Caithness General Hospital

Functionality

Build Quality

Engineering

	Weight	Score	Notes	Performance	Weight	Score	Notes	
The prime functional requirements of the brief are satisfied	1	1	YES	D.01 The building and grounds are easy to operate	1	4	YES	G
The design facilitates the care model	1	1	YES	D.02 The building and grounds are easy to clean and maintain	1	4	YES	G
Overall the design is capable of handling the projected throughput	1	1	YES	D.03 The building and grounds have appropriately durable finishes and components	2	3	YES	G
Work flows and logistics are arranged optimally	1	2	YES	D.04 The building and grounds will weather and age well	1	2	YES	G
The design is sufficiently flexible to respond to clinical /service change and to enable expansion	2	1	YES	D.05 Access to daylight, views of nature and outdoor space are robustly detailed	1	2	YES	G
Where possible spaces are standardised and flexible in use patterns	1	3	YES	D.06 The design maximises the opportunities for sustainability e.g. waste reduction and biodiversity	1	2	YES	G
The design facilitates both security and supervision	1	3	YES	D.07 The design minimises maintenance and simplifies this where it will be required	1	4	YES	G
The design facilitates health promotion and equality for staff, patients and local community	1	1	YES	D.08 The benchmarks in the Design Statement in relation to PERFORMANCE are met	0			G
The design is sufficiently adaptatable to external changes e.g. Climate, Technology	1	3	YES					-
The benchmarks in the Design Statement in relation to building USE are met	0							

YES

YES

YES

YES

YES

YES

YES

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Access

- B.01 There is good access from available public transport including any on- site roads
- B.02 There is adequate parking for visitors/ staff cars/ disabled people
- B.03 The approach and access for ambulances is appropriately provided
- B.04 Service vehicle circulation is well considered and does not inappropriately impact on users and staff
- B.05 Pedestrian access is obvious, pleasant and suitable for wheelchair/ disabled/ impaired sight patients
- B.06 Outdoor spaces wherever appropriate are usable, with safe lighting indicating paths, ramps, steps etc.
- B.07 Active travel is encouraged and connections to local green routes and spaces enhanced
- B.08 Car parking and drop-off should not visually dominate entrances or green routes
- B.09 The benchmarks in the Design Statement in relation to building ACCESS are met

Space

- C.01 The design achieves appropriate space standards
- C.02 The ratio of usable space to total area is good
- C.03 The circulation distances travelled by staff, patients and visitors is minimised by the layout
- C.04 Any necessary isolation and segregation of spaces is achieved
- C.05 The design maximises opportunities for space to encourage informal social interaction & wellbeing
- C.06 There is adequate storage space
- $C.07 \quad \text{The grounds provided spaces for informal/ formal therapeutic health activities}$
- C.08 The relationships between internal spaces and the outdoor environment work well
- C.09 The benchmarks in the Design Statement in relation to building SPACE are met

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	Weight	Score	Notes		Construction
	1	1	YES	F.01	If phased planning and construction are necessary the various stages are well organised
	1	4	YES	F.02	Temporary construction work is minimised
	2	2	YES	F.03	The impact of the building process on continuing healthcare provision is minimised
	1	2	YES	F.04	The building and grounds can be readily maintained
	1	2	YES	F.05	The construction is robust
	1	2	YES	F.06	Construction allows easy access to engineering systems for maintenance, replacement & expansion
	1	1	YES	F.07	The construction exploits opportunities from standardisation and prefabrication where relevant
	1	1	NO	E 0.0	The construction maximizes the apportunities for sustainability or success and traffic reduction

E.03 The engineering systems are energy efficient

 NO
 F.08
 The construction maximises the opportunities for sustainability e.g. waste and traffic reduction

 F.09
 The construction contributes to being a good neighbour

E.01 The engineering systems are well designed, flexible and efficient in use

E.05 During construction disruption to essential services is minimised

E.04 There are emergency backup systems that are designed to minimise disruption

E.06 During maintenance disruption to essential healthcare services is minimised

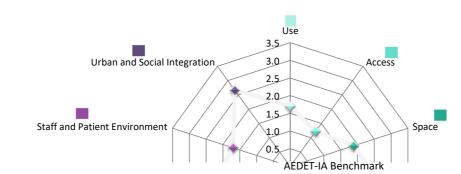
E.07 The design layout contributes to efficient zoning and energy use reduction

