p>	<ul style="list-style-type: none"> • As 1.6 and 1.8 above • It must be possible to control temperature of the rooms and play music etc. • Provide options for being sociable/mutual support or to be separate

Non-Negotiable Performance objectives
What the design of the facility must enable (what it needs to do)

Benchmarks
The physical characteristics expected and/or some views of what success might look like for each (what you expect there to be)



1.11 Inpatient areas must help patients feel secure, connected and able to make choices for privacy, control of their social environment, and normalise the day as much as possible to aid recovery. Wards and bedrooms must enable rehabilitation.

- Space for private consultations prior to surgery
- Easy access to social areas, to encourage patients to get up and about
- Visual connections with staff and the life of the ward (to see others are progressing) from the bed, and outside to an interesting view while seated/lying
- Spaces within the ward to come together with other patients for therapeutic work and social gatherings/eating
- Ability to control privacy and level of social contact, e.g. allow family in / not be bothered by others

Non-Negotiable Performance objectives
What the design of the facility must enable (what it needs to do)

Benchmarks
The physical characteristics expected and/or some views of what success might look like for each (what you expect there to be)

- Ward areas to have easy access to a breath of fresh air, without having to travel back through the building
- Access to Wifi and TV
- Ability to control environment in room/light levels, heating etc. and natural ventilation



View outside from bed



Sliding door to en-suite, discrete storage





Colour, connection with others, beds not facing each other



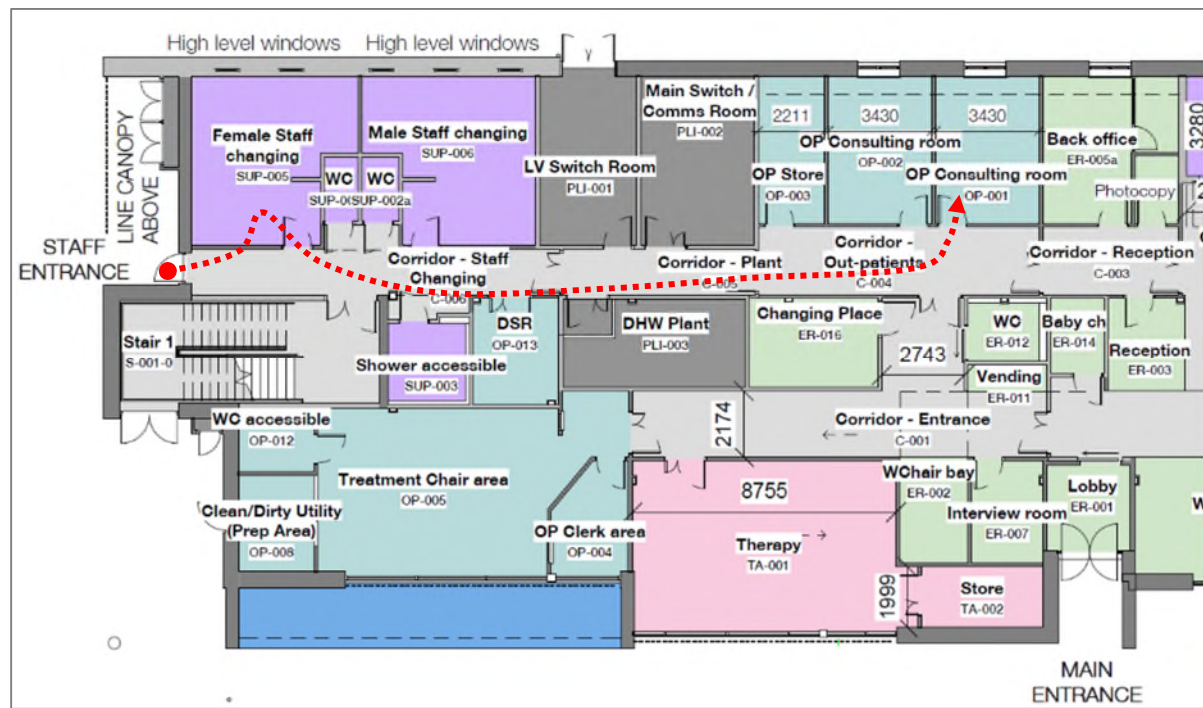
Informal social space, encourages mobilisation

