F.02 Temporary construction work is minimised

F.05 The construction is robust

F.04 The building and grounds can be readily maintained

F.09 The construction contributes to being a good neighbour

F.03 The impact of the building process on continuing healthcare provision is minimised

F.06 Construction allows easy access to engineering systems for maintenance, replacement & expansion

F.07 The construction exploits opportunities from standardisation and prefabrication where relevant

F.08 The construction maximises the opportunities for sustainability e.g. waste and traffic reduction

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

Benchmark REH Phase 2 Intellectual Disabilities Facilities AEDET Refresh v1.1 Feb 2016

Build Quality Functionality Impact A.01 The prime functional requirements of the brief are satisfied D.01 The building and grounds are easy to operate G.01 There are clear ideas behind the design of the building and grounds A.02 The design facilitates the care model G.02 The building and grounds are interesting to look at and move around in D.02 The building and grounds are easy to clean and maintain A.03 Overall the design is capable of handling the projected throughput D.03 The building and grounds have appropriately durable finishes and components G.03 The building, grounds and arts design contribute to the local setting D.04 The building and grounds will weather and age well G.04 The design appropriately expresses the values of the NHS A.04 Work flows and logistics are arranged optimally 1 A.05 The design is sufficiently flexible to respond to clinical /service change and to enable expansion D.05 Access to daylight, views of nature and outdoor space are robustly detailed G.05 The project is likely to influence future designs A.06 Where possible spaces are standardised and flexible in use patterns D.06 The design maximises the opportunities for sustainability e.g. waste reduction and biodiversity G.06 The design provides a clear strategy for future adaptation and expansion A.07 The design facilitates both security and supervision D.07 The design minimises maintenance and simplifies this where it will be required G.07 The building, grounds and arts design contribute to well being and a sustainable therapeutic strategy 1 D.08 The benchmarks in the Design Statement in relation to PERFORMANCE are met G.08 The benchmarks in the Design Statement in relation to CHARACTER & INNOVATION are met A.08 The design facilitates health promotion and equality for staff, patients and local community A.09 The design is sufficiently adaptatable to external changes e.g. Climate, Technology 0 A.10 The benchmarks in the Design Statement in relation to building USE are met B.01 There is good access from available public transport including any on- site roads YES H.01 The design has a human scale and feels welcoming E.01 The engineering systems are well designed, flexible and efficient in use YES H.02 The design contributes to local microclimate, maximising sunlight and shelter from prevailing winds B.02 There is adequate parking for visitors/ staff cars/ disabled people E.02 The engineering systems exploit any benefits from standardisation and prefabrication where relevant B.03 The approach and access for ambulances is appropriately provided 1 E.03 The engineering systems are energy efficient 0 YES H.03 Entrances are obvious and logical in relation to likely points of arrival on site B.04 Service vehicle circulation is well considered and does not inappropriately impact on users and staff E.04 There are emergency backup systems that are designed to minimise disruption YES | H.04 The external materials and detailing appear to be of high quality and are maintainable 1 0 YES H.05 The external colours and textures seem appropriate and attractive for the local setting B.05 Pedestrian access is obvious, pleasant and suitable for wheelchair/ disabled/ impaired sight patients 1 E.05 During construction disruption to essential services is minimised 1 B.06 Outdoor spaces wherever appropriate are usable, with safe lighting indicating paths, ramps, steps etc. E.06 During maintenance disruption to essential healthcare services is minimised YES | H.06 The design maximises the site opportunities and enhances a sense of place 1 0 YES H.07 The benchmarks in the Design Statement in relation to FORM & MATERIALS are met B.07 Active travel is encouraged and connections to local green routes and spaces enhanced E.07 The design layout contributes to efficient zoning and energy use reduction 1 B.08 Car parking and drop-off should not visually dominate entrances or green routes 0 B.09 The benchmarks in the Design Statement in relation to building ACCESS are met Staff and Patient Environment YES I.01 The design reflects the dignity of patients and allows for appropriate levels of privacy C.01 The design achieves appropriate space standards F.01 If phased planning and construction are necessary the various stages are well organised