E.02 The engineering systems exploit any benefits from standardisation and prefabrication where relevant

F.10 Infection control risks for options, design and construction recorded/ minimised using HAI Scribe

Weight	Score	Notes	
0			I.01
0			1.02
2			1.03
0			1.04
0			1.05
0			1.06
0			1.07
0			1.08
0			1.09
0			I.10

AEDET Refresh Benchmark Summary

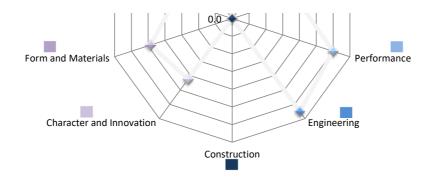




J.01 J.02



eigh







Impact

Character and Innovation	Weight	Score	Notes
There are clear ideas behind the design of the building and grounds	1	1	YES
The building and grounds are interesting to look at and move around in	1	3	YES
The building, grounds and arts design contribute to the local setting	2	3	YES
The design appropriately expresses the values of the NHS	1	3	YES
The project is likely to influence future designs	1	1	YES
The design provides a clear strategy for future adaptation and expansion	1	1	NO
The building, grounds and arts design contribute to well being and a sustainable therapeutic strategy	1	2	NO
The benchmarks in the Design Statement in relation to CHARACTER & INNOVATION are met	0		

Form and Materials	Weight	Score	Notes
The design has a human scale and feels welcoming	1	3	YES
The design contributes to local microclimate, maximising sunlight and shelter from prevailing winds	2	1	YES
Entrances are obvious and logical in relation to likely points of arrival on site	1	4	YES
The external materials and detailing appear to be of high quality and are maintainable	1	2	YES
The external colours and textures seem appropriate and attractive for the local setting	1	3	YES
The design maximises the site opportunities and enhances a sense of place	1	3	YES
The benchmarks in the Design Statement in relation to FORM & MATERIALS are met	0		

Staff and Patient Environment	Weight	Score	Notes
The design reflects the dignity of patients and allows for appropriate levels of privacy	1	1	YES
The design maximises the opportunities for daylight/ views of green natural landscape or elements	1	2	YES
The design maximises the opportunities for access to usable outdoor space	1	1	YES
There are high levels of both comfort and control of comfort	1	1	YES
The design is clearly understandable and wayfinding is intuitive	2	2	YES
The interior of the building is attractive in appearance	1	4	YES
There are good bath/ toilet and other facilities for patients	1	2	YES
There are good facilities for staff with convenient places to work and relax without being on demand	1	1	YES
There are good opportunities for staff, patients, visitors to use outdoors to recuperate/ relax	1	1	NO
The benchmarks in the Design Statement in relation to STAFF & PATIENT ENVIRONMENTare met	0		

Urban and Social Integration	Weight	Score	Notes
The height, volume and skyline of the building relate well to the surrounding environment	1	4	NO
The facility contributes positively to its locality	2	2	YES
The hard and soft landscape contribute positively to the locality	1	3	YES
The overall design contributes positively to neighbourhood and is sensitive to passers-by	1	3	YES
There is a clear vision behind the design, its setting and outdoor spaces	1	2	YES
The benchmarks in the Design Statement in relation to INTEGRATION are met	0		

		Benchmark
Use		1.7
Access		1.2
Space		1.9
Performance		3.0
Engineering		3.3
Construction	AEDET-IA Benchmark	0.0

Character and	Innovation			2.1
Form and Mate	erials			2.4
Staff and Patie	nt Environment			1.7
Urban and Soci	ial Integration			2.7
ſ	Weighting	=	Target	
	2	=>	5 - 6	
	1	>	3 - 4	
	0	<	3	