2 AGREED NON-NEGOTIABLES FOR STAFF

Non-Negotiable Performance objectives <i>What the design of the facility must enable</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like for each</i>
<p>2.1 Getting to and from the facility must be easy and reliable considering different needs of shift and peripatetic workers.</p>	<ul style="list-style-type: none"> • Reliable vehicular parking for staff, who may be working late at night / early morning to same standards as 1.1 above, though max walking distance from parking may be increased to 75m • 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. • Changing facilities and safe storage of personal belongings close to route between arrival and working area. • There must be discrete and immediate access and egress for ambulances and clinicians on emergency calls, with sheltered parking for ambulances immediately adjacent to this entrance and dedicated on call staff parking max 20m from the same entrance. • Access to wider town amenities to enable exercise/shopping/banking etc as benchmark for 1.1 above • 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. <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div data-bbox="745 847 1368 1262">  </div> <div data-bbox="1384 855 2040 1262">  </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div data-bbox="745 1302 1256 1334"> <p>Example of staff storage next to work area</p> </div> <div data-bbox="1384 1302 1615 1334"> <p>Safe, well-lit access</p> </div> </div>

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 for each



Staff changing rooms next to staff entrance, on route to clinical work areas

2.2 The layout of the facility 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 hospital.
- Meeting areas immediately adjacent to clinical departments, and close to other services for regular staff meetings. These spaces should be away from public areas to enable confidential, uninterrupted meetings.
- Spaces for 2-3 people to come together for impromptu chats (convey an issue or pastoral support) without leaving working environment.

Non-Negotiable Performance objectives <i>What the design of the facility must enable</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like for each</i>
	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>Good meeting space</p> </div> <div style="text-align: center;">  <p>Poor confidentiality (sensitive info on monitors)</p> </div> </div>
<p>2.3 The layout of the facility, and specification of rooms, must allow flexibility of use.</p>	<ul style="list-style-type: none"> • 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
<p>2.4 Working areas, away from public spaces, to convey welcoming, friendly, lively, modern and innovative culture.</p>	<ul style="list-style-type: none"> • 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

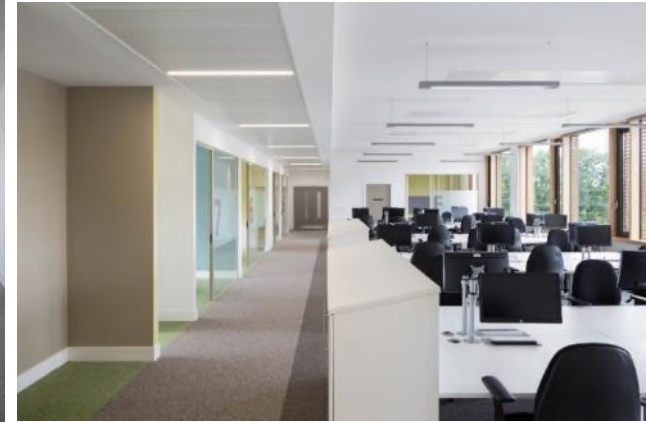
What the design of the facility must enable

Benchmarks

The physical characteristics expected and/or some views of what success might look like for each



Good mix of circulation, staff working and social



Agile working, good use of storage to separate areas, direct access to suitable meeting spaces