0

0

0

AEDET Refresh Benchmark Summary

C.02 The ratio of usable space to total area is good

C.06 There is adequate storage space

C.04 Any necessary isolation and segregation of spaces is achieved

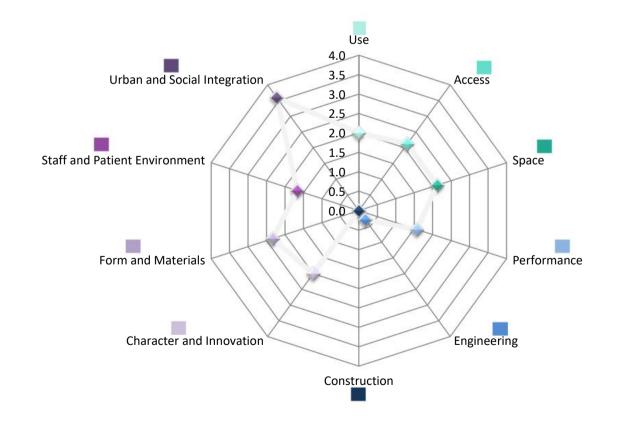
C.03 The circulation distances travelled by staff, patients and visitors is minimised by the layout

C.07 The grounds provided spaces for informal/ formal therapeutic health activities

C.09 The benchmarks in the Design Statement in relation to building SPACE are met

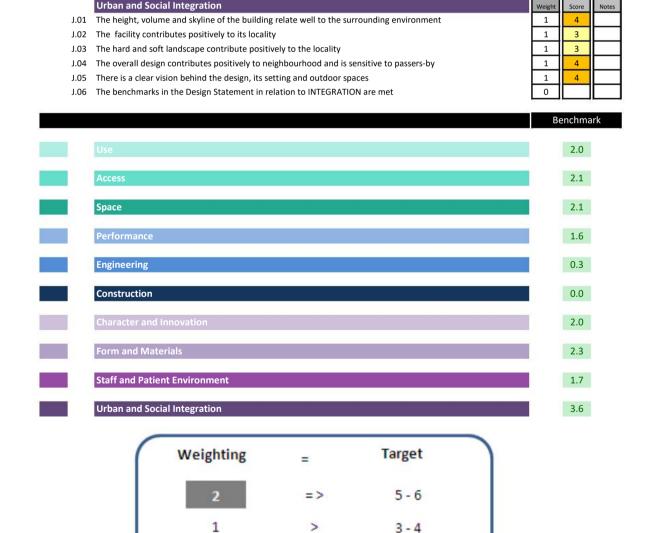
C.08 The relationships between internal spaces and the outdoor environment work well

C.05 The design maximises opportunities for space to encourage informal social interaction & wellbeing



1

1



YES 1.02 The design maximises the opportunities for daylight/ views of green natural landscape or elements

YES I.08 There are good facilities for staff with convenient places to work and relax without being on demand

YES 1.09 There are good opportunities for staff, patients, visitors to use outdoors to recuperate/relax

YES I.10 The benchmarks in the Design Statement in relation to STAFF & PATIENT ENVIRONMENTare met

YES 1.03 The design maximises the opportunities for access to usable outdoor space

0 YES 1.04 There are high levels of both comfort and control of comfort

YES I.06 The interior of the building is attractive in appearance

0 YES 1.05 The design is clearly understandable and wayfinding is intuitive

YES I.07 There are good bath/ toilet and other facilities for patients





1

AEDET Refresh v1.1 Feb 2016

REH Phase 2 Intellectual Disabilities Facilities

Benchmark

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		Note
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Weighting
High = High Priority to the Project (2)
Normal = Desirable (1)
Zero = Not Applicable (0)
Scoring

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

- 1 AEDET Target (& Benchmark) to be set at IA Stage and must be submitted for NDAP as ANNEX 1 to the Design Statement
- 2 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
- 3 The note section to be completed to provide further briefing information
- 4 If any of the criteria is weighted as zero (not applicable) a note should state the reason for this
- 5 Boards may add project specific criteria. A note must be provided stating the reason for this.
- 6 Key actions arising from AEDET discussions to be recorded