Re		Note
A.0	01 .	1 - Poor flow, adjacencies betw depts not right. ED / imaging adjacency is fine & 2 wards fine, others not. E.g. pharmacy & laboratories at rear, theatres on 1st floor. ED - nc
A.0	02 3	1 - as above
A.0	03 (1 - privacy, toilets on ward not suitable for disabled, no private room for confidential conversations with relatives, no designated place of safety. Hospital chapel serves a
A.0	_	2 - Physio gym and Occupational Therapy department too far from rehab ward, pharmacy at rear of hospital, privacy & dignity compromised due to poor flow & patients
A.0	_	1 - landlocked, no space for expansion of depts that need more space
A.0		3 - spaces are designed to be used flexibly where possible, e.g. ACU
A (_	3 - Security of building reasonable at night (front door locked), lifts not secure which compromises ED security - can enter ED directly via lift. Imaging secure at night, but
A (_	1 - confined site, very little access to suitable outdoor space
A.0	_	- can change large bits of kit relatively easily (e.g. CT scanner replacement was straightforward), VC & NHS Near Me provision good, looking to increase resilience of IT
A.0	_	- carcingling birst and reparticulation and the provide the provided and the provided power power concerned to the carcing the provided power pow Power power p
B.0	-	6 - Train station at rear & bus stop at front. Noted frequency of transport provision could be improved on
_	_	
B.0	_	1 - location of parking for those with poor mobility or are ill - a long walk round to front of building & patients struggle.
B.0	_	1 - Ambulance access under canopy at an angle, hit wing mirrors on approach. Parking provision limited. No automatic door on entry to building. Lifts & routes shared with
B.0	_	2 - Limited space at back for deliveries / estates vehicles, sometimes impacts on staff / visitor / patient / ambulance vehicle movement. One way system does help to
B.0	_	1 - Outside ED path is very narrow (especially where Audiology unit sits) - not suitable for wheelchairs. Long route from parking to front door.
B.0		3 - Recently upgraded, new emergency lighting system installed & lighting levels surveyed, up to standard. Lack of outdoor space.
B.0	_	1 - Long route from car park "encourages" active travel! No designated cycle routes / limited active travel routes locally. There are cycle shelters but go via dirt to get in.
B.0	_	1 - cars dominate access to building, have to cross main access road to get to building from main pedestrian route from town.
B.0)9	
C.0)1 !	1 - Definitely not, except for pharmacy which is reasonably good. Size of waiting areas, Tx rooms etc insufficient
C.0)2 /	4 - Ratio is good & space not wasted, albeit space not always used appropriately.
C.0)3 7	2 - ED / outpatients / imaging quite efficient, but pharmacy, labs, wards, OT / physio etc involves a long route. Relatively small facility so routes are not excessive overall.
C.0)4 7	2 - no. Can be isolated in ED but room not suitable (too small & remote from staff space). Poor segration on ward - patients trying to sleep & overnight visitors. No
C.0	JS 2	2 - Dining room is a nice area, well used, but no separate staff dining area - shared with patients. Day rooms are not central; located at end of corridor. Used more often by
C.0	J6 7	2 - Pharmacy & admin storage is adequate. Other areas not (wards, x-ray, ED). ED storage combined with kitchen, no equipment store. Lots of small stores dotted
C.0	_	1 - very limited green space on site
C.0		
C.0	09	
D.0	_	4 - windows require replacement, infrastructure / utilities easy to replace & upgrade
D.0	_	4 - overall fairly easy to clean, lots of work done to theatres et to improve this. Carpet in office areas proves not easy to clean.
D.0	_	3 - wooden bump rails & plasterboard finish so not as good as it could be. External stonework - porous, moss under windows. A good portion of walls along corridors are
D.0	_	2 - Re-roofed main part of building recently, service block still to be done. Porous stonework - requires treatment to prolong life
D.0		 Protoco many part of building receipting some block time be balled on the ball ball ball does be balled on the ball does be balled on the ball does be balled on the ball does balled on the balled on
D.0	_	2 - Windows & door steak, let in draughts, windows need replaced. Entrance royer and back door service yard is very cold due to draughts, wind direction at ambdiance 2 - No plants, little wildlife. Waste reduction systems in place, water alliance. CGH is connected to district heating scheme.
D.0	_	4 - Easy to maintain, e.g. ceiling heights, good access to replace lighting etc.
	_	+ Eday to manitani, e.g. cening neights, good access to replace igniting etc.
D.0		
E.0		2 - Not to modern standards; late 1970s technology.
E.0		
E.0	_	3 - On Biomass district heating scheme, LED lighting
E.0		5 - 100% generator coverage (2 years old), contingency plans in place
E.0		4 - Can isolate areas to allow work on system without impacting on service operations (electrical, heating etc)
E.0		4 - could be improved on but recent maintenance carried out without significant adverse impact
E.0	_	
F.0)1	
F.0)2	
F.0)3	
F.0)4	
F.0)5	
F.0)6	
_	_	
F.0		
F.0 F.0		
F.0	19	
F.0 F.0		
F.0 F.0 F.1	10	- There were when first constructed but not now
F.0 F.0 F.1 G.0	10 01 1	1 - There were when first constructed, but not now 3. Prominent position in town, focal point, local staff & patients have a lot of affection for the building. Utilitation, dated, not pretty externally, more interesting internally
F.0 F.1 G.0	10 01 1 02 3	3 - Prominent position in town, focal point. Local staff & patients have a lot of affection for the building. Utilitarian, dated, not pretty externally, more interesting internally
F.0 F.1 G.0 G.0	10 01 1 02 3 03 3	3 - Prominent position in town, focal point. Local staff & patients have a lot of affection for the building. Utilitarian, dated, not pretty externally, more interesting internally 3 - Not much by way of arts design; some local artwork, poetry & photos on display, not integrated to the design.
F.0 F.1 G.0 G.0	10 1 01 1 02 3 03 3 04 3	3 - Prominent position in town, focal point. Local staff & patients have a lot of affection for the building. Utilitarian, dated, not pretty externally, more interesting internally