Mix of desk spaces to suit different ways of working






Quiet area for meetings / discussions

Non-Negotiable Performance objectives <i>What the design of the facility must enable</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like for each</i>
<p>2.5 Staff must be able to have time off duty to relax away from patients, refresh, meet their own personal needs and build social connections with colleagues.</p>	<ul style="list-style-type: none"> • Shared social space available 24/7, close to 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. • Staff social area/s (with storage for packed lunches and area for self-prep food) within 3 minutes' walk of service areas and close to clinical areas to allow staff to have a quick turnaround when taking a meal break. • Seating organised to allow you to group with colleagues to be sociable or sit more quietly. This space must be attractive enough to encourage staff away from their immediate work environment to meet. • Direct access to external space for breath of fresh air. <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div data-bbox="743 612 1330 1066"> </div> <div data-bbox="1339 612 2020 1066"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div data-bbox="743 1072 1330 1104"> <p>Homely, separate spaces, natural materials</p> </div> <div data-bbox="1339 1072 2020 1104"> <p>Different ceiling heights, break from clinical, café feel</p> </div> </div>

Non-Negotiable Performance objectives <i>What the design of the facility must enable</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like for each</i>
	<div style="display: flex; justify-content: space-around;">   </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Direct access to external balcony External space (windbreak needed in Caithness) </div>
<p>2.6 The layout of the facility must enable phased shut down so that heating/fire/evacuation etc can be managed within the parts that are open at the time.</p>	<ul style="list-style-type: none"> • Access to 24/7 areas not through internal routes to day services • Building to have distinct zones; 24/7 departments grouped together with access to staff facilities and “back of house” support areas without having to go through non-24/7 areas • Well-developed adjacency matrix at building briefing stage, with input and sign off from clinical stakeholders. • Clinical stakeholders involved throughout design development process so that design team have full understanding of how departments work together, and stakeholder sign off at key stages. • Well-designed building management system so building can be controlled and managed more efficiently
<p>2.7 The facility must support further education and training of clinical staff and enable closer links to college and education facilities</p>	<ul style="list-style-type: none"> • Dedicated clinical skills lab to allow education and training to be provided on site • IT technology and suitable learning space(s) to support closer links with University of Highlands and Islands and North Highland College

3 AGREED NON-NEGOTIABLES FOR VISITORS (FAMILY/FRIENDS/CARERS)

Non-Negotiable Performance objectives <i>What the design of the facility must enable</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like for each</i>
<p>3.1 Family and friends must have access to a pleasant space to wait, with positive distractions, and feel supported in their own needs.</p>	<ul style="list-style-type: none">• Access to a café facility near the main entrance• Comforting, quiet space for family / friends / carers away from clinical areas (e.g. imaging and emergency departments) so that they can take time to themselves if needed• Choice of seating and spaces to suit different needs• Interesting things to look at; local art, views of nature and direct access outside to allow family and friends to get a breath of fresh air   <p>Good natural light, mix of seating types, café feel, local art, views of nature and access to the outdoors</p> 

Non-Negotiable Performance objectives
What the design of the facility must enable

3.2 External landscape must be therapeutic, accessible to all and promote interaction and relaxation

Benchmarks

The physical characteristics expected and/or some views of what success might look like for each

- Access to appropriate external spaces and accessible paths round the site to maximise therapeutic use
- External areas should add interest, green spaces but be easy to maintain
- Displays of local art and sculpture that enhance the “Caithness” connection




Easy to maintain, interesting features



Inviting, protected, appealing, visible when moving within building (needs a different surface, not gravel)



Caithness art

Non-Negotiable Performance objectives <i>What the design of the facility must enable</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like for each</i>
	 <p data-bbox="748 683 1187 710">No green space, bland, uninteresting</p>

4 ALIGNMENT OF INVESTMENT WITH POLICY

Non-Negotiable Performance objectives <i>What the design of the facility must enable</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like for each</i>
<p data-bbox="206 948 721 1082">4.1 The design of the facility must contribute to the wider regeneration in terms of townscape and contribution to the local economy.</p>	<ul data-bbox="754 948 2058 1267" style="list-style-type: none"> • 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. Outcome recorded illustrating how proposals will be adapted in line with feedback received. • Use of local sub-contractors in construction process, and generation of local training and employment through the new facility, e.g. number of apprenticeships created.
<p data-bbox="206 1275 721 1366">4.2 The improvements on the site must promote and improve active travel links around the town.</p>	<ul data-bbox="754 1275 2058 1366" style="list-style-type: none"> • Maintain awareness and links with Health Promotion and projects like the Wheelness Project (Cycling UK). NESH health improvement team represented on Project Team and participates in development of service