Actions	by date	Owner	Completed
			•





1

REH Phase 2 Intellectual Disabilities Facilities Target

Functionality Build Quality Impact G.01 There are clear ideas behind the design of the building and grounds D.01 The building and grounds are easy to operate A.01 The prime functional requirements of the brief are satisfied A.02 The design facilitates the care model D.02 The building and grounds are easy to clean and maintain G.02 The building and grounds are interesting to look at and move around in A.03 Overall the design is capable of handling the projected throughput D.03 The building and grounds have appropriately durable finishes and components G.03 The building, grounds and arts design contribute to the local setting A.04 Work flows and logistics are arranged optimally D.04 The building and grounds will weather and age well G.04 The design appropriately expresses the values of the NHS A.05 The design is sufficiently flexible to respond to clinical /service change and to enable expansion D.05 Access to daylight, views of nature and outdoor space are robustly detailed G.05 The project is likely to influence future designs 2 G.06 The design provides a clear strategy for future adaptation and expansion 1 A.06 Where possible spaces are standardised and flexible in use patterns D.06 The design maximises the opportunities for sustainability e.g. waste reduction and biodiversity 1 A.07 The design facilitates both security and supervision D.07 The design minimises maintenance and simplifies this where it will be required G.07 The building, grounds and arts design contribute to well being and a sustainable therapeutic strategy D.08 The benchmarks in the Design Statement in relation to PERFORMANCE are met A.08 The design facilitates health promotion and equality for staff, patients and local community G.08 The benchmarks in the Design Statement in relation to CHARACTER & INNOVATION are met A.09 The design is sufficiently adaptatable to external changes e.g. Climate, Technology A.10 The benchmarks in the Design Statement in relation to building USE are met B.01 There is good access from available public transport including any on-site roads E.01 The engineering systems are well designed, flexible and efficient in use H.01 The design has a human scale and feels welcoming E.02 The engineering systems exploit any benefits from standardisation and prefabrication where relevant H.02 The design contributes to local microclimate, maximising sunlight and shelter from prevailing winds B.02 There is adequate parking for visitors/ staff cars/ disabled people B.03 The approach and access for ambulances is appropriately provided E.03 The engineering systems are energy efficient H.03 Entrances are obvious and logical in relation to likely points of arrival on site B.04 Service vehicle circulation is well considered and does not inappropriately impact on users and staff 1 1 E.04 There are emergency backup systems that are designed to minimise disruption H.04 The external materials and detailing appear to be of high quality and are maintainable B.05 Pedestrian access is obvious, pleasant and suitable for wheelchair/ disabled/ impaired sight patients 2 E.05 During construction disruption to essential services is minimised H.05 The external colours and textures seem appropriate and attractive for the local setting B.06 Outdoor spaces wherever appropriate are usable, with safe lighting indicating paths, ramps, steps etc. E.06 During maintenance disruption to essential healthcare services is minimised H.06 The design maximises the site opportunities and enhances a sense of place B.07 Active travel is encouraged and connections to local green routes and spaces enhanced H.07 The benchmarks in the Design Statement in relation to FORM & MATERIALS are met E.07 The design layout contributes to efficient zoning and energy use reduction 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 C.01 The design achieves appropriate space standards F.01 If phased planning and construction are necessary the various stages are well organised C.02 The ratio of usable space to total area is good F.02 Temporary construction work is minimised 1 F.03 The impact of the building process on continuing healthcare provision is minimised 1 C.03 The circulation distances travelled by staff, patients and visitors is minimised by the layout

F.04 The building and grounds can be readily maintained

F.09 The construction contributes to being a good neighbour

F.06 Construction allows easy access to engineering systems for maintenance, replacement & expansion

F.07 The construction exploits opportunities from standardisation and prefabrication where relevant F.08 The construction maximises the opportunities for sustainability e.g. waste and traffic reduction

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

F.05 The construction is robust

AEDET Refresh Target Summary

C.06 There is adequate storage space

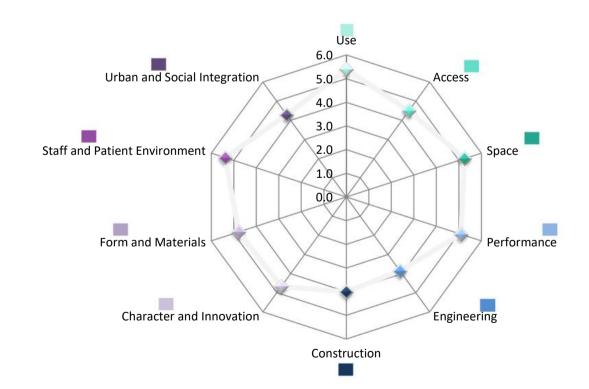
C.04 Any necessary isolation and segregation of spaces is achieved

C.07 The grounds provided spaces for informal/ formal therapeutic health activities

C.09 The benchmarks in the Design Statement in relation to building SPACE are met

