

SCOTTISH HOSPITALS INQUIRY

Bundle 13 – Miscellaneous Volume 7

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SCOTTISH EXECUTIVE

Health Department

Dear Colleague

INFECTION CONTROL: ORGANISATIONAL ISSUES

1. This letter re-iterates and updates the main responsibilities of Chief Executives and Infection Control Managers (as described in HDL(2001)10) in relation to healthcare associated infection (HAI) control, in the light of recent changes in the NHS in Scotland.
2. An HAI Task Force report on organisational issues relating to infection control is appended as Annex A.
3. We should be grateful if this document could be circulated by Chief Executives of NHS Boards to Chief Executives of Operating Divisions, Infection Control Managers (and thereby to local Infection Control Committees), Medical and Nursing Directors, and local governance and risk management committees (or equivalents).

The role of the Chief Executive

4. The Chief Executive is central in ensuring that there is successful prevention and control of infection throughout NHS Board areas. The accountabilities of this role are outlined in the NHS QIS HAI infection control standards, and have been further emphasised within the NHS QIS interim report on the second review of these standards (October 2004).
5. This accountability requires that the Chief Executive:
 - is aware of his/ her legal responsibilities to identify, assess and control risks of infection in the workplace
 - has appointed an Infection Control Manager as required by HDL(2001)10 with sufficient resources to undertake this role
 - is aware of factors within operating divisions/NHS Boards which promote low levels of HAIs and ensures that appropriate action is taken

18 March 2005

Addresses

For action

Chief Executives, NHS Boards

For information

Directors of Public Health
Consultants in Public Health
Medicine (CD&EH)
Clinical Director, HPS

Enquiries to:

Dr Peter Christie
Senior Medical Officer
Scottish Executive Health Department
St Andrew's House
Regent Road
Edinburgh EH1 3DG



OR

Mrs Margaret Tannahill
Project Leader Healthcare Associated
Infection Task Force
Scottish Executive Health Department
St Andrew's House
Regent Road
Edinburgh EH1 3DG



- has designated the prevention and control of infection as a core part of their organisation's clinical governance and patient safety programmes
- ensures that there is progress towards appropriate provision of isolation facilities within their healthcare facilities
- ensures that Infection Control Teams work with bed managers to optimise bed use, assess the infection impact of bed management policies, and implement changes to local policy to minimise the risks of infection.

The role of the Infection Control Manager (ICM)

6. All areas within Scotland have now designated or appointed individuals for this role in response to HDL(2001)10. The current HDL clarifies that this manager is either a Board member or is directly accountable to a Board member, i.e. has direct access to the Chief Executive. **The ICM is designated as having overall responsibility for management processes and risk assessment relating to infection control** (including the issue of antibiotic resistant infections and antimicrobial prescribing), **medical devices decontamination, medical devices management, and cleaning services**. The ICM will be responsible for receiving and ensuring the circulation of relevant advice on these matters and working with SEHD, NHSQIS and other agencies on improving practice. These are major tasks and it is expected that the role of the Infection Control Manager will require to be full time, or close to full time, in most Board areas. We hope to underpin the development of this function by allocation of additional funding over the next three financial years: this will be addressed in a future communication.

7. It is expected that this senior manager will report directly to the Chief Executive and the Board, and be an integral member of the organisation's Infection Control, Clinical Governance and Risk Management Committees. The ICM will be responsible for:

- co-ordination of prevention and control of infection throughout the Board area
- delivery of the Board approved Infection Control Programme in conjunction with the Infection Control Committee and Infection Control Team
- clear mechanisms for access to specialist infection control advice and support, including primary care (e.g. general medical practitioners)
- assessing the impact of all existing and new policies and plans on HAI, and making recommendations for change
- challenging non-compliance with local and national protocols and guidance relating to prevention and control of infection, decontamination, antimicrobial prescribing and cleaning
- the production of an annual report on the state of HAI, decontamination and cleaning in the organisation for which he/she is responsible, and releasing it publicly

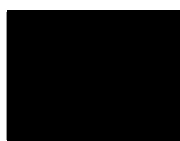
8. An essential structural issue for NHS Boards is the establishment of clearly delineated relationships and communications between the Chief Executive and the:

- Infection Control Manager
- Infection Control Committee
- Risk Management Committee or structure
- Clinical Governance Committee or structure.

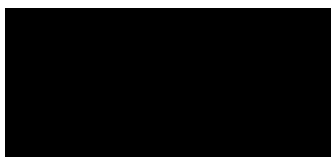
Further details and underpinning organisational issues are laid out in Annex A.

9. The contents of this Letter should be read in conjunction with HDL(2005)7 which relates to nursing issues in infection control.

Yours sincerely



KEVIN WOODS
CE NHSScotland



PAUL MARTIN
Chief Nursing Officer



DR E M ARMSTRONG
Chief Medical Officer

ANNEX A

THE ORGANISATIONAL MODEL FOR THE PREVENTION AND CONTROL OF INFECTION AND COMMUNICABLE DISEASE FOR SCOTLAND**Introduction**

1. An initial report on organisational issues in infection control was commissioned in October 2001 by Health Protection Scotland (HPS), then the Scottish Centre for Infection and Environmental Health (SCIEH) from Kennedy Business Development (KBD) in response to a request from the SEHD. It was published for consultation, and the feedback from the consultation was then submitted to SEHD. The model aimed to be complementary to the NHS Quality Improvement Scotland HAI Infection Control Standards, and looked at organisational structures at Acute Trust, Primary Care Trust and Health Board levels. The consultation was generally positive, and the consultation process of itself may have served a useful function in highlighting previously unrecognised issues.

2. However, there has been a number of significant developments relating to changes and developments in the structure and functions of NHSScotland since the KBD model was constructed, requiring the content of the document to be re-assessed. Following a redrafting exercise carried out on behalf of the Ministerial HAI Task Force, a revised document is presented here, titled *Organisational issues in prevention and control of infection and communicable disease in Scotland*. This builds on the principles outlined in the KBD paper, but also reflects the current organisational and structural arrangements.

THE REPORT**Organisational issues in prevention and control of infection and communicable disease in NHSScotland**

3. The format of operating divisions within NHS Boards is for Boards to decide. It would be inappropriate therefore to prescribe a single operational structure for infection control. It is however, important that the same principles for prevention and control of infection apply throughout NHSScotland. This report builds on the approach outlined in the KBD consultation document (for example, in the use of critical success factors).

4. The roles, responsibilities and interactions between national organisations (HPS, SEHD etc) are already well described in other documents, notably the guidance *Managing Incidents Presenting Actual or Potential Threats to the Public Health* (SEHD 2003), in *Guidance on the Investigation and Control of Outbreaks of Food-borne Disease in Scotland* (Food Standards Agency 2002), and in the Ministerial Action Plan on Healthcare Associated Infection (SEHD 2002). The roles and responsibilities of Public Health departments are well described in *Managing Incidents*, and the issues below relate principally to infection control in healthcare premises.

Definitions

5. "Prevention and control of infection and communicable disease" is used as a composite term to describe areas of responsibility within healthcare in Scotland, and encompasses:

- surveillance, prevention, treatment and control of communicable disease (and the systems to achieve these), excluding sexually transmitted diseases
- healthcare associated infections (HAI), including antibiotic-resistant organisms
- environmental hygiene
- decontamination of re-usable medical devices.

Critical success factors

6. Success in implementing prevention and control of infection and communicable diseases will depend on:

- creating a managed environment that minimises the risk of infection to patients, staff and the public; and
- compliance with relevant national Scottish standards (e.g. NHSQIS HAI standards on infection control and on cleaning, the Glennie standards on decontamination), national guidance (e.g. the HAI Task Force Code of Practice, *Managing incidents*) and local guidance

7. This will be achieved through:

- personal accountability and responsibility for prevention and control of infection throughout the organisation. “Infection control is everyone’s business”
- clear reporting lines (who needs to know what; who has authority to make changes; and who monitors and acts on key information)
- clear and integrated working practices across the spectrum of healthcare
- clear management processes and structures which deliver best possible practice
- all staff being aware, skilled and consistent in application of national protocols and guidance

8. It will need to be underpinned by:

- co-ordinated prevention and control of infection arrangements across NHS Boards that are an integral element of NHS Board risk management programmes. The Infection Control Manager should lead in this co-ordination role
- the development and implementation of Board-wide infection control programmes with clearly defined objectives and outcomes that can be, and are, measured
- clear mechanisms for access to specialist infection control advice and support, including primary care (e.g. general medical practitioners)
- the provision of education and training programmes in infection control
- resourcing and management decisions that meet the needs of the service, and which recognise the benefits to patients, staff and the public, and to the effective and efficient running of healthcare services

Consultant Microbiologists (in the role of Infection Control Doctors) in particular should have specific sessions allocated for work on prevention and control of infection and communicable disease in hospital settings.

In GP Practices the remit of the clinical governance named lead should include infection control and liaison with those providing specialist advice at the local NHS Board.

Statement of best practice

9. For prevention and control of infection and communicable disease to work effectively, critical activities have to be embedded in everyday practice: there must be a culture of “infection control is everyone’s business” and integration of best practice into routine activities: “that’s how we do things round here”.

10. Each individual healthcare practitioner has a professional responsibility for safe practice including the prevention and control of infection.

11. Embedded prevention and control of infection is supported at organisational level by:

- the issue being integral to the management priorities and key performance indicators for the organisation;
- structural and functional interaction in healthcare settings between
 - the designated Infection Control Manager
 - the Infection Control Team, and IC Committee
 - the risk management committee or structure, and
 - the clinical governance committee or structure
- ensuring clearly defined roles, responsibilities and performance objectives
- ensuring an appropriate and adequate level of resource for prevention and control of infection and communicable disease
- ensuring a commitment to the development of best practice, to the promotion of research to the prevention and control of infection and communicable disease

12. Demonstrable evidence-based and best practice will be shown by:

- evidence of staff adhering to national and local protocol and guidance and best practice in minimising risks of infection
- evidence of achievement of objectives detailed in the infection control programme
- evidence of initial and ongoing appropriate training (e.g. mandatory induction training, hand hygiene, “Cleanliness Champions” programme).

13. In primary care the partnership is responsible for control of infection and other health and safety issues within its practice, but has a duty to liaise with communicable disease and infection control advisers as designated by the NHS Board.

HAI Task Force Secretariat
March 2005

PAN LOTHIAN INFECTION CONTROL COMMITTEE (PLICC)

Friday 12th April 2019 10.30 am
Boardroom 2, RIE

Minutes

Present:

Professor Alex McMahon (**AMcM**) (**CHAIR**), *Executive Director, NHS Lothian.*

Nicola Kendall-Wilson (**NKW**) (**MINUTES**), *Team Secretary, Infection Prevention & Control (IPC).*

Carol Calder (**CC**), *Geographical Lead North Team, Infection Prevention & Control.*

Fiona Cameron (**FC**), *Head of Service, Infection Prevention & Control, NHS Lothian.*

Brian Cook (**BC**), *Medical Director, Acute Services*

Simon Dewar (**SD**), *Microbiology Consultant, RIE.*

Brian Douglas (**BD**), *Estates & Facilities.*

Gill Ellis-Pow (**GEP**), *Lead for Decontamination.*

Michelle Etherson (**ME**), *Microbiology Registrar.*

William Evans (**WE**), *Geographical Lead West Team, Infection Prevention & Control.*

Ann Fitzpatrick (**AF**), *Associate Nurse Director, Children & Young People.*

Michael Gillies (**MG**), *Associate Medical Director & Consultant*

Lindsay Guthrie (**LG**), *Lead Nurse, Infection Prevention & Control, NHS Lothian.*

Carol Horsburgh (**CH**), *Geographical Lead South & East Team, Infection Prevention & Control.*

Donald Inverarity (**DI**), *Lead Infection Control Doctor, NHS Lothian.*

Michelle Jack (**MJ**), *Deputy Associate Nurse Director, RIE & DATCC.*

Linda Mackintosh (**LMac**), *Clinical Nurse Manager, Professional Standards, RIE.*

Anna Munro (**AM**), *Geographical Lead South & East Team, Infection Prevention & Control.*

Sarah Sutherland (**SS**), *HAI SCRIBE, Infection Control, NHS Lothian.*

Via Teleconference/Videoconference:

David Burgess (**DB**), *Patient and Public Representative.*

Lindsey Murphy (**LM**), *Health Protection Nurse Manager.*

Catriona Rostron (**CR**), *Associate Nurse Director, WGH.*

Apologies:

Robert Aitken (**RA**), *Associate Director of Operations.*

Margaret Christie (**MC**), *Area Manager, St John's Hospital, SJH.*

Edward Doyle (**ED**), *Associate Divisional Medical Director, Theatres & Anaesthetics, RHSC.*

Naomi Gadsby (**NG**), *Infection Control Doctor, RIE.*

James MacCallum (**JMacC**), *Associate Medical Director.*

Jane McNulty (**JMcN**), *Associate Nurse Director, RIE*

Karen MacSween (**KMcS**), *Consultant Microbiologist*

Agnes Ritchie (**AR**), *Associate Nurse Director, SJH.*

Caroline Whitworth (**CW**), *Clinical Lead, Renal & Transplantation*

No.	Item	Actions
2.0	<p><u>MINUTES OF PREVIOUS MEETING</u> October minutes were accepted and ratified. NKW to circulate final version to members.</p>	NKW
3.0	<p><u>ROLLING ACTION LIST</u></p>	
3.1	<p>Action 2 (created 20.04.2018): AF to follow up clarity on NHS Lothian's position on treatment for Osteomyelitis/SAB cases and will report back at next PLICC meeting. AF confirmed Dr Edward Doyle had provided an updated: Laura Jones, (Consultant Paediatrician), had introduced group emails and TRAK entries in relation to the treatment of bone and joint infections; a weekly review of patients and communications to disseminate the management plans. Positive feedback had been received and teams reported a service improvement from the actions taken.</p>	
	<p>Action completed and closed.</p>	
3.2	<p>Action 4 (created 20.04.2018): HPT to send Fiona Cameron Predictor Tools. LM commented the action had been misunderstood and FC was to send HPT the predictor tools. This had been completed.</p>	
	<p>Action closed.</p>	
3.3	<p>Action 8 (created 20.07.18): McGrath video laryngoscopes: raise concern at Decontamination Governance Group regarding accessibility of SOP and use of PPE. DI reported this issue was raised at the Critical Care Infection Group and also at the Decontamination Group, DI explained there was no complete resolution. GEP added that all the decontamination policies, SOPs and documents had been collated and were being uploaded on the NHS Lothian (NHSL) test decontamination intranet pages for which there were no confirmed date for when the site would be live. GEP projected approximately two weeks however would alert teams electronically.</p>	
	<p>GEP assured that Alistair McNarry (Consultant Anaesthetist) had been contacted to confirm the department were in possession of the appropriate SOP documents.</p>	
	<p>Action completed and closed.</p>	
3.4	<p>Action 17 (created 20.07.18): Proposed method of PVC monitoring and documented to be trialled in one area and results fed back. CR updated members that Caroline Swift was leading this project and the trail had been implemented into Ward 6 at the WGH. CR added</p>	

there would be a meeting the following week to review the effectiveness of the trialled documentation and monitoring. LG commented that the action would be advised to remain on the PLICC rolling log as 'ongoing' as this related to the recommendations fed back from an HEI inspection at the WGH, and FC added this was also raised in the RHSC HEI Inspection report. LG proposed once WGH had decided locally the effectiveness and benefits of the PVC monitoring being trialled it would be an action to start the process of developing and implementing the PVC monitoring initiative throughout NHS Lothian sites.

Action rolled over to July 2019.

3.5 Action 19 (created 19.10.18): *Feedback from the Ward 25 PAG debrief to be submitted at the next PLICC meeting.*

Was discussed under item 5.2.

Action closed.

3.6 Action 21 (created 19.10.18): *Feedback on the HAI Discussion meeting WGH to be raised at the next meeting.*

LG updated members that the meeting concerning Healthcare Associated Infection Improvement discussion at WGH had been rescheduled for April 2019. Feedback would be cascaded to PLICC members via email.

Action closed.

3.7 Action 22 (created 19.10.19): *Feedback to be presented at next meeting on the outcome of the CAS Standard meeting.*

LG reported that a meeting with Care Assurance Standards (CAS) lead Juliette MacArthur had taken place. Standard 7 associated with infection control had been revised as outcome of this meeting and the changes had been circulated for comment, this would be reviewed at the next scheduled CAS Programme Board meeting. LG advised that there were proposed plans to utilise data sets more effectively in collaboration with risk assessments and CAS targets, specifically at a ward level, where wards were meeting their CAS requirements however there remained underlying infection control concerns.

Action completed and closed.

3.8 Action 24 (created 19.10.19): *Construct a business case for monitoring Tristell training for staff at next meeting.*

GEP noted there was no cost associated as the training was free.

Action completed and closed.

3.9 Action 28 and 29 (created 19.10.18): *Construction of a narrative of recommendations to be presented to HPS concerning the revised TB Policy & Raise concern regarding lack of representation of*

specialist fields within the HPS committee (e.g. Respiratory/TB specialists).

FC updated that this issue still remained a concern regarding the policies. It was highlighted that no formal letter had been prepared as initially proposed. FC added there had been considerable communication between the IPCT and HPS regarding the governance process surrounding some national policies and it had been raised at the National Policy Outbreak Group (NPOG) as well as the National Infection Control Managers Forum where HPS and the Scottish Government are in attendance. In response HPS has agreed to introduce an additional stage in the review process, which was missing, this included providing feedback and the rationale for actions taken towards comments made on proposed policies in terms of what had been considered, amended or rejected. LG added the issue had been raised and discussed at the Consensus Group however highlighted the final draft of the HPS TB Policy will be submitted to the Steering Group not the Consensus Group.

DI explained that both LG and DI sit separately on a group each and there is an issue with infection control representation. AMcM queried if this required to be formally raised, it was agreed that no further escalation was required at this time as the representation issues had been addressed.

Actions closed.

3.10 Action 34 (created 19.10.18): *The Patient Safety Group to be consulted for involvement within the PVC project.*

CR asked for clarity on this action. FC summarised that this action related to promoting collaborative involvement and governance on the PVC project as, discussed previously, it related to a NHSL wide concern highlighted in HEI reports. FC added that the RHSC had a similar project in place led by the site Patient Safety Advisor as PVC had been raised as a concern by HEI.

LG noted Caroline Swift had informed IPC that the PVC project was not on the work programme for the Scottish Patient Safety Programme and it was rejected due to resource issues.

AMcM suggested that further discussion should to be undertaken out with the PLICC meeting. FC noted that more clarity on the project position however that patient safety should remain at the forefront of this project as this was a NHSL wide issue and it related directly to patient safety.

Action completed and closed.

3.11 Action 35 (created 19.10.18): *Respiratory Protective Equipment (RPE) Site Team Position Report to be submitted for next PLICC meeting.*

It was noted that Sarah Ballard Smith had now retired. LG updated that the RPE Team were a health and safety team of two people, originally projected to be a team of three people however due to recruitment issues

the third post was withdrawn. Despite this the target for the number of staff to be RPE trained remained on schedule. LG commented that feedback suggested there remained a lack of clarity in relation to who required RPE training; and gaps in filling training sessions.

Clarity was required on who was undertaking the RPE project and the RPE Group which Sarah Ballard-Smith chaired-it was noted that David Richardson who had taken over as chair in the interim was due to retire.

FC to follow up with Ian Wilson from Health and Safety, who will lead the RPE initiative.

FC

4.0 **MATTERS RISING**

4.1 **Board Report**

AMcM thanked all contributions to the report, which was presented to the NHSL Board on the 3rd April 2019. It was noted the report was positively received and that actions taken by NHSL members in response to significant activity within the region were commended.

The report included an environmental reporting proposal, which would be discussed by GC within the meeting. The Board were reported to be supportive of these recommendations.

AMcM highlighted the Board sought assurance that teams within NHSL, particularly in relation to incident management; and in response to the NHS Greater Glasgow & Clyde report (where team work concerns were identified), were working effectively and in collaboration. Medical Director Tracey Gillies and AMcM assured Board members this was the case.

Other commendations included NHSL's patient engagement and communications associated with the cardiothoracic theatre incident within RIE. In particular the NHS Inform Helpline implemented and patient letters distributed were regarded as 'very good practice' and supported in effectively managing patient anxiety and understanding of this incident and in reinforcing assurance that NHSL considered patient safety a priority.

4.2 **Pseudomonas Aeruginosa Sampling**

LG highlighted this paper had been submitted to the previous PLICC meeting, which had subsequently been cancelled in January. The paper was for information, and for comment from PLICC members, regarding the routine guidance created to supplement the augmented care provided. The guidance was not mandatory but had been considered best practice.

LG discussed the cost implications of sampling, noting that outbreaks had occurred within NHSL and these infections were serious. NHSL proposals were submitted in January 2019 which recommended that sampling should be adopted within NHSL and there would be cost implications which would require funding. An implementation plan would also be required. LG added this was highlighted in a recent outbreak (DCN incident at WGH) and careful consideration by NHSL Board to this recommendation was required. DI reiterated LGs comments noting since the outbreak NHSL has identified the context of risk to vulnerable patients in relation to *Pseudomonas Aeruginosa*. AMcM summarised there are always challenges implicating human costs versus financial costs however human costs would always take priority.

GC stated a paper detailing budget projections had been submitted to LICAC, this estimated £50,000 for sampling costs (based on figures shared by Westfield Caledonia who provided risk services) however GC alerted there would be additional unknown costs for remedial actions. GC described *Pseudomonas Aeruginosa* as an aggressive organism and commented that estate work and repairs in relation to this organism are significant by nature.

GC reiterated the impact of repairs associated with *Pseudomonas Aeruginosa* on the Estates department budget. An interim plan was currently in place which had been developed in response to a risk assessment. The plan, provided by Westfield Caledonia, has been implemented and sampling had commenced at SJH and WGH, GC commented that initial results were encouraging. AMcM requested this plan is submitted to the PLICC members.

GC to circulate *Pseudomonas Aeruginosa* sampling plan to the PLICC members. **GC**

Discussion continued considering the details of the plan:

- what is definition of augmented care areas?
- cost impact?
- service impact?
- who will undertake the work?
- reporting process (senior management and ward level)?

AMcM stated there was no issue with Facilities and Estates adopting a risk assessed-based position however NHSL Board must have access and evidence of the appropriate governance for this change. This would reinforce the correct communication paths. GC noted the paper was written in consultation with the IPCT and Microbiology colleagues. AMcM requested the paper reference the PLICC having discussed the proposals; develop elements concerning the reporting procedure; define the specific roles for work undertaken; define the communication strategy; and detail how the sampling may impact the service. Once the draft was finalised this was to be shared for comment more widely. **GC**

AMcM proposed the SBAR, budget projections and Estates plan were submitted to the Healthcare Governance Committee and not the NHSL Board at this stage, once further changes had been made. **GC/LG**

4.3 **Estates and Facilitates Governance**

GC explained the papers distributed to PLICC members detailed the process of governance for the Estates and Facilities. This aimed to reinforce discipline in reporting, the process of validation and reviewing SOPs through a revised governance structure; and the objective of improved communication concerning matters arising by inclusion of other departments such as Infection Control and Microbiology. The proposal is to revise the current quarterly meeting IPC Leads have with Facilities Managers by expanding to include Hard FM issues e.g. Water Quality, Ventilation, FM-National Framework for Domestic Services, FME- National Framework for Estates Services). FC highlighted that further discussion internally with the IPC Geographical Leads and LG would be required however the IPCT would welcome revising the meeting. FC added that one hour, currently the allocated time for this meeting was not a sufficient amount of time to discuss proposed agenda items. FC requested GC confirm representation from Hard FM as currently do not attend.

FC**GC**

AMcM asked if there were any issues with the proposed governance structure. LG requested clarity on the definition of the 'user', referencing the HTM 'user' definition, adding more understanding is required on a clinical and a site level in terms of Estates and Facilities reporting. LG highlighted that site Clinical Management Groups (CMGs) occur but are required to involve a wider clinical perspective out with the IPCT and Estates & Facilities point of view.

Agreed that reporting from Estates and Facilities, including all governance changes, are to be submitted to the PLICC, and was acceptable on a quarterly basis with exceptional matters to be reported immediately out with that process.

GC

5.0 **WATER SAFETY**

5.1 **Water Safety Group**

BD to circulate Facilities plan for reporting to PLICC members.

BD

5.2 **Simpsons Unit: Birthing Pools**

GC summarised the issue: black flecks had been reported within the birthing pool water following the previous instances, raised at the PLICC in October 2018. From initial investigations GC reported the issue relates to the valves which are composed of nitrile rubber and are breaking down as a result of chemicals corrosion as RIE water is treated with chlorine dioxide. It was suggested that high temperatures may be a contributory factor. In total four instances had been reported in relation to the issue. Currently the chlorine dioxide water treatment had been suspended to monitor if there was any impact. GC added the black

flecks have tested and have not been regarded as contaminated however their presence pose associated risk factors. Through further investigations the flexible EDP pipes were queried as the source of the issues-GC highlighted these specific pipes were now prohibited from use. ENGIE were undertaking works to cut the EDP hoses to review this hypothesis. Members heard that EDP hoses were 15 years old and as now prohibited will be systematically replaced with different piping. BD stated a programme plan for this was in development and would be disseminated in due course with the aim of minimal impact on services. High priority areas would be completed within the next 6 months.

Current actions undertaken: The Neonatal Unit wards were aware of situation and would report should any more black flecks appear. ENGIE currently were undertaking daily sampling, so far the water quality had been very good. The investigation was ongoing.

Governance for this plan/issue:

GC explained Estates are in consultation with the Water Quality Group, and would raise at the next meeting. AMcM requested a formal proposition for approval.

GC

GC to submit a formal proposition for hose replacement and black fleck sampling for approval by the PLICC.

GC

6.0 **SITE EXCEPTION REPORTS**

6.1 **Royal Hospital for Sick Children (RHSC):**

Full report presented in (*Paper 6.1*), circulated with the April 2019 agenda.

6.1.1 **HEI RHSC Inspection**

AF reported that the Royal Hospital for Sick Children had a 3rd visit from the Healthcare Environment Inspectorate (HEI) on the 29th February 2019. Overall the feedback was noted to be positive and assessment considered the challenges presented by the physical environment in terms of the building and storage capacity. The Inspectorate had noted that improvements had been demonstrated and accepted the PVC work which had adopted the Quality Improvement methodology. No formal report would be received from the HEI. The HEI had requested the date and a report from the next Estates walk-round and the action plan for ventilation maintenance which was submitted.

6.1.2 **New Royal Hospital for Children and Young People (RHCYP) Site**

AMcM reported that he, SS and DI had attended the new RHCYP hospital site and had reviewed the Health Associated Infection System for Controlling Risk In the Built Environment (HAI SCRIBE) components relating to the new building opening. A decision was made to develop

the HAI SCRIBE work relating to the new site further. SS added three dates had been confirmed, first two meeting were:

- 26th April 2019
- 2nd May 2019

SS highlighted that not all wards within the new building would be reviewed at these meetings however the phasing plan would provide a rationale and indicate which areas would be prioritised.

VENTILATION & WATER SAFETY

FC requested a robust system for the documentation and evidence for commissioning of the ventilation system, water flushing and water safety implemented into the new site. FC highlighted that chill beams rectifications had been reportedly a challenge for NHS GG&C and remained an issue, FC queried if the new RHCYP site had chill beams installed and if so could the proposed commission be scrutinised as these were high risk components associated with:

- static build-up (ventilation exchange of 3)
- dust

FC reiterated that reassurance of a safe position for opening the RHCYP was required and urged that lessons learned from NHS GG&C and Dumfries & Galloway new hospital projects were reviewed to inform an action plan for opening the new RHCYP site.

GC confirmed that routine water sampling had been requested for every month at RHCYP to collect a base line of record and added that a rigorous flushing regime is in development.

GC agreed that ventilation was a very high risk element within a hospital installation; GC summarised the complexities in terms of air changes highlighting the guidelines were 6 air changes however these were associated by environmental control and not infection control. RHCYP had been designed to 3 air exchanges. GC stated this concern, regarding air exchange and ventilation assurance, had been raised through various groups within NHSL.

MOULD

FC commented that NHSL must also gain assurance that there is no residual mould from the previous water damage caused by a flood during construction.

THEATRE FLOORING

GC added the flooring was only partially replaced to halfway up theatre suite walls and proposed a completed replacement for reassurance with reference to the recent incident within the RIE cardiothoracic theatres. DI commented that moulds are prevalent in the environment regardless.

LG suggested that clarity is needed in the process of non-conformance to the HTM policy. GC noted there were 86 items currently sitting at

'residual risk'. LG, FC, SJS and DI noted they had not been provided this list. AF was also unaware.

AMcM

AMcM would request that Jim Crombie provide this list to colleagues today.

AMcM requested that a prompt discussion is be implemented by PLICC colleagues involved in the opening of the RHCYP prior to the next meeting concerning the RHCYP next week. AMcM to advise colleagues in a discussion out with the PLICC meeting.

AMcM

6.1.3 RHSC Infection Control Committee

DI raised concern that the previous two meetings for the RHSC ICC had been cancelled. AF notes the meeting was under review and the format was being revised however the meeting had not been disbanded. AMcM asked if this committee could be reconstituted as a priority and prior to the new RHCYP building opening. AF stated Dr Eddie Doyle was the Chair however the committee had not met for 5 months; AF would feedback the PLICC requests.

AF

6.2 St John's Hospital

Full Debrief minutes presented in (*Paper 6.2*), circulated with the April 2019 agenda.

Debrief CDI Ward 25: WE discussed the key items to feedback. It was noted the incident concerning *Clostridioides difficile* infection (CDI) was complex, challenging and had provoked considerable anxiety on the SJH site. WE summarised the Incident Management Teams (IMT) actions and investigation findings. WE noted that during this incident the HIIAT was re-scored twice in one day, which was an unprecedented occurrence. It was highlighted that rifaximin-associated vulnerability was disregarded as a suitable hypothesis. Lessons learned identified that associated symptoms of alcohol and liver disease were assumed to be indicators only relating to this condition and not considered as an indicator for CDI which was noted.

Issues highlighted at the debrief included:

- Time taken for the Reference Laboratory for results.
- Refurbishment and patient movement during this period proved challenging for consistency in cleaning.
- Bed placement was a key factor.

6.3 Western General Hospital (WGH)

CR led discussion noting *staphylococcus aureus* bacteraemia (SAB) increases were discussed locally at the site ICC. It was highlighted there were an increased number of *Clostridioides difficile* (CD) haematology. Patients were currently being monitored and the Antimicrobial Management Team (AMT) was assessing the antimicrobial policy.

6.3.1 Department of Clinical Neurosciences (DCN) Incident Management Team (IMT) at WGH

Full HIIORT presented in (*Paper 6.3*), circulated with the April 2019 agenda.

CC discussed the key items to feedback from the IMT investigation. In January and February 2019 two patient cases were identified as having *Pseudomonas aeruginosa* within Room A, Ward 33 within High Dependency Unit (HDU) of DCN at WGH. A third patient was identified as having a *Pseudomonas aeruginosa* colonised wound having been admitted to the same area. This patient did not require treatment. A programme of water sampling in shower areas and water outlets within Ward 33 was undertaken. Samples collected returned with identical typing to the patients' strain. It was noted there were a number of subsequent IMT meeting held throughout the investigation with the last held on Wednesday the 10th April 2019. At this meeting a programme of remedial works, water flushing and sampling was discussed and the IMT appeared reasonable to be stood down however most recent water sample had identified the recurrence of the organism within a shower area on Ward 33. In response the Ward as closed again and a decision was taken to transfer HDU and DCU patients within Ward 33 and to be ordinarily admitted to Ward 33 to Ward 31, where there had been no positive *Pseudomonas aeruginosa* samples identified. CC noted the IMT were currently monitoring clinical samples from these areas including Ward 20 which was considered in the investigation due to the patient pathway. No more patient cases had been identified; filters had been trialled within Ward 33 which were reportedly successful and would be considered for implementation to other areas. The HIIAT scored green at the last meeting on the 10th April 2019 however a follow up meeting had been scheduled for the 23rd April 2019 to assess the situation. Weekly water sampling within the HDU, DCN and Ward 20 areas would continue. CR noted this IMT was an exceptional example of multidisciplinary team work. BD updated members that the thermostatic mixing valves had been scrutinised as a result of this incident and in response a decision had been made to replace these.

6.4 Ellen's Glen

CH reported that Ellen's Glen received an unannounced HEI inspection on the 18th and 19th of March 2019. During this visit HEI were assessing:

- Standard 6: Infection, Prevention & Control Policy, Procedure & Guidance
- Standard 7: Invasive Devices
- Standard 8: Decontamination

A further meeting was held on the 10th April 2019 regarding assurance of management of the environment (CH added that Ellen's Glen was a PFI site in which Walkers Healthcare owned the building and subcontracted domestic, portering, laundry and catering services to Sodexo) due to the building manager and the domestic manager for Sodexo both being on annual leave at the time of the inspection. FC

noted there are issues with Ellen's Glen and sub-contractors providing written reports and raised concern at the lack of attendance from PFI management during the inspection meetings. GC noted PFI site contracts were to be managed by the NHSL service however NHSL Estates did not have the resource to manage the contracts appropriately and there was a document in development escalating this concern.

CH summarised issues highlighted by the HEI:

- Lack of clinical wash hand basins within the 60 rooms.
- One Domestic Services Room (DSR) for the whole facility.
- Wallpaper and carpets were not preferred fittings (risk assessments had been completed by NHSL noting the area was not a high risk area and were submitted to the Inspectorate).

Positive feedback highlighted by the HEI:

- Staff demonstrated good knowledge and understanding of Standard Infection Control Precautions (SICPs).

A draft report would be provided on 1st May 2019; reviewed for factual accuracy and returned by the 15th May 2019; and published on the 28th May 2019. CH highlighted the Inspectorate requested that NHSL prepared a plan of works detailing rectifications for the issues identified; and risk assessments and rationale for areas which were not being addressed to demonstrate the appropriate governance measures were in place.

6.5 Royal Infirmary Edinburgh (RIE)

6.5.1 Cardiothoracic Theatres IMT

Full HIIORT presented in (*Paper 6.5.1*), circulated with the April 2019 agenda.

AMcM announced he had taken up the role of Chair for this IMT, it was acknowledged this deviated from the standard protocol for incident management teams. The incident was summarised as several patient cases of infection associated with mould which were identified within elective cardiothoracic surgery wounds, specifically concerning aortic valve replacements (AVR) within the RIE. The IMT had been stood down. The progressing and monitoring of the action plan in was to be undertaken by the local RIE Clinical Governance Group (CGG), which was a collaborative meeting inclusive of the local ICC. The NHS Inform Helpline set up to support patient enquiries would potentially to be stood down depending on activity in 1 week and 6 months of surveillance would continue as part of a plan of assurance. A debrief had been provisionally arranged for the 3rd May 2019, Professor Alison McCallum would be chairing.

LG summarised key learning points:

- the pendant cleaning SOP developed required to be cascaded to other NHSL sites

- storage and cleaning for theatres were both a physical and environmental challenge.
- Lifecycles works and collaborative meetings were key in effectively communicating and facilitating the appropriate consultations for works proposed and planned.

6.5.2 Linezolid-Sensitive Vancomycin-Resistant Enterococcus (VRE) IMT RIE

CH summarised this incident to PLICC members. A PAG was held on the 29th March 2019 then a further meeting on 4th April 2019. CH noted so far samples have been negative however trigger tool remained in place until the VRE typing results were returned, this was an estimated 2 weeks. A meeting to discuss the results had been scheduled for the 24th April 2019.

LG noted recurring themes for both IMTs highlighted a focus on environmental cleaning and the correct methodology for decontaminating equipment. These require further discussion in general and further action in procurement activity.

DI highlighted there is no national guidance for VRE which would be advised. Health Protection Scotland (HPS) had been contacted regarding this concern however stated that the most robust method of management is Standard Infection Control Precautions (SICPs). AMcM proposed further discussion out with the PLICC.

7.0 DECONTAMINATION

7.1 **Ultrasound Decontamination SOP's (provided in Paper 7.1 within April's papers):**

MG summarised the SOP written in response to HPS guidance published two years ago. After consultation it was agreed that an SOP was the best approach.

The SOP defined three categories of device use and the appropriate methodology of decontamination:

-Diagnostic application: standard decontamination between use.

-Non-invasive application: use of aseptic technique and a sheath over the device followed by a higher level of decontamination with the condition that should the sheath breach or there is any visible contamination on the device high-level decontamination would be standard procedure.

-Invasive application: High-level decontamination as standard procedure which includes processes such as the Tristell 3 wipe system and Trophon® proton ultra-violet system. GEP added the feedback from

other NHS boards and from IREC are that the Trophon® proton decontamination method can damage probe units.

MG noted that on review of radiology areas it was identified there was a high use of probes making it more challenging to implement to 3 wipe system due to the time required. As result a budget review had been considered by the radiology department to determine whether employing a clinical support worker, to undertake the entirety of probe cleaning, would be a more viable resolution. Trialling on the mentioned methods had commenced. GEP highlighted that the SOP only references the specific process for the Tristell 3 wipe system, which is being trialled should other methods be introduced this would be reflected in the SOP.

BC requested that the link for the SOP on the NHSL intranet page, in PDF format, for wider circulation to clinical teams.

GEP/MG

MG asked if members were content with the content of the SOP. No comments were noted.

BC proposed that other areas, out with the hospital environment, which use probes are considered during the evaluation of the SOP.

Clinical leads were to evaluate the use of the SOP and were to feedback quarterly to Site ICC's and Health and Social Care Partnership and Royal Edinburgh and Associated Services (HSCP REAS) ICC. GEP and MG to highlight which meeting-date feedback would be presented at the PLICC (the 1st July or the 31st October) in consideration of the other decontamination methods trialled.

Clinical Leads

7.2 Decontamination IMTs

7.2.1 HSDU SJH IMT

GEP summarised that decontamination issues had been identified concerning infinity ankle kits and trays used within NHSL, specifically the locks and drill attachments, it was noted the apparatus had been challenging to decontaminate. GEP highlighted the kits had undergone protein sampling, supported by the decontamination lead for Incident Reporting and Investigation Centre (IRIC), as an action of the previous IMT meeting. This exercise aimed to provide assurance which had resulted in a positive outcome.

Currently the ankle kits are manually washed using three stage cleaning kit provided by the manufacturer however there was an instance where the decontamination kit was identified as not intact. GEP was scheduled to meet with the company.

An interim solution has been cutting the block off from devices with the issue. GEP stated the company providing additional devices. The removed devices will be decontaminated manually and repacked separately meaning the trays will be clean and only the blocks will

require inspection. MG added a revised SOP has been devised however noted the cutting blocks are a generic block used in other orthopaedic kits so are not specialised. For assurance of Sulisti Holmes, Head of Decontamination and IRIC came to visit HSDU to look at the instrument sets in question and carry out the 'cleaning efficacy by residual soil detection' test, also referred to as the 'protein test'. All instruments passed this test. MG had written and asked about the ankle kits and requested feedback. Training related to the SOP will be completed by end of May 2019 and a final IMT meeting had been scheduled.

Discussion was raised concerning the anxiety caused due a manufacturer fault on two occasions; GEP acknowledged this concern however explains this was not strictly accurate. GEP stated the manufacturer were cooperating with NHSL and had acknowledged there was no single use design for infinity angle kits, as with the drill attachments and were adopting a full design review.

It was raised that NHSL and more specifically SJH HSDU were the only NHS Scotland board, and site, recorded with issues in decontaminating these kits.

7.3 RHSC Decontamination Procurement

GEP explained that the decontamination department had been consulting on the procurement process for the new RHCYP. Equipment and; tracking and traceability systems had now been agreed for implementation. The instruments required to be marked using a laser marker. Key lessons learned from previous incidents were highlighted as single use must always be purchased and where unable to implement this a risk assessment must be carried out. GEP noted an email circular had been sent in January and February 2019 to summarise this.

Any patient who had been operated on before January 1997, who is a high risk subject (had brain or back of the eye) would be put into a pre 1997 cohort where instruments that breached the new NICE guidance were used.

8.0 HAI REPORTS / LOCAL DELIVERY PLANS

8.1 Aseptic Non-Touch Technique (ANTT)

CR updated members that up to date 4500+ staff members had completed the E-learning module and 2400+ staff members had completed their supervised sign off on PWA, NHSL's training-log platform.

8.2 Vascular Access Devices (VAD)

CR updated members that the next stage for VAD roll out is the RHSC and community hospital sites. This would begin the week of the 26th of May 2019.

9.0 **A.O.C.B.**

9.1 **Infection Control Team Internal Audit**

FC reported on 2 documents distributed to PLICC members with the agenda under Auditor's Report (Paper 9.1.1) and Internal Audit Action Plan (Paper 9.1.2). FC summarised that internal audits and the action plans have been discussed at the Director of Nursing meeting. The main feedback concerned the robust access for all departments such as Estates, facilities, IPC and Wards in viewing action plans and audit reports. All documentation must be kept in shared spaces that are accessible for local areas to see and update action plans.

9.2 **IPC Educational Film**

Education film was in the final stages of completion. The material within the film covered all the SICPs learning opposed to completing thirteen separate modules.

9.3 **Action Plans**

Shared space is to be established for site action plans and a rolling action log for HAI related audits including estates and facilities issues. Site ICCs are to confirm these have been established at the October PLICC. FC reported the deadline from the internal auditors report for sites to establish shared space and rolling action logs plans was September 2019.

**Site ICC
Chairs
and
ANDs**

9.4 **Anatomical Waste Issue**

National contingency for the uplift of anatomical waste had been suspended due to incineration capacity with the contractor. National Services Scotland (NSS) are sourcing additional fridge storage. The issue had been escalated to HPS as other licensed incinerator centres were in use until Monday. CLO had been consulted with regard to potential enquiries that the Scottish Environmental Protection Agency (SEPA) may have. A meeting to discuss the present situation on individual sites was scheduled for the afternoon of the 12th April and there would be a follow up meeting next week.

10.0 **POLICY**

Health Protection would to be added to the consultation zone alert distribution list.

NKW

10.1 **Admission Assessment Guidance**

LM had requested if an alert related to history of contact with a confirmed Carbapenemase Producing Enterobacteriaceae (CPE) patient would be included into this guidance. It was noted that the practicalities of this request would not be achievable due to limitations with patient record

applications such as TRAK as no way of knowing who contacts are within family environment and an individual's awareness of any exposure. LM was concerned that CPE contacts would not be captured, impacting the risk of cross transmission. IPCT members declared national policy did not require that CPE patient contacts to disclose this information nor would they be considered for immediate isolation.

Discussion to clarify the CPE policy in relation to isolating patient and admission questions within NHSL would be conducted between the IPCT and HPT where necessary. Policy was approved

10.2 **Vancomycin Resistant Enterococcus (VRE) Guidance**

It was noted that comments from Ela Czarniak were fed back following the IMT concerning Linezolid-Sensitive Vancomycin-Resistant Enterococcus (VRE). Comments requested inclusion of staff caring for patients and the emphasis of standard infection control precautions (SICPs). LG had concerns with the requested changes due to the ramifications on the other organism specific guidance documents.

The author of the VRE guidance is requested to review the comments with haste and provide feedback; and a rationale for the action taken in response to the comments. The policy approval was delayed until this is completed.

AM

11.0 **NEXT MEETING**

2pm, Monday, 1st July 2019, Boardroom 1, Royal Infirmary of Edinburgh (RIE).

12.0 **ACTION LIST**

Region	Location	Project New build	Status	Link
West	Ward 12	3x4beded area to become an Ambulatory care re for Gynae service	Business case developed plans drawn for comment- chased up for comment 24/09/18. Response from Ann Milburn Service manager, not likely to go ahead until early 2019.	Rona Broom
	Water Tank replacement	In put valves to water system, remove and replace one of the existing water tanks in place both in Phase 1 Build and Phase 2 Build. There has been a request to have the tank that is to remain in place cleaned and silt removed.	This work was not planned appropriately at the beginning of the year and once the IPCT was involved it was obvious that a firm programme of planning was introduced to ensure the risk of HAI and water supply to the hospital was overseen. This work is almost complete but there are still some issues to finish off.	Willie Evans Willie Evans
	Ward 17	Extensive refurbishment of the area with regards to anti-ligature legislation and requirements. The opportunity is also being taken to refurbish as required. It is suggested by estates and the clinical team that this work will progress with the patients remaining in the ward.	Plans have been developed but full programme not yet available. Start date	
	Expansion of services at front door St John's Hospital	Aim is to have full access to emergency treatments from minor injuries and surgical assessment through to resuscitation at the front door. This will include a paediatric area too.	There has been a client brief drawn up with comments made and plans have been drawn. There is an initial options appraisal meeting to be held on 10 th Oct at St Johns.	Willie Evans and Strathie Adams. Rona Broom attending the meeting on 10 th Oct. Due to A/L and other commitments.
	Satellite Cancer Unit	To provide OP care nearer to home	Change of accommodation in Wd 15 to provide 21 chairs for cancer OP services	Rona Broom
	Eye pavilion	New build	Government funding for feasibility and design stage in place. Clinical brief has been developed and 1:500 drawings reviewed. There are 2 further rounds of 1:500 reviews with the 1:200 reviews starting in Nov 2018. Full funding for build as yet not agreed. Unable to comment as to whether this will be an NHS estates and facilities managed build at this time. The area allocated for the build is plot 1 Bio Quarter at the RIE Campus.	Rona Broom
	Replacement of all Blood Science analysers	Replacement project	Very early stages, PM drawing up specifications of machines required to go to tender	Each site will need a rep

South, Mid & East	RHC&YP/DCN	New build	Room reviews have been reintroduced and are progressing but inter NHSL/Contractor issues continue. Commissioning now likely to be later than Oct 2018 with a move in date much later in the new year than expected. Looking at Late spring.	Carol Horsburgh and Emma Collett have this remit
	RHSC	Decommissioning	Project team carrying this out with estates. Aseptic Pharmacy being decommissioned first. Email sent to ensure HAISCRIBE completed for removal of built in equipment etc.	Carol Horsburgh advised of plans to decommission the pharmacy 17/08/18
	East Lothian Community Hospital	New build	Phase 1 car park complete Phase 2 OPD open but will open fully when second part of Phase 2 In patient area ready in Jan 2019. Room reviews probably starting Nov2018 Phase 3 being built now.	
	Roodlands	Decommissioning	Project team carrying this out with estates	
	Mortuary Fridges	Replacement	Still in planning stage but HAISCRIBE has been devised by PM Stewart Bauchop and seen by HAISCRIBE IPCN but needs to be fully completed. Aim to start after the Edinburgh Festival for 8-12 weeks – this work has been put on hold until at least April 2019	
	Emergency Department	New facilities build	The front door service is under review with comments that a modular build may be bought to be added to the present department. This may house a minor injuries unit like that at the WGH. However no firm agreement has been reached.	
	MAU	Review of plans developed with Jackie Sansbury and project team	Plans were developed 2014/15 to expand the MAU and Ambulatory care area of the front door. This would allow a trolley area for ambulatory care of approx 20 trolley with supporting accommodation and an increase in the in-patient bed capacity. Scottish government contacted at the time and derogation sought in relation to single room accommodation, bed sizes etc.	

	Women's services	Extensive life cycle works	This project is now in its third year of planning and is to be progressed with NHSL Project Management. There is extensive works to be carried out and a complex decant plan has been developed- it is now unlikely that this work will progress until Springg2019.	
	Liberton	Decommissioning	There is a Social Service and health board (Joint Integrated Board) project to have Liberton closed and no patients in it by Sept 2018. Plans are under development to move the patient group to the Jardine Ward at REH. Plans have been designed but at a meeting 21/09/18 it was suggested that the Integrated older people's service (IOPS), presently based at Liberton and needing to move for the vacant possession of the area also be moved to the Jardine Clinic.. Meeting held 24/09/18 to review the present plans for the therapy areas that will be moved when the in patent area is moved to the wards on the second floor.	Fiona Muldoon has been attending meetings as the new care area will be on the REH foot print
	RIE Fire stopping	Urgent requirement. Fire stopping survey almost completed in the RIE and Chancellors building. Works to repair findings have been carried out in the mortuary, pharmacy, medical photography and various OPD departments.	This will have major implications when the work is programmed to be carried out in the clinical areas. According to the Consort Project Managers the Director of Facilities and Estates George Curley is looking to appoint a project manager who will liaise with the clinical staff to ensure areas are decanted where works will be required.	
	Replacement of all Blood Science analysers	Replacement project	Very early stages, PM drawing up specifications of machines required to go to tender. As the RIE machines were replaced 4-6 years ago this will be the last part of the project that will make them 7-8 yrs old.	
Noth – WGH	Haematology	Refurbishment of Wd 8 and updating of Wd 8 Unit , new day care are for haematology patients to be built in lab area next to TCT in cancer service. Upgrade of Wd 1 entrance and pharmacy area, review of trials area with a potential move to Pentland Lodge once refurbishment work is done there.	Options appraisal re decant of ward areas carried out but Hospital management has asked for further review as best project option is not suitable for the site. Project team in place with architects and contractors reviewing user design. This will be a difficult project because what is the demand and expectations of the clinical users may be unrealistic once the contractors review the structure and services of the present build. Aim to start building Spring 2019. Tender has been awarded to Robertson Construction and FES.	Fiona Muldoon
	Cancer Assessment Unit	This is to be a new unit developed at the WGH to replace what is the present facility	The area identified is the office space in the cancer service offices where the CNMs are presently placed. This will see a number of	Carol Calder

		based in Wd 2.	consultants and their PAs displaced. There will also be a need for document and case not storage.	
	Ward 1 and Aseptic Pharmacy	Increase the layout of the Aseptic pharmacy with in Wd 1 area and to have office accommodation formed for use by nursing staff and pharmacy staff. No clinical area to be refurbished at this time	Planning stage – tender has been awarded to Robertson and FES Planning stage - tender has been awarded to Robertson and FES room lay outs to be agreed.	Carol Calder
	Oncology	Refurbishment and review of service in Wd 2 and 4	Planning stage - tender has been awarded to Robertson and FES room lay outs to be agreed.	Carol Calder
	Ward 6	Upgrading of some rooms to accommodate Wd 8	Planning stage - tender has been awarded to Robertson and FES room lay outs to be agreed	Carol Calder
	LINACs	Build of new LINACs in Car Park 3 cancer services. This will also include a new admin building for the staff displaced in the administration corridor making way for a Cancer Assessment Unit as mentioned above.	Planning stage - tender has been awarded to Robertson and FES room lay outs to be agreed	Carol Calder
	DCN	Works to make area acceptable prior to the move of Wd 6		
	Renal	Build of new Renal Unit on the grass by the present renal unit at WGH. This project is to be carried out and still have present unit in full function.	Initial design stage with drawing of potential unit. First 2 meetings have been held without IPCT representation. Tender has been awarded to Robertson and FES. The project has taken a back seat recently; however there will be inclusion of 1 en-suite room with appropriate ventilation along with 3 other single rooms. Value engineering has been carried out as this piece of the works at the WGH is presently over budget.	Fiona Muldoon

REH	Jardine Clinic	Refurbishment to house up to 57 patients from Liberton. Numbers reviewed now to house 40 patients over two wards. Strategic plan is to have this ready for Sept 2018 and patients transferred from Liberton.	This area is in a state of disrepair. IPC review and SBAR formed advising re CEL communications re single room accommodation and SHFN 30. Review of this project has seen the number of patients to be transferred reduced to 40.	Fiona Muldoon
	REAS New Complex Care Frailty Service.	Refurbish Meadows ward to standard that will allow those NHSL patients receiving long term mental health care out with NHSL to be repatriated. Some patients are being cared for in Newcastle for example.	Plans have been designed but at a meeting 21/09/18 it was suggested that the Integrated older people's service (IOPS), presently based at Liberton and needing to move for the vacant possession of the area also be moved to the Jardine Clinic.. Meeting held 24/09/18 to review the present plans for the therapy areas that will be moved when the in patient area is moved to the wards on the second floor.	Fiona Muldoon
	New build and further review of Phase 2 and 3 of project.	New build and move of Learning disabilities to anew unit being built on the existing ambulance office area that is now a car park.	Planning stage, meetings being held it has been agreed that meadows ward be used. The plans for this area that were drawn up were revisited and have now been sent for tender however these were sent without the full review of the Chief Nurse and Site Manager. HAISCRIBE part 2 or 3 not completed.	
	Replacement of all Blood Science analysers	Replacement project	Blood Science Laboratories are procuring new equipment on all NHS Lothian sites (RIE, WGH & SJH) in the near future and require HAI input to ensure compliance with infection control both during design phase and implementation phase. Can you put me in touch with the relevant staff to start the engagement process	
Very early stages, PM drawing up specifications of machines required to go to tender				

Janette Rae

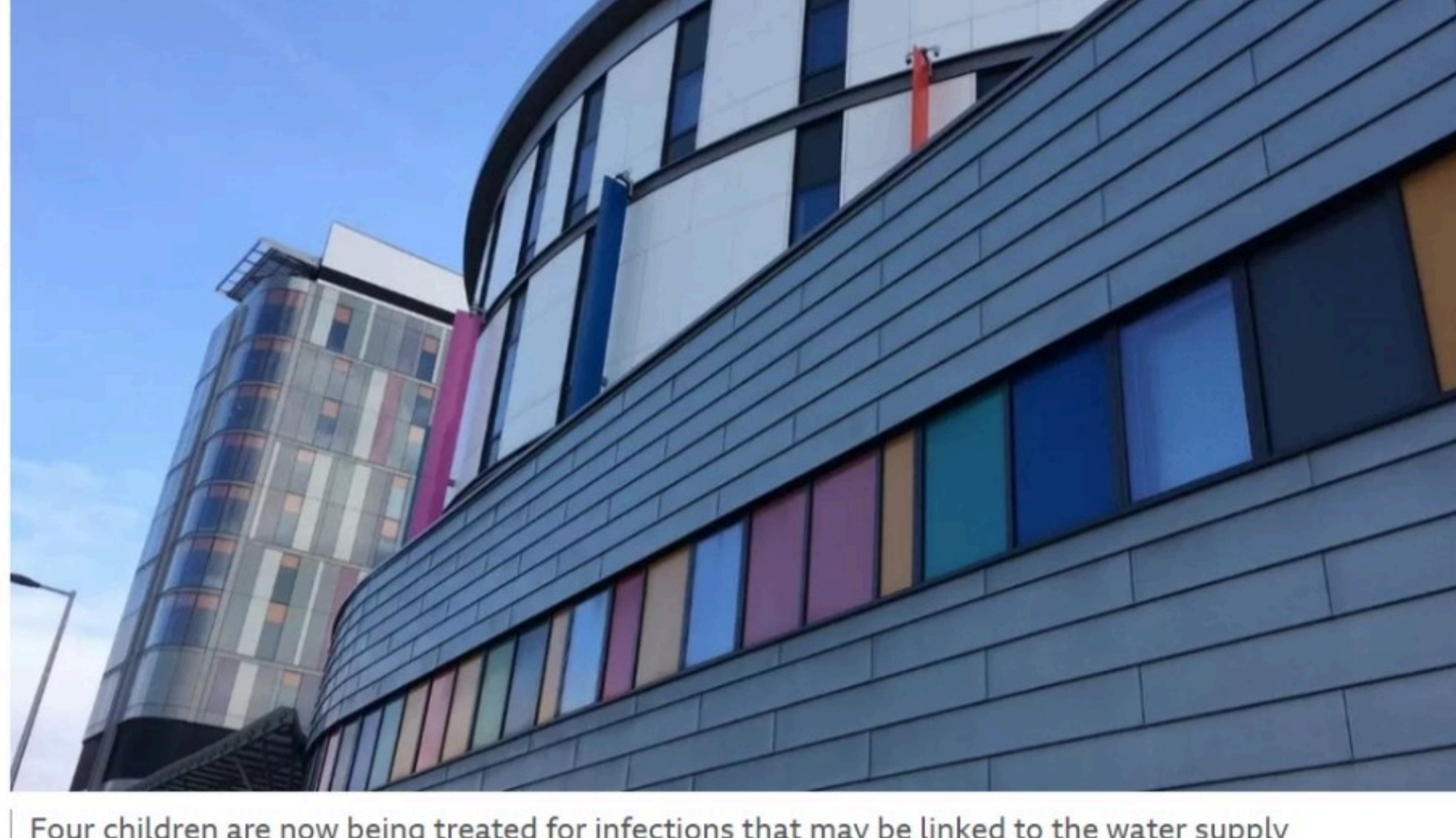
HAISCRIBE IPCN

22/10/18

NEWS

Water bacteria probe extended to Queen Elizabeth Hospital

20 March 2018



Four children are now being treated for infections that may be linked to the water supply

Tests for bacteria in the water supply at the Royal Hospital for Children have been extended to the neighbouring Queen Elizabeth University Hospital.

Four children are now receiving treatment for infections which may be linked to the water supply at the RHC in Glasgow.

NHS Greater Glasgow and Clyde (NHSGGC) has confirmed testing has been extended to four wards at the QEUH.

Infection control measures are also in place for patients with low immunity.

Health Secretary Shona Robison has apologised to patients and families affected.

In a statement to MSPs at Holyrood on Tuesday afternoon, she said "appropriate precautionary measures" were being taken by NHSGGC to protect patients.

NHSGGC said it is working with experts from Health Protection Scotland, Health Facilities Scotland and Scottish Water.

The health board revealed the probe had been extended after a source told BBC Scotland that taps and showers had been taped up in QEUH wards and only bottled water was allowed.

On Friday it emerged **three children were receiving treatment at the RHC** but a fourth has now shown symptoms.



Health Secretary Shona Robison apologised to patients and families affected

An NHSGGC spokesman said: "These bacteria can pose a risk to patients whose immunity is compromised, however we have put in place robust infection control measures to protect our patients.

"We have now extended this testing and infection control measures to four wards treating the most immunity compromised patients in the Queen Elizabeth University Hospital to ensure that we take every precaution."

The board also confirmed the children who became ill last week are still recovering.

The spokesman added: "Three children continue to receive treatments for infections that may be linked to bacteria found in the water supply.

"Tests are ongoing to confirm if they are indeed linked.

"A fourth patient has shown symptoms and has been readmitted to the RHC.

"There are no reports of any patients being infected by bacteria from water in the adult wards."

A series of infection control measures were introduced to the affected RHC wards at the weekend and water filters are to be installed.

'Worry and concern'

The statement concluded: "As a result, it is hoped that the full water supply will return to normal within 48 hours after appropriate testing has been carried out and it is anticipated this will be mirrored at the QEUH.

"We would like to thank the patients and families in the wards affected in the RHC for their continuing patience and support while the testing was carried out and fitting of filters is being undertaken."

During the health secretary's statement to the Scottish Parliament Labour MSP Anas Sarwar said parents had told him the problem had been ongoing for almost three weeks.

He said it had resulted in the inability of young cancer patients to bathe properly, with some taking taxis to other sites to use facilities, he said.

He added: "The news of contamination of the water supply in the cancer ward at the children's hospital in Glasgow has caused understandable worry and concern for parents of very sick children."

Ms Robison said she had first been made aware of the matter on 11 March, with Scottish government officials informed prior to that.

"I absolutely understand the worry and concern of parents," she said.

"I have been assured by the health board that they have indeed been keeping parents informed.

"Of course I would apologise to the parents and the children for the inconvenience that they have experienced, but I am sure everyone would understand the most important thing here is safety, and if the shower heads and taps are being tested and investigated then that has to take its course."

More on this story

Bacteria in water at children's hospital

16 March 2018

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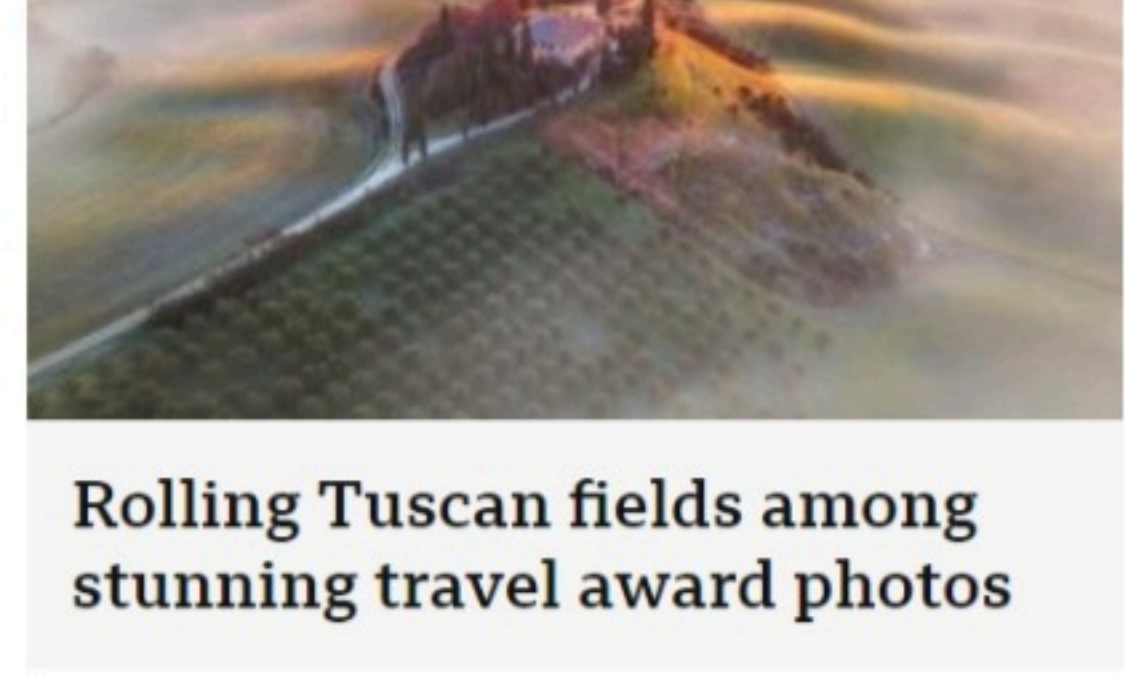
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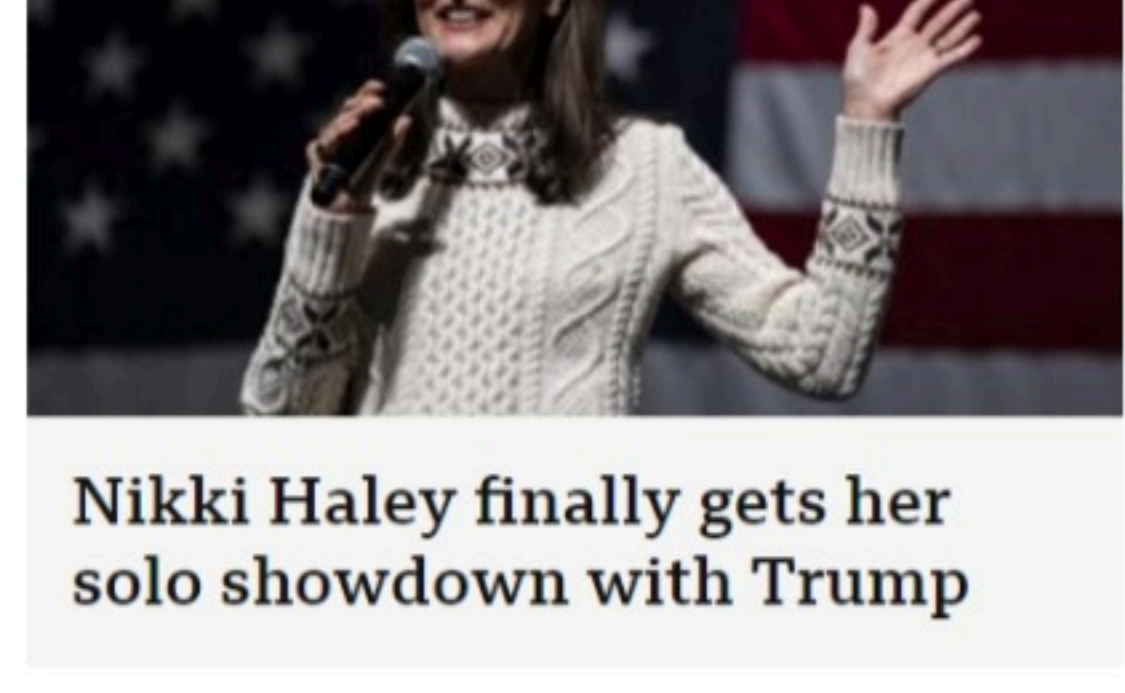
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THE TOURIST

	Ventilation working as design specification	air exchange rate	pressure	Noise	Temperature	noise	Pressure Relief dampers	extract	supply	pressure cascade	velocity (UCV)	Comment/shortfall identified by independent tester	Why has adjustment been made - is this agreed (eg it may be that pressure cascade is adequate)	Agreement of IT that fit for purpose	Consequences for service and ongoing maintenance (Clinical risk?)	H+S risk
Theatres																
* 30 (Paeds)	Ongoing				Yes		1 blade to sort				N/A					
31 (Paeds)					Yes											
32 (Paeds)					Yes											
33 (Paeds)																
34 (Paeds)	Yes	Yes	Yes	?	YES		Yes	See Comment	Yes	YES	N/A	132 extract	Lower extract in Anesthetic Room to maintain pressure regime ✓		no. low	mitigated.
35 (Paeds)	Yes	Yes	Yes	?	Yes		Yes	See Comment	Yes	Yes	N/A	131 extract	Lower extract in Anesthetic Room to maintain pressure regime ✓		no. low	mitigated.
36 (Neuro)																
37 (Neuro)																
38 (Neuro)																
39 (Neuro)																
Isolation rooms																
Critical care areas																

* work completed. 17. 34+35.
 flow rates - balanced.
 - flow rates.

Pressure. - IPC.
 Air exchange. H+S

* work. 30.

An Rm. | Supply - 8u.
 Extract - 15u → Consider. *

Extract!
 15 act w. → 3-5 uPa.
 10 act w. → 11-14 uPa.

10m

△ Agreement. - air exchange rate priority.
 - air extract.
 marginal impact on pressure cascade.

→ For all theatres.

Theatres 30, 34-35. - access. ~~10am~~ 10am update.
 - clear - ml sampling.

UCV.

M 31, 32, 33.

* *

*° adverse comment. canopy ✓

conventional mode - to be tested + approved by IOM.

May need to repeat UCV. -

No representation for MAT - If adjustment req'd - need MAT.

☐ * Pamela Tommedi
- n. of a/c. - ? critical care.
- what are they retrofitting.

☐ | Literature search?

Page 36
/ Sustainability
/ we presume

* Impact on control / spread.

* I HX

* Flu. / RSV.

Malcolm Thomas. ? expert view -

* Critical care? Derogation → None from original design. - net - env. matrix: for each rm. (was wrong).
toe. to -ve.

Isolation Rms. - all commissioned - were 8h.

(6 full compliant. - issues
isolation Rms)

x19. ? What can be maximised to. (?? 4 ac/w).

4 Bed - Settlement pressure diff. corridor / rm.

SHTM 101 ac/w

Project 6 ac/w mixed mode

4 ac/w mechanical

- single rms.
4 bed rms.

ITM/HDM. - affects all single rms.

Immediate actions? Infrastructural change to APH -

IPC issues. - Resp viruses.

Airborne transmission

A47232226, DHC. - Measles?

Can we articulate the risk + immediate control/mitigation

If we move in, how do we recover from this.

From: Richards, Janette
Sent: 19 March 2018 10:25
To: Richards, Janette
Subject: FW: Other matter
Attachments: IMG00001-20170120-0932.jpg

From: Richards, Janette
Sent: 23 January 2017 09:25
To: Henderson, Ronnie
Subject: RE: Other matter

Dear Ronnie,

The 4 bedded rooms are considered to be the general ward. As you are aware each 4 bedded bay has an en-suite toilet- neg extract and an en-suite shower – neg extract. Should we get to the scenario that all sing cubicles are full and we have 4 co-horted patients in a 4 bedded bay then yes we would want to ensure all infectious organisms are maintained in the room which yes shows that neg pressure in the 4 bedded area is of benefit.

Our contact at Mott MacDonald will probably be able to advise as will Ian Storrar at HFS if this communication is not clear enough.

As for the over flow and macerator please see the above photo of another macerator in NHSL that allows staff to see if a macerator is overflowing but also drains overflow to drainage system and does not allow water or effluent to flow to the floor .

Regards
Janette

Janette Richards
Lead HAISCRIBE Infection Prevention and Control Nurse
NHS Lothian
14 Rillbank Terrace
Edinburgh
EH9 1LL
Mobile [REDACTED]

Link to Infection Control Manual
<http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/InfectionControl/Pages/default.aspx>

From: Henderson, Ronnie
Sent: 20 January 2017 12:53
To: Richards, Janette
Subject: RE: Other matter
Importance: High

Hi Janette,

That's just it, it doesn't. There is some dubiety over a couple of things:

1. Can a 4 bed bay be described as a general ward.
2. If so what is the pressure relationship to the corridor as there is just a dash in the box in the table you attach.

I am looking for infection controls' take on a scenario such as if 4 patients with infection status unknown are in the room what way do you want the air to go – To the room from the corridor or to the corridor from the room?

Regards

Ronnie

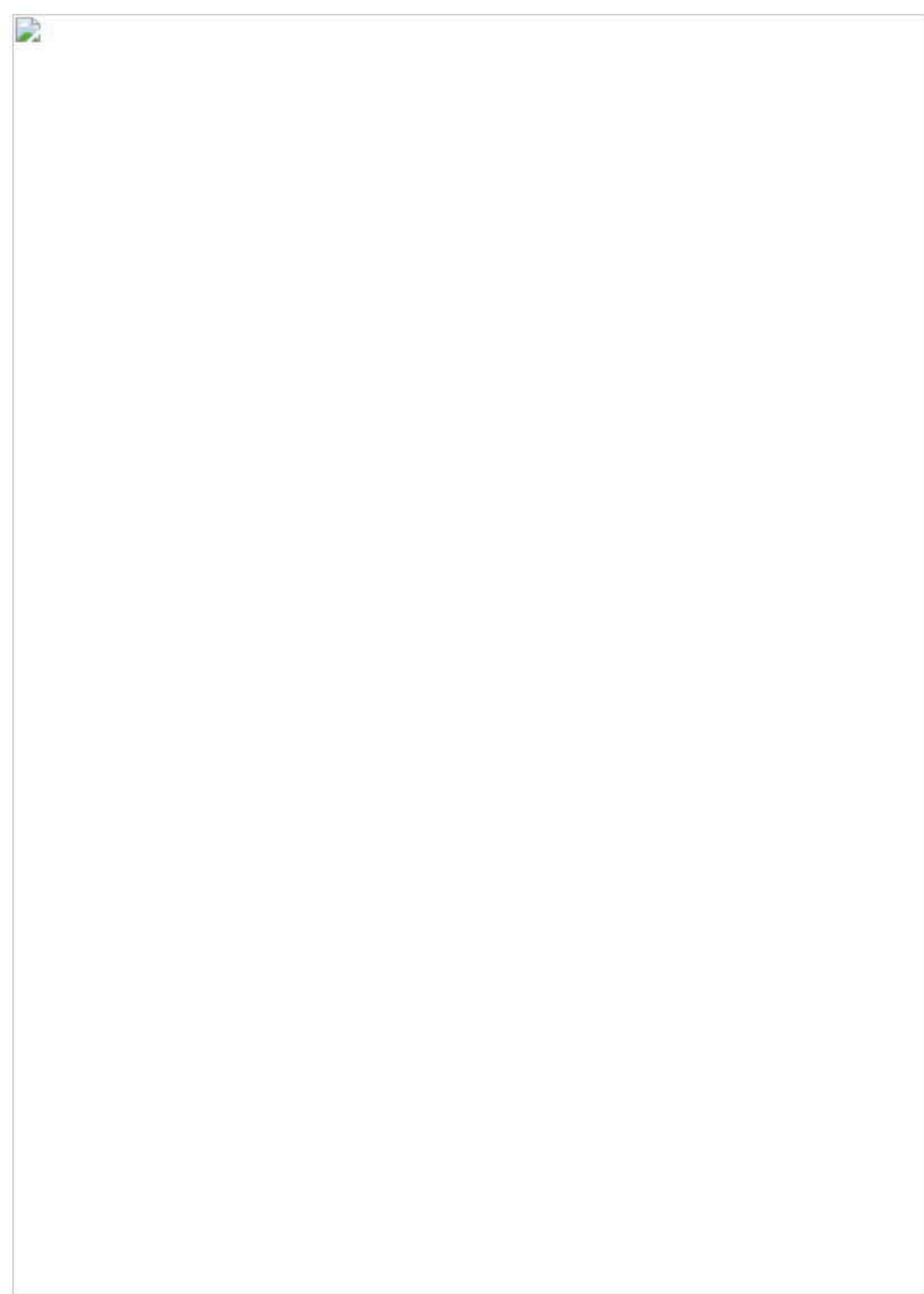
Ronnie Henderson
Commissioning Manager Hard FM
RHSC & DCN - Little France
NHS Lothian

RHSC & DCN Site Office
Little France Crescent
Edinburgh
EH16 4TJ

X: [REDACTED]
T: [REDACTED]
E: [REDACTED]

From: Richards, Janette
Sent: 20 January 2017 12:27
To: Henderson, Ronnie
Subject: Other matter

Dear Ronnie
Please see other email re macerator over flow. This is in the response to ventilation question



Appendix 2 in HTM 03-01 shows what the requirement is re general ward area re pressure and air changes

Regards
Janette

From: Henderson, Ronnie
Sent: 20 January 2017 09:16
To: Richards, Janette
Subject: RE: Macerator overflow

Hi Janette,

Thanks for that, I'll await your update and let Colin Grindlay know after..

On another matter, ventilation pressure regime to 4 bed bays – in your opinion should it be same as single bedrooms i.e. balanced or slightly negative to corridor (keeps any infection in the room) or is it presumed that patients in multi bed bays are not infected and pressure regime does not matter?

Regards

Ronnie

Ronnie Henderson
Commissioning Manager Hard FM
RHSC & DCN - Little France
NHS Lothian

RHSC & DCN Site Office
Little France Crescent
Edinburgh
EH16 4TJ

X: [REDACTED]
T: [REDACTED]
E: [REDACTED]

From: Richards, Janette
Sent: 20 January 2017 08:59
To: Henderson, Ronnie
Subject: Macerator overflow
Importance: High

Dear Ronnie,

I am looking into the question you asked with regards to over flow outlet and allowing the over flow to drain to the floor. As yet I have not found information to support this and I have spoken to tech people at Haig who would not do that either. I have a couple of more enquiries to make this morning but will have an answer for you by 2pm,

Regards
Janette

Janette Richards
Lead HAISCRIBE Infection Prevention and Control Nurse
NHS Lothian
14 Rillbank Terrace
Edinburgh
EH9 1LL
[REDACTED]

Link to Infection Control Manual
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From: Rae, Janette
Sent: 23 August 2016 16:22
To: Inverarity, Donald; Guthrie, Lindsay; Cameron, Fiona; Kalima, Pota
Subject: RE: For comments

Hi Donald the new RHSC will have 17 of these rooms with isolation lobbies through out the hospital and there will be some in the new DCN. However to do planned maintenance or if there were a malfunction would mean moving haem/onc patients to other areas that is why I also think that there should be more than one air handling unit in that area,
Thanks
Janette

Janette Richards
Lead HAISCRIBE Infection Prevention and Control Nurse
NHS Lothian
10 Chalmers Crescent
Edinburgh
EH9 1TS
Mobile [REDACTED]

Link to Infection Control Manual
<http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/InfectionControl/Pages/default.aspx>

From: Inverarity, Donald
Sent: 23 August 2016 13:26
To: Richards, Janette; Guthrie, Lindsay; Cameron, Fiona; Kalima, Pota
Subject: FW: For comments

I'm comfortable with air handling units serving more than one room but one unit serving the entire 5 rooms of the paediatric cancer unit seems to be a problem waiting to happen.
I think there needs to be guidance from the paediatric cancer clinical team as to what sort of patients would be managed in these rooms in order to gauge the risk. The risk to a bone marrow transplant patient from not having access to a positive pressure single room would be greater than for a solid organ post chemo patient. If the rooms were occupied and there was a malfunction, where on the site is there capacity for them to be managed (ward 215 springs to mind from a room design perspective but then there would be children on an adult ward). They could not remain in those 5 rooms while corrective work is being undertaken from a patient safety perspective. There needs to be an explicit agreed contingency plan as to where those 5 children would be managed in event of ventilation failure before embarking on a one air handling unit serves all rooms with no redundancy approach.
Pota is included in the reply as this relates to RHSC.
Donald

From: Richards, Janette
Sent: 22 August 2016 13:05
To: Guthrie, Lindsay; Inverarity, Donald
Cc: Cameron, Fiona
Subject: For comments

Dear Both,
Please see for information and comment re ventilation requirements in isolation rooms in the new RHSC/DCN. Could I have your comments back by 29th Aug. please?

Regards
Janette

Janette Richards
Lead HAISCRIBE Infection Prevention and Control Nurse
NHS Lothian
10 Chalmers Crescent
Edinburgh
EH9 1TS

Mobile [REDACTED]

[REDACTED]

Link to Infection Control Manual

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NHS Lothian
Infection Prevention & Control

Situation
Meeting at the IHSL Lothian offices with Brookfield Multiplex to discuss specialist ventilation in the isolation rooms of the RHSC/DCN new build.
Background
There will be isolation rooms throughout the new build that have gowning lobbies and en-suite with shower facilities. Present at the meeting were members of the construction team along with Ronnie Henderson NHS Lothian Estates, Graeme Greer QA Consultant, John Rayner , NHS Lothian Authorised Person for Ventilation
Assessment
<p>The plan for all these isolation rooms is as follows</p> <p>Gowning Lobby 10 air changes per hour with positive pressure supply through a hepa filter</p> <p>Patient area windows do not open, sealed lighting</p> <p>En-suite extract negative pressure 10 air changes per hour</p> <p>These levels meet the SHTM 03-01 and Health Building Note 04-01, Supplement 1, Isolation facilities for infectious patients in acute settings, but ideally there would be one air handling unit per room, but financially and due to lack of space this has not been the case. The construction team are concerned however that the IPCT will change their requirements and are looking for agreement that these arrangements are appropriate.</p> <p>I do have a concern in that the Paediatric cancer service has only one air handling unit for the five isolation rooms there. This will have a support fan however if this air handling unit breaks or during maintenance all 5 rooms will be affected and I feel that from our point of view this is not acceptable and I raised that point at the meeting which should be documented on the minutes of the meeting.</p>
Recommendation
<ol style="list-style-type: none"> 1. SBAR to Donald Inverarity and Lindsay Guthrie for their agreement/comments to Janette Richards 29/08/16 2. Janette Richards to forward comments received to ventilation group
<p>Janette Richards HAISCRIBE Infection Prevention and Control Nurse</p>
<p>Primary Distribution Group:</p> <p>Donald Inverarity ICD Lindsay Guthrie Lead IPCN Fiona Cameron Head of Service IPCT</p>

NHS Lothian
Infection Prevention & Control

Situation
14/09/16 Second meeting at the IHSL Lothian offices with Multiplex to discuss specialist ventilation in the isolation rooms of the RHSC/DCN new build.
Background
<p>Present at the meeting was team along with Ronnie Henderson NHS Lothian Estates, Colin MacRae, Mott MacDonald Technical Advisers to NHSL, John Rayner, Authorising Engineer, Turner FM on behalf of NHSL. There was a review of the minutes form the last meeting. Multiplex (previously Brookfield Multiplex) have agreed that they will provide a re-route facility that if one air handling unit e.g. in Haem/Onc fails it will be backed up by an air handling unit that supplies only one room in another part of the facility, until the faulty air handling unit is repaired or until maintenance has been carried out.</p> <p>The end point discussion of the meeting was the requirement for air changes in the two new CT scanning rooms. It is suggested that 8 air changes per hour will be adequate however in reviewing SHPN 06: Facilities for diagnostic imaging and interventional radiology, SHTM 03-01, HBN 03-01 Ventilation for healthcare premises Part A – Design and validation and in consultation with HFS I have advised that this will not be adequate.</p>
Assessment
<p>Review of SHPN 06: Facilities for diagnostic imaging and interventional radiology, states Section 4: Special engineering requirements for interventional and cardiac imaging systems states:</p> <p><u>Environmental considerations</u></p> <p>4.3 Full air-conditioning and filtration should be incorporated into the fluoroscopy suites and recovery area, and should be able to be manually controlled from within each area. This should be connected to a different electrical circuit to that used for the imaging equipment. In general terms, a maximum air change rate of between 12 and 15 air changes per hour is seen as appropriate to control room temperature and infection in the examination room.</p> <p>SHTM 03-01: Part A – Design and Validation – while discussing general information (pge 85.) and referring to Thrs comments that if anaesthetic gases are to be used there should be a minimum of 15 air changes per hour, (Thrs have 25 air changes per hour).</p>

In communication with Ian Storrar, Principal Engineer - Health Facilities Scotland Procurement, Commissioning and Facilities he advises

“you first have to set out what procedures are going to be carried out within the CT area. If biopsies are going to be carried out then it may be that 15 ACH is sufficient. If more invasive procedures are going to be carried out then the ACH will have to be sufficient to safely facilitate this. This has to be collaboratively set out between the end user, estates and clinical colleagues.”

Colin Macrae, Senior Building Services Engineer, Mott MacDonald (Technical Advisor to NHSL) confirms

“SHPN 06 Part 1 Facilities for diagnostic imaging and interventional radiology states CT ventilation rate as a minimum of 10 ac/hr. and John Rayner Authorising Engineer, Turner FM on behalf of NHSL also noted “that the requirement for Interventional facilities is 12 – 15 ach.”

It was agreed at the meeting the Ronnie Henderson would review the client brief and that he would ask Mike Conroy to clarify exactly what interventions and procedures would be carried out in the CT rooms.

For information I include the room layout of both CT rooms they have pendants and the facilities for anaesthetic gases



HLM-Z3-00-AS-400-0 HLM-Z3-00-AS-400-0
26-01 CT ROOM G-Q'37-01 CT Room G-Q1

Recommendation

1. SBAR to Donald Inverarity and Lindsay Guthrie for their agreement/comments to Janette Richards by 21/09/16
2. Ronnie Henderson to send to all at the meeting list of interventions to be carried out in the rooms when obtained from Mike Conroy
3. Ronnie Henderson to request list of interventions to be carried out in CT scanner room
4. Janette Richards to forward comments received to ventilation group
5. Next meeting will be between the 10th-14th Oct 2016

Janette Richards
HAISCRIBE Infection Prevention and Control Nurse

Primary Distribution Group:

Donald Inverarity ICD
Lindsay Guthrie Lead IPCN
Fiona Cameron Head of Service IPCT
Ronnie Henderson Commissioning Manager Hard FM RHSC & DCN



CONFIDENTIAL

Meeting:	RHSC & DCN Isolation Rooms	
Location:	RHSC+DCN – Multiplex Site Offices – MPX Meeting Room 4	
Date and time:	Friday 03-11-16 at 1pm	
Meeting Chair:	Colin Grindlay	- MPX
Attendees:	Janet Richards	- NHS
	John Reiner	- NHS
	Ronnie Henderson	- NHS
	Kamil Kolodziejczyk	- MM
	Stewart McKechnie	- WW
	John Spalding	- WW
Apologies:	David Wilson	- MPX
	Colin McRae	- Motts

Agenda:

1.0 Introductions

The purpose of the meeting is to review the current WW Isolation suite M&E design and in particular the ventilation design philosophy and strategy.

2.0 Notes arising from meeting discussions

2.1 Ventilation Design Concept

- Ventilation rates and suite design by WW as per requirements and SHPN 04 Supplement 1.
- Calculation completed for each room.
- Dedicated extract – single extract fan serving each room (en-suite)
- Extract fans fitted with inverter drives
- Extract fans to be fitted with Spectacle plates for maintenance
- Supply air central plant – serving general areas local to isolation rooms and in **most** instances more than one isolation rooms served from central AHU (refer to attached Matrix)
- Supply air handling units fitted with run and stand-by motors and inverted driven plug type fans
- Combined Smoke and Fire Dampers have been proposed on the supply duct as it enters the lobby to act as a shut off damper to facilitate isolation of the duct from the suite during cleaning and maintenance. 'It's not gas tight damper' (Smoke dampers) **NHS confirmed gas tight damper required for fumigation. NHS confirmed spectacle plate would be acceptable – WW updating drawings for construction information to allow progress for works onsite to completion.**
- Ductwork within suite to be hard fixed to HEPA grill.
- Supply and Extract Ductwork / Plant to be identified with Isolation room suite numbers served
- Extract ductwork to be identified with "Biohazard" including access doors
- There is no interlocking between the lobby door and the bedroom door

2.2 Air Permeability Testing

- Air permeability test to be carried out in suite as per SHPN 04 Supplement 1
- Current room detail is solid sealing with sealant used on all junctions with room penetrations. IP44 light fittings specified (as per SHPN), as they are not air tight a sealant would be used to seal the diffuser to the fitting.
- Air permeability test area to be room suite envelope floor to ceiling (ceiling void not included)
- Losses through doors to be included in design. HLM to be made aware of door seal importance
- **MPX confirm lighting within Isolation Room LED (See attached lighting details for information).**

2.3 Communications / Lobby Pressure

- Currently an analogue differential pressure gauge will be mounted outside the room giving visual indication of room pressure. **Function description for differential pressure control to follow once available. (Approx. 2 weeks)**
- The room pressure alarms will be indicated to the BMS and the nurse station via the touchscreen.
- A delay of 120 seconds will be programmed into the pressure alarm (parameters set out in SHPN 10-12Pa)
- Currently there is no two way communication within the room (as noted with in SHPN)– standard nurse call only **NHS confirmed this two way communication via intercom is not required. NHS will achieve this via telephone communication.**

RHSC & DCN At Little France

2.4 Validation

- SHPN testing for air permeability
- Duct work hygiene clean (Supply duct only)
- Proportional Balancing of ventilation system
- HEPA – Validation ([MPX to clarify test procedures](#)).
- AHU checks/filters
- Pressure stabilizer
- Cascade report
- Key people from NHS will be required as part of witnessing team (Infection Control / Ventilation AP)

2.4 Maintenance

- Access hatches will be fitted with lobby / room where required to access any maintainable items above ceiling – hatches will be sealed for air permeability testing
- Supply AHU will require to be shut down for general maintenance such as filter changes
- [WW By-Pass proposal – WW to issue written procedure on bypass switching for maintenance](#).