Non-Negotiable Performance objectives <i>What the design of the facility must enable</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like for each</i>
	<p>model, design brief, design development and AEDET and Design Statement reviews. Evidenced by meeting notes, attendee lists and outputs.</p> <ul style="list-style-type: none"> • 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. • Engagement with Caithness Community Transport, Highland Council and commercial transport providers to jointly agree the delivery of appropriate transport services to and from the facility and to influence improvements within the area more generally. To be evidenced through notes of meetings, email correspondence and joint travel plans. • Site travel surveys carried out pre and post development (with input from partner organisations as above) to evidence improvement. • Improved sheltered, safe pedestrian link from the adjacent railway station
<p>4.3 The facility will be designed to support the NHS Scotland commitment to being a 'net-zero' greenhouse gas emissions organisation</p>	<ul style="list-style-type: none"> • 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. • 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.

Non-Negotiable Performance objectives <i>What the design of the facility must enable</i>	Benchmarks <i>The physical characteristics expected and/or some views of what success might look like for each</i>
	<ul style="list-style-type: none"> • 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
<p>4.4 Equality and diversity to be embedded into all functions and activities in line with the Equality Act 2010.</p>	<ul style="list-style-type: none"> • 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	NHS 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.	<p>Risk / benefit analysis of the capacity of the sites to deliver a development that meets the criteria identified above.</p> <p>Use of stakeholder workshops using the AEDET, SDaC, HAscribe (stage 1), EQIA, KSAR and NDAP process to set criteria and review that these have been met</p>	<p>Site feasibility study based on best available information</p> <p>Completed HAscribe, SDaC and NDAP reviews</p>
Completion of brief	NHS Programme Board with advice from Project Director and Senior Project Manager	Stakeholders, including service providers, internal technical advisors, public sector partners. Clinical modelling supported by Healthcare Planner.	This Design Statement should be integral to the design brief.	<p>Early engagement with development partner (PSCP) to assess the affordability / deliverability of the project brief.</p> <p>Use of AEDET, SDaC, KSAR & NDAP Design Statement to check that the brief meets the agreed criteria.</p>
Selection of Delivery / Design Team	Development Partner (PSCP) with input from NHS Project Managers	HFS Capital Project Advisors, including internal / external technical advisors	Selection process as per HFS Framework Scotland 3, including cost and quality considerations, to ensure that the best design team is chosen from the Framework.	<p>Previous experience / examples of work on developments of a similar nature and complexity.</p> <p>Interview process to include presentation and questions relating to</p>

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
			NHSH will be involved in the selection process and can influence the outcome and, if necessary, nominate other designers for consideration	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 & NDAP Design Statement 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 & NDAP Design Statement 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 & NDAP Design Statement to determine if the criteria are being met	Design developed to Stage 5 with agreed specification.
Post Occupancy Evaluation	Consideration by appropriate NHSH	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	Post Occupancy Evaluation

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
	governance and report sent to SGHD		(AEDET, Design Statement, KSAR, SDaC).	

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

- NHS Highland clinical staff including; Inpatient nursing, A&E, Community Midwifery, Physiotherapy, Palliative Care, Pharmacy, Dental Services
- NHS Highland support staff; admin, hotel services, estates
- NHS Highland local operational managers and project managers
- Partner agencies; Scottish Ambulance Service
- Caithness Disability Access Panel
- Public and patient representatives including; CHAT and Patient Council

The list of applicable guidance and standards to the project is provided in **Appendix B**.