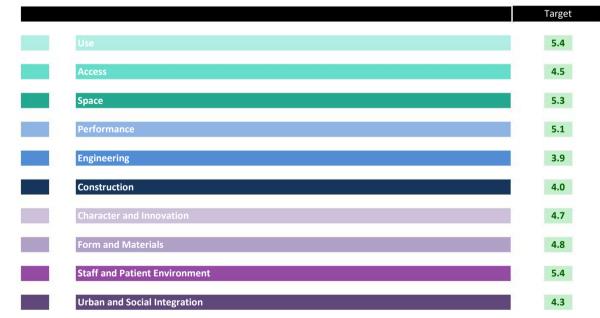
C.08 The relationships between internal spaces and the outdoor environment work well

C.05 The design maximises opportunities for space to encourage informal social interaction & wellbeing



 1.01	The design reflects the dignity of patients and allows for appropriate levels of privacy	2	6		
1.02	The design maximises the opportunities for daylight/ views of green natural landscape or elements	1	6		
1.03	The design maximises the opportunities for access to usable outdoor space	2	6	(2) (5) (3) (7)	
1.04	There are high levels of both comfort and control of comfort	1	6		
1.05	The design is clearly understandable and wayfinding is intuitive	1	5	0 5	
1.06	The interior of the building is attractive in appearance	1	5	20 - 20 20 - 21	
1.07	There are good bath/ toilet and other facilities for patients	2	5		
1.08	There are good facilities for staff with convenient places to work and relax without being on demand	2	5	19 14 93 16	
1.09	There are good opportunities for staff, patients, visitors to use outdoors to recuperate/ relax	2	5		
1.10	The benchmarks in the Design Statement in relation to STAFF & PATIENT ENVIRONMENTare met	2	5		
		1157	- 0		

	orban and social integration	weight	Score	Mores
J.01	The height, volume and skyline of the building relate well to the surrounding environment	1	4	
J.02	The facility contributes positively to its locality	1	4	
J.03	The hard and soft landscape contribute positively to the locality	1	4	
J.04	The design contributes to being a good neighbour and is sensitive to neighbours and passers- by	1	4	
J.05	There is a clear vision behind the design, its setting and outdoor spaces	1	4	
J.06	The benchmarks in the Design Statement in relation to INTEGRATION are met	2	5	



Weightin	ng =	Target	
2	=>	5 - 6	
1	>	3 - 4	
0	<	3	





Weight Score Notes

Weighting
High = High Priority to the Project (2)

Guidance for Initial Agreement Stage

an explanation of the reason for deviation from the IA Target

3 The note section to be completed to provide further briefing information

6 Key actions arising from AEDET discussions to be recorded

Normal = Desirable (1) Zero = Not Applicable (0)

Strong Agreement (5)
Fair Agreement (4)
Little Agreement (3)
Hardly Any Agreement (2)

Unable to Score (0)

Scoring

P	Ref	Note
	A.01	
	A.02	
	A.03	
	A.04	
	A.05	
	A.06	
	A.07	
	A.08	
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Actions	by dat	e Owner	Complete
			_
			+
			+
			_
		1	1
			+
			+
		+	+
			+
			+
			+
			1

1 AEDET Target (& Benchmark) to be set at IA Stage and must be submitted for NDAP as ANNEX 1 to the Design Statement

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REH Phase 2 Intellectual Disabilities Facilities