3.0 Any Other Business

3.1.1 VAV & CV – Do we require these for every room? [WW proceeding with CVB to each Isolation Room](#).

3.1.2 Emergency Extract – to be detailed on Environmental Matrix.

3.1.3 CT ACH – NHS advise 15ACH. Currently 8-10ACH – See SHTM03-01 – [MPX currently reviewing](#).

3.1.4 Environmental matrix to be updated – [WW action](#).

3.1.5 Magnehelic Gauge mounting height 1400mm FFL to CL.

Next Meeting: Wednesday 30th November at 2pm

From: [Richards, Janette](#)
To: [Inverarity, Donald](#)
Cc: [Guthrie, Lindsay](#); [Henderson, Ronnie](#); [Cameron, Fiona](#)
Subject: FW: Air changes
Date: 16 September 2016 12:01:00
Attachments: [image001.jpg](#)
[image002.png](#)
[2016 09 16 Ventilation RHSC DCN \(2\).doc](#)

Dear Donald,

Please see email trail below with regards to the number of air changes required for new CT provision at RHSC/DCN. I also attach a second SBAR with regards to the isolation room ventilation meeting letting you know what the builders are putting in place to address our concerns that all 5 of the Paediatric Haem/Onc isolation rooms are running off one air handling unit. The SBAR goes on to highlight another issue re CT Scanning rooms that has been brought up re the amount of air changes per hour required in those rooms. I have advised that the planned 8 air changes per hour is not what is advocated and I include information form available guidance and expert opinion.

The members of the meeting would like to have ICD/ Microbiological consideration to ensure that the appropriate air-changes per hour are instigated,

Regards

Janette

Janette Richards
Lead HAISCRIBE Infection Prevention and Control Nurse
NHS Lothian
10 Chalmers Crescent
Edinburgh
EH9 1TS


Link to Infection Control Manual

<http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/InfectionControl/Pages/default.aspx>

From: Conroy, Michael
Sent: 15 September 2016 15:39
To: Henderson, Ronnie
Cc: Macrae, Colin; Kolodziejczyk, Kamil K; Richards, Janette
Subject: RE: Air changes

Hi Ronnie,

I will let Jeanette justify the need for CT as i am happy with 8.

Please note, the MRI (Non interoperative) will increase to 16 ac/h in line with demarcation reports in the event of a quench (so the table is not correct, but i have the correct info in reports)

We have been through this and its the CT that is the issue

Mike

From: Henderson, Ronnie
Sent: 15 September 2016 15:33
To: Conroy, Michael; Conroy, Michael
Cc: Macrae, Colin; Kolodziejczyk, Kamil K; Richards, Janette

Subject: RE: Air changes
Importance: High

Hi Mike,

With this in mind can you please consider the other radiology rooms in the attached enviro matrix (don't see Angio in there unless named differently) in terms of procedures carried out and the air change rates required for them. Last thing we want to do is cost a change proposal for CT then go back and do the same later for MR, Angio etc.

It would be very useful if Janette or yourself could point to explicit guidance relating to the various procedures that upgrades the required air change rates shown in SHTM 04 and SHPN 06 which Colin has summarised below the matrix.

As you can imagine this is now becoming urgent.

Regards

Ronnie

Ronnie Henderson
Commissioning Manager Hard FM
RHSC & DCN - Little France
NHS Lothian

RHSC & DCN Site Office
Little France Crescent
Edinburgh
EH16 4TJ

[Redacted]

From: Kolodziejczyk, Kamil K [Redacted]
Sent: 15 September 2016 14:49
To: Henderson, Ronnie
Subject: FW: Air changes

Fyi

From: Conroy, Michael [Redacted]
Sent: 15 September 2016 14:13
To: Kolodziejczyk, Kamil K; Richards, Janette
Cc: Sansbury, Jackie
Subject: Re: Air changes

Hi Kamil,

Jeanette has suggest we have 15 ac/h, I suggest we cost up the potential change,

Mike

From: Kolodziejczyk, Kamil K [Redacted]
Sent: Thursday, September 15, 2016 12:22 PM
To: Conroy, Michael; Richards, Janette
Cc: Sansbury, Jackie
Subject: RE: Air changes

Janette / Mike,

Can I please have confirmation what a/c are required for the CT room? Currently it is proposed 8ac/h which is in line with SHTM. If we have to deviate from that then this would be deemed as Change and if so it has to be submitted to PCo asap.

Thanks
Kamil

From: Conroy, Michael [REDACTED]
Sent: 01 September 2016 18:16
To: Richards, Janette
Cc: Sansbury, Jackie; Kolodziejczyk, Kamil K
Subject: Re: Air changes

Happy to accept this if I have evidence to prove this is the correct decision. The SHTM state 8 not 15.

Can you ask your colleagues for this information.

Kind Regards
Mike

From: Richards, Janette
Sent: Thursday, September 01, 2016 05:31 PM
To: Conroy, Michael
Cc: Sansbury, Jackie; 'Kolodziejczyk, Kamil K' [REDACTED]
Subject: RE: Air changes

Dear Michael,

This is the recommendation from HFS and SHTM . NHS Lothian would be compromised if we were to go against this advice and certainly no one in the IPCT here would agree to ignore these recommendations.

Regards
Janette

From: Conroy, Michael
Sent: 30 August 2016 11:53
To: Richards, Janette
Cc: Sansbury, Jackie; 'Kolodziejczyk, Kamil K'
Subject: RE: Air changes

Hi Janette,

I am still not convinced this is correct – why 15 and not 8?

Mike

From: Richards, Janette
Sent: 17 August 2016 15:29
To: Conroy, Michael
Cc: Sansbury, Jackie
Subject: FW:

Dear Mike,

I have comments from HFS that we should be having a minimum of 15 air changes per hour .

Regards
Janette

Janette Richards
Lead HAISCRIBE Infection Prevention and Control Nurse

NHS Lothian
10 Chalmers Crescent
Edinburgh
EH9 1TS

[REDACTED]
[REDACTED]
[Link to Infection Control Manual
http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/InfectionControl/Pages/default.aspx](http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/InfectionControl/Pages/default.aspx)

From: Storrar Ian (NATIONAL SERVICES SCOTLAND) [REDACTED]
Sent: 17 August 2016 14:44
To: Richards, Janette
Subject: RE:

Hi Janette

From what is detailed in the enquiry, I think you first have to set out what procedures are going to be carried out within the CT area. If biopsies are going to be carried out then it may be that 15 ACH is sufficient. If more invasive procedures are going to be carried out then the ACH will have to be sufficient to safely facilitate this. This has to be collaboratively set out between the end user, estates and clinical colleagues. I think it is also worth pointing out that various other factors such protective air pressure, power, lighting and workflow need to be defined as ACH is not the only parameter which will go towards the creation of a safe environment .

Regards

Ian
Ian Storrar
Principal Engineer - Health Facilities Scotland
Procurement, Commissioning and Facilities
NHS National Services Scotland
3rd Floor
Meridian Court
5 Cadogan Street
Glasgow
G2 6QE

[REDACTED]
[REDACTED]
www.hfs.scot.nhs.uk

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From: O'Brien Geraldine (NATIONAL SERVICES SCOTLAND)
Sent: 17 August 2016 14:25
To: Storrar Ian (NATIONAL SERVICES SCOTLAND)
Subject: FW:

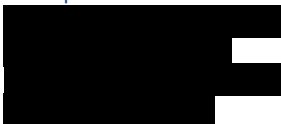
For discussion

Dr Geraldine O'Brien
Research Manager
Engineering & Environment
Health Facilities Scotland
Procurement, Commissioning and Facilities

NHS National Services Scotland

3rd Floor
Meridian Court
5 Cadogan Street
Glasgow
G2 6QE

Telephone:



cid:image001.jpg@01D1A55D.E8275B50



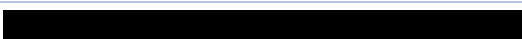
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From: Richards, Janette 
Sent: 17 August 2016 14:20
To: O'Brien Geraldine (NATIONAL SERVICES SCOTLAND)
Subject: FW:

Dear Geraldine,

As Discussed, please can you discuss with Ian Storrar as you suggested re the required air-changes for the CT Scanner. Presently the plan is only to do Biopsies here but I am concerned that this may proceed to more, I am happy to be corrected,

Regards
Janette

Janette Richards
Lead HAISCRIBE Infection Prevention and Control Nurse
NHS Lothian
10 Chalmers Crescent
Edinburgh
EH9 1TS



Link to Infection Control Manual
<http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/InfectionControl/Pages/default.aspx>

From: Richards, Janette
Sent: 17 August 2016 10:06
To: Sansbury, Jackie
Subject:

Dear Jackie

Please see appendix 1 Table 1 of this document. This gives the advised air change rates for various

parts of a hospital. The nearest I can see is interventional work in cardiac cath labs at 15 Airchanges per hour, however as the brain is involved and at times the skull open we should look to 25 airchanges as per Thr area. We do have an area in WGH where this type of work is carried out but I would look for more like a Thr layout.

Regards
Janette

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NHS Lothian
Infection Prevention & Control

Situation
14/09/16 Second meeting at the IHSL Lothian offices with Multiplex to discuss specialist ventilation in the isolation rooms of the RHSC/DCN new build.
Background
<p>Present at the meeting was team along with Ronnie Henderson NHS Lothian Estates, Colin MacRae, Mott MacDonald Technical Advisers to NHSL, John Rayner, Authorising Engineer, Turner FM on behalf of NHSL. There was a review of the minutes form the last meeting. Multiplex (previously Brookfield Multiplex) have agreed that they will provide a re-route facility that if one air handling unit e.g. in Haem/Onc fails it will be backed up by an air handling unit that supplies only one room in another part of the facility, until the faulty air handling unit is repaired or until maintenance has been carried out.</p> <p>The end point discussion of the meeting was the requirement for air changes in the two new CT scanning rooms. It is suggested that 8 air changes per hour will be adequate however in reviewing SHPN 06: Facilities for diagnostic imaging and interventional radiology, SHTM 03-01, HBN 03-01 Ventilation for healthcare premises Part A – Design and validation and in consultation with HFS I have advised that this will not be adequate.</p>
Assessment
<p>Review of SHPN 06: Facilities for diagnostic imaging and interventional radiology, states Section 4: Special engineering requirements for interventional and cardiac imaging systems states:</p> <p><u>Environmental considerations</u></p> <p>4.3 Full air-conditioning and filtration should be incorporated into the fluoroscopy suites and recovery area, and should be able to be manually controlled from within each area. This should be connected to a different electrical circuit to that used for the imaging equipment. In general terms, a maximum air change rate of between 12 and 15 air changes per hour is seen as appropriate to control room temperature and infection in the examination room.</p> <p>SHTM 03-01: Part A – Design and Validation – while discussing general information (pge 85.) and referring to Thrs comments that if anaesthetic gases are to be used there should be a minimum of 15 air changes per hour, (Thrs have 25 air changes per hour).</p>

In communication with Ian Storrar, Principal Engineer - Health Facilities Scotland Procurement, Commissioning and Facilities he advises

“you first have to set out what procedures are going to be carried out within the CT area. If biopsies are going to be carried out then it may be that 15 ACH is sufficient. If more invasive procedures are going to be carried out then the ACH will have to be sufficient to safely facilitate this. This has to be collaboratively set out between the end user, estates and clinical colleagues.”

Colin Macrae, Senior Building Services Engineer, Mott MacDonald (Technical Advisor to NHSL) confirms

“SHPN 06 Part 1 Facilities for diagnostic imaging and interventional radiology states CT ventilation rate as a minimum of 10 ac/hr. and John Rayner Authorising Engineer, Turner FM on behalf of NHSL also noted “that the requirement for Interventional facilities is 12 – 15 ach.”

It was agreed at the meeting the Ronnie Henderson would review the client brief and that he would ask Mike Conroy to clarify exactly what interventions and procedures would be carried out in the CT rooms.

For information I include the room layout of both CT rooms they have pendants and the facilities for anaesthetic gases



HLM-Z3-00-AS-400-0 HLM-Z3-00-AS-400-0
26-01 CT ROOM G-Q'37-01 CT Room G-Q1

Recommendation

1. SBAR to Donald Inverarity and Lindsay Guthrie for their agreement/comments to Janette Richards by 21/09/16
2. Ronnie Henderson to send to all at the meeting list of interventions to be carried out in the rooms when obtained from Mike Conroy
3. Ronnie Henderson to request list of interventions to be carried out in CT scanner room
4. Janette Richards to forward comments received to ventilation group
5. Next meeting will be between the 10th-14th Oct 2016

Janette Richards
HAISCRIBE Infection Prevention and Control Nurse

Primary Distribution Group:

Donald Inverarity ICD
Lindsay Guthrie Lead IPCN
Fiona Cameron Head of Service IPCT
Ronnie Henderson Commissioning Manager Hard FM RHSC & DCN

From: [Richards, Janette](#)
To: [Richards, Janette](#)
Subject: FW: Air changes
Date: 19 March 2018 10:42:36
Attachments: [image001.jpg](#)
[image002.png](#)

From: Richards, Janette
Sent: 01 September 2016 17:31
To: Conroy, Michael
Cc: Sansbury, Jackie; 'Kolodziejczyk, Kamil K'
Subject: RE: Air changes

Dear Michael,

This is the recommendation from HFS and SHTM . NHS Lothian would be compromised if we were to go against this advice and certainly no one in the IPCT here would agree to ignore these recommendations.

Regards

Janette

From: Conroy, Michael
Sent: 30 August 2016 11:53
To: Richards, Janette
Cc: Sansbury, Jackie; 'Kolodziejczyk, Kamil K'
Subject: RE: Air changes

Hi Janette,

I am still not convinced this is correct – why 15 and not 8?

Mike

From: Richards, Janette
Sent: 17 August 2016 15:29
To: Conroy, Michael
Cc: Sansbury, Jackie
Subject: FW:

Dear Mike,

I have comments from HFS that we should be having a minimum of 15 air changes per hour .

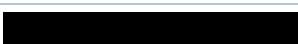
Regards

Janette

Janette Richards
Lead HAISCRIBE Infection Prevention and Control Nurse
NHS Lothian
10 Chalmers Crescent
Edinburgh
EH9 1TS


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<http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/InfectionControl/Pages/default.aspx>

From: Storrar Ian (NATIONAL SERVICES SCOTLAND) 
Sent: 17 August 2016 14:44
To: Richards, Janette

Subject: RE:

Hi Janette

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Regards

Ian

Ian Storrar
Principal Engineer - Health Facilities Scotland
Procurement, Commissioning and Facilities
NHS National Services Scotland
3rd Floor
Meridian Court
5 Cadogan Street
Glasgow
G2 6QE



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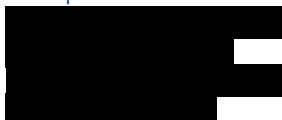
From: O'Brien Geraldine (NATIONAL SERVICES SCOTLAND)
Sent: 17 August 2016 14:25
To: Storrar Ian (NATIONAL SERVICES SCOTLAND)
Subject: FW:

For discussion

Dr Geraldine O'Brien
Research Manager
Engineering & Environment
Health Facilities Scotland
Procurement, Commissioning and Facilities

NHS National Services Scotland
3rd Floor
Meridian Court
5 Cadogan Street
Glasgow
G2 6QE

Telephone:



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From: Richards, Janette [REDACTED]
Sent: 17 August 2016 14:20
To: O'Brien Geraldine (NATIONAL SERVICES SCOTLAND)
Subject: FW:

Dear Geraldine,

As Discussed, please can you discuss with Ian Storrar as you suggested re the required air-changes for the CT Scanner. Presently the plan is only to do Biopsies here but I am concerned that this may proceed to more, I am happy to be corrected,

Regards

Janette

Janette Richards
 Lead HAISCRIBE Infection Prevention and Control Nurse
 NHS Lothian
 10 Chalmers Crescent
 Edinburgh
 EH9 1TS

[REDACTED]
 [REDACTED]
 Link to Infection Control Manual

<http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/InfectionControl/Pages/default.aspx>

From: Richards, Janette
Sent: 17 August 2016 10:06
To: Sansbury, Jackie
Subject:

Dear Jackie

Please see appendix 1 Table 1 of this document. This gives the advised air change rates for various parts of a hospital. The nearest I can see is interventional work in cardiac cath labs at 15 Airchanges per hour, however as the brain is involved and at times the skull open we should look to 25 airchanges as per Thr area. We do have an area in WGH where this type of work is carried out but I would look for more like a Thr layout.

Regards

Janette

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From: [Little, Kerryann](#)
To: [Guthrie, Lindsay](#); [Inverarity, Donald](#)
Cc: [Cameron, Fiona](#); [Sutherland, Sarah](#); [Pennykid, Jennifer](#)
Subject: RE: Infection control + Ventilation Issues from Sunday Herald Article on Glasgow QEH- RHCYP
Date: 18 March 2019 11:21:58
Attachments: [image001.jpg](#)
[image002.jpg](#)
Sensitivity: Confidential

Thanks Lindsay

Please hold for now.

Kal

Kerryann Little

PA to Professor Alex McMahon

Executive Director, Nursing, Midwifery and AHPs

Executive Lead for REAS and Prison Healthcare

NHS Lothian | 2 - 4 Waterloo Place | Edinburgh | EH1 3EG | 

From: Guthrie, Lindsay
Sent: 18 March 2019 09:47
To: Little, Kerryann; Inverarity, Donald
Cc: Cameron, Fiona; Sutherland, Sarah; Pennykid, Jennifer
Subject: RE: Infection control + Ventilation Issues from Sunday Herald Article on Glasgow QEH- RHCYP
Sensitivity: Confidential

Yes that will be ok for me

Lindsay

From: Little, Kerryann
Sent: 18 March 2019 09:34
To: Inverarity, Donald
Cc: Guthrie, Lindsay; Cameron, Fiona; Sutherland, Sarah; Pennykid, Jennifer
Subject: FW: Infection control + Ventilation Issues from Sunday Herald Article on Glasgow QEH- RHCYP
Importance: High
Sensitivity: Confidential

Thanks Donald

I have discussed with Alex. Alex has suggested Wednesday 20th March at 1130.

I have copied this email to Lindsay, Fiona and Sarah so they can also confirm if they can attend.

Thanks

Kal

Kerryann Little

PA to Professor Alex McMahon

Executive Director, Nursing, Midwifery and AHPs

Executive Lead for REAS and Prison Healthcare
NHS Lothian | 2 - 4 Waterloo Place | Edinburgh | EH1 3EG | [REDACTED]

From: McMahon, Alex
Sent: 18 March 2019 09:28
To: Little, Kerryann
Subject: RE: Infection control + Ventilation Issues from Sunday Herald Article on Glasgow QEH-RHCYP
Sensitivity: Confidential

Could we do later on Wed? Say the afternoon?

Professor Alex McMahon
Executive Director, Nursing, Midwifery and Allied Healthcare Professionals
Executive Lead, REAS and Prison Healthcare
NHS Lothian

From: Little, Kerryann
Sent: 18 March 2019 09:26
To: McMahon, Alex
Subject: FW: Infection control + Ventilation Issues from Sunday Herald Article on Glasgow QEH-RHCYP
Sensitivity: Confidential

Hi Alex

See below from Donald – Do you want me to organise this for another dates/time. Finding 2 hours in your diary soon is going to prove tricky!

Thanks
Kal

Kerryann Little

PA to Professor Alex McMahon
Executive Director, Nursing, Midwifery and AHPs
Executive Lead for REAS and Prison Healthcare
NHS Lothian | 2 - 4 Waterloo Place | Edinburgh | EH1 3EG | [REDACTED]

From: Inverarity, Donald
Sent: 15 March 2019 16:03
To: Little, Kerryann
Subject: RE: Infection control + Ventilation Issues from Sunday Herald Article on Glasgow QEH-RHCYP
Sensitivity: Confidential

Hi Kal,
Probably at 9am but there is an Incident Management Team Meeting being chaired by Public Health at 11am about an issue at a community dental practice that I need to participate in and 2

hours may not be long enough for the walk round of the whole building. We would also need the input of Sarah Sutherland and Lindsay Guthrie (or deputy) from the Infection Control Nurses.

Thanks

Donald

From: Little, Kerryann
Sent: 15 March 2019 15:50
To: Inverarity, Donald
Subject: FW: Infection control + Ventilation Issues from Sunday Herald Article on Glasgow QEH-RHCYP
Sensitivity: Confidential

Hi Donald

Following on from below, would you be able to do a walk round with Alex on Wednesday 20th March @ 0900am?

Thanks


Kal

Kerryann Little

PA to Professor Alex McMahon

Executive Director, Nursing, Midwifery and AHPs

Executive Lead for REAS and Prison Healthcare

NHS Lothian | 2 - 4 Waterloo Place | Edinburgh | EH1 3EG | 

From: McMahon, Alex
Sent: 15 March 2019 15:48
To: Little, Kerryann
Subject: Re: Infection control + Ventilation Issues from Sunday Herald Article on Glasgow QEH-RHCYP
Sensitivity: Confidential

Could we look at next Wed morning if I don't do the budget sign off?

Sent from my BlackBerry 10 smartphone on the EE network.

From: Little, Kerryann
Sent: Friday, 15 March 2019 3:41 PM
To: McMahon, Alex
Subject: RE: Infection control + Ventilation Issues from Sunday Herald Article on Glasgow QEH-RHCYP

Hi Alex

How quickly do you need this?

Thanks

Kal

Kerryann Little

PA to Professor Alex McMahon

Executive Director, Nursing, Midwifery and AHPs

Executive Lead for REAS and Prison Healthcare
NHS Lothian | 2 - 4 Waterloo Place | Edinburgh | EH1 3EG | [REDACTED]

From: McMahon, Alex
Sent: 15 March 2019 15:40
To: Inverarity, Donald
Cc: Little, Kerryann
Subject: Re: Infection control + Ventilation Issues from Sunday Herald Article on Glasgow QEH-RHCYP KAL TO ORGANISE
Sensitivity: Confidential

Thank you. It's all a bit of an education for me but I agree a way around with the 'interested' parties would help bring us all to hopefully an agreed place. Will get set up.

KAL can we pick up on Monday please.

Sent from my BlackBerry 10 smartphone on the EE network.

From: Inverarity, Donald
Sent: Friday, 15 March 2019 3:34 PM
To: McMahon, Alex
Subject: RE: Infection control + Ventilation Issues from Sunday Herald Article on Glasgow QEH-RHCYP

Dear Alex,

Thanks for letting me see this.

The pdf attachment relates primarily to the decisions around the design of the building and its ventilation. Janette Rae (Richards) was heavily involved in that planning and design process as outlined by Brian. She did often contact me for my advice when she had questions about the design or ventilation when she required another opinion and I think we all agree there was active involvement by the Infection Control team in the design and planning process.

With regards to point 2 about water quality for clarity my comment that there was no further communication had been there was no further communication after receiving the e-mail from Ronnie (which was the one I had sent you). Perhaps I could have been clearer in that email that the person best placed to answer the question, "whether the presence of Pseudomonas species is an indicator of future risk of Pseudomonas Aeuriginosa" is the Authorising Engineer for Water and not me as infection control doctor/medical microbiologist as it is a question about water and environmental microbiology and that strictly is not part of my training as a medical microbiologist. I had suggested contacting Alan Hambridge to answer that particular question as I believed he was still the NHS Lothian Authorising Engineer for Water. Alan replied to Ronnie promptly on 21st Feb to advise that he was no longer contracted by NHS Lothian to provide such advice. At that point I was no longer included in any e-mail communication regarding how this had been resolved. (Having met John Bryson at the DCN IMT on Wednesday I believe he and Westfield Caledonian were then involved.) So that is the context of the comment that there was "no further communication." It is reassuring from Brian's e-mail that corrective work seems to have currently dealt with the Legionella water contamination issues but I still don't know where in the building they occurred. I was told they were not in an augmented care area but I had been hoping for more specific information about the location(s) to be able to assess the clinical risk once

the building is occupied.

Regarding point 3 about windows in the isolation rooms not being able to open. I'm very pleased if that's no longer the case but the room Ewan, Lindsay and myself were shown had a window that opened when we were there in December 2018 and it wasn't in a lobby but the actual patient room.

Regarding theatre ventilation validation Point 4. I'm glad there is an independent validation of these results although when the new theatres were commissioned at SJH in 2017 we were issued with a clear validation report that assured us all was well and functional (attached as an example of the sort of document we were hoping to receive). This is in line with SHTM 03-01 where it states the IPCT can legitimately request the validation report when a theatre is commissioned. I've pasted the relevant section from SHTM 03-01 below:

Ventilation system commissioning/validation report

8.64 Following commissioning and/or validation a full report detailing the findings should be produced. The system will only be acceptable to the client if at the time of validation it is considered fit for purpose and will only require routine maintenance in order to remain so for its projected life.

8.65 **The report shall conclude with a clear statement as to whether the ventilation system achieved or did not achieve the required standard.** A copy of the report should be lodged with the following groups:

- the user department;
- infection control (where required);
- estates and facilities.

I've spoken with Sarah Sutherland this afternoon and both of us would welcome the opportunity to assist with a walk round as news that the commissioning was complete and the building was now accepted by NHS Lothian had been a surprise to us both.

Best wishes

Donald

From: McMahon, Alex

Sent: 15 March 2019 12:33

To: Inverarity, Donald

Subject: Fw: Infection control + Ventilation Issues from Sunday Herald Article on Glasgow QEH-RHCYP

Importance: High

Sensitivity: Confidential

Donald, just sending all for ease of communicating. Do you want to read and then we can agree how best to square the circle on getting is all agreed on our position.

Alex

Sent from my BlackBerry 10 smartphone on the EE network.

From: Goldsmith, Susan [REDACTED]

Sent: Thursday, 14 March 2019 2:40 PM

To: McMahon, Alex; Gillies, Tracey

Cc: Crombie, Jim

Subject: FW: Infection control + Ventilation Issues from Sunday Herald Article on Glasgow QEH-RHCYP

Alex/Tracey

Response from Brian, clearly some frustration (sorry!), but happy to follow up as required. As will Brian be

Susan

From: Currie, Brian [REDACTED]
Sent: 14 March 2019 13:30
To: Goldsmith, Susan [REDACTED]
Cc: Crombie, Jim [REDACTED]
Subject: RE: Infection control + Ventilation Issues from Sunday Herald Article on Glasgow QEH-RHCYP
Importance: High
Sensitivity: Confidential

Susan

Thanks for passing on further correspondence from Alex and Donald Inverarity.

I respond to various points contained in numerous recent emails as follows:

1 Infection Control involvement in the project

I reiterate my email of 12/03/19 at 8.06 and 12/03/19 at 10.09 with further clarification in yellow:

On further reading of the chain of emails from Lindsay Guthrie to Alex can we just advise that Sarah Jane Sutherland, Lead HAI Scribe Advisor, and IPCN Emma Collett last visited the project on Monday 28th January, 2019 at 9.15am.

The purpose of this visit was to reassure Sarah Jane that Janette (recently retired HAI Scribe advisor) was fully involved in the room review process and in anticipation of an imminent completion or handover of the facility. Janette was provided with the timetable for our first and second round of reviews and she chose which ones she wanted to attend. To ensure a consistent approach was taken to the reviews a checklist of what to look at was developed, which was discussed with Janette. The project team have been consistently checking that previous observations made by them have been addressed and to identify any further observations that have occurred since the 2nd room reviews though to completion.

A further meeting on 27th February with one of the project's Commissioning Managers also took place to review previous documentation signed off by Janette Richards.

However, it is accepted that given the uncertainty of the actual completion date, to almost the day before it occurred, ICPT were not involved in the actual day of completion. It is worth emphasising that patients will not occupy the facility until 9th July, 2019. It is our intention to carry out a pre handover check when all construction activity by IHSL/MPX completes in June.

We can confirm that the Board's Infection Control have been involved from the early stages in the project including competitive dialogue, evaluation of some parts of the submission; actively contributing with the clinical teams to the clinical area design development and approval process reviewing relevant specifications for items such as sanitary ware, flooring, vent coverings etc.

We have been fortunate in that there has always been a nominated IPCN for Reprovision and they have been an integral part of the process participating in key meetings and, if they could not be present at meetings, taking the opportunity to comment on meeting outputs where required and following up on issues in consultation with project and other clinical staff.

Throughout each of the stages of the project they have provided expert advice on elements such as isolation room design and functionality, room ventilation design, and HAI Scribe.

They have also joined project team personnel in reviewing the rooms for adherence to design brief, quality of finish and functionality, (including ease of cleaning and compliance with SHTM and HEI guidance) and advised us on aspects of the building that they felt HEI inspectorate may consider during any future inspections.

2 Water Quality

Before updating you on the current water quality status on site we are at a loss to understand Donald's comment that "there was no further communication". The email attached to Donald's email is clearly a response (text in red) from our Hard FM Commissioning Manager. Indeed, we have still to receive a response to our request from Donald on whether the presence of Pseudomonas species is an indicator of future risk of Pseudomonas Aeuriginosa

Current update is that all test results from latest full batch of sampling have come back clear for Legionella. Pseudomonas positives were found in 2 of 14 samples with elevated TVC counts, this from a total sample of 115. Further disinfection has taken place and the 14 elevated TVC locations will be re-sampled with results due by 20/03/19, until such times as these come back clear MPX are continuing with their responsibilities for water safety management. Further sampling will be carried out by Bouygues in the next 2 weeks once the current batch are all confirmed as clear and in addition there will be a further round of sampling at a time to be agreed prior to full operation. In the intervening period between the last two sampling exercises, Bouygues will implement a robust water management system involving flushing of little used outlets as per the positive obligation in the settlement agreement. It will be for the NHSL water safety management group to decide if this is enough reassurance as it complies with SHTM 04-01.

3 Ventilation to Isolation Rooms

All windows to isolation rooms and their lobbies are fixed pane windows (they do not open) except lobby 1-B1-033 which has been reported as a defect. I suspect

Donald viewed room 1-B1-068 where works to correct an earlier identified defect were incomplete, this has now been resolved.

4 Theatre Ventilation Validation

Theatre ventilation commissioning, include cascade and UCV validation took place between October 2018 and February 2019 and all certificates and reports have been examined and verified by Arcadis as Independent Tester. These are available on the project data storage system 'Zutec'. These have however been rendered void by the agreed post completion works to enhance fire safety across the site and will be fully re tested and validated which will be witnessed by NHSL and the Independent Tester once these works are complete. In the meantime the information on the system can be reviewed by ICD and IPC at any time to ensure they meet their requirements. MPX will carry out air sampling on completion of their builders clean and prior to NHSL equipping the area. It is assumed IPC will wish to repeat this prior to theatres becoming fully operational.

5 Sub optimal Air Exchange Rates in clinical areas

During the review of the environmental matrix it was identified that air exchange rates within the single and 4 bedded rooms did not meet the recommendations of SHTM 03-01. Risk assessments were carried out and discussed with infection control staff (sample attached). A workable solution has been implemented which includes mixed mode ventilation where natural ventilation provides the difference between 4 and 6 ac/hr.

6 Consequences of water damage event

The project's Clinical Director and a Commissioning Manager toured the Facility on 5th July, 2019 with Janette Richards, Dr Pota Kalima and MPX and the remedial and reinstatement process proposed by IHSL/MPX was accepted in addressing the departments that were affected by the water damage. Donald's recommendation, in his email of 25/07/2018 to the project's Clinical Director that a building survey using a moisture meter to assess dryness of walls should be undertaken at the appropriate time will be undertaken. We assume the outcome of such a survey would suffice in providing the reassurance being sought by Fiona. To the best of our knowledge, and we believe also the Independent Tester's, all materials and systems damaged by water have been replaced.

We hope this clarifies the communications with Infection Control to date but needless to say we would welcome a walk round by Donald and members of the IPCT at any time as suggested by Alex.

Regards

Brian

Brian Currie
Project Director - NHS Lothian
RHCYP + DCN Site Office

Little France Crescent
Edinburgh
EH16 4TJ



PHNC cyan secondary FOR SIG



From: Goldsmith, Susan
Sent: 13 March 2019 17:10
To: Currie, Brian
Subject: FW: Infection control + Ventilation Issues from Sunday Herald Article on Glasgow QEH-RHCYP
Importance: High
Sensitivity: Confidential

Brian as discussed!

Thanks Susan

From: McMahon, Alex [REDACTED]
Sent: 13 March 2019 16:19
To: Crombie, Jim [REDACTED]; Goldsmith, Susan
[REDACTED]; Gillies, Tracey
[REDACTED]
Cc: Inverarity, Donald [REDACTED]
Subject: FW: Infection control + Ventilation Issues from Sunday Herald Article on Glasgow QEH-RHCYP
Importance: High
Sensitivity: Confidential

All

I caught up with Donald after the DCN IMT. He said he would send me this email and I have his permission to forward on. For transparency I have copied Donald in.

The content gives me some cause for concern. Jim and Tracey can we take the opportunity to discuss this with Donald tomorrow afternoon. I know Jim you and I are meeting others at 4 but I think if we can take 5 mins just for a quick discussion that would be helpful.

In the meantime happy to take thoughts but one action we I am going to instruct is that Donald and members of the IPCT do a walk around of the whole building with the appropriate personnel.

Donald asks for sight of reports as set out below, Jim/Susan can we make these available as well.

Alex

From: Inverarity, Donald
Sent: 13 March 2019 15:37
To: McMahon, Alex
Subject: RE: Infection control + Ventilation Issues from Sunday Herald Article on Glasgow QEH-RHCYP
Sensitivity: Confidential

Dear Alex,

Following our discussion after the DCN IMT today, I'd like to raise a further issue that relates to water quality and ventilation in the new hospital site.

Please see the (confidential) e-mail dialogue attached which was sent to me by the commissioning team in the week before the building was handed over to NHS Lothian. It was highlighted that there were concerns about *Pseudomonas aeruginosa* and more concerningly *Legionella* in the water. Despite replying expressing concern particularly over the finding of *Legionella*, there was no further communication with me about the issue. I don't know where in the building this was found and I don't know what corrective action is/has been taken.

Consequently it is not possible to risk assess whether there is a clinical risk to immunocompromised patients when they occupy the building without knowing if there are water issues in the clinical areas where such patients will be managed. Even if they have been addressed and corrected by the time patients are admitted later in the year, they would still count as higher risk areas that would deserve more scrutiny to ensure the level of *Legionella* remains low and would present a persisting clinical risk if in a clinical area.

I also mentioned to you the paediatric isolation rooms which are designed as positive pressure ultraclean rooms with HEPA filtered air and yet the windows open to the outside unfiltered Edinburgh air defeating the purpose of the room. I don't know if any corrective action has taken place regarding this design flaw which was identified by Lindsay, Ewan Olsen and myself when we were invited to review the design of the room and its ventilation pre handover.

Although given assurances that pre hand over there would be validation performed on all theatre ventilation, as ICD I've never seen any of these validation reports and neither have any of my consultant microbiologist colleagues albeit we were given a tour of the ventilation system and theatres as they were being built.

All the best

Donald

From: Cameron, Fiona
Sent: 12 March 2019 12:25
To: Currie, Brian
Cc: McMahon, Alex; Guthrie, Lindsay; Inverarity, Donald
Subject: RE: Infection control + Ventilation Issues from Sunday Herald Article on Glasgow QEH-RHCYP

Brian

Alex sent on your email I am unsure what HEI guidance you are referring to. Healthcare Environment Inspectorate do not have standards for buildings. I can confirm any reviews, recommendations IPC made would be in alignment with the SHTM guidance by HFS for building works. I agree we did have involvement and a dedicate person i.e. our HAI SCRIBE lead involved. However as per communications with Alex IPC were not involved in handover as per SCRIBE guidance recommendations

I cannot reliably say if all our recommendations were accepted. I am aware as a result of the cancelled FOI there was discussion re air exchanges rates perhaps being suboptimal in clinical areas and we don't know what the outcome of that report was.

The HAI SCRIBE documents or minutes of your project meetings should be able to confirm.

Another example IPCT can only assume the building engineer who accepted the building on behalf of NHS Lothian saw evidence of theatre validation See p114-124 of SHTM 03-01. IPC to the best of my knowledge have not seen a validation report (section 8.64-8.65 of SHTM 03-01). The validation/commissioning report should be a clearly understood document that outlines that the theatre is working optimally, not just engineering data, which allows us to have confidence in the efficiency of theatre ventilation and would go some way to provide the board with a level of assurance.

In addition not have we seen what evidence was provided to give NHS Lothian assurance that the consequences of the flood were fully addressed. Did the contractors provide assurance that all water damaged construction materials were replaced and there is no unnecessary residual damp material, particularly not in clinical areas. As previously advised by our ICD Dr Inverarity, damp building materials that are left in place to dry out over time are predisposed to growing moulds and fungus and that could take some time to show. The clinical risk that can result in depends on where the damp material is situated e.g. theatre or isolation room designed to protect patients from infection. Did the contractor provide a comprehensive assessment for residual damp in clinical areas or was this checked by an external authority to the contractor as I think was recommended by Dr Inverarity at the time.

Alex I have copied Lindsay and Donald as they may also wish to comment as Lead Nurse and Lead ICD

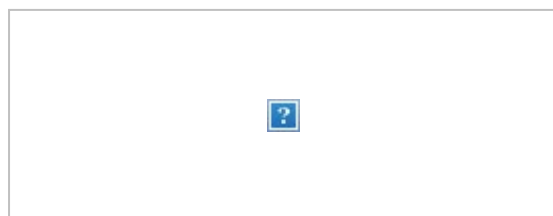
Fiona

Ms Fiona Cameron
Head of Service
NHS Lothian Infection Prevention & Control Services

██████████

Mobile: ██████████

For more information visit the IPCT [IPCT Intranet Homepage](#)



From: McMahon, Alex
Sent: 12 March 2019 08:08
To: Cameron, Fiona
Subject: FW: Infection control + Ventilation Issues from Sunday Herald Article on Glasgow QEH-RHCYP
Importance: High

Professor Alex McMahon
Executive Director, Nursing, Midwifery and Allied Healthcare Professionals
Executive Lead, REAS and Prison Healthcare
NHS Lothian

[REDACTED]

From: Currie, Brian
Sent: 12 March 2019 08:06
To: Goldsmith, Susan; McMahon, Alex
Subject: FW: Infection control + Ventilation Issues from Sunday Herald Article on Glasgow QEH-RHCYP
Importance: High

Susan / Alex

FYI - see below.

Regards

Brian

Brian Currie
Project Director - NHS Lothian
RHCYP + DCN Site Office
Little France Crescent
Edinburgh
EH16 4TJ

[REDACTED]

PHNC cyan secondary FOR SIG



From: MACKAY, Judith (NHS Lothian) [REDACTED]
Sent: 11 March 2019 16:45
To: Currie, Brian
Cc: Crombie, Jim; Graham, Iain
Subject: RE: Infection control + Ventilation Issues from Sunday Herald Article on Glasgow QEH-RHCYP

Thanks Brian – this is very helpful and much appreciated.

Regards

Judith

From: Currie, Brian [REDACTED]
Sent: 11 March 2019 16:43
To: MACKAY, Judith (NHS Lothian)
Cc: CROMBIE, James (NHS Lothian); [REDACTED]
Subject: RE: Infection control + Ventilation Issues from Sunday Herald Article on Glasgow QEHRHCYP
Importance: High

Judith

Hopefully the following will be useful:

Infection Control

We can confirm that the Board's Infection Control have been involved from the early stages in the project including competitive dialogue, evaluation of some parts of the submission; actively contributing with the clinical teams to the clinical area design development and approval process reviewing relevant specifications for items such as sanitary ware, flooring, vent coverings etc.

We have been fortunate in that there has always been a nominated IPCN for Reprovision and they have been an integral part of the process participating in key meetings and, if they could not be present at meetings, taking the opportunity to comment on meeting outputs where required and following up on issues in consultation with project and other clinical staff.

Throughout each of the stages of the project they have provided expert advice on elements such as isolation room design and functionality, room ventilation design, and HAI Scribe.

They have also joined project team personnel in reviewing the rooms for adherence to design brief, quality of finish and functionality, (including ease of cleaning and compliance with SHTM and HEI guidance).

Let me know if you need more on HAI Scribe and contractual obligations.

Ventilation

Through witnessing of commissioning activities we can verify that the correct grade of filters are installed in the various air handling units and the ductwork is designed in accordance with relevant guidance. Regular inspections are carried out and alarm monitoring also occurs via the building management system and warns of deteriorating filter conditions.

Regards

Brian

Brian Currie
Project Director - NHS Lothian
RHCYP + DCN Site Office

Little France Crescent
Edinburgh
EH16 4TJ

[Redacted]

PHNC cyan secondary FOR SIG



From: MACKAY, Judith (NHS Lothian) [Redacted]
Sent: 11 March 2019 14:53
To: Currie, Brian
Subject: RE: Infection control- RHCYP

Thanks Brian.

From: Currie, Brian [Redacted]
Sent: 11 March 2019 10:14
To: MACKAY, Judith [Redacted]
Cc: [jain.graham](#) [Redacted]; [fiona.cameron](#) [Redacted]
Subject: RE: Infection control- RHCYP
Importance: High

Judith

We will summarise what involvement Infection Control have had in the project to date, how HAI Scribe works and contractual obligations in terms of infection control standards.

The specific ventilation issues raised at Glasgow will also be responded to in relation to this project as I said earlier.

Regards

Brian

Brian Currie
Project Director - NHS Lothian
RHCYP + DCN Site Office
Little France Crescent
Edinburgh
EH16 4TJ

[Redacted]

PHNC cyan secondary FOR SIG



From: MACKAY, Judith (NHS Lothian) [REDACTED]

Sent: 11 March 2019 09:27

To: Currie, Brian

Cc: Graham, Iain; Cameron, Fiona

Subject: RE: Infection control- RHCYP

Hi again Brian,

Most of this details the standard daily infection control measures we would expect to operate once the building is open. Presumably we can say the building has been built to industry standards (and that's a start) but I would expect the QEUH could have done the same?

If (and I do mean; if) our own infection control team was not involved specifically, then :

- is there something explicit in the contract that gives us assurance that the building was designed to satisfy all latest infection control standards?
- Retrospectively, do we know it doesn't have the same design weaknesses (in ventilation duct design and safety alarms) that is the issue with QEUH?

On that first point, there's been reference to the HAI Scribe but I don't know what (or who??!) the scribe is. Not looking for the contract – just a means by which we can describe in layperson's terms how we derive assurance that the design takes account of infection control requirements.

Thanks!

Judith

Judith Mackay

Director of Communications, Engagement and Public Affairs | NHS Lothian

From: Currie, Brian [REDACTED]

Sent: 11 March 2019 08:09

To: MACKAY, Judith (NHS Lothian); [REDACTED]

Cc: CROMBIE, James (NHS Lothian)

Subject: RE: Infection control- RHCYP

Importance: High

Judith

Please see a draft MS Word version and final letter recently sent to Miles Briggs which should deal with the majority of questions on Infection Control.

In terms of the specific ventilation issues we will get back to you asap.

Regards

Brian

Brian Currie
Project Director - NHS Lothian
RHCYP + DCN Site Office
Little France Crescent
Edinburgh
EH16 4TJ



PHNC cyan secondary FOR SIG



From: MACKAY, Judith (NHS Lothian) [REDACTED]
Sent: 11 March 2019 07:39
To: Currie, Brian; Graham, Iain
Cc: Crombie, Jim
Subject: Infection control- RHCYP

Morning all,

I anticipate questions from media today about the formal involvement of Infection Control expertise in the design of RHCYP / DCN in the wake of criticisms about the apparent lack of documented evidence of their involvement in the design / commissioning / handover of QEUH.

Please see this piece from yesterday's Sunday Herald.

<https://www.heraldscotland.com/news/17489840.50m-repair-bill-for-glasgows-troubled-queen-elizabeth-university-hospital/>

Can we state categorically that Infection Prevention and Control Team were fully and formally (in a governance sense) involved in the commissioning or handover process of RHCYP/DCN?

We are also likely to be asked explicitly if we know / have assurance that the design does not suffer from the same ventilation duct / safety alarm weaknesses as QEUH.

Since these were 2 of the issues that led to some delay late last year am I correct in thinking we were are satisfied RHCYP does not share same design issues on those counts?

Thanks for your help with this,

Regards

Judith

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From: [Horsburgh, Carol](#)
To: [Cameron, Fiona](#); [Guthrie, Lindsay](#); [Munro, Anna](#); [Hutcheson, Allison](#); [Imlach, Kirsten](#); [Bourne, Emma](#); [Borge, Amie](#); [Hustiu, Mirela](#); [Shaw, Monique](#)
Subject: FW: Update on new Royal Hospital for Children and Young People, DCN and CAMHS Reprovision
Date: 26 February 2019 14:27:25
Attachments: [image001.jpg](#)

Dear All,
Please see communication below

Regards

Carol Horsburgh
Geographical Lead South and East Team
NHS Lothian Infection Prevention & Control Services



For more information visit the IPCT [Intranet Homepage](#)



From: Notman, Carol
Sent: 26 February 2019 13:38
Subject: FW: Update on new Royal Hospital for Children and Young People, DCN and CAMHS Reprovision

DO NOT HIT REPLY BUTTON as any e-mails received in response to this email will be automatically deleted.
If you have any queries etc regarding this email please contact the original sender at the e-mail address below.
Please note I am unable to add or remove anyone from the everyone email list.
If you wish to be removed or added please contact eHealth Customer Service Desk and log a call or change your location on the address list.
Please put 'EVERYONE' in the subject line if you wish an everyone email to be sent round, this makes it easier to identify in the inbox

I am delighted to confirm that we have now taken ownership of the new building at Little France that will be home to the Royal Hospital for Children and Young People, the Department of Clinical Neurosciences and Child and Adolescent Mental Health Services. This means that we are on track to move services this summer, from Friday 5th to Sunday 14th July. This is a significant milestone which will be a source of great excitement to the many staff, patients and families eagerly awaiting the move. I appreciate many staff have held off booking annual leave until the dates were known and my thanks go to all of you for your patience and professionalism.

We now move forward with the commissioning activities to prepare staff for working in the new


facility and getting the building ready for patients moving in. This will be a very busy period for everyone and I appreciate your continuing hard work and commitment. The next five months will be an exciting time for NHS Lothian and I'm sure that your continued enthusiasm will result in the hospital our patients and staff deserve.

Jim Crombie, Deputy Chief Executive

Lynsey Cullen

Senior Communications Officer - Capital Planning and Projects, NHS Lothian

Waverleygate, 2-4 Waterloo Place, Edinburgh, EH1 3EG



NHS Lothian
Infection Prevention & Control

Situation
05/07/2018 Visit to view the flood damaged areas in the new RHCYA/DCN with Clinical Director Of Project, Janice Mackenzie, Fiona Halcrow Project Manager, Chris Wilson Multiplex Construction Manager, Pota Kalima Consultant Microbiologist, Christian Derbysire, Arcadis - Independent . inspector of commissioning and assurance.
Background
Over night on Wed 6 th June into Thur 7 th June 2018 there was extensive flooding to parts of the new build due to a break at a damaged pipe joint in the hot water carrying system. As a result there has been damage to the fabric of the building in areas of the basement, ground, first floor. This has seen damage through out the building but especially to the Radiology Department (Ground Floor) including CT Scanning rooms and MRI rooms as well as RHCYP Surgical Admissions Unit and Theatres on first floor with MRI.
Assessment
<p>On the morning of 7th June Multiplex had their assurance photography unit in the new build. This was fortunate as they were able to go into each area taking photographs of where the water had reached, damage caused and rooms where the water had steered away from. Today there were visible signs of mould on some of the walls that had yet to be attended to by the contractors however an explanation of what was being done throughout was given. The contractors are working through the affected areas removing vinyl, plasterboard, fixed furniture, ceiling tiles etc</p> <p>This report is based on what we saw at the time of visit and addresses general comments from the basement through to the first floor</p> <ol style="list-style-type: none"> 1. Floor – where this has been damaged it has been uplifted and removed from the area. The floor will be dried fully, screeded and flooring re-applied 2. Coving/skirting – this has been removed and level of damp ingress marked on walls 3. Wall- where damaged the plaster board has been marked, removed up to hand rail level, with all insulation removed and replaced 4. Cabinetry- has been removed from the walls at base level where the floor is flood damaged. Signs of mould have been noted and this too has lead to the plaster board and insulation being removed and replaced as necessary 5. Electric sockets have been tested and highlighted to be addressed 6. Ceiling tiles – where there has been water ingress between floors and through the ceilings all ceiling tiles have been removed and will be replaced. Any tile that shows the slightest sign of damp will be removed even where housing a light fitting 7. Reception desks – where damaged they have been taken down and made ready for repair this will include the appropriate art works

8. Radiography – MRI and Inter-operative MRI Scanner are part of a National turnkey project. The walls in these rooms are have been lead lined, where damaged this too is being removed and replaced. 4 of the MRI scanning rooms throughout the building have been laid with concrete in support of the weight of the scanners. It has been noted that water got into this in more than one area and so to ensure the efficiency of the MRI scanners throughout the build the concrete is being drilled and removed. This will be replaced to the requirements of the turnkey project. The other rooms in the department will be addressed as above.
9. It was agreed that Janette Rae contact Geraldine O'Brien and or Susan Grant in HFS to discuss. Due to leave commitments Ian Storrar HFS was contacted and asked if there was anything else NHSL could consider or advise. However he was pleased to be assured that our NHSL Project Team and Commissioning Manager FM Project lead was fully involved in the review and works needing to be addressed. The replacement works will be reviewed as the building , the areas affected had all had first reviews undertaken by NHSL and in some instances second room reviews had been undertaken. Discussion with Janice MacKenzie and Fiona Cameron agreed that HPS be made aware of our visit to the new build and to be offered this SBAR sent.

Pota Kalima and Janette Rae asked that any equipment still in place e.g Theatre lights be covered over during works and that contractor staff continue to wear Personal Protective Equipment including masks when dealing with mould damaged plaster board.

Recommendation

1. Janette Rae to contact HFS and discuss what is being done by contractors to make building safe for use and let project team know of concerns or advice given
Completed 05/07/18 Discussed with Ian Storrar
2. Janette Rae to discuss SBAR with Fiona Cameron re placement with HPS
Completed 05/07/18
3. Janette Rae to ensure IPCT Nursing staff who will have this build as their remit will become part of the review team as rooms will have to be revisited with project team
4. Planned visits will continue with project team . Dr Kalima will revisit new build when repair works are complete
5. Recommendation from HFS
Project team to seek written assurance from Contractor that:-
 - a. All operatives working in impacted areas shall be given and use appropriate PPE as defined in the Contractor's risk assessment and method statement. Contractor has already provided Toolbox talks for all operatives regarding PPE to be worn and will continue to monitor this
 - b. The contractor that all areas have been inspected and tested for moulds & fungi and all traces of these have been eradicated.
 - c. All services (electrical, ventilation, medical gas, water, etc) have been visually checked for water damage and re-tested by qualified operatives. This should include

light fittings, containment, pipe work etc

6. Independent Tester will sign off the building prior to handover to NHSL.

Janette Richards

HAISCRIBE Infection Prevention and Control Nurse

Primary Distribution Group:

Fiona Cameron Head of Service IPCT

Lindsay Guthrie Lead IPCN

Janice MacKenzie Project Clinical Director

Fiona Halcrow Project Manager

Chris Wilson Multiplex construction manager

Pota Kalima Consultant Microbiologist ICD RHSC

Ian Storrar HFS Principal Engineer

From: [Rae, Janette](#)
To: [Inverarity, Donald](#)
Subject: FW: RHC&Y SBAR Flood:
Date: 26 July 2018 08:53:51
Attachments: [image001.jpg](#)
[2018_07_06 SBAR RHCYA DCN V2.docx](#)
[image002.png](#)

Dear Donald,

The SBAR was sent to Pota as the ICD for the RHSC. You remember at our meeting re building works I showed you the map of the new build that was affected. Pota has commented re the testing for mould etc and had said the same as you. However Fiona has had communication from Annette Rankin at HPS. I will contact Annette and find out what she was thinking.

Regards
Janette

Regards
Janette

Janette Rae
Lead HAISCRIBE IPCN
NHS Lothian Infection Prevention & Control Services
Mobile: [REDACTED]

For more information visit the [IPCT Intranet Homepage](#)

cid:image001.jpg@01D36F74.DA5F1430



From: Inverarity, Donald
Sent: 25 July 2018 13:47
To: Cameron, Fiona; Mackenzie, Janice
Cc: Kalima, Pota; Rae, Janette; Halcrow, Fiona; Guthrie, Lindsay; Horsburgh, Carol
Subject: RE: RHC&Y SBAR Flood:

Dear All,

For clarity, my concerns as a microbiologist and as lead infection control doctor relate to a hypothetical, future clinical risk of environmental mould associated with residual damp building material (e.g. plasterboard, chip board etc) which could then infect susceptible patients.

That future clinical risk does not currently exist for two reasons:

1. The building is not currently occupied by patients
2. Mould may not yet be growing in high quantities as it can take months to manifest after

initial water damage.

Additionally moulds are ubiquitous on surfaces and in the air that we breathe every day so there is currently no microbiological purpose in testing air or settle plates or using any other microbiological laboratory “test” to determine if there is mould present because it is always present in a building unless there is a sealed room with a HEPA filtered air supply (e.g. a “clean” room).

The assurance I think that NHS Lothian should be seeking is that all water damaged construction material has been replaced as much as is reasonably feasible and there is no unnecessary residual damp material, particularly not in proposed clinical areas. Damp building materials that are left in place to dry out over time are predisposed to growing moulds and fungus over future months. The clinical risk that can result in depends on where the damp material is situated. For instance residual damp in a stair well, lift shaft or reception area will present much less risk to patients than if it is in a theatre or isolation room designed to protect patients from infection.

The testing that I think NHS Lothian needs assurance regarding is not whether there has been any microbiological assessment of the building after repairs have been carried out but whether there has been a comprehensive assessment for residual damp.

It is not my area of expertise and I think that you need the advice of a building surveyor but my understanding of this is that surveyors perform a building survey using a moisture metre to assess the dryness of walls and can determine if they are unacceptably damp or not. If there is a high detection of moisture we need assurance that where this can be corrected, all feasible steps are taken to do so to bring about resolution if in a clinical area.

The only role I can see for microbiological assessment of the building for mould would be once there are patients occupying the building and only if they were developing unexplained mould infections. We would then be assessing the environment to look for the same mould as was causing the infections the patients were experiencing (usually *Aspergillus*). That may never happen but it is a recognised phenomenon in healthcare facilities that have been hit by water damage. By that stage, however it would be far too late, if it related to the recent episode of flooding, to be able to take definitive corrective and preventative action.

As Pota is on annual leave until 4th August, could I be sent a copy of the SBAR that this e-mail trail relates to please?

Hopefully that is of help but I think you need the advice and expertise of a Chartered Building Surveyor more than you do a microbiologist or infection control specialist for this situation.

Best wishes,
Donald

From: Cameron, Fiona
Sent: 25 July 2018 12:11
To: Mackenzie, Janice
Cc: Inverarity, Donald; Kalima, Pota; Rae, Janette; Halcrow, Fiona; Guthrie, Lindsay; Horsburgh, Carol
Subject: RE: RHC&Y SBAR Flood:

Janice I will leave that to the others copied in to advise

Fiona

Ms Fiona Cameron
Head of Service
NHS Lothian Infection Prevention & Control Services



For more information visit the IPCT [IPCT Intranet Homepage](#)



From: Mackenzie, Janice
Sent: 25 July 2018 12:07
To: Cameron, Fiona
Cc: Inverarity, Donald; Kalima, Pota; Rae, Janette; Halcrow, Fiona; Guthrie, Lindsay; Horsburgh, Carol
Subject: RE: RHC&Y SBAR Flood:

Hi Fiona

I have discussed this with Brian and we will write formally to IHSL regarding this, however it would be helpful to know what tests would we be expecting to be carried out and by whom as the construction company would not know what tests to carry out or be able to interpret the results,

When we went round with Pota and Janette with MPX we did ask if there was any specific testing that would be useful to do at this time and my recollection was that there was not.

Look forward to hearing from you.

Janice

From: Mackenzie, Janice
Sent: 25 July 2018 08:02
To: Cameron, Fiona
Cc: Inverarity, Donald; Kalima, Pota; Rae, Janette; Halcrow, Fiona; Guthrie, Lindsay; Horsburgh, Carol
Subject: RE: RHC&Y SBAR Flood:

Thanks Fiona. I will discuss with the team here as to how we take this forward.

Janice

From: Cameron, Fiona
Sent: 25 July 2018 07:55

To: Mackenzie, Janice; Kalima, Pota; Rae, Janette; Halcrow, Fiona; Guthrie, Lindsay; Horsburgh, Carol
Cc: Inverarity, Donald
Subject: RE: RHC&Y SBAR Flood:

Dear All

Response received yesterday from Annette Rankin at HPS. HPS appreciated the sharing of the SBAR and noted support had been received from HFS.

Annette has advised the main component here is that the contractor can offer the board assurance that all remedial works have been completed and any risks relating to the presence of mould and fungi have been removed. She has suggested it might be helpful for the contractor to supply the board with written details of the tests proposed and how they will interpret results to allow the board to satisfy their commissioning and handover requirement .

HPS are happy to support the board on any specific issue relating to this incident/commissioning/handover.

Fiona

Ms Fiona Cameron
Head of Service
NHS Lothian Infection Prevention & Control Services



For more information visit the IPCT [IPCT Intranet Homepage](#)



From: Mackenzie, Janice
Sent: 09 July 2018 11:28
To: Cameron, Fiona; Kalima, Pota; Rae, Janette; Halcrow, Fiona; Guthrie, Lindsay; 'ian.storran'
Cc: 'Chris Wilson'
Subject: RE: RHC&Y SBAR Flood:

Thanks Fiona, can you send me a copy of the final version submitted to HPS and let us know if they have any feedback.

Kind regards

Janice

From: Cameron, Fiona

Sent: 06 July 2018 15:29

To: Kalima, Pota; Mackenzie, Janice; Rae, Janette; Halcrow, Fiona; Guthrie, Lindsay;

'ian.storran' [REDACTED]

Cc: 'Chris Wilson'

Subject: RE: RHC&Y SBAR Flood:

Amended to read

Planned visits will continue with project team . Dr Kalima will revisit new build when repair works are complete

Fiona

Ms Fiona Cameron

Head of Service

NHS Lothian Infection Prevention & Control Services



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From: Kalima, Pota

Sent: 06 July 2018 15:24

To: Cameron, Fiona; Mackenzie, Janice; Rae, Janette; Halcrow, Fiona; Guthrie, Lindsay;

'ian.storran' [REDACTED]

Cc: 'Chris Wilson'

Subject: RE: RHC&Y SBAR Flood:

On point #4

.... further visit to new build **after** repair works are carried out

I understand that there will continue to be planned visits anyway which will include Janice/Fiona and Janette.

Kr

Pota

From: Cameron, Fiona

Sent: 06 July 2018 15:21

To: Mackenzie, Janice; Rae, Janette; Halcrow, Fiona; Kalima, Pota; Guthrie, Lindsay;

'ian.storran' [REDACTED]

Cc: 'Chris Wilson'

Subject: RHC&Y SBAR Flood:

Changes accepted with one minor I have moved that tester to recommendations rather than

situation

Are you happy revised version can go on to HPS

Fiona

Ms Fiona Cameron
Head of Service
NHS Lothian Infection Prevention & Control Services



For more information visit the IPCT [IPCT Intranet Homepage](#)



From: Mackenzie, Janice
Sent: 06 July 2018 15:11
To: Rae, Janette; Halcrow, Fiona; Kalima, Pota; Cameron, Fiona; Guthrie, Lindsay;
'ian.storran' [redacted]
Cc: 'Chris Wilson'
Subject: RE:

Thanks Janette for this. I have made a few changes

Janice

From: Rae, Janette
Sent: 06 July 2018 13:20
To: Mackenzie, Janice; Halcrow, Fiona; Kalima, Pota; Cameron, Fiona; Guthrie, Lindsay;
'ian.storran' [redacted]
Cc: 'Chris Wilson'
Subject:

Dear Janice and Fiona,
Further to our visit yesterday and my call to HFS please see attached SBAR. With regards to any testing in any areas further discussion should be had with the construction/project team, HFS and HPS for information and guidance. This SBAR may be shared with HPS .

Regards

Janette

Regards

Janette

Janette Rae
Lead HAISCRIBE IPCN
NHS Lothian Infection Prevention & Control Services



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NHS Lothian
Infection Prevention & Control

Situation
05/07/2018 Visit to view the flood damaged areas in the new RHCYA/DCN with Clinical Director Of Project, Janice Mackenzie, Fiona Halcrow Project Manager, Chris Wilson Multiplex Construction Manager, Pota Kalima Consultant Microbiologist, Christian Derbysire, Arcadis - Independent . inspector of commissioning and assurance.
Background
Over night on Wed 6 th June into Thur 7 th June 2018 there was extensive flooding to parts of the new build due to a break at a damaged pipe joint in the hot water carrying system. As a result there has been damage to the fabric of the building in areas of the basement, ground, first floor. This has seen damage through out the building but especially to the Radiology Department (Ground Floor) including CT Scanning rooms and MRI rooms as well as RHCYP Surgical Admissions Unit and Theatres on first floor with MRI.
Assessment
<p>On the morning of 7th June Multiplex had their assurance photography unit in the new build. This was fortunate as they were able to go into each area taking photographs of where the water had reached, damage caused and rooms where the water had steered away from. Today there were visible signs of mould on some of the walls that had yet to be attended to by the contractors however an explanation of what was being done throughout was given. The contractors are working through the affected areas removing vinyl, plasterboard, fixed furniture, ceiling tiles etc</p> <p>This report is based on what we saw at the time of visit and addresses general comments from the basement through to the first floor</p> <ol style="list-style-type: none"> 1. Floor – where this has been damaged it has been uplifted and removed from the area. The floor will be dried fully, screeded and flooring re-applied 2. Coving/skirting – this has been removed and level of damp ingress marked on walls 3. Wall- where damaged the plaster board has been marked, removed up to hand rail level, with all insulation removed and replaced 4. Cabinetry- has been removed from the walls at base level where the floor is flood damaged. Signs of mould have been noted and this too has lead to the plaster board and insulation being removed and replaced as necessary 5. Electric sockets have been tested and highlighted to be addressed 6. Ceiling tiles – where there has been water ingress between floors and through the ceilings all ceiling tiles have been removed and will be replaced. Any tile that shows the slightest sign of damp will be removed even where housing a light fitting 7. Reception desks – where damaged they have been taken down and made ready for repair this will include the appropriate art works

8. Radiography – MRI and Inter-operative MRI Scanner are part of a National turnkey project. The walls in these rooms are have been lead lined, where damaged this too is being removed and replaced. 4 of the MRI scanning rooms throughout the building have been laid with concrete in support of the weight of the scanners. It has been noted that water got into this in more than one area and so to ensure the efficiency of the MRI scanners throughout the build the concrete is being drilled and removed. This will be replaced to the requirements of the turnkey project. The other rooms in the department will be addressed as above.
9. It was agreed that Janette Rae contact Geraldine O'Brien and or Susan Grant in HFS to discuss. Due to leave commitments Ian Storrar HFS was contacted and asked if there was anything else NHSL could consider or advise. However he was pleased to be assured that our NHSL Project Team and Commissioning Manager FM Project lead was fully involved in the review and works needing to be addressed. The replacement works will be reviewed as the building , the areas affected had all had first reviews undertaken by NHSL and in some instances second room reviews had been undertaken. Discussion with Janice MacKenzie and Fiona Cameron agreed that HPS be made aware of our visit to the new build and to be offered this SBAR sent.

Pota Kalima and Janette Rae asked that any equipment still in place e.g Theatre lights be covered over during works and that contractor staff continue to wear Personal Protective Equipment including masks when dealing with mould damaged plaster board.

Recommendation

1. Janette Rae to contact HFS and discuss what is being done by contractors to make building safe for use and let project team know of concerns or advice given
Completed 05/07/18 Discussed with Ian Storrar
2. Janette Rae to discuss SBAR with Fiona Cameron re placement with HPS
Completed 05/07/18
3. Janette Rae to ensure IPCT Nursing staff who will have this build as their remit will become part of the review team as rooms will have to be revisited with project team
4. Planned visits will continue with project team . Dr Kalima will revisit new build when repair works are complete
5. Recommendation from HFS
Project team to seek written assurance from Contractor that:-
 - a. All operatives working in impacted areas shall be given and use appropriate PPE as defined in the Contractor's risk assessment and method statement. Contractor has already provided Toolbox talks for all operatives regarding PPE to be worn and will continue to monitor this
 - b. The contractor that all areas have been inspected and tested for moulds & fungi and all traces of these have been eradicated.

- c. All services (electrical, ventilation, medical gas, water, etc) have been visually checked for water damage and re-tested by qualified operatives. This should include light fittings, containment, pipe work etc
6. Independent Tester will sign off the building prior to handover to NHSL.

Janette Richards

HAISCRIBE Infection Prevention and Control Nurse

Primary Distribution Group:

Fiona Cameron Head of Service IPCT

Lindsay Guthrie Lead IPCN

Janice MacKenzie Project Clinical Director

Fiona Halcrow Project Manager

Chris Wilson Multiplex construction manager

Pota Kalima Consultant Microbiologist ICD RHSC

Ian Storrar HFS Principal Engineer

From: [Cameron, Fiona](#)
To: ["HPSInfectionControl \(NHS National Services Scotland\)"](#)
Cc: [Rae, Janette](#); [Guthrie, Lindsay](#)
Subject: RE: RHC and YP Hospital
Date: 06 July 2018 15:57:10
Attachments: [2018_07_06 SBAR RHCYA DCN V2.docx](#)
[image001.jpg](#)

Please see attached SBAR following a review on the 5th July.

There is some debate re HFS recommendation 5b "The contractor that all areas have been inspected and tested for moulds & fungi and all traces of these have been eradicated"

Our ICD and the Consultant Microbiologist for RHSC have suggested we need some clarity regarding what is meant by testing for mould and how that is interpreted.

Our ICD is concerned that indiscriminate testing is not going to be helpful as it would be impossible to interpret and easy to draw erroneous conclusions.

He has suggested that recommendation is changed to a surveyors report specifically identifying where there is residual damp and dealing with that by a suitable method and an agreed process of regular inspection of such areas for mould.

Have the team at HPS had similar experiences elsewhere that they could direct us to guidance/advice

Fiona

Ms Fiona Cameron
Head of Service
NHS Lothian Infection Prevention & Control Services



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From: HPSInfectionControl (NHS National Services Scotland)
Sent: 05 July 2018 14:17
To: Cameron, Fiona
Subject: RE: RHC and YP Hospital

Thanks Fiona. If you wish to share the SBAR, I will forward it on to Annette Rankin, who is our Built Environment Lead.

Tom

Tom Crawford

PA to Annette Rankin (Nurse Consultant Infection Control)
Administrator Infection Control Team

NHS National Services Scotland

Antimicrobial Resistance & Healthcare Associated Infection Group
Health Protection Scotland
Fourth Floor
Meridian Court
5 Cadogan Street
Glasgow
G2 6QE



Infection Control Team enquiries:


Email: [NSS.HPSInfectionControl](mailto:NSS.HPSInfectionControl@nhs.uk) 

Phone: +44 (0)141 300 1175

For urgent out of hours support phone 0141 300 1100 and ask to speak to the HPS On-Call Consultant.

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From: Jamieson, Morven [] **On Behalf Of** Cameron, Fiona
Sent: 05 July 2018 14:00
To: HPSInfectionControl (NHS National Services Scotland)
Cc: Rae, Janette
Subject: RHC and YP Hospital

Dear All

I am sure you saw in the media the recent flooding at our new build replacement for RHSC. We have had a site visit today and my HAI SCRIBE Lead, Janette Rae is preparing an SBAR following the visit. Would it be useful for us to share the SBAR with you once it has been approved?

Kind regards.

Fiona

Fiona Cameron
Head of Service
Infection Prevention & Control



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From: [Inverarity, Donald](#)
To: [Henderson, Ronnie](#); [Sutherland, SarahJane](#); [Khatamzas, Elham](#); [Guthrie, Lindsay](#); [Kalima, Pota](#)
Cc: [Horsburgh, Carol](#); [Munro, Anna](#); [Collett, Emma](#); [Mackenzie, Janice](#); [Evans, Stephen](#)
Subject: RE: REHSC/DCN Queries
Date: 08 April 2019 14:32:37
Attachments: [image001.jpg](#)

Thanks Ronnie,

Its difficult to assess what the possible clinical impact of the air conditioning leak might be without a bit more description of what was leaking and whether it was likely to happen again. If it was a leaking pipe or seal that is now fixed and unlikely to recur then its unlikely to pose a Legionella issue in the future but if it's a design flaw with the air conditioner (i.e. some have water trays that collect condensation and then overflow) then that very much is a persisting Legionella risk that would need resolution and the Legionella risk assessment for the air conditioning unit specifically would need to be more focussed on that risk than anything generic for the whole building.

It would be helpful to have described where the leaking water was coming from and whether that is likely to recur or whether there is likely to be any stagnant water within the air conditioning units anywhere in the building.

Much appreciated

Donald

From: Henderson, Ronnie
Sent: 08 April 2019 14:05
To: Sutherland, SarahJane; Inverarity, Donald; Khatamzas, Elham; Guthrie, Lindsay
Cc: Horsburgh, Carol; Munro, Anna; Collett, Emma; Mackenzie, Janice; Evans, Stephen
Subject: RE: REHSC/DCN Queries

Hi Sarah,

Please see responses in red below.

Regards

Ronnie

Ronnie Henderson
Commissioning Manager Hard FM
RHSC & DCN - Little France
NHS Lothian

RHSC & DCN Site Office
Little France Crescent
Edinburgh
EH16 4TJ

From: Sutherland, SarahJane
Sent: 08 April 2019 07:57
To: Inverarity, Donald; Khatamzas, Elham; Guthrie, Lindsay
Cc: Horsburgh, Carol; Munro, Anna; Collett, Emma; Henderson, Ronnie; Mackenzie, Janice; Evans, Stephen; Sutherland, SarahJane
Subject: REHSC/DCN Queries

Dear all,

Following my visit to RHSC/DCN and meeting with Janice please see queries raised below:

Queries carried forward:

- Air conditioning leak in one of the Imaging Department Shared Control Room – Janice was only made aware of this issue recently. She has not been directly involved in this incident and understands that it was not a major leak, however as Imaging Department is not Janice's remit she requires to clarify this with Stephen Evans/Ronnie Henderson who are both on annual leave until Monday. Janice will speak to them on their return to ascertain the nature of leak, extent of any damage – if any, and actions taken including whether a Legionella risk assessment was carried out or if there any concerns about mould. **This was a small localised leak that was identified very quickly, It did however cause some flooring to lift and damaged a monitor. There is also a sticking door which may or may not be attributable to the leak although there is no evidence of water damage or swelling. MPX will repair the flooring and door once turnkey works are complete and will also replace the monitor. There is no evidence of damage other than this. There is a Legionella risk assessment in place for the entire facility but there was not a specific incident related one done.**

- Discussion around air sampling in Ultraclean theatres – Janice will check with Ronnie Henderson as to whether any sampling has been carried out and ensure he is aware that all Ultraclean theatres require the air quality testing to be assessed by means of ‘particle counting’ – this should be part of the theatre validation and requires to be explicit within the validation report. **No air sampling has taken place as yet, all theatres require re commissioning after significant works.**

Queries answered:

- In relation to any educational needs of DCN staff around the Laminar Flow and ‘set back mode’ – clarification was given from Fiona Halcrow and Ashley Hull that staff would have this training as part of their induction (I am now aware that Fiona has also advised Dr Khatamzas the same via email). Fiona and Ashley also confirmed that the ‘set back’ mode on the Laminar Flow will automatically adjust the air pressure and air changes accordingly within theatre when switched from Laminar Flow to Conventional and vice versa. Demonstration of such can be given when visiting if required.
- Zip Hydrotaps – Janice confirmed that these have a filter within the base unit. The system will be managed by Bouygues and will be on their maintenance programme (separate email from Janice will be sent with clarification on maintenance routine and manufacturer specification sheet).

Kind regards

Sarah

Sarah Jane Sutherland
Lead HAI Scribe Advisor
Infection Prevention and Control Team
NHS Lothian Infection Prevention & Control Services



For more information visit the IPCT

<http://intranet.lothian.scot.nhs.uk/Directory/InfectionPreventionAndControl/Pages/NHSLothianInfectionPreventionandControl.aspx>



From: Inverarity, Donald
Sent: 13 May 2019 10:29
To: Guthrie, Lindsay
Cc: Sutherland, SarahJane
Subject: RE: HAI Scribe stage 4 reviews RHSC/DCN

Categories: NEW RHSC BUILD

Thanks Lindsay,

I had emphasised to Ronnie when Sarah, Alex and I did a recent walkround that knowing the function of a room was crucial to doing a clinical risk assessment and Alex had agreed that we would need to know that level of detail. I would agree that knowing the purpose of a clinical area is fundamental to being able to complete a HAI Scribe assessment regarding it.

Donald

From: Guthrie, Lindsay
Sent: 13 May 2019 09:27
To: Mackenzie, Janice; Sutherland, SarahJane
Cc: Inverarity, Donald; Khatamzas, Elham; Halcrow, Fiona; Kalima, Pota; Henderson, Ronnie; Hanley, Dorothy; Cameron, Fiona
Subject: RE: HAI Scribe stage 4 reviews RHSC/DCN

Hi Janice

I think what we need from Ronnie/others is some further information in relation to the water sample information. I believe Dr Inverarity has also asked for additional information in relation to theatre ventilation?

For water results, this would include information on what type of clinical speciality will be located in each area sampled (e.g. oncology) as at the minute this just gives a zone and a sample number. It is therefore not possible for the IPCT to give an opinion on what risk may or may not be associated with the results.

Where a positive sample has been identified, in addition to the above information, we would also require to have sight of the water management plan (flushing, sampling, action plan) going forward. This is particularly important if a positive sample has been identified in a clinical area which meets the current HPS definition of 'augmented care'.

We are also awaiting for more information on approx 86 issues/non conformances ahead of a meeting with George Curley & others on 5th June? We've been advised that many of these issues have been resolved, but currently have no detail in relation to this.

I think until we have more information, and as discussed, the IPCT would not be able to provide 'sign off' and assurance for the Board that the building is ready to be occupied by vulnerable patients.

Kind regards
Lindsay

Lindsay Guthrie
Lead Nurse

NHS Lothian Infection Prevention & Control Services

For more information visit the IPCT Intranet
Homepage<<http://intranet.lothian.scot.nhs.uk/Directory/InfectionPreventionAndControl/Pages/NHSLothianInfectionPreventionandControl.aspx>>

[<http://athena/execmed/inconprev/Title%20Buttons/IPC%20Banner.bmp>]

From: Mackenzie, Janice
Sent: 13 May 2019 07:11
To: Sutherland, SarahJane
Cc: Guthrie, Lindsay; Inverarity, Donald; Khatamzas, Elham; Halcrow, Fiona; Kalima, Pota; Henderson, Ronnie; Hanley, Dorothy
Subject: RE: HAI Scribe stage 4 reviews RHSC/DCN

Thanks Sarah.

A couple of things, in the names of people attending you have Fiona Cowan this should be Fiona Halcrow.

As you say as yet we have not signed off the two HAI scribes and we have the remaining one to do on the 17th May.

Ronnie has sent you the water testing results for you to review and after that and the remaining HAI review on Friday, I would hope that we can sign off these reviews?

Kind regards

Janice

From: Sutherland, SarahJane
Sent: 03 May 2019 15:10
To: Mackenzie, Janice; Halcrow, Fiona; Henderson, Ronnie; Hanley, Dorothy
Cc: Guthrie, Lindsay; Inverarity, Donald; Khatamzas, Elham; Kalima, Pota
Subject: HAI Scribe stage 4 reviews RHSC/DCN

Dear all,

Please find attached the Stage 4 HAI Scribe reviews carried out 26th April and 2nd May.

Apologies, so as not to hold up getting these to you I have had to scan the original documents as the electronic version I have saved does not have the front cover or additional notes section.

As you are aware the Scribes have not been formally signed off at this time and the next date for reviews is planned for 17th May to visit Theatres and Imaging.

Kind regards
Sarah

Sarah Jane Sutherland

HAI Scribe Lead Advisor
Infection Prevention and Control Team
NHS Lothian



From: Inverarity, Donald
Sent: 13 May 2019 10:25
To: Cameron, Fiona; Guthrie, Lindsay; Sutherland, SarahJane; Laurenson, Ian; Kalima, Pota; Khatamzas, Elham; Johannessen, Ingolfur
Subject: FW: Theatre Validation
Categories: NEW RHSC BUILD

For information.
Donald

From: Gillies, Tracey
Sent: 11 May 2019 13:40
To: Inverarity, Donald; Curley, George; Henderson, Ronnie; Currie, Brian
Cc: Little, Kerryann
Subject: RE: Theatre Validation

Answering for Alex as he is on leave
I think all your points are valid Donald, and it should not be difficult to close the gap between what has been presented and the standard it is being measured against if this is all presentational. Surely it just needs a list of what we need to know to be completed.
It may well be that the IT had access to a document management system that allowed them to see the evidence but you are right, in the current climate and potentially in future, saying signed off by IT will not be sufficient
Tracey

Executive Medical Director
NHS Lothian
Waverley Gate
PA Audrey Trotter [REDACTED]
[REDACTED]

From: Little, Kerryann On Behalf Of McMahon, Alex
Sent: 10 May 2019 15:51
To: Gillies, Tracey
Subject: FW: Theatre Validation

Hi Tracey

Copying to you in Alex absence – Can you help with this please?

Thanks
Kal

Kerryann Little
PA to Professor Alex McMahon
Executive Director, Nursing, Midwifery and AHPs Executive Lead for REAS and Prison Healthcare
NHS Lothian|2 - 4 Waterloo Place|Edinburgh|EH1 3EG [REDACTED]

From: Inverarity, Donald [REDACTED]
Sent: 10 May 2019 15:47
To: Henderson, Ronnie [REDACTED]
Cc: Currie, Brian [REDACTED]; Curley, George
[REDACTED]; McMahon, Alex
Subject: RE: Theatre Validation

Hi Ronnie,

The Multiplex document doesn't indicate what size the theatres are, what the air pressures are in the theatre areas (anaesthetic room, prep area, theatre etc) or what number of air changes per hour are achieved and neither does it mention what, if any, microbiological assessment of air quality has been performed (that box is blank so I'm presuming none has been performed). Although you are being assured that it "conforms" it isn't explicitly stated what standard it "conforms" to –presumably SHTM 03-01 ?

The statement:

"The theatre suite ventilation system has been commissioned and validated in accordance with the required regulations and has achieved the required standard."

might be factually correct but there is nothing to back it up and it tells us absolutely nothing about how the theatre performs at baseline. It is essentially asking us to taking everything on trust that its all okay. That makes me a little uncomfortable in the current political climate of scrutiny. Does it achieve the required standard with a wide safety margin or did it barely achieve it empty without any operations in progress?

At validation the report should tell us at baseline how it actually "performs" so that if there are problems in the future we have some baseline parameters of air pressures and air changes per hour to compare it against.

I see that "all test documentation is located on Zutec." I don't know what Zutec is or whether anyone in NHS Lothian has access to that information so essentially I can't provide any assurance to myself or NHS Lothian by assessing it myself. But in my role as infection control doctor I shouldn't need to go to source documents and extract that information to interrogate and interpret it myself, it should be clearly and explicitly included in the validation report.

Section 8.64 of SHTM 03-01 says:

Ventilation system commissioning/validation report

8.64 Following commissioning and/or validation a full report detailing the findings should be produced. The system will only be acceptable to the client if at the time of validation it is considered fit for purpose and will only require routine maintenance in order to remain so for its projected life.

Personally I don't think we are being provided with a "full report" detailing the validation findings and there is not enough detail for me to know if the theatre is," fit for purpose and will only require routine maintenance in order to remain so for its projected life." I don't think the Validation checklist provided fulfils point 8.64 of SHTM 03-01 whereas the validation reports we were issued when the SJH theatres were commissioned did and were very easy to read and be assured by.

I'm happy to be over-ruled but, for me, I'm not assured by this checklist that theatre 30 is fit for purpose because the information I would be looking for to allow me to have that assurance is not provided and not accessible by me. I'm happy to hear other views.

Thanks.

All the best.

Donald

From: Henderson, Ronnie
Sent: 10 May 2019 14:49
To: Inverarity, Donald
Cc: Currie, Brian; Curley, George
Subject: Theatre Validation

Hi Donald,

Multiplex have provided us with their validation report for Theatre 30 as an example of what they intend to provide for each individual theatre. You will note it differs from the example you sent from St Johns although there is a declaration that it conforms. I can confirm that these have been reviewed and signed off by the independent tester which provides us with reassurance of compliance. If however you have any doubts or concerns, happy to discuss with a view to appointing someone from outwith the project to give an additional layer of assurance if required.

Regards

Ronnie

Ronnie Henderson
Commissioning Manager Hard FM
RHSC & DCN - Little France
NHS Lothian

RHSC & DCN Site Office
Little France Crescent
Edinburgh
EH16 4TJ



From: [Guthrie, Lindsay](#)
To: [Sutherland, SarahJane](#); [Inverarity, Donald](#); [Khatamzas, Elham](#)
Cc: [Horsburgh, Carol](#); [Collett, Emma](#)
Subject: RE: RHSC/DCN HAI Scribe 4 phasing sign off
Date: 04 April 2019 10:32:12
Attachments: [image001.jpg](#)

Hi Sarah

I would be keen to join on 26th April (am only) and 17th May if possible

Kind regards

Lindsay

From: Sutherland, SarahJane
Sent: 03 April 2019 19:53
To: Inverarity, Donald; Khatamzas, Elham; Guthrie, Lindsay
Cc: Horsburgh, Carol; Collett, Emma
Subject: RHSC/DCN HAI Scribe 4 phasing sign off

Hi Donald, Elham, and Lindsay ,

I met with Janice Mackenzie (Clinical Director RHSC/DCN Reprovision) this afternoon to arrange a phasing plan to carry out HAI Scribe Stage 4 review and sign off.

As I was not involved in any of the formal room reviews and for assurance/governance purposes, I am keen to review some of the areas and not just tick a box. Myself and Janice discussed how we should plan to carry out the HAI Scribe Stage 4 and decided that to be pragmatic/practical (as it will be impossible to review every area) that we should focus on looking around a selection of clinical areas – Please advise if you feel we should review any areas not mentioned (such as support areas – offices/sanctuary etc) or area's you may have concern about.

I am advised that most of the wards and outpatient departments have the much the same selection of rooms/facilities therefore a single room in DCN will be much the same as a single room in Paeds. Any issues we thought should have been picked up at the project teams own room reviews and specifications/requirements should have been addressed during HAI Scribe Stage 2 - design and planning stage.

We have looked at the planned phased handover and booked the following days into our diaries to review the Stage 4 Scribe:

Friday 26th April – (Wards) including Paediatric Haem/Onc, Paediatric ward, a DCN ward which may still have minor works being completed and possibly PICU

Thursday 2nd May – (Outpatients) including a Paediatric O/P clinic, Cardio/Respiratory O/P, Dental dept and an area in therapies

Friday 17th May – (Theatres and Imaging) to include intra-op theatre DCN and maybe one other, a few in Paeds including a laminar flow and conventional theatre, XRAY, an MRI room, a CT room and anaesthetic room in Paeds.

If anyone would like to attend/support any of the reviews even for part, let me know and Janice can add names to the list of attendees.