Ref

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	G.07	
	G.08	
	H.01	3 - Exterior not particularly welcoming, a bit drab except for the small outdoor space in front of the hospital with some greens and benches where the statue sits. Small &
	H.02	1 - Laughter(!), design doesn't help to provide shelter against local weather. Bedrooms not optimally located to take advantage of sunlight. Pedestrian route from car park
	H.03	4 - Entrance visible on arrival, pass it on way to car park at rear
	H.04	2 - box profile sheeting, utilitarian
	H.05	3 - Reassuring presence, natural stone in keeping with characteristics of Wick
	H.06	3 - Sea views from some areas of wards, visual connection to town, services at back
	H.07	
	1.01	1 - Privacy poor, no private room for conversation with relatives, no designated place of safety, multi-bedded rooms (4 beds). Route for ambulance transfers shared with
	1.02	2 - town centre location, majority of waiting areas internal with limited views out, daylight & views not maximised.
	1.03	1 - no usable outdoor space
	1.04	1 - Not a good Building Management System, lots of complaints - either too hot or too cold
	1.05	2 - Staff get stopped for directions quite often. Wayfinding within the hospital is not great to manouver around.
	1.06	4 - Room for improvement but is clean, bright, welcoming & functional
	1.07	2 - ED specimen toilet opens out on to waiting area. Ward - not space to turn in shower, toilets don't have sufficient space for moving & handling, inaccessible toilets (for
	1.08	1 - Staff dining shared with visitors / patients, very few depts have suitable space
	1.09	
	1.10	
	J.01	
	J.02	2 - arrival route from train station has view of plant / FM area, this side of hospital does not contribute positively to local area
	J.03	3 - View from town / bridge is of green space & trees. Limited if approach by road
	J.04	3 - View from playing fields back to hospital not great
	J.05	2 - although 1/3 thought 3 - Mostly agreed that the designer(s) had clear vision when it was built.
	J.06	



Caithness General Hospital

Benchmark

Weighting
High = High Prio
Manusel - Desive

rity to the Project (2) Normal = Desirable (1) Zero = Not Applicable (0)

Scoring	
Virtually Total Agreement (6)	
Strong Agreement (5)	
Fair Agreement (4)	
Little Agreement (3)	
Hardly Any Agreement (2)	
Virtually No Agreement (1)	
Unable to Score (0)	

Guidance for Initial Agreement Stage

AEDET Target (& Benchmark) to be set at IA Stage and must be submitted for NDAP as ANNEX 1 to the Design Statement The OBC and FBC Stage AEDET reviews will be monitored against IA Stage. Boards will require to provide an explanation of the reason for deviation from the IA Target The note section to be completed to provide further briefing information If any of the criteria is weighted as zero (not applicable) a note should state the reason for this Boards may add project specific criteria. A note must be provided stating the reason for this. Key actions arising from AEDET discussions to be recorded

Actions	by date	Owner	Completed
AEDET-IA E	Benchmark		

National Services Scotland