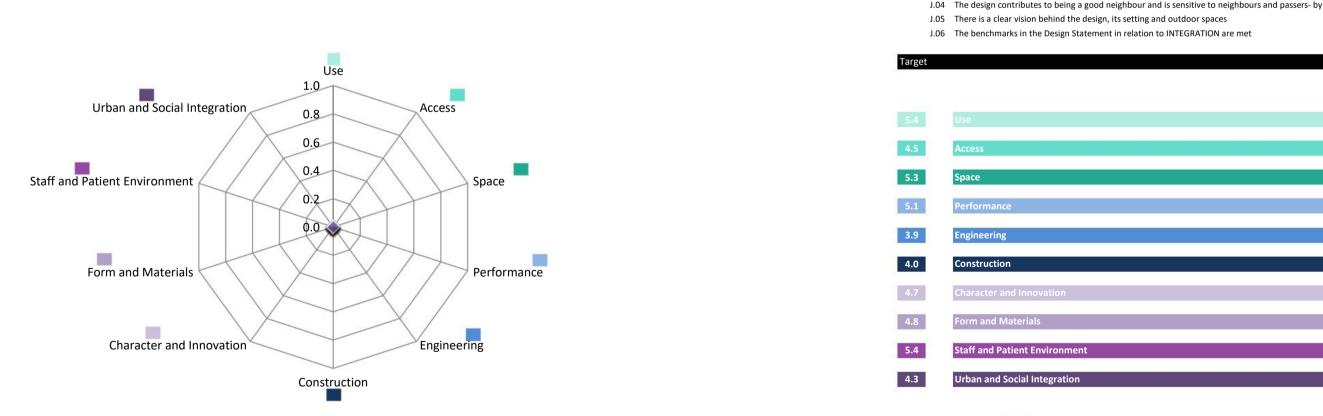
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minimise disruption B.05 Pedestrian access is obvious, pleasant and suitable for wheelchair/ disabled/ impaired sight patients 2 E.05 During construction disruption to essential services is minimised H.05 The external colours and textures seem appropriate and attractive for the local setting 2 $B.06 \quad \hbox{Outdoor spaces wherever appropriate are usable, with safe lighting indicating paths, ramps, steps etc.}$ E.06 During maintenance disruption to essential healthcare services is minimised H.06 The design maximises the site opportunities and enhances a sense of place H.07 The benchmarks in the Design Statement in relation to FORM & MATERIALS are met B.07 Active travel is encouraged and connections to local green routes and spaces enhanced E.07 The design layout contributes to efficient zoning and energy use reduction B.08 Car parking and drop-off should not visually dominate entrances or green routes 2 B.09 The benchmarks in the Design Statement in relation to building ACCESS are met C.01 The design achieves appropriate space standards I.01 The design reflects the dignity of patients and allows for appropriate levels of privacy F.01 If phased planning and construction are necessary the various stages are well organised 1 C.02 The ratio of usable space to total area is good F.02 Temporary construction work is minimised I.02 The design maximises the opportunities for daylight/ views of green natural landscape or elements 1 C.03 The circulation distances travelled by staff, patients and visitors is minimised by the layout F.03 The impact of the building process on continuing healthcare provision is minimised 1.03 The design maximises the opportunities for access to usable outdoor space C.04 Any necessary isolation and segregation of spaces is achieved F.04 The building and grounds can be readily maintained I.04 There are high levels of both comfort and control of comfort 1 F.05 The construction is robust ${\sf C.05} \quad \text{The design maximises opportunities for space to encourage informal social interaction \& wellbeing}$ ${\it 1.05} \quad {\it The design is clearly understandable and wayfinding is intuitive}$ 1 1 1.06 The interior of the building is attractive in appearance C.06 There is adequate storage space F.06 Construction allows easy access to engineering systems for maintenance, replacement & expansion C.07 The grounds provided spaces for informal/ formal therapeutic health activities F.07 The construction exploits opportunities from standardisation and prefabrication where relevant 1.07 There are good bath/ toilet and other facilities for patients C.08 The relationships between internal spaces and the outdoor environment work well F.08 The construction maximises the opportunities for sustainability e.g. waste and traffic reduction I.08 There are good facilities for staff with convenient places to work and relax without being on demand

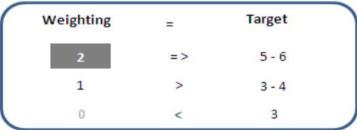
F.09 The construction contributes to being a good neighbour

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

AEDET Refresh OBC Summary

C.09 The benchmarks in the Design Statement in relation to building SPACE are met





1.09 There are good opportunities for staff, patients, visitors to use outdoors to recuperate/ relax I.10 The benchmarks in the Design Statement in relation to STAFF & PATIENT ENVIRONMENTare met

J.01 The height, volume and skyline of the building relate well to the surrounding environment

Urban and Social Integration

J.02 The facility contributes positively to its locality

J.03 The hard and soft landscape contribute positively to the locality





1

0.0

0.0

W	Ref	Note
	Ket A.01	HOLE
	A.01 A.02	
	A.03	
	A.04	
	A.05	
	A.06	
	A.07	
	A.08	
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	1.08	
	I.10	
	J.01	
	J.02	
	J.03	
	J.04	
	J.05	
	J.06	

Health Facilities Scotland

Weighting
High = High Priority 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 Outline Business Case Stage

- 1 AEDET OBC to be recorded near end of OBC Stage and must be submitted for NDAP
- 2 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
- 3 The note section to be completed to provide further briefing information
- 4 If any of the criteria is weighted as zero (not applicable) a note should state the reason for this
- 5 Boards may add project specific criteria. A note must be provided stating the reason for this.
- 6 Key actions arising from AEDET discussions to be recorded