Carol and Emma (Janice advised that she can arrange an induction visit to the site if you can let her know when is suitable)

Kind regards
Sarah

Sarah Jane Sutherland
Lead HAI Scribe Advisor
Infection Prevention and Control Team
NHS Lothian



Development stage 4: Review of completed project	
HAI-SCRIBE Name of project	
Name of Establishment	National allocated number
RHSC / DCN	
HAI-SCRIBE Review Team	
L. GUTHRIE, SJ SUTHERLAND, R. HENDERSON E. COWAN, D. HANLEY, TANICE MACKENZIE	
HAI-SCRIBE Sign Off	
Completed by (Print name)	Date
Signature(s)	Date
Stage 4	
Additional notes	
<ul style="list-style-type: none"> * LOCHRANZA - HAEM/ONC WARD. * PICU - PAEDIATRIC CRITICAL CARE. * DCN ACUTE CARE 	

Pre-handover check, ongoing maintenance & feedback

Development Stage 4: Pre-handover check, ongoing maintenance and feed-back: General overview					
		Yes	No	N/A	Comments with issues and actions to be taken
4.1	Is the space around beds in accordance with current NHSScotland guidance?	✓			
4.2	Are there sufficient single rooms to accommodate patients known to be an infection of potential infection risk?	✓			
4.3	Are all surfaces, fittings, fixtures and furnishings designed for easy cleaning?	✓			High dusting to be explicit in schedule
4.4	Are soft furnishings covered in an impervious material in all clinical and associated areas, and are curtains able to withstand washing at disinfection temperatures?	✓			
4.5	Is the bathroom / shower / toilet accommodation sufficient and conveniently accessible, with toilet facilities no more than 12m from the bed area?	✓			
4.6	Are the bathroom/shower/toilet facilities easy to clean?	✓			
4.7	Where required are there sufficient en-suite single rooms with negative/positive pressure ventilation to minimise risk of infection spread from patients who are a known or potential infection risk?	✓			
Provision of hand-wash basins, liquid soap dispensers, paper towels and alcohol rub dispensers					
4.8	Does each single room have a clinical hand-wash basin, liquid soap dispenser, paper towels, and alcohol rub dispenser over and above the hand-wash basin in the en-suite facility?	✓			
4.9	Do intensive care and high dependency units have sufficient clinical hand wash basins, liquid soap dispensers, paper towels, and alcohol rub dispensers conveniently accessible to ensure the practice of good hand hygiene? An assessment should be made, however, to ensure that there is not an over-provision of hand-wash basins resulting in under-use.	✓			
4.10	Is there provision of clinical hand-wash basins, liquid soap dispensers, paper towels, and alcohol rub dispensers in				

	lower dependency settings like mental health units, acute, elderly and long term care settings appropriate to the situation with a ratio of 1 basin/dispenser to 4-6 beds?	✓			
4.11	Do out-patient areas and primary care settings have a clinical hand-wash basin close to where clinical procedures are carried out?			✓	
4.12	Do all toilets have a hand-wash basin, liquid soap dispenser and paper towels?	✓			
4.13	Are all clinical hand-wash basins exclusively for hand hygiene purposes?	✓			check H towel dispenser at north H sinks.
4.14	Does each clinical hand-wash basin have wall mounted liquid soap dispenser, paper towel dispenser?	✓			
4.15	Does each clinical hand-wash basin satisfy the requirement not to be fitted with a plug?	✓			
4.16	Are elbow-operated or other non-touch mixer taps provided in clinical areas?	✓			
4.17	Does each hand-wash basin have a waterproof splash back surface?	✓			
4.18	Is each hand-wash basin provided with an appropriate waste bin for used hand towels?	✓			To be placed.
Provision of facilities for Decontamination					
4.19	Are separate, appropriately sized sinks provided locally, where required, for decontamination? <i>(The sinks should be large enough to immerse the largest piece of equipment and there should be twin sinks, one for washing and one for rinsing. A clinical hand-wash basin should be provided close to the twin sinks).</i>	✓			Playroom. Equip Rm. No local decontamination anticipated with specialist areas. K.
4.20	Are appropriate decontamination facilities provided centrally for sterilisation of specialist equipment?			✓	
4.21	Is there adequate provision in terms of transport, storage, etc. Ensuring separation of clean and used equipment and to prevent any risk of contamination of cleaned equipment?	✓			
4.22	Does the system in operation comply with the current guidance on decontamination facilities and procedures?			✓	
Storage					
4.23	Is there suitable and sufficient storage provided in each area of the healthcare facility for the following if required patients' clothes and possessions,	✓			

	domestic cleaning equipment and laundry, large pieces of equipment e.g. beds, mattresses, hoists, wheelchairs, trolleys, and other equipment including medical devices, wound care, and intravenous infusion equipment, consumables etc?	✓			
4.24	Is there separate, suitable storage for contaminated material and clean material to prevent risk of contamination?	✓			
Engineering services (Ventilation)					
4.25	Are heat emitters, including low surface temperature radiators, designed, installed and maintained in a manner that prevents build up of dust and contaminants and are they easy to clean?	✓			
4.26	Is the ventilation system designed in accordance with the requirements of SHTM 03-01 'Ventilation in Healthcare Premises'?	✓*			With derogation 4 ac/hr - single m. risk assessed + approved.
4.27	Is the ventilation system designed so that it does not contribute to the spread of infection within the healthcare facility? <i>(Ventilation should dilute airborne contamination by removing contaminated air from the room or immediate patient vicinity and replacing it with clean air from the outside or from low-risk areas within the healthcare facility.)</i>	✓			
4.28	Are the ventilation system components e.g. air handling, ventilation ductwork, grilles and diffusers designed to allow them to be easily cleaned?	✓*			Not viewed AHU at sign off. Renewed by lead ICS
4.29	Are ventilation discharges located a suitable distance from intakes to prevent risk of contamination?	✓			
4.30	Does the design and operation of re-circulation of air systems take account of dilution of contaminants and the space to be served? <i>(NB: Recirculation would only arise in UCV theatres)</i>			✓	
4.31	Is the ventilation of theatres and isolation rooms in accordance with current guidance SHTM 03-01, SHPN 04-01 Supplement 1 and the Scottish Hospital Infection Manual)?	✓		✓	
4.32	Do means of control of pathogens consider whether dilution or entrainment is the more appropriate for particular situations?	✓			
4.33	Where ventilation systems are used for removal of pathogens, does their design and operation take account of infection risk associated with maintenance of the	✓			

	system?				
4.34	Are specialised ventilation systems such as fume cupboards installed and maintained in accordance with manufacturers' instructions?			✓	Not viewed
Engineering services (Lighting)					
4.35	Is the lighting designed so that lamps can be easily cleaned with minimal opportunity for dust to collect?	✓			
Engineering services (Vacuum Units)					
4.36	Are vacuum-controlled units with overflow protection devices for mechanical suction used to avoid contaminating the system with aspirated body fluid?	✓			
Engineering services (Water services)					
4.37	Are water systems designed, installed and maintained in accordance with current guidance? (SHTM 04-01 series – Water safety)	*			To be renewed and confirmed.
4.38	Are facilities available to enable special interventions for <i>Legionella</i> such as chlorination/chlorine dioxide, copper/silver ionisation treatment of water?	✓			
4.39	Is the drainage system design, especially within the healthcare facility building, fit for purpose with access points for maintenance carefully sited to minimise HAI risk?	✓			
4.40	Are surface mounted services avoided and services concealed with sufficient access points appropriately sited to ease maintenance and cleaning? (These services would include water, drainage, heating, medical gas, wiring, alarm system, telecoms, equipment such as light fittings, bedhead services, heat emitters.)	✓			
Estates services (Pest control)					
4.41	Is the concealed service ducting designed, installed and maintained to minimise risk of pest infestation?	✓			
Estates services (Maintenance access)					
4.42	Does the design and build of the facility allow programmed maintenance of the fabric to ensure the integrity of the structure and particularly the prevention of water ingress and leaks and prevention of pigeon and other bird access?	✓			

Check cleaning of expansion joints + sealant.

Additional notes - Stage 4
 Check floor to wall / wall to ceiling seals.
 TV Arm cleaning to be considered.
 Remove Danicentre - isolation rms.
 ? Fly screens add to opening windows in kitchen.
 Ensure ABHR dispensers in treatment rms.
 Seal collars at ducts. Seal outlet in party suits

Development stage 4: HAI-SCRIBE Review of completed project	
4.43	Brief description of the work carried that was carried out.
4.44	Identify any issues associated with this work.
4.45	Identify any risk associated with the issues identified above.
4.46	Outline the measures that required to be implemented to eliminate or mitigate the identified issues. Ensure these are entered on the project risk register.

From: Guthrie, Lindsay
Sent: 29 April 2019 08:42
To: Inverarity, Donald
Cc: Sutherland, SarahJane
Subject: FW: RHSC - Water Sampling

Hi Donald

Can we have a quick chat about this please? Sarah and I attended a site visit to complete stage 4 of the SCRIBE on Friday

I wasn't happy to sign off the ventilation or water given the recent discussions at PLICC or concerns raised without discussion with you first?

I am interviewing this morning, but free this afternoon? At SJH all day.

Lindsay

From: Henderson, Ronnie
Sent: 26 April 2019 13:42
To: Guthrie, Lindsay; Sutherland, SarahJane; Inverarity, Donald
Cc: Mackenzie, Janice; Currie, Brian
Subject: FW: RHSC - Water Sampling

Hi Lindsay, Sarah, Donald,

Please see attached matrix of water sampling test results for the most recent site wide exercise. As you can see it is an indicator of where they had failures (red) and subsequent passes (green). The other attachment is the clearance sample from the room we identified to Donald and Sarah during the previous walkround.

I will send on all lab analysis results once I extract them from the site data management system.

Regards

Ronnie

Ronnie Henderson
Commissioning Manager Hard FM
RHSC & DCN - Little France
NHS Lothian

RHSC & DCN Site Office
Little France Crescent
Edinburgh
EH16 4TJ

[Redacted]

From: David Wilson [Redacted]
Sent: 29 March 2019 07:53
To: Henderson, Ronnie; Currie, Brian; HAIR, Richard [Redacted]; david.gordon [Redacted]
[Redacted] Matthew Templeton [Redacted] Wallace Weir [Redacted]

robert.brown [redacted]; 'John Quinn' [redacted]; Edwards, John [redacted]
Cc: Darren Pike; Ryan Waddell [redacted]; 'Declan O'Donovan
(Declan.ODonovan [redacted]); Keith Mcintee; Chris Wilson
Subject: RE: RHSC - Water Sampling

All,

Please find attached the sample analysis result from the last remaining tap outlet - L3 3-C1.1-046 Medical Inpatient Mix, As can be seen the results are now within acceptable parameters. I have also updated. I have also attached the updated matrix for the outlets (excluding zip units).

We are still experiencing problems with the Zip taps and have taken the decision to disconnect the taps from the water system. We will carry out a disinfection of the water system connections to the zips (to eliminate any possible risk at the supply side) then work with Zip to locally clean and disinfect the zip units and taps.

As always I will update you as we proceed.

Regards
David

David Wilson
Commissioning Manager

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From: David Wilson
Sent: 19 March 2019 09:01
To: Ronnie.Henderson [redacted]; Brian Currie [redacted] HAIR, Richard
[redacted]; david.gordon [redacted]; Matthew Templeton
[redacted]; Wallace Weir [redacted]; robert.brown [redacted] 'John Quinn'
[redacted]; Edwards, John
Cc: Darren Pike; Ryan Waddell [redacted]; 'Declan O'Donovan
[redacted]; Keith Mcintee; Chris Wilson
Subject: RE: RHSC - Water Sampling

All,

Please find attached the water sample analysis results for the 10 previously failed outlets. Note that we still have one failure on a wash hand basin on L3 3-C1.1-046 Medical Inpatient Mix. This looks to be a local issue (given the rest of the results around the area are clear), so the intention to strip this whb / mixer tap and locally clean / disinfect and re-sample.

All the zip taps have now been re-disinfected and samples taken (yesterday) again once these results are issued I will forward on.

Regards
David

David Wilson

Commissioning Manager

MULTIPLEX

Multiplex Construction Europe Ltd

W www.multiplex.global**From:** David Wilson**Sent:** 12 March 2019 14:47

To: [Ronnie.Henderson](#); Brian Currie; HAIR, Richard
 ; [david](#); Matthew Templeton
 ; Wallace Weir; [robert.brown](#); 'John Quinn'
 ; Edwards, John
Cc: Darren Pike; Ryan Waddell; Declan O'Donovan
 ; Keith Mcintee; Chris Wilson
Subject: RE: RHSC - Water Sampling

All,

Please find attached the legionella results, apologies for the delays but this was down to the large number of samples going through the laboratory. All results are clear.

As an update to where we are at present the areas within the building where we had the ten samples with elevated TVCs and traces of Pseudomonas were re-disinfected on Saturday 9th September with further samples being taken on tomorrow (13/03/19). We should get these samples results returned on Monday 18th March.

We have had various discussions with Zip Hydroboil on the best way to re-disinfect the Zip taps, unfortunately we did not have this advice before Saturday when the re-disinfection was carried out, but we are now going to re-disinfect the units tomorrow night and will thereafter take samples from each unit.

If you require any further information at the moment then let me know.

David

David Wilson

Commissioning Manager

MULTIPLEX

Multiplex Construction Europe Ltd

W www.multiplex.global**From:** David Wilson**Sent:** 05 March 2019 16:51

To: [Ronnie.Henderson](#); Brian Currie; HAIR, Richard

[redacted]; [david.gordon](#)[redacted]; Matthew Templeton
([redacted]; Wallace Weir [redacted]; [robert.brown](#)[redacted] 'John Quinn'
Cc: Darren Pike; Ryan Waddell [redacted]; 'Declan O'Donovan
[redacted]; Keith Mcintee; Chris Wilson
Subject: RHSC - Water Sampling

All,

We have now had the results back (attached) from the water samples we took last week (legionella still to be returned) and have recorded ten negative results from general outlets and four negative from Zip taps.

It is the intention to re-disinfect the areas where the ten outlets results were recorded as negative on Saturday 9 March and re-sample.

Given we have had four negative results from the Zip taps, we have asked for guidance from Zip Hydro boil on the most effective way to disinfect these units and intend to take samples from all the units when completed.

As soon as we have the legionella results we will issue on.

Regards
David

David Wilson
Commissioning Manager

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From: Henderson, Ronnie
Sent: 24 May 2019 10:19
To: Sutherland, SarahJane; Guthrie, Lindsay
Cc: Inverarity, Donald; Kalima, Pota; Khatamzas, Elham; Cameron, Fiona; Kolodziejczyk, Kamil K
Subject: RE: RHSC Ventilation

Importance: High

Sarah, Lindsay,

Sorry been on a course for past 3 days so missed this.


Testing scheduled for today has been postponed and will be rescheduled for 12:30 on Tuesday 28/5, hopefully one of you can attend at that time.

Regards

Ronnie

Ronnie Henderson
Commissioning Manager Hard FM
RHSC & DCN - Little France
NHS Lothian

RHSC & DCN Site Office
Little France Crescent
Edinburgh
EH16 4TJ



From: Sutherland, SarahJane
Sent: 21 May 2019 08:20
To: Guthrie, Lindsay; Henderson, Ronnie
Cc: Inverarity, Donald; Kalima, Pota; Khatamzas, Elham; Cameron, Fiona
Subject: RE: RHSC Ventilation

Hi Ronnie,

I have a meeting at SJH from 0900-1200hrs next Friday. What time is the further ventilation validation being carried out?

Kind regards
Sarah

Sarah Jane Sutherland
Lead HAI Scribe Advisor

Infection Prevention and Control Team
NHS Lothian

[<http://athena/execmed/inconprev/Title%20Buttons/IPC%20Banner.bmp>]

From: Guthrie, Lindsay
Sent: 17 May 2019 18:20
To: Henderson, Ronnie
Cc: Sutherland, SarahJane; Inverarity, Donald; Kalima, Pota; Khatamzas, Elham; Cameron, Fiona
Subject: RHSC Ventilation

Hi Ronnie

Thanks for taking time to discuss the various issues around water safety and ventilation that have been flagged over the past few weeks.

It was really helpful to understand in a bit more detail what these might be, and reassuring that most of the 81 items identified as part of the settlement process have little or no HAI component, and that all of those which carry residual risk are captured on the project risk register. With the summary information on positive water results I think we will be able to have a really positive and productive discussion on June 5th.

As promised, I have asked our secretary to forward next week the draft minutes from our last Pan Lothian Infection Control Committee which will give some clarity for you in relation to the context of the discussion we had in relation to the RHSC/DCN build and concerns raised at that time.

I discussed with Donald the further ventilation validation programme you have arranged for next Friday 24th May. I understand this to be 1) for theatres, cleaning all ducts, rebalancing and checking pressure cascades, and will not include further UCV testing); and 2) for isolation rooms repeat all commissioning and validation tests

We do think that it would be useful to have independent validation by an authorising engineer, recognising there is a cost associated with this.

As discussed, both Donald and I are on annual leave, but Pota, Elham and/or Sarah (all cc'd) may be able to attend to observe/participate.

Kind regards
Lindsay
Lindsay Guthrie
Lead Nurse
NHS Lothian Infection Prevention & Control Services

For more information visit the IPCT Intranet
Homepage<<http://intranet.lothian.scot.nhs.uk/Directory/InfectionPreventionAndControl/Pages/NHSLothianInfectionPreventionandControl.aspx>>

[<http://athena/execmed/inconprev/Title%20Buttons/IPC%20Banner.bmp>]

RHCYP + DCN
 Residual Risks post Hospital "Live" Date
 Source - 81 technical items / compromise list / Project Co Change list / Emerging Issues
 08-May-19

Title	Category of Issue	Status	Compromise / Risk	Impact Scored	Score Pre Mitigation			Mitigation Measures Undertaken	Score Post Mitigation			Future Mitigation (requires appropriate design reviews to confirm feasibility)	
					Likelihood	Consequence / Impact	Score		Likelihood	Consequence / Impact	Score		
1	Ventilation contamination	Patient Safety risk	Pest control / vermin have been identified in plant spaces.	Whilst mitigation measures have been provided by Project Co, there remains a risk that ventilation contamination is still present.	Patient safety	5	5	25	Plant rooms cleaned by IHSL (Bouygues) and further pest control measures deployed by IHSL (Bouygues). Reviewed by Infection Prevention & Control and Microbiology.	1	5	5	
2	Water contamination	Patient Safety risk	Project Co provided samples that included failed TVC, Legionella and Pseudomonas. Disinfection has been undertaken on parts of the system, and re-testing has taken place, however some samples are still failing, particularly around the zip taps.	Whilst mitigation measures have been provided by Project Co, there remains a risk that water contamination is still present.	Patient safety	5	5	25	Disinfection and full re-testing of the water supply completed satisfactorily as at 2 May 2019. MPX remain responsible for water management at time of writing (2 May 2019).	1	5	5	
3	Cable Calculations	Patient safety risk / Operational	The Board are struggling to understand how compliance has been demonstrated with the following regulations; • BS7671 regulation 512.1.5 requires that "Every item of equipment shall be selected and erected so that it will neither cause harmful effects to other equipment nor impair the supply during normal service including switching operations. Switchgear, protective devices, accessories and other types of equipment shall not be connected to conductors intended to operate at a temperature exceeding 70 °C at the equipment in normal service, unless the equipment manufacturer has confirmed that the equipment is suitable for such conditions". • BS 7671 regulation; 523.1 (note b) requires that "Where a conductor operates at a temperature exceeding 70 °C, it shall be ascertained that the equipment connected to the conductor is suitable for the resulting temperature at the connection". • BS 7671 90 "cable tables e.g. Table 4E4, state that "Where it is intended to connect the cables in this table to equipment or accessories designed to operate at a temperature lower than the maximum operating temperature of the cable, the cables should be rated at the maximum operating temperature of the equipment or accessory (see Regulation 512.1.5)." The Board have however accepted Project Co installation.	Residual risk as follows; •No intrinsically safe way of limiting the cable temperatures to 70Deg C •The potential for nuisance and uncontrolled tripping due to thermal effects •The patient safety as a result of nuisance tripping •The negative impact on equipment within the system that are not designed to operate above 70Deg C •Future fault finding would be difficult trying to establish why the circuit is tripping when the load is less than the trip setting	Operational restrictions as additional equipment installed through time.	5	5	25	IHSL, MPX, Wallace Whittle and DSSR have assured the Board the system is intrinsically safe to the satisfaction of the Independent Tester.	3	3	9	IHSL could address the Boards comments.
4	Basement sump	Risk of pump failure resulting in lack of sanitary appliances in clinical areas, and flooding in the basement.	Project Co have provided a non-compliant design, however have provided mitigation measures as set out in the Settlement Agreement.	Whilst mitigation measures have been provided by Project Co, there remains a risk that all the pumps will fail, and the risk realised.	Operational impact as follows; - Potential unavailability of the kitchen / basement. - Clinical areas on all floors subject to water usage restrictions resulting in increased workload for staff.	5	5	25	Through the settlement agreement, Project Co provided mitigation measures. The Board impact / continuity plans are now in place.	1	5	5	Complete re-design of the basement sump including the provision of storage and diverting above ground flows away from the basement. This would involve major construction works that would involve breaking of the basement slab.
5	PARU garden sump issues	Risk of pump failure resulting in lack of sanitary appliances in clinical areas, and flooding in the PARU gardens or PARU department.	Project Co have provided a non-compliant design, however have provided mitigation measures as set out in the Settlement Agreement.	Whilst mitigation measures have been provided by Project Co, there remains a risk that all the pumps will fail, and the risk realised.	Operational impact as follows; - Potential unavailability of the PARU gardens or PARU department. - Clinical areas on all floors subject to water usage restrictions resulting in increased workload for staff.	5	5	25	Through the settlement agreement, Project Co provided mitigation measures, including a vac tanker if required. The Board impact / continuity plans are now in place.	2	5	10	Complete re-design of the PARU gardens sump including the provision of storage and diverting above ground flows away from the basement. This would involve major construction works that would involve breaking of the basement slab.
6	Moulds + Fungus	Operational	Hot water supply pipe failed (crimped joint - poor workmanship) and flooded level 1, Ground Floor and the basement of the Facility. Similar event could re-occur.	There is the possible microbiological risk if any damp building materials have not been removed as they are predisposed to growing moulds and fungus over future months which could be a risk to patients susceptible to infection	Potential infection control increase to patients due to exposure to mould (Aspergillus)	5	5	25	Following an infection control walkround and review of the remedial strategy and SBAR completed, Project Co have removed damaged plasterboard, replaced flooring, replaced fixtures and fittings affected etc.	1	5	5	Project Co to survey with a gamma camera all joints to establish whether connections are appropriate. Add in additional flow monitors (active monitoring), in order that should the event re-occur, it would be identified immediately. Monitor with moisture / damp meters.
7	Water Pipe Joint Failure event re-occurring	Operational	Hot water supply pipe failed (crimped joint - poor workmanship) and flooded level 1, Ground Floor and the basement of the Facility. Similar event could re-occur.	There is the possible microbiological risk if any damp building materials have not been removed as they are predisposed to growing moulds and fungus over future months which could be a risk to patients susceptible to infection	Leakage re-occurring.	5	5	25	Project Co surveyed with a gamma camera a sample of joints to establish whether connections are appropriate. During the operational phase, the hospital will be occupied and therefore any water damage would be identified earlier than during the construction phase.	1	5	5	Project Co to survey with a gamma camera all joints to establish whether connections are appropriate. Add in additional flow monitors (active monitoring).
8	HV distribution	Patient safety risk - life critical - potential complete loss of power to the Facility.	Project Co have amended the design as part of the settlement agreement.	The Board has compromised on the Financial Close Design. The final design is not as robust as that proposed at Financial Close.	The loss of power from SFERS turning off one of the sub stations during the fighting of a fire resulting in a reliance on the UPS backup power to critical systems only (circa 1hr)	5	5	25	The design of the intake substation has been re-designed by Project Co to reduce the risk of complete loss of power to the Facility. The proposed gas suppression system mitigates the risk of complete loss of power to the facility, albeit there is a small risk that in the event of a major fire, the fire brigade may still require complete shut down of the substations, however in this scenario, the critical systems in the hospital would be backed up by the UPS for 1 hour.	1	5	5	Re-design /construct the HV cable routing back to the Financial Close design.
9	Movement Joints	Clinical Impact - non compliance with the BCR's.	Project Co Change - Project Co has designed the movement joint through the key exclusion zones identified in the BCR's.	There are movement joints which has been placed in clinical areas rather than non clinical areas. This is resulting in an increased operational and infection control risk for all areas where movement joint has been incorrectly located (i.e. within a clinical area). The affected rooms will likely be unavailable more often and will require more intensive cleaning regime, this additional cleaning regime will be undertaken by NHS Lothian.	Increased maintenance by Project Co (BYES) and cleaning by NHS Lothian in critical clinical areas.	5	4	20	Following review with NHSL Project Team including Infection Control and BYES, Project Co used MJ specification (C/S Allway DGTR-400) to mitigate infection control impact in clinical areas.	3	3	9	There are no current practical further mitigation measures, the Hospital would have to be re-built to solve the issue.

Title	Category of Issue	Status	Compromise / Risk	Impact Scored	Likelihood	Consequence / Impact	Score	Mitigation Measures Undertaken	Likelihood	Consequence / Impact	Score	Future Mitigation (requires appropriate design reviews to confirm feasibility)	
10	Basement sump	H&S risk of odours spreading in basement area including main kitchen	Project Co's foul drainage design in the basement locates the pump within the corridor outside the kitchen area. This has the potential to create uncomfortable odours in an area where food is being prepared and a frequent thoroughfare to those using the basement.	Maintenance of the pump will close off this section of the corridor and affect FM activities. On a more general note staff will potentially have to work in an uncomfortable odour that again affects the overall atmosphere of the basement working environment.	Operational impact as follows; - Potential unavailability of the kitchen / basement. - Restrictions on use of corridor during maintenance. - Increased pest control activities during maintenance. - Possible noise issues on ground floor when the pump is discharging.	5	4	20	Project Co developed a ventilation strategy proposal that allows for a temporary enclosure around the chamber to be constructed, and odour/charcoal filter to resolve odours when the chamber is being maintained. Project Co also to include methodology for the opening of the sump.	3	3	9	The basement sump and drainage beneath the basement slab would have to be moved. This would involve major construction works that would involve breaking of the basement slab.
11	Service Yard gate	Operational Impact	Project Co have attempted to resolve design issues, however fundamentally compromised design.	Project Co have provided an automatic gates solution ,when the Boards preference was for a manual gate and automatic barrier solution. Loss of vehicle control in to the service yard when gates are slow moving to open for a vehicle exit. Entering vehicles will not stop at intercom. Vehicles will try to rush slow moving gates. Pedestrian safety. Highly likely that pedestrians will look to enter or exit the yard when gates are moving slowly to open or closed position. Personnel gate will not be used. Temporary management workaround required to manually operate gates to maintain operations and security.	Operational restrictions, particularly when the gates are out of service.	5	4	20	The type of automatic gate has been reviewed with all stakeholders.	3	3	9	Project Co to hold adequate spares for fast repair of gate. Gate to be manually operated during downtime to reduce restrictions. Board impact / continuity plan to be devised for delivery to a separate point (DCN entrance or RIE service yard).
12	25% spare capacity	Cost - future change.	Project Co Change	The extract systems for 4 bed ventilation will have reduced spare capacity to a minimum of 10%. The electrical cable trays are currently close to full, and therefore may restrict spare capacity. The Board has therefore compromised on future flexibility and potential to expand infrastructure.		5	3	15	Project Co have provided spare capacity reports to identify the reductions in spare capacity and assist in future planning of modifications.	4	3	12	There are no current practical further construction mitigation measures, increasing the spare capacity at this stage would require significant re-design of the Facility.
13	Quench Pipe Routes	Risk to future installation of	Whilst the Board believe the solution to be non-compliant a compromise solution has been installed.	The quench pipe routes do not follow an optimal route and are not dedicated routes, this has resulted in additional bends in one of the quench pipes, with an increase in pipe size required at each bend. The routes have been compromised by additional services in the routes, noting MPX clarified these services relate to the MRI room in question only. Future replacement / installation will require removal of other services, and therefore the Board will incur additional cost of £120k when replacement is required (anticipated to be no more than once every 7 years).	Increased replacement costs.	5	3	15	BIM model updated to record the as installed set up. This will enable future contractors a visual understanding of the issues. In addition, the route for shelled room quench pipe has been protected. Please also refer to the Settlement Agreement - all costs are Project Co's.	1	1	1	The services would have to be removed from the quench pipe route to provide clear unobstructed access.
14	Access hatches	Infection Control and potent	Project Co designed the services directly above the clinical areas (theatres),	As per guidance, there should be no hatches in theatres, however due to the location of services, some hatches remain in the theatre suite. There is therefore an infection control risk as access hatches in theatres.	Additional theatre cleans and air sampling required, therefore possible increased theatre downtime.	3	5	15	Project Co have amended the design to reduce the number of access hatches.	1	3	3	Redesign the M&E services to remove the non essential services from above the theatres.
15	Location of MRI Chillers	Financial and Operational	Project Co's original design had chillers located outside the red line boundary without legal rights to do so.	The pipe run has increased from 5m to approx. 100m, making it more expensive to install and replace and requiring larger capacity chillers. It will also have an effect on the operation of the chillers by adding extra strain on the system due to the pipework's length, also requiring an additional resilience chiller.	Increased replacement costs.	5	3	15	Project Co have rationalised the route to make it the shortest possible given the required location of the chillers.	5	3	15	There are no current practical further construction mitigation measures, re-designing the Radiology Department to allow the chillers to be closer to the Radiology Department, and thus have shorter chiller runs would involve major construction works.
16	Temperature Control Valves	Operational	Project Co Change - Project Co have not provided electronically actuated valves to individual radiant panels that allows BMS control of temperature.	Loss of centralised control via the BMS.	Potential increase in energy cost. Risk that patients may leave heating on and open the windows.	5	3	15	Project Co have provided additional sensors in the rooms to monitor the temperature.	5	2	10	Additional training for staff to manage the control of temperature. Re-design the temperature control in the bedrooms.
17	Drainage above IPS rooms / above IPS panels	Risk to critical equipment wh	Project Co have amended the design.	Water services have been located above critical electrical equipment. Project Co has mitigated these scenarios by providing fusion welded pipes, pipework with no joints, or pipework being re-routed. The Board has therefore compromised on good practice to accommodate these services with the residual risk being floor penetrations above electrical services, and therefore a risk of electrical faults causing the system to trip.	Clinical - potential loss of power to critical equipment.	3	4	12	Project Co have mitigated these scenarios by providing fusion welded pipes, pipework with no joints, or pipework being re-routed.	2	4	8	There are no current practical further construction mitigation measures, re-designing the drainage system would involve significant construction work.
18	Routing of services through clinical areas.	NA	Project Co Change	Risk is operational due to services serving one clinical area requiring to be accessed/isolated in another clinical area thus affecting both locations or more.	Increased maintenance and therefore possible unavailability in clinical areas.	3	4	12	Mitigation is PCo to provide schedule/drawings of locations where this is an issue.	3	4	12	Final mitigation would be to ensure all clinical spaces are serviced from corridors/circulation spaces.
19	Removal of Sprinklers	Operational	Project Co have removed the sprinklers from the Pod and Atrium to allow the proposed ATD design within the Pod to be accommodated.	Maximum allowable fire load strategy implemented in the POD restricting the future usage of the public space. Therefore, the Board is compromised in terms of flexible use of the space due to restrictions on the fire load, for example limitations on the type and size of furniture.	Operational restrictions	5	2	10	None	5	2	10	Amend operational procedures and remove all ATD structures from POD.
20	Entrance Matting	Operational and Financial	Project Co did not provide entrance matting at all doors to external areas however, it is not possible to change the floor slab to incorporate recessed floor mats in all areas.	The Board is having to provide some mats as group 3, and also additional associated cleaning costs.	Revenue cost for the Board	5	2	10	None	5	2	10	Re-design the flooring at the affected external doors to include recessed floor necessitating modifying structural concrete slab(s).
21	Waste Area in Service Yard	Operational and Financial	Project Co has designed the area in the service yard too small to allow the full facility to use standard clinical bins because of storage space in the service yard	The Board has had to change their operational policy for bins that are now smaller, will need emptied more frequently and will need to tip smaller bins into larger. This meant that the Board needed to buy both a bin tipper and bin washer	Operational restrictions	5	2	10	Amend operational procedures.	1	1	1	Re-design / construct the service yard.
22	Access to fire dampers	Operational	Project Co has located fire dampers in a position obstructed by services making them difficult to access.	Due to the location of some fire dampers the access will take considerable amount of time to re-set following annual drop tests or in the event of actual alarm.	Operational restrictions	3	3	9	Inform BYES in order appropriate planning / resources are allocated.	3	3	9	Re-design /construct the fire dampers.
23	Odours from helipad entering RIE and RHSC clinical areas including theatres.	Operational	Project Co had not assessed the effect of helicopter engine emissions during the design of the helipad.	There is a risk the emissions will cause staff to stop activities (particularly in Theatres0 which impact the operation of the RHCYP + DCN facility, and the RIE.	Clinical Impact	2	4	8	Project Co have produced a report on the issue.	2	4	8	Re-design / construct the air intakes with additional filters/ new motors. Space restrictions likely to inhibit.
24	Gas supply to bedhead trunking	Clinical Impact	Board have accepted Project Co installation.	The gas on the bedhead trunking are not in the preferred clinical order, or as per drawings reviewed through RDD process. In a proportion of single bedrooms and 4 bedded bays the gasses and suction outlets will not be on the door side so there will not be uniformity in layout and the oxygen outlets will not always be the first outlet nearest to the door. Ward clinical staff will need to be aware of this and this will be picked up as part of their local familiarisation.	Minor clinical workaround - possible increased time to get to the correct side of the bed and apply gases to patients.	2	2	4	Amend operational procedures.	1	1	1	Re-design / construct the bedhead trunking.

Table 2 – Likelihood Definitions

Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
1	Probability Can't believe this event would happen – will only happen in extreme, unlikely	Not expected to happen, but definite potential exists, unlikely	May occur occasionally, has happened before on occasions, reasonable	Strong possibility that this could occur – likely to occur	This is expected to occur frequently / in most circumstances, more

Title	Category of Issue	Status	Compromise / Risk	Impact Scored	Likelihood	Consequence / Impact	Score	Mitigation Measures Undertaken	Likelihood	Consequence / Impact	Score	Future Mitigation (requires appropriate design reviews to confirm feasibility)
will only happen in exceptional circumstances.	exists - unlikely to occur.	occasions - reasonable chance of occurring.	occur.									

Table 3 - Risk Matrix

Likelihood	Consequences / Impact				
	1 Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Medium 5	High 10	High 15	V High 20	V High 25
Likely	Medium 4	Medium 8	High 12	High 16	V High 20
Possible	Low 3	Medium 6	Medium 9	High 12	High 15
Unlikely	Low 2	Medium 4	Medium 6	Medium 8	High 10
Rare	Low 1	Low 2	Low 3	Medium 4	Medium 5

Items removed by Project Team.

7	Entrance-road-to-Service-Yard	Operational	Project Co are amending the design of the access control for the automatic gate.	Queuing-vehicles-behind-a-large-vehicle-waiting-to-access-the-yard-Slow-moving-gates-will-increase-the-likelihood-of-this-event.	Operational-restriction-possible-blue-light-route-compromi	5	4	20	Project Co are amending the design of the access control for the automatic gate.	5	4	20	There are no current practical further construction mitigation measures, the service yard would have to increase in size. NHSL to ensure operationally that no vehicles stop on the blue light route.	NHS-operation-at-risk
11	Basement-Transformer-Replacement	Operational	Project Co have located Transformers in the basement which makes it difficult for them to be moved as they can't be taken out via the lifts due to size and weight restriction s.	This-closes-the-area-in-the-ground-floor-and-basement-area-in-the-energy-centre-Therefore-the-Board-will-not-be-able-to-use-this-area-while-the-replacement-is-undertaken-This-time-period-is-still-to-be-confirmed-The-ether-	Operational-restriction	5	3	15	Project Co would undertake the works out with normal operational hours.	5	1	5	There are no current practical further construction mitigation measures, re-designing the basement transformer design would involve significant construction works.	NHS-operation-at-inefficiency

12	Bedroom-ventilation pressure-regime and air-change-rate in-rooms-for-neutropenic-patients	Haematology	Project Change	Every-bedroom-in-haematology-and-Oncology-should-have-been-able-to-accommodate-patients-requiring-isolation-however-as-designed-and-constructed-only-7-isolation-rooms-can-accommodate-the-"at-risk"-patients-	Following-discussions-with-clinical-teams-low-Clinical-Impact-Patients-may-be-boarded-in-other-wards-with-isolation-rooms-Capacity-restricted-to-7-isolation-rooms-in-haematology-and-oncology-	3	4	12	NHS required to operationally manage the department rather than asking Project Co to change the design.	3	4	12	There are no current practical further construction mitigation measures, re-designing the ventilation system would involve significant construction works.	Patient-safety-and-NHS-operation-at-risk
15	Lack-of-non-IPS-sockets-in-theatres	Patient safety	Project Change	There-should-be-no-IPS-sockets-on-the-walls-in-Group-2-locations-(theatres-ITU-Resus-etc)-however-the-Board-has-compromised-and-accepted-a-hybrid-solution-	Clinical-Risk-Potential-confusion-of-correct-sockets-to-use-possible-electrical-fault-for-critical-clinical-equipment-	4	3	12	Project Co have amended the design, however blue (IPS) sockets remain on the walls.	4	3	12	Additional training for staff.	Patient-safety-and-NHS-operation-at-risk
16	No-Lift-to-basement-in-Core-3	Operational	Project Change	The-Board-had-to-accept-the-lift-within-core-3-will-not-serve-the-basement-however-this-compromises-the-FM-routes-as-it-requires-DCN-beds-to-be-brought-down-the-RHSC-lifts-or-the-FM-lift-and-reduces-contingencies-	Operational-inconvenience-	5	2	10	None	5	2	10	Amend operational procedures.	NHS-operation-at-inefficiency

18	Vents in Courtyards (Neuroscience)	Operational	Following FC, Project Co introduced vents in some of the courtyards	The Board has reduced useable space within the courtyards, with the neuroscience courtyard being particularly impacted.	Operational restriction - reduced space in courtyards	5	2	10	The vents have been painted to minimise the aesthetic impact.	5	2	10	Re-design the ventilation system to remove the vents from the courtyard.	Reduction in patient experience
20	Reduced access to electrical panels	NA	Project Co are amending the design.	Unidentified / immovable locations may be difficult to maintain in the future.	Operational restriction - Prolonged maintenance due to difficult access / potential extended downtime	5	2	10	MPX and the Independent Tester reviewed on site to the satisfaction of the IT. The Board understand that BYES were not included in the site visit.	5	2	10	Re-design the electrical panels.	NHS operational risk
23	Provision of shower trays and pumping	Operational	Project Co Change	Step up into a shower tray, hence limits use of 2 rooms to patients without mobility issues.	Clinical Impact - reduced functionality and availability of the 2 rooms.	5	2	10	None	5	2	10	Re-design / construct the showers / drainage.	NHS operational risk
26	4 bed ventilation	Patient safety	Project Co have amended the design as part of the settlement agreement.	The Board has compromised on the air change rate requirements in the SHIM 03-01 (6 ac/hr requested in the SHIM, and only 4 ac/hr being provided). There is therefore a potential reduction in the air quality, albeit well in excess of the minimum.	Potential reduced air quality.	5	1	5	None	5	1	5	Re-design / construct the 4 bed ventilation.	Reduction in patient experience

27	Single-Bedroom-Ventilation-air-changes-	Patient Care	Project Change	The Board has compromised on the air change rate requirements in the SHTM 03-01 (6 ac/hr requested in the SHTM, and only 4 ac/hr being provided). There is therefore a potential reduction in the air quality, albeit well in excess of what	Potential reduced air quality.	5	1	5	None	5	1	5	Re-design /construct the single bed ventilation .	Reduction in patient experience and financial loss
28	New-Facility-constructed-at-different-level-to-the-existing-RHE-	Operations	Project Change - Project Co error in constructing the Facility.	Not best practise to have hospital corridors that are misaligned and have a slight incline.	Operational restrictions	5	1	5	None	5	1	5	Re-build hospital at the correct level.	
29	Trolley-Area-in-the-Lift-lobby-in-Energy-Centre-Ground-floor-	Operations	The size of the trolley area was reduced by Project Co, only allowing for 5 trollies (instead of 6)	The Board needs to change operation at procedure to account for fewer trollies which will lead to inefficiencies.	Operational restrictions	5	1	5	Amend operational procedures.	5	1	5	Re-design /construct the trolley area.	NHS operational inefficiency
31	Height-reduction-in-basement-areas/service-yard-	Operations	The height within the service yard was meant to be no less than 2400mm, however, there are areas within the service yard and basement Project Co have constructed with a reduced height of 2100mm.	There will be restrictions with the movement and handling within the basement.	Operational restrictions	1	4	4	Amend operational procedures.	1	4	4	Re-design / construct the Energy Centre / basement area.	NHS operational risk

Item	Title	Category of Issue	Status	Current RAG status	Compromise / Risk				
1	Lighting in fire fighting stairwells	Risk to life of all occupants of the building.	Item Pending - Awaiting response from building control.		TBC - likely to become red				
3	No earth bonding in certain required areas.	Risk to all patients.	Project Co have amended the design, however further rooms have been identified.		TBC - anticipate all rooms will be resolved.				
11	Cable discrimination and cable calculations (electrical issue)	Risk to life of all occupants of the building. Risk of fire.	Item Pending - Awaiting response from project co.		TBC				
14	Smoke clearance in fire fighting stairwells	Risk to life of all occupants of the building.	Project Co have amended the design. Witnessing on site the installation is compliant awaited. Potentially none.		TBC - site demo required, potentially none.				
19	Helipad fire fighting system (Water Pressure)	N/A	Item pending - Awaiting certification from MPX.		TBC - Potentially none.				
20	Vegetation around air intakes in Neuroscience Courtyard	NA	Project Co have amended the design.		None				
23	Drainage joints in slabs	Operational impact	Project Co are reviewing with the IT.		Difficult (Increased cost and time) repair if problem did occur				
26	Ventilation in IPS	NA	TBC		TBC				
27	Hot and Cold water supply pipe configuration	NA	Project Co have amended the design.		None				
28	Windows/Partition in 1-B1-055	NA	TBC		TBC				
39	Outstanding Status C RDD	NA	TBC		TBC				
40	Remaining Permanent Infrastructure outside the red line boundary (CCTV etc)	NA	Project Co to submit an SA to the Board to agree with Consort.						
50	Access and Maintenance Strategy	Operational / Completion issue.	Project Co are amending the A&M strategy.		TBC				
51	Lux levels in clean utilities	Clinical	Project Co are to review on site		TBC				
65	CAMHS/PICU Glazing/DCN Acute	Clinical impact / patient privacy.	Project Co are amending the design.		None				
68	Security for CAMHS courtyards	Clinical impact	Project Co are amending the design.		None				
70	ED Drugs store ventilation	Clinical Impact	Board Change		None				
72	Heating pumps pressure	Operational impact	Item pending outcome of commissioning tests.		TBC				
73	Fridge Spaces	Operational impact	Item pending		TBC				
75	Row of work benches too close together - D6 first floor	Operational impact	Item pending		TBC				
79	Pendants	Clinical impact	Item pending.		None				
80	Handheld devices	Operational	Ongoing, risk to NHS to provide more security resource.		TBC				
25	Level and position of smoke detectors	NA	Project Co have amended the design.		Site survey required to clarify / move smoke detectors to the correct positions.				
#REF!	Service Yard gate access width		Access to the gate is not wide enough for two vehicles to pass at the same time		Management of the service yard would need to be closely monitored to prevent vehicles clashing while entering and exiting the service yard		0	0	0

Project Co Change №	Title	
014	LTHW Pipework	
017	Helipad Height Reduction	covered by emissions
020	Zone A Level 4 Plantrooms	
022	Link Building	covered
023	Gas Meter Housing	
024	Entrance Matting	
025	BREEAM Certification	
026	Temperature Control / Monitoring	
027	Movement Joints	
028	Node Rooms - basement	
029	Curtain Tracks	
030	Carpark E	
032	MRI	
033	Ceilings	
034	Service Yard	
035	Radiology WC Room omission	
036	Overpanels to Doors	
037	Standing Seam Roof	
038	Warning Lights	
039	Helipad - Certification	
040	Skirting Change	
041	Bed Lift Core 3	covered
042	provision of gas store to level four	
043	provision of shower trays and pumping	covered
044	Fire strategy	covered
045	Tactile sensors to antilig sanitary spaces	
046	OUT094 Connections	covered
047	Audiology Acoustic tests	
048	SHPN 40 Intercom / Isolation Suite Functionality	
049	As Built Energy Model	
050	Neutropenic	covered
052	FCU traps	
054	Non-installation of barriers and associated gear for Actual Completion	
055	High Level Drainage	covered
056	Node Rooms Cooling	covered
057	ATD Programme	
058	Single Bed Ventilation	covered
059	Group 2 Socket change	covered
060	<i>helipad</i>	covered
061	<i>isolation room</i>	
062	<i>seasonal commissioning - potentially roll in to 049</i>	
063	Cable Calculations	
064	<i>Ceiling Heights</i>	covered
065	<i>Ceilings in IPS rooms</i>	covered

Item	Type	Category/Issue	Details	Current Risk Rating	Comments / Risk	Impact
2	Non Fire Rated IPS / UPS	Risk to patients in critical clinical areas, theatre etc locations.	Project Co have amended the design.			
8	Bedhead trucking earth	Patient safety risk.	Project Co have amended the design.			
12	Lack of tamper proof flush hand washers in CAMS	Risk to life of patients and staff	Project Co have amended the design.			
17	Quat Cleaning	Infection Control	Project Co have amended the commissioning			
18	Number of air fans	NA	Project Co Change - instead the design is referred by the Board			
21	Do not use tables removed from Medical Gas Outlets before commissioning	NA				
22	Isolation Room supply ventilation relative to low level	NA	Project Co are to undertake with the IT			
26	Bed/Chair installation	Fire Risk	Project Co have amended the design.			
30	Lighting Protection	NA	Project Co have amended the design.			
31	Self-healing/plugging ventilation	NA	Project Co have amended the design.			
34	Wiring terminations fitted to junction boxes	NA	Project Co have amended the design.			
35	No evidence of fire circuit bonding conductors	NA	Project Co have amended the design.			
36	Fire resistance of radiology	NA	Project Co have amended the design.			
37	UPS output switchboard	NA	Project Co have amended the design.			
38	Control window door	NA	Project Co have amended the design.			
41	Sealed Commissioning	NA	Project Co Change			
42	Microclimate Matrix	NA	Controlled by other ventilation system.			
43	Matrix still in BIC	NA				
45	Underside Circuits	NA	Project Co are amending the design.			
47	Just above public bench	NA	Project Co are amending the design.			
48	IPS units supplier non	NA				
49	Independent circuit	NA				
50	Fire protection	NA	Project Co are amending the design.			
51	Sign out facility in clinical	NA	Project Co are amending the design.			
54	Carton track and ceiling	NA	Project Co are amending the design.			
55	1 team only (radiology - 5-24-24)	Operational	Project Co are amending the design.			
56	Bedhead lamp tubes	Operational	Board agreed to close the issue			
58	Lighting in Service yard	Operational	Project Co are amending the design.			
59	Lighting in BIC area	Operational	Project Co are amending the design.			
60	5-24-24 QP - floor floor	Operational	Project Co are amending the design.			
61	Protection of 500V CCTV	Operational	Project Co are amending the design.			
62	Board identification and fire stopping in MBS suits	Critical impact	Project Co are amending the design.			
66	Design Note 5 - void	Operational impact	Project Co are amending the Fire Strategy			
67	Access to	Operational impact	Closed - on issue found on site			
70	Bed head lighting	Operational impact	Project Co are amending the design.			
77	Control 2 sockets theatre	Operational	Project Co Change			
78	Penetration for services	Operational impact	Project correcting issue on site.			
79	Service Yard machines	Operational	200 machines are approved in the service yard			
81	Service Yard fire door	Operational	All area of the ceiling above fire door is adequately protected			
83	Bedroom rooms located in separate parts of the building	Non compliance with BS 5732	Duplicate of item 6 above			
1	Ventilation in Single	Operational	Duplicate of item 13 above			
2	Bedroom Bedrooms	Operational	Duplicate of item 6 above			
3	Operational Bedrooms	Operational	Duplicate of item 61 above			
4	Operational Bedrooms	Operational	Duplicate of item 71 above			
40017	Tuning grids in Service Yard	Operational	Due to the size of the service yard and the additional requirement for a fire washer and fogger, delivery lorries do not have a full turning circle to change direction and must reverse to accommodate delivery collection.			
21	Foot Pump at Elicton Door to the basement	Operational	Duplicate of item 67 above			
40018	Lack of required signage due to automation system	Operational	Duplicate of item 23 above			
40019	Permits beds	Operational	Project Co's original permit bed design did not allow enough circulation space to get to the patient or on the other side of the bed to clean and make up the bed			
40020	Inconsistencies between Design and Construction	Operational	The Board are finding a list of instances where items have been constructed / fitted in the wrong space. For example: 1. BMS control (BMS/SC) and Cleaner sockets (OUT/DS) are not where they are illustrated on the drawings. 2. Cupboard in the wrong place in Sphere 3. In Sphere an observation window has been fitted			
40021	Restricted delivery times to service yard	Operational and Financial	Project Co agreed restricted parking times with the Council as deliveries can only be made to the service yard between 7am and 4pm.			
74	Bedhead trucking in BIC/IC DCN bedrooms and 4 bedded beds	Operational	As part of the BIC process we had discussions with Mercury that the 'Treatment' side of the gases and suction outlets would always be nearest to the door side which would ensure a consistent approach across the facility. However this has not universally happened in all areas which means that there are instances where the medical and suction outlet leader are not next to the correct location. All of the bedhead trucking has been manufactured and many have already been installed so it is not possible to change this at this late stage			
22	Re-considered grid for ceiling	Operational	Project Co changed the ceiling grid and the specification and installation of same without consultation with Board after original specification has been received as per			
40022	Neuroscience Consultant	NA	NA			
16	Reductions to ceiling heights	Operational and Infection Control Risk	Project Co Change			
32	Controlled ceiling grids	Operational and Infection Control Risk	Project Co Change			
4	Theatre Canopy	Clinical	Project Co did not provide remote air handling within the design for the canopy. Buildings an increase in the size of the canopy from what was reviewed by the Board during PG reviews.			
5	CAMS intensive nursing suite external area	Operational	Project Co's Courtyard design drawings did not illustrate the covered section of the courtyard.			
40023	Removal of WC (G-02-066)	Operational	Project Co are having to increase the size of one of the toilet roughers.			
40024	Scan Lines in CMRS	Operational	Project Co did not consider the Scan Lines in the original design of the room and are currently not contained within the CMRS room			
75	Cable Reelstand	Operational	The reelstand could not be accommodated in original position			
81	Do Not Use until for Angle Installation and Equipment	Operational	The lift within the facility was too small to allow installation and equipment of Angle Equipment			
28	Car park signs	Operational	Project Co have not provided disabled parking signs at the end of each individual parking space as requested in the original drawings			
11	Single rooms and ensuite door design details	Operational	Door hangings needed in double in a small number of single rooms with ensuite			

From: [Currie, Brian](#)
To: [Guthrie, Lindsay](#); [Inverarity, Donald](#)
Cc: [Gillies, Tracey](#); [McMahon, Alex](#); [Mitchell, Fiona \(Director\)](#); [Doyle, Edward](#); [Mackenzie, Janice](#); [Goldsmith, Susan](#); [Henderson, Ronnie](#); [Curley, George](#)
Subject: RHCYP + DCN - Little France - Ventilation
Date: 28 June 2019 12:28:09
Attachments: [image001.jpg](#)
[Operating theatre key issues_IOM_280619.pdf](#)
Importance: High

Lindsay, Donald

Please find attached and below information received from IOM this morning and as discussed with colleagues at 9.00am.

An engineering meeting is underway with IOM, Multiplex, IHSL and ourselves to review all items and form an agreed view by cob today on what and where remedial measures are required and when they will be complete.

A progress conference call is planned for later this afternoon, details to follow.

Please note, the comment on possible green fly at an intake to an AHU has already been actioned with our pest control contractor.

The last few days have proved quite frustrating as there has been issues with plant, temperature control, access etc which has detracted from solid progress. Support on the BMS in the last couple of days has been less than ideal as David has been off and Mercury/Schneider seem to be doing work on the system so we haven't had a clear run at it. In addition we were advised that systems were set to run continuously during our testing but we are finding that systems are shutting down/going into background driven by occupancy sensors. When you are testing in the plant area the change in status is not always discernible.

As discussed we will be attending next week to hopefully finalise the work.

I wanted to discuss some of the site history as we are experiencing some unusual results. For example the theatre 32 UCV is now producing higher velocities than it did at commissioning with HEPA filter pressure drop being higher. I wondered if they had been re-commissioned or 'adjusted' prior to these validations?

Our testing is not complete but it also looks like the UCV theatres are not producing enough air changes in conventional mode (theatres 31 and 38 tested to date). The commissioning figures seen from H+V do not appear to have tested in those modes. Unfortunately it's not uncommon that switching modes can result in significantly different results with the canopies on and off. We are concerned about the effectiveness of controls and the cause/effect on the surgeon's panel indicators. We have witnessed:

- AHU isolations where the canopy still runs. Ie they are not interlocked.
- Extract fans tripped with no alarms on the panel
- Some motorised dampers not closing on plant shutdown/failure
- Clear evidence that temperature cannot be properly controlled in most theatres due to valve issues and the thermal wheels

As previously discussed the thermal wheels currently are not working well and represent an infection risk as they have been running at high speed so the purge section is negated and extract air is inevitably be being picked up in the supply air stream.

The shared DU rooms generally have two grilles which contribute to the total extract rate. The

design anticipated that in the event of one system failing the second system would ramp up the extract to the DU to replace extract lost from the failed system. Upon testing this facility in theatres 32 and 33) it does not work.

The design figure for supply to prep rooms is 90 l/s when the SHTM is 100 l/s so not sure why this was.

We have been testing for a blocked filter scenario but not all systems have been tested to date. However, some systems do not have sufficient fan speed capacity to deal with a blocked filter scenario.

Finally, you will be aware of the ongoing issues with door actuators and doors in general. The door issues need to be addressed urgently as they will be a major irritation to users and could compromise system performance.

Regards

Brian

Brian Currie
Project Director - NHS Lothian
RHCYP + DCN
4th Floor Management Suite
Little France Crescent
Edinburgh
EH16 4TJ



PHNC cyan secondary FOR SIG



Operating theatre key issues.

Theatre 30 – Conventional

27 air changes per hour – meets SHTM.

Theatre grilles excessively out of balance (up to 33% above lowest)- can create dead zones in clean air paths

Dirty Utility low extract volume – 344 l/s vs required 410 (design 420). DU grille does not ramp up on failure of adjacent theatre plant.

Anaesthetic room extract air change rate low at 13.1 vs required 15.

Noise levels marginally above SHTM requirements in theatre, anaesthetic and dirty utility rooms.

Theatre 31- UCV theatre

Canopy passed all tests.

Air change rate in conventional mode – only 19 ach/hr vs required 25. Further investigations underway to check supply/extract volume and room pressures in conventional mode.

Prep room supply volume and air change rate below requirements 85 l/s and 9.4 ach vs required 100l/s and 10 ach/hr.

DU extract arrangements set out by designers to ramp up extract in the event of a failure of one system does not work.

Noise levels to theatre marginally above SHTM requirement by 0.9 dbA and anaesthetic room above by 3.8dbA and prep room by 4.5dbA.

Surgeon's panel RH gauge needs recalibrating (max tolerance allowed 5%)

Theatre 32 – UCV theatre

Canopy passed all tests.

Prep supply air volume low at 68 l/s (7ach/hr) vs required 100 l/s and 10ach/hr. (Design 90 l/s)

DU extract arrangements set out by designers to ramp up extract in the event of a failure of one system does not work.

Area still to be tested in conventional mode.

Noise levels marginally above SHTM requirements in theatre.

Theatre 33 – UCV theatre

Canopy 1m velocity readings failed test - has 4 cells below 0.2 m/s.

All quadrants on 2m velocity readings out of balance by more than +/- 6%. (92%, 116%, 80% and 111%). Canopy may need new HEPA filters as filter pressure drop is at 170pa vs usual new reading of 100-110pa).

Dirty utility extract rate slightly low at 396l/s vs required 410 (Design is 420). DU extract arrangements set out by designers to ramp up extract in the event of a failure of one system does not work.

Anaesthetic room supply and extract rates and air changes below requirements and design.

Prep room supply volume and air change rate below requirements 66 l/s and 6.4 ach vs required 100 l/s and 10 ach/hr.

Theatre 34 - Conventional

28 air changes per hour – meets SHTM.

Theatre grilles excessively out of balance (up to 21% above lowest) - can create dead zones in clean air paths.

Insufficient air in theatre to provide open door protection (733 l/s vs required 750 l/s). Theatre supply air volume below design and low level extract higher than design

DU extract arrangements set out by designers to ramp up extract in the event of a failure of one system does not work.

One blade on pressure stabiliser between anaesthetic room and corridor broken.

Weak pressure cascade from prep to corridor (23 pa vs required 25pa)

Anaesthetic room extract air change rate below requirements at 13.2 vs required 15.

Infestation of greenfly or similar to AHU inlet area.

Noise levels marginally above SHTM requirements in theatre.

Theatre 35 - Conventional

32.3 air changes per hour – meets SHTM but very high, wastes energy and could be uncomfortable for users.

Theatre grilles in balance.

Insufficient air in theatre to provide open door protection (722 l/s vs required 750 l/s). Theatre supply air volume correct but low level extract and scrub extract higher than design.

DU extract arrangements set out by designers to ramp up extract in the event of a failure of one system does not work.

Prep supply air volume low at 87 l/s vs required 100 l/s (Design 90 l/s)

Weak pressure cascade theatre to corridor (23.5 pa vs required 25pa)

Anaesthetic room extract air change rate below requirements at 13.1 vs required 15.

Noise levels marginally above SHTM requirements in theatre.

Theatre 36 – UCV theatre

Canopy passed all tests but quadrant 3 on the 2m velocity readings was a borderline pass at 106% of the average (max +/- 6%).

Dirty utility extract rate very low at 228 l/s vs required 410 (Design is 420). DU extract arrangements set out by designers to ramp up extract in the event of a failure of one system does not work.

Noise levels above SHTM requirements in theatre (3 dbA) and anaesthetic (=3.4dbA). Will deteriorate over time in theatre as canopy fans wear.

Theatre 37 – UCV theatre

UCV has one quadrant which is out of balance by 9% (max allowable is +/- 6%).

Dirty utility extract rate low at 306 l/s vs required 410 (Design is 420). DU extract arrangements set out by designers to ramp up extract in the event of a failure of one system does not work.

Anaesthetic room extract air changes low at 12 vs required 15.

Noise levels to theatre marginally above SHTM requirement by 1.3 dbA and anaesthetic room above by 4.7dbA.

Theatre 38 – UCV theatre

Canopy passed all tests.

22.5 ach/hr in conventional mode vs required 25. Very large theatre at 226m³.

Prep room supply air volume low at 80l/s (9.1 ach/hr) vs required 100l/s (10 ach/hr).

Dirty utility extract rate low at 306 l/s vs required 410 (Design is 420). DU extract arrangements set out by designers to ramp up extract in the event of a failure of one system does not work.

Anaesthetic room extract air changes low at 11.8 vs required 15.

Noise levels to theatre above SHTM requirement by 3.8 dbA and anaesthetic room above by 2.5dbA.

Theatre 39 – UCV theatre

UCV has one quadrant which is out of balance by 13% (max allowable is +/- 6%).

DU extract arrangements set out by designers to ramp up extract in the event of a failure of one system does not work.

Anaesthetic room extract air changes low at 11.8 vs required 15.

Initial tests suggest there is insufficient air in theatre in conventional mode to provide open door protection (719 l/s vs required 750 l/s). Further testing needed in conventional mode.

Noise levels to theatre marginally above SHTM requirement by 0.4dbA and anaesthetic room above by 1.6 dbA and prep by 1.1 dbA.

T/Cau 28/06/19

- Brian / Jamie / NMR^o Multiplex David Wilson
- Eddie Doyle. Darren.
- ~~Keri Lawson~~
-

Bouqes Ian Clau.

Keri Lawson. (ven)

T Gallie^v.IPC.Update

Document - issues presented

Main issues pressure concad

a / ex

balance

UCV vert.

Fix 'c' entity plan.

Spare capacity.

bep

Vawes temp contst Mor

Mor aw - all treaters - vert adjust.

2-3 to complete

Return - normal parameters.

Confidence

- By Mon night.

? anomalies

- need to fix

Gov

Schneider | H+V. | 1
faults & thermal wheels

Suggests panel issues Mar.

? Inhouse - Air sampling

- Need to tweak dampers...

- Move air → theatres

- Three windows

2 New

2 Existing

- To get up

Address 2-3 theatres right @ each time.

~~No~~ One of balance

Aming at right parameters?

Prep Run - 10 a/c/hr.
 in SUTO 03-07 - Prep - 25 a/c/hr

Derogation

Derogation Run - Isolation

- Verfied. - 3-4 / 52 weeks.
 - contradict this? /

* Independent testing.

Commissionary - in

HOU not performing -

Issues

Commercial settlement? (X) Indep. verifier

- Balance

- ? measure against

derogation

- ? what this is

Verify against full standard

Compare against derivatives.

Modify /

to Derogation

Summary

Isolation Run.

Theater - by end Mar

- 2-3 theaters

made fit for purpose.

? plates.

indep. tender.

Initial theater - Paed only

for more data.

HDM Vent

Mar - fixable or not.

Jamie moving in Tuesday not Friday.

need by end of week

theaters near.

Jamie Deadline ? for access from Fri

to set up.

lots to do in theaters to get them ready.

Theater / sampling ?

Ind. verifier

— sampling — pass.

If count < 10 cfu.

When all physical parameters wrong correctly.

Quick f/b back — final new.
baseline process. — results.

Mid meety - middle or to attend.

Real time f/back

12:00.

4:30.

MAT - specialists. - need free op time.

0 Resin physically intensive work.

From: Guthrie, Lindsay
Sent: 28 June 2019 09:52
To: McMahon, Alex; Inverarity, Donald; Henderson, Ronnie
Subject: RE: RHCYP + DCN - Little France - Water Sampling Results Summary

Hi Ronnie

HTM04-01 states there is no fixed definition of augmented care area.

However, HPS provide definition in the interim guidance for management of *Pseudomonas aeruginosa* in augmented care (2018) as

1. Bone marrow transplant units
2. Haemato-oncology units
3. Neonatal units
4. Critical care and Intensive care units
5. Renal units
6. Respiratory units (including Cystic Fibrosis units)
7. Burns units
8. Other areas where patients have extensive breaches in their dermal integrity
9. Any other care are where patients are severely immuno-suppressed through disease or treatment

So in NHS Lothian, we also currently view Neurosurgery as an augmented care areas under the ambiguous criteria provided in 8 and 9.

In terms of services provided currently at RHSC – Oncology, respiratory medicine (Cystic fibrosis) care, burns/plastic surgery, NNU, PICU, and probably Neurosurgery would all meet the definitions (from memory this is wards 1, 2, 3, 7, NICU/PICU in the old building). So we need to understand where these services will be located in the new building.

Please let me know if I can help further,
Regards
Lindsay

From: McMahon, Alex
Sent: 28 June 2019 09:39
To: Inverarity, Donald; Henderson, Ronnie; Guthrie, Lindsay
Subject: Re: RHCYP + DCN - Little France - Water Sampling Results Summary

In the discussion at the moment Ronnie is seeking absolute clarity about infection controls meaning of what area are augmented care areas. Could you guys pick this up and get this to him by Monday latest please.

Sent from my BlackBerry 10 smartphone on the EE network.

From: Inverarity, Donald
Sent: Thursday, 27 June 2019 3:49 PM
To: Henderson, Ronnie; Guthrie, Lindsay; McMahon, Alex; Currie, Brian; Curley, George

Cc: Mackenzie, Janice; Goldsmith, Susan; Gillies, Tracey
Subject: RE: RHCYP + DCN - Little France - Water Sampling Results Summary

Hi Ronnie,

Thanks for your clarifications. I've responded to the points made as Lindsay is not available.

I think the main issue with regards to the water quality, where we need more information to be able to assess clinical risk relates to not currently being able to identify where all the augmented care areas are in the building are. We can identify some from the spreadsheet e.g. PICU and HDU but not all e.g. renal dialysis, haematology, oncology, respiratory (particularly cystic fibrosis), wards with transplant patients. Currently for areas like c1.1 "medical inpatients" there will likely be areas which have a Pseudomonas aeruginosa legacy from water outlets which might need to be considered augmented care areas for future testing but we can't make that assessment because "medical inpatients" isn't discriminatory enough for this purpose.

For instance if Cystic fibrosis patients or transplant patients are planned to be in one of the C1.1 areas we might be either preferentially trying to locate rooms for them where there has never been P aeruginosa tested from the water or looking to test more frequently as surveillance than the minimum 6 monthly surveillance advised in HTM 04-01.

With regards to the water, none of this as far as I can see at present is necessarily a barrier to the rooms being used it is more about being aware of where there is a potential environmental vulnerability going forward so that we can plan how to monitor and minimise the risk of a water quality issue becoming a clinical infection. Knowing the water currently is free of P aeruginosa for the move gives some assurance for the next few weeks and months but where it has been before, it will grow back so this is more to guide interventions in the future to 1. Guide the water management controls to delay any build up to a critical mass and 2. Manage clinical risk so that we do not, if we can avoid it, unknowingly place very susceptible patients in rooms where there is a greater environmental risk at least until we become more familiar with the building and how it performs once occupied.

If testing for P aeruginosa is only being performed where there are high TVCs as per SHTM04-01 yes it complies with current Scottish guidance but it will not necessarily provide assurance that we have looked specifically for P aeruginosa in water (currently a subject of external scrutiny for NHS Lothian and an organisational vulnerability) in all our highest risk clinical areas where the most vulnerable patients will be managed. I support the planned approach arranged by NHS Lothian with Westfield Caledonian using the English HTM 04-01 which will address these areas of clinical risk and organisational vulnerability.

Best wishes.

Donald

From: Henderson, Ronnie

Sent: 27 June 2019 13:43

To: Guthrie, Lindsay; McMahon, Alex; Inverarity, Donald; Currie, Brian; Curley, George

Cc: Mackenzie, Janice; Goldsmith, Susan; Gillies, Tracey

Subject: RE: RHCYP + DCN - Little France - Water Sampling Results Summary

Hi Lindsay,

Please see update and responses below in blue.

With reference to Donald's e-mail in the trail, I can confirm that room 3-C1.1-046 was indeed the room visited. This section of the system was disinfected and re-sampled until clear, this location will be sampled as part of the latest sampling exercise.

In addition to the sampling arranged by NHSL, Bouygues FM are carrying out the full set of commissioning sampling done by MPX. They will carry out the full suite of testing except for Pseudomonas Aeruginosa but will do so if high TVC's are found anywhere, this is in line with SHTM 04-01

Hopefully this goes some way to answering your concerns and that this will be further enhanced when we meet tomorrow

Ronnie Henderson
Commissioning Manager Hard FM
RHSC & DCN - Little France
NHS Lothian

RHSC & DCN Site Office
Little France Crescent
Edinburgh
EH16 4TJ

From: Guthrie, Lindsay
Sent: 26 June 2019 17:15
To: McMahon, Alex; Inverarity, Donald; Currie, Brian; Curley, George
Cc: Mackenzie, Janice; Henderson, Ronnie; Goldsmith, Susan
Subject: RE: RHCYP + DCN - Little France - Water Sampling Results Summary
Importance: High

Hi Alex,
Donald may wish to comment further. I am not aware that there has been a specific response to the points raised.
To summarise other discussions:

1. Water:

Following on from the meeting on 19th June the summarised water results were shared with the IPCT and Estates. These were discussed at the Water Safety Group on 20th June, with input from the Authorising Engineer (AE) for Water and a specialist advisor from our external accredited laboratory for water testing (Westfield Caledonian).

The consensus view of Microbiology, IPCT, and the AE is that there is insufficient detail in the spreadsheet to identify which clinical specialties will occupy the areas which have tested positive (other than the PICU/ITU areas. It is not clear which outlets in augmented areas were tested (so for example there is a positive result for "haematology/oncology inpatient & day cases- ward kitchen"- but we don't know if any other outlets were sampled in this area).

The spreadsheet shows the clinical or other speciality for each result, can you clarify what additional information you require and we will update the spreadsheet. Included in the sampling results e-mailed previously sent is a master schedule showing the locations of all samples taken, we will endeavour to have a mark up of this showing clinical specialty by time of meeting tomorrow, this will give an indication of all locations sampled within each area. Although it is helpful to distinguish medical from surgical, we need more resolution as to which medical specialties are planned to be in which ward to determine if the ward is considered an augmented care area for the purposes of P aeruginosa in water. For instance, any previous P aeruginosa in water from a paediatric oncology or haematology or respiratory ward has ramifications as to the timing of surveillance testing going forward whereas it is not relevant for somewhere like paediatric neurology or cardiology. Likewise we know from DCN that neurosurgical patients with non intact skulls are at risk from water related P. aeruginosa but on the spreadsheet I cant identify which are neurosurgical wards.

This information is critical in informing any decision about clinical risk. As soon as the project team can provide this, the IPCT/Micro will prioritise a review of this information and provide a view on any risks/actions required.

It was highlighted at the Water Safety Group that no water sampling appeared to have been completed on the site since March 2019 and a proposal was tabled to carry out further water sampling across the site. A focused approach to this (recognising the scale/number of outlets potentially involved) was supported by the AE.

From Monday Westfield Caledonian will be on site sampling in Augmented Care areas, I think Donald is advising John Bryson where these are and we will facilitate the activity and assist where required. As noted above I can't guide regarding which areas in the building are augmented care areas because I don't know the purposes of the wards and rooms. I can advise which clinical specialties have patients which are considered at risk from water borne

Pseudomonas aeruginosa but as to where in the building *Pseudomonas* water testing should be focussed is outwith what I can advise unfortunately. I'm happy to assist in the process but don't currently know enough about the building to direct where testing should take place.

On a positive note, a plan to provide information and assurance in relation to water testing going forward was agreed in principle at the Water Safety Group. Donald has summarised and advised the project team that from discussion with microbiology consultant colleagues with an infection control remit, the consensus view was:

1. We agree we should have up to date results from an independent accredited water testing lab but we particularly would be keen to be assured that baseline sampling from outlets in augmented care areas is currently free from *P aeruginosa*.
All previously sampled outlets are free from *Pseudomonas Aeruginosa* as per the latest sampling results.
What is the date of these latest samples?
2. The specific water outlets that should be identified for testing are best decided by a water engineer that understands the plumbing and not IPCT.
The sampling locations will be decided by the AE of the FM provider in discussion with NHSL
3. Where results are or have been out of spec with regards to *P aeruginosa* or *Legionella* species, we need to know the clinical purpose of the room where the outlet is located and know what the plan/programme of corrective action and ongoing testing is going to be.
The spreadsheet provided should give you the clinical specialty of all out of spec sample locations (see notes above as greater detail regarding patient group who will occupy each area is required to assess the clinical risk), ongoing sampling and management will be as per SHTM 04-01, HTM 04-01 and Bouygues FM policy and procedure
4. We need to know how regularly testing for *P aeruginosa* in augmented care areas and *Legionella* will be performed and in which outlets once the building is occupied.
To be answered by Water Safety Group
5. We need assurance that out of spec *P. aeruginosa* and *Legionella* results will be flagged (within 24 hours of receipt by NHS Lothian) to duty IPCN (who would involve IPCT site team and an NHS Lothian microbiologist) and clinical teams so that any "at risk" patients can be swiftly identified and measures taken to protect them. In such circumstances a pre-agreed "communication protocol and immediate corrective action to be taken" standard operating procedure similar to that used in RIE Birth Centre and Neonatal Unit when black specs are found in water should be written to follow if required out of hours or at weekends with involvement of all relevant clinical, IPCT, site management and engineering stakeholders.
Communication protocol understood by Bouygues FM who will contact IPCT directly on occasion of out of spec results. Not aware of SOP mentioned but would assume we would need to formally request that Bouygues adopt/incorporate into their procedure.
6. Out of spec results need to be made available for discussion at site ICC, Pan Lothian ICC and Water Safety Group (Water Safety Group last week agreed this would be a quarterly exception report)
Agreed

2. Ventilation

The ventilation commissioning testing started in the early part of this week, and as yet no results have been shared with either IPCT or Estates colleagues, so again at this stage unable to provide a view on any clinical risk associated with any exceptions arising from these tests.

Ventilation testing is ongoing and we expect initial findings prior to meeting tomorrow. We have requested a draft executive summary/statement for each location.

Regards
Lindsay

From: McMahon, Alex
Sent: 26 June 2019 16:29
To: Inverarity, Donald; Currie, Brian; Guthrie, Lindsay; Curley, George
Cc: Mackenzie, Janice; Henderson, Ronnie; Goldsmith, Susan
Subject: Re: RHCYP + DCN - Little France - Water Sampling Results Summary

Any update to the questions that Donald asked below and also any sight of ventilation reports yet. Just conscious of time.

Sent from my BlackBerry 10 smartphone on the EE network.

From: Inverarity, Donald
Sent: Thursday, 20 June 2019 9:52 AM
To: McMahon, Alex; Currie, Brian; Guthrie, Lindsay; Curley, George
Cc: Crombie, Jim; Mackenzie, Janice; Henderson, Ronnie; Goldsmith, Susan
Subject: RE: RHCYP + DCN - Little France - Water Sampling Results Summary

Thanks for the spreadsheet. Its extremely useful to be able to see trends over time and with the function of the clinical areas mapped against the water results its so much easier to assess clinical risk related to water quality. I'm not entirely clear what the green "below threshold" boxes represent. Do they represent low counts e.g. <10 cfu/100ml or that the organism wasn't detected e.g. below the threshold for detection? Some clarity regarding that would help to understand whether there may be a future risk associated with the green boxes relating the Legionella culture earlier in the year.

In relation to the tests from outlet 3 c1.1-046 Medical Inpatient (Mix). It looks like there is a persisting issue with water quality from that outlet. Have we identified what that issue is? It looks like the Pseudomonas issue is coming under control but what is the long term plan for managing this issue at this outlet? Ronnie, is this the WHB you showed me on a walk round? It may be that the area isn't technically an augmented care area but we would need to think about whether any "at risk" patient might find themselves being managed in that room and pre-emptively have a plan for that the clinical risk it may pose to the mix of patients who may be in the room. If paediatric medical inpatient or neurology inpatient its possible that significantly immunosuppressed patients might be located there although technically not an augmented care area.

Happy to discuss further or at today's water safety group.

Thanks
 Donald

From: McMahon, Alex
Sent: 20 June 2019 07:48
To: Currie, Brian; Guthrie, Lindsay; Inverarity, Donald; Curley, George
Cc: Crombie, Jim; Mackenzie, Janice; Henderson, Ronnie; Goldsmith, Susan
Subject: RE: RHCYP + DCN - Little France - Water Sampling Results Summary

Brian, thanks for this. I am sure (I hope!) that Donald and Lindsay can make sense of this and provide reassurance or otherwise. In reading the narrative I was struck by the statement below and in particular the underlined wording gave me a bit of cause for concern. But again perhaps due to my lack of expertise in this area. What does this mean and by when you say any discrepancies should be reviewed by a suitably qualified person and also the point re the verification.

Donald and Lindsay once you have had time to read can you advise if this is acceptable and meets our requirements.

"This spreadsheet has been compiled following a request from NHS Lothian Infection and Prevention Control Team. The aim of the information presented in this spreadsheet is to provide a summary table of the Project Co's Water Sampling Results identified as being above Project Co's Threshold Limits. This spreadsheet is not a validation of lab results issued to the Board by Project Co. For confirmation or verification that sample points have been disinfected please refer to Project Co's Sampling Matrices. Any discrepancies should be reviewed by a suitably qualified person and should an independent verification be required, this shall be undertaken as a separate exercise".

Alex

Professor Alex McMahon
 Executive Director, Nursing, Midwifery and Allied Healthcare Professionals
 Executive Lead, REAS and Prison Healthcare
 NHS Lothian

[REDACTED]

From: Currie, Brian
Sent: 19 June 2019 17:03
To: Guthrie, Lindsay; Inverarity, Donald; Curley, George; McMahon, Alex
Cc: Crombie, Jim; Mackenzie, Janice; Henderson, Ronnie
Subject: RHCYP + DCN - Little France - Water Sampling Results Summary
Importance: High

Please find attached the Water Sampling Results Summary Schedule as requested.

The background, contents and methodology are included in the introduction tab.

Regards

Brian

Brian Currie
Project Director - NHS Lothian
RHCYP + DCN Site Office
Little France Crescent
Edinburgh
EH16 4TJ

[REDACTED]



Authorising Engineer Comments Added 22nd July 2019.**IPCT response to Westfield Caledonian Water Safety Report: 19th July 2019****Lindsay Guthrie (Lead IPCN) Dr Donald Inverarity (Consultant Microbiologist & Lead ICD)****General comment**

- NHS Lothian water safety group should be provided with a copy of the Hard FM water management plan for RHCYP as a matter of priority – this will provide further detail and assurance regarding control measures for Legionella.
- The provider should also confirm in this plan their approach to water management in relation to Pseudomonas aeruginosa in augmented care areas – as per HPS interim guidance (2018).
- The scope of the external review is limited only to augmented care areas – which includes Critical care, neonatal unit, haematology oncology, medical ward (Cystic Fibrosis and immunocompromised patients), plastics dressing clinic, and Neurosurgery (local definition adopted by NHS Lothian)
- The recommendations made in the report are specific to augmented care and protecting vulnerable patients. Based on experience from other NHS Boards, it would be prudent to adopt the recommendations to protect the plumbing system from ongoing seeding and compromise future water quality across the site
- It is reassuring that paediatric intensive care, haematology oncology are relatively unaffected by water quality issues
- Some anti-ligature taps are affected by Pseudomonas – need to confirm if these outlets will support use of PAL point of use filters (one of the key control measures going forwards) and explore other options if required
- Shower hose length needs to be reviewed – direct contact between the shower head and floor drain is currently possible (risk of contamination) (identified by HPS on site visit)
- Drainage was not considered within the scope of this review – at this stage, the impact of any drainage issues on the site on water delivery or quality is unknown

Table 1: Water quality issues

Page	Issue identified in report	Infection risk	Other clinical risk	Other organisational risk	NHS Lothian AE(Water) comment
1	<p>The augmented care areas which test positive for <i>Pseudomonas aeruginosa</i> , these are predominantly within Dalhousie Ward (Medical Paediatric In patients) and Ward 231 (Adult Medical Neurology) Positive outlets are linked to the same riser (M2).</p> <p>Issues identified are localised to the outlets, and not the wider water distribution system</p>	<p>Risk of <i>Pseudomonas</i> infection (patients) through exposure to contaminated water if corrective action not taken.</p> <p>Higher risk associated with Dalhousie ward – Cystic fibrosis patients will be cared for in this area – there is a risk of lung infection with recognised mortality</p> <p>Risk of recurrent positive water results from these locations.</p>	<p>Whilst outlets test positive, there is an impact on service delivery – these outlets will be taken out of use to complete remedial work and further testing</p>	<p>Clarity required in relation to costs associated with water testing and remedial actions – and who will cover cost. Ongoing costs associated with regular water testing (external provider) and remedial actions to address issues</p> <p>If autoclaving of taps considered – costs associated with external sterilisation service and costs to increase stock of taps to facilitate turnaround time</p>	<p>Appropriate remedial procedures for the affected outlets should be identified on the back of the existing results. These procedures should be applied to all outlets in the affected areas whether they were tested or not.</p> <p>Ongoing testing should be put in place, in compliance with the HFS draft guidance for Pa issues in hospitals.</p> <p>Recommend that IPCT should define exactly what they consider to be the areas of augmented care and then the identified and agreed appropriate sampling can be put into place.</p>
1	<p>ARJO baths – all baths tested were positive for</p>	<p>These baths are known to be a <i>Pseudomonas</i> risk.</p>	<p><i>Pseudomonas aeruginosa</i> readily becomes resistant</p>	<p>Cost pressure associated with replacement or removal of</p>	<p>Given that the first rule of health and safety is to</p>

Page	Issue identified in report	Infection risk	Other clinical risk	Other organisational risk	NHS Lothian AE(Water) comment
	Pseudomonas and overall TVC counts were high. This includes the bath in Haematology-Oncology unit	<p>Even with a cleaning and maintenance schedule, our view is these pose an unacceptable risk of invasive Pseudomonas infection to vulnerable patients from this equipment.</p> <p>It should be considered that ARJO baths in non augmented care areas (e.g. surgical wards) would pose a similar risk of infection to all patients with wounds or invasive devices</p>	to antimicrobials and a persisting environmental source of this organism in a clinical area with high antimicrobial consumption may adversely impact on antimicrobial stewardship and treatment efficacy.	<p>ARJO baths from some/all areas</p> <p>Financial and human cost of an outbreak of Pseudomonas infection</p> <p>Reputational damage and potential for litigation</p>	<p>remove the issue where possible then a view should be taken by NHS Lothian on what the implications of removal of Arjo baths would be.</p> <p>Is it possible to operate without Arjo baths?</p> <p>If they were removed what would replace the Arjo baths in terms of patient care?</p> <p>If we consider Arjo baths to be a significant risk then removal, and replacement with a suitable lower risk alternative should be considered.</p> <p>Other boards have implemented flexible hose replacement programmes and disinfection of hose programmes with their Arjo baths.</p>
1	The majority of Zip hydro	Whilst this does not pose a			The reseeding potential

Page	Issue identified in report	Infection risk	Other clinical risk	Other organisational risk	NHS Lothian AE(Water) comment
4	<p>taps (water for consumption) tested positive for Pseudomonas. This tap is known to be prone to colonisation</p> <p>ZIP taps demonstrated unacceptably high total viable counts (TVC) – i.e. poor drinking water quality</p>	<p>risk to patients through clinical exposure, there is a risk of retrograde seeding of Pseudomonas to other pipe work and water supply within the building</p>			<p>could be addressed by ensuring that use patterns are devised and implemented for the Zip hydro taps.</p> <p>From a reseeded point of view non return valves should be installed in the pipework to the units.</p> <p>It may be the case that some of these are direct mains fed units, in which case they would not seed the cold water system but the water supply should be checked</p>
4	<p>System condition testing demonstrated that overall the bacteriological quality of water was satisfactory – need clarity from the AE on the statement that there may be system deterioration between tertiary return point and outlets</p> <p>The overall point being made is contamination is occurring local to the water</p>	<p>Infection risk from water supply at present is localised to specific areas (Dalhousie, Ward 231, ARJO baths) - in the absence of effective control there is a risk of retrograde seeding of Pseudomonas to other pipe work and water supply within the building</p>		<p>Impact on service delivery if water outlets removed from use to facilitate decontamination/disinfection</p>	<p>Given the installation of the Kemper system in the hospital, we have a system with additional pipework around the cold water outlets compared to what would exist in a conventional cold water system. Water should be moved through this pipework at regular intervals. With some Kemper systems this</p>

Page	Issue identified in report	Infection risk	Other clinical risk	Other organisational risk	NHS Lothian AE(Water) comment
	outlets, not from the wider water system				<p>water movement depends on a venturi splitter system installed above each outlet, in the main cold water delivery pipework. There is a concern that the venturis could become blocked or have constricted flow due to debris in the system, particularly if the flushing of the system was inadequate. If this is the case this might interfere with the flow in the cold water pipework.</p> <p>The reporting of debris in system strainers in the Westfield Caledonian report is a concern in this regard.</p> <p>Should this flow interruption occur then this would be a concern from a biofilm growth opportunity point of view.</p> <p>NHS Lothian should be satisfied that we have</p>

Page	Issue identified in report	Infection risk	Other clinical risk	Other organisational risk	NHS Lothian AE(Water) comment
					good quality flow through all of the cold water pipework in the hospital.
6	<p>Unsatisfactory microbiological load on the cold water supply (M2 riser) – this is associated with the presence of Pseudomonas in multiple outlets provided off this riser.</p> <p>There is evidence of biofilm creep back into hot and cold water supply</p>	<p>There is a risk of seeding of bacteria affecting other floors fed by this riser. This may translate into clinical infection through exposure to water as part of clinical care in areas outwith Dalhousie or Ward 231</p>		<p>Impact on service delivery if water outlets removed from use to facilitate decontamination/disinfection</p>	<p>While the report shows that there is a common riser to the most affected areas, it does not in my opinion prove that the riser is itself a cause of the issue, or that the riser is microbiologically compromised.</p> <p>As we know Pa seems to prefer an end of pipe positioning. That being said we need to ensure that we are comfortable with the M2 riser situation. We should consider the following:-</p> <ul style="list-style-type: none"> • Specific microbiological sampling in the M2 riser and around the M2 riser if possible. • This would require the identification of

Page	Issue identified in report	Infection risk	Other clinical risk	Other organisational risk	NHS Lothian AE(Water) comment
					<p>suitable sampling points in the appropriate areas.</p> <ul style="list-style-type: none"> Define sampling protocol for these areas so that the information we get allows for a clear decision to be made on whether the M2 riser is an issue. <p>The objective here is to ensure that we can evidence that the M2 riser is not indeed creating a microbiological issue in the system</p>
8	Evidence of particulate contamination in tap strainers	<p><i>“Current conditions are not conducive to maintaining the bacteriological safety of the discharged water, and this will require remediation”</i></p> <p>Particulate matter will support growth of biofilm within water systems</p>		<p><i>“it is considered very unlikely that the observed contamination have arisen since the commissioning process, and it would appear that either the necessary cleaning and removal was not carried out at the appropriate point of the commissioning process, or the works were ineffective”</i></p>	<p>This issue is mentioned in the AE comments in point 4 above.</p> <p>All the strainers should be removed for inspection and cleaned and disinfected.</p> <p>If it is practicably possible to remove the <i>Kemper venturis</i> then it would be</p>

Page	Issue identified in report	Infection risk	Other clinical risk	Other organisational risk	NHS Lothian AE(Water) comment
					useful to check these at the same time. This is mentioned in point 4 above.
9	Issues with water temperature control Cold water temperatures were identified in excess of 20° C Hot water was identified below 55°C	Inadequate temperature control of hot and cold water will facilitate growth of Legionella – this is a risk to patients, staff and the wider public		Non compliance with Risk of litigation from non compliance with HSE (2013) 'The control of Legionella bacteria in water systems approved code of practice ' if a hospital associated case identified	A rigorous temperature monitoring regime needs to be implemented to ensure we keep well within the required temperature guidelines. This regime should provide evidence, should it be required in the future, that the water temperatures were and are acceptable and are not conducive to allowing bacteria to grow.