Appendix A**List of Attendees for Design Statement / AEDET for Caithness General Hospital**

Forename	Surname	Designation	Organisation	Role / Representing
Kay	Allan	Area Support Manager	NHS Highland	PM (Supporting Services)
Cara	Birnie	Midwifery Team Lead / Senior Charge Midwife	NHS Highland	Community Maternity Unit
Helen	Budge		Access Panel	Caithness Disability Access Panel
Sarah	Budge	Professional Lead	NHS Highland	Occupational Therapy
Ivor	Campbell	Estates Operations Manager	NHS Highland	Estates
Johan	Campbell	Laboratory Manager	NHS Highland	Laboratories
Heather	Chapple	Director of Design	Architecture & Design Scotland	Facilitator
Graham	Cormack	Acting Area Service Manager	SAS	Scottish Ambulance Service
Diane	Forsyth	Senior Project Manager	NHS Highland	Senior Project Manager
Grant	Franklin	Consultant Physician	NHS Highland	General Medicine
Pam	Garbe	Rural General Hospital Manager	NHS Highland	Project Lead (Supporting Services)
Paul	Gilligan	Architect	Oberlanders	Facilitator
Eric	Green	Head of Estates	NHS Highland	Project Technical Lead
Ron	Gunn	Patient rep	CHAT	Service users
Danny	Hunter		Architecture & Design Scotland	Facilitator
Nova	James	Lead ANP / Clinical Co-ordinator	NHS Highland	
Michelle	Johnstone	Area Manager	NHS Highland	Project Director
Michael	Loynd	Macmillan Advanced Nurse / Cancer Team Lead	NHS Highland	Palliative & End of Life Care
John	Lyon	Clinical Dental Director	NHS Highland	Public Dental Service
Marina	MacDonald	Patient rep	Patient Council	Service users
Russell	Mackay	Clinical Pharmacist	NHS Highland	Pharmacy
Steve	Malone		Architecture & Design Scotland	Facilitator
Julie	Marker	Member	Access Panel	Caithness Disability Access Panel

Forename	Surname	Designation	Organisation	Role / Representing
Pat	McGee	Senior Charge Nurse	NHS Highland	Acute Assessment, High Dependency & Inpatients
Laura	Menzies	Lead Midwife (North)	NHS Highland	Community Maternity Unit
Christian	Nicolson	District Manager	NHS Highland	Senior Manager / Project Team / Integrated Team
Shona	Paterson	Professional Lead	NHS Highland	Physiotherapy
Neil	Pellow	Senior Charge Nurse	NHS Highland	A&E and Outpatients
Duncan	Scott	Consultant Physician	NHS Highland	General Medicine
Francis	Sutherland	Assistant Support Manager	NHS Highland	Hotel Services
Zhen Ron	Tan	Project Manager	NHS Highland	PM (Estates)
Josie	Thomson	Clinical Advisor	NHS Highland	Project Clinical Advisor
Emma	Watson	Associate Medical Director	NHS Highland	Project Clinical Lead

Appendix B

Applicable Guidance - CGH Reconfiguration

Project Applicability	Reference ID	Relevant NHS / Care Facility Guidance Document	Date Published	Comment
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 02-01	Cancer treatment facilities (HBN 02-01)	Oct-14	Ambulatory Care Unit
2 - Normal	HBN 06 vol 2	Diagnostic imaging: PACS and specialist imaging (HBN 06 vol 2)	Oct-14	
2 - Normal	HBN 07-01	Renal care - Satellite dialysis unit (HBN 07-01)	Oct-14	Ambulatory Care Unit
2 - Normal	HBN 08-02	Dementia-friendly Health and Social Care Environments (HBN 08-02)	Aug-16	
2 - Normal	HBN 12-01 sup A	Out-patient care: Sexual and reproductive health clinics (HBN 12-01 sup A)	Oct-14	
2 - Normal	HBN 14-01	Medicines management: Pharmacy and radiopharmacy facilities (HBN 14-01)	Oct-14	
2 - Normal	HBN 14-02	Medicines storage in clinical areas (HBN 14-02)	Sep-21	
2 - Normal	HBN 26 vol 1	Facilities for surgical procedures (HBN 26 vol 1)	Oct-14	
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 10	Fire Safety -Laboratories on hospital premises (SFPN 10)	Dec-99	
2 - Normal	SFPN 3	Fire safety - Escape bed lifts (SFPN 3)	Oct-10	
2 - Normal	SFPN 4	Fire Safety -Hospital main kitchens (SFPN 4)	Dec-99	
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	