Actions	by date	Owner	Completed
		1	



REH Phase 2 Intellectual Disabilities Facilities FBC

Build Quality Functionality Impact A.01 The prime functional requirements of the brief are satisfied D.01 The building and grounds are easy to operate G.01 There are clear ideas behind the design of the building and grounds A.02 The design facilitates the care model D.02 The building and grounds are easy to clean and maintain G.02 The building and grounds are interesting to look at and move around in A.03 Overall the design is capable of handling the projected throughput D.03 The building and grounds have appropriately durable finishes and components G.03 The building, grounds and arts design contribute to the local setting D.04 The building and grounds will weather and age well G.04 The design appropriately expresses the values of the NHS A.04 Work flows and logistics are arranged optimally A.05 The design is sufficiently flexible to respond to clinical /service change and to enable expansion D.05 Access to daylight, views of nature and outdoor space are robustly detailed G.05 The project is likely to influence future designs A.06 Where possible spaces are standardised and flexible in use patterns D.06 The design maximises the opportunities for sustainability e.g. waste reduction and biodiversity G.06 The design provides a clear strategy for future adaptation and expansion 1 A.07 The design facilitates both security and supervision D.07 The design minimises maintenance and simplifies this where it will be required G.07 The building, grounds and arts design contribute to well being and a sustainable therapeutic strategy A.08 The design facilitates health promotion and equality for staff, patients and local community 2 D.08 The benchmarks in the Design Statement in relation to PERFORMANCE are met G.08 The benchmarks in the Design Statement in relation to CHARACTER & INNOVATION are met A.09 The design is sufficiently adaptatable to external changes e.g. Climate, Technology A.10 The benchmarks in the Design Statement in relation to building USE are met B.01 There is good access from available public transport including any on- site roads E.01 The engineering systems are well designed, flexible and efficient in use H.01 The design has a human scale and feels welcoming B.02 There is adequate parking for visitors/ staff cars/ disabled people E.02 The engineering systems exploit any benefits from standardisation and prefabrication where relevant H.02 The design contributes to local microclimate, maximising sunlight and shelter from prevailing winds B.03 The approach and access for ambulances is appropriately provided E.03 The engineering systems are energy efficient H.03 Entrances are obvious and logical in relation to likely points of arrival on site B.04 Service vehicle circulation is well considered and does not inappropriately impact on users and staff 1 1 E.04 There are emergency backup systems that are designed to minimise disruption H.04 The external materials and detailing appear to be of high quality and are maintainable B.05 Pedestrian access is obvious, pleasant and suitable for wheelchair/ disabled/ impaired sight patients 2 E.05 During construction disruption to essential services is minimised H.05 The external colours and textures seem appropriate and attractive for the local setting 2 B.06 Outdoor spaces wherever appropriate are usable, with safe lighting indicating paths, ramps, steps etc. E.06 During maintenance disruption to essential healthcare services is minimised H.06 The design maximises the site opportunities and enhances a sense of place B.07 Active travel is encouraged and connections to local green routes and spaces enhanced H.07 The benchmarks in the Design Statement in relation to FORM & MATERIALS are met E.07 The design layout contributes to efficient zoning and energy use reduction 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 2 C.01 The design achieves appropriate space standards F.01 If phased planning and construction are necessary the various stages are well organised I.01 The design reflects the dignity of patients and allows for appropriate levels of privacy 1 1.02 The design maximises the opportunities for daylight/ views of green natural landscape or elements C.02 The ratio of usable space to total area is good F.02 Temporary construction work is minimised C.03 The circulation distances travelled by staff, patients and visitors is minimised by the layout 1 I.03 The design maximises the opportunities for access to usable outdoor space F.03 The impact of the building process on continuing healthcare provision is minimised 1 F.04 The building and grounds can be readily maintained 1.04 There are high levels of both comfort and control of comfort 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 F.05 The construction is robust 1.05 The design is clearly understandable and wayfinding is intuitive 1 F.06 Construction allows easy access to engineering systems for maintenance, replacement & expansion 1.06 The interior of the building is attractive in appearance 1 C.06 There is adequate storage space 1.07 There are good bath/ toilet and other facilities for patients C.07 The grounds provided spaces for informal/ formal therapeutic health activities F.07 The construction exploits opportunities from standardisation and prefabrication where relevant

F.08 The construction maximises the opportunities for sustainability e.g. waste and traffic reduction