NHS Lothian Infection Prevention Control Team Review of Suitability of the Performance of Redesigned Ventilation Systems in RHCYP DCN - March 2021 (version 1.0)

Paediatric Accident and Emergency

Pertinent Design Changes relating to High Value Change (HCV) 157:

- Enhance preparedness for High Consequence Infectious Diseases (HCID) by creating a suite of 3 rooms with their own extract systems to provide an ensuite room (which is at negative pressure to the corridor) with a dedicated donning/doffing area as a holding area for patients with suspected high consequence infectious diseases.
- Converting the Resuscitation Rooms to positive pressure areas
- Conversion of triage areas from positive pressure to balanced pressure
- Addition of extract ventilation to bay cubicles with supply only ventilation
- Addition of doors to bay cubicles and creation of balanced or slight negative pressure to enhance safer placement of patients with respiratory viral infection

IPCT assessment:

- Bay 5, 6 and the Washdown room (G-A1-012, G-A1-014 and G-A1-008) now form a suite of rooms suitable for the temporary containment of patients presenting with suspected HCID. All three have their own extract ventilation with exhaust ductwork protected by H14 grade HEPA filters and have interlinking doors allowing full segregation from the rest of the majors area. The washdown room provides an ensuite toilet area to bay 5 (where the infectious patient would be placed) and bay 6 provides a Personal Protective Equipment donning and doffing area. Each room has over 10 air changes per hour. The washdown room has extract only ventilation creating a negative pressure cascade to corridor. Bays 5 and 6 have both supply and extract ventilation which is balanced. With the door that directly connects the bay 5 to the washroom open there is a negative pressure cascade directing extraction of air out of both the HEPA filtered extracts of the washdown room and the HEPA filtered extract of bay 5 while the majors corridor is protected by closed doors. This meets the criteria outlined in The Public Health England and College of Emergency Medicine Best Practice Guideline, Ebola guidance for Emergency Departments. 2014.
- Resuscitation rooms are now at positive pressure to corridor and exceed the minimum of 10 air changes per hour and therefore meet the SHTM 03-01 requirements for treatment rooms.
- Triage rooms are no longer at positive pressure but are at balanced pressure with both supply and extract ventilation and comply with advice in the NSS document from 10/3/20, "NSS review of isolation provision within emergency department (ED) Royal hospital children and young people (RHCYP) for patients presenting with suspected or confirmed High Consequence Infections Disease (HCID)."
- Bays 5-14 in Majors area all now have doors fitted and have both supply and extract ventilation within the bays. There is capacity to replace the extract ventilation filters with H14 HEPA filters in the future but these are not a current requirement. All achieve a minimum of 10 air changes per hour and are at balanced pressure. There are no stipulated ventilation criteria in terms of air changes per hour for such bays in SHTM 03-01. In Scottish

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Health Planning Note 22 “Accident and Emergency Facilities for Adults and Children” published in 2007, such bays are referred to as treatment rooms. As such they would require a minimum of 10 air changes per hour which is being achieved. Section 6.52 of SHPN 22 states, “Mechanical ventilation of the unit as a whole should ensure that overall the supply ventilation creates a slight positive pressure to prevent unwanted infiltration.” Since 2007 however it is recognised that such a positive pressure environment in areas of patient placement facilitates transmission of respiratory viral infection (e.g. RSV, COVID 19). For this reason a balanced pressure room with a door and 6 to 12 Air changes per hour is preferable as outlined in the Specialised Ventilation for Healthcare Society Updated Briefing & Guidance on Considerations for the Ventilation Aspects of Healthcare Facilities for Coronavirus (April 2020). Bays 5 to 14 are therefore now considered safe for the management of patients with COVID 19 or other respiratory viruses. By losing a positive pressure environment there is a hypothetical risk of increased skin and soft tissue infection after an invasive procedure is performed. Urinary catheterisation and suturing are not in this context considered to be invasive procedures and can be performed within these bays. Invasive procedures such as chest drain insertion or central intravenous catheterisation would be performed in the positive pressure environment of the resuscitation rooms.

- Room G-A1-017 complies now with the specification for a clean utility room with 6 air changes per hour and a positive pressure cascade.

Paediatric Intensive Care

Pertinent Design Changes relating to High Value Change (HCV) 107:

- All clinical bedspace areas to have a minimum of 10 air changes per hour and be at 10 Pascals positive pressure.
- Conversion of a Positive Pressure Ventilated Lobby (PPVL) isolation room to a negative pressure lobby and negative pressure room isolation room.

IPCT Assessment

- All bedspaces in multi-occupancy bays and single rooms now achieve the SHTM 03-01 criteria for critical care of a pressurised environment of 10 Pascals positive pressure with a minimum of 10 air changes per hour.
- The requirement for the Negative/Negative Isolation room was to convert room 1-B1-036 (initially designed and built as a PPVL isolation room) into a negative pressure isolation room with cascades of –5 Pascals pressure from corridor to lobby and -10 Pascals from lobby to room all at 10 Air changes per hour in accordance with HBN 04-01 Supp 1 and the data supplied by Hoare Lea in Appendix E of the IOM report indicates that these parameters are being delivered. This room meets the current requirements for optimal isolation and management of patients with Multi Drug and Extremely Drug Resistant Tuberculosis, Avian Influenzas and airborne High Consequence Infectious Diseases such as Middle Eastern

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Respiratory Syndrome (MERS). Additionally the Negative/Negative Isolation Room design has retained HEPA filtration of supply air providing ultraclean supply air to the occupant.

- For patients needing source isolation due to other infections which are not mandated as requiring negative pressure isolation, there are three other Positive Pressure Ventilated Lobby Isolation rooms. These all comply with the requirements outlined in SHPN 04-01 Supplement 1. Scottish Health Planning Note 04 In-patient Accommodation: Options for Choice Supplement 1: Isolation Facilities in Acute Settings.
- Additionally because the lobby supply air being delivered via a H14 HEPA filter to the PPVL isolation rooms is ultraclean these 3 rooms are suitable for the optimal placement of neutropenic patients requiring protective isolation and critical care management.
- In order to avoid over pressurisation of the critical care footprint and minimise the risk of air from critical care entering more public areas of the hospital, in some non clinical office and storage areas within the critical care footprint there is extract only ventilation. An IPCT assessment of this is inserted below but is not considered to create any appreciable risk of infection transmission but may be beneficial in reducing risk of staff to staff transmission of respiratory viral infection in shared offices:



20212801 IPCT
assessment of negati

- IPCT notes the points made by John Rayner (Authorising Engineer for Ventilation) on p15-17 regarding a need for improved vermin proofing in a plant room area and has received written assurance from the project team that this has been resolved.

Paediatric Haematology/Oncology Ward (Lochranza)

Pertinent Design Changes relating to High Value Change (HCV) 107

- All clinical bedspace areas to have a minimum of 10 air changes per hour and be at 10 Pascals positive pressure.
- All clinical bedspace areas to have HEPA filtered supply air.

IPCT Assessment

- All bedspaces in multi-occupancy bays and single rooms now achieve the SHTM 03-01 criteria for a ward where neutropenic patients are managed of a pressurised environment of 10 Pascals positive pressure with a minimum of 10 air changes per hour.
- All Positive Pressure Ventilated Lobby isolation rooms comply with the requirements for PPVL isolation rooms outlined in SHPN 04-01 Supplement 1. Scottish Health Planning Note 04 In-patient Accommodation: Options for Choice Supplement 1: Isolation Facilities in Acute Settings.

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- H14 HEPA filter installation and performance in supply ventilation has been appropriately assessed and meets the necessary ISO standards indicating that ultraclean air is being supplied to all bedspace areas in this ward.
- In non clinical rooms where extract only ventilation has been fitted to prevent problems of over pressurisation of the ward, no additional risk of infection to patients or staff was identified in the risk assessment of 28/1/21 inserted below:



20212801 IPCT
assessment of negati

The original IPCT assessment of ventilation delivery for Paediatric Critical Care and Lochranza from July 2019 is embedded below for comparison.



20190716 IPCT
response to IOM Ven

IPCT assessment of infection risk related to ventilation delivery in other clinical areas of RHCYP DCN building

- IPCT risk assessments performed in 2019 of the ventilation provision in other clinical areas (ward and outpatient areas) of the hospital remain are outlined in the documents embedded below:



20190927 General
ventilation IPC risk as



20191112 Ventilation
Room Review RHCYP

Dr Donald Inverarity, Lead Infection Control Doctor, NHS Lothian

Lindsay Guthrie Associate Director -Infection Prevention & Control NHS Lothian

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From: Richards, Janette
Sent: 19 March 2018 10:40
To: Richards, Janette
Subject: FW: Zone 2 Level 3 M&E RDD submission

From: Richards, Janette
Sent: 04 June 2015 11:26
To: 'Kolodziejczyk, Kamil K'
Subject: RE: Zone 2 Level 3 M&E RDD submission

Dear Kamil,

I am sorry but as I said before I do not have the knowledge or the remit for these types of services and so I will not be commenting on these plans

Regards
Janette

Janette Richards
Lead HAISCRIBE Infection Prevention and Control Nurse
NHS Lothian
10 Chalmers Crescent
Edinburgh
EH9 1TS

[REDACTED]

[REDACTED]

Link to Infection Control Manual

<http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/InfectionControl/Pages/default.aspx>

From: Kolodziejczyk, Kamil K [REDACTED]
Sent: 04 June 2015 11:18
To: Richards, Janette
Subject: RE: Zone 2 Level 3 M&E RDD submission

Thank you Janette.

Appreciate if you can send any comments you may have, on the drawings I issued to you, by COB Friday 5th June.

Regards
Kamil

From: Richards, Janette [REDACTED]
Sent: 04 June 2015 10:18
To: Halcrow, Fiona; Kolodziejczyk, Kamil K; Currie, Brian; Douglas, Brian; Macrae, Colin; Davidson, Stuart X; Mackenzie, Janice; Hamilton, Billy; Armstrong, Clive; Clemitson, Wayne; Stillie, David; Zwarts, Joe
Cc: Stevenson, William; Brown, Maureen; Gordon, Kelly J; Macrae, Colin
Subject: RE: Zone 2 Level 3 M&E RDD submission

Sorry I am on A/L next week,
Regards
Janette

Janette Richards
Lead HAISCRIBE Infection Prevention and Control Nurse
NHS Lothian
10 Chalmers Crescent
Edinburgh
EH9 1TS

[REDACTED]

[REDACTED]

Link to Infection Control Manual

<http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/InfectionControl/Pages/default.aspx>

From: Halcrow, Fiona
Sent: 03 June 2015 10:54
To: Kolodziejczyk, Kamil K; Currie, Brian; Douglas, Brian; Macrae, Colin; Davidson, Stuart X; Mackenzie, Janice; Hamilton, Billy; Armstrong, Clive; Richards, Janette; Clemitson, Wayne; Stillie, David; Zwarts, Joe
Cc: Stevenson, William; Brown, Maureen; Gordon, Kelly J; Macrae, Colin
Subject: RE: Zone 2 Level 3 M&E RDD submission

Kamil

See below Janice and I availability

Fiona

From: Kolodziejczyk, Kamil K [REDACTED]
Sent: 03 June 2015 09:42
To: Currie, Brian; Douglas, Brian; Macrae, Colin; Davidson, Stuart X; Halcrow, Fiona; Mackenzie, Janice; Hamilton, Billy; Armstrong, Clive; Richards, Janette; Clemitson, Wayne; Stillie, David; Zwarts, Joe
Cc: Stevenson, William; Brown, Maureen; Gordon, Kelly J; Macrae, Colin
Subject: RE: Zone 2 Level 3 M&E RDD submission
Importance: High

Dear All,

Please note the return dates for RDD M&E drawings are

- Zone 2 Level 3 is 9th June – okay day for both Janice and I between 10.00 and 15.00 hrs
- Zone 2 Level 0 is 10th June – I'm okay Janice Day off
- Zone 2 Level 2 is 11th June – both potentially available between 08.30 and 10.30 hrs

Apologies for short notice but can we have a meeting this or early next week, to go through the comments before we start collating them on the drawings?

For those unable to attend can you please send your comments to me by Friday this week.

Please indicate, by return email, when would it be most suitable for you to attend the meeting:

Friday am
Friday pm
Monday am

Monday pm

Regards
Kamil

From: Kolodziejczyk, Kamil K
Sent: 20 May 2015 14:18
To: 'brian.currie [redacted]'; [Brian.douglas \[redacted\]](#); Macrae, Colin; Wood, Niall;
[stuart.x.davidson \[redacted\]](#); 'Halcrow, Fiona [redacted]';
[redacted]; 'Mackenzie, Janice [redacted]';
[billy.hamilton \[redacted\]](#); [Clive.armstrong \[redacted\]](#); [Janette.richards \[redacted\]](#);
[Wayne.Clemitsor \[redacted\]](#); Stillie, David; Zwarts, Joe
Cc: Stevenson, William; Brown, Maureen; Gordon, Kelly J; Greer, Graeme [redacted]
Subject: Zone 2 Level 3 M&E RDD submission

Dear All,

We received Zone 2 Level 3 M&E RDD drawings for review. The drawings came in a similar format as previously and hard copies have been delivered to us. If you prefer to review the hard copy you can do it in the project office. There are 12 packs overall, with varied number of drawings within, which I will be forwarding them to you via Aconex/email. Some of you may receive only 1 or 2 packs depending on your area of expertise.

Contractually we have 15 days before we have to respond to Project Co with the status and any comments we may have. Please note however that we will aim to organise a meeting, circa one week before the drawings are due (9 June 15), to discuss and collate your comments on to controlled copy of a document.

If you have any questions do not hesitate to contact me.

Regards
Kamil

Kamil Kolodziejczyk
MSc, BSc (Hons)



Mott MacDonald
Caledonian Exchange
19a Canning Street
Edinburgh, EH3 8EG

[redacted]
[redacted]
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From: Gillies, Tracey
Sent: 03 September 2019 20:01
To: Inverarity, Donald; Guthrie, Lindsay
Subject: FW: HPS and HFS involvement in earlier stages of RHCYP
Attachments: RE: Urgent ----Flood at NEW BUILD rhcya/DCN; FW: RHC&Y SBAR Flood: ; RE: Independent verification of theatres and isolation room ventilation; RE: THEATRES NEW BUILD; RE: For comments ; FW: For comments

Sensitivity: Confidential

These don't contain the documents i was thinking of but do contain something important for Lochranza and AHU and all 5 isolation rooms running from one

From: Inverarity, Donald
Sent: 09 July 2019 09:36
To: Gillies, Tracey; McMahon, Alex
Cc: Guthrie, Lindsay; Cameron, Fiona
Subject: HPS and HFS involvement in earlier stages of RHCYP
Sensitivity: Confidential

Dear Alex and Tracey,

Last night I reviewed all the e-mails I have received from Janette Rae (nee Richards) who was our HAI Scribe IPCN since I started in infection control in Lothian in 2015. I am attaching some of these as they are relevant to discussions about whether HPS and HFS had been involved earlier in the project.

Also of note, IPCT have been advising the commissioning team of the need for theatre validation since Dec 2016 with a detailed response to a question about why and how to arrange it in Aug 2018.

With regards to the 2018 flood Janette notes discussions with Ian Storrar of HFS and comments that Fiona (Cameron) had also raised it with Annette Rankin at HPS.

With regards to the CT scanning rooms needing 15 air changes per hour there are e-mails again where Ian Storrar (HFS) has supported the opinion of IPCT which was at odds with that of the builders.

With regards to the number of air handling units serving isolation rooms there is detailed SBAR where a John Rayner of Turner Facilities Management Ltd is mentioned as advising NHS Lothian as an authorising engineer for ventilation. This issue clearly shows that Janette had highlighted the deviation from current building guidance but that IPCT had been advised that the preferred 1:1 ratio of air handling unit to isolation room was not physically possible because of lack of space for so many air handling units. We continued to raise objections to the proposed solution of 1 air handling unit to all isolation rooms and asked for clinical involvement of the paed's oncology team to be involved in a risk assessment. There were no further e-mails about this issue so its unclear who made the final decisions about signing off the design.

There are no e-mails about discussions relating to ventilation in general areas or critical care being reduced below those outlined in SHTM 03-01. Janette was always very clear she was a nurse and not an engineer and not trained in ventilation so is unlikely to have not involved me if

approached about such matters. Additionally she spoke with Lindsay last Friday and confirmed she had not been involved in any decision to reduce air changes per hour to below that outlined in SHTM 03-01.

Hopefully that helps with some of the background of IPCT involvement at earlier stages of the project and advice received and given.

All the best

Donald

From: [Rae, Janette](#)
To: [Kalima, Pota](#); [Cameron, Fiona](#); [Inverarity, Donald](#)
Subject: RE: Urgent ----Flood at NEW BUILD rhcya/DCN
Date: 06 July 2018 09:19:03
Attachments: [image001.jpg](#)

He feels that perhaps that would be better steered form HPS
Janette

Janette Rae
Lead HAISCRIBE IPCN
NHS Lothian Infection Prevention & Control Services

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From: Kalima, Pota
Sent: 06 July 2018 09:04
To: Rae, Janette; Cameron, Fiona; Inverarity, Donald
Subject: RE: Urgent ----Flood at NEW BUILD rhcya/DCN

Would be good to get some info from Ian on when this should be done.
I think that there will be increased fungal spores during the building work – that is well recognised. One would hope this should then fall after completion of the building.
Most of the risk of HAI around fungi/aspergillus and building works relates to when patients actually are in or near the building site.

I guess our issue might be how we assess that there aren't increased levels of spores after completion of building/cleaning.

Is there much reference to this in the documentation we have, Janette?

Pota

From: Rae, Janette
Sent: 06 July 2018 08:48
To: Cameron, Fiona; Kalima, Pota; Inverarity, Donald
Subject: RE: Urgent ----Flood at NEW BUILD rhcya/DCN

We then need to make sure that the contractor arranges and gets the testing done
Janette

Janette Rae
Lead HAISCRIBE IPCN
NHS Lothian Infection Prevention & Control Services
[REDACTED]

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From: Cameron, Fiona
Sent: 06 July 2018 08:39
To: Rae, Janette; Kalima, Pota; Inverarity, Donald
Subject: Re: Urgent ----Flood at NEW BUILD rhcya/DCN

I would take his advice and add recommended by HFS engineering

Sent from F Cameron Head of Services NHS Lothian BlackBerry

From: Rae, Janette
Sent: Friday, 6 July 2018 08:30
To: Kalima, Pota; Inverarity, Donald
Cc: Cameron, Fiona
Subject: Urgent ----Flood at NEW BUILD rhcya/DCN

Dear Both

Ian Storrar the Engineer at HFS has reviewed my draft SBAR and suggested that the Project team get assurance that examination of areas and testing for mould is carried out. This is not something that we have recommended what do you suggest?

Regards

Janette

Janette Rae
Lead HAISCRIBE IPCN
NHS Lothian Infection Prevention & Control Services
[REDACTED]

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From: [Rae, Janette](#)
To: [Inverarity, Donald](#)
Subject: FW: RHC&Y SBAR Flood:
Date: 26 July 2018 08:53:51
Attachments: [image001.jpg](#)
[2018_07_06 SBAR RHCYA DCN V2.docx](#)
[image002.png](#)

Dear Donald,

The SBAR was sent to Pota as the ICD for the RHSC. You remember at our meeting re building works I showed you the map of the new build that was affected. Pota has commented re the testing for mould etc and had said the same as you. However Fiona has had communication from Annette Rankin at HPS. I will contact Annette and find out what she was thinking.

Regards
Janette

Regards
Janette

Janette Rae
Lead HAISCRIBE IPCN
NHS Lothian Infection Prevention & Control Services
[REDACTED]

For more information visit the [IPCT Intranet Homepage](#)

cid:image001.jpg@01D36F74.DA5F1430



From: Inverarity, Donald
Sent: 25 July 2018 13:47
To: Cameron, Fiona; Mackenzie, Janice
Cc: Kalima, Pota; Rae, Janette; Halcrow, Fiona; Guthrie, Lindsay; Horsburgh, Carol
Subject: RE: RHC&Y SBAR Flood:

Dear All,

For clarity, my concerns as a microbiologist and as lead infection control doctor relate to a hypothetical, future clinical risk of environmental mould associated with residual damp building material (e.g. plasterboard, chip board etc) which could then infect susceptible patients.

That future clinical risk does not currently exist for two reasons:

1. The building is not currently occupied by patients
2. Mould may not yet be growing in high quantities as it can take months to manifest after

initial water damage.

Additionally moulds are ubiquitous on surfaces and in the air that we breathe every day so there is currently no microbiological purpose in testing air or settle plates or using any other microbiological laboratory “test” to determine if there is mould present because it is always present in a building unless there is a sealed room with a HEPA filtered air supply (e.g. a “clean” room).

The assurance I think that NHS Lothian should be seeking is that all water damaged construction material has been replaced as much as is reasonably feasible and there is no unnecessary residual damp material, particularly not in proposed clinical areas. Damp building materials that are left in place to dry out over time are predisposed to growing moulds and fungus over future months. The clinical risk that can result in depends on where the damp material is situated. For instance residual damp in a stair well, lift shaft or reception area will present much less risk to patients than if it is in a theatre or isolation room designed to protect patients from infection.

The testing that I think NHS Lothian needs assurance regarding is not whether there has been any microbiological assessment of the building after repairs have been carried out but whether there has been a comprehensive assessment for residual damp.

It is not my area of expertise and I think that you need the advice of a building surveyor but my understanding of this is that surveyors perform a building survey using a moisture metre to assess the dryness of walls and can determine if they are unacceptably damp or not. If there is a high detection of moisture we need assurance that where this can be corrected, all feasible steps are taken to do so to bring about resolution if in a clinical area.

The only role I can see for microbiological assessment of the building for mould would be once there are patients occupying the building and only if they were developing unexplained mould infections. We would then be assessing the environment to look for the same mould as was causing the infections the patients were experiencing (usually *Aspergillus*). That may never happen but it is a recognised phenomenon in healthcare facilities that have been hit by water damage. By that stage, however it would be far too late, if it related to the recent episode of flooding, to be able to take definitive corrective and preventative action.

As Pota is on annual leave until 4th August, could I be sent a copy of the SBAR that this e-mail trail relates to please?

Hopefully that is of help but I think you need the advice and expertise of a Chartered Building Surveyor more than you do a microbiologist or infection control specialist for this situation.

Best wishes,
Donald

From: Cameron, Fiona
Sent: 25 July 2018 12:11
To: Mackenzie, Janice
Cc: Inverarity, Donald; Kalima, Pota; Rae, Janette; Halcrow, Fiona; Guthrie, Lindsay; Horsburgh, Carol
Subject: RE: RHC&Y SBAR Flood:

Janice I will leave that to the others copied in to advise

Fiona

Ms Fiona Cameron
Head of Service
NHS Lothian Infection Prevention & Control Services



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From: Mackenzie, Janice
Sent: 25 July 2018 12:07
To: Cameron, Fiona
Cc: Inverarity, Donald; Kalima, Pota; Rae, Janette; Halcrow, Fiona; Guthrie, Lindsay; Horsburgh, Carol
Subject: RE: RHC&Y SBAR Flood:

Hi Fiona

I have discussed this with Brian and we will write formally to IHSL regarding this, however it would be helpful to know what tests would we be expecting to be carried out and by whom as the construction company would not know what tests to carry out or be able to interpret the results,

When we went round with Pota and Janette with MPX we did ask if there was any specific testing that would be useful to do at this time and my recollection was that there was not.

Look forward to hearing from you.

Janice

From: Mackenzie, Janice
Sent: 25 July 2018 08:02
To: Cameron, Fiona
Cc: Inverarity, Donald; Kalima, Pota; Rae, Janette; Halcrow, Fiona; Guthrie, Lindsay; Horsburgh, Carol
Subject: RE: RHC&Y SBAR Flood:

Thanks Fiona. I will discuss with the team here as to how we take this forward.

Janice

From: Cameron, Fiona
Sent: 25 July 2018 07:55

To: Mackenzie, Janice; Kalima, Pota; Rae, Janette; Halcrow, Fiona; Guthrie, Lindsay; Horsburgh, Carol
Cc: Inverarity, Donald
Subject: RE: RHC&Y SBAR Flood:

Dear All

Response received yesterday from Annette Rankin at HPS. HPS appreciated the sharing of the SBAR and noted support had been received from HFS.

Annette has advised the main component here is that the contractor can offer the board assurance that all remedial works have been completed and any risks relating to the presence of mould and fungi have been removed. She has suggested it might be helpful for the contractor to supply the board with written details of the tests proposed and how they will interpret results to allow the board to satisfy their commissioning and handover requirement .

HPS are happy to support the board on any specific issue relating to this incident/commissioning/handover.

Fiona

Ms Fiona Cameron
Head of Service
NHS Lothian Infection Prevention & Control Services



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From: Mackenzie, Janice
Sent: 09 July 2018 11:28
To: Cameron, Fiona; Kalima, Pota; Rae, Janette; Halcrow, Fiona; Guthrie, Lindsay; 'ian.storran'
Cc: 'Chris Wilson'
Subject: RE: RHC&Y SBAR Flood:

Thanks Fiona, can you send me a copy of the final version submitted to HPS and let us know if they have any feedback.

Kind regards

Janice

From: Cameron, Fiona

Sent: 06 July 2018 15:29
To: Kalima, Pota; Mackenzie, Janice; Rae, Janette; Halcrow, Fiona; Guthrie, Lindsay; 'ian.storran' [REDACTED]
Cc: 'Chris Wilson'
Subject: RE: RHC&Y SBAR Flood:

Amended to read

Planned visits will continue with project team . Dr Kalima will revisit new build when repair works are complete

Fiona

Ms Fiona Cameron
Head of Service
NHS Lothian Infection Prevention & Control Services



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From: Kalima, Pota
Sent: 06 July 2018 15:24
To: Cameron, Fiona; Mackenzie, Janice; Rae, Janette; Halcrow, Fiona; Guthrie, Lindsay; 'ian.storran' [REDACTED]
Cc: 'Chris Wilson'
Subject: RE: RHC&Y SBAR Flood:

On point #4

.... further visit to new build **after** repair works are carried out

I understand that there will continue to be planned visits anyway which will include Janice/Fiona and Janette.

Kr
Pota

From: Cameron, Fiona
Sent: 06 July 2018 15:21
To: Mackenzie, Janice; Rae, Janette; Halcrow, Fiona; Kalima, Pota; Guthrie, Lindsay; 'ian.storran' [REDACTED]
Cc: 'Chris Wilson'
Subject: RHC&Y SBAR Flood:

Changes accepted with one minor I have moved that tester to recommendations rather than

situation

Are you happy revised version can go on to HPS

Fiona

Ms Fiona Cameron
Head of Service
NHS Lothian Infection Prevention & Control Services



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From: Mackenzie, Janice
Sent: 06 July 2018 15:11
To: Rae, Janette; Halcrow, Fiona; Kalima, Pota; Cameron, Fiona; Guthrie, Lindsay;
'ian.storran' [redacted]
Cc: 'Chris Wilson'
Subject: RE:

Thanks Janette for this. I have made a few changes

Janice

From: Rae, Janette
Sent: 06 July 2018 13:20
To: Mackenzie, Janice; Halcrow, Fiona; Kalima, Pota; Cameron, Fiona; Guthrie, Lindsay;
'ian.storran' [redacted]
Cc: 'Chris Wilson'
Subject:

Dear Janice and Fiona,
Further to our visit yesterday and my call to HFS please see attached SBAR. With regards to any testing in any areas further discussion should be had with the construction/project team, HFS and HPS for information and guidance. This SBAR may be shared with HPS .

Regards

Janette

Regards

Janette

Janette Rae
Lead HAISCRIBE IPCN
NHS Lothian Infection Prevention & Control Services

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From: [Rae, Janette](#)
To: [Inverarity, Donald](#)
Subject: RE: Independent verification of theatres and isolation room ventilation
Date: 24 August 2018 09:32:00

Thank you for this Donald,
I am sure Ronnie Henderson , Estates Commissioning Manger, should be saying the same.
Janette

From: Inverarity, Donald
Sent: 24 August 2018 09:28
To: Sansbury, Jackie; Rae, Janette; Henderson, Ronnie; Kalima, Pota; Henderson, Naomi
Subject: RE: Independent verification of theatres and isolation room ventilation

Dear Jackie,

Thanks for your e-mails. This is absolutely an issue we need to get right given the recent experiences of my microbiology colleagues in Glasgow with their new children's hospital.

It would be useful for us to use St Johns Theatres 11,12 as a Lothian example of the process we have used as a board before.

You will know that last year theatres 11 (Ultraclean theatre for hand surgery) and 12 (Conventional theatre for eye surgery) were built and put through a validation and verification. Initially there was some confusion regarding what the "validation" and "verification" requirement would be require, particularly for Theatre 11.

The approach we took was as follows.

We insisted that the requirements of SHTM 03-01 were met in that Infection Control required a formal validation summary report (and not a collection of documents with uninterpreted particle count and pressure results which we were initially delivered).

The non-negotiable expectation from SHTM 03-01 is we need evidence of compliance with parts 8.170-8.174 on pages 136-138 of the attached.

So we should be being provided with a validation report as indicated below.

UCV validation report

8.173 Following validation a full report detailing the findings should be produced. **The report shall conclude with a clear statement as to whether the UCV theatre suite achieved or did not achieve the standard set out above.**

8.174 **A copy of the report should be lodged with the following groups:**

- operating department;
- **infection control;**
- **estates and facilities.**

The validation process, particularly for an ultraclean theatre depends on assessment on a battery of physical and engineering parameters and “microbiological” testing i.e. culturing is not part of that process –air quality being assessed by particle counts using standardised methodology. Taking this on board, the project manager, involved in the theatre 11, 12 commissioning arranged for a company (which was not involved in the theatre construction) to do the assessment and produce the validation report. I’ve attached a copy of that report in the e-mail trail attached.

As you can see, it is a concise and easy to read document that clearly states the theatres are fit for use. However you will also see from the e-mails that a number of snagging issues were identified that needed correction first – hence why having the report produced by another company is very useful. So I would very much propose we look for independent verification based on 1. We have done it before at SJH and 2. Glasgow have identified many issues since accepting their building that they are in the process of retrospectively addressing and we should avoid finding ourselves in that position.

I find it a bit perturbing that we are being asked such questions by the builders which are very clearly answered by SHMT 03-01 which they should be very familiar with and working to.

With regards to the isolation rooms, it would seem intuitive to take the same approach of independent verification. Although this does not appear from SHTM 03-01 to be mandatory (as it is in theatres). Crucially important given the discussions we have been having about their design are the air flows, pressures and air changes achieved per hour and I would propose that smoke testing is going to be crucial in assessing that air flows are going in the correct direction (particularly if a door is open). From a verbal discussion with a colleague in Glasgow smoke testing of the isolation rooms in their new building identified that air flows were not as intended. It is a crucial bit of the design that we need evidence is correct.

Multiplex as the builder should be performing a “validation” but that is unlikely to be unbiased and may miss issues that need addressed. More crucially I think we should be asking for independent verification and a clear validation summary report indicating that all aspects of these areas are functioning as intended which is supported by SHTM 03-01.

Please note I am on annual leave next week. Drs Kalima and Henderson are included for information in case their input is required while I am away. I’m back on Sept 3rd.

Best wishes
Donald

From: Sansbury, Jackie
Sent: 23 August 2018 17:10
To: Rae, Janette; Inverarity, Donald; Henderson, Ronnie
Subject: Independent verification of theatres and isolation room ventilation

Dear all, at the commissioning meeting with Multiplex yesterday they asked me what verification we wanted to carry out for theatres and isolation rooms. They were at great pains to separate out validation from verification. It appears in Glasgow the same person did both. It also appears that in Dumfries and Galloway they insisted on an independent verification. Can you advise me what we wish to do?

Also what do we wish to do for the UV canopies? They thought we would wish to do microbiological checks.

I would be grateful for your advice.
Many thanks
Jackie

Jackie Sansbury
Head of Commissioning
RHSC & DCN - Little France
NHS Lothian

RHSC & DCN Site Office
Little France Crescent
Edinburgh EH16 4TJ



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From: [Rae, Janette](#)
To: [Hull, Ashley](#)
Cc: [Olson, Ewan](#); [Inverarity, Donald](#)
Subject: RE: THEATRES NEW BUILD
Date: 29 December 2016 12:01:06
Attachments: [SHTM_03_01_ventilation_part_b_operational_management.pdf](#)
[image001.jpg](#)

Dear Ashley,

Here are the documents that provide the info required re the commissioning etc of Theatres.

Ewan and Donald do you have any other information to add?

Regards

Janette

https://www.his.org.uk/files/5213/7338/2929/Microbiological_Commissioning_and_Monitoring.pdf

Janette Richards
Lead HAISCRIBE Infection Prevention and Control Nurse
NHS Lothian
14 Rillbank Terrace
Edinburgh
EH9 1LL


Link to Infection Control Manual
<http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/InfectionControl/Pages/default.aspx>

From: Hull, Ashley
Sent: 29 December 2016 11:46
To: Richards, Janette
Subject: RE: THEATRES NEW BUILD

Hi Janette

Thank you for getting back to me so quickly.

Much appreciated

Ashley

Ashley Hull
Commissioning Manager
RHSC /DCN Site Office
Little France Crescent
Edinburgh
EH16 4JT

PHNC cyan secondary FOR SIG

From: Richards, Janette
Sent: 29 December 2016 11:37
To: Hull, Ashley
Subject: RE: THEATRES NEW BUILD

Dear Ashley

I had a lovely Christmas thank you hope you did too.

Air sampling will have to be done at commissioning before you let staff go in and out putting in equipment etc. As this will be part of the assurance protocol that the air handling units are working. As for frequency after that prior to the theatres actually becoming functional I will have to look up and get back to you,

Regards

Janette

Janette Richards
Lead HAISCRIBE Infection Prevention and Control Nurse
NHS Lothian
14 Rillbank Terrace
Edinburgh
EH9 1LL


Link to Infection Control Manual

<http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/InfectionControl/Pages/default.aspx>

From: Hull, Ashley
Sent: 29 December 2016 10:21
To: Richards, Janette
Subject: THEATRES NEW BUILD

Good Morning Janette

Hope you had a rest over Christmas. I take it you have been busy.

Just a quick question in relation to air sampling new theatres.

My thoughts are :

The plan is to move RHSC first and then DCN .

When would the appropriate time to air sample these theatres . I am proposing that all staff start to wear scrubs as from January 1st 2018.

I do not want to find issues a few days before the move and find that the move would be delayed. So when do you advise us to start remembering that we want no delays and would DCN be completed at the same time. All the equipment should be in before Christmas 2017 .Only the transfer equipment to follow. Which is not as much as you think except for instrument trays,

microscopes , stacks etc.

My other plan is that there is one delivery point DCN recovery this will allow us to control traffic as DCN will be the last in to theatres.

The plan for critical care is once the building clean is completed. Our domestics will start to clean them on a regular basis i.e. daily.


Kind Regards

Ashley

Ashley Hull
Commissioning Manager
RHSC /DCN Site Office
Little France Crescent
Edinburgh
EH16 4JT



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Scottish Health Technical Memorandum 03-01:

Ventilation for healthcare premises
Part B: Operational management and
performance verification

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Disclaimer

The contents of this document are provided by way of general guidance only at the time of its publication. Any party making any use thereof or placing any reliance thereon shall do so only upon exercise of that party's own judgement as to the adequacy of the contents in the particular circumstances of its use and application. No warranty is given as to the accuracy, relevance or completeness of the contents of this document and Health Facilities Scotland, a Division of NHS National Services Scotland, shall have no responsibility for any errors in or omissions therefrom, or any use made of, or reliance placed upon, any of the contents of this document.

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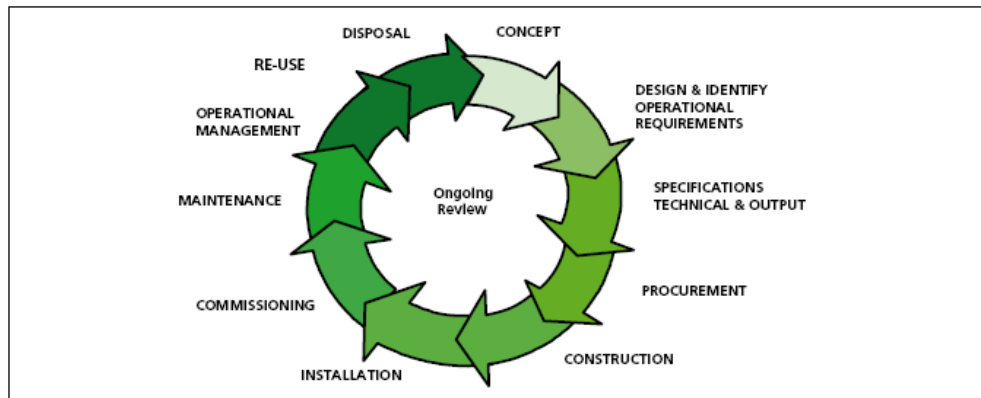
HTM 03-01 Part B has been updated and amended by Health Facilities Scotland for use in NHSScotland as SHTM 03-01 Part B. The contribution made by the National Heating & Ventilation Advisory Group is gratefully acknowledged.

Preface

About Scottish Health Technical Memoranda

Scottish Engineering Health Technical Memoranda (SHTMs) give comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare.

The focus of Scottish Health Technical Memorandum guidance remains on healthcare-specific elements of standards, policies and up-to-date established best practice. They are applicable to new and existing sites, and are for use at various stages during the whole building lifecycle.



Healthcare building life-cycle

Healthcare providers have a duty of care to ensure that appropriate engineering governance arrangements are in place and are managed effectively. The Scottish Engineering Health Technical Memorandum series provides best practice engineering standards and policy to enable management of this duty of care.

It is not the intention within this suite of documents to repeat unnecessarily international or European standards, industry standards or UK Government legislation. Where appropriate, these will be referenced.

Healthcare-specific technical engineering guidance is a vital tool in the safe and efficient operation of healthcare facilities. Scottish Health Technical Memorandum guidance is the main source of specific healthcare-related guidance for estates and facilities professionals.

The core suite of eight subject areas provides access to guidance which:

- is more streamlined and accessible;

- encapsulates the latest standards and best practice in healthcare engineering;
- provides a structured reference for healthcare engineering.

Structure of the Scottish Health Technical Memorandum suite

The series of engineering-specific guidance will ultimately contain a suite of eight core subjects pending a re-assessment of Firecode SHTMs 81-86.

Scottish Health Technical Memorandum 00: Policies and principles (applicable to all Health Technical Memoranda in this series)

Scottish Health Technical Memorandum 01: Decontamination

Scottish Health Technical Memorandum 02: Medical gases

Scottish Health Technical Memorandum 03: Heating and ventilation systems

Scottish Health Technical Memorandum 04: Water systems

Scottish Health Technical Memorandum 05: Reserved for future use.

Scottish Health Technical Memorandum 06: Electrical services

Scottish Health Technical Memorandum 07: Environment and sustainability

Scottish Health Technical Memorandum 08: Specialist services

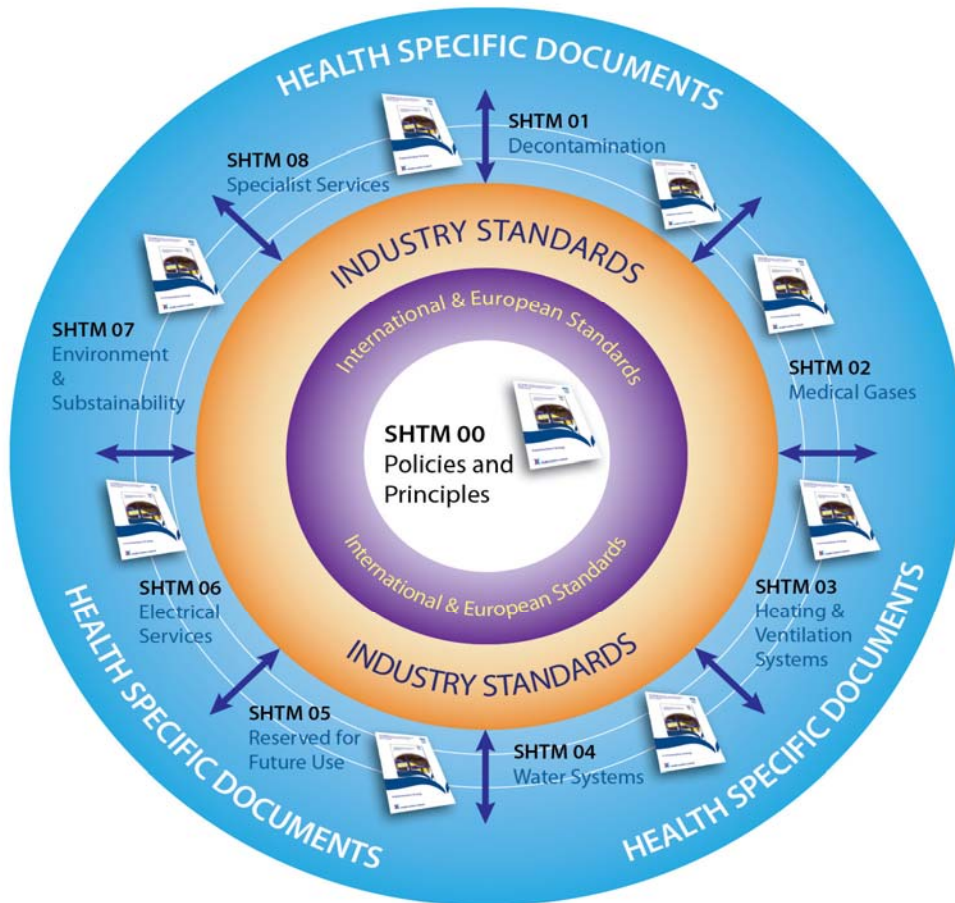
Some subject areas may be further developed into topics shown as -01, -02 etc and further referenced into Parts A, B etc.

Example: Scottish Health Technical Memorandum 06-02 Part A will represent Electrical Services – Electrical safety guidance for low voltage systems.

In a similar way Scottish Health Technical Memorandum 07-02 will simply represent Environment and Sustainability - EnCO₂de.

All Scottish Health Technical Memoranda are supported by the initial document Scottish Health Technical Memorandum 00 which embraces the management and operational policies from previous documents and explores risk management issues.

Some variation in style and structure is reflected by the topic and approach of the different review working groups.



Engineering guidance

Executive summary

Scottish Health Technical Memorandum 03-01: 'Ventilation in healthcare premises' is published in two parts. Part A deals with the design and installation of ventilation systems; Part B covers operational management.

The document gives comprehensive advice and guidance on the legal requirements, design implications, maintenance and operation of specialised ventilation in all types of healthcare premises.

The guidance contained in this Scottish Health Technical Memorandum applies to new installations and major refurbishments of existing installations.

Scottish Health Technical Memorandum 03-01 supersedes all previous versions of Scottish Health Technical Memorandum 2025: 'Ventilation in healthcare premises'.

Who should use this guidance?

This document is aimed at healthcare management, estates managers and operations managers.

Main recommendations

- all ventilation plant should meet a minimum requirement in terms of the control of *Legionella* and safe access for inspection and maintenance;
- all ventilation plant should be inspected annually;
- the performance of all critical ventilation systems (such as those servicing operating suites) should be verified annually.

1. Introduction

- 1.1 Scottish Health Technical Memorandum 03-01: 'Ventilation in healthcare premises' is published in two parts. Part A deals with design and validation of general and specialised ventilation; Part B covers operational management.
- 1.2 The document gives comprehensive advice and guidance to healthcare management, design engineers, estates managers and operations managers on the legal requirements, design implications, maintenance and operation of specialised ventilation in all types of healthcare premises.
- 1.3 The guidance contained in this Scottish Health Technical Memorandum applies to new installations and major refurbishments of existing installations.
- 1.4 Scottish Health Technical Memorandum 03-01 supersedes all previous versions of Scottish Health Technical Memorandum 2025: 'Ventilation in healthcare premises'.

Ventilation in healthcare premises

- 1.5 Ventilation is used extensively in all types of healthcare premises to provide a safe and comfortable environment for patients and staff. More specialised ventilation is provided in areas such as operating departments, critical care areas and isolation facilities for primary patient treatment.
- 1.6 It is also installed:
- to ensure compliance with the quality assurance requirements of items processed in pharmacies and sterile services departments;
 - to protect staff from harmful organisms and toxic substances (for example in laboratories).

Statutory requirements

- 1.7 Increased health risks to patients will occur if ventilation systems do not achieve and maintain the required standards. The link between surgical site infection and theatre air quality has been well established.

If the ventilation plant has been installed to dilute or contain harmful substances, its failure may expose people to unacceptable levels of contamination. Proven breaches of the statutory requirements can result in prosecution and may also give rise to a civil suit against the operators.

Health and Safety at Work etc Act 1974

- 1.8 The Health and Safety at Work etc Act 1974 is the core legislation that applies to ventilation installations. As these installations are intended to prevent

contamination, control closely the environment, dilute contaminants or contain hazards, their very presence indicates that potential risks to health have been identified.

COSHH

- 1.9 The Control of Substances Hazardous to Health (COSHH) Regulations 2002 place upon management an obligation to ensure that suitable measures are in place to protect their staff and others affected by the work activity. These methods may include both safe systems of work and the provision of a specialised ventilation system. In laboratories the requirements are often met by the provision of fume cupboards and microbiological safety cabinets.
- 1.10 Where specialised ventilation plant is provided as part of the protection measures, there is a statutory requirement that it be correctly designed, installed, commissioned, operated and maintained. The local exhaust ventilation (LEV) section of COSHH requires that the system be examined and tested at least every 14 months by a competent person and that management maintain comprehensive records of its performance, repair and maintenance.
- 1.11 Certain substances have workplace exposure limits (WELs) set out in the Health and Safety Executive's Guidance Note EH40 – 'Workplace exposure limits: containing the list of workplace exposure limits for use with the Control of Substances Hazardous to Health Regulations 2002 (as amended)'. If specialised ventilation systems are provided in order to achieve these standards, they will be subject to the COSHH Regulations as above.

Fire regulations

- 1.12 The Fire Regulations require that if ventilation ductwork penetrates the fabric of a building, it should be designed and installed so as to contain the spread of fire (see Firecode: SHTM 81: 'Fire Precautions in New Hospitals, Version 3' and the requirements of the Scottish Technical Handbooks, Non-Domestic, Section 2: Fire, published by the Scottish Building Standards Agency).
- 1.13 It is management's responsibility to ensure that the standards applied during the design and installation are not reduced during the subsequent operation and maintenance of the equipment.

Plants installed in units manufacturing medicinal products

- 1.14 Plants installed in units manufacturing medicinal products to the standards set out in the current European guide to good manufacturing practice (<http://ec.europa.eu/enterprise/pharmaceuticals/eudralex/homev4.htm>) may also be subject to particular legislation with regard to their operation and maintenance.
- 1.15 There are specific requirements under the Medicines Act 1968 to maintain accurate records of plant performance, room conditions and maintenance

events. Such records would need to be preserved for up to 35 years as part of a quality assurance audit trail.

Plants installed in laboratories

- 1.16 Specialised ventilation plants installed in laboratories dealing with research, development or testing, whether involving drugs, animals or genetically modified organisms, may be subject to particular legislation with regard to their operation in addition to that mentioned above.

Codes of practice and guidance

- 1.17 All ventilation systems should conform to the principles set out in the Health and Safety Commission's Approved Code of Practice and guidance document 'Legionnaires' disease: the control of *Legionella* bacteria in water systems' (commonly known as L8), and Scottish Health Technical Memorandum 04-01: 'The control of *Legionella*, hygiene, 'safe' hot water, cold water and drinking water systems'.
- 1.18 Scottish Health Facilities Note 30: 'Infection Control in the Built Environment, Design and planning' guides and stimulates thinking on the planning of and execution of new construction and refurbishment works in all types of healthcare facilities. Ventilation systems (covered in this guidance) play an important role in reducing the risk of Healthcare Associated Infection.

Management responsibilities – general

- 1.19 It is a management responsibility to ensure that inspection, service and maintenance activities are carried out safely without hazard to staff, patients or members of the public.
- 1.20 Those required to monitor and/or maintain ventilation equipment will need to show that they are competent to do so (see [Section 2](#)).
- 1.21 Maintenance procedures should be reviewed periodically to ensure that they remain appropriate.

System information

- 1.22 When new ventilation systems are accepted for use, full information as to their designed mode of operation together with recommended maintenance procedures should be provided as part of the handover procedure.
- 1.23 In many existing systems, original design and commissioning information will not be available. It will therefore be necessary to determine a suitable level of system performance based on the function, purpose and age of the installation.

- 1.24 Part A of this Scottish Health Technical Memorandum gives design parameters for new installations.
- 1.25 [Section 3](#) of this document sets out the minimum standards for all air-handling units (AHUs) and their air distribution systems.
- 1.26 Ventilation system records and logbooks should be kept of the commissioning information, operational management routine, monitoring and maintenance. The Health and Safety Executive and other interested bodies have a statutory right to inspect them at any time. All records should be kept for at least five years.

Note 1: In the event of a reportable incident connected with ventilation equipment or the area that it serves; all records and plant logbooks will need to be collected as evidence.

- 1.27 A set of specimen maintenance checklists is given in [Appendix 1](#).

Frequency of inspections and verifications

- 1.28 All ventilation systems should be subject to, at least, a simple visual inspection annually.
- 1.29 Ventilation systems serving critical care areas should be inspected quarterly and their performance measured and verified annually. The quarterly inspection should be a simple visual check; the annual verification will be a more detailed inspection of the system together with the measurement of its actual performance.
- 1.30 The LEV section of the COSHH Regulations contains a statutory requirement that systems installed to contain or control hazardous substances be examined and tested at least every 14 months by a competent person.
- 1.31 Regular tests, at intervals agreed with the local fire prevention officer, will need to be carried out in order to demonstrate the continuing efficiency of the fire detection and containment systems. These may be in addition to the inspections detailed above. Records of these tests should be kept.

Implications of PPP/PFI Procurement

- 1.32 While the ultimate responsibilities as set out in this SHTM in terms of overall management remain with NHS Boards, when a new or recent hospital has been procured via the Public-Private Partnership (PPP) or Private Finance Initiative (PFI) routes, there are changes in the chain of responsibilities.
- 1.33 More often than not, the operator of the facility will subcontract or enter into partnership with a Facilities Management (FM) Provider who will maintain and operate mechanical and electrical installations, including ventilation systems. It is not unknown for the FM provider to be the NHS Board's own estates staff. Whichever organisation carries out the functions set out in this SHTM, it will be

necessary for the same practice and procedures to be carried out, records maintained and reports prepared to maintain an audit trail. These have to be submitted to the NHS Board for which the hospital has been established. The NHS Board will retain in-house estates staff and/or technical advisers to monitor these records and reports, having the right to comment where performance standards are not being achieved, inspect installations, and seek to ensure that remedial measures are put in hand and monitored as to their effect.

In the event that a civil suit is served on a NHS Board, they would seek redress from the operator of the Hospital, where appropriate.

- 1.34 Issues related to control of infection where mechanical ventilation systems are implicated will be the remit of the NHS Board's control of infection teams set up for the purpose and representation should be arranged for estates staff or the FM Provider so that any remedial action agreed can be set in motion without delay.

2. Functional responsibilities

Management responsibilities

- 2.1 Clear lines of managerial responsibility should be in place so that no doubt exists as to who is responsible for the safe operation and maintenance of the equipment.
- 2.2 A periodic review of management systems should take place in order to ensure that the agreed standards are being maintained.
- 2.3 Those required to inspect, verify or maintain ventilation equipment will need to show that they are competent to do so. As a minimum they should have sufficient knowledge of its correct operation to be able to recognise faults.
- 2.4 It is anticipated that training in the validation and verification of specialised healthcare ventilation systems for Authorised Persons and Competent Persons will become available during the life of this Scottish Health Technical Memorandum.

Designated staff functions

- 2.5 A person intending to fulfil any of the staff functions specified below should be able to prove that they possess sufficient skills, knowledge and experience to be able to perform safely the designated tasks.

Management

- 2.6 Management is defined as the owner, occupier, employer, general manager, chief executive or other person who is ultimately accountable for the safe operation of premises.

Designated Person

- 2.7 This person provides the essential senior management link between the organisation and professional support. The Designated Person should also provide an informed position at board level.

Authorising Engineer (Ventilation) (AE(V))

- 2.8 The AE(V) is defined as a person designated by Management to provide independent auditing and advice on ventilation systems and to review and witness documentation on validation.

Authorised Person (Ventilation) (AP(V))

- 2.9 The AP(V) will be an individual possessing adequate technical knowledge and having received appropriate training, appointed in writing by the Designated Person (in conjunction with the advice provided by the AE(V)), who is responsible for the practical implementation and operation of Management's safety policy and procedures relating to the engineering aspects of ventilation systems.

Competent Person (Ventilation) (CP(V))

- 2.10 The CP(V) is defined as a person designated by Management to carry out maintenance, validation and periodic testing of ventilation systems.

Infection Control Officer

- 2.11 The Infection Control Officer (or consultant microbiologist if not the same person) is the person nominated by management to advise on monitoring the infection control policy and microbiological performance of the systems.
- 2.12 Major policy decisions should be made through an infection control committee. The infection control committee should include representatives of the user department and estates and facilities or their nominated representative (that is, the Authorised Person).

Plant Operator

- 2.13 The Plant Operator is any person who operates a ventilation installation.

User

- 2.14 The User is the person responsible for the management of the unit in which the ventilation system is installed (for example head of department, operating theatre manager, head of laboratory, production pharmacist, head of research or other responsible person).

Contractor

- 2.15 The Contractor is the person or organisation responsible for the supply of the ventilation equipment, its installation, commissioning or validation. This person may be a representative of a specialist ventilation organisation or a member of the general manager/chief executive's staff.

Records

- 2.16 A record should be kept of those appointed to carry out the functions listed above. The record should clearly state the extent of the postholder's duties and responsibilities, and to whom they are to report.

- 2.17 Substitute or replacement staff should be designated in order to cover for sickness, holidays and staff transfers.

Training

- 2.18 Routine inspection and maintenance procedures can cause risks to the health of staff carrying out the work and those receiving air from the plant. All those involved should be made aware of the risks, and safe systems of work should be agreed. Suitable safety equipment should be provided as necessary, and training in its use should be given.
- 2.19 Any training given should be recorded, together with the date of delivery and topics covered.
- 2.20 Training in the use of safety equipment and a safe system of work will need to be repeated periodically in order to cater for changes in staff.

Specific health and safety aspects

- 2.21 Staff engaged in the service and maintenance of extract ventilation systems from pathology departments, mortuaries, laboratories, source-protective isolation facilities and other areas containing a chemical, biological or radiation hazard may be particularly at risk. In these cases, the risk should be identified and assessed.
- 2.22 The means by which the system can be rendered safe to work on should be determined, and a permit-to-work on the system implemented.
- 2.23 Training in the exact procedures should be given to all staff involved.
- 2.24 Some healthcare facilities may contain specialised units that are subject to access restrictions (for example pharmacy aseptic suites). Estates or contract staff requiring access may need additional training or to be accompanied when entering the unit.

Note 2: See also the following guidance published by the Health and Safety Commission's Health Services Advisory Committee:

- 'Safe working and the prevention of infection in clinical laboratories and similar facilities';
- 'The management, design and operation of microbiological containment laboratories';
- 'Safe working and prevention of infection in the mortuary and post-mortem room'.

3. Ventilation systems – minimum requirements

General requirements

- 3.1 All ventilation systems should be inspected annually to ensure conformity with minimum requirements, which are designed to:
- ensure safe access when carrying out routine service and maintenance activities;
 - prevent or control risks associated with *Legionella* and other potential hazardous organisms;
 - check that the system remains fit for purpose;
 - maintain records of outcomes.
- 3.2 Every effort should be made to ensure that all AHUs achieve the minimum requirement set out below.

Location and access

- 3.3 AHUs should be secured from unauthorised access.
- 3.4 Units located on roofs must have a safe and permanent means of access. Suitable precautions must be in place to prevent personnel or equipment from falling during maintenance activities.
- 3.5 Units located outside at ground level should be secured within a compound to prevent unauthorised access. Vehicles should be excluded from the vicinity to ensure that exhaust fumes will not be drawn into intakes.
- 3.6 All parts of the AHU should be easily and safely accessible for routine inspection and service.
- 3.7 The area around an AHU within a building should be tanked to prevent water penetration to adjacent areas, and should be adequately drained.
- 3.8 Fire precautions should be in accordance with Firecode.
- 3.9 Combustion equipment must not be located in a fire compartment that houses air-handling equipment.
- 3.10 Plantrooms that house AHUs must not be used for general storage. Care should be taken to ensure that combustible material is not kept in the plantroom.

Basic requirements

- 3.11 The plant must not contain any material or substance that could support the growth of microorganisms.
- 3.12 The plant must not contain any material or substance that could cause or support combustion.
- 3.13 Access to items that require routine service, such as filters, coils and chiller batteries, should be via hinged doors.
- 3.14 Items requiring infrequent access such as attenuators may be via clipped or bolted-on lift-off panels.
- 3.15 All doors and panels should be close-fitting and without leaks.
- 3.16 Every effort should be made to ensure that access is via fixed ladders and platforms or pulpit-style movable steps.
- 3.17 Electrical and mechanical services should not restrict or impede access to those parts of the AHU that require inspection.
- 3.18 Viewing ports and internal illumination should be fitted in order to inspect filters and drainage trays.
- 3.19 Internal illumination should be provided by fittings to at least IP55 rating. Fittings should be positioned so that they provide both illumination for inspection and task lighting.
- 3.20 A single switch should operate all of the lights in a unit.

AHU intakes and discharges

- 3.21 Intake and discharge points should not be situated where they will cause vitiated air to be drawn into a system (see paragraphs 3.61-3.71) in Part A, which give detailed information). In existing systems, it may be necessary to extend the intake or discharge point to a suitable position.
- 3.22 Each intake and discharge point should be fitted with corrosion-resistant weatherproof louvres or cowls to protect the system from driving rain. The inside of the louvres should be fitted with a mesh of not less than 6mm and not more than 12mm to prevent infestation by vermin and prevent leaves being drawn in.
- 3.23 The duct behind a louvre should be self-draining. If this is not practicable, it should be tanked and provided with a drainage system. Cleaning access must be provided either from the outside via hinged louvres or by access doors in the plenum behind the louvre. Where a common plenum is provided, cleaning access should be via a walk-in door.

AHU drainage system

- 3.24 All items of plant that could produce moisture must be provided with a drainage system. The system will comprise a drip-tray, glass trap, air break and associated drainage pipework.
- 3.25 Some existing units may not have been mounted far enough above the floor to permit the correct installation of a drainage system. If the AHU cannot be raised to an adequate height, an alternative arrangement (such as a pump-out system) must be provided.
- 3.26 The drip-tray should be constructed of a corrosion-resistant material (stainless steel is preferred) and be so arranged that it will completely drain. To prevent 'pooling', it is essential that the drain connection should not have an upstand and that a slope of approximately 1 in 20 in all directions should be incorporated to the drain outlet position. The tray must be completely accessible or, for smaller units, easily removable for inspection and cleaning.
- 3.27 Each drip-tray should be provided with its own drain trap. The drain trap should be of the clear (borosilicate) glass type. This permits the colour of the water seal to be observed, thus giving an early indication of corrosion, biological activity or contamination within the duct (Part A, Section 4, paragraphs 4.20-4.25 refer and [paragraph 3.29](#) of this Part B).
- 3.28 The trap should have a means for filling and should incorporate couplings to facilitate removal for cleaning. It should be located in an easily visible position where it will not be subject to casual knocks. The pipework connecting it to the drainage tray should have a continuous fall of not less than 1 in 20.
- 3.29 Traps fitted to plant located outside or in unheated plantrooms may need to be trace-heated in winter. The trace heating should be checked for operation and must not raise the temperature of water in the trap above 5°C.
- 3.30 Water from each trap must discharge via a clear air gap of at least 15mm above the unrestricted spill-over level of either an open tundish connected to a drainage stack via a second trap, or a floor gully (or channel). A support should be provided to ensure that the air gap cannot be reduced. More than one drain trap may discharge into the tundish, providing each has its own air break.
- 3.31 Drainage pipework may be thermoplastic, copper or stainless steel. Glass should not be used. The pipework should be a minimum diameter of 22mm and have a fall of at least 1 in 60 in the direction of flow. It should be well supported, and located so as not to inhibit access to the AHU.

Dampers

- 3.32 AHUs serving critical areas and those areas that are shut down out of hours should be fitted with motorised low-leak shut-off dampers located immediately behind the intake and discharge of each supply and extract system.

Fan drives

- 3.33 Fan-drive trains, whether supply or extract, should be easily visible without the need to remove access covers. Protecting the drive train with a mesh guard is the preferred option. For weatherproof units designed to be located outside, the fan drive should be enclosed. It should be easily visible through a viewing port with internal illumination and be accessed via a lockable, hinged door.
- 3.34 The motor windings of induction-drive 'plug' motor arrangements and in-line axial fans having a pod motor within the air stream must be protected from over-temperature by a thermistor and lockout relay.
- 3.35 It is necessary to ensure that – should the computer control system or its software develop a fault – the fan can be switched to a direct start with fixed speed and manual operation. This is particularly important for critical care systems serving operating suites, high dependency care units of any type, isolation facilities, laboratories and pharmaceutical production suites.

Heater & Frost batteries

- 3.36 Access for cleaning must be provided to both sides of frost batteries and heater-batteries.
- 3.37 Where auxiliary wet heater-batteries are located in false ceilings, they should be fitted with a catch tray and leak alarm. The catch tray should be installed under both the battery and the control valve assembly to protect the ceiling from leaks. A moisture sensor and alarm should be fitted in the tray. Placing wet heater batteries in ceiling voids should be avoided if at all possible.

Cooling coils

- 3.38 Each cooling coil – whether within the AHU or within a branch duct – must be fitted with its own independent drainage system as specified above. A baffle or similar device must be provided in the drip-tray to prevent air bypassing the coil, and the tray should be large enough to capture the moisture from the eliminator, bends and headers.
- 3.39 The cooling-coil control valve should close upon selection of low speed, system shutdown, low air-flow or fan failure.
- 3.40 Where auxiliary wet-cooling coils are located in false ceilings, they should be fitted with a catch tray and leak alarm. The catch tray should be installed under both the battery and the control valve assembly to protect the ceiling from leaks. A moisture sensor and alarm should be fitted in the tray.

Humidifiers

- 3.41 Humidifiers are not generally required. Where they are fitted, but have been out of use for a significant period of time, they should be removed. All associated pipework should also be removed back to its junction with the running main.
- 3.42 Where humidifiers are fitted and their use is still required, they should fully conform to the installation standard set out in Section 4 of Part A.
- 3.43 The section of ductwork containing the humidifier may need to be periodically decontaminated. Hinged access doors with viewing ports and internal illumination should be provided.
- 3.44 All humidifiers must be fitted with their own independent drainage system as detailed above.
- 3.45 Only steam-injection humidifiers, whether mains fed or locally generated, are suitable for use in air-conditioning systems within healthcare facilities. Water humidifiers, if fitted, should be removed.
- 3.46 Self- and locally-generated steam humidifiers must be supplied with potable water. The installation should be capable of being isolated, drained and cleaned. Section 4 in Part A of this Scottish Health Technical Memorandum gives further details.
- 3.47 Some steam generators are of a type that requires regular cleaning and descaling. The installation should enable them to be physically isolated from the air duct in order to prevent contamination of the air supply by cleaning agents.
- 3.48 The humidifier control system should fully conform to the standard set out in Sections 4 and 6 of Part A.

Filtration

- 3.49 Filters must be securely housed and sealed in well-fitting frames that minimise air bypass. Air bypass significantly reduces filter efficiency: the higher the filter grade, the greater the effect. Mounting frames should be designed so that the air flow pushes the filter into its housing to help minimise air bypass.
- 3.50 All filters should be of the dry type. Panel filters are generally used as pre-filters and should be positioned on the inlet side of the supply fan, downstream of the frost battery. Where required, secondary filters (these will be bags or pleated paper) should be on the positive-pressure side of the fan.
- 3.51 The filter installation should provide easy access to filter media for cleaning, removal or replacement; therefore, a hinged access door should be provided. The upstream side of the filter should be visible for inspection through a viewing port with internal illumination.

- 3.52 All filters should be provided with a means of checking the differential pressure across them. Direct-reading dial-type gauges marked with clean and dirty sectors are preferred.

High-efficiency filters – HEPA and ULPA

- 3.53 Where fitted, HEPA filters should be of the replaceable-panel type with leak-proof seals. Their installation should permit the validation of the filter and its housing.
- 3.54 HEPA filters are sometimes used in extract systems for the containment of hazardous substances or organisms. They may be fitted with pre-filters to extend their service life.
- 3.55 When used for the containment of hazardous substances, the installation should incorporate design provision for the subsequent safe removal and handling of contaminated filters by maintenance staff.

Energy recovery

- 3.56 Energy recovery, where fitted, will require cleaning access to both sides of the device.
- 3.57 Whichever type of energy recovery device is fitted, the extract side should be protected by a G3 filter and provided with a drainage system to remove condensate.
- 3.58 The heat-recovery device should be controlled in sequence with the main heater-battery, and may need to incorporate a control to prevent the transfer of unwanted heat when the air-on condition rises above the plant's required set point.

Attenuation

- 3.59 Cleaning access should be provided at both ends of any attenuator unit.

Identification and labelling

- 3.60 All supply and extract ventilation systems should be clearly labelled. The label should identify both the AHU and the area that it serves. The lettering should be at least 50mm high and be mounted in an easily visible place near the fan of the unit. Any sub-systems and the principal branch ducts should be similarly labelled.
- 3.61 The direction of air-flow should be clearly marked on all main and branch ducts.
- 3.62 All air-flow test-points should be clearly identified and the size of the duct given.

Pressure stabilisers

- 3.63 Pressure stabilisers should be unobstructed and silent in operation.

4. Annual inspection and verification requirements

Ventilation systems inspection

- 4.1 All ventilation systems should be subject to at least a simple visual inspection annually.
- 4.2 The purpose of the inspection is to establish that:
- the system is still required;
 - the AHU conforms to the minimum standard (see [Section 3](#));
 - the fire containment has not been breached;
 - the general condition of the system is adequate for purpose;
 - the system overall is operating in a satisfactory manner.
- 4.3 It is recommended that a simple check sheet be used to record the result of the inspection. Examples are given in [Appendices 1 and 2](#).

Critical ventilation systems

- 4.4 All critical ventilation systems should be inspected quarterly and verified at least annually. In some circumstances the verification may need to be carried out more frequently.
- 4.5 The quarterly inspection should be as detailed in [paragraphs 4.1 – 4.3](#).
- 4.6 The purpose of the annual verification will be to ensure additionally that the system:
- achieves minimum standards specific to the application;
 - is operating to an acceptable performance level;
 - remains fit for purpose.

Definition of a critical system

- 4.7 Ventilation systems serving the following are considered critical:
- operating theatres of any type, including rooms used for investigations (for example catheter laboratories);
 - patient isolation facility of any type;
 - critical care, intensive treatment or high-dependency unit;
 - neonatal unit;

- Category 3 or 4 laboratory or room;
- pharmacy aseptic suite;
- inspection and packing room in a sterile services department;
- MRI, CAT and other types of emerging imaging technologies that require particularly stable environmental conditions to remain within calibration;
- any system classified as an LEV system under the COSHH Regulations;
- any other system that clearly meets the definition.

4.8 The loss of service from such a system would seriously degrade the ability of the premises to deliver optimal healthcare.

Annual verification

4.9 The annual verification is intended to establish that:

- the system is still required;
- the AHU conforms to the minimum standard (see [Section 3](#));
- the fire containment has not been breached;
- the general condition of the ventilation system is adequate;
- the fabric of the area served is satisfactory;
- the system performance is adequate with respect to the functional requirement – this will require:
 - a full measure of the supply and extract air-flow rates;
 - the calculation of room air-change rates if applicable;
 - the measurement of room differential pressures if applicable;
 - the measurement of room noise levels;
 - air-quality checks if appropriate;
 - a check on the control functions.

4.10 An assessment should then be made as to whether the system overall is fit for purpose and operating in a satisfactory manner.

Fabric of the area served

4.11 The building elements in the room or rooms served by a critical ventilation system should also be suitable for the function. As an example, in a suite of rooms comprising an operating theatre complex, the following elements should be checked:

- the ceiling should be complete and, if tiled, all tiles should be clipped down and sealed;

- the walls and floors should be free from significant construction and finish defects;
- windows and their trickle vents should be sealed and locked shut;
- the doors should close completely and the door closers should be correctly adjusted to hold them against the room pressure;
- all service penetrations and access panels should be sealed to prevent uncontrolled air flow between rooms and service voids;
- steps should have been taken (if necessary) to prevent portable equipment and stock items from obstructing low-level supply, transfer or extract airflow paths.

4.12 Failure to achieve a suitable standard will render even the most sophisticated ventilation system ineffective.

4.13 All fire dampers should be tested as part of the annual verification.

4.14 LEV systems will be subject to an examination and test by a competent person at least every 14 months.

4.15 [Table 1](#) overleaf provides a model for the verification of critical ventilation systems.

Critical ventilation systems – verification standards

4.16 Unless otherwise specified below, the ventilation system should achieve not less than 75% of the design air-change rate given in Appendix 1 of Part A, or its original design parameters.

4.17 The pressure regime should achieve not less than 75% of the design value given in Appendix 1 of Part A, or its original design parameters; and the pressure gradient relationships with regards to surrounding areas must be maintained.

4.18 The sound levels given in [Table 2](#) overleaf are maximum permissible levels and should not be exceeded. Measurements should be made using at least a Type 2 sound meter fitted with a muff. Its accuracy should be checked using a calibration sound source before use.

Step	Question	Information/standard required	Comment
1	Is the system still required?	Why was it installed?	Is that function still required?
2	Does the AHU achieve the minimum standard?	Health and safety aspects Intake/discharge positions Inspection access <i>Legionella</i> control and drainage Fire and electrical safety Leaks, cleanliness and insulation Filtration	Inspect to ascertain compliance with minimum standards set out in Section 3 Part B of this SHTM
3	Is the air distribution system satisfactory?	Access Fire dampers Cleanliness Insulation Identification Room terminals Pressure stabilisers	Inspect to ascertain continued fitness for purpose
4	Does the measured system performance still accord with the design intent and achieve a minimum acceptable standard?	Design air velocities Design air-flow rates Room air-change rates Pressure differentials Noise levels Air quality	Establish the design values Measure the system output to verify its performance
5	Does the control system function correctly?	Desired environmental conditions Control sequence logic Run; set back, off philosophy	Establish the design requirement Inspect/test to verify performance
6	Having regard to the foregoing, is the system 'fit for purpose' and will it only require routine maintenance in order to remain so until the next scheduled verification?		Yes or No
7	What routine service and maintenance will be required for the system to remain fit for purpose and function correctly until the next scheduled verification?	Filter changes System cleaning Performance indication Performance monitoring Performance measurement	Decide inspection frequency and maintenance schedule

Table 1: Operational management and routine verification process model

Location	Design sound level (NR)	Measured sound level (dB (A))
Ultra-clean operating room	50	55
Conventional operating room	40	45
All other non-specified rooms	40	45
Corridors	40	45
Recovery room	35	40
Ward areas, sleeping areas	30	35

Table 2: Maximum sound levels (service noise only)

Vertical ultra-clean operating theatres

4.19 The following additional measurements should be taken:

- the average air velocity at the 2m level under the canopy: it should achieve a minimum average of 0.38 m/s for a partial wall system and 0.3 m/s for a full wall system;
- the air velocity within the inner zone at the 1m level: every reading should achieve a minimum velocity of 0.2 m/s.

4.20 The air velocity measurements are to be taken using the equipment, test grid and method set out in Section 8 of Part A.

Note 3: There is no requirement to carry out filter scanning or entrainment tests at the annual verification unless the HEPA filters or recirculating air fans are changed, or the system is in some other significant way disturbed or altered. Changing the filters in the AHU or recirculating air filters does not constitute a significant disturbance to the ultra-clean ventilation (UCV) unit.

4.21 Should the UCV terminal fail to achieve a suitable standard, resulting in the need to disturb or replace the HEPA filters or recirculating air fans, the unit should be revalidated using the procedure given in Section 8 of Part A.

Note 4: Scottish Health Technical Memorandum 08-01 (2011) gives detailed guidance on acoustics and the measurement of sound.

Horizontal ultra-clean operating theatres

4.22 The following additional measurements should be taken:

- the discharge velocity test at 1m, 1.5m and 2m in front of the terminal: the average velocity should be not less than 0.4 m/s.

4.23 The measurements are to be taken using the equipment, test grid and method set out in Section 8 of Part A.

- 4.24 Should the UCV terminal fail to achieve a suitable standard, resulting in the need to disturb or replace the HEPA filters or recirculating air fans, the unit should be revalidated using the procedure given in Section 8 of Part A.

Category 3 and 4 laboratories and rooms

- 4.25 These areas should conform to the requirements of current information published by the Advisory Committee on Dangerous Pathogens and the Health and Safety Executive:
- 'The management, design and operation of microbiological containment laboratories';
 - 'Biological agents: managing the risks in laboratories and healthcare premises'; and
 - 'Biological agents: the principles, design and operation of Containment Level 4 facilities'.

Pharmacy aseptic suites

- 4.26 Pharmacy aseptic suites should conform to the requirements of the European guide to good manufacturing practice (<http://ec.europa.eu/enterprise/pharmaceuticals/eudralex/homev4.htm>) and the requirements of the Medicine Inspectorate if a licensed manufacturing unit.

Sterile services department – inspection and packing rooms

- 4.27 Inspection and packing rooms should conform to the requirements of BS EN ISO 14644 and any additional requirements for the processing of medical devices, if applicable (see also Scottish Health Planning Note 13: 'Sterile services department').

LEV systems

- 4.28 LEV systems should conform to the Health and Safety Executive's 'The maintenance, examination and testing of local exhaust ventilation'.

Critical system verification failure

- 4.29 Should a critical system be unable to achieve the standard set out above, it should be taken out of service. If healthcare provision needs prevent the system being taken out of service, the senior manager of the user department should be informed in writing that the system performance is suboptimal. A copy of the notice should be sent to the infection control committee.
- 4.30 If a critical system is refurbished in order to bring it to a suitable standard, it should be subject to the full validation procedure set out in Section 8 of Part A or other application-specific guidance as appropriate.

5. Inspection and maintenance

General

- 5.1 Inspection and maintenance activities should be assessed to ensure that they do not create a hazard for those who undertake the work or for those who could be affected by it.
- 5.2 The degree and frequency of maintenance should relate to the function of the system, its location, its general condition and the consequence of failure.
- 5.3 Specimen inspection and maintenance checklists are given in [Appendices 1 and 2](#).

Inspection and maintenance of critical systems

- 5.4 The loss of service of these systems would seriously degrade the ability of the premises to deliver optimal healthcare. In order to ensure reliable service provision, it is essential to inspect, verify and maintain these systems at appropriate intervals.
- 5.5 For many of these systems a permit-to-work will need to be completed to ensure that taking the ventilation system out of service does not compromise the activities of the user department. In any event, it will be necessary to liaise with the user department when switching the system off to carry out routine inspection and maintenance.

AHU drainage

- 5.6 AHU drainage systems comprise a drainage tray, glass trap, connecting pipework and an air break. The system should be inspected to ensure that it is clean and operating correctly. The cleanliness of the drainage tray and colour of the water in the trap will give an indication of a fault condition (see [Table 3](#) overleaf).

Colour of water	Probable cause and comment
Normal	Satisfactory.
Green	Copper corrosion of pipework Possible leak in battery tubing.
White	Aluminium corrosion of battery fins.
Black	General dirt Filter faulty allowing air bypass System is overdue for a thorough clean Urgent action required.
Brown/red	Iron corrosion (rust) within the duct May indicate a specific <i>Legionella</i> hazard Immediate action required.
Bubbly/slimy	Microbiological activity within the duct May indicate a specific <i>Legionella</i> hazard Immediate action required.

Table 3: Colour of water in glass trap

Filter changing

- 5.7 Dirty supply air filters may pose a general dust hazard when being changed.
- 5.8 Dirty extract- and return-air filters may pose an increased level of hazard. This will relate to the particular contamination within the air that they have filtered. Filters handling extract air from general areas are unlikely to present a significantly greater hazard than that posed by dirty supply air filters.
- 5.9 Care should be taken to protect staff from inhaling the dust. If there is a need to enter the duct when changing filters, a dust mask should be worn.
- 5.10 Dirty filters should be carefully removed and placed in the box that contained the replacement filters or in a plastic bag. On completion of the work, the dirty filters should be removed from the plantroom and disposed of appropriately.
- 5.11 The duct in the area of the filter housing should be carefully vacuumed before fitting the replacement filters. This will prevent particles (that is, those that are shed when the dirty filters are disturbed) being blown into the system downstream.
- 5.12 It is important to ensure that replacement filters are fitted the right way round. Most panel filters are manufactured with a membrane or wire support mesh on their downstream side. Alternatively they may be colour-coded. The manufacturer's instructions regarding fitting should be followed.
- 5.13 Bag filters should be fitted with the pockets vertical. Care should be taken to remove any transit tapes and to ensure that the individual pockets are separate and free to inflate.

Changing extract filters containing hazardous substances

- 5.14 Filters handling extract air from an LEV system will obviously present a hazard and should be subject to a safe system of work.
- 5.15 Filters used in an extract system for the containment of hazardous substances or organisms should incorporate design provision for their safe removal when so contaminated. This may be achieved by:
- sealing the hazardous substance into the filter before it is removed;
 - a system to fumigate the filter to kill any organisms;
 - housing it in a 'safe change' unit that permits the filter to be ejected into a bag and sealed without staff having to come into direct contact with it.
- 5.16 The method chosen should reflect the nature of the hazard.
- 5.17 Filters fitted to remove hazardous substances from extract air are classed as hazardous waste and should be handled and disposed of accordingly.

Ventilation system cleaning

- 5.18 The intake section of a ventilation system should be vacuumed-out as necessary to remove visible particles.
- 5.19 AHUs should be vacuumed-out and/or washed down internally as necessary to remove obvious dust and dirt.
- 5.20 Chiller batteries, humidifier units, energy-recovery batteries or plates and their drainage systems should be washed down with hot water annually to remove visible contamination.
- 5.21 Supply air distribution ductwork conveys air that has been filtered. It will require internal cleaning only when it becomes contaminated with visible dirt. The frequency of cleaning will depend on the age of the system and grade of the AHU final filter but will typically be in excess of ten years. There is no requirement to clean ductwork annually. A rapid build-up of visible dirt within a supply duct is an indication of a failure of the filtration or its housing.
- 5.22 Extract air systems handle unfiltered air. They should be cleaned as frequently as necessary in order to maintain their operating efficiency. Room extract terminals, particularly those sited at low level in critical care areas, will need regular cleaning.
- 5.23 On completion of cleaning, the ductwork should not be 'fogged' with chemicals. This treatment has no lasting biocidal effect and is responsible for initiating the breakdown of the galvanised coating of ductwork. This will result in accelerated corrosion of the inside of the duct, with the products of corrosion being shed into the air stream. It will also significantly shorten service life.

- 5.24 Following duct cleaning, all service hatches should be checked to ensure that they have been correctly replaced and do not leak.
- 5.25 Duct-cleaning equipment that uses rotating brushes or a vacuum unit can easily damage flexible sections of ductwork. On completion of cleaning, all flexible duct sections should be checked for rips and tears. The straps that secure them to rigid duct sections and air terminals should also be checked to ensure that there is no air leakage.

Chilled beams

- 5.26 The efficiency of these units will rapidly decline if they become blocked with fluff/lint. They should be inspected every six months and cleaned as appropriate.

Split and cassette cooling units

- 5.27 These units incorporate internal recirculation air filters and a drainage system to remove condensate from the cooling coil. The systems should be inspected and cleaned every three months.

Portable room cooling units

- 5.28 Portable units are sometimes kept in store or hired-in to cope with temporary local situations giving rise to excessive temperatures. They typically incorporate internal recirculation air filters and a drainage system to remove condensate from the cooling coil. Units employing an internal water reservoir and wick to promote evaporative cooling must not be used in healthcare premises.
- 5.29 The infection control team must be consulted before these types of unit are deployed.
- 5.30 The units should be inspected and thoroughly cleaned before being taken into use. Units that are to be used in areas containing immunocompromised patients will, unless new, need to be fumigated before use.
- 5.31 All portable units should be inspected and cleaned every week that they remain in use.

Self-contained mobile filter and/or ultraviolet (UV) light units

- 5.32 The efficacy of these units is directly related to their cleanliness. In this respect, the manufacturer's instructions regarding service/maintenance and lamp and filter replacement should be closely followed.
- 5.33 Units that have been used in isolation rooms or areas containing infective patients will need to be fumigated before being used in other locations, or returned to store or to the hirer.

- 5.34 Filters fitted to remove hazardous substances from the recirculated room air are classed as hazardous waste and should be handled and disposed of accordingly (see also Scottish Health Technical Note 3: NHS Scotland Waste Management Guidance Parts A-D).

Inspection and maintenance records

- 5.35 Records of inspection and maintenance activities should be kept for at least five years.

Appendix 1: Annual inspection of critical ventilation systems – AHU and plantroom equipment

Definition of terms used on survey form

General condition

End of useful life
<p>This should be clear from the condition of the AHU and its associated services and plant. The main indicators will be:</p> <ul style="list-style-type: none"> • extensive internal and/or external corrosion of the AHU casing; • failure of filter housings to prevent air bypass; • general corrosion of heater and cooling battery fins, attenuator surfaces etc; • significant failure to meet minimum standards; • associated plant services and control elements in a poor condition or not able to fulfil their purpose; • AHU aged 20 years or more.
Action: Urgent replacement indicated.

Poor
<p>Should be fairly apparent but should include an assessment of the degree of corrosion;</p> <ul style="list-style-type: none"> • cleanliness of coils and batteries; • quality of filter mountings and their ability to prevent air bypass; • fan and drive train condition; • the control system elements' ability to fulfil their function; • condition of the access doors and inspection covers. The age of the AHU is generally less important.
Action: Extensive refurbishment or prolonged replacement indicated.

Average
<p>Some faults but generally free of significant corrosion, clean internally and conforming to minimum standards.</p>
Action: Faults capable of correction at next maintenance period.

Good
<p>Conforming to the minimum standards, obviously cared for and subject to routine maintenance.</p>
Action: Routine maintenance will preserve standard of equipment.

Compliance with minimum standards (questions 2 to 23, 32 and 33)

Poor
More than three answers are negative.
Action: Management action required by estates/facilities department.

Average
No more than 3 answers are negative.
Action: Maintenance action required.

Good
No answers are negative, full compliance.
Action: None.

Maintenance quality (questions 5, 12, 26 to 31 and 34 to 40)

Poor
More than three answers are negative.
Action: Management action required by estates/facilities department.

Average
No more than three answers are negative.
Action: Maintenance action required.

Good
No answers are negative.
Action: None.

Annual inspection of critical ventilation systems – AHU and plantroom equipment

Hospital

Plantroom

Air-handling unit Age of unit

Area served by unit

Date of survey Name

General condition: End useful life Poor Average Good

Compliance with minimum standards Poor Average Good

(Questions 2 to 23; 32 and 33)

Maintenance quality Poor Average Good

(Questions 5, 12, 26 to 31, 34 to 40)

No	Survey question	Yes	No	Comments
1	Plant running?			
2	Are the unit and its associate plant secure from unauthorised access?			
3	Is the unit safely accessible for inspection and maintenance?			
4	Is the air intake positioned to avoid short-circuiting with extract or foul air from other sources such as gas scavenging outlets?			
5	Are all inspection lights operating?			
6	Are motorised dampers fitted to the intake and discharge?			
7	Are the fan motor(s) outside of the air stream?			

No	Survey question	Yes	No	Comments
8	Is the fan drive train visible without removing covers?			
9	Is the cooling coil located on the discharge side of the fan?			
10	Is an energy-recovery system fitted (state type)?			
11	Are condensate drainage systems fitted to all energy recovery systems, cooling coils and humidifiers in accordance of Section 3 of Scottish Health Technical Memorandum 03-01, Part B?			
12	Are drainage traps clean and filled with water? (see Table 3 in SHTM 03-01, Part B)			
13	Is the drain trap air break at least 15mm?			
14	If a humidifier is fitted, state the type			
15	Is the humidifier capable of operation?			
16	Is there space to safely change the filters safely?			
17	Are there test holes in the principal ducts?			
18	Are the test holes capped?			
19	What is the general condition of the exterior of the AHU?			
20	Are the principal ducts lagged?			
21	What is the general condition of the associated control valves and pipework?			
22	Is the pipework adequately lagged?			
23	Is the system clearly labelled?			
24	Record prefilter differential pressure.			
25	Record main filter differential pressure.			

Switch plant off. Fit padlock to isolator.

No	Survey question	Yes	No	Comments
26	Did the motorised dampers close on plant shutdown?			
27	Is the vermin/insect screen clean?			
28	Is the intake section including the fog coil clean?			
29	Are the pre-filters correctly fitted with no air by-pass?			
30	Are all drive belts correctly aligned and tensioned?			
31	Is the cooling-coil matrix cleaned?			
32	Are all drip trays fully accessible or capable of being removed for cleaning and have a fall to drain?			
33	Are the drainage trays stainless?			
34	Are the drainage trays clean?			
35	Are the drainage traps free of water?			
36	Is the matrix clean for each heater-battery?			
37	Have the main filters been correctly fitted with no air by-pass?			
38	Are AHU and its associated main ductwork clean internally?			
Remove padlock and Re-start plant.				
39	Did unit restart satisfactorily?			
Test automatic fan-motor change-over, if fitted				
40	Did automatic changeover operate satisfactorily?			

Additional comments

(For example: air leaks from access doors; control valves leaking or passing; general cleanliness of the area around the unit; or any other items of concern.)

Competent person/Authorised person.....