Project Applicability	Reference ID	Relevant NHS / Care Facility Guidance Document	Date Published	Comment
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	
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	
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 06 Part 1	Facilities for diagnostic imaging and interventional radiology (SHPN 06 Part 1)	Mar-04	
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	Mortuary only, no post-mortem
2 - Normal	SHPN 22	Accident and emergency facilities for adults and children (SHPN 22)	Jan-07	
2 - Normal	SHPN 36 Part 2	NHS Dental Premises in Scotland (SHPN 36 Part 2)	Jul-06	

Project Applicability	Reference ID	Relevant NHS / Care Facility Guidance Document	Date Published	Comment
2 - Normal	SHPN 4 sup 1	In-patient accommodation - supplement 1 - Isolation facilities in acute settings (SHPN 4 sup 1)	Sep-08	TBC
2 - Normal	SHPN 52 Part 1	Day care part 1 - Day surgery unit (SHPN 52 Part 1)	Jan-02	
2 - Normal	SHPN 52 Part 2	Day care part 2 - Endoscopy unit (SHPN 52 Part 2)	Jan-02	
2 - Normal	SHPN 52 Part 3	Day care part 3 - Medical investigation and treatment unit (SHPN 52 Part 3)	Jan-02	
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	

Project Applicability	Reference ID	Relevant NHS / Care Facility Guidance Document	Date Published	Comment
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	
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	
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 08-06	Specialist Services - Pathology Laboratory Gas Systems (SHTM 08-06)	Jul-11	TBC
2 - Normal	SHTM 08-07	Confined Spaces policies procedures and guidance (SHTM 08-07)	Feb-15	
2 - Normal	SHTM 08-08	Pressure Systems: Policies and Guidance (SHTM 08-08)	Jul-14	

Project Applicability	Reference ID	Relevant NHS / Care Facility Guidance Document	Date Published	Comment
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 67	Building component series - Laboratory storage systems (SHTM 67)	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	
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	

Project Applicability	Reference ID	Relevant NHS / Care Facility Guidance Document	Date Published	Comment
2 - Normal	SHTM 83 Part 2	Fire Safety - Fire safety training (SHTM 83 Part 2)	Jul-17	
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	SHPN 13 Part 3	Decontamination - Endoscope Decontamination Units (SHPN 13 Part 3)	Sep-10	
2 - Normal	SHTM 2010 Part 1	Decontamination - Overview and management responsibilities Sterilization (SHTM 2010 Part 1) (PDF, 265KB)	Jun-01	
2 - Normal	SHTM 2010 Part 2	Decontamination - Design considerations Sterilization (SHTM 2010 Part 2) (PDF, 644KB)	Jun-01	
2 - Normal	SHTM 2010 Part 3	Decontamination - Validation and verification Sterilization (SHTM 2010 Part 3) (PDF, 1,34MB)	Jun-01	
2 - Normal	SHTM 2010 Part 4	Decontamination - Operational management Sterilization (SHTM 2010 Part 4) (PDF, 779KB)	Jun-01	