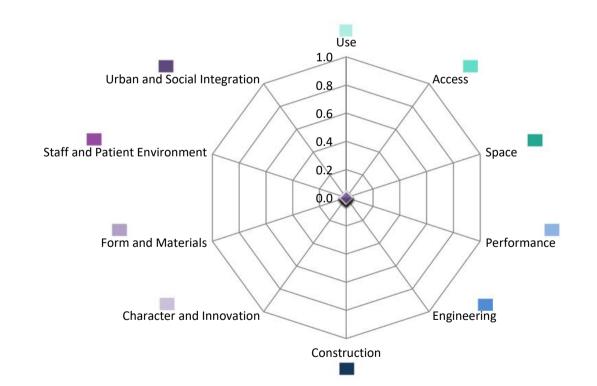
F.10 Infection control risks for options, design and construction recorded/ minimised using HAI Scribe

F.09 The construction contributes to being a good neighbour

AEDET Refresh FBC Summary

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



J.04 J.05 J.06	There is a clear vision behind the design, its setting and outdoor spaces	1 2	
Target			gress
5.4	Use	Prev 0.0	Curr 0.0
4.5	Access	0.0	0.0
5.3	Space	0.0	0.0
5.1	Performance	0.0	0.0
3.9	Engineering	0.0	0.0
4.0	Character and Innovation	0.0	0.0
4.7	Character and Innovation Form and Materials	0.0	0.0

1.08 There are good facilities for staff with convenient places to work and relax without being on demand

1.09 There are good opportunities for staff, patients, visitors to use outdoors to recuperate/ relax

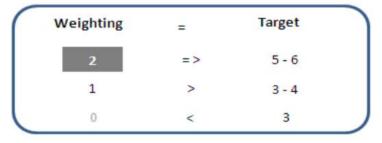
J.01 The height, volume and skyline of the building relate well to the surrounding environment

Urban and Social Integration

J.02 The facility contributes positively to its locality

J.03 The hard and soft landscape contribute positively to the locality

I.10 The benchmarks in the Design Statement in relation to STAFF & PATIENT ENVIRONMENTare met







W	Ref	Note
	Ket A.01	HOLE
	A.01 A.02	
	A.03	
	A.04	
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	A.08	
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	J.06	



Weighting
High = High Priority 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 Full Business Case Stage

- 1 AEDET FBC to be recorded near end of FBC (or SBC) Stage and must be submitted for NDAP
- 2 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
- 3 The note section to be completed to provide further briefing information
- 4 If any of the criteria is weighted as zero (not applicable) a note should state the reason for this
- 5 Boards may add project specific criteria. A note must be provided stating the reason for this.
- 6 Key actions arising from AEDET discussions to be recorded

Actions	by date	Owner	Completed
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REH Phase 2 Intellectual Disabilities Facilities

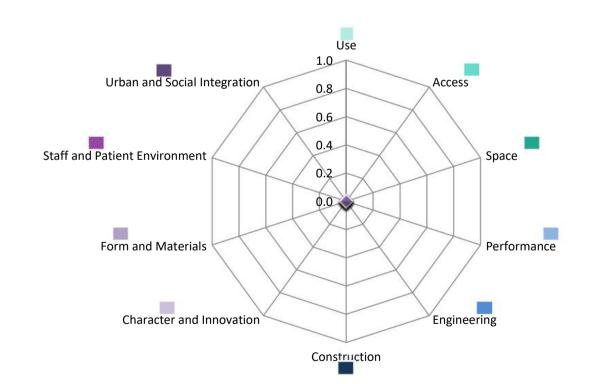
Functionality Build Quality Impact A.01 The prime functional requirements of the brief are satisfied D.01 The building and grounds are easy to operate G.01 There are clear ideas behind the design of the building and grounds A.02 The design facilitates the care model D.02 The building and grounds are easy to clean and maintain G.02 The building and grounds are interesting to look at and move around in A.03 Overall the design is capable of handling the projected throughput D.03 The building and grounds have appropriately durable finishes and components G.03 The building, grounds and arts design contribute to the local setting A.04 Work flows and logistics are arranged optimally D.04 The building and grounds will weather and age well G.04 The design appropriately expresses the values of the NHS A.05 The design is sufficiently flexible to respond to clinical /service change and to enable expansion D.05 Access to daylight, views of nature and outdoor space are robustly detailed G.05 The 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standards F.01 If phased planning and construction are necessary the various stages are well organised 1 C.02 The ratio of usable space to total area is good F.02 Temporary construction work is minimised 1 F.03 The impact of the building process on continuing healthcare provision is minimised C.03 The circulation distances travelled by staff, patients and visitors is minimised by the layout F.04 The building and grounds can be readily maintained 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 F.05 The construction is robust 1 C.06 There is adequate storage space F.06 Construction allows easy access to engineering systems for maintenance, replacement & expansion C.07 The grounds provided spaces for informal/ formal therapeutic health activities F.07 The construction exploits opportunities from standardisation and prefabrication where relevant F.08 The construction maximises the opportunities for sustainability e.g. waste and traffic reduction C.08 The relationships between internal spaces and the outdoor environment work well