Appendix 2: Operating suite annual verification

Definition of terms used on survey form

Assessment of compliance with Scottish Health Technical Memorandum 03-01 (all questions relevant to the type of theatre)

Poor
<ul style="list-style-type: none"> air volumes and hence air-change rates is less than 75% of the design; room pressure differentials do not ensure a flow from clean to less clean areas; supply or extract air diffusers are not clean; pressure stabilisers not clean and/or not operating correctly; significant faults or failures of indicators on surgeon's panel; visible faults in the fabric of the suite; doors unable to close completely; general air of neglect.
Action: Urgent management action required

Average
<ul style="list-style-type: none"> air pressure and room pressure differentials approximate to the original design values; supply air diffusers clean but extracts visibly fouled; most pressure stabilisers clean and operating correctly; some of the indicators on the surgeon's panel not working; minor faults in the fabric and décor of the suite.
Action: Maintenance action required

Good
Better than average
Action: None

Maintenance quality (all questions relevant to the type of theatre)

Poor
More than three answers are negative
Action: Management action required by estates/facilities department

Average
No more than three answers are negative
Action: Maintenance action required

Good
No answers are negative
Action: None

Annual verification of theatre ventilation systems - Theatre suite information

Hospital

Theatre name/no. **Type of Theatre**

Date of survey **AHU location & ID**

Name

Compliance with SHPN & SHTM Poor Average Good

Maintenance quality Poor Average Good

No	Survey question	Yes	No	Comments
1	Has the annual verification of the AHU been carried out?			
2	Are windows hermetically sealed?			
3	Is the theatre /are the theatre and prep room complete and sealed?			
4	Are there any significant faults in the fabric of the rooms in the suite?			
5	Are room light fittings correctly sealed?			
6	Do all doors close completely and hold against the room pressure?			
7	Are the pressure stabilisers operating correctly and silently?			
8	Are the supply and extract air terminals and pressure stabilisers visibly clean?			
9	Measure and record the operating room temperature			
10	Does this accord with that displayed on the surgeon's panel?			

No	Survey question	Yes	No	Comments
11	Measure and record the operating room relative humidity.			
12	Does this accord with that displayed on the surgeon's panel?			
13	Measure and record the supply and extract airflow in the principal ducts.			
14	Measure and record the airflow at all supply and extract terminals.			
15	Does the derived air-change rate achieve at least 75% of the design?			
16	For UCV units, also measure and record the air velocities within the canopy using the method set out in Section 8 of Scottish Health Technical Memorandum 03-01 (Part A)			
17	Do the air velocities achieve the standard appropriate for the type of canopy?			
18	Measure and record the room differential pressures			
19	Do the room differential pressures ensure a flow of air from the clean to the less clean areas?			
20	Measure and record the noise levels in the principal rooms of the suite.			
21	Do the noise levels fall below the limits set out in Table 2 of SHTM 03-01 Part B			
22	Check the operation of all ventilation control functions represented on the surgeon's panel.			
23	Do the indicators accurately represent the operational state of the ventilation system(s)?			

No	Survey question	Yes	No	Comments
24	For UCV systems: are the UCV and AHU interlocked to ensure that the AHU runs at full speed when the UCV is at operating speed or at set-back? (see Table 7 in Scottish Health Technical Memorandum 03-01, Part A)			
25	With the UCV running at setback, does the system maintain the standard of a conventional operating room?			
26	For all theatres: with the system running at set-back, does it maintain a flow of air from the clean to the less clean areas?			

Additional comments

(For example: the general décor; are the suite and its ventilation systems suitable for their designated functions?)

Competent person/Authorised person.....

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From: [Rae, Janette](#)
To: [Inverarity, Donald](#); [Guthrie, Lindsay](#); [Cameron, Fiona](#); [Kalima, Pota](#)
Subject: RE: For comments
Date: 23 August 2016 16:22:26

Hi Donald the new RHSC will have 17 of these rooms with isolation lobbies through out the hospital and there will be some in the new DCN. However to do planned maintenance or if there were a malfunction would mean moving haem/onc patients to other areas that is why I also think that there should be more than one air handling unit in that area,
Thanks
Janette

Janette Richards
Lead HAISCRIBE Infection Prevention and Control Nurse
NHS Lothian
10 Chalmers Crescent
Edinburgh
EH9 1TS


Link to Infection Control Manual
<http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/InfectionControl/Pages/default.aspx>

From: Inverarity, Donald
Sent: 23 August 2016 13:26
To: Richards, Janette; Guthrie, Lindsay; Cameron, Fiona; Kalima, Pota
Subject: FW: For comments

I'm comfortable with air handling units serving more than one room but one unit serving the entire 5 rooms of the paediatric cancer unit seems to be a problem waiting to happen. I think there needs to be guidance from the paediatric cancer clinical team as to what sort of patients would be managed in these rooms in order to gauge the risk. The risk to a bone marrow transplant patient from not having access to a positive pressure single room would be greater than for a solid organ post chemo patient. If the rooms were occupied and there was a malfunction, where on the site is there capacity for them to be managed (ward 215 springs to mind from a room design perspective but then there would be children on an adult ward). They could not remain in those 5 rooms while corrective work is being undertaken from a patient safety perspective. There needs to be an explicit agreed contingency plan as to where those 5 children would be managed in event of ventilation failure before embarking on a one air handling unit serves all rooms with no redundancy approach.

Pota is included in the reply as this relates to RHSC.

Donald

From: Richards, Janette
Sent: 22 August 2016 13:05
To: Guthrie, Lindsay; Inverarity, Donald
Cc: Cameron, Fiona
Subject: For comments

Dear Both,

Please see for information and comment re ventilation requirements in isolation rooms in the new RHSC/DCN. Could I have your comments back by 29th Aug. please?

Regards

Janette

Janette Richards
Lead HAISCRIBE Infection Prevention and Control Nurse
NHS Lothian
10 Chalmers Crescent
Edinburgh
EH9 1TS



Link to Infection Control Manual

<http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/InfectionControl/Pages/default.aspx>

Our Values Into Action

Quality | Dignity and Respect | Care and Compassion | Openness, Honesty and Responsibility | Teamwork

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For more information visit: <http://www.nhslothian.scot.nhs.uk/values>

From: [Inverarity, Donald](#)
To: [Rae, Janette](#); [Guthrie, Lindsay](#); [Cameron, Fiona](#); [Kalima, Pota](#)
Subject: FW: For comments
Date: 23 August 2016 13:26:00
Attachments: [2016_08_22_Ventilation.doc](#)

I'm comfortable with air handling units serving more than one room but one unit serving the entire 5 rooms of the paediatric cancer unit seems to be a problem waiting to happen. I think there needs to be guidance from the paediatric cancer clinical team as to what sort of patients would be managed in these rooms in order to gauge the risk. The risk to a bone marrow transplant patient from not having access to a positive pressure single room would be greater than for a solid organ post chemo patient. If the rooms were occupied and there was a malfunction, where on the site is there capacity for them to be managed (ward 215 springs to mind from a room design perspective but then there would be children on an adult ward). They could not remain in those 5 rooms while corrective work is being undertaken from a patient safety perspective. There needs to be an explicit agreed contingency plan as to where those 5 children would be managed in event of ventilation failure before embarking on a one air handling unit serves all rooms with no redundancy approach.

Pota is included in the reply as this relates to RHSC.

Donald

From: Richards, Janette
Sent: 22 August 2016 13:05
To: Guthrie, Lindsay; Inverarity, Donald
Cc: Cameron, Fiona
Subject: For comments

Dear Both,

Please see for information and comment re ventilation requirements in isolation rooms in the new RHSC/DCN. Could I have your comments back by 29th Aug. please?

Regards

Janette

Janette Richards
Lead HAISCRIBE Infection Prevention and Control Nurse
NHS Lothian
10 Chalmers Crescent
Edinburgh
EH9 1TS


Link to Infection Control Manual
<http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/InfectionControl/Pages/default.aspx>

Our Values Into Action

Quality | Dignity and Respect | Care and Compassion | Openness, Honesty and Responsibility | Teamwork

For more information visit: <http://www.nhslothian.scot.nhs.uk/values>

Situation
Meeting at the IHSL Lothian offices with Brookfield Multiplex to discuss specialist ventilation in the isolation rooms of the RHSC/DCN new build.
Background
There will be isolation rooms throughout the new build that have gowning lobbies and en-suite with shower facilities. Present at the meeting were members of the construction team along with Ronnie Henderson NHS Lothian Estates, Graeme Greer QA Consultant, John Rayner , NHS Lothian Authorised Person for Ventilation
Assessment
<p>The plan for all these isolation rooms is as follows</p> <p>Gowning Lobby 10 air changes per hour with positive pressure supply through a hepa filter</p> <p>Patient area windows do not open, sealed lighting</p> <p>En-suite extract negative pressure 10 air changes per hour</p> <p>These levels meet the SHTM 03-01 and Health Building Note 04-01, Supplement 1, Isolation facilities for infectious patients in acute settings, but ideally there would be one air handling unit per room, but financially and due to lack of space this has not been the case. The construction team are concerned however that the IPCT will change their requirements and are looking for agreement that these arrangements are appropriate.</p> <p>I do have a concern in that the Paediatric cancer service has only one air handling unit for the five isolation rooms there. This will have a support fan however if this air handling unit breaks or during maintenance all 5 rooms will be affected and I feel that from our point of view this is not acceptable and I raised that point at the meeting which should be documented on the minutes of the meeting.</p>
Recommendation
<ol style="list-style-type: none"> 1. SBAR to Donald Inverarity and Lindsay Guthrie for their agreement/comments to Janette Richards 29/08/16 2. Janette Richards to forward comments received to ventilation group
<p>Janette Richards HAISCRIBE Infection Prevention and Control Nurse</p>
<p>Primary Distribution Group:</p> <p>Donald Inverarity ICD Lindsay Guthrie Lead IPCN Fiona Cameron Head of Service IPCT</p>

Key Stage Assurance Review Workbook

Handover

December 2022

Version d0.15

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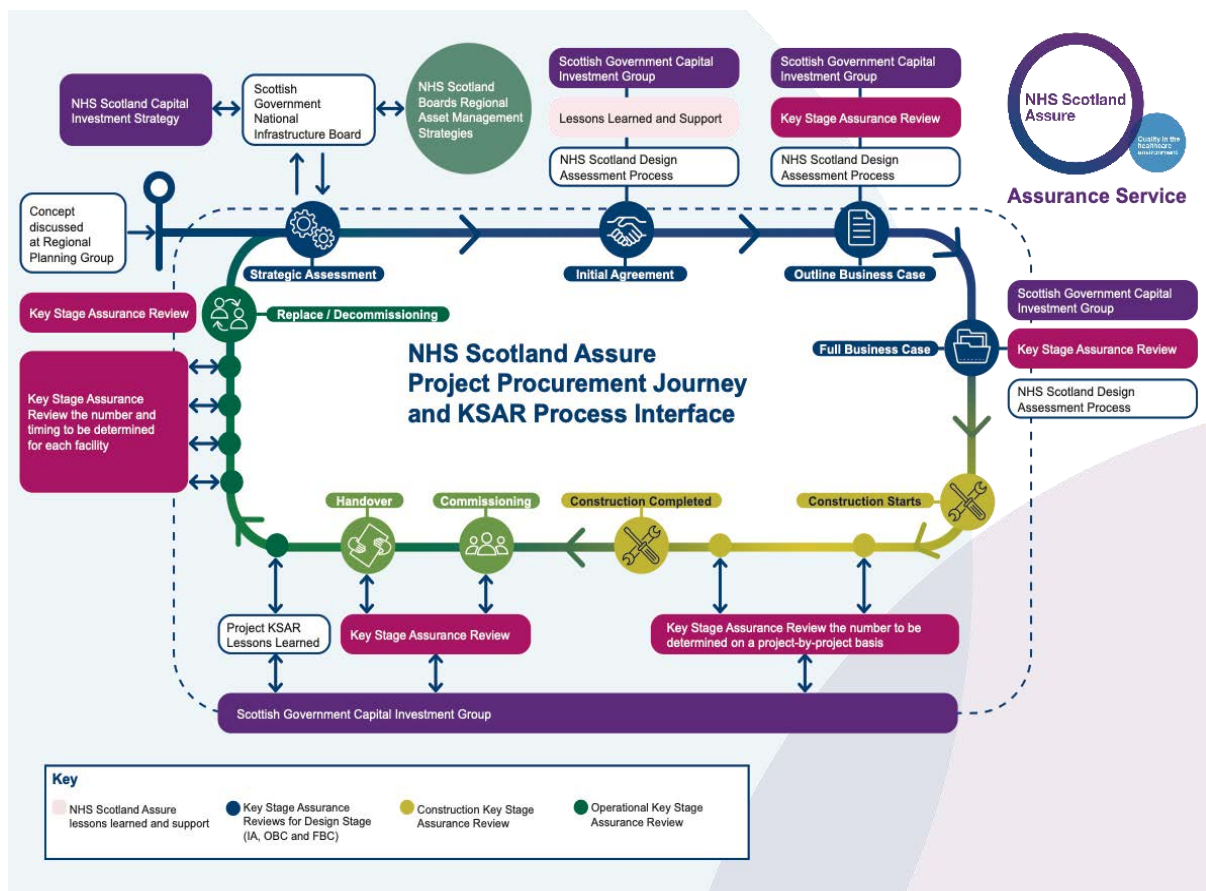
1. About this workbook

This workbook supports the Handover Key Stage Assurance Review (KSAR), delivered by the NHS Scotland Assure Assurance service.

Further information about the NHS Scotland Assure Assurance service and KSAR process is provided in Section 2.

Figure 1. shows how the Handover stage in the procurement and construction journey. The timing and frequency of KSARs during this stage will vary dependent upon the facility. Specific workbooks have been developed for the other stages within this journey.

Figure 1: Construction Procurement Journey



The KSAR process and workbooks provide a transparent, structured framework for all clinical specialisms, facilities and operational management professionals to assess and manage a healthcare build or refurbishment. In turn this assists health boards to provide the best and safest outcomes for patients, staff and visitors in the built environment.

KSARs deliver an independent peer review. NHS Scotland Assure staff, outside the project, use their experience and expertise to examine the progress and likelihood of successful delivery, with a particular emphasis on the safety of the patients, staff and visitors using the facility. KSARs also focus on how projects are able to demonstrate compliance with relevant guidance and standards.

It is vital to receive feedback on the following elements of health facilities - Infection Prevention and Control (IPC), water, ventilation, electrical, plumbing, medical gas installations and fire. This ensures they are designed, installed and functioning from the initial commissioning of a new facility and throughout its lifetime. Health boards are required to have appropriate governance in place at all stages of the construction procurement journey.

Using this workbook

The review at Handover stage investigates the approach taken by the health board and other stakeholders during this critical stage of the project to ensure that there continues to be an appropriate level of knowledge and awareness of the importance of the Handover stage on patient, staff and visitor safety.

The purpose of the KSAR at Handover stage is to confirm there is a continued good and comprehensive understanding of the category of patient who will use the proposed facility, and that the project team consider how appropriate quality and safety standards will influence the handover of the various systems. It looks to provide assurance that the project can proceed to the Operational phase.

Additionally, the KSAR at Handover will carry out an appropriate level of checking of the handover documentation. This level of checking will be set by the review team following their initial discussions on site.

The KSAR workbook is a tool for both NHS Scotland Assure to undertake project reviews and for health boards to support the development of their own projects. It provides guidance on the review structure and areas of investigation to be addressed by the review team and should be regarded as indicative and not prescriptive. The review team will consider whether any emerging findings require additional topics to be addressed. If so, evidence relating to these areas, regarding the safety of the patients, staff and visitors, should be provided.



2. Key Stage Assurance Review

Introduction to NHS Scotland Assure – Assurance Service

Good management and effective control of projects are essential elements to the successful delivery and maintenance of healthcare facilities across NHS Scotland estates.

The NHS Scotland Assure Assurance Service will deliver KSARs, designed to provide independent assurance to Scottish Government Health and Social Care Directorates (SGHSCDs).

It will assess if health board's project management teams (inclusive of clinicians, appointed construction consultants, and contractors) are briefed and following best practice procedures in the provision of facilities. We will review if projects are compliant in all aspects of safety, if specific engineering systems are designed, installed and commissioned, and for ongoing safe maintenance including IPC consideration.

The KSAR process is applicable regardless of procurement route chosen.



The KSAR Process

The KSAR process examines projects at key points in their lifecycle. It does not remove any legal or contractual obligations from the NHS health board, their designers or contractors. It provides assurance to progress successfully to the next review point. KSARs focus on the assessment of the delivery approach and the review team will work with the health board's project team to ensure there is comprehensive understanding of the patient cohorts utilising the facility. KSARs also ensure relevant guidance is fully implemented and any technical derogations have been fully reasoned, transparently discussed, the implications understood, recorded and signed-off by the health board and their advisors.

KSARs will concentrate on project governance related to the core review topics of water, ventilation, electrical, plumbing, medical gases installations, fire, and associated IPC guidance. If further issues are raised with the review team, they will fully incorporate those issues into the reporting process.

Value of the KSAR Process

Key Stage Assurance Reviews (KSARs) deliver an independent peer review. NSS staff outside the health board's project use their experience and expertise to examine the progress and likelihood of successful delivery, with a particular emphasis on the safety of the patients, staff and visitors using the facility. KSARs provide an external perspective and provide a challenge to the robustness of the health board's brief, plans and processes.

This includes work delivered by construction consultants, employed either directly or through construction contractors, and the work being delivered by the primary contractor, their sub-contractors and specialist suppliers.

The KSAR provides an independent report and recommended action plan, which is shared with the health board to ensure:

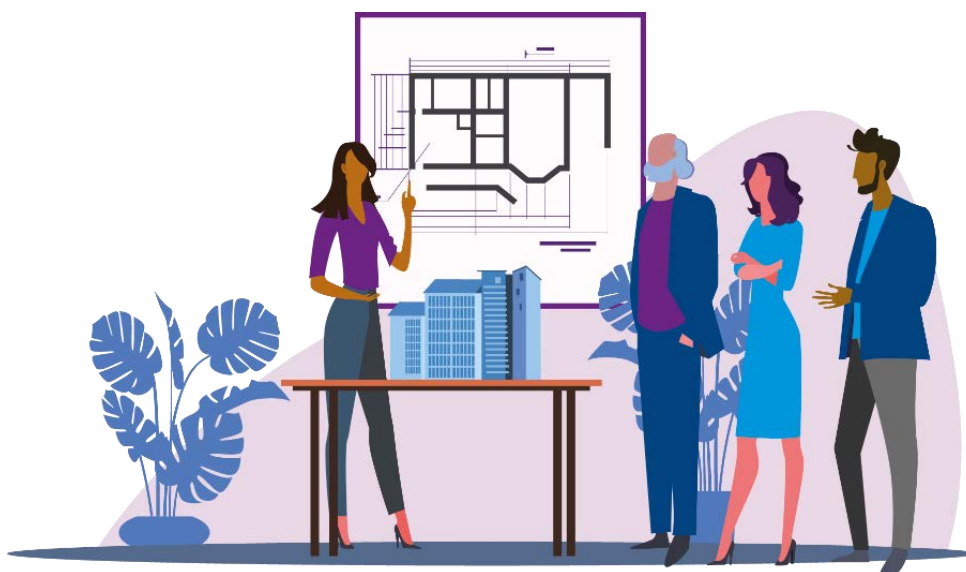
- Appropriate skills and experience are deployed on the project by the health board, consultants, primary contractor and all sub-contractors.
- The clinicians and wider stakeholders covered by the project fully understand the project status, aims and the issues involved.
- Appropriate management structures, put in place to ensure appropriate infection prevention and control measures, are designed into the project to reduce the risk of transmission of infectious agents.
- There is assurance the project can progress to the next stage of development or implementation, with particular emphasis on the safety of the patients, staff and visitors utilising the facility.
- Provision of advice and guidance to programme and project teams by fellow practitioners.

KSAR as part of the overall assurance framework

Each NHS health board will be fully responsible for the delivery of all projects, and its own internal process and resources for carrying out internal reviews and audits of its activities. The KSAR is seen as a complementary independent review, and not as a replacement for the responsibilities of the health board.

NHS health boards should have in place an effective framework to provide a suitable level of assurance for their programmes and projects. Health boards are encouraged and expected to ensure adequate and timely coordination and sharing of information, including plans, between the various internal reviews and functions.

The KSAR process is not a substitute for a rigorous governance framework being put place by the health board to manage key processes including business planning, investment appraisal, business case management, risk management and service and contract management.



The KSAR Process relationship with NHS Scotland Design Assessment Process (NDAP)

The Scottish Government's ambition for NHS Scotland's estate and the need for well-designed healthcare environments is articulated in the Policy on Design Quality for NHS Scotland. Good design in the built environment encompasses a wide range of inter-related factors such as:

- access for visitors and mobility impaired persons
- architecture
- decontamination
- energy
- engineering
- environment
- fire safety
- landscaping
- lighting
- security
- space utilisation
- sustainability
- technology.

The mandated NHS Scotland Design Assessment Process (NDAP) process is undertaken by NHS Scotland Assure, Architecture and Design Scotland, and considers all of the above. It sets the principles for the resolution of potential conflicts of statutory or mandatory compliance to ensure the specific facility provides; the best balance of the technical requirements, meets clinical needs and fulfils the conceptual aims of the policy on Design Quality. The NDAP process begins at the Initial Agreement stage of a project and provides advice through to the Full Business Case (FBC). There is no change to either Scottish Capital Investment Manual (SCIM) or NDAP processes.

The Scottish Government is progressing policy to improve the safety of the healthcare environment in relation to the built environment risk. The Assurance Service delivered through NHS Scotland Assure is a response to this policy and the KSARs are integral to the compliance work. The aspiration is not to duplicate any of the work included in the NDAP process but to provide assurance regarding the critical components highlighted throughout this workbook.

Integral to the KSARs will be a review of the balance between sustainability issues and patient safety.

Where possible the two reviews will be aligned to avoid duplication of work. For example, in instances where the NDAP has reviewed detail at a technical level, this will be used by the KSAR team rather than being separately requested and reviewed.

Sustainability

The review will provide assurance that the proposals for the project provide an effective balance in terms of patient, staff and visitors safety, whilst meeting required sustainability outcomes and complying with the guidance standards.

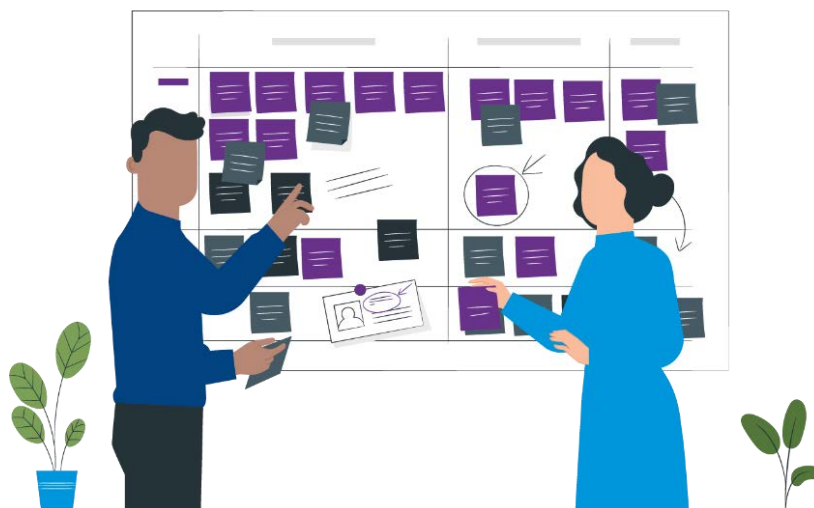
Handover KSAR

The Handover KSAR will be an independent “peer review” in which NHS Scotland Assure (NHS SA) subject matter experts, independent of the project, use their experience and expertise to review and assess the proposed pre-Handover and Handover stage documentation. It is anticipated that the implementation of the Handover KSAR will differ from other reviews, as it will predominately take the form of a site-based audit of the processes and documentation associated with the Handover phase.

Any areas of concern found during this KSAR will be immediately raised with the NHS health board.

The Handover KSAR will consider (particularly with respect to IPC measures):

- Water systems.
- Ventilation systems.
- Plumbing and drainage.
- Fire safety.
- Electrical systems.
- Medical gases.
- Any other building or engineering component critical to the safety and welfare of a particular patient cohort (defined by the review team).
- The requirements of the NHS Scotland National Infection Prevention and Control Manual have been incorporated and implemented to allow staff to deliver the health services in a safe and comprehensive manner.



At all stages of the Handover phase, knowledge of compliance in design and implementation will need to encompass (but is not limited to) the following:

- NHS Scotland policy letters (DLs, CELs, CMOs).
- Scottish Health Planning Notes (SHPN).
- Scottish Health Facilities Notes (SHFN).
- Scottish Health Technical Memoranda (SHTM).
- Scottish Fire Practice Notes (SFPN).
- Health Building Notes (HBN).
- Health Technical Memoranda (HTM).
- Health Facilities Notes (HFN).
- Incident Reporting and Investigation Centre (IRIC) Alerts.
- Relevant British Standards.
- UK construction industry bodies best practice or design guidance publications e.g. HSE, CIBSE, BRE, IHEEM, IET, BRE, BSRIA, sustainability, dementia and equality.
- Incident Reporting and Investigation Centre (IRIC) Alerts.
- The implementation of NHS Scotland Soft Landings (SL) guidance.
- Confirm that there are plans in place for risk management, issue management and that these plans are being shared with suppliers and delivery partners.
- Evaluation of actions taken to implement recommendations made in earlier assessment of deliverability.
- Confirm there are plans in place to ensure the requirements of the NHS Scotland National Infection Prevention and Control Manual for Scotland are being incorporated into the development in a manner which will allow the staff allocated to the role to deliver the services to the patients.
- Other statutory requirements: Planning permission; Building Regulations compliance; Equality Act compliance; Health and Safety Executive (HSE) compliance; Construction (Design and Management) Regulations compliance. Fire Scotland Act.
- Other mandatory NHS Scotland use of:
 - Activity Data Base (ADB).
 - Achieving Excellence Design Evaluation Tool.
 - BREEAM Healthcare or equivalent (BRE environmental & sustainability tools).
 - Scottish Government BIM Policy (SPPN 1/2017; implementation of building information modelling within construction projects: March 2017).

Additionally, the Handover KSAR will carry out an appropriate level of checking of the commissioning results, as-installed drawings, health and safety documents, manufacturers' literature and solutions adopted.

This level of checking will be set by the review team following their initial discussions on site. One impact of this work may be that the review will take longer than the initial programme, dependant on the conclusions / findings from this assessment of the design.

The review teams consist of experienced operational estates professionals and experienced Infection Control clinicians. The team will work with the health board's project team, inclusive of their clinicians and their appointed facility management consultants and contractor. Each review will result in a report being prepared for the Programme Director at the Board and a copy of the report will also be provided to Scottish Government Capital Investment Group

Section 3 below provides the typical question sets for each discipline that the review team will use as the basis for the Handover KSAR review process. The team will amend this as necessary depending on the project and areas of particular interest. The health board, their designers and contractors should be aware that this is the information which will be expected, and the project should effectively be completed and ready for acceptance at the time of the KSAR to ensure the accuracy of the report.



3. Assessment of Delivery Approach

It is anticipated that Project Handover may be phased as determined by the scale and complexity of the building and systems.

The review should focus on Governance, management, planning, resources, risk assessments, method statements, validation and health board acceptance of Commissioning results. Those responsible for Project Handover should have the appropriate level of competency to undertake the receipt of the systems which they are responsible for. The Handover process should be carried out in accordance with the Board Contract Requirements (BCR).

A suite of documents should be specified for handover to include health and safety files and operations and maintenance manuals. Further, project handover plan checklist should be completed by all relevant parties confirming system completion, system acceptance, training, certification and as installed document handover.

Project Governance and General Arrangements

No.	Areas to probe	Evidence expected
1.1	How does the health board assure itself that actions from the previous Key Stage Assurance Review have been appropriately closed out?	<ul style="list-style-type: none"> Evidence of a completed action plan, with reference to evidence, to demonstrate appropriate close out of actions.
1.2	How does the health board ensure that all Commissioning activities have been completed successfully, appropriately validated (including witnessing) and documented, prior to handover?	<ul style="list-style-type: none"> Evidence that commissioning / validation processes are complete, and that the Contractor has issued a verification letter to confirm that the systems have been installed and commissioned in line with specification and guidance. Evidence of commissioning and witnessing activities, including any independent 3rd party validation. Completed commissioning and validation records for all mechanical, electrical and public health (MEP) systems. Completed commissioning and validation records for all fire safety systems. Completed commissioning and validation records for all MEP plant, including plant associated with incoming utilities.

No.	Areas to probe	Evidence expected
1.3	How does the health board ensure that all relevant information from the Commissioning and Handover phases has been collated, appropriately documented and reviewed prior to Handover?	<ul style="list-style-type: none"> • Evidence of the completed, final Commissioning records which demonstrate design conditions and actual commissioned conditions. • Evidence of completed O&M information in line with the requirements of guidance, the BCRs and BSRIA BG 79. • Evidence of record drawings. • Evidence of the completed Health and Safety file. • Evidence of digital information exchange in line with Employers Information Requirements (EIRs). (Graphical and non-graphical data, e.g. Federated BIM model, COBie data, asset lists etc.). • Evidence of an updated access and maintenance strategy. • Evidence that any derogations from standards have been agreed by the health board and signed-off prior to Handover. • Evidence of processes in place to allow stakeholders to review and comment on Handover documentation prior to Handover. • Completed handover checklists. • Evidence that testing commissioning and validation processes are complete, and documentation has been received and reviewed by key stakeholders from the health board (e.g. WSG/VSG/ESG, AEs, IPC etc.) in line with their governance processes.
1.4	How does the health board ensure that the works have been completed to the required safety and quality standards?	<ul style="list-style-type: none"> • Evidence of a quality monitoring role having been undertaken with associated supporting documentation e.g. actioned observation trackers. • Evidence there is a process in place to track the close out of any observations / defects prior to handover, including review by key health board stakeholders. • Evidence of contractor/designer approvals of completed works.

No.	Areas to probe	Evidence expected
1.5	How does the health board assure itself that key stakeholders have been involved in the handover process?	<ul style="list-style-type: none"> • Evidence of a roles and responsibilities document for all individuals involved in the handover process. • Evidence of how the health board assures themselves that relevant stakeholders (e.g., IPC / AE / AP) are available for handover activities as required. • Evidence that maintenance procedures and operational processes have been completed with clinical and IPC stakeholders (to consider access requirements etc).
1.6	How does the health board ensure that there is sufficient resource allocated to manage the accommodation post-handover?	<ul style="list-style-type: none"> • Evidence that health boards (and/or their appointed FM provider) have appropriate number of competent, qualified staff appointed to carry out specific duties during operation e.g., IPC, Estates staff, APs, CPs etc. • Evidence that the health board (and/or their appointed FM provider) has a fully recorded duty holder matrix, stating the required roles and responsibilities. • Evidence there is a Handover plan in place for staff assuming responsibility for ongoing maintenance and operation of the systems.
1.7	How does the health board ensure that adequate site familiarisation training has been provided?	<ul style="list-style-type: none"> • Evidence of processes in place to deliver relevant site training / familiarisation sessions to key stakeholders (including end users, IPC, Estates, Hard FM / Soft FM). • Evidence of site visits and walk-rounds by end users.
1.8	How does the health board ensure that adequate technical training has been provided?	<ul style="list-style-type: none"> • Evidence of demonstrations/ training of system operation for those who will operate and maintain the installed systems, including routine planned preventive maintenance activities. • Evidence that dedicated training has been provided to clinical staff on the operation of technical systems (for example theatre control panels, magnehelic gauges, staff call systems, etc). • Evidence of attendance at training sessions / demonstrations. • Evidence of any training resources / materials provided. • Evidence that all required tools, spares and consumables have been received, along with an inventory. • Evidence of maintenance processes in place.

No.	Areas to probe	Evidence expected
1.9	<p>How does the health board ensure that knowledge of the project is transferred to operational teams?</p> <p>How does the health board ensure that Soft Landings processes are being implemented?</p>	<ul style="list-style-type: none"> • Evidence of a detailed Handover programme encompassing all Handover activities, as agreed with the health board. • Evidence of PPM activities undertaken in the period between commissioning and handover. • Evidence of Soft Landings review meetings. • Evidence of user guides provided for systems. • Evidence of an aftercare team in place, with delivery plan for in-use support and monitoring. • Evidence of Post Occupancy Evaluation plan. • Evidence of a process for fine tuning, measuring performance and capturing lessons learned from the building operation following Handover.
1.10	<p>How does the health board ensure that there is a process in place for managing Statutory Compliance (including use of the NHS Scotland SCART system)</p>	<ul style="list-style-type: none"> • Evidence of SCART question review. • Evidence of personnel allocated to compliance. • Evidence of policies and procedures in place for managing and operating engineering systems. • Evidence of process for storing and managing documentation and statutory maintenance records associated with the project.



IPC Built Environment

No.	Areas to probe	Evidence expected
2.1	How does the health board assure itself that IPC specialists have been fully involved in the handover process?	<ul style="list-style-type: none"> • Evidence of Executive Board reports. • Evidence of Board Minutes. • Evidence of Minutes and actions from Governance and Operational Groups relevant to the project, including IPCC. • Evidence of completed Stage 4 HAI-SCRIBE.
2.2	How does the health board assure itself that those IPC specialists involved in the Handover process are appropriately qualified and experienced?	<ul style="list-style-type: none"> • Evidence of the structure of IPCT with details of qualifications held and previous experience in commissioning new builds, refurbishments or special projects. • Evidence that this has been reviewed and recorded by the health board.
2.3	How has the health board ensured that the IPC specialists engaged in the handover process have access to all relevant Commissioning completion documentation for all water, ventilation and decontamination equipment?	<ul style="list-style-type: none"> • Evidence of a process for reporting approval and acceptance of commissioning test results. • Evidence of minutes and actions from governance and operational groups relevant to the project, including IPCC and Water / Ventilation Safety Groups.
2.4	How has the health board assured itself that staff in the facility will be able to comply with the requirements of the National Infection Prevention and Control Manual?	<ul style="list-style-type: none"> • Evidence of HAI-SCRIBE documentation. • Evidence of minutes and actions from governance and operational groups relevant to the project, including IPCC. • Evidence of a process in place for access to NIPCM across the facility/organisation.
2.5	How has the health board assured itself that proposed cleaning schedules will meet the requirements of the National Cleaning Specification?	<ul style="list-style-type: none"> • Evidence that proposed cleaning schedules have been matched against the National Cleaning Specification. • Details of facilities, clinical and IPC teams' involvement in drawing up proposed cleaning schedules.

Fire

No.	Areas to probe	Evidence expected
3.1	Have there been any changes to the fire strategy since the previous Key Stage Assurance Review?	<ul style="list-style-type: none"> Evidence of written confirmation of any changes that have been made to the fire strategy.
3.2	Has a Fire Risk Assessment been carried out in accordance with SHTM 86?	<ul style="list-style-type: none"> Evidence of Fire Risk Assessment Documentation.
3.3	Have the findings of the Fire Risk Assessment generated a significant findings report?	<ul style="list-style-type: none"> Evidence of significant findings Action Plan. Evidence of the timeline for completion of actions has been documented.
3.4	Are appropriate members of the management team including the Nominated Officer (fire) aware of their responsibility for fire safety management procedures?	<ul style="list-style-type: none"> Written documentation and verbal verification from responsible persons. Evidence of the Board Fire Safety Policy. Evidence of the Board fire safety procedures.
3.5	Has an Emergency Fire Action Plan (EFAP) been produced in accordance with SHTM 83?	<ul style="list-style-type: none"> Evidence of the Emergency Fire Action Plan (EFAP) documentation. Evidence that this is available to staff. Details of Emergency response team and their expected actions in response to fire.
3.6	Is there a fire safety induction-training programme in place in line with SHTM 83 Part 2: Fire Safety Training?	<ul style="list-style-type: none"> Evidence of the training syllabus. Evidence of all training programmes and materials. Evidence of training records.
3.7	Are commissioning documents such as completed for all passive and active fire safety measures?	<ul style="list-style-type: none"> Evidence of documentation such as OEM manuals, testing/inspection reports, as-installed information and certificates for all passive and active fire safety measures? Evidence that the documents are available to relevant staff.
3.8	Has a Fire Safety Manual been produced?	<ul style="list-style-type: none"> Evidence of Fire Safety Manual documentation. Evidence that the document is available to relevant staff.

4. Appendix

KSAR Master Glossary

Please refer to NHS Scotland Assure – Assurance Service Master Glossary document.





Design safe
Build safe
Keep safe

A knowledge and skills framework to support the learning and development needs of NHS Scotland's staff and its partners.



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Background

For anyone entering a National Health Service healthcare facility in Scotland, be they people using healthcare services, staff or visitors, volunteers, suppliers or tradespeople, a fundamental expectation is that these environments (e.g. hospitals, clinics and long-term care settings) will be clean, comfortable and safe, and as such, do not present risks to health and wellbeing.

However, we know that facilities (also referred to as the built environment) do have the potential to pose risks when people begin to interact with staff, spaces and equipment/ furnishings in the process of receiving care, providing care, visiting, or carrying out other tasks.

The type of risks posed by healthcare facilities are complex, wide-ranging and commonly linked to particular service systems, for example, water, plumbing and drainage, air ventilation, electricity, fire prevention and piped medical gases¹. If these systems have not been selected and/or installed in accordance with current guidelines (e.g. Scottish Health Technical Memorandums, Scottish Health Building Notes, etc.), as part of planning, designing and constructing buildings, and thereafter monitored and maintained, these shortcomings can lead to a highly inefficient, non-compliant and substandard level of care provision. This includes patients, staff or visitors developing life threatening Healthcare Associated Infections² and/or sustaining other injury.

Even if the systems are selected and installed following current guidance, this does not rule out any risks. Not all risks can be foreseen in highly complex and dynamic healthcare facilities. Indeed, it is the dynamic and often chaotic complexity of the systems that introduce new risks which require to be managed.

In response to high profile issues and incidents related to the built environment of new hospitals, the Scottish Government commissioned NHS National Services Scotland (NSS) to: *“create a new national body to strengthen infection prevention and control (IPC) in the design, construction and maintenance of major infrastructure developments within the NHS and play a crucial policy and guidance role regarding incidents and outbreaks across health and social care”*.

This new body – NHS Scotland Assure – within NSS has been designed to improve the management of risk in the built environment across Scotland, providing greater confidence to stakeholders. It brings together the experience and knowledge of Health Facilities Scotland (HFS) and Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland.

On a global scale, managing the potential risks posed by facilities has become an essential and continuous activity for healthcare providers³. In Scotland, the design, construction, maintenance, refurbishment (where necessary) and eventual decommissioning of NHS facilities is informed by legislation, health and safety standards, building regulations and NHS guidance/performance specifications.

Additionally, healthcare facilities should be designed to optimise well-being, safety and performance. This is supported by applying the principles of human factors / ergonomics (the scientific discipline that considers the interactions between humans and other parts of the system). Once NHS facilities become occupied, detailed policies and strategies direct the day-to-day actions necessary by staff to ensure they manage risk to be as low as reasonably practicable (ALARP).

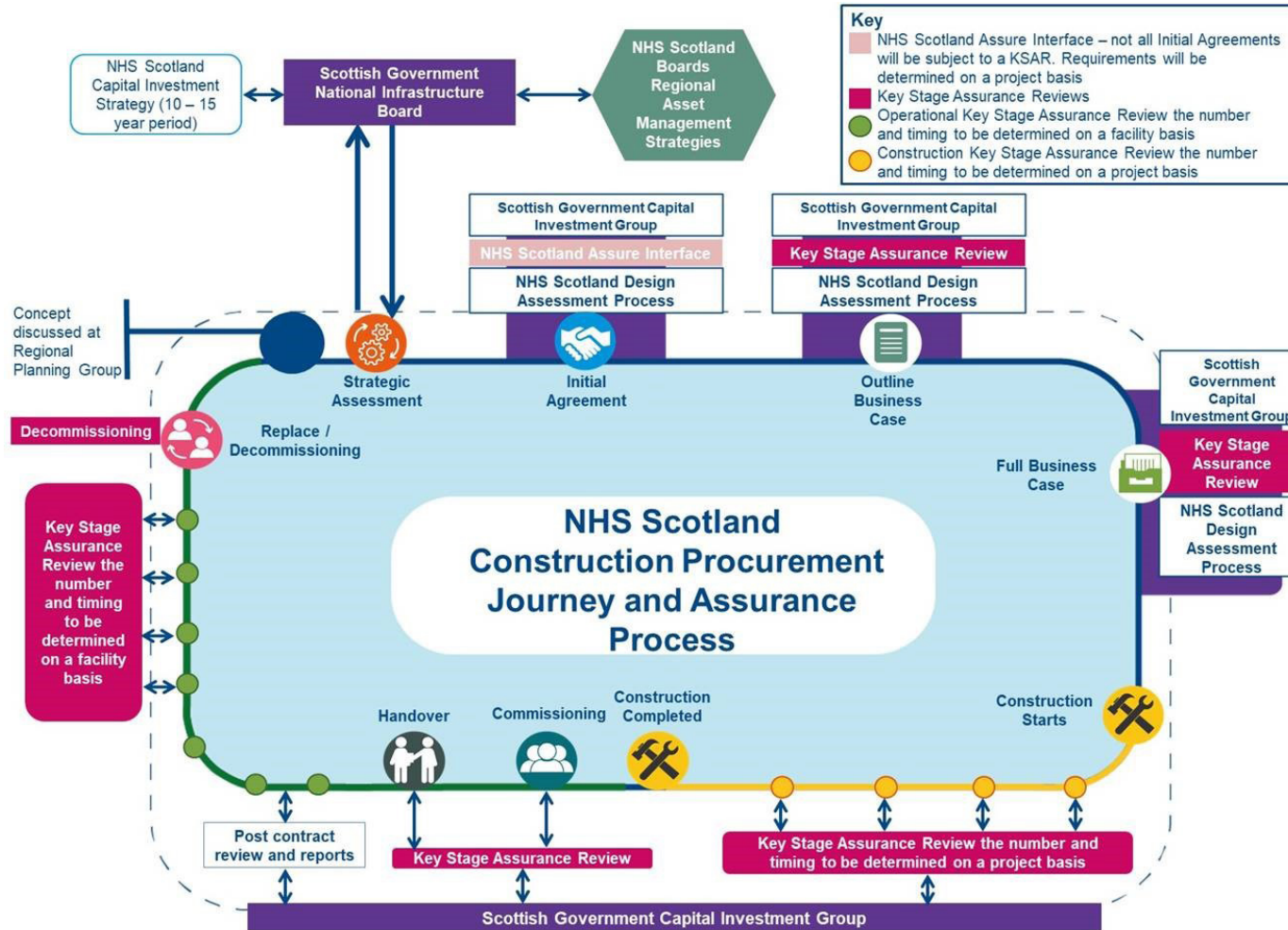
Based on job roles, responsibilities and tasks, the ability to apply forms of guidance is dependent on the relevant staff having been involved in the guidance development process and having the necessary and related knowledge and skills at all stages of the building life cycle. (Fig. 1)

¹ [Public Health Scotland Publications – Built Environment](#)

² [Healthcare Improvement Scotland – Infection prevention and control standards](#)

³ [World Health Organization – Guidelines on Core Components of Infection Prevention and Control Programmes at the National and Acute Health Care Facility Level](#)

Fig. 1



From research conducted within NHS Boards in Scotland, we know that although staff feel confident in their own abilities, including those with professional/technical/specialist roles, some feel less confident in making decisions and taking actions that contribute to preventing and controlling infection and other risks within facilities. The Scottish Government, in directing and supporting the work of NHS National Services Scotland, have, as part of wider work, committed to developing the knowledge and skills capabilities of NHS staff. A co-ordinated approach to the development of an interdisciplinary, integrated and confident

workforce with the right knowledge and skills to make the right decisions is pivotal to the continuous improvement of risk management in new builds and refurbishment projects across NHS Scotland. This includes construction and supply chain partners.

As a key part of workforce education and development NHS Education for Scotland has developed this Knowledge and Skills Framework in conjunction with key stakeholders to support Scottish Government priorities in the provision of safe healthcare facilities. Importantly, this Framework also has the potential for wider

utilisation by organisations that work in partnership with the NHS, for example, building contractors and suppliers, to support collaborative working practice.

For the purpose of this Framework, reference to risk(s) means those known risks commonly associated with service systems, that is the provision of water and drainage, air ventilation, electricity, fire prevention and medical gases. Other key terms used within this Framework are contained within the glossary (Appendix 1).

Preventing and reducing infection and other risks in the healthcare built environment

'Quality of services is related to the quality of our workforce'

— p12*

'Considerable work has been done through the Scottish Patient Safety and Healthcare Acquired Infection Programmes to ensure that our hospitals are amongst the world leaders in improving safety for patients and protecting them from harm'

— p62*

'Delivery of care through reliable, safe services has been shown to promote both quality, and cost-effectiveness.'

— p63*

'Healthcare commissioners should expect that the facilities to which they refer patients should provide a safe, caring environment which aids a patient's recovery and does not expose them to undue risk.'

— p9**

* [The Scottish Government. \(2016\) A National Clinical Strategy for Scotland](#)

** [Scottish Health Technical Memorandum 00: Best practice guidance for healthcare engineering, 2013](#)

Purpose of the Knowledge and Skills Framework

The overarching aim of this Knowledge and Skills Framework is to support the educational development of NHS staff and external partners in acquiring the knowledge and skills to prevent and control the potential risks of harm posed by healthcare facilities.

More specifically, to provide an educational Framework that:

- + Supports staff, and external NHS partners, develop knowledge and skills to make risk-aware decisions
- + Encourages the sharing of knowledge on the assessment and management of risk
- + Encourages positive approaches to managing risk
- + Supports the development of communicative, collaborative safety driven culture

The importance of a safety culture in reducing risk and patient harm is frequently highlighted and “*The safety culture of an organisation is the product of individual and group values, attitudes, perceptions, competencies, and patterns of behaviour that determine the commitment to, and the style and proficiency of, an organisation’s health and safety management. Organisations with a positive safety culture are characterised by communications founded on mutual trust, by shared perceptions of the importance of safety and by confidence in the efficacy of preventive measures*” (ACSNI, 1993).

How the Knowledge and Skills Framework was developed

This framework was developed by NHS Education for Scotland and NHS Scotland Assure.

A range of activities were deployed to develop the framework, and these included:

- + Evidence gathered from a literature review
- + Scoping of educational provision/ gap analysis specific to the healthcare facilities
- + Consultation with subject experts, as part of a Stakeholder Reference Group
- + Direct engagement with facilities departments/working groups (i.e. Water Safety, Fire, Human Factors/ Ergonomics)
- + Consultation with external building contractors with experience of tendering, commissioning and compliance requirements
- + Reference to Key Stage Assurance Reviews and available “lessons learned” documentation.

The draft framework was subject to continuous review by the stakeholder reference group, with feedback informing the development of the content.

During a wider 3-month consultation phase from December 2021 to February 2022 colleagues from many related disciplines across NHS Scotland and external contractors were invited to comment on the draft framework.

The final document is expected to be evolving, especially since it was developed during the Covid-19 pandemic when many staff were perhaps unable to provide feedback due to additional work pressures. A follow-up review of the framework is planned after an initial period of rollout and use.

Target audience

This Knowledge and Skills Framework is intended to support quality improvement within the NHS nationally and locally and therefore the target audience is extensive and diverse.

At a fundamental level, the Framework provides guidance on the knowledge and skills expectations for all NHS staff in order to contribute to the prevention and reduction of potential risks posed by healthcare facilities. The framework was also developed to capture the knowledge and skills expectations of specific groups of staff working within 'job families', who have increasing and defined responsibilities in the prevention and reduction of risks.

NHS job families, as they relate to Administrative and Support Services – Estates and Facilities, Allied Health Professions, Nursing and Midwifery, and Medical and Dental, provide the basis for considering staff groupings which contribute to establishing the target audience. External organisations of relevance, such as building contractors, subcontractors and suppliers, represent the wider target audience.

The following provides an indication of the scope of the intended target audience, with some examples drawn from job families:

- + Front line staff with direct patient contact e.g., doctors, nurses, physiotherapists, occupational therapists, technicians and support services staff
- + Staff with no contact with patients, but work within healthcare facilities, e.g. administrative
- + Staff working within specialist areas/ departments/groups with direct responsibilities for managing risks as part of their job role; in facilities e.g., estates and facilities technical /professional specialists, domestic supervisors and facilities supervisors

-
- + Specialist staff with strategic oversight for managing risks as part of their job role e.g., estates managers, competent person, authorising persons/engineers, fire safety specialists, health and safety specialists, infection prevention and control specialists/teams, eHealth teams
 - + Staff responsible for the development, procurement and implementation of building and refurbishment projects (capital planning)
 - + Staff responsible for providing the built environments and design services, including external organisations, e.g. design consultants, building contractors and suppliers of materials, services and utilities, statutory authorities
 - + Professional learners (e.g. Medical, Medical Physics, Dental, Nursing, Allied Health Professions)
 - + Staff within senior management roles, e.g. directors of service, chief executives

Structure and Content of the Framework

This Knowledge and Skills Framework is intended to support quality improvement within the NHS nationally and locally and therefore the target audience is extensive and diverse.

The Framework is structured around 4 tiered 'levels', which are **Informed, Skilled, Enhanced** and **Expert** and these levels indicate what staff '**need to know**' (knowledge) and '**what they need to do**' (skills) to inform their decisions and actions. Key topic areas, expressed as 'domains', detail the knowledge and skills expectations for each level. As roles and responsibilities vary across differing NHS locations, these levels have not been aligned with a specific job role. For each member of staff, the appropriate 'level' will be determined by their current job role and responsibilities. The level of knowledge and skills required relates to the level of seniority and/or responsibility in line with the four levels and in relation to either the construction or maintenance of healthcare buildings.

The **Informed, Skilled, Enhanced** and **Expert** levels are incremental, so working within a higher level indicates that a member of staff would possess the knowledge and skills described at all the preceding levels.

This allows the Framework to be used flexibly in developing knowledge and skills at different levels. As this is an educational framework, and not a competency-based framework, words such as 'effectively' and 'efficiently', that might indicate how well a staff member's knowledge and skills are demonstrated/performed, do not feature. The framework is not a tool that can be used to assess competency.

A broad description of the **Informed, Skilled, Enhanced** and **Expert** levels is outlined on the right. This commentary details the increasing expectations about staff involvement in preventing and controlling potential risks. All levels include individuals from within the NHS and from external organisations who work within NHS settings as part of contract arrangements.

1

Level 1 — Informed: describes the essential knowledge and skills needed by all staff, to contribute to preventing and controlling risks posed by the healthcare facilities and to contribute to maintaining a safe environment.

2

Level 2 — Skilled: describes the more in-depth knowledge and skills required of 'front line' staff who have direct and/or significant role(s) in preventing and controlling risks. This may include those members of staff who provide direct healthcare for individuals who may be considered high-risk.

3

Level 3 — Enhanced: reflects the extensive knowledge and skills required of specialist staff with increasingly complex and explicit roles (professional/technical) which directly and substantially contribute to strategies/interventions that prevent and control the emergence of risks posed.

4

Level 4 — Expert: describes the advanced knowledge, skills and expertise required of staff, who have a specialist/defined role in developing, overseeing and directing governance measures involved in preventing and controlling risks.

Using the Knowledge and Skills Framework

The framework has been created to be sufficiently flexible to support and direct learning and development across a very wide range of settings and to suit local contexts and circumstances at an individual, team/ service and organisational level, for example:

- + By **individuals**: to develop knowledge and support skills development in the prevention and control of risks in accordance with role specifications, NHS Knowledge and Skills Framework (where applicable) and/or professional frameworks/standards; to support personal and professional development planning in identifying the knowledge and skills which may be required for career advancement or to progress into a specialist role.
- + By individuals, **teams, line managers/ supervisors**: to explore current knowledge and skills; identify gaps and progress actions to address development needs based on the expectations set out in this framework; for example, accessing non-formal/formal learning opportunities and the development of bespoke training.
- + By **organisation(s)**: to provide the basis for commissioning bespoke training based on educational needs of groups/teams or specialists within the workforce; as a resource to inform job specifications; to support recruitment and retention.
- + By **education/ training providers and external partner organisations**: as a resource to enhance the content of existing training programmes; contribute to curriculum development in designing of vocational programmes (e.g. within construction industry), professional undergraduate and postgraduate education.

Links to other Frameworks and Guidance

This framework links to, and has been informed by, several other frameworks detailed below. It is not intended to replace any general or specialist educational frameworks already in existence, but to supplement and enhance them.

NHS KSF 1

The NHS Knowledge and Skills Framework (KSF) (Department of Health, 2004), applies to NHS staff who are employed under Agenda for Change pay and conditions, so is not applicable to Doctors and Dentists. The KSF is a broad framework, containing core and specific dimensions, which explains the knowledge and skills which NHS staff need to demonstrate in providing high quality healthcare services.

Public Health Knowledge and Skills Framework

The Public Health Skills and Knowledge Framework (Public Health England 2016) applies UK wide and represents a generic framework for detailing functions and activities for the public health workforce.

Mental Health Improvement & Suicide Prevention Framework 3

The Mental Health Improvement & Suicide Prevention Framework (NHS Education for Scotland, 2019) adopts a public health approach to mental health improvement

and suicide prevention that develops workforce capacity to improve mental health, respond to self-harm and prevent suicide across the lifespan.

Palliative and End of Life Care 4

This framework supports the learning and development needs of the health and social service workforce in Scotland and describes the key domains that are integral to palliative and end of life care in all health and social care settings, and outlines the associated knowledge and skills required (NHS Education for Scotland, Scottish Social Services Council).

Nursing, midwifery and allied health professionals (NMAHP) development framework 5

The NES NMAHP development framework is an overarching resource comprising of two linked components: The Healthcare Support Workers Learning Framework and The NMAHP Post-registration Development Framework.

Framework Domains

The principles underpinning this framework reflect contemporary public health priorities in preventing and controlling risks in healthcare facilities.

Knowledge and skills outlined in this Framework as they relate to **Informed**, **Skilled**, **Enhanced** and **Expert** levels are organised under the following inter-related domains:



Develop a safety driven culture



Foster awareness and management of risk



Support learning and knowledge sharing



Improve governance and accountability



Manage data for continuous improvement

Develop a safety driven culture

This domain outlines the fundamental principles of leadership, safety culture and human factors. It also covers the important underlying healthcare built environment policies and guidance as well as quality and compliance.

Foster awareness and management of risk

Risk awareness and risk management is a key part of this framework which supports many of the other domains. It highlights that in the healthcare environment vulnerable patients require awareness of specific risks not as present in other environments. Specific topics like decontamination and incident/outbreak management are also included to emphasise the importance of these areas in the healthcare environment

Support learning and knowledge sharing

Critical for safety in the healthcare built environment is learning from experience and sharing lessons learned. This domain includes all aspects of learning, including networking and quality improvement. Training and education, supporting staff to gain the right knowledge and skills for their roles and are competent and confident in their workplace, is a fundamental part of this framework.

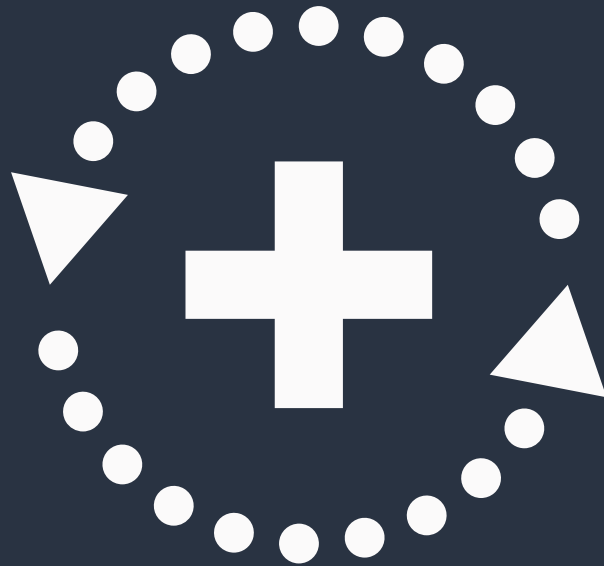
Improve governance and accountability

Governance and accountability involve technical knowledge and skills, e.g. in procurement processes and contract management, but also many interpersonal skills like influencing, negotiating, managing and resolving conflict. Personal conduct, accountability and responsibility is essential for communicating and working well with others. Another important part of this domain is effective communication to promote public confidence in systems & processes.

Manage data for continuous improvement

This domain recognises that data underpin and are a critical part in managing risk and providing safer healthcare environments. It includes data collection and management and using and managing equipment incident management systems/safe systems.

Develop a safety driven culture





Topic	Knowledge	Skills
Leadership/culture	<ul style="list-style-type: none">+ Their own role in relation to a safety driven culture	<ul style="list-style-type: none">+ Demonstrate shared organisational values, beliefs and behaviours in their everyday work
Open & honest culture	<ul style="list-style-type: none">+ Organisational and individual responsibilities in safeguarding interests of patients, staff, others	<ul style="list-style-type: none">+ Demonstrate an awareness and understanding of the need for honesty and transparency through own communication
Raising concerns	<ul style="list-style-type: none">+ Who to contact to escalate concerns, the appropriate channel(s) of communication; the consequences of not taking immediate action	<ul style="list-style-type: none">+ Recognise and communicate actual/potential safety concerns to designated persons in a clear and timely manner



Topic	Knowledge	Skills
Human factors	+ The meaning and principles of the term “Human Factors / Ergonomics”	+ Understand and recognise own role and responsibilities in relation to safety in the healthcare built environment
Quality and legal compliance	+ Quality, regulatory and legal standards and policies relevant to own role	+ Adhere to relevant quality, legal and regulatory standards
Healthcare built environment engineering policy and guidance	+ N/A	+ N/A



Topic	Knowledge	Skills
Leadership/culture	<ul style="list-style-type: none">+ The characteristics of a safety driven culture and how it contributes to a safer healthcare environment	<ul style="list-style-type: none">+ Role model organisational values and support others to develop a shared understanding
Open & honest culture	<ul style="list-style-type: none">+ Challenges & risks to safeguarding e.g. adverse events & how these should be addressed;+ Attributes that influence an open & transparent culture e.g. openness, honesty, non-judgmental, trust;+ Relevant organisational policies, legal & ethical frameworks, e.g. Duty of Candour/ Care	<ul style="list-style-type: none">+ Demonstrate how open, honest & transparent communications are valued through role modelling
Raising concerns	<ul style="list-style-type: none">+ Organisational and professional polices and processes relating to Duty of Care & Candour in raising and escalating safety concerns;+ Specific contract mechanisms to raise concerns, e.g. New Engineering Contract (NEC) Early Warnings	<ul style="list-style-type: none">+ Investigate, escalate and take immediate action in response to any safety concerns using established communication structures and record keeping processes;+ Align processes with specific organisational and project contractual governance structures and requirements



Topic	Knowledge	Skills
Human factors	<ul style="list-style-type: none">+ The importance of the Human Factors/Ergonomics systems approach in understanding the inter-relationships between people (staff, patients, visitors) and the wider care system, including the built environment, and how it impacts on safety and wellbeing	<ul style="list-style-type: none">+ Apply Human Factors/Ergonomics approaches to improving safety in the healthcare built environment, e.g. when using dynamic risk assessments or when investigating incidents, etc.
Quality and legal compliance	<ul style="list-style-type: none">+ Legislation, regulatory standards, best practice guidance and policies and their role in safe systems performance, from design specification, installation to commissioning;+ NDAP and NHS Scotland Assure Key Stage Authorisation Reviews;+ Design and construction stages within the current Scottish Capital Investment Manual (SCIM), and the governance and gateways applied to each NHS Healthcare project	<ul style="list-style-type: none">+ Work with others to monitor & ensure quality, legal and regulatory compliance with building legislation, standards & guidance within a defined budget;+ Link derogations and HAI-SCRIBE review processes throughout the design process and at each main project development stage
Healthcare built environment engineering policy and guidance	<ul style="list-style-type: none">+ The role of engineering services – design, specification, installation, commissioning and operation	<ul style="list-style-type: none">+ Identify the factors that contribute to an adequate engineering service from design, specification, installation, commissioning to operation



Topic	Knowledge	Skills
Leadership/culture	<ul style="list-style-type: none">+ Approaches and methods to facilitate and influence a culture of safety and how to implement and embed these in their local area	<ul style="list-style-type: none">+ Lead and work with others to implement, monitor & report on strategies & approaches that facilitate a safety driven culture
Open & honest culture	<ul style="list-style-type: none">+ Communication and engagement strategies to support the implementation and maintenance of a culture of openness and honesty	<ul style="list-style-type: none">+ Support others to recognise, reflect on & evaluate their behaviours in relation to honesty and transparency
Raising concerns	<ul style="list-style-type: none">+ Organisational processes for communicating and addressing concerns raised;+ The importance of record keeping	<ul style="list-style-type: none">+ Proactively engage with others to investigate and manage any safety concerns raised and keep accurate records

Topic	Knowledge	Skills
Human factors	<ul style="list-style-type: none"> + The importance of interpersonal interactions & design principles based on Human Factors / Ergonomics that contribute to the design of safer healthcare facilities 	<ul style="list-style-type: none"> + Collaborate with others to introduce and implement interventions for improving safety including learning from adverse incidents and near misses; + Use Human Factors / Ergonomics principles, e.g. the systems approach to incident investigation
Quality and legal compliance	<ul style="list-style-type: none"> + Project management and record keeping / best practice to evidence compliance with required industry standards and guidance; + The levels of governance required to ensure derogations are communicated in detail, agreed, and recorded in the appropriate evidence register and Outline Business Case (OBC) and Final Business Case (FBC) reports 	<ul style="list-style-type: none"> + Project manage the build within a defined budget to comply with quality, legal and regulatory standards; + Assess and manage the impact of derogations on infection and other risks; + Emphasise the risk associated with deviating from the relevant healthcare design guidance
Healthcare built environment engineering policy and guidance	<ul style="list-style-type: none"> + Technical and management issues relating to one or more healthcare engineering topics (enhanced knowledge) + International, European and British standards and best practice guidance such as engineering SHTMs 	<ul style="list-style-type: none"> + Work to international, European and British standards and best practice guidance within legislative frameworks; + Incorporate best practices / lesson learnt at briefing / design stage



Topic	Knowledge	Skills
Leadership/culture	<ul style="list-style-type: none">+ Full range of approaches to creating and maintaining a safety culture within and between organisations & staff groups	<ul style="list-style-type: none">+ Provide strategic leadership in the planning, implementing, continual monitoring & reporting of organisational processes to ensure a safety driven culture
Open & honest culture	<ul style="list-style-type: none">+ Strategies for the development, implementation and use of organisational, legal and ethical frameworks to promote a culture of openness and honesty, e.g. Duty of Candour / Duty of Care	<ul style="list-style-type: none">+ Lead a culture of openness & transparency through role modelling;+ Promote a culture of open communication to strengthen relationships and build trust within the organisation & working with partners
Raising concerns	<ul style="list-style-type: none">+ How to create and implement a supportive and transparent organisational infrastructure and processes for safety concerns to be raised and managed	<ul style="list-style-type: none">+ Lead in incident reporting and investigation and development of policies and processes which enable safety concerns to be raised and protect individuals from unjustified criticism

Topic	Knowledge	Skills
Human factors	<ul style="list-style-type: none"> + Evidence-based guidelines and principles, international standards (e.g. ISO) and codes of practice, etc. to design ways for improving safety and efficiency of tasks 	<ul style="list-style-type: none"> + Foster a culture where hospitals are designed with the goal of improving safety through facilities design
Quality and legal compliance	<ul style="list-style-type: none"> + Principles, systems and policies to promote best practice and compliance with required industry standards and guidance 	<ul style="list-style-type: none"> + Strategic management, control of budget and compliance with construction industry standards, national regulations, guidance and policy
Healthcare built environment engineering policy and guidance	<ul style="list-style-type: none"> + Expert technical knowledge of processes for the development and implementation of standards and best practice guidance 	<ul style="list-style-type: none"> + Analyse relevant current guidance and assess areas for improvement; + Contribute to the development of national best practice guidance; + Anticipate & respond to emerging international, European and British standards and best practice guidance; Develop engineering strategy & planning

Foster Awareness and Management of Risk





Topic	Knowledge	Skills
Risk awareness/risk management	<ul style="list-style-type: none">+ Organisational and individual responsibilities in safeguarding the interests of patients, staff, others;+ Definitions of hazard and risk;+ Safety risks in the healthcare built environment and their impact on patients, staff and others	<ul style="list-style-type: none">+ Recognise and communicate basic safety risks in the healthcare built environment relating to your workplace and role
Decision making	<ul style="list-style-type: none">+ Own level of knowledge and responsibility in relation to safety risks and when to seek advice;+ When to refer decisions to someone else	<ul style="list-style-type: none">+ Contribute to risk prevention and control by making informed risk-aware decisions
The vulnerable patient (infection and other risks)	<ul style="list-style-type: none">+ Specific risks associated with vulnerable patients in the healthcare built environment;+ Local and national guidance to minimise infection and other risks to vulnerable patients associated with the built environment that can arise from, for example, demolition, construction and refurbishment activities	<ul style="list-style-type: none">+ Contribute to risk prevention & control by following local/national IPC/Health & Safety policy & guidelines specific to minimise infection and other risks to the vulnerable patient from the healthcare built environment, for example from water, drainage and ventilation



Topic	Knowledge	Skills
Decontamination	<ul style="list-style-type: none">+ Local and national IPC and Health & Safety environmental decontamination policies/ guidelines within the workplace, e.g. national cleaning specifications	<ul style="list-style-type: none">+ Contribute to risk prevention & control by following local/national IPC/Health & Safety environmental decontamination policy & guidelines
Incident / outbreak management	<ul style="list-style-type: none">+ Definitions of incidents and outbreaks & essential prevention policies and procedures, e.g. NIPCM Chapter 3 – Healthcare Infection Incidents, Outbreaks and Data Exceedance	<ul style="list-style-type: none">+ Adhere to national Incident/outbreak management policy & guidance, e.g. NIPCM Chapter 3 – Healthcare Infection Incidents, Outbreaks and Data Exceedance



Topic	Knowledge	Skills
Risk awareness/risk management	<ul style="list-style-type: none">+ The importance of risk assessment in the healthcare built environment and risk management processes including escalation of concerns;+ Use of specialist risk management tools and processes for the healthcare built environment, e.g. HAI-SCRIBE+ Risk management principles such as ALARP (As Low As Reasonably Possible)	<ul style="list-style-type: none">+ Identify areas of risk in the healthcare built environment and contribute to risk assessment, documentation and analysis in your area of work
Decision making	<ul style="list-style-type: none">+ How to access relevant risk prevention and control guidance/ policies/standards to inform decision-making	<ul style="list-style-type: none">+ Make justified decisions in addressing risk prevention and control
The vulnerable patient (infection and other risks)	<ul style="list-style-type: none">+ Specific risks associated with vulnerable patients in the healthcare built environment;+ Local and national guidance to minimise infection and other risks to vulnerable patients associated with the built environment that can arise from, for example, demolition, construction and refurbishment activities	<ul style="list-style-type: none">+ Work with others to ensure compliance with local / national IPC / Health & Safety policy and guidelines specific to minimise infection and other risks to the vulnerable patient from the healthcare built environment, for example from water, drainage and ventilation



Topic	Knowledge	Skills
Decontamination	<ul style="list-style-type: none">+ Audit requirements and risk assessment methods to support environmental decontamination	<ul style="list-style-type: none">+ Work with others to ensure compliance with local / national IPC / Health & Safety environmental decontamination policy and guidelines;+ Quality assure and audit services and interventions
Incident / outbreak management	<ul style="list-style-type: none">+ How to access and complete tools for the reporting of incidents and outbreaks, e.g. NIPCM Chapter 3 – Healthcare Infection Incidents, Outbreaks and Data Exceedance	<ul style="list-style-type: none">+ Complete appropriate tools for communicating & reporting incidents / outbreaks & cases of contamination as per national guidance;+ Implement measures to contain an incident / outbreak, e.g. as per NIPCM Chapter 3 – Healthcare Infection Incidents, Outbreaks and Data Exceedance



Topic	Knowledge	Skills
Risk awareness/risk management	<ul style="list-style-type: none">+ Use of risk management tools and processes, such as project and strategic risk registers, risk workflow design and risk profiling tools;+ Implementation of specialist risk management tools and processes for the healthcare built environment, e.g. HAI-SCRIBE	<ul style="list-style-type: none">+ Use relevant risk management tools for holistic system risk assessments during the building design, construction, occupation & maintenance phases & create opportunities for identifying new risks;+ Ensure specific risks are constantly being assessed and mitigated by setting appropriate review times and involving all relevant stakeholders throughout the project
Decision making	<ul style="list-style-type: none">+ The governance structures of the NHS and their external partners to ensure clarity in communication and decision making	<ul style="list-style-type: none">+ Demonstrate collaborative and reasoned decision-making; this includes actively consulting with systems experts, internal and/or external to support interpretation of guidance;+ Identify appropriate NHS individuals with various levels of authority for strategic decision making;+ Support decisions through an immediate verification process



Topic	Knowledge	Skills
The vulnerable patient (infection and other risks)	<ul style="list-style-type: none">+ Use of required audit tools to monitor, evidence & report compliance with local IPC and Health & Safety policies/ guidelines specific to risks caused by, for example, demolition, construction and refurbishment activities	<ul style="list-style-type: none">+ Lead the implementation of processes and audits based on current evidence / best practice guidance to minimise infection and other risks to the vulnerable patient from the healthcare built environment, for example from water, drainage and ventilation
Decontamination	<ul style="list-style-type: none">+ Required audit tools to monitor, evidence & report compliance with local IPC and Health & Safety policies / guidelines specific to the healthcare built environment	<ul style="list-style-type: none">+ Lead the implementation of environmental decontamination processes and audits based on current evidence/best practice guidance
Incident / outbreak management	<ul style="list-style-type: none">+ How to implement current incident and outbreak management policies and guidance, e.g. NIPCM Chapter 3 – Healthcare Infection Incidents, Outbreaks and Data Exceedance	<ul style="list-style-type: none">+ Assess and manage incidents, outbreaks, and cases of contamination in collaboration with partners, e.g. contractors, local authorities, etc. as per NIPCM Chapter 3 – Healthcare Infection Incidents, Outbreaks and Data Exceedance

Topic	Knowledge	Skills
Risk awareness/risk management	<ul style="list-style-type: none"> + Development of specialist risk management tools and processes for the healthcare built environment, e.g. HAI-SCRIBE 	<ul style="list-style-type: none"> + Raise awareness of risks in the healthcare built environment at all levels of the organisation; + Contribute to the management of change to reduce risk and potential adverse consequences in collaboration with others
Decision making	<ul style="list-style-type: none"> + High-level decision-making processes including critical thinking and questioning, synthesis of data and problem solving, combined with evidence-based/best practice guidelines to prevent and control risk 	<ul style="list-style-type: none"> + Use current evidence/best practice guidance, skills of critical analysis and evaluation to inform justifiable, transparent and timely decisions; + Document decisions which deviate from guidance, e.g. due to lack of bespoke/available guidance
The vulnerable patient (infection and other risks)	<ul style="list-style-type: none"> + Evaluation processes and interpretation of data relating to local and national IPC and Health & Safety policies / guidelines specific to risks caused by, for example, demolition, construction and refurbishment activities 	<ul style="list-style-type: none"> + Evaluate, monitor and review the effectiveness of policy and guidance based on current evidence and best practice guidance to minimise infection and other risks to the vulnerable patient from the healthcare built environment, for example from water, drainage and ventilation

Topic	Knowledge	Skills
Decontamination	<ul style="list-style-type: none"> + Evaluation processes and interpretation of data relating to local and national IPC and Health & Safety policies / guidelines specific to the healthcare built environment 	<ul style="list-style-type: none"> + Evaluate, monitor and review the effectiveness of decontamination processes for the healthcare built environment
Incident / outbreak management	<ul style="list-style-type: none"> + Executive level roles / responsibilities for organisational incident and outbreak management, data exceedance; + Healthcare Environment Inspectorate (HEI) report requiring additional support measures, e.g. as per NIPCM Chapter 3 – Healthcare Infection Incidents, Outbreaks and Data Exceedance 	<ul style="list-style-type: none"> + Lead on the management of incidents, outbreaks & cases of contamination based on current policies and guidance; + Inform and collaborate with relevant organisations/ agencies

Support learning and knowledge sharing





Topic	Knowledge	Skills
Training & education	<ul style="list-style-type: none">+ Reflective processes & personal/professional development tools; Importance of lifelong learning & quality improvement	<ul style="list-style-type: none">+ Identify personal learning and development needs & actively seek learning opportunities
Competency	<ul style="list-style-type: none">+ The concept of competency & their own skills and abilities	<ul style="list-style-type: none">+ Work within the scope of own competence and actively seek learning opportunities
Sharing learning from experience/lessons learned	<ul style="list-style-type: none">+ How shared learning enhances knowledge development	<ul style="list-style-type: none">+ Use learning opportunities to listen to the perspectives & experiences of others to develop own knowledge & understanding
Networking including QI	<ul style="list-style-type: none">+ Know how networking can support personal & professional opportunities	<ul style="list-style-type: none">+ Use networking to build professional relationships



Topic	Knowledge	Skills
Training & education	<ul style="list-style-type: none">+ How to best support others to identify and access personal and professional development opportunities to facilitate quality improvement	<ul style="list-style-type: none">+ Assess training & personal development needs of others & encourage them in their personal development
Competency	<ul style="list-style-type: none">+ Methods of developing skills and competency & assessing relevant development opportunities	<ul style="list-style-type: none">+ Supervise others in developing their competence and professional development using recognised frameworks and tools
Sharing learning from experience/lessons learned	<ul style="list-style-type: none">+ The importance & principles of learning from experience. How to actively involve others	<ul style="list-style-type: none">+ Actively seek opportunities to learn from shared experiences & encourage others to contribute
Networking including QI	<ul style="list-style-type: none">+ Networking practices which provide guidance and support, e.g. mentoring networks	<ul style="list-style-type: none">+ Build relationships through networking to improve own and others job performance

Topic	Knowledge	Skills
Training & education	<ul style="list-style-type: none"> + How to source relevant learning/training opportunities which advance specific technical / professional skills to facilitate quality improvement and support others to access 	<ul style="list-style-type: none"> + Create, design, deliver and evaluate non-formal bespoke learning opportunities and resources to facilitate quality improvement
Competency	<ul style="list-style-type: none"> + The specialist areas & factors that contribute to a safe built environment & the development of a culture of learning 	<ul style="list-style-type: none"> + Manage and implement the provision of systems and processes which promote assessment / accreditation of workforce, including how evidenced by partner organisations
Sharing learning from experience/lessons learned	<ul style="list-style-type: none"> + Both formal & informal approaches that support learning from experience (including adverse events/near misses) and a culture of continual workplace learning; + The importance of shared learning between various Health Boards on a national scale as well as including a range of external partners working with the NHS 	<ul style="list-style-type: none"> + Create opportunities to discuss adverse events and near misses; + Ask for continuous feedback / best practice / lessons learned, support others and offer advice in shared learning situations + Engage with colleagues on a local, regional and national level to enable knowledge transfer and involves external organisations as appropriate
Networking including QI	<ul style="list-style-type: none"> + The goals of networking in cultivating working relationships, communicating and influencing behaviours, internally and externally 	<ul style="list-style-type: none"> + Use networking to establish collaboration, cooperation and partnership working

Topic	Knowledge	Skills
Training & education	<ul style="list-style-type: none"> + How to commission bespoke training/ education opportunities; + Training and educational principles and development of specific programmes / pathways of learning 	<ul style="list-style-type: none"> + Lead workforce development training / provide educational opportunities to meet the quality improvement needs of a diverse workforce
Competency	<ul style="list-style-type: none"> + Systems and strategies which support the development of a competent workforce and how they are evaluated 	<ul style="list-style-type: none"> + Provide leadership and resources to create and maintain a culture of learning
Sharing learning from experience/lessons learned	<ul style="list-style-type: none"> + Principles of organisational learning; + The factors that contribute to an organisational culture of learning; + Strategies and tools that can be used to encourage knowledge sharing on a local, organisational and national level 	<ul style="list-style-type: none"> + Create a culture that encourages and motivates learning from experience through words and actions + Enable regular discussion and ensure a common understanding and interpretation of guidance and best practice by all parties involved
Networking including QI	<ul style="list-style-type: none"> + The organisational and professional value of networking in building relationships and a collaborative culture 	<ul style="list-style-type: none"> + Establish strategic networks to contribute to the functionality of the organisation, including strengthening external partnerships

Improve governance and accountability





Topic	Knowledge	Skills
Accountability	+ Concept of personal accountability and responsibility and own role in organisational governance (acts and omissions)	+ Demonstrate personal accountability in own role at all times
Procurement and contracts	+ N/A	+ N/A
Promoting public confidence in systems & processes	+ The importance of effective communication in preventing misinformation and by default, risk of harm	+ Use systems and processes to create clear and explicit communications
Multi-disciplinary teams / team working	+ The importance of shared understanding of goals in promoting safety	+ Recognise their contribution to team working; + Develop good listening skills; + Respond to others in a positive manner; + Contribute confidently and actively to work collaborations



Topic	Knowledge	Skills
Multi-disciplinary team working (courageous conversations)	<ul style="list-style-type: none">+ The importance of sharing information using constructive communication to support learning from workplace challenges	<ul style="list-style-type: none">+ Participate in professional and respectful information sharing communications / activities
Influencing & negotiating	<ul style="list-style-type: none">+ The importance of receiving and communicating safety messages effectively in the healthcare built environment setting	<ul style="list-style-type: none">+ Demonstrate good working relationships through own interactions with work colleagues
Managing & resolving conflict	<ul style="list-style-type: none">+ The different ways we interact with people (interpersonal styles and behaviours)	<ul style="list-style-type: none">+ Ability to work well and respectfully with others



Topic	Knowledge	Skills
Accountability	<ul style="list-style-type: none">+ The importance of both organisational (collective) and personal responsibility and accountability. Governance policies/current statutory legislation (and any specific essential legislation)	<ul style="list-style-type: none">+ Supervise & support others in adhering to governance processes
Procurement and contracts	<ul style="list-style-type: none">+ Processes for checking and approving goods and services delivered, including requirements for documentation;+ When to defer any checks up to colleagues with appropriate levels of understanding	<ul style="list-style-type: none">+ Use appropriate tools for checking and documenting goods and services delivered
Promoting public confidence in systems & processes	<ul style="list-style-type: none">+ Principles of communicating clear, unambiguous messages	<ul style="list-style-type: none">+ Promote trust by using systems and processes which communicate how professional / organisation standards are met and upheld
Multi-disciplinary teams / team working	<ul style="list-style-type: none">+ The principles of team working, communication, regular integration & interaction;+ How to use non-judgemental approaches in leading a team.	<ul style="list-style-type: none">+ Work well and respectfully with others;+ Lead a small team and demonstrate respect for team members roles and responsibilities



Topic	Knowledge	Skills
Multi-disciplinary team working (courageous conversations)	<ul style="list-style-type: none">+ How to use information and knowledge sharing approaches & activities to address challenges in the workplace	<ul style="list-style-type: none">+ Participate in information sharing related to real-world challenges supporting problem solving & learning from experience
Influencing & negotiating	<ul style="list-style-type: none">+ Factors that influence the effectiveness of communication messages and how they impact on others	<ul style="list-style-type: none">+ Role model personal and professional interactions that inform, motivate & influence the behaviour of others
Managing & resolving conflict	<ul style="list-style-type: none">+ How to constructively raise / discuss any issues in the planning, design and build of healthcare facilities in ways that foster positive outcomes for safe healthcare facilities	<ul style="list-style-type: none">+ Act as a positive role model in raising / discussing any issues, e.g. with the design, quality of materials, services or processes, etc.



Topic	Knowledge	Skills
Accountability	<ul style="list-style-type: none">+ The range of organisational governance approaches, strategies and policies and current statutory legislation related to the healthcare built environment;+ The NHS Scotland Assure assurance process and how to align project governance with its guidelines to ensure compliance	<ul style="list-style-type: none">+ Implement and monitor organisational governance processes in collaboration with others
Procurement and contracts	<ul style="list-style-type: none">+ The importance of clearly specifying goods and services in tenders and contracts, with a focus on safety in the built environment	<ul style="list-style-type: none">+ Specify and agree requirements, standards and performance indicators to ensure quality and safety of goods and services delivered
Promoting public confidence in systems & processes	<ul style="list-style-type: none">+ The impact of poorly conveyed information, misinformation and disinformation on safety in the healthcare built environment	<ul style="list-style-type: none">+ Promote trust by communicating safety issues accurately, transparently and unambiguously and by challenging misinformation and disinformation;+ Establish and use clear terminology in all types of communications which is appropriate for all target groups

Topic	Knowledge	Skills
Multi-disciplinary teams / team working	<ul style="list-style-type: none"> + The importance of relationships within & between different professions, developing trust, initiating & contributing to sensitive conversations 	<ul style="list-style-type: none"> + Role model, positive non-judgemental approaches; + Create a positive environment and provide opportunities to support open & honest dialogue & encourage others to build relationships; + Value the contributions of others through active listening and providing constructive feedback
Multi-disciplinary team working (courageous conversations)	<ul style="list-style-type: none"> + How to initiate and conduct courageous conversations & use interpersonal skills to manage and enhance performance 	<ul style="list-style-type: none"> + Respectfully contribute to communications which may result in differing points of view & the need to challenge assumptions
Influencing & negotiating	<ul style="list-style-type: none"> + The range of communication techniques that can be used in influencing & negotiating with others 	<ul style="list-style-type: none"> + Articulate goals / vision using persuasive communication techniques to enable groups / individuals to achieve safety goals
Managing & resolving conflict	<ul style="list-style-type: none"> + The nature, causes and impact (positive and negative) of conflict; + Steps which can be taken to minimise conflict escalation 	<ul style="list-style-type: none"> + Recognise indicators of emerging conflict and facilitate problem solving communications

Topic	Knowledge	Skills
Accountability	<ul style="list-style-type: none"> + Effectiveness of national and international approaches to organisational governance 	<ul style="list-style-type: none"> + Provide leadership in the development, implementation, & regular review of clear systems of organisational governance
Procurement and contracts	<ul style="list-style-type: none"> + Procurement standards, processes and guidelines 	<ul style="list-style-type: none"> + Develop and facilitate positive relationships with contractors/service providers
Promoting public confidence in systems & processes	<ul style="list-style-type: none"> + How to meet public expectations through communicating governance activities & demonstrating accountability for safety in the healthcare environments 	<ul style="list-style-type: none"> + Create robust systems and processes which will raise public confidence by meeting expectations for healthcare delivered in safe environments
Multi-disciplinary teams / team working	<ul style="list-style-type: none"> + How to develop effective partnership working and meaningful involvement; + How to encourage collaborative and interdisciplinary working, within & between organisations 	<ul style="list-style-type: none"> + Initiate and provide opportunities to engage and involve others both internal to the organisation and externally to establish collaboration; + Work across professional and multi-agency boundaries actively involving and respecting the contribution of others



Topic	Knowledge	Skills
Multi-disciplinary team working (courageous conversations)	<ul style="list-style-type: none">+ How to apply different communication approaches used within and across organisations to support proactive problem solving & quality improvement	<ul style="list-style-type: none">+ Create a communication culture which supports learning from significant events
Influencing & negotiating	<ul style="list-style-type: none">+ How to apply contemporary communication models that support achievement of safety goals & promote good relationships with key stakeholders	<ul style="list-style-type: none">+ Develop & lead strategies within and across organisational structures to initiate & maintain clear & focused communication
Managing & resolving conflict	<ul style="list-style-type: none">+ Theory and established techniques/ principles in conflict prevention, management and negotiation	<ul style="list-style-type: none">+ Demonstrate interpersonal communications / styles to prevent and manage conflict

Manage data for continuous improvement





Manage data for continuous improvement

Topic	Knowledge	Skills
Data collection and management	+ N/A	+ N/A
Equipment incident management systems/ safe systems	+ N/A	+ N/A



Topic	Knowledge	Skills
Data collection and management	<ul style="list-style-type: none">+ Requirements of the capture of data related to risk and the monitoring tools / systems / methods to be used;+ Building Information Modelling (BIM) and its benefits to the project both during development and after completion;+ Knowledge of agreed Common Data Environments – both project specific and those used by the NHS	<ul style="list-style-type: none">+ Collect or assist in the collection and interpretation of data related to risks in the healthcare built environment
Equipment incident management systems/ safe systems	<ul style="list-style-type: none">+ Definitions of the normal parameters for safe systems	<ul style="list-style-type: none">+ Provide assurance of equipment working to required standards to support patient and staff safety – understanding data in printouts and cycle pass or fail



Topic	Knowledge	Skills
Data collection and management	<ul style="list-style-type: none">+ What constitutes data exceedance and systems / guidance to be followed for reporting and investigation	<ul style="list-style-type: none">+ Identify data needs and manage data capture, storage and verification;+ Monitor, present, analyse, manage and share data on risks in the healthcare built environment and contribute to local, national or international research
Equipment incident management systems/ safe systems	<ul style="list-style-type: none">+ What the equipment validation data are for equipment supporting safety in the built environment	<ul style="list-style-type: none">+ Analyse data and respond appropriately to an actual or potential equipment incident or data exceedance

Topic	Knowledge	Skills
Data collection and management	<ul style="list-style-type: none"> + Legislation / policy / guidance and implementation of data tools / systems / methods across organisations 	<ul style="list-style-type: none"> + Develop data capture and data management methods / systems in compliance with policy and guidance; + Synthesise and interpret complex data, providing regular reports for executive colleagues; + Ensure organisation is compliant with relevant legislation and policies; + Assess risk in relation to data and data sharing
Equipment incident management systems/ safe systems	<ul style="list-style-type: none"> + Legislation, policies and guidance regarding the management of any equipment supporting safety in the built environment 	<ul style="list-style-type: none"> + Use available data to assess the quality and safety of the equipment / built environment and to improve practice

Appendix 1: Glossary

Term	Explanation
Adverse event	<ul style="list-style-type: none"> + accident: an event that results in injury or ill health; + incident: <ul style="list-style-type: none"> – near miss: an event that, while not causing harm, has the potential to cause injury or ill health; – undesired circumstance: a set of conditions or circumstances that have the potential to cause injury or ill health
ARHAI	Antimicrobial Resistance and Healthcare Associated Infection
BIM	Building Information Modelling. Process of creating and managing information for a built asset
Building regulations	The set standards which relate to the design and construction of buildings to ensure their safety and health for people
Evidence-based/best practice guidance	The application of the best available scientific evidence/best practice guidance to inform decision which seek to improve the quality
FBC	Full Business Case

Term	Explanation
HAI	Healthcare Associated Infection
HAI-SCRIBE	HAI-SCRIBE (Healthcare Associated Infection Systems for Controlling Risk in the Built Environment) is an online risk management tool.
Hazard	Something that has the potential to cause harm.
Healthcare	Provision of care i.e. medical, nursing, midwifery, dental or therapy/other
Healthcare Risk	Actual and potential sources of harm that may result in the development of an infection, disease or injury
Health and safety standards	Regulations and procedures which aim to prevent accidents and injury in workplaces or public environments
Healthcare facilities/ Built Environment	A collective term which refers to all buildings that have been constructed for the purpose of providing health care, such as hospitals, ambulatory care centres, clinics and long-term care settings.
Human Factors/ Ergonomics	Ergonomics (or human factors) is the scientific discipline concerned with the understanding of interactions among humans and other elements of a system, and the profession that applies theory, principles, data, and methods to design in order to optimize human well-being and overall system performance. (International Ergonomics Association)
IPC	Infection Prevention and Control

Term	Explanation
Legislation	Law, Acts of Law
Near miss	An event that, while not causing harm, has the potential to cause injury or ill health.
NEC	New Engineering Contract, or NEC Engineering and Construction Contract. System created by the UK Institution of Civil Engineers for the creation of documents on civil engineering, construction and maintenance projects for obtaining tenders, awarding and administering contracts.
NHS Staff	All persons directly employed by NHS Scotland
NSS	National Services Scotland
OBC	Outline Business Case
Organisations	External companies, e.g. consultants, advisors, building contractors, subcontractors, suppliers, etc.
People using healthcare services	Individuals attending or admitted to healthcare facilities to receive care
Risk	The degree of likelihood that harm will be caused and the level of harm.