Project Applicability	Reference ID	Relevant NHS / Care Facility Guidance Document	Date Published	Comment
2 - Normal	SHTM 2010 Part 5	Decontamination - Good practice guide Sterilization (SHTM 2010 Part 5) (PDF, 1MB)	Jun-01	
2 - Normal	SHTM 2010 Part 6	Decontamination - Testing and validation protocols Sterilization (SHTM 2010 Part 6)	Jun-01	
2 - Normal	SHTM 2022 Supp 1	Dental compressed air and vacuum systems (SHTM 2022 Supp 1)	Mar-04	
2 - Normal	SHTM 2030 Part 1	Decontamination - Design considerations Washer-disinfectors (SHTM 2030 Part 1)	Oct-01	TBC
2 - Normal	SHTM 2030 Part 2	Decontamination - Operational management Washer-disinfectors (SHTM 2030 Part 2)	Oct-01	TBC
2 - Normal	SHTM 2030 Part 3	Decontamination - Validation and verification Washer-disinfectors (SHTM 2030 Part 3)	Oct-01	TBC
2 - Normal	SHTM 2031 Part 1	Decontamination - Clean steam for sterilization (SHTM 2031 Part 1)	Jun-01	
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	
2 - Normal	GUID 5008	Decontamination - Disposal and Recycling of Medical Devices (GUID 5008)	Oct-14	
2 - Normal	GUID 5010 Part A	Decontamination - Reusable surgical instruments before and after clinical use - Design (GUID 5010 Part A)	Dec-14	
2 - Normal	GUID 5010 Part B	Decontamination - Reusable surgical instruments before and after clinical use - Operation (GUID 5010 Part B)	Dec-14	
2 - Normal	GUID 5013	Decontamination - Compliant Endoscope Decontamination Units (GUID 5013)	Nov-14	
2 - Normal	GUID 5015	Decontamination - Engineering staff roles & responsibilities (GUID 5015)	Feb-17	
2 - Normal	SHTM 01-01 GUID 5017	Decontamination - of surgical instruments (SHTM 01-01 GUID 5017)	Sep-18	
2 - Normal	SHTM 01-01 Part A	Decontamination - Management (SHTM 01-01 Part A)	Sep-18	
2 - Normal	SHTM 01-01 Part B	Decontamination - Test equipment / methods (SHTM 01-01 Part B)	Sep-18	

Project Applicability	Reference ID	Relevant NHS / Care Facility Guidance Document	Date Published	Comment
2 - Normal	<i>SHTM 01-01 Part C</i>	<i>Decontamination - Sterilization by steam (SHTM 01-01 Part C)</i>	<i>Sep-18</i>	
2 - Normal	<i>SHTM 01-01 Part D</i>	<i>Decontamination - Automated cleaning and disinfection equipment (SHTM 01-01 Part D)</i>	<i>Sep-18</i>	
2 - Normal	<i>SHTM 01-01 Part E</i>	<i>Decontamination - Sterilization by hydrogen peroxide or ethylene oxide (SHTM 01-01 Part E)</i>	<i>Sep-18</i>	
2 - Normal	<i>SHTM 01-01 Part F</i>	<i>Decontamination - Inspect, assemble and package (SHTM 01-01 Part F) (PDF, 882KB)</i>	<i>Sep-18</i>	
2 - Normal	<i>SHTM 01-02 Part A</i>	<i>Decontamination - Lab sterilizers and washer disinfectors - management and operation (SHTM 01-02 Part A)</i>	<i>Jun-20</i>	
2 - Normal	<i>SHTM 01-02 Part B</i>	<i>Decontamination - Lab sterilizers and washer disinfectors - test equipment / methods (SHTM 01-02 Part B)</i>	<i>Jun-20</i>	
2 - Normal	<i>SHTM 01-02 Part C</i>	<i>Decontamination - Lab sterilizers and washer disinfectors - sterilization by steam (SHTM 01-02 Part C)</i>	<i>Jun-20</i>	
2 - Normal	<i>SHTM 01-02 Part D</i>	<i>Decontamination - Lab sterilizers and washer disinfectors - cleaning and disinfection (SHTM 01-02 part D)</i>	<i>Jun-20</i>	