F.09 The construction contributes to being a good neighbour

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

AEDET Refresh POE Summary

C.09 The benchmarks in the Design Statement in relation to building SPACE are met



eight	Score	Notes		Staff and Patient Environment	Weight	Score	Notes
0			1.01	The design reflects the dignity of patients and allows for appropriate levels of privacy	2		
0			1.02	The design maximises the opportunities for daylight/ views of green natural landscape or elements	1		
1	9) /9 9 /9		1.03	The design maximises the opportunities for access to usable outdoor space	2	(2) /2 (3) (2)	
1			1.04	There are high levels of both comfort and control of comfort	1		
1			1.05	The design is clearly understandable and wayfinding is intuitive	1	3 3	
1	2 3		1.06	The interior of the building is attractive in appearance	1		
1			1.07	There are good bath/ toilet and other facilities for patients	2		
1	22 33		1.08	There are good facilities for staff with convenient places to work and relax without being on demand	2	93 33	
1			1.09	There are good opportunities for staff, patients, visitors to use outdoors to recuperate/ relax	2		
1			1.10	The benchmarks in the Design Statement in relation to STAFF & PATIENT ENVIRONMENTare met	2		
- 6	7.5		08		0 8	7.5	60

J.01 The height, volume and skyline of the building relate well to the surrounding environment

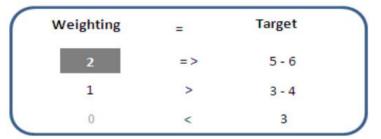
J.04 The design contributes to being a good neighbour and is sensitive to neighbours and passers- by

J.02 The facility contributes positively to its locality

J.03 The hard and soft landscape contribute positively to the locality

J.05 There is a clear vision behind the design, its setting and outdoor spaces J.06 The benchmarks in the Design Statement in relation to INTEGRATION are met

Target		Prog	gress
		Prev	Curr
5.4	Use	0.0	0.0
4.5	Access	0.0	0.0
5.3	Space	0.0	0.0
5.1	Performance	0.0	0.0
3.9	Engineering	0.0	0.0
4.0	Construction	0.0	0.0
4.7	Character and Innovation	0.0	0.0
4.8	Form and Materials	0.0	0.0
5.4	Staff and Patient Environment	0.0	0.0
4.3	Urban and Social Integration	0.0	0.0







		1 Refresh VI.1 Feb 2016
Y	Ref	Note
	A.01	
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	A.05 A.06	
	A.06 A.07	
	A.08	
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	A.10	
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Health	Facilities	Scotland

Weighting
High = High Priority 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 Post Occupation Evaluation Stage

- 1 AEDET POE to be set approx 1-2 years after occupation and must be submitted for NDAP Post Project Evaluation
- 2 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
- 3 The note section to be completed to provide further briefing information
- 4 If any of the criteria is weighted as zero (not applicable) a note should state the reason for this
- 5 Boards may add project specific criteria. A note must be provided stating the reason for this.
- 6 Key actions arising from AEDET discussions to be recorded

Actions	by date	Owner	Completed
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AEDET Refresh v1.1 Feb 2016

REH Phase 2 Intellectual Disabilities Facilities

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Category	Benchmark	Target	OBC	FBC	POE
Use	2.0	5.4	0.0	0.0	0.0
Access	2.1	4.5	0.0	0.0	0.0
Space Space	2.1	5.3	0.0	0.0	0.0
Performance	1.6	5.1	0.0	0.0	0.0
Engineering	0.3	3.9	0.0	0.0	0.0
Construction	0.0	4.0	0.0	0.0	0.0
Character and Innovation	2.0	4.7	0.0	0.0	0.0
Form and Materials	2.3	4.8	0.0	0.0	0.0
Staff and Patient Environment	1.7	5.4	0.0	0.0	0.0
Urban and Social Integration	3.6	4.3	0.0	0.0	0.0