Term	Explanation
Safety culture	The safety culture of an organisation is the product of individual and group values, attitudes, perceptions, competencies, and patterns of behaviour that determine the commitment to, and the style and proficiency of, an organisation's health and safety management. Organisations with a positive safety culture are characterised by communications founded on mutual trust, by shared perceptions of the importance of safety and by confidence in the efficacy of preventive measures.
SCIM	Scottish Capital Investment Manual. It provides guidance on the cyclical process of project development from inception at the service planning stage, to post project evaluation of service benefits realised once a new building is occupied.
Service systems	Essential systems within healthcare buildings, such as water, plumbing and drainage, air ventilation, electricity, fire prevention and piped medical gases
SHBN	Scottish Health Building Note
SHTM	Scottish Health Technical Memorandum
Visitor	All person accessing health care facilities' but not purpose of receiving care

Appendix 2: Key Reference Documents

Organisation	Document	Link
Department of Health	Knowledge and Skills Framework	https://www.msg.scot.nhs.uk/pay/agenda-for-change/knowledge-skills-framework-ksf/311-2
Public Health England	Public Health Skills and Knowledge Framework (PHSKF)	https://www.gov.uk/government/publications/public-health-skills-and-knowledge-framework-phskf
NHS Education for Scotland (NES)	Framework to support staff development in decontamination of reusable medical devices – updated	https://learn.nes.nhs.scot/3976
NHS National Services Scotland	National Infection Prevention and Control Manual	http://www.nipcm.scot.nhs.uk/
Scottish Government	Queen Elizabeth University Hospital / NHS Greater Glasgow and Clyde Oversight Board: final report (Scottish Government, Chief Nursing Officer Directorate, 22 March 2021)	https://www.gov.scot/publications/queen-elizabeth-university-hospital-nhs-greater-glasgow-clyde-oversight-board-final-report/

Organisation	Document	Link
Scottish Government	Royal Hospital for Children and Young People: independent assessment of governance arrangements (Scottish Government, Health Performance and Delivery Directorate, 11 Sept 2019)	https://www.gov.scot/publications/independent-assessment-governance-arrangements-nhs-lothian-royal-hospital-children-young-people/
Advisory Committee on the Safety of Nuclear Installations	ACSNI Human Factors Study Group: Third report – Organising for safety. HSE Books (1993)	none

Appendix 3: Standards Documents and Technical Guidance

Technical guidance is available via the National Services Scotland [publications library](#). Selected guidance is listed below.

Health Facilities Scotland (HFS) Technical Publications

Healthcare Associated Infection System for Controlling Risk in the Built Environment? (HAI-SCRIBE)

SHFN 30 Part A: Manual Information for Design Teams, Construction Teams, Estates & Facilities and Infection Prevention & Control Teams, 2014.

<https://www.nss.nhs.scot/media/1803/shfn-30-part-a-v40-oct-2014.pdf>

SHFN 30 Part B: HAI-SCRIBE Implementation strategy and assessment process, 2014.

<https://www.nss.nhs.scot/media/1804/shfn-30-part-b-v30-oct-2014.pdf>

Engineering

SHTM 00 Best practice guidance for healthcare engineering, Policies and principles, 2013.

<https://www.nss.nhs.scot/media/1814/shtm-00-v21-feb-2013.pdf>

Health Facilities Scotland (HFS) Technical Publications

Medical Gases

Scottish Health Technical Memorandum (SHTM) 02-01: Medical gas pipeline systems Part A: Design, installation, validation and verification, 2012.

<https://www.nss.nhs.scot/media/1815/shtm-02-01-part-a-v10-jun-2012.pdf>

Scottish Health Technical Memorandum (SHTM) 02-01 Medical gas pipeline systems Part B: Operational management, 2015.

<https://www.nss.nhs.scot/media/1795/shtm-02-01-part-b-v20-jul-2015.pdf>

Ventilation

Scottish Health Technical Memorandum (SHTM) 03-01: Ventilation for healthcare premises Part A: Design and validation, 2014.

<https://www.nss.nhs.scot/media/2036/shtm-03-01-part-a-v2-feb-2014.pdf>

Scottish Health Technical Memorandum (SHTM) 03-01: Ventilation for healthcare premises Part B: Operational management and performance verification, 2011

<https://www.nss.nhs.scot/media/1812/shtm-03-01-part-b-v10-oct-2011.pdf>

Health Facilities Scotland (HFS) Technical Publications

Water

Scottish Health Technical Memorandum (SHTM) 04-01: Water safety for healthcare premises Part A: Design, installation and testing, 2014.

<https://www.nss.nhs.scot/media/1806/shtm-04-01-part-a-v20-jul-2014.pdf>

Scottish Health Technical Memorandum (SHTM) 04-01 Water safety for healthcare premises Part B: Operational management, 2014.

<https://www.nss.nhs.scot/media/1807/shtm-04-01-part-b-v20-jul-2014.pdf>

Scottish Health Technical Memorandum 04-01 (SHTM): Water safety for healthcare premises: Part C: TVC Testing Protocol, 2014.

<https://www.nss.nhs.scot/media/1813/shtm-04-01-part-c-v20-feb-2014.pdf>

Scottish Health Technical Memorandum (SHTM) 04-01: The control of Legionella, hygiene, 'safe' hot water, cold water and drinking water systems Part D: Disinfection of Domestic Water Systems, 2011.

<https://www.nss.nhs.scot/media/1828/shtm-04-01-part-d-v10-aug-2011.pdf>

Scottish Health Technical Memorandum (SHTM) 04-01: The control of Legionella, hygiene, 'safe' hot water, cold water and drinking water systems Part E: Alternative materials and filtration, 2015.

<https://www.nss.nhs.scot/media/1787/shtm-04-01-part-e-v10-aug-2015.pdf>

Health Facilities Scotland (HFS) Technical Publications

Water

Scottish Health Technical Memorandum (SHTM) 04-01 The control of Legionella, hygiene, 'safe' hot water, cold water and drinking water systems Part F: Chloramination of water supplies, 2011.

<https://www.nss.nhs.scot/media/1826/shtm-04-01-part-f-v10-dec-2011.pdf>

Scottish Health Technical Memorandum (SHTM) 04-01: Water safety for healthcare premises Part G: Operational procedures and Exemplar Written Scheme, 2015.

<https://www.nss.nhs.scot/media/1788/shtm-04-01-part-g-v10-jul-2015.pdf>

Health Facilities Scotland (HFS) Technical Publications

Fire safety

NHSScotland 'Firecode' Scottish Health Technical Memorandum (SHTM) 83: Part 2 General fire precautions Fire safety training, 2017. <https://www.nss.nhs.scot/media/1559/shtm-83-part-2-v10-jul-2017.pdf>

NHSScotland 'Firecode' Scottish Health Technical Memorandum (SHTM) 86 Fire Risk Assessment, 2013. <https://www.nss.nhs.scot/media/2000/shtm-86-v5-jun-2013.pdf>

NHSScotland 'Firecode' Scottish Health Technical Memorandum (SHTM) 81 Part 3: Atria in healthcare premises, 2013. <https://www.nss.nhs.scot/media/2027/shtm-81-part-3-v1-apr-2013.pdf>

NHSScotland Firecode Scottish Health Technical Memorandum (SHTM) 82: Fire alarm and detection systems, 2013. <https://www.nss.nhs.scot/media/2003/shtm-82-v4-apr-2013.pdf>

NHSScotland 'Firecode' Scottish Fire Practice Note (SFPN) 3 Version 3: Escape bed lifts, 2010. <https://www.nss.nhs.scot/media/2006/sfpn-3-v3-oct-2010.pdf>

NHSScotland 'Firecode' Scottish Health Technical Memorandum (SHTM) 87 Textiles and furniture, 2009. <https://www.nss.nhs.scot/media/2010/shtm-87-v3-aug-2009.pdf>

NHSScotland 'Firecode' Scottish Health Technical Memorandum (SHTM) 81 Part 1: Fire precautions in new healthcare premises, 2009. <https://www.nss.nhs.scot/media/2014/shtm-81-part-1-v40-jul-2009.pdf>

NHSScotland 'Firecode' Scottish Health Technical Memorandum (SHTM) 81 Part 2: Guidance on the fire engineering of healthcare premises, 2009. <https://www.nss.nhs.scot/media/2013/shtm-81-part-2-v1-jul-2009.pdf>

Health Facilities Scotland (HFS) Technical Publications

Fire safety

NHSScotland 'Firecode' Scottish Health Technical Memorandum (SHTM) 85 Fire precautions in existing healthcare premises, 2007.

<https://www.nss.nhs.scot/media/2015/shtm-85-v4-dec-2007.pdf>

NHSScotland 'Firecode' Scottish Fire Practice Note (SFPN) 6 Version 3: The prevention and control of deliberate fireraising in NHSScotland healthcare premises, 2007.

<https://www.nss.nhs.scot/media/2016/sfpn-6-v3-sep-2007.pdf>

NHSScotland 'Firecode' Scottish Health Technical Memorandum (SHTM) 83 Version 3: Fire safety in healthcare premises – General fire precautions, 2004.

<https://www.nss.nhs.scot/media/1561/shtm-83-v30-apr-2004.pdf>

NHSScotland 'Firecode' A Model Management Structure for Fire Safety Version 4, 2004.

<https://www.nss.nhs.scot/media/1562/sfpn-00-01-v40-apr-2004.pdf>

NHSScotland 'Firecode' Scottish Health Technical Memorandum (SHTM) 84 Version 3: Fire risk assessment in residential care premises, 2003.

<https://www.nss.nhs.scot/media/1560/shtm-84-v30-apr-2003.pdf>

NHSScotland 'Firecode' Scottish Fire Practice Note (SFPN) SFPN 10: Laboratories on hospital premises, 1999.

<https://www.nss.nhs.scot/media/1986/sfpn-10-v20-dec-1999.pdf>

NHS in Scotland Fire code Scottish Fire Practice Note 4: Hospital Main Kitchens, 1999.

<https://www.nss.nhs.scot/publications/fire-safety-hospital-main-kitchens-sfpn-4-v20/>

Health Facilities Scotland (HFS) Technical Publications

Electrical

Scottish Health Technical Memorandum (SHTM) 06-01: Electrical services supply and distribution Part A: Design considerations, 2015. <https://www.nss.nhs.scot/media/1791/shtm-06-01-part-a-v10-jul-2015.pdf>

Scottish Health Technical Memorandum (SHTM) 06-01: Electrical services supply and distribution Part B: Operational Management <https://www.nss.nhs.scot/media/1792/shtm-06-01-part-b-v10-jul-2015.pdf>

Scottish Health Technical Memorandum (SHTM) 06-02: Electrical safety guidance for low voltage systems, 2015. <https://www.nss.nhs.scot/media/1794/shtm-06-02-v20-jul-2015.pdf>

Scottish Health Technical Memorandum 06-03: Electrical safety guidance for high voltage systems, 2015. <https://www.nss.nhs.scot/media/1797/shtm-06-03-v10-jul-2015.pdf>

Appendix 4: Educational Resources

Document	Link
NHS Education for Scotland – Health and social care learning resources – Turas Learn	https://learn.nes.nhs.scot/
Antimicrobial Resistance, Healthcare Associated Infection and Health Protection. Education Resources to Support Health and Social Care Staff and Students in Scotland	https://learn.nes.nhs.scot/3430/infection-prevention-and-control-ipc-zone/hai-resource-leaflet
Leadership and Management Zone – Turas Learn	https://learn.nes.nhs.scot/506/leadership-and-management-zone
Quality Improvement Zone – Turas Learn	https://learn.nes.nhs.scot/741/quality-improvement-zone
Infection Prevention and Control (IPC) Zone – Turas Learn	https://learn.nes.nhs.scot/2482/infection-prevention-and-control-ipc-zone

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NHS Education for Scotland
Westport 102
West Port
Edinburgh EH3 9DN
tel: 0131 656 3200
www.nes.scot.nhs.uk

From: Wynne, Pat on behalf of [REDACTED]
To: [Gillies, Tracey](#); [Crombie, Jim](#); [Graham, Iain](#)
Cc: [Campbell, Morag](#); [Goldsmith, Susan](#); [REDACTED]; [Campbell, Jacquie](#); [Inverarity, Donald](#); [Chief Executive](#); [Guthrie, Lindsay](#)
Subject: RE: NHS Assure - key stage assurance review
Date: 16 March 2022 09:25:51

Not aware of this coming through SEND, but may have previously. I am also happy to raise with ND colleagues

Interim Executive Director of NMAHPs
NHS Lothian



From: Gillies, Tracey [REDACTED]
Sent: 16 March 2022 07:45
To: Crombie, Jim [REDACTED]; Graham, Iain [REDACTED]
Cc: Campbell, Morag [REDACTED]; Goldsmith, Susan [REDACTED]; [executivenursedirector, Loth](#) [REDACTED]; [Campbell, Jacquie](#) [REDACTED]; [Inverarity, Donald](#) [REDACTED]; [Chief Executive](#) [REDACTED]; [Guthrie, Lindsay](#) [REDACTED]
Subject: RE: NHS Assure - key stage assurance review

So my understanding from LG on this is:

1. This is the first time she has seen this which sets out the expectations on the board, including the areas NHS Assure will probe and the level of evidence they will expect to see
2. NHS Assure will assess a board's submission and make a report, with requirements and recommendations
3. Fulfilling theses will be necessary for SCIG approval and funding release
4. The usual advice and support on offer to boards appears to have moved to a more "mark your homework" approach
5. The IPC HAI scribe nurse will be seen as a core and necessary part of all planning and development meetings including those outside their area of expertise eg. Fire, electrical safety, medical gases.

Given that we have already have to reduce HAI scribe attendance as there are simply not enough nurses in IPC to provide the essential service to clinical areas in the here and now, and not enough IPC nurses in Scotland with the requisite qualifications to do this more technical work, someone will need to feedback to SG capital colleagues that their programme will be undeliverable. Jim, I suspect you would be best placed to do this, and I will pass through to Medical Directors too.

Tracey

From: Crombie, Jim [REDACTED]
Sent: 15 March 2022 19:42
To: Guthrie, Lindsay [REDACTED]
Cc: Graham, Iain [REDACTED]; Campbell, Morag
[REDACTED]; Goldsmith, Susan
[REDACTED]; Gillies, Tracey
[REDACTED]; executivenursedirector, Loth
[REDACTED]; Campbell, Jacquie
[REDACTED]; Inverarity, Donald
[REDACTED]; Chief Executive
[REDACTED]
Subject: Re: NHS Assure - key stage assurance review

Lindsay,

Thanks for sharing this. I have not received from any other source so far.

Will review and come back to you.

Cheers,

Jim

Jim Crombie
Deputy Chief Executive
NHS Lothian

[REDACTED]

On 15 Mar 2022, at 17:38, Guthrie, Lindsay
[REDACTED] wrote:

Hi all

Can I ask if the attached NHS Assure tool has been shared with others at an Exec/Board level please? The Assure process or KSAR tools have not been discussed or shared with the IPC Managers Network nationally but is now live. Has this been tabled for consideration already in Lothian?

Is a gap analysis planned to identify any weaknesses in capacity, system/process or

governance as outlined in the attachment?

I have to highlight my significant concerns re the NHS Assure expectation about the level of IPCT involvement in projects following a discussion between Assure and my HAI lead nurses and make you aware that we do not have the capacity in the short or medium term to provide this.

There is a policy/national ask here which has not been informed by any IPC workforce or capacity scoping exercise- and is in direct conflict with the wider workforce issues already identified in the SG IPC National Workforce review.

I am not aware of any plans nationally for additional investment in IPC capacity, but even if funding is available, there is simply not a pool of suitably qualified and experienced IPC nurses or doctors to provide the required expertise.

Kind regards
Lindsay

From: Sutherland, SarahJane [REDACTED]
Sent: 07 March 2022 11:14
To: Guthrie, Lindsay [REDACTED]; Broom, Rona
[REDACTED]
Cc: Muldoon, Fiona [REDACTED]; Cowie, Donna
[REDACTED]
Subject: Fw: WGH Infrastructure Phase 2 - IPC/Hai Scribe Contacts/Titles

Dear both,

FYI,

NHS Assure are launching the 1st workshop for the WGH Infrastructure Phase 2 works. I have advised previously that IPCT input will mainly be around the discussion and input to HAI Scribes that are required for various aspects of works and that we will not be able to attend all meetings/workshops that have no IPC requirement/role.

Please see info below from Paul Weaving (and as attached) unsure if this is shared for our info only or if there is any expectation of IPCT over and above this.

I have also attached Agenda received from Ian McGregor. I note that one of the points under IPCT is ongoing input into the project. I do plan on advising

as I have before, however, keen to understand what NHS Assures expectation is going forward.

Kind regards
Sarah

Sarah Jane Sutherland
Lead HAI Scribe Advisor NHSL North and West
Infection and Prevention Control Team
Western General Hospital
Crewe Road South
Edinburgh

From: Ian MacGregor [REDACTED]
Sent: Wednesday, March 2, 2022 4:59 PM
To: Sutherland, SarahJane [REDACTED]; Cowie, Donna [REDACTED]
Subject: FW: WGH Infrastructure Phase 2 - IPC/Hai Scribe Contacts/Titles

Sarah,
See attached.

Regards,
Ian

From: Paul Weaving [REDACTED]
Sent: 02 March 2022 16:26
To: Ian MacGregor [REDACTED]
Cc: Mill, Daniel [REDACTED]; David Taylor [REDACTED]
[REDACTED] NSS Assure.NHSLO006
[REDACTED]
Subject: RE: WGH Infrastructure Phase 2 - IPC/Hai Scribe Contacts/Titles

Thank you Ian.

I have attached a copy of the KSAR workbook for FBC; please can you forward it to Sarah and Donna in case they haven't already seen it? The relevant 'Areas to probe' in the Assessment of Delivery Approach (Chapter 3) are 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 1.12 and 7.1 – 7.5. They are very welcome to contact me in advance of the workshop if they would like to discuss anything.

Kind regards,

Paul Weaving
Nurse Consultant Infection Control
NHS Scotland Assure/ ARHAI Scotland
Procurement, Commissioning and Facilities

NSS National Services Scotland
4th Floor
Meridian Court
5 Cadogan Street

Glasgow
G2 6QE

[REDACTED]

W: www.nhsnss.nhs.scot

Infection Control Team enquiries:

[REDACTED]

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<http://www.nipcm.hps.scot.nhs.uk>

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From: Ian MacGregor [REDACTED]
Sent: 25 February 2022 13:51
To: Paul Weaving [REDACTED]; David Taylor
[REDACTED]
Cc: Mill, Daniel [REDACTED]
Subject: RE: WGH Infrastructure Phase 2 - IPC/Hai Scribe Contacts/Titles

Paul, David,
Sarah Sutherland and Donna Cowie will be attending from IPC on the meeting of 9 March 2022. They are available for an hour.

Any queries, please advise.

Regards,
Ian

From: Paul Weaving [REDACTED]
Sent: 24 February 2022 17:28
To: Ian MacGregor [REDACTED]; David Taylor
[REDACTED]
Subject: RE: WGH Infrastructure Phase 2 - IPC/Hai Scribe Contacts/Titles

Thank you Ian. I believe Rona is the Lead Infection Prevention & Control Nurse, Edinburgh North and West Lothian.

Kind regards,

Paul Weaving

Nurse Consultant Infection Control
NHS Scotland Assure/ ARHAI Scotland
Procurement, Commissioning and Facilities

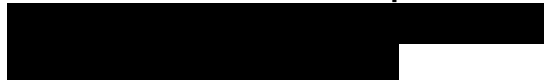
NSS National Services Scotland

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From: Ian MacGregor 

Sent: 24 February 2022 14:42






To: David Taylor ; Paul Weaving



Subject: WGH Infrastructure Phase 2 - IPC/Hai Scribe Contacts/Titles

Paul,

I've not been able to get Rona's title but please see above who was involved in our site wide hai-scribe review.

- Rona Broom 
- Fiona Muldoon  Geographical Lead
North Infection Prevention and Control Team
- Sarah Sutherland ; Lead HAI
Scribe Advisor NHSL North and West
- Barry McFadden  Operations Manager
- Emma Forrest ; Assistant Project Manager

Regards,
Ian

Ian MacGregor
Director

E: [REDACTED]

T: [REDACTED]

EDINBURGH: Prospect
House, 5 Thistle Street,
Edinburgh, EH2 1DF

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and (iii) do not copy the email or disclose its contents to anyone.

From: [Graham, Iain](#)
To: [Guthrie, Lindsay](#)
Subject: RE: NHS Assure - key stage assurance review
Date: 17 June 2022 17:22:19
Attachments: [image003.png](#)

Lindsay,

I had my meeting with Alan Morrison this afternoon, and one suggestion is that if you happen to you call Alex McMahon or at an IPC meeting, etc, it would be worth discussing the issues with him. I summarised your and others views for Alan and appeared to be no surprises but as the service sits jointly with the CNO, Alan thought hearing directly from the IPC service might be beneficial.

Hope you have / had a good holiday.

Iain

Iain F Graham

Director of Capital Planning and Projects

NHS Lothian

Waverley Gate

2-4 Waterloo Place

Edinburgh

EH1 3EG

☎ mobile - [REDACTED]

✉ [REDACTED]

From: Guthrie, Lindsay [REDACTED]
Sent: 09 June 2022 14:24
To: Graham, Iain [REDACTED]
Subject: RE: NHS Assure - key stage assurance review

That would be helpful. I'm only around Wed/Thurs next week then not back till June 27th (long overdue holiday!)

The feedback from ICM network is that they agree with the points I've raised below and the experience of my colleagues to date with KSAR has not been positive at all.

At least one Board is thinking of advising Assure they are pulling the IPCT out of project work because of the concerns about what level of professional, personal and organisational liability might be associated with IPCT giving advice if not 'competent' and having no definition of what that means, and not being supported.

Lindsay

From: Graham, Iain [REDACTED]
Sent: 09 June 2022 13:49

To: Guthrie, Lindsay [REDACTED]
Subject: RE: NHS Assure - key stage assurance review

Thank you so much for this full response. I do recognise quite a few of the themes of your experiences.

Alan Morrison in health finance is the chair of CIG and effectively the sponsor for creating Assure. It is Alan who is, however, seeking our views. I have asked my senior management team today for their experiences – including any “good bits” – as they have been front line engaged with the KSAR processes.

I would be keen for us to have a brief discussion as there are a few points to follow up on with our internals, and our recent (frustrating) experiences explaining project work with Job Evaluation colleagues. I would like to be able to support saving that problem for you (but perhaps unlikely).

I do take the point about expectations on the IPC team members in projects – we are being driven to an expectation of “everything has to be signed off” by you and your team. Defining the actual need is challenging when “everyone has an opinion on everything” – or as you highlight everyone is EXPECTED to have an opinion on everything; and the project managers have to make clear judgements on the way forward when not all approvers are aligned. Worse when, the experts in a field do not agree amongst themselves.

I’ll try and get a half hour teams call?

Iain

Iain F Graham

Director of Capital Planning and Projects
NHS Lothian
Waverley Gate
2-4 Waterloo Place
Edinburgh
EH1 3EG

From: Guthrie, Lindsay [REDACTED]
Sent: 09 June 2022 13:22
To: Graham, Iain [REDACTED]
Subject: RE: NHS Assure - key stage assurance review

Morning Iain
Hope you are well.

I attended a meeting with NHS Assure (aimed at IPCTs) this morning which crystallised some of the questions/concerns I have about their role and the expectation of Boards, and Board IPCT.

We have not yet raised anything formally with Assure yet. I've summarised my key points/concerns from today's presentation below and have shared with the ICM network. It would be good to share some of these points I think.

There is a meeting planned between the chairs of the ICM and ICD networks with Elaine Ross (IPC Nurse Advisor HAI Policy Unit) and Colin Urquhart (HAI Policy unit) Alan Morrison (Health Infrastructure, Investment and PPE commissioner from SG) to discuss NHS Assure, our networks are collating questions/concerns in respect of 2 key questions:

- Challenges for IPC teams
- What you want/or lacking from the NHS Assure process

1. **Workforce:**

- There is a total disconnect between the Assure expectation of an already depleted IPC workforce, projected IPC capacity, the draft national IPC workforce strategy and the burden of work required by NHS Assure programme
- Lack of distinction being made between IPCN roles, ICD roles and Microbiologist roles – all being lumped under IPCT
- Still unclear what 'expertise' Assure will provide to the Board, or if NHS Assure have capacity to deliver all objectives? There are 2 IPCT Consultant Nurses at Assure who will 'support' IPC teams – unclear what that support looks like over an above the key functions of Assure as outlined by them (this includes developing guidance, monitoring and feedback of themes/trends and learning, education & training/workforce development and urgent expert response when needed (they cited the RHCYP project here). They reiterated the point about Board and statutory accountabilities.
- I think we need to look at IPCN job descriptions – there are additional asks being made which I don't think are adequately covered in existing job descriptions for our band 6 and 7 nurses
- I thoughtful about some of the ask of registered nurses and NMC code of practice requirement to "recognise and work within the limits of your competence". In the absence of a nationally agreed standardised competency based framework or formal academic pathway or qualification in aspects of what is essentially environmental microbiology, engineering or other technical (non-clinical) roles – many of my team are already expressing concern about being involved in large projects and some of the questions being asked of them – and are reflecting on QEUH and RCHYP experience and public inquiry.

2. **Remit of Assure:**

- Unclear of distinction being made between 'assurance' and 'scrutiny' – we were told they are not a scrutiny service, but they will monitor compliance, then outlined a methodology of 'assurance' which is identical to the HEI inspection methodology (we provide information and evidence of compliance, +/- they visit us, they review this, make a determination on our compliance, they make recommendations, they issue a draft report for factual accuracy, a final report is issued and we have to provide a written action plan).
- There is a fundamental conflict in an advisory/improvement/support service being provided by the same people who then provide a compliance or scrutiny – that principle is very clear in all other scrutiny bodies (HEI, EHO, CQC etc).
- As below - KSAR workbooks have not been shared in draft– we still have no understanding

of the content that we are to be assessed against.

- Timescales for the development of new guidance is unclear – and there have already been concerns raised that compliance/risk assessment is being based on guidance not yet written (particularly water/drainage related issues)

3. Education, training & competence

- Lack of definition of what knowledge, competence or experience expected by Board IPCT to meet the Assure expectation for “IPCT with necessary experience and training” – advised this is for Boards to decide locally – so unclear how you make a meaningful assessment of projects using standardised criteria, or provide meaningful thematic analysis of what goes well/not with projects from an IPC perspective
- Using their logic – we may have equal (or greater) expertise within the Board than exists within NHS Assure. So unclear what role Assure play in providing expert IPC input (other than external scrutiny – see point above...)
- Any NES education and training resources will not be available to IPCT before KSAR review process commences (or sufficient time to have staff complete these)– so potentially assessing a level of competence (as sub optimal) which people haven’t had opportunity to develop yet
- There is no acknowledgment that IPCN already have to complete a mandatory qualification in IPC (masters level) but they are essentially mandating additional education and training which is not currently core to the MSc programmes.
- There are some not insubstantial cost implications for Boards to have IPCT complete externally available education and training – no additional financial uplift provided. (Examples provided were UHI Masters Module, U of Leeds Ventilation course, Commercial Water Safety Courses, BSI course).
- We were advised that if Boards don’t have IPCT capacity or ‘necessary expertise’ that we should buy this in – we are not clear where these experts are, or how the Board would define/assure ‘contractor competence’ for this provider. Am very thoughtful about this if these are people outside of Scotland, or who are long removed from any clinical practice/appraisal etc

4. Scope and approach

- IPCT is being pulled out as a separate workshop at KSAR review – but we have been told that IPC is integral to all the core areas (ventilation, water, drainage, fire etc) so unclear why IPC issues wont be picked out at the topic specific meetings
- They expect (their word) ‘IPCT engagement’ across all stages of all projects – but the definition or level of ‘engagement’ not clear.
- Scope has changed- not just high cost builds, they outlined ‘Delegated Authority Project’ tool – for smaller projects which involve high risk patient groups or complex technical requirements/engineering – but with similar level of IPCT cover/input assumed and subject to formal ‘monitoring’ using KSAR type approach
- We were advised that Board IPCT should be advising our contractors of the reasons why they need to do their job competently or in line with standards – the examples given were a poorly fitted sink outlet/waste pipe which allows biofilm build up, or poor technical design of hot and cold water systems which creates issue with circulating temperature control. This appears to ignore the role of specialist Authorising Engineers case and place IPCT in the role of Engineers, Clerk of Works or Building Control.

Regards
Lindsay

From: Graham, Iain [REDACTED]
Sent: 08 June 2022 14:44
To: Guthrie, Lindsay [REDACTED]
Subject: RE: NHS Assure - key stage assurance review

Lindsay,

I am following up on this old email trail as I was today alerted to a concern from another board's IPCT lead being submitted to Scottish Government Health Finance citing the lack of advice and support forthcoming from Assure to IPC colleagues in their Board. I understand that specific guidance was sought in order to advise the Board's actions in, I am assuming, a project development situation. It was not as part of a Key Stage Assurance Review process, so, in my words, "not in scope" for their Assure service.

I believe that a similar view would be forthcoming from Lothian, but could you confirm and / or advise whether there has been anything raised in a formal sense with Assure or similar groups recently?

Our Board's Finance and Resources Committee have asked for attendance by Julie Critchley (Director of NHS Scotland Assure) at a forthcoming meeting so I want to ensure that the briefing paper is comprehensive and not limited to their KSAR design expectations and lack of timely responses. A shared concern nationally across capital projects is the level of expectations from Assure for assurance from across the system in order to complete the KSAR, but with little assurance offered back the Board that "the right things are being done". To date, engagement by Assure colleagues seems to have been targeted at national fora, or NES created training workshops where the distribution and awareness of sessions is reliant on Chief Executives' offices in each Board distributing the information appropriately.

If there is anything else that you would like to see flagged please let me know?

Iain

Iain F Graham

Director of Capital Planning and Projects
NHS Lothian
Waverley Gate
2-4 Waterloo Place
Edinburgh
EH1 3EG

[REDACTED]
[REDACTED]

From: Guthrie, Lindsay [REDACTED]
Sent: 15 March 2022 17:38

To: Crombie, Jim [REDACTED]; Graham, Iain

[REDACTED]; Campbell, Morag

[REDACTED]; Goldsmith, Susan

Cc: Gillies, Tracey [REDACTED]; executivenursedirector, Loth

[REDACTED]; Campbell, Jacquie

[REDACTED]; Inverarity, Donald

Subject: NHS Assure - key stage assurance review

Hi all

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I am not aware of any plans nationally for additional investment in IPC capacity, but even if funding is available, there is simply not a pool of suitably qualified and experienced IPC nurses or doctors to provide the required expertise.

Kind regards

Lindsay

From: Sutherland, SarahJane [REDACTED]

Sent: 07 March 2022 11:14

To: Guthrie, Lindsay [REDACTED]; Broom, Rona

Cc: Muldoon, Fiona [REDACTED]; Cowie, Donna

Subject: Fw: WGH Infrastructure Phase 2 - IPC/Hai Scribe Contacts/Titles

Dear both,

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I have also attached Agenda received from Ian McGregor. I note that one of the points under IPCT is ongoing input into the project. I do plan on advising as I have before, however, keen to understand what NHS Assures expectation is going forward.

Kind regards
Sarah

Sarah Jane Sutherland
Lead HAI Scribe Advisor NHSL North and West
Infection and Prevention Control Team
Western General Hospital
Crewe Road South
Edinburgh

From: Ian MacGregor [REDACTED]
Sent: Wednesday, March 2, 2022 4:59 PM
To: Sutherland, SarahJane [REDACTED]; Cowie, Donna [REDACTED]
Subject: FW: WGH Infrastructure Phase 2 - IPC/Hai Scribe Contacts/Titles

Sarah,
See attached.

Regards,
Ian

From: Paul Weaving [REDACTED]
Sent: 02 March 2022 16:26
To: Ian MacGregor [REDACTED]
Cc: Mill, Daniel [REDACTED]; David Taylor [REDACTED]; NSS Assure.NHSLO006 [REDACTED]
Subject: RE: WGH Infrastructure Phase 2 - IPC/Hai Scribe Contacts/Titles

Thank you Ian.

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Kind regards,

Paul Weaving

Nurse Consultant Infection Control
NHS Scotland Assure/ ARHAI Scotland
Procurement, Commissioning and Facilities

NSS National Services Scotland

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E: [REDACTED]

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From: Ian MacGregor [REDACTED]

Sent: 25 February 2022 13:51

To: Paul Weaving [REDACTED]; David Taylor [REDACTED]

Cc: Mill, Daniel [REDACTED]

Subject: RE: WGH Infrastructure Phase 2 - IPC/Hai Scribe Contacts/Titles

Paul, David,
Sarah Sutherland and Donna Cowie will be attending from IPC on the meeting of 9 March 2022. They are available for an hour.

Any queries, please advise.

Regards,
Ian

From: Paul Weaving [REDACTED]
Sent: 24 February 2022 17:28
To: Ian MacGregor [REDACTED]; David Taylor
[REDACTED]
Subject: RE: WGH Infrastructure Phase 2 - IPC/Hai Scribe Contacts/Titles

Thank you Ian. I believe Rona is the Lead Infection Prevention & Control Nurse, Edinburgh North and West Lothian.

Kind regards,

Paul Weaving
Nurse Consultant Infection Control
NHS Scotland Assure/ ARHAI Scotland
Procurement, Commissioning and Facilities

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Antimicrobial Resistance and Healthcare Associated Infection

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From: Ian MacGregor [REDACTED]
Sent: 24 February 2022 14:42
To: David Taylor [REDACTED]; Paul Weaving [REDACTED]

Subject: WGH Infrastructure Phase 2 - IPC/Hai Scribe Contacts/Titles

Paul,

I've not been able to get Rona's title but please see above who was involved in our site wide hai-scribe review.

- Rona Broom [REDACTED]
- Fiona Muldoon [REDACTED] Geographical Lead North Infection Prevention and Control Team
- Sarah Sutherland [REDACTED] Lead HAI Scribe Advisor NHSL North and West
- Barry McFadden [REDACTED]; Operations Manager
- Emma Forrest [REDACTED] Assistant Project Manager

Regards,
Ian



Ian MacGregor
Director

[REDACTED]
[REDACTED]
EDINBURGH: Prospect House, 5 Thistle Street,
Edinburgh, EH2 1DF

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**Scottish Hospitals Inquiry Witness
Statement of Kenneth Hall**

Personal Details

1. My name is Kenneth William Hall. I am currently employed with Multiplex as a Package Manager.

Education and Career Background

2. I joined DSSR, who are mechanical and electrical consulting engineers, back in 1986, as an apprentice design engineer. Whilst employed, I was provided with day release at college for ONC and HNC education. Then in 1991, I went to Strathclyde University to study Bachelor of Engineering (Honours), which I achieved in 1994. In 1998, I became a Chartered corporate member of, what was then, the Institute of Electrical Engineers.
3. In 1999, I became a corporate member of the Chartered Institute of Building Services Engineers, which is called CIBSE. Between 2000 and 2003 I studied part time, graduating in 2003 with an MBA with distinction. Then, in 2012, I became a fellow of the IHEEM which is the Institute of Healthcare Engineering and Estates Management.
4. I have always been involved in mechanical and electrical engineering, starting with DSSR who specialised in hospitals at that time. I have held various positions as my career progressed. I was at Buro Happold from 1999 to 2005 as an Associate. It was all building services projects, so that is Mechanical, Electrical and Plumbing (“MEP”) type projects. I then moved to Rybka, who again are a mechanical and electrical building services consulting engineers and that was around 2005 to 2008 as Regional Director. I was at Morgan Professional Services as an Associate Director between 2008 and 2009. In 2009 and 2010, I was a self-employed consultant which included working on Projects at Glasgow Royal Infirmary. I joined Multiplex in 2011 as a Mechanical and Electrical Manager.

5. Before joining the Multiplex team on RHCYP/DCN I had worked on hospitals before. I was involved with QEUH in Glasgow. Prior to joining Multiplex, I was also involved with other large-scale type projects such as The State Hospital which was a new build project. It provides psychiatric care to patients, so it was a project that straddles mental health and hospitals. Then various minor works, such as upgrades in wards or just a range of projects within healthcare. My experience can be summarised as:
- January 2011 – March 2014 – QEUH
 - 2009 – 2010 – Glasgow Royal Infirmary
 - 2006 – 2009 – The State Hospital. Ward Upgrades

Current Role

6. My role deals with managing design packages in MEP, so I am responsible to Multiplex for delivery of that element.
7. I was not involved in the Royal Hospital for Children and Young People (“RHCYP”) and Department of Clinical Neuroscience (“DCN”) project in 2012 for the procurement process as I only joined the project in March 2014 at the preferred bidder point.

Environmental Matrix

8. An environmental matrix is a useful document, in that it summarises the mechanical and electrical requirements that are necessary to design and build the hospital. I have seen it done in various guises, but it was certainly used at QEUH as well. The function of using the matrix can be driven by the form of contract. In some cases, it could be the client that produces it or in some cases it could be the design and build team.
9. My experience has been that the environmental matrix is produced manually and not populated automatically by way of a computer software package.

10. The RHCYP/DCN project used a Non-Profit Distributing (“NPD”) model. I have been asked by the Inquiry what my understanding of the function of the matrix was. When I became involved at the preferred bidder stage, the first thing I had to do was consider what documents we had to get us through to Financial Close. It was an audit of what we had, and one of the key documents was the environmental matrix which summarised all of the requirements that Lothian Health Board (“the Board”) wanted. I saw this as a positive because it then meant that the process had been completed and it was not required to be done. This would vary from project to project and sometimes the matrix would not have been developed to the extent it had been at that point. In some cases, it can be the contractor team or the client team that has to produce it. It is a document that you require to be able to do so many things mechanically and electrically, to design the project to what your client ultimately wants. There are a lot of technical figures in it and some people look at that and they just think it is numbers, but the information in that is so critical for so many aspects of a project that you cannot underestimate it. I was pleased to see this environmental matrix had already been prepopulated.
11. The information contained within the environmental matrix was taken as the client's briefing document which allowed the basis of the MEP design to be developed. The Board's environmental matrix was reproduced by Wallace Whittle, and through dialogue, discussion and meetings, the document was ultimately reviewed by the Board prior to Financial Close.
12. I have been asked to comment on CEL 19 (2010) (A37215536 – CEL 2010 – Letter to Chief Executives, ‘A Policy on Design Assurance for NHS Scotland 2010 Revision’ (2) dated 2 June 2010) and the requirement for Activity Data Base to be used by health boards as a design and briefing tool. I note this requirement was introduced in 2010. My experience has not been acting for health boards at this early stage of a project. I am unable to comment if health boards are working to CEL 19 (2010).

13. My understanding is that the document and data within the environmental matrix are fixed at certain points in time. During the life of a project, there can be additions and omissions as the project goes on. The duration of a hospital project could be three years plus. The client's requirements may change, so my experience with the matrix is that you could get instances where, say, some rooms have had their function changed. At that point, the environmental matrix would be updated or altered as the project progresses. It is never a document that is 100 per cent fixed at day one. However, you do need it populated at day one otherwise you cannot inform the design principles that you have to develop at that point. When I received this environmental matrix within the paperwork, I saw it as encapsulating the Board's requirements for the hospital build. Any amendments to that would have been in respect of any potential changes that came along as the project was developing because ultimately with the matrix, every room gets defined within it, and it is labelled to an actual room number. For instance, further down the line if some rooms were changed. It would mean that, as an example, if a store was changed into a bedroom, you would look at the criteria that you had at the start and you would think about the criteria that we have agreed for the bedrooms already. We would then insert revised data into the matrix, and then submit the environmental matrix for client review.
14. I have been asked what is the basis of my understanding that an environmental matrix may change during the life of a project. My experience on other projects is that on such a large and complex project with so many room types may well be subject to change as the project progresses; be it operational policy, new policy or regulation change, new technology or a requirement for different clinical needs or other reasons. Any changes are led by the client and instructed accordingly in line with the contractual procedures.
15. I have been asked to comment did I ever see the Board's Construction Requirements (BCR) (A33405670 – Schedule Part 6: Construction matters, section 3 (Board's Construction Requirements), Subsections A, B and C Excerpt pages 1 to 149) that made compliance with SHTM03-01 mandatory. I was provided with a copy of the BCR when I joined the project team. The BCR was seen as more than simply compliance with the SHTM. For example,

paragraph 2.3 listed out the standards to be complied with, unless the Board had expressed elsewhere in the BCR a specific and different requirement. The different requirement being section 8 of the BCR where the works had to comply with the environmental matrix.

16. In relation to the question of the values being fixed within the environmental matrix, my understanding is they were fixed at certain points in time.
17. I have been asked to comment on the reference to “see guidance” on the Hulley and Kirkwood environmental matrix, Third Issue dated 19.09.12 (A34691184 – Reference Design Envisaged Solution – RHSC/DCN RDS Environmental Matrix – 19 September 2012) . The spreadsheet includes specific values for the majority of entries. There is a general “see guidance notes” under notes at the far right of the spreadsheet in column “AC”. As I understand it, Wallace Whittle used the specific values within the environmental matrix to formulate their design.
18. I have been asked to comment if the values within the environmental matrix are required to price the job / tender. I am not directly involved in the costing of a project; this is the remit of the commercial team along with the subcontractor(s). However, ventilation rates are required to assess spatial requirements and equipment selection and capacities to build up a cost model.
19. The matrix was a really comprehensive document. It was not a generic spreadsheet that when you looked at it including the backup information; we also had what I would call a reference design pack. This included items such as the Hulley and Kirkwood design intent document. Also, we had the thermal comfort document, and they all aligned with the matrix. My interpretation of the environmental matrix was this is a really good piece of work that has been done, it has been thorough, and it takes out the need to, effectively, have to produce one because the process had already been carried out.
20. I have been asked to clarify the contents of the back-up information referred to in the previous paragraph. This relates to the Hulley and Kirkwood report that identifies previous issues on the existing RIE hospital bedroom overheating,

and the computer modelling carried out to show mechanical ventilation at 4ACH resolved the overheating issue(s).

21. I have been asked to clarify what was seen as being the definitive requirement of what the Board desired in relation to environmental requirements. My understanding was the Board's environmental matrix defined the Board's requirements, and this was aligned to the Board's Construction Requirements Section 8 where it was defined that the works had to comply with the environmental matrix.

Role at the Preferred Bidder Stage

22. My discipline is mechanical and electrical (M&E). Multiplex employ designers, so we do not do any design in-house. My role within Multiplex was as mechanical and electrical Design Manager, where I was to facilitate and manage the interaction between our designers who, in this case, were Wallace Whittle and the Board.
23. At the point of looking at the matrix, I felt it was not simply as having a duty to check to see if it was complying with Scottish Health Technical Memorandum ("SHTM") and the Scottish Health Protection Network ("SHPN") regulations, and all the other relevant regulations. My understanding was that the Board were responsible for interpreting the guidance and then producing their requirements, because within the guidance, there are many considerations to be made. We talk about guidance but there are so many aspects to guidance. Maybe visualising it, you have the environmental matrix in a mind map in the middle, you then have so many other aspects that inform your environmental matrix. Taking SHTM 03-01 (A33662259 – Scottish Health Technical Memorandum 03-01, Ventilation for healthcare premises, Part A – Design and validation dated February 2013) as an example, within that, there are selections to be made on clinical requirements. It is not just about air changes. That document is 184 pages to do with ventilation. It is a huge document that covers many areas, and so it is not a document that you would just decide if there were compliance or not. There are so many aspects that need to be

analysed and discussed, and that is what feeds into the environmental matrix. Then there are other aspects that can be competing. You will have input from Estates in terms of say, energy efficiency. Or Infection Control input as well as clinical input requirements. Some of these can be at odds with one another and that is where the client process to decide, effectively, what they really want is so important. It is not just about compliance with a standard; you need to understand operational policies. You need to understand how certain wards are going to be used or the reasons for certain air changes. With pressure regimes, that is an issue that a builder cannot exclusively decide. The end result is questioning and confirming whether it is what the client wants.

24. I have been asked if I was aware IHSL had to develop its own environmental matrix and state compliance with SHTM03-01 at tender stage. I was not involved at the tender stage of the Project, and not aware of what was discussed. I cannot assist the Inquiry with this question.
25. I have been asked to comment who would decide the ventilation pressures in relation to a department. In my opinion this would involve a range of stakeholders who represent the Board. Operational policy would form part of the decision-making process, and if it is to be positive or negative pressure for example depending on the type of infection the patient is likely to have. The combination of stakeholders would include for example, clinicians, infection control team, estates, nursing staff and others. A technical advisor may run simulations or checks and provide engineering input on what could be possible based on any ventilation design being discussed at an early stage. In summary the clinical expert sets out their requirements for the engineering solution to then be determined.
26. With room datasheets, from my experience generally I would have expected to have seen a comprehensive set of room datasheets in tandem with the environmental matrix which lags the room datasheet process. However, Wallace Whittle would not produce room datasheets because it is part of the architectural role to lead this, with input from MEP. My understanding is that your starting point would be that the health board would use the Activity Data

Base (“ADB”) system which then gives you a selection of rooms, and that becomes your starting point for the room datasheets. Within that, you have your architectural elements, and you have your mechanical and electrical elements. Then, if you imagine a large project, you have got the architectural plus the M&E per room, so you could have volumes and volumes of documents. They are very bulky, and they are not really what I would call a reference for M&E designers who have to look at key aspects regularly. My understanding is that what normally happens is that the information contained in the room datasheets, so your air changes and also things like lighting, that information then gets inserted into the environmental matrix.

27. I have been asked to comment on ADB process and the stage they would be introduced. As I understand it the employer decides how this will be set out in the client brief produced. As the starting point I understand NHS Scotland Bodies information relating to CEL 19 (2010) should be formulated from the ADB process. The process is not something I have been directly involved in.
28. I have been asked if I was concerned by the lack of room data sheets. I was not concerned because I understood the client’s environmental requirements had been defined within the environmental matrix. In my experience any RDS should have reflected the same environmental information.
29. The two design elements – architectural and MEP - are split very early on. The architects have their user group meetings, and they may be altering the room layouts based on what the users are feeding in because, in my opinion, they are a starting point. You get a generic layout from Activity Data Base which may be relevant to a particular type of room, that then must be reviewed with the user group team to understand their specific requirements. For the MEP there are also workstreams developing the MEP principles based around for example the environmental matrix. In my experience the environmental data gets split from the RDS process at an early stage. Both workstreams develop their respective deliverables, and at certain points in time the information contained within the environmental matrix is brought together with RDS.

30. During this process Wallace Whittle and the architect had regular dialogue where for example user group meetings were led by the architect; where there was any impact on Wallace Whittle design elements this was fed back via the room layouts marked up from each user group session, and further dialogue held accordingly to assess the impact and capture the requirements.
31. I was provided with a pre-populated environmental matrix as part of a pack with all the other reference design elements, and one of the requirements was to produce room datasheets by Financial Close. I did not see anything unusual about this because the environmental information was already provided in the form of the environmental matrix. In simplistic terms, it is the environmental information MEP are more interested in to develop the design principles.
32. During the detailed design phase, post financial close, as I understand it the architect coordinated the user group requirements and reviewed any changes with the Board.
33. If there is a conflict between the environmental matrix and guidance, in my opinion, the matrix would prevail because the interpretation of the guidance has already been done which then produced the matrix, because there are many aspects to the guidance. If you look at the environmental matrix, there are some notes at the front. For instance, in respect of the WC toilets, there was a note there, I think it's note 17 that says, "The SHTM says three air changes, but we want 10." There is another one about temperature, note 12, where maximum temperatures have not to be exceeded as contained within the matrix, typically 25 degrees for patient bedrooms, whereas the SHTM codes say 28 degrees. The Board and their advisors have made a decision they want 25, so it is not a generic document. This is a document that somebody has worked through and have really analysed their requirements and they are telling you what they want and inserted the figures that they do want within the environmental matrix. I think the decision in relation to guidance is already made because the environmental matrix is spelling out what Multiplex have to design and build.

34. I have been asked to confirm if I was aware of the BCR requirement to comply with SHTM03-01. The BCR requirement was seen as more than simply compliance with the SHTM. For example, 2.3 listed out the standards to be complied with, unless the Board had expressed elsewhere in the BCR a specific and different requirement. The different requirement being section 8 where the works had to comply with the environmental matrix.
35. The notes referred to above relate to Hulley and Kirkwood Environmental Matrix, Third Issue dated 19.09.12, tab Guidance Notes.
36. I have been asked to comment on the environmental matrix being made Reviewable Design Data and therefore subject to change, and how this relates to the matrix being fixed from the outset. In my opinion the RDD process does not mean any of the design element would necessarily be subject to change. RDD is a process that introduces a check process that verifies the Board are in agreement the document under review meets their client requirements. Any changes that are made to the stipulated values contained within the environmental matrix have to be agreed, and this is where the RDD process would capture this. However, any such changes would originate from the employer and follow the contractual change process. Other changes that could perhaps be considered in the context of the environmental matrix could be to cover any room types not included for, room numbers added as the design develops, or simply clarification points as detailed design progressed. The environmental matrix in my opinion is fixed at a point in time only, not fixed for the duration of the contract.
37. We were co-located in Morningside in Canaan Lane, so that was off-site. It was a project office with the NHS, Multiplex, Integrated Health Solutions Limited ("IHSL") team and others. We were off-site because we were still going through preferred bidder stage. That was useful because you had close contact with lots of interaction to build relationships. The key MEP designers for Multiplex were Wallace Whittle, and they had been involved in the bid stage, so it was the same people involved as well as our supply chain, Mercury. There was a

continuity there; both of those parties had been involved in the initial stage. Then we were, effectively, in the preferred bidder stage and we were taking what had been developed and discussed at the first stage with the documents that we had, so that was the Board's construction requirements and the reference design. It was all about trying to take that and get us to financial close and developing those elements to show our design intent that would satisfy the Board.

38. Then workstream wise, there were probably three key elements: the architectural, civil structure and the MEP disciplines. Given the size and complexity of the project each discipline tends to operate in workstreams. The MEP designers work with me and we interact with the Board, but you also have Wallace Whittle interacting with the architect as well, separately. If the architects have user group meetings and there are maybe issues or changes, Wallace Whittle and the architect had their own meetings about that as a design team and get kept up to date accordingly. In addition to that, we are trying to develop the mechanical and electrical principles to complete Financial Close. What you have is the architectural design always gets developed ahead of the MEP; you cannot design MEP unless you have the architectural room layouts. You always have this kind of staggered process where the architect needs to develop their drawings and have the layouts and then the MEP would develop from this point. But you cannot wait that length of time, so what you are trying to do is get a design intent agreed in tandem with the architects' work and with the layouts.
39. I would not say I felt under pressure with time, despite the short period up to financial close from preferred bidder stage. However, we were busy which was normal and had a job to do which we got on with.
40. I have been asked to make comment on what a standard time period would be, and also was there sufficient time allocated for the volume of work to do, In my opinion there are too many variables to define what a standard time would be. I know that time pressures were tight, initially I recall September was a target that proved to be unrealistic. The revised programme on the basis of MEP was

not unrealistic given the Board's Requirements were already set out in the environmental matrix, and detailed design was not being carried out until after FC. MEP detailed design was the production of a full set of construction drawings based on the agreed architectural layouts. The MEP design would detail and coordinate all of the MEP design layouts for all areas, and the provision of equipment schedules to allow procurement of plant and equipment.

41. The room layout was led by the architectural team. As I understand it the architect was having their own meetings with Wallace Whittle
42. There was no clinician involvement attending the MEP workshops. As I understand it there was attendance at the user group meetings, and those are really led by the Architect and developing 1:50 layouts and going through that process. I did not attend the user group meetings. If there was something specific Wallace whittle required clarification on, our route was really through Mott MacDonald who attended the MEP meetings and workshops. They would take anything away and then feed it back in to us. We were one step away from having any direct involvement with the clinical team.
43. We were working with Wallace Whittle and Mott MacDonald in 2014 when I joined. We looked at the project and then decided how we were going to get the MEP design principles to where we needed it to be. What we decided was we would have weekly workshops on the MEP. We produced a list of topics going right into the future so that the Board would have the relevant people attending. How we split it was, there were various workstreams so you could have things like fire, security and Information Technology and so on, but I would say the three main workstreams were energy, electrical, and mechanical. The two relevant ones, I think in terms of ventilation that we are talking about here, would be the mechanical workstream and the energy workstream. We had people identified because these were technical issues not general. The way it was resourced was Wallace Whittle had key people for each one of those disciplines, and then Mott MacDonald then identified their technical people for each one. There were issues, for example, we said who from estates would be joining these workshops and I think Mott MacDonald tried to get estates along

but in the end they did not regularly attend. Mott MacDonald were really the front and centre in their capacity as technical advisors to The Board. They introduced themselves at each of the meetings as the technical advisors to the Board. We were liaising with the Board through Mott MacDonald. It was useful that they brought people in who were designers in the relevant workstream, so it was not administrators. The way that they resourced it was almost like a shadow design team. When we brought along mechanical solutions to talk about, Mott MacDonald would attend with the mechanical person, so that both parties were talking the technical language. That was for mechanical, electrical, and the energy side. The whole idea with these workshops was to take the client on a journey and not at the end, in six months' time produce a set of drawings and documents to review in isolation. It was all about early involvement, and the designers were tabling drawings and concepts, so it was very much a hands-on process. The drawings would be opened, Wallace Whittle would give an overview of key principles. We would get feedback. If there were questions, then Mott MacDonald would have to take them away to the Board and bring them back for further dialogue at the next workshop. It was really a journey so that by the end, we would have a position that we were all in agreement with the proposals.

44. I was involved in all of these workstreams in managing the process. The Energy Model workstream required key individuals from Wallace Whittle and the technical advisors who understood the modelling process. I use the energy workstream as an example because that is relevant to the environmental matrix and the design principles, so it is a key workstream.
45. In relation to the environmental matrix and the energy workstream, there was a contractual requirement to meet energy targets. The energy was quite complicated because, it not only had to meet targets, but it was also going to be used as the basis of measurement for the operational phase of the hospital, so it was quite a significant piece of work. Within that, to be able to produce an energy model you are collating all the components of a building that uses energy and agreeing a set of inputs, and then the actual output of the model provides you with how much energy you are going to use.

46. My understanding was the energy requirements were critical and formed part of the contractual requirements. For example, Boards Construction Requirements Part 6 Section 3 point 5.25 Sustainability, 5.25.1 Very good BREEAM and 5.26 Energy Strategy define the energy considerations to be considered (A41179262 – Schedule Part 6: Construction matters, section 3 (Board's Construction Requirement's), Subsection D Excerpt pages 360 and 780) . Project Co Proposals 4.10 Sustainability and Energy Model prepared by Wallace Whittle details the sustainability and energy model considerations encapsulated for the Project at Financial Close.
47. There were also two reports prepared by Hulley and Kirkwood for the thermal comfort. This inputs into the energy workstream. Within the energy, it was very much about what inputs you put in as this will influence what you get out. If we take mechanical ventilation as an example, you need to know, how many air changes you are having in all these spaces because that uses energy, and that provides the output result. What was agreed was that there were templates for all the different areas and if you take, say, a single bedroom, for example, requiring four air changes, that template was developed, and Mott MacDonald had to go through each one of them and through dialogue the inputs that Wallace Whittle proposed were agreed. There was dialogue and debate to reach agreement, but the combined focus was what the input was in each one of the items. In the single bedroom, it was four. That is what developed, effectively, the Project Company Proposal (PCP) for energy. There are appendices at the back of PCP 4.10 within that document, there are templates for all of the rooms that were modelled, and if you look at the single bedroom, you can go to the relevant page and you can see that it was based on four air changes. That is the kind of level of dialogue that was being carried out and reviewed during our preferred bidder stage on energy. When referring to a single bedroom, I mean a single bed so single bedroom space. There were also multi-beds as well, so that is in it as well, and again it shows it as the four air changes.

48. The thermal comfort report produced by Hulley and Kirkwood provided technical information on ventilation simulations. My interpretation of the document was that the client had issues at Edinburgh Royal Infirmary of bedrooms overheating, and that is noted in the conclusions of the document, where it appears the builder of that hospital provided a natural ventilation solution. My interpretation of the report was the client wanted to apply lessons learned for the new build hospital to prevent bedroom overheating. The simulations within the report detailed how much mechanical air would be required. There were various iterations within the report as noted within the front cover, and the conclusion was: four air changes mechanically resulted in the bedroom not overheating.
49. I have been asked to clarify what I mean by natural ventilation within the existing hospital, Edinburgh Royal Infirmary (ERI). Whilst not having been involved with the design of ERI, this is an existing hospital that appears to have had a natural ventilation solution within bedrooms where there has been overheating issues which appears to have been a key driver to ensure lessons learned are captured for the new hospital. A piece of work has been commissioned, forming part of the Reference Design contained within the Hulley and Kirkwood paper, section 4 conclusions of Thermal Comfort Analysis Report, dated 21 February 2012 (first issue) (A34225373 – Hulley & Kirkwood Thermal Comfort Analysis Report – February 2012) . It would appear energy efficiency versus overheating of the bedroom have been considered. The conclusions of the report state 4ACH mechanically resolve the overheating concerns based on the authors modelling carried out.
50. The other aspect is that, when you look at the figures contained within the environmental matrix, it appears as simply figures within a table. However, changing the figures can have major implications. For example, if you want more air in a room from the mechanical ventilation, it is going to require more energy. The running cost of the building would increase. Increased mechanical ventilation will require larger ventilation ducts that take air to and from the room. So spatially, ductwork going along corridors would increase, and with the plant and equipment increasing in capacity larger plantroom may be and so on.

Wallace Whittle developed the design principles based on the figures contained within the Environmental Matrix.

51. The design of the ventilation system was based on the requirements contained within the Environmental Matrix. If air change rates change at a later date, there is the possibility larger plant would be required given the increase in equipment capacity and equipment size. This also impacts on spatial requirements in corridors.
52. I have been asked to comment if the requirements were finalised or not at Financial Close, and how an accurate price could be put forward if the requirements were not finalised. My understanding was the environmental matrix did provide finalised requirements in relation to environmental parameters at Financial Close.
53. Mott MacDonald were involved in the weekly workshops; MEP principles were being discussed and they were liaising with the Board and coming back to us. It was a collaborative and working process, and an enjoyable and exciting time. We all had the same vision about this hospital that we all wanted to build, and so we were all contributing and working well through dialogue period. If there was something that was tabled by Wallace Whittle, then there might be a discussion and then there might be more information required to be provided. It was fluid, it was flexible. Our starting point on the journey was, "what is it that you want?" This was the time to get it right before the detailed design and construction started. That is why these workshops and all the reviewing that was going on was to get us to an agreed position.
54. There were no specific discussions that I can recall in the work streams that I was party to that focused in on critical care values contained within the environmental matrix. For Financial Close, Wallace Whittle was not producing a full detailed design. It was not possible before Financial Close, so it was very much the design principles that were getting developed. Everything is time dependent; we had around six months. If you think what is required, what you are trying to do is get all the items that could be contentious, could be

significant, so that when you do get the agreement to proceed, you have the correct level of information to hand to allow the detailed design to progress. It is about getting all of the items with a design intent clarified and agreed,

55. There was an issue with pressure brought up before Financial Close. The pressure regime noted in the Boards Environmental Matrix required positive pressure. This had to be changed following dialogue. We had a meeting with Wallace Whittle, Graeme Greer and Colin McRae on 8 July 2014. It was very much about the project's environmental matrix, how Wallace Whittle was going to produce it, and we requested we obtain the Board's environmental matrix in Excel format to allow Wallace Whittle to produce the environmental matrix. It was developed from the Hulley and Kirkwood environmental matrix that was contained within the reference design. Wallace Whittle produced the environmental matrix, and it was sent to Mott MacDonald on 29 September as draft for comment.
56. I have been asked to comment on the requirement to produce RDS at FC and when and why this was not done. I was not party to any discussions that agreed what room types would be included as part of Financial Close. Wallace Whittle produced document PCP4.9 and within MEP section 4 this details the sample rooms selected to show the MEP elements.
57. Then on 14 October, the NHS fed comments back, of which there were 12 points, and one of them related to the debate about the six air changes and the pressure regime within the bedroom. There were two issues essentially. There were other items, but air changes and pressure were the key ones.
58. I have been asked to comment if the 12 comments produced cause concern or provide pause for thought in terms of the content of the environmental matrix. At the time of receipt of comments, it did not provide cause for concern. In my opinion the level of engagement had been good throughout the Preferred Bidder period, and we were complying with the Board's Requirements already set out. Similar to all of the submissions Wallace Whittle prepared, the environmental matrix first issue was "draft format" where the Board were

encouraged to make comments that could be worked through prior to the actual document being formally submitted for review. Formal submission then followed after the draft submission capturing the Board's comments made. Comments were worked through in the usual manner, from both the Technical Advisors, and the designers Wallace Whittle; and through dialogue and meetings the list was reduced from twelve points to seven.

59. On 28 October, Wallace Whittle then responded with their commentary. It was Wallace Whittle's comments, Multiplex forwarded the comments on to the Board. It is the designer that responds to these sorts of technical issues.
60. In respect of the air change rates, the debate about four or six and the pressure type, when I read the response back from Wallace Whittle, it seemed satisfactory to me. They were quoting the reference design. If it had been something that you thought does not seem right, then you would have got further involved or challenged the response, but to me it was perfectly legitimate. Looking at the process, we had many months of workshops and dialogue. We had agreed energy strategies on the 4ACH figures, the design principles had been tabled based on the environmental matrix, all of which informed the design principles.
61. I have been asked if I was surprised that the air change rate had not been resolved at Financial Close. I was of the opinion 4ACH was accepted as part of the dialogue and meetings held, where the final list from the meeting of 11.11.14 resulted in twelve points reduced to seven points, with the 6ACH comment dropped (A39975851 – Email dated 11 November 2014 re Environmental Matrix NHSL Comments Feedback) . Given Wallace Whittle had added clarification to the guidance notes within the environmental matrix, note 26 added in relation to 4ACH as per WW-XX-XX-DC-XX-001 Rev01 the item was considered to be accepted as 4ACH mechanically.
62. I have been asked to comment on a perceived differing interpretation of guidance and did this not require to be resolved before FC. In my opinion there was not differing interpretations of the guidance with the technical advisors.

What we had was the guidance said 6ACH, and the BCR was calling for 4ACH. The clarification was included within the environmental matrix WW- XX-XX-DC-XX-001 Rev01, note 26.

63. In reference to what was being fed back from the Board, we would normally on a day-to-day basis only see correspondence from the technical advisors. Mr Kamil Kolodziejczyk from Mott MacDonald was part of the team from Mott Macdonald as Technical Advisors to the Board, but behind the scenes I do not know who was feeding that in. I was just liaising with Mott MacDonald as they were technical advisors to the Board. Rarely did I speak to anyone like Brian Currie for example on MEP related items, Mott MacDonald were the team that I dealt with on a day-to-day basis.
64. At this stage, many months of collaborative meetings and dialogue had passed. We had come together regularly and therefore I was surprised at the comment coming back in relation to 6ACH. My initial thoughts were perhaps it was somebody back at the Mott MacDonald office that had not been involved in the job on a day-to-day basis and was not familiar with the environmental matrix.
65. The other aspect to that was that the environmental matrix stated positive pressure in the single-bed rooms, and the Boards comment was saying that they wanted it balanced or negative pressure. Wallace Whittle then updated the matrix, and that was sent back to the Board on 31 October 2014 (A40162625 – Environmental Matrix Published – 31 October 2014) . Wallace Whittle had changed the positive pressure in the environmental matrix to balanced, and the four air changes were left unchanged. That was sent back to the Board and then we requested the meeting, which was then held on 11 November (A39975851 – Email dated 11 November 2014 re Environmental Metrix NHSL Comments Feedback) . After discussion of the twelve items, the output of the meeting was seven action points. Awaiting proposals on the pressure side of things was then an action to be resolved.
66. Of the seven points, the pressure issue was one that we had to close out before Financial Close. We requested Wallace Whittle to draw up the air

movement sketches, and they were tabled with the Board in January 2015. The date of the meeting was 13 January 2015 (A35614476 – Email from Janice Mackenzie to Fiona Halcrow w/attachments – 12 to 14 January 2015) . At that point, the Board I recall were reviewing with Infection Control as part of the HAI Scribe process. The Board's environmental matrix required positive pressure to the single bedrooms.

67. Then on 19 January 2015, I issued a request for information seeking confirmation and acceptance that the Board had reviewed the sketches with Infection Control.,. That was in relation to bedroom pressure, and then on 29 January (A34225421 – Email – Maureen Brown to Janice McKenzie – Bedroom Ventilation/HAI Scribe – 29 January 2015) we received the response back from the Board via their Technical Advisors. The conclusion on that was the discussions around the Wallace Whittle paper had resolved the issue. The environmental matrix showed the pressure balanced. There had been meetings and discussions, and there was no rejection of the Wallace Whittle proposal. So, the assumption was the discussions were resolved for Financial Close.
68. It was intended that Financial Close was going to be September 2014, but it had to be extended. Production of the required information is simply a function of time, and the dialogue required, and production of information takes time to produce. The objective for Financial Close was to bottom out all MEP key principles to allow the detailed design to progress after Financial Close.
69. The Reviewable Design Data came about, I think in reality because most MEP documents had been made Level C. If you look at the NHS process in terms of the Contract, you have Level A, B, and then you have C and D. A and B are basically approved, and I think this came perhaps from the NPD type process. The feedback we received on the MEP Financial Close documents were that if the pack of documents that we had produced had been Level B, then the way the contract was set up, the Board would not get to review them again. That was just the nature of the process, so they had to be Level C, in their opinion. However, it was disappointing, given the dialogue period that we went through and everything that had been discussed, that was all documents were Level C. In one sense, it was positive because it was not Level D, meaning rejected.

Level C is subject to amendment and then proceed with a resubmission. There is a definition for the various levels. What we said was, “We hear what you are saying about the contract in terms of Level B. What we will introduce is, we will resubmit so if the Board make something a Level B, even though we did not need to resubmit anything, we said in the MEP side, “We will take your comments on board, and we will resubmit the drawings for information, so that it is quite clear how we are interpreting your comments.” That was something that we introduced post Financial Close, and it was a lot of extra work during the detailed design process, but again it was about keeping the client informed and showing how we were interpreting their Level B comments; so we added a table format to the documents, noting the Board's comment and a response included showing how we were dealing with the comments. It was again just about avoiding any misinterpretation of information, but this process adopted was at the next stage, post Financial Close. As far as I was concerned right up to Financial Close, it was very collaborative working and we were really doing everything possible to detail the design principles so we had full agreement from the Board, and thus ensure Financial Close would be achieved.

70. With all the MEP design strategy documents at Financial Close where the principles were settled that then were classified as Level C, and the set-up of the contract if the document was given Level B the Board were unable to review again, there's always a nervousness from a client's point of view if they have not been able to review the detailed design in its entirety that follows the design strategy phase. I took it at face value and listened to what the Board said, and we put in procedures that the Board would be reassured by having visibility with Level B comments and the response to their comments.
71. I have been asked to comment if the concern surrounding the Board reviewing documents at Level B pre-Financial Close related to RDS not being produced in all areas. In my opinion the concern related to the detailed design drawings not being available until after Financial Close. The Board wanted visibility of the entire design, not just the design concept drawings and principles settled before approving the documents. As I understand it if the strategy documents were

made status B at Financial Close, this meant Multiplex could proceed on the information tabled without further review by the Board.

72. I have been asked to comment on the procedure adopted in the above paragraph. Post Financial Close the procedure agreed with the Board over and above the contract requirements for MEP Reviewable Design Data was that any drawing made status B by the Board (with comments), we would capture the comments made on the document in a table format on the actual document, add the designers response responding to the comments, and then reissue the document "for information" at the next revision so that it was visible to the Board on how the comments had been interpreted, and they had a record documented. As I understand it under the contract for Level B drawings there was no requirement to resubmit the drawing.
73. With the room data sheet process at the point of Financial Close, I had no involvement in the decision-making process other than I have seen that Wallace Whittle had specific generic rooms, and that was contained within the Project Co Proposals. There were a series of rooms that were included within the Project Co Proposals with the actual drawings of rooms of how they would be serviced mechanically and electrically. I do not know why there was a decision taken just to produce that set of room types, as opposed to the full complement of datasheets.
74. I have been asked to comment on what the Project Co Proposals were for the project, and the significance they play. PCP 4.9 relates to Mechanical and Electrical Engineering, and PCP 4.10 relates to Sustainability and Energy Model. These were the contractor's proposals prepared on basis of the dialogue during Financial Close. My understanding is these documents were reviewed by the Board as well as the NPD Legal Team and formed part of the contract at Financial Close.
75. I have been asked to comment on why not all of the RDS were being produced at Financial Close, and if I considered this an extra layer of risk. I did not consider this as an additional risk as detailed design for MEP was not being

produced until after Financial Close. The environmental matrix contained the employer's requirements for the environmental requirements, and in my opinion this information would simply have been replicated on the RDS.

76. Regarding the relations with people I was working with, in terms of the MEP design, I thought the relations were strong and working effectively. My experience is you are working with people for a number of years, so you have to maintain relationships and treat them as respected colleagues.
77. In terms of the Reviewable Design Data, I had no concerns over the amount of data that was to be categorised as reviewable design data. The thought was that we had the MEP design intent agreed. With mechanical and electrical, there are a lot of drawings and there is a lot of reviewable information that is required, and so there was not a concern.
78. Mott MacDonald were our day-to-day contacts in their capacity as Technical Advisors to the Board, and it ran well, however they could be vocal. At the end of the day, we would not have reached Financial Close if there was something that was not acceptable as it would have been made status Level D, defined in the contract as "rejected".
79. At Financial Close, I am not aware of any discussions around air change rates being incorrect for Critical Care, and we were not directly involved with any clinical input. If the Board were wanting to change Critical Care, we were reliant on that being fed back by Mott MacDonald. Presumably, as part of the environmental matrix review to get the twelve comments down to seven, it was a range of stakeholders including infection control and clinical input, and so the comments we received was the conclusion of the review on, "does this meet what they want?"
80. The architects would have their user group meetings, and that might be with clinicians and other stakeholders attending that workstream. If there was anything relevant from those meetings that would relate to MEP issues, I understand it was fed back to Wallace Whittle. Wallace Whittle and the

architect had their regular meetings. I think the format was that drawings were marked up during that the workshops, and then that would then be distributed to the team, but it was Wallace Whittle that would have had the direct feedback on anything. Wallace Whittle would have then fed back anything relevant to Multiplex or reflected it in what they were working on if it was significant.

81. I was not involved in the Project Steering Board.

82. I have been asked to comment on room function sheets contained within the Hulley and Kirkwood Issue 3 environmental matrix. This is not something I was involved with however I understand this detailed the room function which informed the rest of the environmental matrix.

Closing Statement

83. I believe that the facts stated in this witness statement are true. I understand that this statement may form part of the evidence before the Inquiry and be published on the Inquiry's website.

RHSC and DCN
Little France
Edinburgh
Scotland United Kingdom

NHS Lothian
56 Canaan Lane
Edinburgh
EH10 4SG United Kingdom
Ph. +44 131 5365061

MAIL TYPE	MAIL NUMBER	REFERENCE NUMBER
General Correspondence	NHSL-GC-002953	MPX-GC-026334

Re: 12.04.18 4 Bed Workshop Summary

From Mr Ronnie Henderson - NHS Lothian

To (4) Mr Kamil Kolodziejczyk - Mott MacDonald Ltd (Head Office UK)
Mr Douglas Anderson - Mott MacDonald Ltd (Head Office UK)
Mr Ken Hall - Multiplex Construction Europe
Mr Stewart McKechnie - Wallace Whittle

Cc (2) Mr Colin Grindlay - Multiplex Construction Europe
Mr Andrew McColl - Multiplex Construction Europe

Sent Wednesday, 18 April 2018

MESSAGE

Hi Ken,

I note the attached schedule rev 05 still refers to Air Change rates between 2.7 & 3.5, we are seeking design for 4 Air Changes to all 14 rooms. Can you confirm that this is the brief to WW

Regards

Ronnie

From: K Hall
Sent: 17/04/2018 2:52:00 PM BST (GMT +01:00)
To: Douglas Anderson, Kamil Kolodziejczyk, Ronnie Henderson, Stewart McKechnie
Cc: Colin Grindlay, Andrew McColl
Mail Number: MPX-MM-000503
Subject: 12.04.18 4 Bed Workshop Summary

Confirmation of Key Points discussed.

Attendees: as attached.

Marked Up Drawings Tabled: as attached.

Agenda: as below - (MPX-GC-026334)

Date and Time: 12.04.18 @ 13.00Hrs

1.0 SM noted concerns on agreement from the previous workshop No1 that the objective of workshop No2 was to obtain agreement in principle on the draft drawings being tabled to allow progress to continue on 4 bed design. This was due to NHSL held up at another meeting, and no delegated authority at the workshop.

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Action. Concerns resolved as Ronnie Henderson joined the workshop at 13.30.

A. 4 BED Agenda Item

2.0 14 Rooms in question tabled based on the previous Rev 05 schedule. Rooms cross referenced drawings against the schedule. See attached schedule and drawings over viewed.

3.0 Room "M" type. NHSL noted environmental matrix notes supply and extract. Drawing tabled and site inspection has no changes to the extract.

Action: TUV SUD to confirm design intent to comply with the environmental matrix.

4.0 Area I + J. NHSL requested actual air change rates be confirmed given the increase in one extract system rather than perhaps introducing it across the 3 systems in the locale.

Action: Increase in air change rate(s) to be identified due to noise concerns.

5.0 Physical sizes of all increased duct sizes to be verified at site to confirm any spatial constraints.

Post meeting note: Surveys confirmed to proceed 18.04.18. Findings to be shared with NHSL.

6.0 NHSL confirmed agreement in principal to the strategy tabled, and to proceed to the next stage of site survey based on drawings tabled. Thereafter RDD pack to be submitted for speedy approval.

7.0 Spare capacity. TUV SUD tabled the initial draft assessment:

Supply: No impact as being maintained at 4ACH as per the Environmental Matrix.

Extract: AHU-04-06: extract up by 23%.

Extract: AHU-04-07: extract up by 10%.

Extract: AHU-04-08: extract up by 15%.

Extract: AHU-02-23: extract up by 36%.

Extract: AHU-04-04: extract up by 6%.

TUV SUD noted dialogue with Supplier of AHU being undertaken.

Action: Spare capacity impact analysis document to be issued after site checks carried out on spatial review to identify impact on current spare capacity to allow NHSL to consider if the design can proceed on this basis.

B. Spare Capacity Document

NHSL noted receipt of spare capacity document. Comments on the document to be tabled at next workshop.

8.0 NHSL noted the document issued per department had the comments removed that were in the original spare capacity document issued. Specifically for example the fans in relation to 10% spare capacity comment. NHSL reiterated clarity if the fans had 25% spare capacity, this was confirmed by TUV SUD.

Action: TUV SUD to confirm statement made at the meeting, ventilation 25% design spare capacity on the fans.

C. Schneider Agreement

9.0 TUV SUD statement distributed at the meeting,

Action: NHSL to feedback at next workshop.

D AOB

A47232226

10.0 NHSL requested Thursday meetings continue, perhaps alternated mechanical and electrical depending on topics to be resolved.

11.0 TUV SUD queried if generator load profile document had been returned by NHSL / MPX.

MPX confirmed after meeting TUV SUD were issued the document on 10.04.18.

Action: TUV SUD to confirm feedback on NHSL comments received.

12.0 NHSL noted query regarding earth cable and fire rated cabling. To be discussed and agreed at next workshop. NHSL requested formal confirmation to the points raised within original calculations feedback.

Action: TUV SUD to respond to Aconex MPX-GC-026161 dated 29.03.18.

Next meeting: Thursday 19.04.18, agenda to be issued prior to meeting.

From: K Hall

Sent: 11/04/2018 3:36:34 PM BST (GMT +01:00)

To: Douglas Anderson, Ronnie Henderson, Stewart McKechnie

Cc: Colin Grindlay, Andrew McColl

Mail Number: MPX-GC-026334

Subject: 12.04.18 Thursday M+E Workshop 13.00Hrs

Confirmation of agenda items to discuss tomorrow, 13.00Hrs, MPX Conference Room.

1.0 Tabling of 4 Bed Design - 14 Rooms

2.0 Feedback on Spare Capacity Review - Specific Departments

Clinical Management Suite

Family Hotel

Shelled rooms

Out patients

Child life and Health

Clinical Research Facility

Multidisciplinary offices in wards

Sphere

Class rooms

Health records

3.0 Update on Schneider Agreement - Electrical Distribution 90/70 degree debate v's BS 7671 Derating

MARKED UP AT MEETING 24/02/17



Wallace Whittle

General Ward – Ventilation Amendment Proposal to Achieve Room Balance

Proposed Solution To Rooms Identified As Being Of Concern

Room Reference Location	Ventilation Layout Drawing Number	Room Number	Room Description	Proposed Solution	Severity of Works			Ductwork Fabricated
					Local	Medium	Major	Yes/No
A	WW-Z4-00-PL-524-001I	G-A2-054 ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 2.7ac/hr, increase dirty extract for en-suite and WC from 10ac/hr to 17ac/hr, branch ductwork and grilles to be increased in size. This will achieve a balanced room pressure. Branch ducts have long runs across the width of the floor plate to get back to the main duct.		✓		Yes
B	WW-Z4-00-PL-524-001I	G-A2-046 ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 2.7ac/hr, increase dirty extract for en-suite and WC from 10ac/hr to 17ac/hr, branch ductwork and grilles to be increased in size. This will achieve a balanced room pressure. Branch ducts have long runs across the width of the floor plate to get back to the main duct.		✓		Yes
C	WW-Z4-00-PL-524-002G	G-A2-028 ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 2.7ac/hr, increase dirty extract for en-suite and WC from 10ac/hr to 17ac/hr, branch ductwork and grilles to be increased in size. This will achieve a balanced room pressure. Branch ducts have long runs back to the main duct within the corridor.		✓		Yes
D	WW-Z4-01-PL-524-001H	1-B1-063 ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 3ac/hr, introduce a general extract ductwork branch and grille and connect into the duct main branch. This will achieve a balanced room pressure. The branch duct will require to be increased in size and has a long run back to the main.		✓		Yes
E	WW-Z4-01-PL-524-001H	1-B1-031 ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 3ac/hr, introduce a general extract ductwork branch and grille and connect into the duct branch. This will achieve a balanced room pressure. The branch duct will require to be increased in size and has a long run back to the main.		✓		Yes
F	WW-Z4-01-PL-524-001H	1-B1-009 ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 3ac/hr, increase the main branch size and introduce a general extract duct branch and grille within the room. This will achieve a balanced room pressure. The branch duct will require to be increased in size and has a long run back to the main.		✓		Yes
G	WW-Z3-03-PL-524-001F	3-C1.3-011 ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 3ac/hr, increase dirty extract for en-suite from 10ac/hr to 17ac/hr, branch ductwork and grille to be increased in size. Wet room to increase to 17ac/hr with new ductwork and grille being introduced and connect into the duct main. This will achieve a negative room pressure. En-suite ductwork has a long run to get back to the main, additional wet room branch is local.	✓			Yes
H	WW-Z3-03-PL-524-001F	3-C1.3-013 ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 3ac/hr, increase dirty extract for en-suite from 10ac/hr to 17ac/hr, branch ductwork and grille to be increased in size. Wet room to increase to 17ac/hr with new ductwork branch and grille being introduced and connect into the duct main. This will achieve a negative room pressure. En-suite ductwork has a long run to get back to the main, additional wet room branch is local.	✓			Yes

Issue	Date	By	Checked
1	08.02.17	BR	SMcK
2	14.02.17	BR	SMcK
3	22.02.17	BR	SMcK





Wallace Whittle

General Ward – Ventilation Amendment Proposal to Achieve Room Balance

Room Reference Location	Ventilation Layout Drawing Number	Room Number	Room Description	Proposed Solution	Severity of Works			Ductwork Fabricated
					Local	Medium	Major	Yes/No
I	WW-Z4-03-PL-524-001F	3-C1.2-026 <i>ESSENTIAL</i>	Multi Bed (4)	Reduce supply ventilation down to 3ac/hr, increase dirty extract for en-suite from 10ac/hr to 17ac/hr, branch ductwork and grille to be increased in size. Wet room to increase to 17ac/hr with new ductwork branch and grille being introduced and connect into the duct main. This will achieve a balanced room pressure. En-suite ductwork has a long run to get back to the main, additional wet room branch is local. The main ductwork will also require to be increased in size.			✓	Yes
J	WW-Z4-03-PL-524-001F	3-C1.2-023 <i>ESSENTIAL</i>	Multi Bed (4)	Reduce supply ventilation down to 3ac/hr, increase dirty extract for en-suite from 10ac/hr to 17ac/hr, branch ductwork and grille to be increased in size. Wet room to increase to 17ac/hr with new ductwork branch and grille being introduced and connect into the duct main. This will achieve a balanced room pressure. En-suite ductwork has a long run to get back to the main, additional wet room branch is local. The main ductwork will also require to be increased in size.			✓	Yes
K	WW-Z4-03-PL-524-002F	3-C1.1-018 <i>ESSENTIAL</i>	Multi Bed (4)	Reduce supply ventilation down to 2.7ac/hr, increase dirty extract for en-suite and WC from 10ac/hr to 17ac/hr, branch ductwork and grilles to be increased in size. This will achieve a balanced room pressure. The branch ducts will require to be increased in size and have a long run back to the main. The main ductwork will also require to be increased in size.			✓	Yes
L	WW-Z4-03-PL-524-002F	3-C1.1-046 <i>ESSENTIAL</i>	Multi Bed (4)	Reduce supply ventilation down to 2.7ac/hr, increase dirty extract for en-suite and WC from 10ac/hr to 17ac/hr, branch ductwork and grilles to be increased in size. This will achieve a balanced room pressure. The branch duct will require to be increased in size and have a long run back to the main. The main ductwork will also require to be increased in size.			✓	Yes
M	WW-Z4-01-PL-524-001H	1-B1-065 <i>ESSENTIAL</i>	Multi Cot (3)	Reduce supply ventilation down to 3ac/hr, introduce a general extract ductwork branch and grille and connect into the duct main branch. This will achieve a balanced room pressure. The branch duct will require to be increased in size and has a long run back to the main.		✓		Yes
T	WW-Z4-03-PL-524-002F	3-D9-022 <i>ESSENTIAL.</i>	Multi Bed (3)	Reduce supply ventilation down to 3ac/hr, increase dirty extract for en-suite from 10ac/hr to 17ac/hr, branch ductwork and grille to be increased in size. Introduce a new general extract branch and grille into the room and connect into the duct main. This will achieve a balanced room pressure. En-suite ductwork is local to the main. The general extract main ductwork is at the end of the system and will have to be extended as well as being increased in size in order to accommodate the additional volume requirements.			✓	Yes

Issue	Date	By	Checked
1	08.02.17	BR	SM&K
2	14.02.17	BR	SM&K
3	22.02.17	BR	SM&K



General Ward – Ventilation Amendment Proposal to Achieve Room Balance

Addendum - Review of Rooms Identified as Non Critical

Room Reference Location	Ventilation Layout Drawing Number	Room Number	Room Name	Proposed Solution	Severity of Works			Ductwork Fabricated
					Local	Medium	Major	Yes/No
N	WW-Z4-01-PL-524-002F	1-L1-100 NOT ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 3ac/hr, increase dirty extract for en-suite from 10ac/hr to 17ac/hr, branch ductwork and grille to be increased in size. Introduce a new general extract branch and grille into the room and connect into the duct main. This will achieve a balanced room pressure. En-suite ductwork has a long run across the width of the floor plate to get back to the main. The general extract main ductwork is local to the room, however the main will require to be increased in size in order to accommodate the additional volume requirements.			✓	Yes
O	WW-Z4-01-PL-524-002F	1-L1-097 NOT ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 3ac/hr, increase dirty extract for en-suite from 10ac/hr to 17ac/hr, branch ductwork and grille to be increased in size. Introduce a new general extract branch and grille into the room and connect into the duct main. This will achieve a balanced room pressure. En-suite ductwork has a long run across the width of the floor plate to get back to the main. The general extract main ductwork is local to the room, however the main will require to be increased in size in order to accommodate the additional volume requirements.			✓	Yes
P	WW-Z3-03-PL-524-001F	3-C1.8-027 NOT ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 2.7 ac/hr, increase dirty extract for en-suite and WC from 10ac/hr to 17ac/hr, branch ductwork and grilles to be increased in size. This will achieve a balanced room pressure. Branch ducts have long runs back to the main duct which is in the corridor. The main ductwork will also require to be increased in size.			✓	Yes
Q	WW-Z3-03-PL-524-001F	3-C1.8-016 NOT ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 2.7 ac/hr, increase dirty extract for en-suite and WC from 10ac/hr to 17ac/hr, branch ductwork and grilles to be increased in size. This will achieve a balanced room pressure. Branch ducts have long runs back to the main duct which is in the corridor. The main ductwork will also require to be increased in size.			✓	Yes
R	WW-Z3-03-PL-524-002G	3-C1.4-084 NOT ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 3ac/hr, increase dirty extract for en-suite from 10ac/hr to 17ac/hr, branch ductwork and grille to be increased in size. Introduce a new general extract branch and grille into the room and connect into the duct main. This will achieve a balanced room pressure. The general extract main ductwork is local to the room, however the main will require to be increased in size in order to accommodate the additional volume requirements. The dirty extract main will also need increased in size.			✓	Yes
S	WW-Z3-03-PL-524-002G	3-C1.4-061 NOT ESSENTIAL	Multi Bed (6)	Reduce supply ventilation down to 3ac/hr, increase dirty extract for en-suite from 10ac/hr to 17ac/hr, branch ductwork and grille to be increased in size. Introduce a new general extract branch and grille into the room and connect into the duct main. This will achieve a balanced room pressure. The general extract main ductwork is local to the room, however the main will require to be increased in size in order to accommodate the additional volume requirements. The dirty extract main will also need increased in size.			✓	Yes

Issue	Date	By	Checked
1	08.02.17	BR	SMCK
2	14.02.17	BR	SMCK
3	22.02.17	BR	SMCK

From: Currie, Brian
Sent: 25 June 2019 10:38
To: Callum Tuckett ([REDACTED]); 'Roger Thompson RMT'; 'Matthew Templeton'; Goldsmith, Susan
Cc: 'Wallace Weir'; [REDACTED]; 'Bob Brown'; Darren Pike; David Wilson; 'Colin Grindlay'; Henderson, Ronnie; Davidson, Stuart X; Mackenzie, Janice; Graham, Iain; Davidson, Stuart X
Subject: RHCYP + DCN - Little France - IOM Issues Log dated 25 June 2019 - URGENT
Attachments: RIE_Childrens hospital issues log-rec from IOM 25 June 2019.pdf

For the avoidance of doubt, this transmittal, all attachments and our ongoing discussions concerning ventilation proceed entirely without prejudice to our whole rights, remedies and pleas and cannot be referred to or relied upon by you in any circumstances whatsoever without our express consent.

Please find attached first issues log just received from IOM.

This follows previous emails and a discussion at yesterday's Steering Group meeting.

We confirm our availability to participate in a telephone conversation on these matters at 10.00am this Friday and to meet before at IHSL's request.

We note Bob Brown's recent email to assist in these matters and we will advise availability of the Board's AE in due course.

We look forward to hearing from you at your earliest convenience.

Meantime we continue to reserve our whole rights, remedies and pleas.

Regards

Brian

Brian Currie
Project Director - NHS Lothian
RHCYP + DCN Site Office
Little France Crescent
Edinburgh
EH16 4TJ



Area	item	Issue
General	Systems do not appear to have been commissioned well	Various issues identified below
General	Swirl diffusers have been widely used in the development.	Not normally used in critical areas like theatres as they can be difficult to measure accurately with balometers and they can impact on wound site velocity
Preparation	Some areas are not completed and ready for handover. Eg ceiling tiles still missing	
Theatres	Very limited extract in theatre corridors. Corridors are not at 0 absolute pressure and do not meet required 7 ach/hr (SHTM03-01 part A appendix 2 Table A2)	No escape for surplus air. Could impact on open door protection. Pressure in corridors is pushing fire doors open
Theatres	Issues with doors, door actuators, closers and interlocking to DU's	
Theatres	Some prep rooms do not meet required air supply volumes. (theatres 35, 31, 32, 33 and 38)	Should be 100l/s for SPS room.
Theatres	Most theatres do not properly control temperature	There are a number of faulty control valves on plant/heater batteries
Theatres	Concerns about open door protection (eg theatre 34)	Theatre supply 1171, LLE365, scrub 73. Leaves 733 for open door vs required 750.
Theatres	UCV clean zone not marked in flooring - not tape but alternative coloured zone or lines in flooring.	Para 7.108 of SHTM 03-01 part A and Para 6.26 of HBN 26 which states 'In theatres with ultra-clean ventilation the floor area enclosed by the hood should be marked with lines or a contrasting coloured area of flooring'.
Theatres	Some fabric issues in theatres (eg holes to fill and under benching gaps to fill)	
Theatres	Theatre 33 - 4 cells fail 0.2 test at 0.17m/s. Filter screen may have been adapted	Re-commission UCV - may need HEPA filters as pressure drop is 170pa vs typical 100/110 for clean filters
Theatres	It is understood that extract grilles in DU are supplied one from each theatre.	Systems will need to be interlocked so both theatres are running when any one is in use.
Theatres	Dirty utility extract rates do not meet requirements in some theatres. Should be 410l/s.	Theatres 30, 36, 37, 33, 38.
Theatres	issues on some theatre light stems, covers missing, not well fitted and cabling exposed	
Theatres	Individual grilles in conventional theatres not balanced which can impact on air flows at patient wound site.	BSRIA Guide AG 3/89.3 Table 1 page 10 requires them to be within 10% of lowest grille reading.
Theatres	Noise slightly high in UCV theatres	measurements 3.5 dbA above requirements. We would expect new facilities to meet the SHTM standard.
Theatres	UCV hepa filter pressure drops relatively high (140-170 pa) compared with expected 100/110 pa for new filters	
Theatres	Hepa filter screens on UCV are distorted in places	
Isolation rooms	Several isolation rooms on one AHU. HBN 04-01 supplement 1 (2013) Para 2.37 states that ideally each isolation suite should have its own supply and extract system.	Para 2.37 of HBN 04-01 states that ideally each isolation suite should have its own dedicated supply and extract system
Isolation rooms	Some isolation rooms not achieving the required 10 ach/hr	Min running at 5 ach and some just under 10
Isolation rooms	Back up arrangements appear to be very complex and as such likely to be challenging in future	
HDU's	Only achieving 3-4 ach/hr vs required 10	NHS have apparently agreed this??
AHU's	Filter pleat orientation incorrect on top row of final filters	Should be vertical
AHU's	Pre filters showing signs of bypass	
AHU's	Magnahelic gauges not marked for clean and dirty limits	
AHU's	Insufficient access for cleaning (eg inlets) and access hatches are too small for cleaning/maintenance	
AHU's	Some duct traverse test points are not plugged	
AHU's	Surplus drip tray in AHU (?humidifier removed?). Tray drain is not blanked off	
AHU's	Cooling coil drip tray area not easy to clean. Cooling coil baffles cannot be easily removed due to cable installation	
AHU's	Trap arrangements incorrect. No suitable air gaps and traps dirty and incorrectly installed	
AHU's	Magnahelic gauge scale too wide	1-500pa whereas 1-250 reflects likely filter pressure drops
AHU's	Motorised dampers take a long time to open and close which impacts on the speed of auto-changeover	No spring return fitted so may not close in the event of power failure.
AHU's	Plant labelling incorrect and shows incorrect areas served.	Temporary labelling installed
AHU's	Branch ducts not generally marked up to show areas served	
AHU's	Auto change over arrangements need to be fully tested. Some MD's do not close on plant isolation and some units will not re-start after both motors have been isolated.	
AHU's	Some motors running at over 95% speed so there is limited scope for system to overcome dirty filter pressure drop and maintain system performance	
BMS	Communication problems between BMS and AHU (eg theatre 33)	
BMS	It is not clear if critical plant will operate in stand alone mode in the event of issues with BMS or comms	
AUHs	cableing inside AHU also cable connectors inside AHU, potential for electrical faults to cause as source of fire within the airstream. Potential for smoke/fume to enter clinical areas	Similar situation was found at an NHS hospital in the NorthEast 2016 all wiring had to be removed from AHUs before handover to Trust

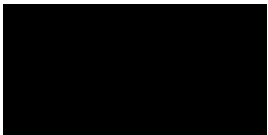
From: Lang, Kirsty [REDACTED]
Sent: 30 June 2023 15:25
To: Hospitals Inquiry Legal Enquiries
Cc: Stefano.Rinaldi [REDACTED]; Ash.Rebello [REDACTED]; Julia Normand; Morag [REDACTED];
Joanne.McCabe2 [REDACTED]; Sam Wilson; jon.cooper [REDACTED]; Joseph.Pratt [REDACTED];
stephen.covel [REDACTED]; Lisa.Lewins [REDACTED]; Louise.Forster [REDACTED];
Mark.Gillespie [REDACTED]; Lyndsey.Franklin [REDACTED];
Ledia.Doc [REDACTED]; Crewes, Sarah; Nicholls, Gary;
Abby.Housego [REDACTED]; Rory.Parton [REDACTED];
keith.kilburn [REDACTED]; louise.shiels [REDACTED]; eric.johnstone [REDACTED];
amy.pairman [REDACTED]; Jennifer.Jack [REDACTED];
Calum.Gee [REDACTED]; Amy [REDACTED];
Ellen.Francksen [REDACTED]; awe [REDACTED]; mco [REDACTED]; scr [REDACTED];
Kathryn.Gormley [REDACTED]; Robbie.Wightman [REDACTED];
Clare.McGeough [REDACTED]; Stephanie.spencer [REDACTED];
Patrick.mcguire [REDACTED]; Julia.poole [REDACTED];
Jonathan.howat [REDACTED];
[REDACTED] hospitalsinquiry.scot; McBride, James
Subject: Closing Submissions for Mott MacDonald for the Scottish Hospitals Inquiry
Attachments: Closing Submissions for Mott MacDonald.pdf

Dear All,

Please find attached the finalised closing submissions on behalf of Mott MacDonald for the Scottish Hospital Inquiry. This email is intimation of same.

Please provide receipt thereof.

Kind Regards,



Kirsty Lang
LLB(Hons) DipLP LLM(Cantab) NP
Associate Solicitor at Clyde & Co (Scotland) LLP

Associate Solicitor | Clyde & Co (Scotland) LLP

Direct Dial: [REDACTED] [REDACTED] [REDACTED]



Albany House | 58 Albany Street | Edinburgh EH1 3QR | UK
Main +44 (0)131 557 1545 | Fax +44 (0)131 525 8651 | www.clydeco.com

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CLOSING STATEMENT BY MOTT MACDONALD LIMITED
in relation to
SCOTTISH HOSPITALS INQUIRY EVIDENTIAL HEARINGS
IN MAY 2022 AND APRIL/MAY 2023

1. In the following statement, Mott MacDonald Limited (“MML”) sets out its position in relation to those issues covered in the evidential hearings in May 2022 and April/May 2023. The statement does not cover all of the issues addressed at those hearings, only those issues that are directly relevant to MML. The statement attempts to follow, so far as possible, the headings adopted in the Closing Submission by Counsel to the Inquiry (“CTI’s submission”).
2. Any references to paragraph numbers in witness statements refer to statements prepared for the hearing in April/May 2023 unless otherwise stated. Any references to bundles of documents are to those prepared for the hearing in April/May 2023 unless otherwise stated.

Ventilation requirements in hospitals

3. MML’s position is as set out in its position paper dated April 2022 that was produced in advance of the May 2022 hearing (bundle 8 for the May 2022 hearing, page 3). MML does not take issue with the summary provided in section 2 of the CTI’s submission.

The Activity Database System, Room Data Sheets and Environmental Matrices

4. MML was not involved in the decision to use an Environmental Matrix (“EM”). MML understands that the decision to use an EM had been taken during the capital funded stage of the project. Michael O’Donnell of Hulley & Kirkwood (“H&K”) speaks (at para 6) to a design team meeting on 14 December 2009 at which H&K were instructed to develop an EM to take over from Activity Database (“ADB”) sheets.
5. There is no evidence that MML provided any advice to NHSL regarding its compliance with CEL 19 (2010). It was not, and would not have been, apparent to MML from the

fact that an EM was being used that the guidance in CEL 19 (2010) regarding the use of the ADB had not been complied with. Richard Cantlay (at para 35) noted that the existence of an EM is not inconsistent with ADB having been used as a briefing/design tool as the ADB could have been used to generate data in the EM: it is just a different way of presenting the same information. Graeme Greer (at para 44) also stated that the use of an EM and the use of ADB are not mutually exclusive: ADB could be used to populate the services in the EM. This view was shared by Susan Grant of HFS (at para 66 as subsequently clarified in email correspondence with the Inquiry) who stated that the use of an EM would not necessarily be incompatible with CEL 19 (2010): the EM would typically be a logical export following production of initial data from ADB.

6. In any event, the use of an EM ought not to have affected the quality of the design. There are potential benefits in using EMs instead of Room Data Sheet (“RDS”) produced using ADB. Although there may be scope for errors to be made when using an EM, the use of RDS produced using ADB does not remove the risk of errors.
7. In MML’s experience, EMs are commonly used in NPD healthcare projects. In his evidence in May 2022, Richard Cantlay explained that he has seen them being used on “numerous projects.” In his statement (at para 53) he described them as a “commonly used tool”. Graeme Greer stated (at para 44) that EMs had been used on every NPD project he had worked on. Willie Stevenson (at para 9) confirmed that the use of EMs was not unusual on healthcare projects and that they had been used in most healthcare projects in which he had been involved. In his evidence, Colin MacRae stated that every PFI project that he had worked on had used an EM, which he described as the “standard way” (page 6 of transcript).
8. MML’s view regarding the ubiquity of EMs seems to be shared by other parties with experience of designing M&E for similar projects. Michael O’Donnell of H&K (at para 11) described an EM as a standard reference briefing document in most healthcare projects H&K had been involved in. Indeed, he noted (at para 12) that SHTN 02-01 from October 2021 now requires the use of an EM. The common use of an EM also seems to have been the experience of Ken Hall (at para 8) and John Ballantyne of Multiplex (at para 8).

9. Those witnesses with experience of using EMs in practice generally seemed to view them as offering significant benefits when compared to RDS produced using ADB. Willie Stevenson (at para 9) noted EMs to be more user-friendly than working with thousands of pages of RDS. In his evidence, Colin MacRae stated that an EM allowed M&E designers to start work quicker and in a more efficient manner (page 7 of transcript). Michael O'Donnell considered an EM to be a more manageable tool (at para 13); more consolidated and easier to control and review (at para 24). He considered (at paras 21 and 24) that lots of different parties reviewing ADB RDS sheets in a coordinated fashion would be very difficult and impractical as it could involve thousands of pages. In his evidence, he described the process of reviewing thousands of pages of RDS as being very difficult (page 28 of transcript¹). John Ballantyne (at para 8) described EMs as very useful for capturing all data in one place rather than a library of RDS. Stewart McKechnie of Wallace Whittle ("WW") (at para 4) considered that the idea of all building services engineering information being in one document made sense from a practical point of view. HFS do not appear to have been opposed to the use of EMs, with Susan Grant (at para 66) suggesting that an EM would better enable stakeholder communication. Although Stephen Maddocks expressed concerns regarding the use of an EM, this must be viewed in the context of the fact that, in his oral evidence, Mr Maddocks could not recall having used an EM in practice. He was therefore not speaking from experience of encountering any difficulties in practice.
10. CEL 19 (2010) states that "Spaces designed using ADB data automatically comply with English planning guidance". However, the evidence suggests that it is an oversimplification to conclude that spaces designed using ADB automatically comply with applicable guidance and legislation. Graeme Greer (at para 60) set out his understanding that ADB cannot always be relied on for accuracy. He noted that it could be out of date. He provided a specific example, related to multi-bed rooms in critical care, in which there are apparently contradictory sheets in ADB. Stewart McKechnie (at para 13) stated that ADB was not necessarily up to date. Michael O'Donnell (at para 24) noted H&K's experience that outputs from ADB sheets regarding environmental criteria were often inaccurate or incomplete. In his evidence, he stated

¹ MML noted him as saying "difficult" rather than "different"

that, if the ADB sheets that had originally been produced by NHSL for this project had been used to populate the EM, much of the information in the EM would have been missing or incorrect (page 11 of transcript). He gave a particular example of the ADB sheets for treatment rooms which had 6ac/hr for ventilation, rather the 10ac/hr that was required by the guidance (page 29 of transcript). In his experience, where RDS were used instead of an EM, the environmental data would either not be populated or would need to go through a process of review. In his opinion, the EM produced by H&K was “far superior” to ADB sheets as it was “almost 100% correct”, which was “an excellent starting point” (page 29 of transcript). Indeed, he considered that the error in critical care ventilation would have been harder to spot had it been in a RDS than it was in the EM (page 30 of transcript). In his view, the EM was of higher value than ADB sheets (page 35 of transcript). David Stillie’s evidence was that the documents used in the present case, including the EM, were of equal quality and value to ADB as those documents contained all of the information that would have been in ADB sheets (page 13 of transcript). Peter Henderson of HFS (at para 58) noted that ADB being moved to the private sector could have caused designers to question its reliability and perhaps use other equivalent tools. Susan Grant (at para 34) stated that ADB has “many limitations”. In any event, the ADB incorporates data from HTMs, not from SHTMs, which may be different. A design engineer using the ADB in Scotland would therefore use the initial template document from the ADB but then manually enter project-specific environmental requirements with reference to the SHTMs. As Stephen Maddocks noted in his report, ABD sheets are a “starter for ten”. There remains scope for error while using them.

11. In light of the foregoing considerations, it would be reasonable to conclude that the approach taken in the present project was of “equal quality and value” to the use of ADB as a tool for briefing and design, and therefore potentially in compliance with CEL 19 (2010).
12. In any event, the use of an EM on this project did not mean that RDS would not ultimately be produced. The original intention was that a full suite of RDS would be produced by IHSL prior to Financial Close (FC). Although IHSL failed to produce all of the RDS prior to FC, they nevertheless remained under an obligation to produce a full suite of RDS before constructing the hospital (see Richard Cantlay at para 56). As

Michael O'Donnell noted (at para 13), once the EM had been concluded, ADB RDS could be produced to align with it.

The Reference Design

13. MML's involvement in the decision to use a reference design is described in the statement provided by Richard Cantlay for the hearing in May 2022 and in the evidence given by Mr Cantlay at that hearing. The reference design approach was new in Scotland. The use of a reference design was a requirement of SFT as part of the NPD funding model, however the ultimate decision to utilise a reference design for the project was made by NHSL. As Mr Cantlay explained, the main driving factor behind the decision to adopt a reference design approach was to shorten the procurement process and reduce the amount of money spent on having three bidders developing a different design.
14. Following NHSL's decision to use a reference design, MML provided technical advice regarding the use of the reference design. This included MML's Approach to Reference Design paper which evolved through several iterations. The aims of this paper included setting out the reasons for preparing a reference design; outlining the level of detail required for a reference design; outlining the distinctions between mandatory and non-mandatory elements of the reference design; outlining the application of the reference design during competitive dialogue; and outlining the development of the reference design. MML worked collaboratively in identifying how to use the reference design as a procurement tool and present it in a way that would not cut across the NPD procurement processes and risk profile.
15. Para 126 of CTI's submission questions whether, by the conclusion of the Project Agreement, NHSL had provided adequate briefing of the requirements for environmental parameters. MML understand this observation to have been made on the basis that (i) there was no full suite of RDS; and (ii) NHSL contends that the EM could not be taken as a brief. CTI's position appears to be that, in the absence of fully developed RDSs or a fixed EM, NHSL had not been provided with an adequate brief in relation to environmental parameters. However, this position seems to conflate the concept of a design brief with that of a fully developed design. The design brief was

provided through, amongst other things, the mandatory elements of the reference design (which are discussed further, below), the schedule of accommodation, the Clinical Output Based Specification and the list of guidance documents and standards with which the design required to comply. This ought to have been a sufficient design brief to have allowed IHSL to prepare its design, including producing RDS and developing the draft EM. The provision of a full suite of RDS or a fixed EM by NHSL would go beyond simply providing a design brief.

Errors in the Environmental Matrix

16. It is significant that Stewart McKechnie of WW believes that the EM did comply with the guidance. His rationale is that the guidance for Critical Care Areas in Table A1 of SHTM 03-01 related only to isolation rooms. His position is set out in a report dated 15 July 2019 (see para 24 of his statement). This interpretation is said to be based on the “Comments” in Table A1 of SHTM 03-01 regarding “Critical Care Areas” which state “Isolation Rooms may be -ve press”. This rationale is not convincing: if the entry for “Critical Care Areas” in the table was supposed to relate only to isolation rooms, it is surprising that it was not headed something like “Isolation Rooms in Critical Care”. The use of the plural “Areas” suggests that the entry relates to all areas in critical care, not simply isolation rooms. If the entry related only to isolation rooms, the comment specific to pressure in isolation rooms could have been made in the “Pressure” column as it would apply to the entire entry: it would be strange to include it as a separate comment. If the entry related only to isolation rooms, there would be a gap in the guidance in relation critical care areas other than isolation rooms. Para 163 of CTI’s submission identifies a number of other provisions within SHTM 03-01 which cast considerable doubt on Mr McKechnie’s claimed interpretation.
17. In his evidence Mr McKechnie sought to justify his interpretation by placing emphasis on the importance of the pressure regime when compared to air change rates. He suggested that the purpose of the provisions in Table A1 in SHTM 03-01 was to prevent contaminated air from coming into a space: and that pressurisation was more important in achieving that than the air change rate (page 16 of transcript). He seemed to dispute the suggestion that air change rates could help dilute contaminants in a room but conceded that he was not an expert on that. He also sought to justify his interpretation

by stating that he did not see 10ac/hr and 10 Pascals of pressure as being a practical solution for all rooms in Critical Care (page 18 of transcript). Although these matters could support an argument that the guidance in SHTM 03-01 is incorrect, they do not undermine the clear terms of Table A1 in SHTM 03-01.

18. Guidance Note 15 in the EM issued with the Invitation to Participate in Dialogue (“ITPD”) was accurate in requiring 10 ac/hr in critical care in accordance with SHTM 03-01. MML accepts that there was an anomaly in the EM issued at ITPD stage in relation to some entries in the cells of the EM which were inconsistent with Guidance Note 15 and SHTM 03-01. This matter is discussed in more detail below, in the context of the status of the EM.
19. The subsequent change made to Guidance Note 15 by IHSL (as discussed in paragraph 55.5.7), considered alongside Mr McKechnie’s understanding of the guidance, will no doubt be considered at later hearings.
20. MML accepts the terms of the PPP2 which stated “The environmental matrix provided with the ITPD contained environmental information that was inconsistent with the guidance set out in SHTM 03-01. In particular, values inserted in the environmental matrix for certain critical care areas did not comply with the guidance in SHTM 03-01.” MML did not understand any of the other Core Participants to dispute this finding in their responses to PPP2.

The Procurement Exercise

The Role of Advisers

21. MML’s role in the project up to procurement is described in the statement provided by Richard Cantlay for the hearing in May 2022 and in the evidence given by Mr Cantlay at that hearing. In summary, MML’s involvement during this phase was as follows:
22. The project was initially approved as a capital funded project. On 4 February 2010, MML was appointed as NEC Supervisor. Capital funding was withdrawn in 2011 and the project migrated to an NPD procurement model.

23. MML entered into a contract with Lothian Health Board dated 22 March 2011 which appointed MML as Technical Advisor (TA). MML entered into a sub-contract with Davis Langdon (DL) in terms of which DL became Project Managers. DL was also responsible for the reference design management and coordination. DL entered into sub-contracts with the reference design team. The reference design team included H&K as Services Engineer. The reference design team was appointed by means of Contract Control Order 2 dated 11 July 2011.
24. During the pre-procurement phase, MML's role involved facilitating production of the reference design by the reference design team; developing technical components of the OJEU Notice and Pre-Qualification Questionnaire Evaluation; developing the technical components of the ITPD; and participating in the Competitive Dialogue process. MML's role did not involve undertaking any design or assuming any design responsibility.
25. MML did at times carry out a limited review of elements of the design as and when required. However, MML was not the project designer, nor did MML provide any design audit service. MML did not undertake a shadow design or validate or approve the design by others. Such a level of review is not a feature of the PPP/NPD model as the whole point of this model is the transfer of design responsibility and risk to the private sector through the Project Agreement. MML's role in reviewing the design is considered in more detail below in the "Governance" section.
26. MML provided technical advice regarding the use of the reference design. This is described in more detail above.
27. MML did not draft or review the business cases, but in the course of fulfilling its contractual obligations, MML provided technical input which might ultimately have been used in the Outline Business Case (OBC) and Final Business Case (FBC).

The clarity of the procurement documentation including the mandatory requirements

28. MML submits that, when the provisions are viewed as a whole, it is clear that the EM was not intended to be mandatory. With respect to the invitation made to the Chair at

paragraphs 172 and 223 of the CTI's submission, MML accepts that the procurement documentation did contain some potential ambiguities. However this does not detract from the overall position that the procurement documents, viewed as a whole, made the status of the EM clear. In any event, the subsequent actions of the parties (as discussed later in this Closing Statement) make it clear that there was no real confusion.

29. The following section considers the status of the reference design EM that was provided to bidders at ITPD stage. The status of the EM at FC will be considered below in the context of the Project Agreement.
30. During the period leading up to the procurement exercise, internal consideration was given by NHSL and MML to the reference design EM being mandatory for bidders. This is evidenced by Revision J of the "Approach to Reference Design" paper (bundle 2, page 605 at page 622). However, the "Approach to Reference Design" paper was an internal document that was not issued to bidders. There were a number of iterations of the document, reflecting the evolution of the plan for the procurement process. Making the EM mandatory for bidders was not the final position, nor was it the position that was communicated to bidders. That position is to be found in the ITPD documentation itself.
31. Richard Cantlay (at para 8 and in his oral evidence) explained the status of Volume 1 and Volume 3 of the ITPD. As he stated, volume 1 of the ITPD (bundle 2, page 942) was a procurement document which explained the procurement process (e.g. what bidders are required to do in terms of submitting a bid, arrangements during the bid period, how bids will be evaluated etc) and became redundant at FC. Volume 3 (bundle 2, page 773) was the Board's Construction Requirements ("BCRs") (the output specification for the design and build of the project) and would form part of the Project Agreement at FC. This is apparent from the fact that it is headed "Schedule to the Project Agreement..." As Richard Cantlay went on to explain, at the start of the procurement process, Volume 3 was drafted (as much as it could be at that stage) in the form it was intended to be when included in the Project Agreement at FC, with the appreciation that it would have clauses amended and sections added to it (such as the final agreed EM) as developed and agreed through the procurement process to reflect the agreement reached between NHSL and the preferred bidder.

32. The difference in status between Volume 1 and Volume 3 does not seem to be recognised in CTI's submission: although it is fundamental to a proper understanding of the procurement documents, it is not mentioned at all. Provisions in Volume 1 and Volume 3 are referred to interchangeably as if they were of equal status. For example, at paragraph 185 of CTI's submission, when construing clause 2.6 of ITPD Volume 1, reference is made to the definition of EM in the draft BCRs at Volume 3. Given that Volume 1 and Volume 3 serve different purposes, provisions in Volume 3 do not assist in interpreting the provisions in Volume 1. Similarly, paragraph 214 of CTI's submission refers to paragraph 8 of the draft BCRs at Volume 3 as being "a direct instruction to tenderers". This is plainly incorrect. The instructions to tenderers are to be found at Volume 1, not Volume 3. Accordingly, the following submissions will focus primarily on the provisions in Volume 1. The finalised BCRs, as found in the Project Agreement, are considered in the section on the Contract, below.
33. Clause 2.5 of ITPD volume 1 (bundle 2, page 963) clearly set out the mandatory elements of the reference design under reference to Appendix E (bundle 2, page 1156): the EM was not included in the mandatory elements in either clause 2.5 or Appendix E. As Richard Cantlay stated (at para 9), this was entirely intentional and reflected the fact that, with the exception of matters related to Operational Functionality, the design risk was to sit with Project Co. Further provisions in ITPD volume 1 are to the same effect. Clause 2.6 (bundle 2, page 965) expressly stated that "Building services engineering solutions" were included as part of the "Indicative Elements of the Reference Design". "Building services engineering solutions" would include the EM. Clause 2.6 continued "Such information is issued to the Bidders for "information only" so that they may understand the intent of the Reference Design."
34. Section C8.2x of the Submission Requirements at Appendix A(ii) of ITPD Volume 1 (bundle 2, page 1052) required bidders to provide "An environmental conditions/room provisions matrix for both mechanical and electrical services for each room in the Facilities..." This clearly placed the onus on bidders to provide their own EM. Such a requirement is impossible to reconcile with the notion that the draft EM provided by NHSL was a mandatory part of the brief.

35. Section C8.3 of the Submission Requirements at Appendix A(ii) of ITPD Volume 1 (bundle 2, page 1054) stated “Whilst Bidders are required to undertake their own design, the Board has provided a draft Environmental Matrix as part of the ITPD documentation. Bidders must confirm acceptance of the Board’s Environmental Matrix, highlighting any proposed changes on an exception basis.” It was therefore made clear, under specific reference to the EM, that (i) bidders were to undertake their own design; (ii) the EM provided in the ITPD documentation was a “draft”; and (iii) it was anticipated that bidders could propose changes to the draft EM. In his evidence Richard Cantlay explained the rationale for requiring bidders to highlight proposed changes on the Board’s EM (page 22 of transcript). He stated that it was a very detailed document containing a huge amount of data and that marking changes on this draft would give a good indication of where a bidder’s proposals varied from the baseline. This provision was accordingly not about restricting a bidder’s ability to make changes, but rather requiring those changes to be highlighted so that there was clarity about what was being proposed in comparison with the EM produced at reference design stage. In this context it is worth noting that, in its draft Closing Submission, Multiplex suggests a choice between (i) the reference design EM being mandatory; or (ii) the reference design EM being a document that tenderers should ignore because they had to prepare their own EM from scratch. This is false dichotomy. MML’s position is not that the reference design EM should be ignored by tenderers, nor that tenderers were required to prepare their own EM from scratch. It was envisaged that tenderers would use the reference EM as a starting point to develop their own designs, as is clear from section C8.3. A tenderer could choose to ignore the reference design EM and start from scratch if that was their preference, but they need not do so. Should they choose to do so, they had been provided with a suite of other documentation to assist in that task, including the schedule of accommodation, the Clinical Output Based Specification and the list of guidance documents and standards with which the design required to comply.
36. The status of the EM provided to bidders at ITPD stage is also apparent from the document itself which stated, at Guidance Note 1 (bundle 4, page 132), “This workbook is prepared for the Reference Design Stage...” It continued, at Guidance Note 5, “Ventilation air change rates... in Patient Areas shall be reviewed throughout the detail design process...” This wording is inconsistent with the notion that the provisions in EM were mandatory: on the contrary they were to be subject to ongoing review.

37. Providing the EM to bidders on the basis that it was not mandatory was consistent with the overall decision to make use of the design work that had already been undertaken. The EM would provide information which the bidders could use but which they were not bound to follow. It would also assist in providing clarity about the extent to which the tenderer's proposals varied from the "baseline" EM produced by H&K.
38. Clause 2.5 of volume 1 of the ITPD (bundle 2, page 963) also stated "Bidders will be fully responsible for all elements of the design and construction of the facilities including being responsible for verifying and satisfying themselves that the Mandatory Reference Design Requirements can be designed, built and operated to meet the Board's Construction Requirements". The draft BCRs were included in ITPD Volume 3. The key relevant provisions in the final BCRs are considered in more detail, below, in the context of the Project Agreement.
39. Paragraph 8 of the draft BCRs contained in ITPD Volume 3 (bundle 2, page 873) stated that "Project Co shall provide the Works to comply with the Environmental Matrix." Volume 3 defined the "Environmental Matrix" as "the Environmental Matrix, which details the room environmental condition requirements of the Board required within each department / unit / space / area. The title is Reference Design Envisaged Solution – RHSC / DCN Environmental Matrix version third issue as set out in Appendix C of this Section 3 (*Board's Construction Requirements*) of Schedule Part 6 (*Construction Matters*) (as varied, amended or supplemented from time to time in accordance with the Project Agreement)". As Richard Cantlay explained (at para 13), given that this version of the EM is described at Section C8.3 of Volume 1 as being a "draft", it was anticipated that the final version of the BCRs for inclusion in the Project Agreement at FC would have the EM reflecting the preferred bidder's design included in it and that this definition would be amended accordingly. The definition of EM did indeed change between the ITPD documentation and the Project Agreement. The EM itself appeared as an appendix to the draft BCRs in ITPD Volume 3: however, in the Project Agreement it was moved to schedule part 6 together with the RDS, reflecting its status as one of IHSL's documents.

40. MML would invite the Chair to conclude that it is was made clear to bidders that the EM provided to bidders at ITPD stage was not mandatory. Such a conclusion would be consistent with the provisions in the ITPD documentation set out above and with the key principle described by Richard Cantlay (at para 8) that the design risk on a PPP contract sits with the private sector (with the exception of operational functionality).
41. This view is shared by NHSL. Susan Goldsmith confirmed (at para 10) that the EM was provided for information as disclosed data. Its provision did not mean that bidders need not refer to SHTMs or use the ADB (at para 19). She considered (at para 20) that the provision of the EM to bidders ought not to have contributed to the delay in opening the hospital because IHSL required to comply with SHTM 03-01. In her evidence, she noted her sense that Multiplex did not fully understand the contractual responsibilities under an NPD contract. Brian Currie, in a statement provided for the hearing in May 2022, stated (at para 24) that it was always clear that the reference design would be replaced by the preferred bidder's full design solution and (at para 48) that this was a fundamental point that was communicated to bidders. He noted (at para 35) that the only element of design retained by the Board was operational functionality, which did not encompass matters such as ventilation. He stated that the EM was a non-mandatory element that had been developed to verify the feasibility of the reference design. Bidders were to develop their design in compliance with mandatory guidance such as SHTM 03-01 (at para 41). Although the information in the EM was not warranted by the Board and should not be relied on for accuracy (clause 7.2), it was thought that it may prove useful to engineers (at para 45). This understanding of the documentation was also expressed by Iain Graham (at para 15).
42. This understanding of the status of the EM is also supported by the fact that both IHSL and Bidder C made changes to the EM. The significance of these changes is discussed further below.
43. This understanding of the status of the EM appears to be disputed by witnesses from Multiplex and WW. The approach taken by these witnesses is perhaps best exemplified by the evidence of John Ballantyne when challenged on his interpretation of one of the provisions in the ITPD documentation (paragraph 5.2(f) of the BCRs at bundle 2, page 839). When it was put to him that his interpretation was not what the provision said, he referred to "the unwritten word" and "implied compliance" (page 28 of transcript).

The approach taken by these witnesses relied on erroneous assumptions about the terms of the documentation and wishful thinking. It perhaps reflected Susan Goldsmith's sense (page 32 of transcript) that Multiplex did not fully understand the contractual responsibilities under an NPD contract. The witness statements provided by these witnesses are lacking in explanation for the basis of their interpretation of the status of the EM. They largely proceed by way of assertions that the EM "encapsulating the Board's requirements" (Ken Hall at para 13); that the EM was "what the Board wanted" (Paul Serkis at para 28); that the EM was a "line in the sand" regarding the technical requirements IHSL was expected to deliver (John Ballantyne at para 10); that "it was seen as the Bible" and "Validation and certification were to be done against the Environmental Matrix" (John Ballantyne at para 12); that it was mandated conditions the client was providing and formed part of their brief (Stewart McKechnie at para 4) and that it was assumed to be "the key document" (Paul Cooper at para 6).

44. Ken Hall went so far as to say that NHSL was "responsible for interpreting the guidance and then producing their requirements" and seemed to say (at para 23) that there was accordingly no need for Multiplex/WW to check the EM for compliance with SHTMs. He continued (at para 33) that, in the event of a conflict between the EM and the guidance "the matrix would prevail because the interpretation of the guidance had already been done which then produced the matrix". His attitude when giving evidence and asked about other parts of the BCRs that he had not considered was that "we had the EM" that "effectively gave the MEP answers that we needed" (page 22 of transcript). He considered that the existence of the EM meant that the process of going through other documents in more detail had already been done. He claimed that "because it all tied up, then it seemed straightforward" (page 24 of transcript) that the EM was what they were to use.
45. Ken Hall's stated interpretation was that the provision for 4ac/hr for Critical Care bedrooms was a conscious and deliberate choice made by the Board. He claimed that this was supported by H&K's Thermal Comfort Analysis, the output from which was 4 mechanical air changes per hour. However, when taken to this document (bundle 4, p184) during his evidence he immediately conceded that he had not looked at it in any great detail and that he "skimmed through" it (page 35 of transcript). In fact, the document offers no support for his interpretation: at section 2.6 (bundle 4, page 194), it

states “As such critical care and high dependency type ward rooms which receive air change rates in the region of 10ACH, have not been analysed in this study.” Had Mr Hall read the document properly, it would have been apparent to him that the document offers strong support for the requirement of 10ac/hr in Critical Care. In his evidence, he was unable to provide any satisfactory explanation for his attempt to rely on this document as supporting his interpretation. Mr Hall also sought to rely on inputs that had apparently been used for energy calculations but was not able to identify any particular document that supported this claim. In his evidence, Stewart McKechnie recalled that the energy calculations were not based on an assumption of 4ac/hr for single bed rooms. There is accordingly no compelling evidence before the Inquiry supporting Mr Hall’s suggestion that the provision of 4ac/hr for Critical Care bedrooms (in direct contradiction to the clear provisions in SHTM 03-01) was a conscious and deliberate choice.

46. Ken Hall (at para 34) and Stewart McKechnie (at para 28) sought to justify their interpretation by reference to the inclusion of the EM in the BCRs. In his evidence Mr Hall stated that the BCRs were “our key document” (page 11 of transcript) that he used throughout the Preferred Bidder stage. He claimed to have a good insight and understanding of the BCRs and stated that he had read the BCRs. He continued that section 8 of the BCRs was the “key document for me” (page 11 of transcript). However, as his evidence developed, it became apparent that he was not familiar with the totality of the BCRs, at one stage stating that he did not go through the BCRs line by line (page 23 of transcript). He claimed that he was aware of the Clinical Output Based Specifications and had a copy of them, but when asked specific questions about them he stated that he had not read them and that it was “more a secondary type document” (page 20 of transcript) for him: despite the fact that it formed part of the BCRs and contained elements concerning the services provision for each department. In any event the reliance placed by witnesses on the opening sentence of paragraph 8 of the BCRs involves taking one sentence of the ITPD documentation out of context and ignoring the other provisions, discussed elsewhere in this statement, which clearly demonstrate that the EM was not a mandatory document. It also involves ignoring the totality of paragraph 8 of the BCRs which state, not just that the Works ought to comply with the EM, but also that the works comply with mechanical requirements including SHTM 03-01 and, for the avoidance of doubt, that the hierarchy of standards provision applies.

These provisions are considered in more detail, below, in the context of the Project Agreement. In any event, it ought to have been plain from a complete reading of the BCRs, particularly the very paragraph in which compliance with the EM is mentioned, that this did not mean that IHSL could simply ignore SHTM 03-01.

47. Multiplex's approach to the ITPD documentation is perhaps illustrated by its attitude to the requirement to produce RDS. Paul Serkis (at para 35) considered that it was not normal for a client to seek to have 100% RDS in place at FC: however, that is exactly what the ITPD documentation required (see para 2.5.3 of ITPD Volume 1 (bundle 2, page 965)). Similarly, in her evidence Liane Edwards stated that preparation of the RDS was a time-consuming activity and that it "didn't seem reasonable" (page 16 of transcript) to prepare 100% of the RDS, notwithstanding the requirement in the ITPD. As CTI's submission notes (at paragraph 245), despite complaints by IHSL about NHSL changing what was required, no witness was able to provide any example of a radical change by NHSL to the stated requirements that increased the requirements placed on IHSL. As with the issue regarding the EM, any claimed misunderstanding could have been avoided had the key personnel within IHSL, Multiplex and WW read all of the applicable documentation rather than focusing on those isolated passages that supported their preconceived assumptions about what might be required.
48. Ken Hall (at para 34) also sought to place reliance on the wording of paragraph 2.3 of the BCRs (which stipulates compliance with standards including SHTMs) as supporting his interpretation. In particular, he placed reliance on the words "unless the Board has expressed elsewhere in the Board's Construction Requirements, a specific and different requirement", claiming that the EM was such a "specific and different requirement" such that compliance with SHTMs was not required. The merits of this argument are considered further, below, in the context of the Project Agreement.
49. Ken Hall also sought to place reliance on section C8.3 of the evaluation criteria. However, when asked about this in evidence his position seemed to be that he did not pay any attention to what the full provision meant and appeared to accept that the wording was at least ambiguous (page 40 of transcript).
50. In addition to some of the Multiplex and WW witnesses placing reliance on an incomplete reading of the BCRs, others placed reliance on their recollections of what

they claim to have been told by NHSL and/or MML. Paul Serkis claimed (at para 28) that Multiplex were told by NHSL and MML that there was a reference design and “Don’t change any of it... just deliver what we want.” However, when asked during his evidence who had told him this, he could not remember exactly, but that it was a “feeling” he had from the various meetings (page 17 of transcript). In any event, he did not recall any specific conversations regarding the EM. It therefore seemed that his “feeling” that IHSL were not to make changes related to the project more generally, not to the specifics of the EM. Taking his recollection as a whole, there was no compelling evidence that IHSL had ever been told that the EM was a mandatory document that could not be changed.

51. John Ballantyne (para 13) claimed that Multiplex were told “at the competitive dialogue meetings that the Environmental Matrix was mandatory and that there was to be no deviation. It was absolute.” However, his position in evidence was not so definitive. When asked what he was told during competitive dialogue about the EM he said that it was just another document of the reference design that were all to be read in conjunction with one another. When specifically asked who had told him that the EM was mandatory, he gave a vague response and could not “single out” an individual (page 16 of transcript). More generally, he described it as being his “understanding” that the EM was the expectations of the Board (page 8 of transcript). When expressly asked if there was any discussion about the status of the EM at the bidder’s day, he did not recall there being any. Although he then went on to state that he was surprised during the process to understand the “elevated importance” of the EM as it was not a document that “jumps off the page” as being one of “great debate and gnashing of teeth” it is not at all clear what he meant by this (page 8 of transcript). He then suggested that the EM was “effectively the board’s expectations” that would then be developed by the three bidding entities (page 10 of transcript). Any such development would tend to suggest that the EM could not have been a fixed, mandatory document. In any event, his evidence fell a long way short of a clear articulation of having been told directly by NHSL or MML at any stage that the EM was a mandatory document. The impression left by his evidence was that he was recalling general statements by NHSL regarding the reference design as a whole, rather than specific comments related to the EM.

52. Neither of these witnesses referred to any documentation supporting their recollections, nor did they identify any particular person who is said to have made these statements. Their recollection is refuted by witnesses from MML and NHSL. Richard Cantlay (at para 15) stated that he did not recall any statements from the Board or any of their advisors to the effect that bidders were not to innovate in developing the EM. Although he did not participate in all of the competitive dialogue meetings, he considered it to be unlikely that such a statement would have been made given the terms of the ITPD documentation. Graeme Greer (at para 75) stated that he was confident that IHSL was reminded at a number of points that it had responsibility for design, including the EM; and that the EM had to be compliant with the BCRs. Iain Graham (at para 19) noted that the intention that the EM would be redundant at FC as the PB's proposals would contain all the necessary information was "extensively communicated" to bidders in the ITPD and throughout the Competitive Dialogue process. In his evidence he stated that, during Competitive Dialogue, NHSL was asking for updates of the EM in line with bidders' design development on the architectural side of things and engineering developments (page 23 of transcript). He had no recollection of bidders being told that they must comply with the EM as a mandatory requirement (page 24 of transcript). Stewart McKechnie's evidence was that he was present at the competitive dialogue meeting where engineering matters were discussed (page 41 of transcript). He did not suggest that anything was said by NHSL at these meetings to the effect that the EM was mandatory. When he was specifically asked if the EM was discussed at competitive dialogue meetings, his answer was that there was discussion between Multiplex and Wallace Whittle (page 42 of transcript): there was no suggestion of any comments being made by NHSL or MML about the status of the EM. Insofar as he claims (at para 9) that he was asked not to "revamp" the EM, he explained in his evidence that this instruction had come from Multiplex, not NHSL or MML (page 66 of transcript). When he was asked to explain how he came to the view that the EM was mandatory, he relied entirely on what was stated in documents (such as the BCRs) not on anything that was said at competitive dialogue meetings. If something had indeed been said at those meetings to the effect that the EM was mandatory, it is surprising that this did not form part of the basis for Mr McKechnie's understanding of the status of the EM.
53. Given the clear intention on the part of NHSL and MML that the EM was not to be a mandatory document, it is inherently implausible that any representative of either

organisation would have told IHSL during competitive dialogue that the EM was mandatory.

54. Regardless of what was said at any meetings between the parties, the status of the EM is clearly set out in the documentation. Even if Multiplex's understanding from competitive dialogue meetings was that the EM was a mandatory document, that is not reflected in the documentation that it was bound to comply with.

55. In any event, Multiplex's claim that the EM was a mandatory document, and that it did not require to comply with SHTM 03-01 insofar as it was inconsistent with the EM, is in direct contradiction to the actions of the parties before and after IHSL was appointed as preferred bidder. It is apparent from these actions that there was no real confusion about the status of the EM and, in particular, about the requirement that the design comply with SHTM 03-01:

55.1. IHSL's Specification for Ventilation System dated 13 January 2014 (bundle 6, page 3) was signed off by Stewart McKechnie and submitted as part of its final tender. John Ballantyne's evidence was that Ken Hall sat on top of a triangle of organisations (including WW and Mercury) with responsibility for this document (page 20 of transcript). However, Mr Hall's evidence was that he had not read the parts of IHSL's tender related to M&E "in any great detail to be honest" (page 13 of transcript). Mr Hall's lack of familiarity with these documents perhaps explains his erroneous understanding regarding the status of the EM. The Specification clearly demonstrates IHSL's understanding of the applicable standards at the relevant time. At para 5.0 it states "All elements of the works shall be in accordance with the requirements of current legislation, regulations and industry standards unless otherwise stated. The Ventilation System shall accord with all appropriate Hospital Technical Memoranda, Codes of Practices and relevant British and European Standards and Appendix A." John Ballantyne attempted to explain this statement by focusing on the words "unless otherwise stated" as meaning that the bid need not comply with all guidance (page 19 of transcript). However, this does not provide a convincing explanation. The words relied on by Mr Ballantyne appear in the paragraph before the reference to HTMs: the reference to the ventilation system according

with HTMs is completely unqualified. In any event, there is no statement anywhere else in the tender submitted by IHSL that qualifies its stated intention to comply with all applicable guidance. The document continues (at section U10) “The hospital ventilation systems shall be in accordance with SHTM 03-01...” The document does not make any reference to the EM. Stewart McKechnie explained that this document appeared to be the specification that was part of the package to be passed to sub-contractors and related to no more than the build quality, rather than the design itself (page 47 of transcript). However, the general statements concerning compliance with SHTM 03-01 are not framed as being limited in this way. It is accordingly quite clear that, when IHSL submitted its final tender, its position was that the ventilation system required to comply with industry standards. If IHSL considered the EM to be a mandatory document specifying the ventilation parameters, it is surprising that this is not mentioned in IHSL’s Specification for Ventilation System.

- 55.2. IHSL’s document entitled Tender Package Deliverables – Building Services Deliverables Appendix 1.1.5/FT – Mechanical and Electrical Services dated 13 January 2014 (bundle 6, page 323), submitted as part of its final tender, stated (at para 5.9.7) “The ventilation systems to the Hospital are designed in accordance with Scottish Health Technical Memorandum SHTM 03-01. Ventilation shall be provided to suit both the operational and statutory requirements of the development.” Again, this confirms that IHSL’s tender proceeded on the basis that the design of the ventilation system required to comply with SHTM 03-01, without any suggestion that parameters in the EM were considered to be mandatory. John Ballantyne conceded in evidence that this provision could be understood as meaning definitively that the ventilation system complied with all aspects of SHTM 03-01. Tellingly, he then continued that if the word “generally” had been inserted before the word “designed”, “it might have read better from IHSL’s point of view” (page 23 of transcript). He then went on to say that, elsewhere in the documents, there may be specific pointer that SHTM had not been complied with, but he did not identify any such reference.

- 55.3. IHSL's final tender in relation to C8 "Clarity, Robustness and Quality of M&E Engineering Design Proposals" (bundle 3, page 252) also made it clear that it did not consider the EM to be mandatory. At section C8.1 (page 264) it stated that "These outline designs have been reviewed for compliance with SHTM's etc..." At C8.2(x) (page 303) IHSL noted that it "shall provide an addendum matrix for any rooms on an exception basis highlighting any changes at preferred bid stage". The document then went on to note (at page 304) that "The room temperature set points, air change rate and ands [sic] shall be in accordance with SHTM-03 [sic]." This passage was followed by a table which included an entry for "HDU" with a supply ventilation of 10Ac/hr. IHSL's tender accordingly made it clear that it understood that the ventilation required to comply with SHTM03-01, that IHSL was responsible for reviewing the design to ensure compliance with SHTMs and that IHSL envisaged making changes to the EM at preferred bidder stage. Although CTI's submission makes reference to some passages from IHSL's tender documents (from paragraphs 225 to 228) it does not refer to these passages from the final tender in relation to C8. It is submitted that these passages are important when considering IHSL's understanding of what was required of it by the ITPD documentation.
- 55.4. On 3 July 2014, Ken Hall of IHSL emailed MML (bundle 10, volume 2, page 1300) seeking an Excel (rather than pdf) version of the EM "to allow to populate [sic] the schedule with any changes." The Excel version was sent to IHSL on 11 July 2014. This followed on from discussions spoken to by Graeme Greer (at para 79). Stewart McKechnie confirmed in evidence that, although he was uncomfortable about taking ownership of the EM as his own document (page 42 of transcript), and had told Multiplex so, he reluctantly did so (page 43 of transcript). The EM was then reformatted and rebadged as an IHSL document. In his evidence, Mr McKechnie agreed that this involved taking something that he saw as a client brief and converting it into a contractor proposal, and that this meant that the contractor took responsibility for the contents of it (page 43 of transcript). He confirmed that he understood that if there were ambiguities between the EM and SHTMs, one of WW's responsibilities was to detect that and bring it to the attention of the Board. In this context he also confirmed that WW had checked "what were seen as the key parameters" (page 40 of

transcript). Paul Cooper also conceded that, once ownership had been taken of the EM by Wallace Whittle, it did form part of the contractor's proposals. This body of evidence makes it plain that the EM was not a mandatory fixed brief. It dispels any notion that there was any confusion about the status of the EM.

55.5. Having taken ownership of the EM, Graeme Greer (at para 74) noted that IHSL produced at least 11 different iterations of the EM. The changes made by IHSL were not simply to augment the EM as rooms were added (as suggested by some Multiplex witnesses), nor were all the changes prompted by comments from NHSL: they included substantive changes to existing provisions. The changes made by IHSL included:

55.5.1. Removing the H&K logo (bundle 4, page 220) and eventually giving the document a WW reference number.

55.5.2. Removing the entry for HDU from the RFRS in the EM prepared by IHSL for Financial Close (bundle 4, page 222). Stewart McKechnie described this as tidying up as WW were "taking ownership" of the EM (page 72 of transcript). This change was not in response to a comment from NHSL, nor was it highlighted to NHSL.

55.5.3. According to Stewart McKechnie's evidence, correcting "some obvious issues" (although he did not explain what those issues were) (page 59 of transcript). He continued "we might have tidied up a wee bit".

55.5.4. Adding Guidance Note 26 (bundle 4, page 221).

55.5.5. Changing all single bedrooms, including those in Critical Care, from positive pressure to balanced (bundle 4, page 226), despite this being in response to a comment made (bundle 4, page 219) concerning standard bedrooms, not those in the Critical Care.

55.5.6. Changing the humidification provisions in Guidance Note 15 (bundle 4, page 221). Stewart McKechnie explained in his evidence (page 54 of transcript) that this change was prompted by one of WW's engineers reviewing the requirements in the EM, particularly guidance note 15 (bundle 4, page 132) and seeking clarification (bundle 10, volume 2, page 1,302).

55.5.7. Altering guidance note 15 so that it related only to isolation rooms in Critical Care. This change came after Financial Close and so will no doubt be explored in more detail at later hearings. However, at face value, it was a critical change to the EM, which went far beyond merely a change, for example, in the number of rooms covered by the EM. It is a direct change which involved the apparently erroneous interpretation and application of SHTM 03-01. It is a change which appears to have been consistent with Stewart McKechnie's erroneous understanding of the guidance. Indeed, in its draft Closing Submission, WW concedes that it made this change because it was "uncomfortable" with the text of the Guidance Notes and wanted to bring them in line with the entries in the matrix. It will likely be MML's position that it is a change which was made without being intimidated to NHSL or MML. WW claim, under reference to paragraph 83 of Graeme Greer's witness statement, that the change was noted by others "at the time". That involves a misunderstanding of Mr Greer's position and a misreading of paragraph 83 of his statement. MML understands Mr Greer's position to be that he was not aware of the change at the time. Indeed Mr Greer expressly notes in paragraph 83 of his statement that WW had not highlighted the change, and as such it would not have been obvious to reviewers. MML suggests that this matter is explored with him at the next set of hearings. In any event, for all of these reasons, while this change to the EM relates to the period post-Financial Close, consideration of it will likely assist the Inquiry in reaching its conclusions regarding events prior to Financial Close.

55.6. In around August 2014, IHSL (or one of its contractors) conducted a review of the EM (bundle 8, page 55 at para 2.8) which uncovered "a number of discrepancies". It was minuted that IHSL was going to raise a Request for Information (RFI) with NHSL. Liane Edwards' position in evidence was that this was not a review for compliance but rather a review for consistency (page 18 of transcript). Regardless of whether the review related to compliance or consistency, the conduct of such a review is inconsistent with the claim that the EM was a fixed, mandatory document with which IHSL was required to comply.

MML has conducted a check of the RFI register and has been unable to locate any RFI raised by IHSL concerning this issue. Accordingly, it would seem that IHSL was content to address the discrepancies it had identified in the EM without any recourse to NHSL. That again suggests that IHSL was acting on the basis that it was responsible for the content of the EM.

- 55.7. NHSL made multiple comments on the EMs produced by IHSL (see for example Bundle 4, page 218). These comments included issues where NHSL was concerned that the provisions in the EM did not comply with SHTM 03-01 (such as the single bedroom pressure issue, which is considered in more detail, below). Such comments are inconsistent with the suggestion that the EM was mandatory or that it in some way took precedence over compliance with SHTM 03-01. John Ballantyne attempted to address this point in his evidence by suggesting that NHSL may allow changes to the “line in the sand” and would “sign off on all changes” (page 13 of transcript). That involves a misunderstanding of the process that was followed. Although NHSL made comments on the EM, it did not “sign off” on any changes that were subsequently made other than in relation to Operational Functionality. This will no doubt be addressed in more detail as the Inquiry considers matters after Financial Close. Stewart McKechnie’s attitude to these comments in his evidence seemed to be that he was happy that they were being made as it would reduce the need for WW to identify those issues (page 61 of transcript).
- 55.8. Stewart McKechnie (at para 8) expressed his surprise by the level of queries that arose on the EM: it seemed to him that it was odd to be answering questions on the “client’s brief”. The obvious explanation for this was, of course, that the EM was not the client’s fixed brief but rather a document that WW (through IHSL) had taken ownership of. Indeed, he conceded that WW had taken ownership of the EM (para 9).
- 55.9. Similarly, Paul Cooper (at para 15) was surprised by omissions in the EM. Again, the obvious explanation for this is that the document had not been finalised and required to be developed by WW for IHSL.

55.10. In his evidence, Paul Serkis stated that WW would have been asked to review the EM for compliance with design guidance, whether that was at competitive dialogue stage, or from preferred bidder to FC (page 16 of transcript). In his own evidence, Stewart McKechnie stated that, on any healthcare project, any designer would be using SHTM 03-01 as the basis for their design (page 13 of transcript). He confirmed that WW would review the EM against guidance documentation to see that it aligned, and if they were uncomfortable with it, or needed clarification, they would push it up the line to Multiplex (page 11 of transcript). His evidence appeared to be that this review came later on in the project than Mr Serkis has suggested. Paul Cooper, who was involved in the electrical side with WW, also confirmed that they would review the EM for compliance with guidance (page 7 of transcript). In any event, this review of the EM for compliance with guidance, whenever it occurred, is entirely at odds with the suggestion that the EM was a fixed client brief which effectively superseded SHTM 03-01.

55.11. A derogation was ultimately granted in relation to the provision in paragraph 8 of the BCRs requiring that the works comply with the EM (bundle 5, paper apart volume 1, page 3,861). The derogation was granted because of “anomalies” within the EM. It was noted that “This shall be further developed...” This is inconsistent with the EM being a fixed client brief.

55.12. At Financial Close, the EM was included as part of the Reviewable Design Data (“RDD”). If the EM was a mandatory document, as Multiplex claim, it is inconceivable that it could have been included as RDD. Its inclusion as RDD appears to have confused Stewart McKechnie as he thought it was the “client’s brief” (at para 22) and it “surprised” Paul Cooper (at para 9). On the other hand, John Ballantyne seemed to have misunderstood the position regarding the inclusion of the EM in the RDD. He claimed (at para 36) that the RDD process was “there to check that the IHSL design was delivering what had been asked for by the Board, including for example what was in the Environmental Matrix.” Far from the RDD process being there to confirm compliance with the EM, the inclusion of the EM in the RDD process confirms that the EM itself had not been finalised by that stage. During his evidence, Mr Ballantyne did not know

whether the EM had been included as RDD (page 14 of transcript). When he was shown documentation confirming that the EM was included as RDD, his position became that this was solely in relation to new rooms being added to it (page 15 of transcript). However, the comments on the EM that were to be addressed during the RDD process went beyond simply adding new rooms. In his evidence, Paul Serkis attempted to rationalise the inclusion of the EM as RDD as being part of a process by which the contract permitted changes, which would then be agreed between the parties (page 20 of transcript). However, this seems to conflate the Change Protocol (at clause 33 and Schedule Part 16 of the Project Agreement) with the RDD process. However, later in his evidence (page 30 of transcript) he contradicted this by accepting the validity of Stewart McKechnie's comments to the effect that including the EM in RDD was commercially dangerous for IHSL (which would not be the case if it was part of an agreed change protocol).

- 55.13. On 17 October 2016, MML emailed IHSL (bundle 14, page 339) following a review of the most recent draft EM provided by IHSL, stating that the Board “still has significant concerns on the items that do not appear to comply with the BCR’s.” General comment 6 noted that “Some ventilation rates don’t appear to comply with BCRs.” The email concluded “Whilst the Board has noted general and specific comments above, the Board reminds Project Co that unless the Board has already accepted a derogation, it is Project Co’s obligation to comply with the BCR’s/SHTMS [sic] etc, and the Board not commenting, does not remove that obligation on Project Co.” A further email dated 7 November 2016 (bundle 14, page 338), upgrading the EM to status B for RDD purposes, noted that “the Board still does not believe the Environmental Matrix and resultant design complies with the Project Agreement. Project Co’s failure to comply with the BCRs/PCPs... the Board believes would result in a non-compliant Facility.” IHSL was invited to “resolve non-compliant and other issues as matter of urgency”. It is clear from this correspondence that parties were proceeding on the basis that (i) compliance with BCRs required more than simply complying with the EM; (ii) there was an overarching requirement to comply with SHTMs; and (iii) the onus to develop the EM and provide a

compliant Facility rested with IHSL regardless of any comments made by NHSL and/or MML on the EM.

- 55.14. As Susan Goldsmith (at para 20) and Graeme Greer (at para 75) explained, IHSL were asked to confirm compliance with SHTM 03-01. IHSL provided this confirmation in a letter dated 31 January 2019 (bundle 14, page 97) that stated: “Construction: - All ventilation systems have been designed, installed and commissioned in line with SHTM 03-01 as required, systems are maintained in such a manner which allows handover at actual completion to meet SHTM 03/01 standards.” No doubt this will be explored at a later hearing. It is plain from this confirmation that IHSL took responsibility for the compliance of the ventilation design (as set out in the EM) with the applicable standards. It also completely undermines Ken Hall’s claim that SHTM 03-01 had in some way been superseded by the EM for the purposes of the project. While this letter was issued post-Financial Close and will presumably be considered in more detail at a future hearing, its terms are also plainly relevant to the conclusions which the Inquiry might reach in relation to the period prior to Financial Close.
- 55.15. The suggestion that the draft of the EM that was developed at reference design stage should remain a mandatory requirement throughout the project is inherently unlikely given that the applicable standards and guidance might change over the lengthy period that the project would inevitably take. It is unrealistic that the expectation would be that values were set in stone at reference design stage.
- 55.16. The suggestion that the EM developed at reference design stage was a mandatory requirement is inconsistent with the key principle described by Richard Cantlay (at para 8) that the design risk on a PPP contract sits with the private sector (with the exception of operational functionality).
56. Having regard to the foregoing considerations, it is apparent that, regardless of the claims made by various witnesses to contrary, all parties, including IHSL, acted on the clear understanding that the EM produced in the ITPD was not a mandatory document and that compliance with SHTM 03-01 was required.

57. Even if, contrary to the actions of the parties, there was some misunderstanding about the status of the EM in the ITPD, the effect of the hierarchy of standards provisions at paragraph 2.5 of the BCRs (which is considered in more detail, below, in the context of the Project Agreement) made it plain that IHSL's design required to comply with SHTM 03-01 regardless of the terms of the reference design EM.
58. In any event, even if the foregoing is not accepted, and one were to proceed on the basis that EM was a mandatory document and that there was no specific requirement to comply with SHTM 03-01, that would not alter the requirement that IHSL proceed on the basis of 10ac/hr for Critical Care. Although the individual entries in the matrix for bedrooms in Critical Care stated 4 ac/hr, Guidance Note 15 made it clear that, for HDU Bed Areas and Critical Care Areas, SHTM 03-01 applied and supply ventilation should be 10ac/hr. As Michael O'Donnell noted in his evidence, the Guidance Notes pull together what is important, the key notes, from the current guidance. These were put up front as "important watch points" (page 19 of transcript). He was clear that the guidance notes take precedence over the values in the matrix. His evidence on this point is consistent with the entry in the "Notes" column of the relevant entries in the matrix stating "See Guidance Notes". In any event, as an engineer, he considered that if there was any doubt, he would "sit on the side of caution" and go with the more onerous provision until it was clarified (page 46 of transcript). Such an approach is consistent with the terms of paragraph 2.5 of the BCRs, which would apply to any discrepancies within the terms of the EM.
59. Willie Stevenson's evidence was also that the Guidance Notes take precedence as they give instructions on how to deal with the matrix and highlight up front the specific requirements (page 12 of transcript). In the event of a major conflict between the Guidance Notes and the entries in the matrix, he would expect someone to raise a query or derogation, although he agreed with Mr O'Donnell's view that the more onerous would take precedence.
60. Stewart McKechnie's evidence was that Guidance Note 15's reference to "10ac/hr" related only to isolation rooms (page 70 of transcript). On a reasonable reading of Guidance Note 15, this interpretation is untenable. It did not seem to be shared by any

other witness who was asked to comment on the EM. It is based on Mr McKechnie's own interpretation of Table A1 of SHTM 03-01, which seems to be erroneous for the reasons set out below. In any event, there is no express mention in Guidance Note 15 of the entry being limited to isolation rooms. The fact that the requirement for "10ac/hr" is included, not just for "Critical Care Areas" but also for "HDU bed areas" suggests that all bed areas in HDU or Critical Care, not just those in isolation rooms, were supposed to have this provision. Such an interpretation is supported by the RFRS which also made provision for 10ac/hr supply in HDU.

61. Whether one approaches matters on the basis that (i) Guidance Notes take precedence over the entries in the matrix; or (ii) the more onerous provision takes precedence, it is apparent that the EM, when properly interpreted, mandated 10ac/hr for Critical Care. Similarly, when one considers the entry for HDU in the Room Function Reference Sheet, being more onerous than the individual bedroom entries for Critical Care, the provision for 10ac/hr ought to take precedence.
62. Given the clear importance of the Guidance Notes, it is surprising, and perhaps rather alarming, that Ken Hall's stated interpretation of the Guidance Notes was that they were effectively working notes from the designer that he was "not that... interested in going through" (page 33 of transcript). On that basis, his view seemed to be that they could be ignored. It is plain from even a cursory review of the Guidance Notes that they could not reasonably be described as working notes and that it would be unwise to disregard them.
63. Similarly, Ken Hall's view of the Room Function Reference Sheet was that it was "not something [he] had any knowledge of" (page 29 of transcript). He agreed to the proposition that he did not think that it was necessary to read or understand this part of the EM. Again, this is rather alarming given that it was an integral part of the document. Michael O'Donnell described it as attempting to summarise all of the repeatable room types in order to make the review process easier (page 38 of transcript).
64. In any event, the whole question of the status of the EM is academic: Stewart McKechnie (at para 24) is of the view that "the EM did accord with SHTM 03-01" and (at para 26) that 4ac/hr in Critical Care "did not appear to be a mistake". Accordingly, it would not have mattered whether the reference design EM was mandatory or not:

IHSL/WW would not have made any changes to the relevant entries because they considered them to be correct. It follows that any ambiguity or uncertainty regarding the procurement documents was of no causative significance in relation to the problems that ultimately developed.

The tender submitted by Bidder C

65. Bidder C (Mosaic) included a revised EM in its tender submission (bundle 7, page 52). Amongst many revisions marked in red, supply ventilation for single bed cubicles and open plan bays in PICU/HDU was changed to 10ac/hr. However, the tender documents did not suggest that this change had been made because the reference design EM was non-compliant with SHTM 03-01. Bidder C's final tender submission in relation C8 (Approach to design and construction – M&E engineering design proposals) stated at section C8.2x (bundle 7, page 156) "Mosaic environmental matrices have been produced to reflect the design criteria used as the basis of the Mosaic proposals... The matrices have been derived from the reference design environmental matrices in order to show where the design criteria have been modified to reflect the Mosaic engineering strategy." The tender submission continued at section C8.3 (bundle 7, page 158) "It is Mosaic's intent to generally follow the reference design environmental matrices except where the criteria are modified by the different engineering strategies proposed, for example the proposed use of chilled beams combined with fresh supply rates based on occupancy... Some other criteria have been modified to enhance the proposed design criteria or adjust values based on the intended room use..." Although certain "key adjustments" were identified, these did not include the entries related to bedrooms in PICU/HDU.
66. Accordingly, the impression given by the tender documentation was that any revisions made by Bidder C to the reference design EM were "to reflect the design criteria used as the basis of the Mosaic proposals" or "to reflect the Mosaic engineering strategy." The documentation would not have put the reader on notice that Bidder C had identified entries in the reference design EM that were not in compliance with SHTM 03-01.
67. Willie Stevenson explained (at para 16) that it would not be a cause for concern if one bidder produced a marked up EM and others did not. He noted that H&K had certified

that its design complied with SHTMs, so there was no reason to suspect that the reference design EM did not comply with SHTMs. In any event, the important thing was not whether EMs produced by bidders matched each other or the reference design EM: the important thing was that they complied with the guidance (at para 17).

68. Richard Cantlay noted (at paras 14 and 66) that bidders required to confirm that their proposals complied with the BCRs (as set out in C21 of the Bid Submission Requirements). Bidders could present different solutions provided each confirmed that the bid, when developed, would comply with the BCRs. In his evidence, he noted that changes being made to the EM would not be a red flag: rather it would make it clear how the bidder's proposal varied from the baseline EM provided to tenderers (page 22 of transcript).
69. Graeme Greer (at para 40) did not consider that bidders producing two different solutions would necessarily have rung any alarm bells: it would not necessarily mean that one had complied with the guidance and the other had not. In evidence he noted that each bidder likely had a different architectural solution, so would have a different matrix for that reason (page 34 of transcript).
70. Colin Macrae also confirmed (at para 10) that different solutions submitted by IHSL and Bidder C was not a cause for concern as the design development had not started – he would have thought Bidder C was being proactive in making a start on developing their design. He noted (at para 14) that the review of the tender did not involve a side-by-side comparison.
71. Paragraph 224 of CTI's submission seeks to ascribe significance to the changes made by Bidder C which is not supported by the available evidence. It is suggested that "the differing tenders submitted by IHSL and Bidder C exemplify the problems with the drafting of the tender documents". CTI's statement goes on to note that both IHSL and Bidder "offered to comply with" the BCRs but that Bidder C had "required to make changes" to the EM, while IHSL "did not offer to change any values" in the EM. CTI then state "It is not clear why one tender was not rejected as a variant bid."
72. It is not at all clear what is meant by a "variant bid". There is no express suggestion that any of the bids failed to comply with the evaluation criteria: they were accordingly

not variant in that sense. The fact that the bids varied from each other is entirely normal: given the volume and complexity of the tender documentation, it would be remarkable if the tenders were identical. The fact that Bidder C made changes to the EM does not mean that the EM had to be changed in order to be compliant with SHTM 03-01: the reasons that Bidder C provided for its changes are set out above: it was to reflect Bidder C's design criteria and engineering strategy. These important passages from Bidder C's tender, which are essential to placing Bidder C's changes in context, are not mentioned in CTI's submission. The suggestion in paragraph 224 of CTI's submission that Bidder C "required to make changes" in order to comply with the BCRs is not borne out by what is stated in Bidder C's tender documentation. The fact that IHSL submitted a different EM would be readily explicable on the basis that it had different design criteria and engineering strategy from Bidder C. In any event, IHSL did indicate that it also intended to make changes to the EM: at C8.2(x) (bundle 3, page 303) IHSL noted that it "shall provide an addendum matrix for any rooms on an exception basis highlighting any changes at preferred bid stage".

73. A proper analysis of the tenders submitted by IHSL and Bidder C does not support the contention that they "exemplify the problems" with the ITPD documentation. Both bidders confirmed that their design would comply with SHTM 03-01. Both bidders indicated that they understood that changes could be made to the EM. Far from exemplifying problems with the ITPD documentation, this passage of evidence supports the contention that there was in fact no real confusion about what was required of bidders.
74. The Chair is invited to conclude that the fact that Bidder C and IHSL submitted different bids should not have alerted MML to any possible issue with the EM.

The intensity of review of tenders

75. Richard Cantlay explained (at para 65) that the bids were reviewed in accordance with an agreed evaluation methodology set out in the Final Tender Evaluation Manual and Supplementary Guide to Final Tender Evaluation. As Iain Graham noted (at para 10) in relation to the tender scoring criteria, a minimum pass/fail threshold was put forward in some areas (such as compliance with basic BCRs) to the make best of quality scores.

He considered (at para 14) that M&E was not given a lower weighting than other elements as M&E installations have an extensive underpinning of technical standards and all criteria in the BCRs had to be passed or the bid would be deemed non-compliant. Richard Cantlay noted (at para 20) that M&E was not a standalone item that was assessed only in relation to section C8: it was also taken into account in other criteria such as C4, C5, C9, C10, C15, C18 and C19.

76. Richard Cantlay explained (at para 65) that, when evaluating the tenders, it was not MML's role to check the design on a line-by-line basis but rather to review the bids in accordance with the agreed evaluation methodology. In his evidence he explained that the tenderers were bidding to design and construct the hospital (page 35 of transcript). They were presenting their approach to how they would do the design rather than presenting a full design. In relation to criteria such as C21 (compliance with the BCRs, which was assessed on a pass/fail basis), the final design could not be considered as it did not exist. Rather the tenderer would be confirming that, when doing the design, they would comply with the BCRs. That statement would be taken at face value. Graeme Greer also confirmed (at para 22) that tender evaluation would not involve a line-by-line check of each bid for compliance with all the guidance in the BCRs. In his evidence he described how each assessment team would perhaps have two to three hours to review the response to each question: "not a massive amount of time" (page 13 of transcript). He noted that this was not a design check, rather it was a review of submissions. So far as compliance with the BCRs was concerned, he explained that the onus was on bidders to confirm that they were complying rather than on NHSL reviewing the submissions to confirm compliance (page 25 of transcript). The rationale for this approach lay in the risk allocation in an NPD contract. In any event, reviewing each submission to ensure compliance with the BCRs would have been a huge task which would not have been possible in the time available. Mr Greer considered that checking each tender to ensure compliance with the BCRs would have taken months (page 27 of transcript). Willie Stevenson explained (at para 14) that tender evaluation would be a sample review with a few spot checks: not a line-by-line review. In any event, he noted (at para 15) that the tenders were not the bidder's final design: what was being looking for at final tender stage was an indication that bidders were in agreement that what they were going to design would be compliant with the BCRs. Colin Macrae, who reviewed technical submissions from an M&E perspective including ventilation

and many other elements, confirmed (at para 8) that when assessing tenders, he would not be looking at compliance with SHTMs as the design had not been developed at that stage.

77. Graeme Greer noted in evidence that those RDS that were submitted at tender stage, may have been included as an appendix to the architectural submission as opposed to being part of the M&E submission (page 32 of transcript). In any event he doubted that they would be reviewed as part of the tender evaluation process.
78. Paragraph 234 of CTI's submission states that "the evidence indicates that there was a low intensity review of tenders". It is unclear whether this is intended as a criticism of those conducting the tender evaluation process. It is unclear whether it is being suggested that the tender evaluation process deviated in any way from the agreed methodology set out in the Final Tender Evaluation Manual and Supplementary Guide to Final Tender Evaluation. It is unclear whether any criticism is being made of the Final Tender Evaluation Manual and Supplementary Guide to Final Tender Evaluation. Reference is made by CTI to two aspects of the task undertaken as part of the tender evaluation exercise: accepting a statement of compliance with the BCRs at face value; and conducting some sample reviews. The sample review itself is described at paragraph 23 of CTI's submission as a "very low intensity 'sample' review". It is then suggested at paragraph 234 that the characterisation of the tender evaluation process as a "low intensity review" is "exemplified" by the lack of a review of the RDS.
79. It is submitted that the evidence does not support CTI's characterisation of the tender evaluation process as being a "low intensity review". The full work involved in evaluating the tenders was touched on very briefly in evidence. It is submitted that the Inquiry would be unable to reach any conclusions regarding the intensity of the evaluation process from the limited examples mentioned by CTI. The full evaluation criteria are set out in the ISFT documentation (bundle 3 from page 71 to 153). Each of the three tenders had to be evaluated against that full set of criteria. Bundle 6 comprises no more than the "key sections" of IHSL's tender. The bundle runs to 1,203 pages and touches upon a very small proportion of the evaluation criteria. Insofar as any criticism is made of a "sample review" exercise, it is unclear what practical alternative is being suggested. The Inquiry heard evidence (discussed below in the Governance section)

from a number of witnesses regarding the scope of the task in conducting a full review of the EM (which formed one relatively small element of the tender documentation). A full review of each of the three tenders, including checking for compliance with all of the BCRs, is likely to have taken several months. Given that, at tender evaluation stage, the design had yet to be developed by the successful bidder, any detailed review would have been wholly disproportionate and prohibitively expensive. This must also be considered against the background that NHSL had received confirmation from H&K that the reference design EM complied with applicable guidance.

80. Insofar as it is suggested that the sample review itself was of “very low intensity” there was simply no evidence about the level of intensity with which the sample review was conducted to enable any view to be formed about its level of intensity. In short, the evidence did not suggest that a sample review exercise was inappropriate, nor that any valid criticism could be made of the manner in which that sample review exercise was carried out.
81. In its draft Closing Submission, WW invite the Inquiry to consider whether IHSL may have been left with a misplaced confidence that its tender had been assessed as being fully compliant with the BCRs. WW does not point to any evidence to support the suggestion that IHSL had any such confidence. MML is not aware of any such evidence. Given the evidence (discussed below in the Governance section) regarding the scope of the task in conducting a full review of the EM, it seems highly unlikely that any tenderer could have entertained any genuine understanding that the tender evaluation process included a detailed review of every tender to ensure full compliance with the BCRs.

The period to Financial Close

82. The problems and difficulties described in CTI’s submission (from paragraph 241) were primarily the result of IHSL failing to deliver on its requirements. As CTI note (at paragraph 245), despite IHSL’s complaints to the contrary, no witness was able to provide any example of a radical change by NHSL to the stated requirements that increased the requirements placed on IHSL.

83. As Graeme Greer stated (at para 65), by Financial Close there was not a complete set of RDS from IHSL. This resulted in RDS being included as RDD. Susan Goldsmith stated (at para 41) that Multiplex did not make the design progress that it was expected to make prior to Financial Close. She continued (at para 43) that, in order to reach Financial Close, a pragmatic way forward was agreed. She considered that Multiplex used commercial leverage knowing NHSL had limited options (para 45). In her evidence, she explained that NHSL were comfortable waiving the requirement for a full set of RDS by Financial Close because contractual responsibility for producing them would lie with IHSL after Financial Close. Iain Graham noted (at para 36) the pressures from various parties to get to Financial Close, and that the reduction in the number of RDS for inclusion in the Project Agreement was one of many compromises, although this was mitigated by the provision of RDS for key and generic rooms. He noted (para 46) that Multiplex strongly resisted completing 100% RDS as it would require too much time and cost prior to Financial Close. This resulted in RDD being more extensive than expected (para 50). In her evidence, Janice MacKenzie described this as a pragmatic decision as they had got so far as needed to get on and build the hospital (page 19 of transcript). Richard Cantlay noted that the bidder had put forward a fixed price, so the risk to the Board would be the same whether design issues were finalised pre or post Financial Close (page 41 of transcript).
84. As Graeme Greer explained in evidence, the first RDS were produced eight weeks out from the projected Financial Close date (page 31 of transcript). Given the timescales involved, they were not reviewed prior to FC.
85. Colin Macrae described his involvement in highlighting discrepancies in relation to single bedrooms. His concern was that the bedroom ventilation was described in the IHSL EM as being positive. He considered this to be an infection control risk. This issue was noted during the preferred bidder stage (see bundle 4, page 275). In his evidence he suggested that during this period his reviews got “more focussed” (page 14 of transcript), although still at a “fairly high level” (page 15 of transcript). It is apparent from the comment raised on this issue, when compared with the requirements of SHTM 03-01, that the issue related to standard single bedrooms, not to those in Critical Care. This was one of the outstanding issues that led to the EM being RDD (bundle 5, p880). It was not resolved at FC.

86. Graeme Greer's position in evidence was that this was one of many issues that they were working through at that point (page 45 of transcript). It did not jump out as being a higher priority than anything else that was being worked on. He noted that there was no indication that IHSL would not address it so that the design was compliant with SHTM 03-01 (page 46 of transcript). Richard Cantlay was not surprised that an issue such as this would arise at this stage as the preferred bidder would be developing its design which would be reviewed in more detail (page 43 of transcript). The understanding that this issue was not sufficiently serious to prompt a wholesale review of the EM is supported by Paul Serkis's evidence that this was not something that had been raised as a red flag to him or John Ballantyne and that he could not recall any major conversations about it (page 27 of transcript). On reviewing the documents now, he considered that this was something being raised for review: it was not unusual, just another item to be dealt with as part of design development (page 28 of transcript). Susan Goldsmith considered that this was one of several issues that needed to be resolved, and that she was reassured by the fact that the risk had been identified and was being addressed (page 40 of transcript).
87. Paragraph 248 of CTI's submission suggests that this issue highlighted that H&K's confirmation that the EM complied with SHTMs was not accurate, and that a failure to "re-visit" the EM was a missed opportunity. It is unclear what is meant by "re-visit". As is readily apparent from the fact that the issue came to light during a review of the EM, the EM was being subjected to review by MML and NHSL. In that sense it was being revisited. However, for the reasons discussed elsewhere in this submission, any full review of the EM would have taken months. Given the time and costs involved, the pressure to achieve FC, the lack of any obvious reason to suppose there were any other significant errors in the EM, and the fact that design risk ultimately sat with IHSL, any such review would not have been a reasonable option.

The Contract

88. MML recognises that it is not the role of the Inquiry to determine the correct interpretation of the contract. It is readily apparent that there are competing interpretations amongst the various Core Participants. In this part of the submission

MML sets out what it contends to be the correct interpretation of the Project Agreement and to highlight all of the relevant provisions.

89. MML accepts the observation made at paragraph 258 of CTI's submission that the wording of the Project Agreement did contain some potential ambiguities about the status of the EM. However, MML submits that, when the Project Agreement is viewed as a whole, the status of the EM is clear. In particular, it is clear that the provisions in SHTM 03-01 took precedence over the EM. That understanding is clear not just from consideration of the provisions identified in the following paragraphs: it is also apparent from the actions of the parties (discussed above at paragraph 55), all of whom proceeded on a clear understanding that compliance with SHTM 03-01 was required. The summary of the position adopted by IHSL/Multiplex/WW in the last sentence of paragraph 258 of CTI's submission is not borne out by the evidence regarding their actions.
90. Clause 12.1.1 of the Project Agreement (bundle 5, page 24) provides that "Project Co shall carry out the Works... so as to procure satisfaction of the Board's Construction Requirements..." Paragraph 8 of the BCRs (bundle 5, page 289) provides, *inter alia*, that "Project Co shall provide the Works to comply with the Environmental Matrix."
91. Paragraph 2.3 of the BCRs (bundle 5, page 211) provides that "In addition to the standards listed in paragraph 2.4 of this Sub-Section C, unless the Board has expressed elsewhere in the Board's Construction Requirements, a specific and different requirement, the Facilities shall comply with but not be limited to the provisions of the NHS Requirements as the same may be amended from time to time." The list of NHS Requirements included "h) HTM and SHTM". Paragraph 2.3v (bundle 5, page 213) continued: "Project Co shall, in relation to all SHTM and all HTM (except HTM where an SHTM exists with the same number and covering the same subject matter): take fully into account the guidance and advice included within such SHTM and HTM; ensure that the Facilities comply with the requirements of such SHTM and HTM; and adopt as mandatory all recommendations and preferred solutions contained in such SHTM and HTM."

92. IHSL argues that the EM is a “specific and different requirement” covered by the qualification to paragraph 2.3 such that there is no requirement for it to comply with the SHTMs. It contends that the EM accordingly took precedence over the SHTMs. However, on a complete understanding of the provisions of the Project Agreement, this argument is incorrect for the following reasons:
- 92.1. A derogation was ultimately granted in relation to the provision in paragraph 8 of the BCRs requiring that the works comply with the EM (bundle 5, paper apart volume 1, page 3,861). The derogation was granted because of “anomalies” within the EM. It was noted that “This shall be further developed...” Accordingly, at the time the Project Agreement was finalised, the requirement that the works comply with the EM was the subject of a derogation and therefore did not form part of the BCRs. It could not have been a “specific and different requirement”.
- 92.2. Similarly, the EM was included in RDD (bundle 5, p880). It had accordingly not been finalised and signed off for construction. Compliance with it could not have been compulsory. In any event, it was not a “specific and different requirement” as it had not yet been finalised.
- 92.3. The wording “specific and different requirement” in paragraph 2.3 is not apt to describe the Environmental Matrix, even once finalised. It was a wide-ranging summary of environmental parameters. It was described, in Guidance Note 1 as no more than a “reference tool”. It does not specifically state that it is to take precedence over SHTMs. There is no specific statement anywhere in the Project Agreement that there did not require to be compliance with SHTM 03-01.
- 92.4. The EM was not a “different requirement” to the SHTMs. On the contrary the Guidance Notes, particularly Guidance Note 15 (bundle 4, page 160), make express reference to SHTM 03-01. Indeed, Guidance Note 15 specifically states that SHTM 03-01, requiring 10 air changes, are the applicable “design criteria”. On a fair reading of the EM, it is plainly intended to reflect the SHTMs rather than acting as a specific and different requirement to them.

- 92.5. In any event, the requirement in the BCRs to comply with SHTMs did not come solely from paragraph 2.3. After making reference to the EM, Paragraph 8 (bundle 5, page 289) continued “Project Co shall in carrying out the Works comply with the following non-exhaustive list of mechanical and electrical requirements...” Paragraph 8.1 Minimum Engineering Standards included “The following is a non-exhaustive list of SHTM’s, HBN’s and HTM’s applicable to the Facilities...h) SHTM 03-01: Ventilation in Healthcare Premises.” This express reference to SHTM 03-01 is not subject to the qualification in paragraph 2.3 concerning any “specific and different requirement”. Accordingly, even if IHSL is correct in its argument that the EM was a specific and different requirement such that the references to SHTMs in clause 2.3 were of no effect, that has no bearing on the clear provisions in paragraph 8 mandating compliance with SHTM 03-01. On a proper understanding of the BCRs, there is no doubt that IHSL’s design required to comply with SHTM 03-01. At paragraph 198 of CTI’s submission, it is suggested that the language used in paragraph 2.3 contributed to confusion and ambiguity as to the ventilation requirements. Even if that were correct when viewing paragraph 2.3 in isolation, it ignores other provisions such as paragraph 8.1 which made it clear that compliance with SHTM 03-01 was required. Similarly, the second last sentence of paragraph 253 of CTI’s submission implies that paragraph 2.3 is the only paragraph of the BCRs requiring compliance with SHTMs. That is plainly incorrect having regard to the full terms of paragraph 8 and the provisions identified in the following sub-paragraphs (many of which are mentioned in CTI’s submission).
- 92.6. Paragraph 2 of the BCRs (bundle 5, page 209) provided that “Project Co shall ensure the design complies with the general ethos detailed here... Project Co shall ensure that the design of the Facilities draws upon and endeavours to further develop, improve and exceed current best practice (and Good Industry Practice) standards achieved in other similar schemes...” This provision required IHSL’s design to comply with SHTM 03-01.
- 92.7. Paragraph 3.6.3 of the BCRs (bundle 5, page 232) stated “For the avoidance of doubt, Project Co shall provide mechanical ventilation, comfort cooling and air

conditioning to suit the functional requirements of each of the rooms in the Facilities. Irrespective of the ventilation requirements in the Room Data Sheets, where rooms are clearly intended to be occupied and/or become internal spaces during design development and natural ventilation is not possible, mechanical ventilation and/or extract ventilation shall be provided as appropriate to suit the function of the space.” This provision required IHSL’s design to comply with SHTM 03-01.

- 92.8. Paragraph 5.2 of the BCRs (bundle 5, page 255) made provision in relation to Infection Prevention and Control. It stated that “Project Co shall ensure all aspects of the Facilities allow for the control and management of any outbreak and/or spread of infectious diseases in accordance with the following... (f) Ventilation in Healthcare Premises (SHTM 03-01)”. This is a further provision requiring IHSL to comply with SHTM 03-01 which is not subject to the qualification in paragraph 2.3 concerning any “specific and different requirement”. John Ballantyne commented specifically on this provision during his evidence. He claimed that NHSL had satisfied themselves that the EM complied, without providing any explanation for this claim. When it was put to him that this was not what the provision said, he referred to “the unwritten word” and “implied compliance” (page 28 of transcript).
- 92.9. Paragraph 8.7 of the BCRs (bundle 5, page 294) provided that “Systems shall be design [sic], supplied, installed, tested, commissioned, operated and maintained all in accordance with the regulations and standards.” This provision required IHSL’s design to comply with SHTM 03-01.
- 92.10. Paragraph 8.7.8 of the BCRs (bundle 5, page 304) stated “Project Co shall demonstrate how the proposals facilitate the control and management of an outbreak and spread of infectious diseases in accordance with SHTM 03-01...” This provision required IHSL’s design to comply with SHTM 03-01. Other provisions to similar effect include paragraphs 4.5.17 (bundle 5, page 253) and 8.5.3 (bundle 5, page 292).
- 92.11. The Clinical Output Based Specification (“COBS”) formed sub-section D of the BCRs (Specific Clinical Requirements), the most relevant part of which was B1

Critical Care (bundle 5, page 376). At 1.8, Environmental and Services Requirements it states (at bundle 5, page 389) “Flexibility in use of the Critical Care beds for both High Dependency and Intensive Care is key to maintaining efficient use of high specification beds... All PICU and HDU bed spaces are required to be of the same specification to allow greatest flexibility of use”. At 1.9 “Attention is drawn to the design guidance contained in the following documents: ... SHTM 2025: Ventilation”. By the time the contract was finalised, SHTM 2025 had been superseded by SHTM 03-01. Notwithstanding the reference to SHTM 2025, it ought to have been readily apparent to IHSL that it required to comply with the current guidance in SHTM 03-01. Taken as a whole, the COBS for Critical Care, which formed part of the BCRs, required compliance with the applicable SHTM and mandated that all bed spaces in PICU and HDU be of the same specification. Stewart McKechnie claimed that the provisions regarding the specification being the same was not an engineering requirement: his interpretation was that this related to layouts, fittings and furniture, not to environmental conditions (page 24 of transcript). The relevant provision does not contain any qualification suggesting that it did not apply to environmental conditions. Indeed, given that the provision comes under the heading “Environmental and Services Requirements” the most natural meaning of the provision is that it clearly relates to environmental conditions.

92.12. Paragraph 2.5 of the BCRs, Hierarchy of Standards (bundle 5, page 216) stated “Where contradictory standards / advice are apparent within the terms of the Board’s Construction Requirements and the Appendices then subject to the foregoing paragraph then (1) the most onerous standard / advice shall take precedence and (2) the most recent standard / advice shall take precedence. When the more onerous requirement is to be used the Board will have the right to decide what constitutes the more onerous requirement.” Insofar as there was any inconsistency between the EM and SHTM 03-01, the more onerous provision would take precedence.

92.13. The existence of paragraph 2.5 addresses the concern articulated at paragraph 201 of CTI’s submission concerning what “compliance” means when guidance is open to different interpretations. In any event, that concern is said to be

exemplified by the difference in views between Stewart McKechnie and Michael O'Donnell regarding the correct interpretation of the guidance in SHTM 03-01. For the reasons set out above, Stewart's McKechnie's claimed interpretation of SHTM 03-01 is not a tenable interpretation. Indeed, the fact that CTI's submission (at paragraph 306) invites a finding that there was indeed an error in the EM supports the conclusion that there is no real doubt about the correct interpretation of SHTM 03-01.

92.14. Paragraph 8 of the BCRs (bundle 5, page 289) stated "For the avoidance of doubt the hierarchy of standards and advice detailed in paragraph 2.5 (Hierarchy of Standards) of Sub-section C of the Board's Construction requirements shall apply to this paragraph 8." It is therefore clear that paragraph 2.5 applies in determining the hierarchy as between provisions in the EM and provisions in guidance including SHTM 03-01.

92.15. Even if all of that was wrong, and the EM was mandatory and compliance with SHTMs was not required, that does not mean that IHSL's design was compelled to follow the individual cells concerning bedrooms in PICU/HDU/Critical Care. All of the individual entries for rooms in PICU/HDU/Critical Care include "See Guidance Notes" in the "Notes" column. This makes it plain that all of the individual entries are subject to the Guidance Notes. Guidance Note 15 expressly states "Critical Care areas – Design Criteria – SHTM 03-01 – esp Appendix 1 for air change rates – 10ac/hr Supply..." Notwithstanding any individual entries, the reader was accordingly directed back to this provision. To the extent there was any conflict in the EM, paragraph 8 of the BCRs made it plain that "for the avoidance of doubt" paragraph 2.5 applies, which requires the more onerous provision to apply. Even if paragraph 2.5 does not apply as between the EM and guidance, there is no obvious reason why it would not apply as between inconsistent entries in the EM. Accordingly, even if IHSL's interpretation of the contract is correct, regarding the precedence taken by the EM, that has no practical effect in relation to the ventilation issues under consideration by the Inquiry because it was nevertheless compelled to comply with SHTM 03-01 in Critical Care in accordance with Guidance Note 15.

Governance

93. The terms of MML's appointment included, amongst the Technical Advisor Scope, (Bundle 2, page 86) an entry to "Check Reference Design for compliance with all appropriate NHSL and legislative guidelines and requirements (list as pre-agreed with NHSL) and identify any derogations". It should be noted that, contrary to the wording at paragraph 269 of CTI's submission, MML's obligations was not to "ensure" compliance. The agreed estimate was that MML would allocate 5 man days for this task with a total value of £2,605. Comparison with other elements that fell under MML's area of responsibility shows that this was a very modest sum, suggesting that this was envisaged to be a relatively small task.
94. Richard Cantlay explained that this task involved obtaining confirmation that the reference design had been developed in accordance with the applicable guidance and an understanding of any non-compliances or derogations. He described the task as a process of getting to the point of obtaining the written confirmation from the reference design team (page 30 of transcript). That process is evidenced by the email sent by MML dated 28 February 2012 requesting the compliance statement (bundle 4, page 322). The email attached a "Reference Design Compliance Statement Requirements Schedule" which had presumably been prepared by MML as part of the process described by Richard Cantlay. The design compliance statement and derogations list dated 16 March 2012 (bundle 4, page 324) contained comments on multiple pieces of guidance. Although the one concerning SHTMs was a simple statement of confirmation, some of the other entries made reference to derogations from the guidance. These derogations would have required to be considered by MML. It would accordingly be wrong to view the process as no more than MML asking for confirmation of compliance and the reference design team confirming that there had been compliance: the task involved an understanding of multiple different guidance documents and the extent to which they had been derogated from.
95. Richard Cantlay's evidence was that the task mentioned in the Technical Advisor Scope was not to be an independent check of the reference design by MML (page 30 of transcript). Such a detailed review would not be required because a competent design team had been appointed to do the design work. To put this explanation in context, it

is relevant to note that the total fee to the reference design team was £1,715,000 (Bundle 2, p177). H&K's fee alone was £300,000. As Stewart McKechnie noted, the EM itself (which represented only one part of the reference design) contained 50,000 boxes and would have required months to check for compliance (page 40 of transcript). Given the time and cost allocated to MML's check of the reference design, it is apparent that the Technical Advisor Scope did not contemplate a full design audit.

96. It may be relevant to note that the Technical Advisor Scope formed part of a contract entered into in March 2011, before the formal appointment of the reference design team by Contract Control Order No 290961/02 (bundle 2, page 174) dated 11 July 2011. The Technical Advisor Scope was accordingly a prospective assessment of the work that, it was anticipated, would be performed. The final box under the heading "Procurement of NPD Co including Competitive Dialogue" (of which the entry "Check Reference Design" formed a part), states "All items above assume contract to be based on Standard PPP Form Contract." The contract was not a standard form PPP contract. In her evidence, Susan Goldsmith stated that the inclusion of a reference design was a departure from a normal PPP (page 11 of transcript). It is therefore unclear to what extent this provision regarding checking the reference design remained relevant given the form of contract that was ultimately entered into.
97. In any event, the reference design team had an obligation to check the reference design against the applicable guidance. The reference design team, including H&K, produced a reference design compliance statement and derogations list dated 16 March 2012 (bundle 4, page 324). This stated, amongst many other entries, "We have followed SHTMs and also HTMs when there is no Scottish equivalent." Although Michael O'Donnell noted (at para 30) that a further updated EM was subsequently produced in September 2012, he did not suggest that this would have affected the previous confirmation that SHTMs had been followed. He did not suggest that the EM had been revised after March 2012 in a manner that was inconsistent with SHTMs. Insofar as the EM potentially failed to comply with SHTM 03-01 in relation to rooms in Critical Care, H&K was unaware of that issue. In any event, in his evidence, he stated that in order to make the compliance statement, checks were made in relation to the guidance notes (page 45 of transcript). Given that these guidance notes did not change between March 2012 and September 2012, the results of any checks would have been the same.

He went on to state that he did not think any design work had taken place between February 2012 and September 2012 (page 45 of transcript). Accordingly, had H&K been asked to provide a further design compliance statement and derogations list after producing the revised EM in September 2012, it is a reasonable assumption that it would have been in the same terms as the document provided in March 2012.

98. In light of the design compliance statement and derogations list provided by the reference design team, MML proceeded on the basis that the EM prepared by H&K had been checked to ensure that it complied with the applicable guidance including SHTM 03-01. As CTI's submission suggests at paragraph 269, there was little more MML could, or should, have done.
99. Notwithstanding this compliance statement, IHSL became responsible for ensuring that the final design complied with the applicable guidance. As noted above, in January 2019 IHSL confirmed that the ventilation systems had been designed, installed and commissioned in line with SHTM 03-01. MML accordingly proceeded on the basis that the final ventilation system design, including the EM, had been checked to ensure that it complied with the SHTM 03-01.
100. Throughout the project, MML's role did not involve conducting a line-by-line check to ensure compliance with the guidance. Graeme Greer (at para 8) explained that MML undertook sample reviews of aspects of the design but that IHSL was responsible for the design of the project. He noted in his evidence that this was due to the risk allocation in an NDP project; it came back to who was best placed to take the risk in such a project (page 13 of transcript). However, it was beneficial to NHSL for MML to do some level of review to assist in IHSL developing their proposals (page 15 of transcript). He noted that the level of review was consistent with that done by MML on other NPD projects. He also noted that this was in keeping with discussions that he had had with Brian Currie of NHSL, who had asked why they would employ MML to do the design if someone else had already been employed to do it (page 16 of transcript). Mr Greer confirmed that NHSL was aware that MML was doing a sampling exercise rather than an audit. Willie Stevenson (at paras 14 and 23) spoke to the reviews he conducted on the drafts of the EM produced by IHSL. He described this as a "sample review or spot check" not a "line-by-line check or audit". He noted that it would not have been

practical to conduct such a detailed check given the timescales involved. He stated that they would take care not to make suggestions that might lead to MML becoming designer by default as that was not MML's role. In evidence he noted that there were over 1,100 lines in the EM and that a full line-by-line review of just the electrical information would take 2.5 days if he was uninterrupted and everything went smoothly; however, on the mechanical side there would be a lot more information to check (page 14 of transcript). After the Preferred Bidder was appointed, he noted that they will still perform sample checks which was because design responsibility lay with IHSL (page 14 of transcript). Colin Macrae also stated (at para 18) that it was not MML's role as Technical Advisor to do a line-by-line check of the EM – it was IHSL's responsibility to produce a compliant design. He would undertake "sample reviews" of each version of the EM produced by IHSL. The spot checks were aimed at ascertaining that the design development was progressing. He noted (at para 58) that the level of review he undertook on this project was in line with the reviews he used to undertake on other projects. He stated (at para 19) that he would be careful to avoid offering design solutions as MML was not the designer. In his evidence he suggested that, after the preferred bidder was appointed, his reviews got "more focussed" (page 14 of transcript). He described this as looking for anomalies, although it was done at a "fairly high level" (page 15 of transcript). He noted that a line-by-line review would be time consuming and very onerous. In any event, as he would not have expected the EM to be finalised until after FC, he did not consider there to be any need for a detailed review of the EM at that stage. David Stillie advised that doing a full check of the design from the architectural perspective would have been a huge job: once the design was developed there was a huge volume of information which would make it "well nigh impossible" to do a line by line check (page 23 of transcript). To adopt the words at paragraph 320 of CTI's submission to detect the sort of issue which arose with the EM would require a disproportionate duplication of technical expertise at undue cost.

101. MML's position regarding the level of checking of the EM that would have been feasible was supported by the evidence of Stewart McKechnie, who is arguably best placed to comment on the matter. His evidence was that there were 50,000 entries on the EM so there was a limit on what could be done by way of reviewing the matrix: he would only look at the "key parameters" (page 40 of transcript). He stated that, to check every single parameter in the EM for compliance with guidance would have taken

“months of work” and it would be almost like reinventing the EM (page 41 of transcript). He described the task as “impossible” (page 44 of transcript). Similarly, when it was suggested to Ken Hall that IHSL ought to have carried out a detailed review of the EM he considered that this would “not have been possible”, a “very difficult job” and a “highly unreasonable request” (page 72 of transcript).

102. This understanding of MML’s role is consistent with the evidence of Peter Henderson from HFS who stated (at para 45) “For an external body to carry out a full check for compliance with all relevant guidance it would require the employment of a full shadow design team. (This level of involvement could potentially diminish the level of liability of the original designer).” MML was not employed to be a full shadow design team. Although Ken Hall’s statement (at para 43) suggests that MML were “resourced almost like” a shadow design team, that does not mean that they were one. In her evidence Janice MacKenzie of NHSL stated that she would not agree with the suggestion that MML was a shadow design team as she did not think they were there to design (page 12 of transcript). Willie Stevenson expressed the view that MML was definitely not a shadow design team and had no design responsibility whatsoever on the project (page 9 of transcript). David Stillie stated that he did not at any time consider that MML were anything like a shadow design team (page 23 of transcript). Graeme Greer explained that MML definitely did not have a design team working on the project (page 14 of transcript). He noted that this was due to the risk allocation in an NDP project; it came back to who was best placed to take the risk in such a project. Richard Cantlay explained that the term “shadow design team” is not terminology that he would associate with a revenue funded project due to the arrangements concerning where design risk sits (page 28 of transcript).
103. MML’s position regarding the nature of the checks conducted by it appeared to be disputed by Liane Edwards who spoke to very detailed comments coming back regularly (page 14 of transcript). She did not consider MML to be conducting light touch, sample reviews. However, Ms Edward’s role related to architectural matters, not to M&E. The specific examples provided by her (such as the size and number of screws or the colour of cladding) had no bearing in M&E matters. The evidence from MML witnesses regarding conducting sample reviews related primarily to M&E matters, particularly the EM, not to architectural matters. Accordingly, Ms Edwards’

recollections regarding the detailed nature of MML's review of matters that she was involved in have no obvious bearing on the extent of MML's reviews of the EM. Similarly, although Paul Serkis commented on the level of detail in MML's review of documents submitted by IHSL, this related specifically to the PCPs, not to the EM. Although he claimed (at para 46 of this statement) that NHSL/MML were "changing the fundamentals... altering the basis of the bid which they had accepted", in his evidence he could not provide any examples (page 24 of transcript): in any event, this comment did not seem to relate specifically to M&E aspects and/or to the EM. For what it is worth, this issue was not explored with Ken Hall, who would be better placed to comment on the extent of the comments provided by MML on the EM. Further, there is no documentation before the Inquiry vouching the proposition that MML provided sufficiently detailed and voluminous comments so as to undermine the clear evidence of those involved for MML that these were not the product a line-by-line review. The one set of comments that has featured in evidence (found at bundle 4, page 275) does not offer much insight into the extent of review that led to its creation.

104. In his evidence, John Ballantyne asserted that he saw MML as checking PCPs to ensure compliance with the BCRs (page 30 of transcript) but did not provide any explanation of the basis upon which MML would be undertaking such a task. He claimed that MML was reviewing submissions line-by-line, but it is unclear how he would be in a position to comment on what MML were doing as he was not part of MML's team.
105. The issue with the ventilation in Critical Care was not readily apparent from a review of the EM. Michael O'Donnell did not spot the error when he signed off on the EM. He stated (at para 29) that "the cover guidance notes and room function reference sheet probably gave a reassurance to anyone upon initial view that important parts of the guidance are captured, resulting in no actual digging into the individual cells..." In his evidence he noted on reflection that the RFRS may have "blinded him" from seeing the entry in the department sheets (page 42 of transcript). In his view, someone reviewing the EM would probably have looked at the RFRS and "gone with that". Indeed, Stewart McKechnie claimed (at para 24) that the EM "did accord with SHTM 03-01" and (at para 26) that "it did not appear to be a mistake". Having regard to these considerations, it is understandable that somebody conducting a sample review or spot check of the EM would not notice the error.

Findings and Potential Recommendations

106. The Chair is invited not to make the finding suggested at paragraph 304 of CTI's submission. For the reasons set out above, on a proper reading of the Project Agreement, there was no ambiguity in relation to whether the ventilation system required to fully comply with SHTM 03-01. It is plain from numerous provisions, not just paragraph 2.3 of the BCRs, that compliance with SHTM 03-01 was required. In particular, on a full reading of paragraph 8 and 8.1 (which were not subject to the qualification in paragraph 2.3 concerning any "specific and different requirement"), compliance with SHTM 03-01 was mandatory. The Chair is invited to make a finding to that effect.
107. The Chair is invited not to make the finding suggested at paragraph 305 of CTI's submission. MML accepts that the procurement documentation did contain some potential ambiguities and inconsistencies. However, when the provisions are viewed as a whole, it is clear that the EM was not intended to be mandatory. In any event, the subsequent actions of the parties make it clear that there was no real confusion. The Chair is invited to make a finding to that effect.
108. The Chair is invited not to make the finding suggested at paragraph 307 of CTI's submission. Although the reference design team was ring fenced from the procurement exercise, there was no evidence to suggest that this meant that "the problem was exacerbated". There was no evidence that any of the bidders wanted to "discuss matters with the engineers that produced the Environmental Matrix". Had they been able to do so, there was no evidence that they would have discussed any of the matters mentioned towards the end of paragraph 307. Any supposed effect of the reference design team being ring fenced is purely hypothetical. In any event, had bidders wished to clarify the matters mentioned towards the end of paragraph 307, they could have done so by asking NHSL or MML.
109. The Chair is invited not to make the finding suggested in the third and fourth sentences of paragraph 310 of CTI's submission. MML accepts that the procurement documentation did contain some potential ambiguities and inconsistencies. However,

when the provisions are viewed as a whole, it is clear that the EM was not intended to be mandatory. In any event, the subsequent actions of the parties make it clear that there was no real confusion.

110. The Chair is invited not to make the finding suggested in the final sentence of paragraph 310 of CTI's submission. The available evidence directly contradicts this suggested finding. Any supposed confusion regarding the status of the EM had no causative effect in relation to the problems that arose with the ventilation system. Stewart McKechnie's position (at para 24) is that "the EM did accord with SHTM 03-01" and (at para 26) that 4ac/hr in Critical Care "did not appear to be a mistake". Accordingly, it would not have mattered whether the reference design EM was mandatory or not: IHSL/WW would not have made any changes to the relevant entries because they considered them to be correct. To adapt the language of the proposed finding, had the status of the document been made clearer, the problems would have occurred in any event due to Mr McKechnie's interpretation of SHTM 03-01.
111. The Chair is invited not to make the finding suggested at paragraph 311 of CTI's submission. The wording of the opening sentence is potentially misleading and does not accurately reflect the evidence. Although a "more intense review" could potentially have identified the issues, the available evidence suggests that a review of sufficient intensity to have identified the issues would not have been practical. The Chair is accordingly invited to make a finding that "The tenderers' confirmation that their design complied with the BCRs for the purposes of evaluation criterion C21 was taken as face value. The tender evaluation process was carried out in accordance with the agreed methodologist set out in the Final Tender Evaluation Manual and Supplementary Guide. It would have been wholly disproportionate and prohibitively expensive to conduct a review of the tender submissions that would have been of sufficient intensity to have identified the issues with the EM."
112. The Chair is invited not to make the finding suggested in the first sentence of paragraph 312 of CTI's submission. MML was not appointed to "design" the ITPD; nor was it appointed to "confirm" the reference design complied with published guidance. A more accurate wording would be "At the procurement stage, NHSL appointed technical advisers whose responsibilities included developing the technical components of the

ITPD and checking the reference design for compliance with all appropriate NHSL and legislative guidelines and requirements.”

113. In relation to the matters raised in paragraph 313 of CTI’s submission, the Chair is invited to conclude that conducting a detailed review of the EM would not have been a reasonable option for the reasons set out above.
114. The matters raised in paragraph 313 of CTI’s submission are reflected to some degree in the Executive Summary at paragraph 9. However, paragraph 9 goes on to suggest that, had H&K “been asked to refresh the statement of compliance, there is a possibility that the errors could have been spotted.” For the reasons set out above, there is no evidential basis to support the contention that the outcome would have been any different had a further statement of compliance been sought in September 2012.
115. MML accepts the position set out in paragraph 315 of CTI’s submission. However, the manner in which this matter is set out in the Executive Summary at paragraph 8 of CTI’s submission is ambiguous. For the avoidance of doubt MML submits that the error in the cells of the EM was a genuine mistake. However, the fact that this was not detected by NHSL or MML before the contract was signed could not properly be considered to be a mistake because neither NHSL nor MML could reasonably have been expected to have detected the error.
116. Finally, it is understood that the Inquiry is, at this stage, concerned only with events up to the stage of Financial Close. Nevertheless, it is likely that there will be documents and oral evidence relating to the period post-dating Financial Close which will have a bearing on the issues currently under consideration. For example, at paragraphs 55.5.7 and 55.14 above, reference is made to documents which may shed light on the position prior to Financial Close. In short, the Inquiry may wish to explore why, if IHSL believed the EM to be mandatory, they changed it in material respects, and why they certified compliance with SHTM 03-01. It will be recalled that MML made an application to explore these issues in cross-examination. While the reasons why that application was refused are readily understood, it is respectfully suggested that the Inquiry may wish to consider whether it is safe to make factual findings on certain issues at this stage, without yet having had the chance to consider later events, which might impact upon the understanding of the period currently under consideration.

Clyde & Co (Scotland) LLP

30 June 2023

190131 IHSL.NHSL PLant Rooms.Ventilation Systems

To: Brian Currie
Lothian Health Board
Waverley Gate
2-4 Waterloo Place
Edinburgh
EH1 3EG

31st January 2019

Dear Sirs,

**"Re-Provision of RHSC and DCN at Little France
Plant Rooms + Ventilation Systems**

Further to your letter dated 28th January 2019 enclosing a letter from the Director - General Health & Social Care and Chief Executive NHSScotland please find our responses on the items listed relative to the construction and operational phases.

All Plant rooms must be secure and have adequate access controls in place at all times

Construction: - All plant rooms are secure with a procedure in place for entry and undertaking works.

Operations: - All plantroom access will be strictly controlled by the Helpdesk and Appointed Person (AP), Competent Person (CP) or Responsible Person (RP) depending on the works to be completed within. The key sets will be strictly managed with Permit to Access / Permit to Work control measures in place.

All plant rooms maintained clean and free of vermin

Construction: - All plant rooms are maintained clean and vermin free

Operations: - All plant rooms will be maintained clean and monitored for vermin activity. Vermin activity will be reported to the Board in line with the FM Service Matrix.

Standard Operating Procedure for the management of plant rooms are in place and being followed

Construction: - Procedures during the construction phase differ from those in the operational phase, however during the construction phase these have been in line with good industry practice.

Operations: - All Standard Operating Procedures for plant room works will be in place and align with the equipment within the locations.

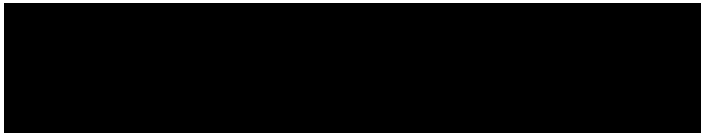
All critical ventilation systems inspected and maintained in line with 'Scottish Health Technical Memorandum 03-01: Ventilation for healthcare premises

Construction: - All ventilation systems have been designed, installed and commissioned in line with SHTM 03-01 as required, systems are maintained in such a manner which allows handover at actual completion to meet SHTM 03/01 standards.

Operations: - All critical ventilation systems will be inspected and maintained in line with 'Scottish Health Technical Memorandum 03-01: Ventilation for healthcare premises.

We confirm the necessary controls are in place and working effectively.

Yours faithfully



Wallace Weir
Project Co Representative

Wallace Weir
IHS Lothian Limited
C/O Pinsent Masons
13 Queens Road
Aberdeen
AB15 4YL

Date: 12 February 2019
Our Ref : BC/IHSL
Enquiries to: Brian Currie
Extension: [REDACTED]
Direct Line: [REDACTED]
[REDACTED]

Dear Sirs,

**Re-Provision of RHSC and DCN at Little France
Assurance**

We would be grateful if you could provide your written assurance:

1. That engineering systems have been designed and are being installed and commissioned to meet current guidance and statutory requirements.
2. That the project is and will be managed on site to ensure safety, quality and compliance of the engineering systems,
3. That the engineering systems have been commissioned, validated and set to work to ensure safety, quality and compliance,
4. That your staff and appropriate contractors are adequately trained to ensure engineering systems are managed and operated competently,
5. That the systems to be handed over at Actual Completion meet the specified requirements and are safe and effective.
6. That engineering systems will be maintained and operated safely and in compliance with guidance and legal requirements.
7. That the systems delivered are maintainable, minimise operating cost and maximise reliability and efficacy.
8. That the records of construction and as fitted documents are complete and stored and managed correctly.

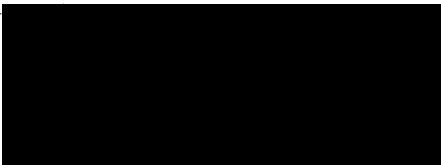
RHSC + DCN Project Office
Little France Crescent
EDINBURGH
EH16 4TJ

Engineering systems include:

1. Electrical HV/LV
2. Hot and cold water services
3. Heating
4. Ventilation, including specialised ventilation in isolation rooms, theatres etc
5. Medical gas and vacuum systems
6. Pressure systems
7. Drainage
8. Fire precautions and equipment
9. Lifts and escalators

We look forward to hearing from you.

Yours faithfully



Brian Currie
Board's Representative
For and on behalf of Lothian Health Board

cc.
Dep. Chief Exec – NHSL
Finance Director – NHSL
Director of Capital Planning – NHSL
LTA – Currie + Brown
IT - Arcadis

RHSC + DCN Project Office
Little France Crescent
EDINBURGH
EH16 4TJ

190313 IHSL.LHB Assurance

Brian Currie
Board's Representative
Lothian Health Board
Waverley Gate
2-4 Waterloo Place
Edinburgh EH1 3EG

13th March 2019

Dear Sirs

**Re-Provision of RHSC and DCN at Little France
Assurance**

All references in this letter to the "Project Agreement" are references to the Project Agreement entered into between Lothian Health Board (the "Board") and IHS Lothian Limited ("Project Co") dated 12 and 13 February 2015, as amended by an amendment agreement between the Board and Project Co dated 19 December 2018, and a settlement and supplemental agreement between the Board and Project Co dated 22 February 2019 (the "Settlement Agreement").

Further to your letter dated 12 February 2019 requesting our written assurances, we can confirm the following:

1. The engineering systems are designed and have / are being installed and commissioned to meet the relevant Project Agreement standards.
2. The project has been managed on site to procure the safety, quality and compliance of the engineering systems in accordance with the Project Agreement.
3. The engineering systems have been commissioned and validated in accordance with the Project Agreement.
4. Project Co's staff and contractors involved in installing, commissioning and operating the engineering systems are trained and qualified in accordance with the Project Agreement.
5. The engineering systems handed over at the Actual Completion Date were designed and constructed to meet the specified requirements set out in the Project Agreement.
6. The engineering systems will be maintained and operated in accordance with the Project Agreement.
7. The engineering systems are maintainable and have been constructed within the Project Agreement parameters with regard to operating cost, reliability and efficacy.

8. As at the Actual Completion Date, the records of construction and as fitted documents are complete (save for those varied under the Settlement Agreement), and are stored and managed in accordance with the Project Agreement.

Yours faithfully,



Wallace Weir
For and on behalf of IHS Lothian Limited

cc.
LTA - Currie & Brown
IT - Arcadis

From: Ken Hall [REDACTED] on behalf of Ken Hall
Sent: 27 February 2017 10:18
To: Colin Grindlay
Subject: MPX-GC-015643: Meeting 24.02.17: Multi Bed Room Ductwork Amendment Proposals
 ACNXREF<tanxfYpQm2xL9PRhIJSB>
Attachments: WW Schedule Mark Up 24.02.17.pdf; Attendees 24.02.17.pdf

You have received a new [General Correspondence: MPX-GC-015643](#)

Project: RHSC & DCN
Type: General Correspondence
Mail Number: MPX-GC-015643
To: Mr Richard Hair, Bouygues E&S FM
 Hayley Prowse, HCP Social Infrastructure (UK) Limited
 Mr Wallace Weir, HCP Social Infrastructure (UK) Limited
 Mr Kamil Kolodziejczyk, Mott MacDonald Ltd (Head Office UK)
 Colin MacRae, Mott MacDonald Ltd (Head Office UK)
Mr Colin Grindlay, Multiplex Construction Europe
 Mr Darren Pike, Multiplex Construction Europe
 Mr Brian Currie, NHS Lothian
 Dorothy Hanley, NHS Lothian
 Mr Ronnie Henderson, NHS Lothian
 Ms Janice Mackenzie, NHS Lothian
 Mr David Martin, R.A.M. Asset Management Limited
 Mr Stewart McKechnie, Wallace Whittle
 Mr Brian Rutherford, Wallace Whittle
From: K Hall, Multiplex Construction Europe
Sent: 27/02/2017 10:17:38 AM GMT (GMT +00:00)
Attribute 1: Stage 3 - RHSC & DCN Construction Phase
Attribute 2: 33. M&E Building Services
Status: N/A
Subject: Meeting 24.02.17: Multi Bed Room Ductwork Amendment Proposals

Confirmation of the essential / non essential room discussion recorded at the meeting last Friday 24.02.17.

Regards

Ken

From: B Rutherford
Sent: 23/02/2017 12:04:49 PM GMT (GMT +00:00)
To: Richard Hair, Wallace Weir, Kamil Kolodziejczyk, Colin MacRae, Colin Grindlay, Ken Hall, Darren Pike, Brian Currie, Dorothy Hanley, Ronnie Henderson, David Martin, Stewart McKechnie
Mail Number: WWHIT-GC-002463
Subject: Re: Multi Bed Room Ductwork Amendment Proposals

All,

As discussed and agreed at last Fridays Ventilation Workshop, see enclosed a copy of our General Ward - Ventilation Proposal to Achieve Room Balance with columns incorporated to identify the severity of the ventilation works and whether the ductwork has already been fabricated.

Regards,
Brian

From: B Rutherford
Sent: 09/02/2017 11:02:07 AM GMT (GMT +00:00)
To: Richard Hair, Wallace Weir, Kamil Kolodziejczyk, Colin MacRae, Colin Grindlay, Ken Hall, Darren Pike, Brian Currie, Dorothy Hanley, Ronnie Henderson, David Martin, Stewart McKechnie
Mail Number: WWHIT-GC-002421
Subject: Multi Bed Room Ductwork Amendment Proposals

All,
Further to our Ventilation workshop on Monday, please find enclosed a copy of our Multi Bed Rooms - Ventilation Amendment Proposal to Achieve Room Balance, Proposed Solution To Rooms Identified As Being Of Concern.

As agreed we have also enclosed a set of A3 general arrangement layout drawings to be used as key plans, over marked to show specific room locations.

Regards,
Brian

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Regards,
The Aconex Team

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MARKED UP AT MEETING 24/02/17



Wallace Whittle

General Ward – Ventilation Amendment Proposal to Achieve Room Balance

Proposed Solution To Rooms Identified As Being Of Concern

Room Reference Location	Ventilation Layout Drawing Number	Room Number	Room Description	Proposed Solution	Severity of Works			Ductwork Fabricated
					Local	Medium	Major	Yes/No
A	WW-Z4-00-PL-524-0011	G-A2-054 ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 2.7ac/hr, increase dirty extract for en-suite and WC from 10ac/hr to 17ac/hr, branch ductwork and grilles to be increased in size. This will achieve a balanced room pressure. Branch ducts have long runs across the width of the floor plate to get back to the main duct.		✓		Yes
B	WW-Z4-00-PL-524-0011	G-A2-046 ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 2.7ac/hr, increase dirty extract for en-suite and WC from 10ac/hr to 17ac/hr, branch ductwork and grilles to be increased in size. This will achieve a balanced room pressure. Branch ducts have long runs across the width of the floor plate to get back to the main duct.		✓		Yes
C	WW-Z4-00-PL-524-002G	G-A2-028 ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 2.7ac/hr, increase dirty extract for en-suite and WC from 10ac/hr to 17ac/hr, branch ductwork and grilles to be increased in size. This will achieve a balanced room pressure. Branch ducts have long runs back to the main duct within the corridor.		✓		Yes
D	WW-Z4-01-PL-524-001H	1-B1-063 ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 3ac/hr, introduce a general extract ductwork branch and grille and connect into the duct main branch. This will achieve a balanced room pressure. The branch duct will require to be increased in size and has a long run back to the main.		✓		Yes
E	WW-Z4-01-PL-524-001H	1-B1-031 ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 3ac/hr, introduce a general extract ductwork branch and grille and connect into the duct branch. This will achieve a balanced room pressure. The branch duct will require to be increased in size and has a long run back to the main.		✓		Yes
F	WW-Z4-01-PL-524-001H	1-B1-009 ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 3ac/hr, increase the main branch size and introduce a general extract duct branch and grille within the room. This will achieve a balanced room pressure. The branch duct will require to be increased in size and has a long run back to the main.		✓		Yes
G	WW-Z3-03-PL-524-001F	3-C1.3-011 ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 3ac/hr, increase dirty extract for en-suite from 10ac/hr to 17ac/hr, branch ductwork and grille to be increased in size. Wet room to increase to 17ac/hr with new ductwork and grille being introduced and connect into the duct main. This will achieve a negative room pressure. En-suite ductwork has a long run to get back to the main, additional wet room branch is local.	✓			Yes
H	WW-Z3-03-PL-524-001F	3-C1.3-013 ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 3ac/hr, increase dirty extract for en-suite from 10ac/hr to 17ac/hr, branch ductwork and grille to be increased in size. Wet room to increase to 17ac/hr with new ductwork branch and grille being introduced and connect into the duct main. This will achieve a negative room pressure. En-suite ductwork has a long run to get back to the main, additional wet room branch is local.	✓			Yes

Issue	Date	By	Checked
1	08.02.17	BR	SMcK
2	14.02.17	BR	SMcK
3	22.02.17	BR	SMcK



General Ward – Ventilation Amendment Proposal to Achieve Room Balance

Room Reference Location	Ventilation Layout Drawing Number	Room Number	Room Description	Proposed Solution	Severity of Works			Ductwork Fabricated
					Local	Medium	Major	Yes/No
I	WW-Z4-03-PL-524-001F	3-C1.2-026 <i>ESSENTIAL</i>	Multi Bed (4)	Reduce supply ventilation down to 3ac/hr, increase dirty extract for en-suite from 10ac/hr to 17ac/hr, branch ductwork and grille to be increased in size. Wet room to increase to 17ac/hr with new ductwork branch and grille being introduced and connect into the duct main. This will achieve a balanced room pressure. En-suite ductwork has a long run to get back to the main, additional wet room branch is local. The main ductwork will also require to be increased in size.			✓	Yes
J	WW-Z4-03-PL-524-001F	3-C1.2-023 <i>ESSENTIAL</i>	Multi Bed (4)	Reduce supply ventilation down to 3ac/hr, increase dirty extract for en-suite from 10ac/hr to 17ac/hr, branch ductwork and grille to be increased in size. Wet room to increase to 17ac/hr with new ductwork branch and grille being introduced and connect into the duct main. This will achieve a balanced room pressure. En-suite ductwork has a long run to get back to the main, additional wet room branch is local. The main ductwork will also require to be increased in size.			✓	Yes
K	WW-Z4-03-PL-524-002F	3-C1.1-018 <i>ESSENTIAL</i>	Multi Bed (4)	Reduce supply ventilation down to 2.7ac/hr, increase dirty extract for en-suite and WC from 10ac/hr to 17ac/hr, branch ductwork and grilles to be increased in size. This will achieve a balanced room pressure. The branch ducts will require to be increased in size and have a long run back to the main. The main ductwork will also require to be increased in size.			✓	Yes
L	WW-Z4-03-PL-524-002F	3-C1.1-046 <i>ESSENTIAL</i>	Multi Bed (4)	Reduce supply ventilation down to 2.7ac/hr, increase dirty extract for en-suite and WC from 10ac/hr to 17ac/hr, branch ductwork and grilles to be increased in size. This will achieve a balanced room pressure. The branch duct will require to be increased in size and have a long run back to the main. The main ductwork will also require to be increased in size.			✓	Yes
M	WW-Z4-01-PL-524-001H	1-B1-065 <i>ESSENTIAL</i>	Multi Cot (3)	Reduce supply ventilation down to 3ac/hr, introduce a general extract ductwork branch and grille and connect into the duct main branch. This will achieve a balanced room pressure. The branch duct will require to be increased in size and has a long run back to the main.		✓		Yes
T	WW-Z4-03-PL-524-002F	3-D9-022 <i>ESSENTIAL.</i>	Multi Bed (3)	Reduce supply ventilation down to 3ac/hr, increase dirty extract for en-suite from 10ac/hr to 17ac/hr, branch ductwork and grille to be increased in size. Introduce a new general extract branch and grille into the room and connect into the duct main. This will achieve a balanced room pressure. En-suite ductwork is local to the main. The general extract main ductwork is at the end of the system and will have to be extended as well as being increased in size in order to accommodate the additional volume requirements.			✓	Yes

Issue	Date	By	Checked
1	08.02.17	BR	SMcK
2	14.02.17	BR	SMcK
3	22.02.17	BR	SMcK

General Ward – Ventilation Amendment Proposal to Achieve Room Balance

Addendum - Review of Rooms Identified as Non Critical

Room Reference Location	Ventilation Layout Drawing Number	Room Number	Room Name	Proposed Solution	Severity of Works			Ductwork Fabricated
					Local	Medium	Major	Yes/No
N	WW-Z4-01-PL-524-002F	1-L1-100 NOT ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 3ac/hr, increase dirty extract for en-suite from 10ac/hr to 17ac/hr, branch ductwork and grille to be increased in size. Introduce a new general extract branch and grille into the room and connect into the duct main. This will achieve a balanced room pressure. En-suite ductwork has a long run across the width of the floor plate to get back to the main. The general extract main ductwork is local to the room, however the main will require to be increased in size in order to accommodate the additional volume requirements.			✓	Yes
O	WW-Z4-01-PL-524-002F	1-L1-097 NOT ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 3ac/hr, increase dirty extract for en-suite from 10ac/hr to 17ac/hr, branch ductwork and grille to be increased in size. Introduce a new general extract branch and grille into the room and connect into the duct main. This will achieve a balanced room pressure. En-suite ductwork has a long run across the width of the floor plate to get back to the main. The general extract main ductwork is local to the room, however the main will require to be increased in size in order to accommodate the additional volume requirements.			✓	Yes
P	WW-Z3-03-PL-524-001F	3-C1.8-027 NOT ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 2.7 ac/hr, increase dirty extract for en-suite and WC from 10ac/hr to 17ac/hr, branch ductwork and grilles to be increased in size. This will achieve a balanced room pressure. Branch ducts have long runs back to the main duct which is in the corridor. The main ductwork will also require to be increased in size.			✓	Yes
Q	WW-Z3-03-PL-524-001F	3-C1.8-016 NOT ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 2.7 ac/hr, increase dirty extract for en-suite and WC from 10ac/hr to 17ac/hr, branch ductwork and grilles to be increased in size. This will achieve a balanced room pressure. Branch ducts have long runs back to the main duct which is in the corridor. The main ductwork will also require to be increased in size.			✓	Yes
R	WW-Z3-03-PL-524-002G	3-C1.4-084 NOT ESSENTIAL	Multi Bed (4)	Reduce supply ventilation down to 3ac/hr, increase dirty extract for en-suite from 10ac/hr to 17ac/hr, branch ductwork and grille to be increased in size. Introduce a new general extract branch and grille into the room and connect into the duct main. This will achieve a balanced room pressure. The general extract main ductwork is local to the room, however the main will require to be increased in size in order to accommodate the additional volume requirements. The dirty extract main will also need increased in size.			✓	Yes
S	WW-Z3-03-PL-524-002G	3-C1.4-061 NOT ESSENTIAL	Multi Bed (6)	Reduce supply ventilation down to 3ac/hr, increase dirty extract for en-suite from 10ac/hr to 17ac/hr, branch ductwork and grille to be increased in size. Introduce a new general extract branch and grille into the room and connect into the duct main. This will achieve a balanced room pressure. The general extract main ductwork is local to the room, however the main will require to be increased in size in order to accommodate the additional volume requirements. The dirty extract main will also need increased in size.			✓	Yes

Issue	Date	By	Checked
1	09.02.17	BR	SMcK
2	14.02.17	BR	SMcK
3	22.02.17	BR	SMcK

MULTIPLEX**Record of Meeting Attendance**

Project Reference

Rev

Location	RHSC & DCN Site Office		
Date of Meeting	24th February 2017	Time	09.30

Topic	Bedroom Ventilation Update Meeting

Attendance List

No:	Name	Job Title	Company	Signature
1	KEN HALL	MTE MGR	MULTIPLEX	[REDACTED]
2	JANICE MACNEVEN	CLINICAL DIRECTOR	NHSL	[REDACTED]
3	Dorothy Houghley	COMMISSIONING	NHSC	[REDACTED]
4	Brian Currie	PROJECT DIRECTOR	NHSL	[REDACTED]
5	Hayley House	Project Administrator	NHSL	[REDACTED]
6	Colin Grindlay	MTE MANAGER	MPX	[REDACTED]
7	Samir Khatibjoshi	TA	MM	[REDACTED]
8	Ronnie Henderson	COMMISSIONING MANAGER	NHSL	[REDACTED]
9	Steve Will	Director	TOU - W	[REDACTED]
10	Brian Rutherford	SENIOR ENGINEER	TOU - W	[REDACTED]
11				
12				
13				
14				
15				
16				

Template Details		Uncontrolled when printed		
Date	31/01/11	Author	JS	Page 1 of 2
Reference	UK/EHS/F/060	Rev	05	

ADB	Room Data Sheet	B0405
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Project:	ADB1203	Activity Database Version 1203
Department:		
Room:	B0405	Multi-bed room: 4 beds
Room Number:		Revision Date: 03/10/2011

Activities:	<ol style="list-style-type: none"> 1) User may undress and dress in privacy. 2) Rest and relaxation or sleeping. 3) Patient may take meals or refreshments in bed, by the bed or in the sitting space. 4) Entertainment services system may be used. 5) Patient may receive visitors. 6) Clinical wash-hand basin may be used. 7) Patient records may be reviewed and recorded. 8) Electronic patient records (EPRs) may be accessed and updated. 9) Secure holding/storing of medicines for use by patient (self medication). 10) Holding/storing working supply of linen. 11) A working supply of consumables is held/stored. 12) Holding/storing patient's clothing and personal belongings. 13) Mobile hoist may be used. 14) Patient will receive therapeutic and clinical attention from healthcare staff. 15) Patient may arrive on foot in a wheelchair or on a trolley 16) Carrying out examinations and assessment of patient. 17) Women to receive visitors. 18) Consuming beverages, meals and snacks. 19) Piped medical gases, vacuum and associated equipment may be used. 		
Personnel:	<p>4 x patients. 8 x others (staff and/or visitors).</p>		
Planning Relationships:	<p>Close to social space. En-suite sanitary facilities.</p>		
Space Data:	Area (m²):	64.00	Height (mm): 2,700
Notes:	<p>This room is based on the use of a trolley with a worktop. It is assumed that computers will be handheld or brought into the room on a trolley.</p> <p>The call repeat lamp is situated over the door outside the room.</p> <p>The following items may be provided:</p> <ul style="list-style-type: none"> - a ceiling-mounted hoist; - when used for maternity post-natal provision of a cot(s) will be required. <p>Outlets defined as voice or data will be the same for structured cabling solutions.</p>		

ADB	Room Environmental Data	B0405
Project:	ADB1203	Activity Database Version 1203
Department:		
Room:	B0405	Multi-bed room: 4 beds
Room Number:		Revision Date: 03/10/2011
TEMPERATURE AND VENTILATION	Requirements	Notes
Permissible Space Temperature Range(dry bulb) (degC):	18 - 28	
Heating Design Temperature (dry bulb)(degC):	22	
Minimum Air Changes (AC/hr):	6	
Ventilation Type:	S/E/N	
Pressure Relative to Adjoining Space:	Bal or -ve	
Supply Air: Final Filter Class	G4	
Permissible Relative Humidity Range (%):		
General Notes:		
LIGHTING		
Type Of Control:	S/N	
Daytime General Service Illuminance (Lux):	100	
Daytime Specific Service Illuminance (Lux):	300	
Nighttime General Service Illuminance (Lux):	5	
Nighttime Specific Service Illuminance (Lux):	0.5	
Local Task Illuminance (Lux):	300	
Colour Rendering Required:	Y	
Colour Rendering Required Characteristics (Ra):	80	
Unified Glare Rating Limit (UGRL):	19	
Emergency Escape Route Lighting Required:	N	
Standby Lighting Grade - General Lighting:	B	
Standby Lighting Grade - Local Lighting:	A	
General Notes:		
RISK		
Clinical Risk Category:	3	
Non-clinical Business Continuity Risk Category:		
General Notes:		
NOISE		
Noise Intrusion (dB) 1hr day:		
Noise Intrusion (dB) 1hr night:		
Noise Intrusion (dB) 1hr night:		
Maximum Internal Noise from M&E Services (NR):	30	
Room Sound-insulation Parameters - Privacy:		
Room Sound-insulation Parameters - Noise Generation:		
Noise Sensitivity:		
Sound-insulation Rating (dB D nT,w):		
General Notes:		
SAFETY/FIRE		
Maximum Surface Temperature (DegC):	43	
Domestic Hot Water Discharge Temperature (DegC):	43	
Maximum Cold Water Discharge Temperature (DegC):	20	
General Notes:		
Type of Automatic Fire Detection:	Smoke	
General Notes:		

ADB	Room Design Character		B0405
Project:	ADB1203	Activity Database Version 1203	
Department:			
Room:	B0405	Multi-bed room: 4 beds	
Room Number:			Revision Date: 03/10/2011
Walls:			
Floor:			
Ceiling:			
Doorsets:	Three sets of doors: 1 x 1500 mm, one & a half leaf, half glazed, obscurable; bed access. 1 x 1300 mm leaf and half with occupancy indicator (minimum, preferably 1500 mm). 1 x 1000 mm single leaf with occupancy indicator.		
Windows:	Clear, solar control, privacy control.		
Internal Glazing:	N/A or clear, privacy control.		
Hatch:	N/A		
Notes:	Finishes to comply with Performance Requirements for Building Elements Used in Healthcare Facilities 8941:0.6 England; Element 1: Floor finishes and skirtings; Element 2: Walls/Partitions; Element 3: Ceilings; Element 4: Sanitary assemblies All finishes to be selected using the "Selection Procedure for Finishes" included in 8941:06: England All finishes selected must have an appropriate risk assessment to accompany the design decision. Infection Control must be consulted as described in Performance Requirements for Building Elements Used in Healthcare Facilities 8941:0.6 England		

ADB			Schedule of Components by Room		B0405	
Project:		ADB1203		Activity Database Version 1203		
Department:						
Room:		B0405		Multi-bed room: 4 beds		
Room Number:		Revision Date: 03/10/2011				
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	DOR100	Doorset, 1000mm, left hand		
1		1	DOR131	Doorset, 1300mm, right hand		
1		1	DOR157	Doorset, 1500mm, right hand, half glazed		
2		2	PAN307	SANITARY BACK-PANEL: IPS type; 700W		
2		2	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, integral back outlet, 500W 400D.		1
4		4	BED025	MEDICAL SUPPLY UNIT, may include socket and parking bracket/clip for patient handset and bedside light controls		1
4		4	BED040	BED HEAD BUFFER/DOCKING device, bed and wall protection, horizontal, wall mounted, (internal clearance 1000-1400)		1
4		4	CAL007	PULL/PUSH BUTTON, staff emergency call, reset and integral/adjacent indicator lamp		1
1		1	CAL034	LAMP, repeat call, patient/staff or staff emergency or cardiac call		1
4		4	LIG005	LUMINAIRE, bedhead, dimmable, patient reading and general nursing care/examination		1
4		4	OUT002	OUTLET cable, 13 amp		1
1		1	OUT005	SOCKET outlet, switched, 13 amp, single		1
20		20	OUT010	SOCKET outlet, switched, 13 amp, twin		1
2		2	OUT049	CONNECTION UNIT, switched, 13 amp, flex outlet		1
4		4	OUT121	SOCKET outlet, computer data, single		1
9		9	OUT133	SOCKET outlet, computer data, double		1
4		4	OUT453	OUTLET, 4 kPa compressed air, medical		1
4		4	OUT470	OUTLET, oxygen, medical		1
4		4	OUT475	OUTLET, vacuum, medical		1
8		8	RAI130	RAIL, clinical equipment, wall mounted, 600mm		1
1		1	SWC025	SWITCH, light		1
2		2	TAP892	TAP, bib, 2x8 mm thermostatic mixer, automatic action, sensor operated, non-touch,		1
1		1	TRA167	TRACK, curtain, two sided, L-shape, handed version, 3600W 3200L		1
1		1	TRA168	TRACK, curtain, two sided, L-shape, 3600W 3200L		1
1		1	TRA169	TRACK, curtain, two sided, L-shape, 3600W extended x 3200L		1
1		1	TRA175	TRACK, curtain, one sided, 3600L extended		1
2		2	WAS107	TRAP, bottle, 1.1/4 in, plastic resealing.		1
4		4	BRA003	BRACKET, holder, suction unit, wall mounted		2
2		2	DIS011	DISPENSER, barrier cream, disposable single cartridge, wall mounted		2
2		2	DIS013	DISPENSER, paper towel, wall mounted		2
1		1	DIS026	DISPENSER, Medical hand sanitizer, lever action, wall mounted		2
2		2	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2
2		2	DIS438	DISPENSER, disposable gloves set of 3 and disposable apron, wall mounted		2

ADB			Schedule of Components by Room		B0405	
Project:		ADB1203		Activity Database Version 1203		
Department:						
Room:		B0405		Multi-bed room: 4 beds		
Room Number:					Revision Date: 03/10/2011	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
4		4	ECS015	ENTERTAINMENT/COMMUNICATION SYSTEM, bedside, adjustable arm. May include socket for patient handset.		2
8		8	HOO019	HOOK, single, small, wall mounted		2
4		4	BED015	BED variable height, two-way tilt, adjustable backrest and knee-break, built-in bed extension with mattress retainer, electrically operated, on castors, 380-780H 2260/2430L 1010W		3
4		4	CHA307	CHAIR, easy, high back, with open arms, upholstered, wipeable		3
8		8	CHA317	CHAIR, upright, upholstered, stacking, wipeable		3
3		3	HOL006	HOLDER, sack, with lid foot operated, medium, freestanding, 875H 430W 385D		3
4		4	MAT008	MATTRESS, suitable for BED015		3
1		1	SMT007	TROLLEY, modular storage, single enclosed frame, including worktop, with lockable door, with up to 5 sets of runners for 600 facing inserts, 900H 660W 500D		3
4		4	TAB073	TABLE, overbed, cantilevered		3
4		4	WAR021	ROBE-LOCKER combined, with lockable section/drawer, towel rail at rear, on castors, 1430H 610W 530D		3

Reprovision of RHSC and DCN at Little France

Room Data Sheets



Notes:

Room Data Sheets for Generic and Key Rooms for Financial Close.

Document No	Revision
HLM-SZ-SL-RD-400-001	01
	Date
	18.09.14
	Drawn
	HLM
	Checked
	HLM

Reprovision of RHSC and DCN at Little France

Room Data Sheets

Rev No.	Date	Revision
01	18.09.14	First Issue

Generic Rooms

Code	Description	Room Number
M0251-01	Office: 1:1	1-P1-085
G0180-06	Parking bay: mobile equipment	1-P1-097
J0232-01	Reception: 1 person	2-L2-073
B0305	Single-bed room DCN	2-L2-130
V1643	En-suite: DCN	2-L2-131
Y0646-01	Disposal hold (General Waste)	2-R1-022
X0145	Treatment room: Inpatient	3-C1.1-043
T0152	Staff Base	G-A2-008
G0180-01	Resuscitation trolley	G-A2-016
Y0431	Dirty utility	G-A2-022
V1010	WC: ambulant	G-A2-024
G0180-03	Hoist Bay	G-A2-027
T0151	Touchdown Base	G-A2-049
V1643-01	En-suite: RHSC Also used with isolation ensuites	G-A2-051
B0305-01	Single-bed room RHSC	G-A2-052
B0405	Multi-bed room: 4 beds RHSC	G-A2-054
W1594-01	Linen Bay	G-A2-063
B0308	Single-bed room: isolation RHSC	G-A2-072
G0510	Lobby: Isolation RHSC	G-A2-074
V1736	Assisted Bathroom WC	G-A2-076
M0254	Multi disciplinary office	G-A2-077
M0251	Ward Management Office	G-A2-078
Y0646	Disposal hold	G-A2-082
M0724	Interview room	G-A2-083
P0627	Pantry	G-F1-057
V0922	WC: Accessible	G-M1-005
Y1510	DSR	G-M1-050
H1313-01	Meeting room: 4 person	G-Q1-054
H1313-02	Meeting room: 6 person	G-Q1-055

Key Rooms

Code	Description	Room Number
B1609-01	4 beds Low Acuity	1-B1-031
G0510-01	Gowning Lobby: Isolation Room	1-B1-033
B1401-01	Single-bed cubicle: Isolation	1-B1-036
B1401	Single-bed cubicle	1-B1-037
B1609-02	4 beds High Acuity	1-B1-063
B1407-01	Open Plan Bay 3 cots: Neonatal	1-B1-065
B1421	Single cot cubicle: neonatal	1-B1-075
C0230	Consulting/examination room: Orthoptic	1-D3-007
C0517	ABR Room	1-D4-002
C0516	Observation/Control room	1-D4-006
C0515	Testing/Clinic room	1-D4-007
C0110-01	Distraction Free Treatment: SALT	1-D6-035
X0208	Rehabilitation Room:OT	1-D6-048
X0208-01	Rehabilitation Room: Physio	1-D6-053
X0208-02	Rehabilitation Room: Physio (CV Equip)	1-D6-054
X0242	Dressings Room	1-D7-003
S0027-01	Viewing Room	1-J1-003
B1411	Receiving/Resuscitation	1-L1-005
J1155	Waiting	1-L1-027
D1135	Discharge Lounge	1-P1-012
B2517	SDCU Recovery	1-P1-024
B2417	Post Anaesthetic Recovery:RHSC	1-P1-029
B2418	Post Anaesthetic Recovery Room: RHSC	1-P1-030
J1264	Waiting bay: 1 patient trolley/bed place	1-P1-057
E0801-02	Imaging room: Interoperative MRI	1-P1-064
E0604-05	Control room: Interoperative MRI	1-P1-065
N0305-01	Anaesthetic room: DCN	1-P1-069
N0106-03	Operating theatre: DCN	1-P1-070
E0311	Angiography Procedures Room	1-P1-093
X1026	Control room: Angiography Procedures	1-P1-094
B2417-01	Post Anaesthetic Recovery:DCN	1-P1-109
V0726	Changing Room	1-P1-127
D2155	Admissions Lounge	1-P1-128
N0106-01	Operating theatre: RHSC	1-P1-131
N0305	Anaesthetic room: RHSC	1-P1-132
T0526	Preparation room	1-P1-134
N0106-02	Operating theatre: Intraoperative	1-P1-155
G0510-02	Lobby: Isolation Room DCN	2-L2-134
B0308-01	Single-bed room: Isolation DCN	2-L2-135
Q0120	Activities of daily living: kitchen	2-M2-009
X0105-02	Distraction Free Treatment room	2-M2-011
X0318	Multi Purpose Rehabilitation Room	2-M2-023
X0111	Treatment Area	2-M3-003
X0136	EMG/Nerve Conduction Room	2-M4-008
X0125	EEG Recording room	2-M4-019
M0132-01	Open Plan Office	2-R1-055
T0101	Clean Utility: Inpatients RHSC	3-C1.1-042
E0604-06	Control / Observation room	3-C4-007
B0705	Sleep Room	3-C4-008
X1504	Patient Treatment Lounge	3-D9-016
H0202-01	Workshop / Tutorial Room	3-H3-001

L0102-03	Tissue Culture Store	4-H1-016
L0102-01	Molecular Biology Laboratory	4-H1-018
L0102-02	Physiology Laboratory	4-H1-027
X0242-04	Treatment: double-sided couch access (Mental Health)	G-A1-015
X0242-05	Resuscitation Room: 2 places	G-A1-028
X0242-06	Resuscitation Room: 2 places	G-A1-029
X0242-03	Triage room	G-A1-035
X0242-02	Treatment: Single sided couch access (ED only)	G-A1-060
X0242-01	Treatment: double sided couch access (ED only)	G-A2-020
X0206	Plaster Suite	G-D1-008
X0105-01	Treatment room: with Prep Area	G-D1-033
C0224-01	Consulting/examination: RHSC	G-D1-039
C0217-01	Consult/exam: multidisciplinary - RHSC	G-D1-040
C0715	Cardio Pulmonary Exercise Lab	G-D2-005
C0712	Treatment room: Echocardiography	G-D2-006
C0718-02	Lung Function Laboratory	G-D2-013
C0718-01	Excercise Tolerance Test Room	G-D2-014
C0903-01	Dental Surgery Standard	G-D5-008
J0132-03	Multi Functional Activity Zone	G-E1-001
J0132-01	Reception: 2 person	G-E1-002
J0132-02	Sub Wait With Nurse Base	G-E1-003
J1255	Main Waiting: RHSC	G-E1-011
H1107	Group room	G-F1-020
X0613	Therapy room	G-F1-034
D0608-02	Dining / Recreation (Day Prog)	G-F1-036
Q0121	Therapeutic kitchen	G-F1-037
B0510-01	Single-bed room (CAMHS)	G-F1-073
V1610	Shower room: en-suite: anti ligature	G-F1-074
C0217	Consult/exam: multidisciplinary - DCN	G-M1-012
X0105	Treatment room	G-M1-014
C0224	Consulting/examination: DCN	G-M1-018
E0128	Imaging Room: General X-ray	G-Q1-004
E0115	Ultrasound Treatment Room	G-Q1-010
E0716	Imaging Room: Gamma Camera	G-Q1-039
E0604-04	Control room: Gamma Camera	G-Q1-042
E0601	CT Room DCN	G-Q1-059
E0604-02	Control room: CT DCN	G-Q1-071
E0113	Doppler Ultrasound	G-Q1-081
E0715	Injection Room: DCN MRI	G-Q1-108
E0604-03	Control room: MRI DCN	G-Q1-111
E0801	Imaging room: MRI DCN	G-Q1-123
E0801-01	Imaging Room: MRI RHSC	G-Q1-134
E0604-01	Control room: CT/MRI RHSC	G-Q1-135
E0601-01	CT Room RHSC	G-Q1-136
E0135	Dental room	G-Q1-141

ADB	Room Data Sheet			M0251-01
Project:	11072	RHSC & DCN		
Department:	00	Generic Rooms (Financial Close)		
Room:	M0251-01	Office: 1:1		
Room Number:	1-P1-085	Revision Date:	18/09/2014	
Activities:	1) Clinical administration 2) Use of computer workstation(s) 3) Use of Telephone 4) Discussions and interviews			
Personnel:	2 x staff			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,400
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	M0251-01
Project:	11072	RHSC & DCN
Department:	00	Generic Rooms (Financial Close)
Room:	M0251-01	Office: 1:1
Room Number:	1-P1-085	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	4.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air		
LIGHTING		
Service Illumination (Lux):	300	@ Desk 750 - 850 AFFL
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch		
NOISE		
Privacy Factor Required (dB):		Intrusive Noise:
Mechanical Services (NR):	35	SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		
General Notes:		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		M0251-01
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	M0251-01	Office: 1:1	
Room Number:	1-P1-085	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			M0251-01		
Project:		11072	RHSC & DCN					
Department:		P1	Operating Theatres & RHSC Surgical Day Case Unit					
Room:		M0251-01	Dictation/ 1:1/Phone Booth (DCN)					
Room Number:		1-P1-085					Revision Date:	09/09/2014
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	BOA2504	BOARD; marker; whiteboard; dry-wipe; with pen holder;magnetic; wall mounted; 600H 900W.		1		
2		2	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3		
1		1	COM033	COMPUTER KEYBOARD		3		
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
2		2	OUT010	SOCKET outlet, switched, 13amp, twin		1		
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	SUP2501	SUPPORT LEG; for 720 high worktop		1		
1		1	SWC025	SWITCH, light		1		
1		1	TEL1000	TELEPHONE; handset.		3		
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1		
1		1	WKT1003L	WORKTOP; 720 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1		

ADB	Room Data Sheet	G0180-06
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Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	G0180-06	Parking bay: mobile equipment	
Room Number:	1-P1-097		Revision Date: 18/09/2014

Activities:	1) Parking, storage and charging of mobile equipment		
Personnel:	Intermittent use		
Planning Relationships:			
Space Data:	Area (m²):		Height (mm):
	Refer to HLM-SZ-SL-SH-200-001 for room areas. Ceiling height: To suit surrounding area/design.		

Notes:	<p>Refer to ME 571 series of drawings for access control (PCP 4.17)</p> <p>Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision</p>		
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ADB	Room Environmental Data	G0180-06
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Project:	11072	RHSC & DCN
Department:	00	Generic Rooms (Financial Close)
Room:	G0180-06	Parking bay: mobile equipment
Room Number:	1-P1-097	Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 16 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central General Extract
Mechanical Ventilation (Extract ac/hr):	3.0	
Pressure Relative to Adjoining Space:	Negative	
Filtration (%DSE and % Arrestance):	/	None
Humidity (%RH):		

General Notes: Heating Type: Adjacent Space Transfer Air. Cooling: None

LIGHTING	Requirements	Notes
Service Illumination (Lux):	200	@ Floor
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Presence Detection

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		55:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		

General Notes:

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		G0180-06
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	G0180-06	Parking bay: mobile equipment	
Room Number:	1-P1-097	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	N/A, open to circulation.		
Windows:	N/A		
Internal Glazing:	N/A		
Hatch:	N/A		
Notes:			

ADB	Schedule of Components by Room	G0180-06
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Project: 11072 RHSC & DCN
Department: P1 Operating Theatres & RHSC Surgical Day Case Unit
Room: G0180-06 Image Trolley Bay
Room Number: 1-P1-097 **Revision Date:** 09/09/2014

Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2
1		1	IMG021	IMAGE INTENSIFIER UNIT; C-arm; mobile		3
1		1	IMG023	IMAGE INTENSIFIER; monitor; (Part of IMG021)		3
1		1	IMG024	IMAGE INTENSIFIER; monitor trolley; (Part of IMG021)		3
2		2	OUT010	SOCKET outlet, switched, 13amp, twin		1
1		1	OUT121	SOCKET outlet; computer data; double.		1
3		3	RAC196	RACK, x-ray lead apron, 5 hangers hinged, wall mounted		2

ADB	Room Data Sheet		J0232-01	
Project:	11072	RHSC & DCN		
Department:	00	Generic Rooms (Financial Close)		
Room:	J0232-01	Reception: 1 person		
Room Number:	2-L2-073	Revision Date:	18/09/2014	
Activities:	1) Reception and registration of patients 2) Use of computer workstation(s) 3) Dealing with enquiries 4) Use of Telephone 5) Control of access			
Personnel:	1 x staff 1 x patient/visitor			
Planning Relationships:	Close to, with clear view of, entrance and waiting area.			
Space Data:	Area (m²):		Height (mm):	
	Refer to HLM-SZ-SL-SH-200-001 for room areas. Ceiling height: To suit surrounding area/design.			
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	J0232-01
Project:	11072	RHSC & DCN
Department:	00	Generic Rooms (Financial Close)
Room:	J0232-01	Reception: 1 person
Room Number:	2-L2-073	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	5.0	Ventilation Type: Central Supply And Extract
Mechanical Ventilation (Extract ac/hr):	5.0	
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	G4 - Minimum
Humidity (%RH):		
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air		
LIGHTING		
Service Illumination (Lux):	300	@ floor
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		50:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
Quality Which Cannot Be Tolerated: (alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		
General Notes:		
FIRE		
Enclosure:		
Automatic Detection:		Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		J0232-01
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	J0232-01	Reception: 1 person	
Room Number:	2-L2-073	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	N/A, open to circulation.		
Windows:	N/A		
Internal Glazing:	N/A		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			J0232-01	
Project:		11072	RHSC & DCN				
Department:		L2	DCN Inpatients - 43 Beds				
Room:		J0232-01	Reception (1 person)				
Room Number:		2-L2-073			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	ALA001	PUSH BUTTON, security alarm		1	
1		1	BIN2504	BIN; confidential waste		3	
1		1	BIN900	BIN; Recycle waste		3	
1		1	CAB056	CABINET; stationery; metal; 10 drawer with lock; 600H 280W 410D		3	
1		1	CAS020	FIRST AID BOX		2	
1		1	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	COM033	COMPUTER KEYBOARD		3	
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3	
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3	
1		1	COU1000	COUNTER; staff/nurse base; as per detailed design.		1	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
3		3	OUT010	SOCKET outlet, switched, 13amp, twin		1	
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
2		2	OUT2512	SOCKET outlet; video entry.		1	
1		1	SWC025	SWITCH, light		1	
1		1	TEL1000	TELEPHONE; handset.		3	
1		1	TEL901	VIDEO - entry/security; wall mounted, receiving.		1	
1		1	TRO905	TROLLEY; Mobile Induction Loop		3	
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	

ADB	Room Data Sheet			B0305
Project:	11072	RHSC & DCN		
Department:	00	Generic Rooms (Financial Close)		
Room:	B0305	Single-bed room DCN		
Room Number:	2-L2-130	Revision Date:	18/09/2014	
Activities:	1) Therapeutic and clinical attention from healthcare staff 2) Clinical handwashing 3) Patient records reviewed and recorded 4) Storage of clothing and personal belongings 5) Use of piped medical gases, vacuum and associated equipment 6) Rest and relaxation			
Personnel:	1 x patient 2 x staff 2 x visitors			
Planning Relationships:	En-suite sanitary facilities.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	B0305
Project:	11072	RHSC & DCN
Department:	00	Generic Rooms (Financial Close)
Room:	B0305	Single-bed room DCN
Room Number:	2-L2-130	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Natural & Central Supply Air
Mechanical Ventilation (Extract ac/hr):		Via ensuite
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air		
LIGHTING		
Service Illumination (Lux):	100	
Service Illumination Night (Lux):	5.0	
Local Illumination (Lux):	300.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch/ Dimmer		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	30	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		40:daytime / 35:nighttime (LAeq,1hr) and 45:nighttime (LAmax,f).
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
Quality Which Cannot Be Tolerated: (alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		B0305
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	B0305	Single-bed room DCN	
Room Number:	2-L2-130	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				B0305	
Project:		11072	RHSC & DCN					
Department:		L2	DCN Inpatients - 43 Beds					
Room:		B0305	Single Bedroom 3 (Adult)					
Room Number:		2-L2-130	Revision Date:			18/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
1		1	BED013	BED Kings Fund; variable height; two-way tilt; adjustable backrest; bedstripper; on castors		3		
1		1	BED2502	BED HEAD BUFFER; bed and wall protection; vertical; wall mounted.		1		
1		1	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1		
1		1	BRA004	BRACKET; holder; suction unit; trunking/rail mounted		2		
1		1	BRA013	BRACKET; TV; height adjustable; wall mounted.		1		
1		1	CAL043	PUSH BUTTON patient/staff call with socket for extension pear push; trunking mounted.		1		
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1		
1		1	CHA007	CHAIR; easy; with open arms; high back; upholstered, wipeable		3		
2		2	CHA017	CHAIR; upright; upholstered; stacking		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
1		1	COM905	IT Tablet		3		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS024	DISPENSER, soap, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
1		1	HOO019	HOOK, single, small, wall mounted		1		
1		1	LIG005	LUMINAIRE, bedhead, dimmable, patient reading and general nursing care/examination		1		
1		1	LOC002	LOCKER, bedside, 3 compartment, towel rail at rear, on castors, 902H 485W 485D		3		
1		1	MAT004	MATTRESS; Kings Fund bed; standard backrest; 1955L 865W 125D		3		
1		1	MIR2500	MIRROR; wall mounted; 1600H 400W unbreakable.		1		
1		1	MON900	MONITOR; Low end monitor, general Ward /OPD use		3		
1		1	MST007	TROLLEY; lockable; closed; with worktop; approx 900H 660W 500D; 600mm facing		3		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
2		2	OUT010	SOCKET outlet, switched, 13amp, twin		1		
4		4	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1		
2		2	OUT121	SOCKET outlet; computer data; double.		1		
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1		
1		1	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1		
2		2	OUT471	OUTLET; oxygen medical; trunking mounted.		1		
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1		
1		1	RAC362	RACK; catheter; vertical; 2 compartments; 420H 160W 65D		2		
1		1	RAI130	RAIL, clinical equipment, wall mounted, 600mm		1		
1		1	SHE2503	SHELF; 300mm deep; folding; length as drawn.		1		
1		1	STA142	STAND; infusion; twin hook; breaks; mobile		3		

ADB			Schedule of Components by Room		B0305	
Project:		11072	RHSC & DCN			
Department:		L2	DCN Inpatients - 43 Beds			
Room:		B0305	Single Bedroom 3 (Adult)			
Room Number:		2-L2-130	Revision Date:		18/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	STA2504	STAND; Roll stand for monitor		3
1		1	SWC031	SWITCH; light; dimmer to M&E design.		1
1		1	TAB073	TABLE, overbed, cantilevered		3
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1
1		1	TVM2500	TV / monitor flat screen with DVD player		3
1		1	WAR900	WARDROBE; lockable; 2700H 750W 500D.		1
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1

ADB	Room Data Sheet			V1643
Project:	11072	RHSC & DCN		
Department:	00	Generic Rooms (Financial Close)		
Room:	V1643	En-suite: DCN		
Room Number:	2-L2-131	Revision Date:	18/09/2014	
Activities:	1) Use of toilet (with assistance if required) 2) Use of wheelchair accessible hand-wash basin 3) Dressing / undressing in privacy 4) Hanging clothes and towels 5) Use of shower (with assistance if required) 6) Use of mobile hoist (if required) 7) Use of call systems			
Personnel:	1 x patient 1 x staff Intermittent use			
Planning Relationships:	En-suite to single-bed room.			
Space Data:	Area (m²):		Height (mm):	2,400
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	V1643
Project:	11072	RHSC & DCN
Department:	00	Generic Rooms (Financial Close)
Room:	V1643	En-suite: DCN
Room Number:	2-L2-131	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 20 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central Dirty Extract
Mechanical Ventilation (Extract ac/hr):	10.0	
Pressure Relative to Adjoining Space:	Negative	
Filtration (%DSE and % Arrestance):	/	None
Humidity (%RH):		
General Notes: Heating: Adjacent Space Transfer Air. Cooling: None		
LIGHTING		
Service Illumination (Lux):	200	@ Floor
Service Illumination Night (Lux):		Not applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Presence Detection		
NOISE		
Privacy Factor Required (dB):		Intrusive Noise:
Mechanical Services (NR):	40	SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		45:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		V1643
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	V1643	En-suite: DCN	
Room Number:	2-L2-131	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB	Schedule of Components by Room	V1643
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Project:	11072	RHSC & DCN	
Department:	L2	DCN Inpatients - 43 Beds	
Room:	V1643	Shower Room:en-suite Bedroom 3	
Room Number:	2-L2-131		Revision Date: 09/09/2014

Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	BAS106	BASIN; medium; general pattern; vitreous china; 1 tap right hand hole; no overflow; bottom outlet; 500W 400D. HTM64LBGM		1
1		1	BIN2501	BIN; sanitary disposal		3
1		1	CAL005	CEILING, PULL CORD, patient/staff call.		1
1		1	CHA095	CHAIR; shower; mobile		3
1		1	CIS005	CISTERN, concealed, low level, reversible, 7.5 litres, 300H 500W 150D		1
1		1	CLE924	Toilet Brush and Holder		3
1		1	DIS013	DISPENSER, paper towel, wall mounted		2
1		1	DIS024	DISPENSER, soap, wall mounted		2
1		1	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3
1		1	HOO019	HOOK, single, small, wall mounted		1
1		1	LIG063	LUMINAIRE, single fluorescent lamp, wall, 8 watt, 300 mm		1
1		1	MIR023	MIRROR; unbreakable; wall mounted; 650H 300W		1
1		1	OUT025	SOCKET outlet, shaver		1
5		5	RAI048	RAIL, grab, vertical, wall mounted, 600mm		1
2		2	RAI161	RAIL, grab, horizontal, wall mounted, 600mm		1
1		1	RAI174	RAIL, grab, hinged, wall mounted, 650mm with toilet roll holder		1
2		2	RAI175	RAIL; grab; hinged; wall mounted; 750mm.		1
1		1	SHE100	SHELF; 200mm deep; length as drawn.		1
1		1	SHO002	SHOWER; slip resistant floor with drainage outlet; 900W 900D		1
1		1	SHO018	SHOWER, valve, thermostatic mixer (associated with SHO020)		1
1		1	SHO020	SHOWER, adjustable shower head hand spray (associated with SHO018)		1
1		1	STF200	STORAGE UNIT; mid; shelf; 150H 300W 150D		1
1		1	SWC025	SWITCH, light		1
1		1	TAP289	TAP, monobloc, pillar mixer, integral thermostatic, short lever		1
1		1	WAS101	WASTE, unslotted recessed grated, metal, 1.1/4 in, with plug and chain		1
1		1	WAS107	TRAP, bottle, 1.1/4 in, plastic resealing		1
1		1	WCH006	WC with seat, 700mm projection, wall hung, hospital pattern, rimless pan, vitreous china.		1

ADB	Room Data Sheet			Y0646-01
Project:	11072	RHSC & DCN		
Department:	00	Generic Rooms (Financial Close)		
Room:	Y0646-01	Disposal hold (General Waste)		
Room Number:	2-R1-022	Revision Date:	18/09/2014	
Activities:	1) Holding domestic, clinical and recyclable waste for disposal or reprocessing			
Personnel:	1 x staff Intermittent use			
Planning Relationships:	Adjacent to main circulation route.			
Space Data:	Area (m²):		Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data		Y0646-01																																																																																																																																								
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ADB	Room Design Character		Y0646-01
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	Y0646-01	Disposal hold (General Waste)	
Room Number:	2-R1-022	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room		Y0646-01	
Project:		11072	RHSC & DCN			
Department:		R1	Clinical / Management Suite			
Room:		Y0646-01	Disposal Hold (small)			
Room Number:		2-R1-022	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	BIN037	BIN wheelie, 770 litre, 1360H1360W 800D		3
1		1	OUT030	SOCKET, outlet switched, 13amp single, splash proof.		1
1		1	PLA002	PLATFORM; step-stand; stackable; portable; 130H 480W 330D		3
1		1	SWC025	SWITCH, light		1

ADB	Room Data Sheet			X0145
Project:	11072	RHSC & DCN		
Department:	00	Generic Rooms (Financial Close)		
Room:	X0145	Treatment room: Inpatient		
Room Number:	3-C1.1-043	Revision Date:	18/09/2014	
Activities:	1) Dressing / undressing in privacy 2) Clinical handwashing 3) Assessment / updating of electronic patient records (EPRs) 4) Preparation of trays / packs for clinical procedures 5) Storage of sterile supplies and consumables on a trolley 6) Preparation for clinical procedures 7) Invasive clinical procedures from side of couch 8) Use of mobile diagnostic and therapeutic equipment 9) Holding/storing working supply of clean and sterile materials for immediate use			
Personnel:	1 x patient 2 x staff			
Planning Relationships:	Close to a clean utility room. Close to a dirty utility room.			
Space Data:	Area (m²):		Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	X0145
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Project:	11072	RHSC & DCN
Department:	00	Generic Rooms (Financial Close)
Room:	X0145	Treatment room: Inpatient
Room Number:	3-C1.1-043	Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	10.0	Ventilation Type: Central Supply Air
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	F7- minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		X0145
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	X0145	Treatment room: Inpatient	
Room Number:	3-C1.1-043	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A or Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				X0145	
Project:		11072	RHSC & DCN					
Department:		C1.1	Medical Inpatients - 23 Beds					
Room:		X0145	Treatment Room					
Room Number:		3-C1.1-043			Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
1		1	BED2502	BED HEAD BUFFER; bed and wall protection; vertical; wall mounted.		1		
1		1	BIN2503	BIN; sharps disposal		3		
1		1	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1		
1		1	BRA004	BRACKET; holder; suction unit; trunking/rail mounted		2		
2		2	CHA017	CHAIR; upright; upholstered; stacking		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
1		1	COM033	COMPUTER KEYBOARD		3		
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	COU2506	COUCH; examination/treatment; (3 section); electric; variable height; retractable wheels; with paper roll holder.		3		
1		1	DIS011	DISPENSER, barrier cream, disposable single cartridge, wall mounted		2		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
1		1	HOO024	HOOK; hat and coat; 1.		1		
1		1	LIG963	LUMINAIRE; examination; ceiling; adjustable.		1		
1		1	MSC045	CABINET tall; 600mm facing; 1 door hinged right; o/a height 2100.		1		
1		1	MSC046	CABINET tall; 600mm facing; 1 door hinged LEFT; o/a height 2100.		1		
1		1	MSC081	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; on plinth; o/a height 900.		1		
1		1	MSC082	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged left; on plinth; o/a height 900.		1		
1		1	MSC127	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; wall mounted.		1		
1		1	MSC128	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged left; wall mounted.		1		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
4		4	OUT010	SOCKET outlet, switched, 13amp, twin		1		
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	OUT215	SOCKET outlet, telephone		1		
1		1	PRI015	PRINTER; label; portable		3		
1		1	RAI132	RAIL, clinical equipment, wall mounted, 1200mm		1		
1		1	SCA011	SCALE; baby		3		
1		1	SCA2501	SCALE; free standing height column		3		
1		1	SWC025	SWITCH, light		1		
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1		

ADB	Schedule of Components by Room	X0145
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Project:	11072	RHSC & DCN	Revision Date:	09/09/2014
Department:	C1.1	Medical Inpatients - 23 Beds		
Room:	X0145	Treatment Room		
Room Number:	3-C1.1-043			

Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	TEL2500	TELEPHONE; handset, wall mounted.		2
1		1	TRA1001	TRACK; curtain; door; length and shape as drawn.		1
1		1	TRO133	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 750W 450D		3
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet			T0152
Project:	11072	RHSC & DCN		
Department:	00	Generic Rooms (Financial Close)		
Room:	T0152	Staff Base		
Room Number:	G-A2-008	Revision Date:	18/09/2014	
Activities:	1) Dealing with enquiries 2) Use of computer workstation(s) 3) Assessment / updating of electronic patient records (EPRs) 4) Supervision and observation of patients 5) Use of Telephone			
Personnel:	1 x staff 1 x visitor			
Planning Relationships:	Within a ward or clinical unit; adjacent to an individual clinical room, or patient bedrooms(s).			
Space Data:	Area (m²):		Height (mm):	
	Refer to HLM-SZ-SL-SH-200-001 for room areas. Ceiling height: To suit surrounding area/design.			
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	T0152
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Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	T0152	Staff Base	
Room Number:	G-A2-008		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Central Supply Air
Mechanical Ventilation (Extract ac/hr):	3.0	
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	@ Desk 750 - 850 AFFL
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		Intrusive Noise:
Mechanical Services (NR):		SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		

General Notes:

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		T0152
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	T0152	Staff Base	
Room Number:	G-A2-008	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A or clear, solar control.		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room		T0152	
Project:		11072	RHSC & DCN			
Department:		A2	Paediatric Acute Receiving Unit - 34 Beds			
Room:		T0152	Reception / Touchdown Base			
Room Number:		G-A2-008	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	BIN2504	BIN; confidential waste		3
3		3	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1
1		1	CAS020	FIRST AID BOX		2
2		2	CHA063	CHAIR; height adjustable; with arms; high back; swivel; 5 star base; on castors		3
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1
2		2	COM033	COMPUTER KEYBOARD		3
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3
2		2	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3
1		1	COU1001	COUNTER; reception; DDA compliant; with below counter storage; as per detailed design.		1
2		2	DRA056	DRAWER UNIT, 2 drawer, lockable, on castors, 600H 410W 600D		3
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1
4		4	OUT010	SOCKET outlet, switched, 13amp, twin		1
4		4	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1
1		1	OUT2512	SOCKET outlet; video entry.		1
1		1	PAN063	PANEL; indicator.		1
1		1	TEL1000	TELEPHONE; handset.		3
1		1	TEL901	VIDEO - entry/security; wall mounted, receiving.		1
1		1	TRO905	TROLLEY; Mobile Induction Loop		3
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1

ADB	Room Data Sheet	G0180-01
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Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	G0180-01	Resuscitation trolley	
Room Number:	G-A2-016		Revision Date: 18/09/2014

Activities:	1) Parking, storage and charging of mobile equipment		
Personnel:	Intermittent use		
Planning Relationships:			
Space Data:	Area (m²):		Height (mm):
	Refer to HLM-SZ-SL-SH-200-001 for room areas. Ceiling height: To suit surrounding area/design.		

Notes:	<p>Refer to ME 571 series of drawings for access control (PCP 4.17)</p> <p>Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision</p>		
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ADB	Room Environmental Data	G0180-01
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Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	G0180-01	Resuscitation trolley	
Room Number:	G-A2-016		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: None
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:	N / A	
Filtration (%DSE and % Arrestance):	/	None
Humidity (%RH):		

General Notes: Heating Type: Adjacent Space air Transfer Cooling: None

LIGHTING	Requirements	Notes
Service Illumination (Lux):	500	@ Floor
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	N	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		55:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		G0180-01
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	G0180-01	Resuscitation trolley	
Room Number:	G-A2-016	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	N/A. open to circulation		
Windows:	N/A		
Internal Glazing:	N/A		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room		G0180-01	
Project:		11072	RHSC & DCN			
Department:		A2	Paediatric Acute Receiving Unit - 34 Beds			
Room:		G0180-01	Resuscitation Trolley Bay			
Room Number:		G-A2-016	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
2		2	OUT010	SOCKET outlet, switched, 13amp, twin		1
1		1	RSU010	DEFIBRILLATOR; Manual		3
1		1	SUC004	SUCTION UNIT; electric; portable; 350H 320W 340D		3
1		1	TRO310	TROLLEY, emergency/resuscitation, complete with defibrillator, 955H 825W 575D		3

ADB	Room Data Sheet	Y0431
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Project:	11072	RHSC & DCN		
Department:	00	Generic Rooms (Financial Close)		
Room:	Y0431	Dirty utility		
Room Number:	G-A2-022		Revision Date:	18/09/2014

Activities:	<ol style="list-style-type: none"> 1) Clinical handwashing 2) Testing of urine specimens 3) Holding SHARPS in a container 4) Holding items requiring disposal or reprocessing 5) Disposal of liquid waste 6) Disposal of clinical waste 7) Disposal of waste and contaminated materials 8) Disposal of used protective clothing 			
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Personnel:	1 x staff Intermittent use			
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Planning Relationships:	Close to clinical area, particularly treatment rooms.			
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Space Data:	Area (m²):		Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			

Notes:	<p>Refer to ME 571 series of drawings for access control (PCP 4.17)</p> <p>Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision</p>			
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ADB	Room Environmental Data	Y0431
Project:	11072	RHSC & DCN
Department:	00	Generic Rooms (Financial Close)
Room:	Y0431	Dirty utility
Room Number:	G-A2-022	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central Dirty Extract
Mechanical Ventilation (Extract ac/hr):	6.0	
Pressure Relative to Adjoining Space:	Negative	
Filtration (%DSE and % Arrestance):	/	None
Humidity (%RH):		None
General Notes: Heating: Adjacent Space Transfer Air. Cooling: None		
LIGHTING		
Service Illumination (Lux):	200	@ Floor
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Presence Detection		
NOISE		
Privacy Factor Required (dB):		Intrusive Noise:
Mechanical Services (NR):	40	SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		Not Applicable
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		Y0431
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	Y0431	Dirty utility	
Room Number:	G-A2-022	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				Y0431	
Project:		11072		RHSC & DCN				
Department:		A2		Paediatric Acute Receiving Unit - 34 Beds				
Room:		Y0431		Dirty Utility				
Room Number:		G-A2-022		Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
1		1	BOA2504	BOARD; marker; whiteboard; dry-wipe; with pen holder;magnetic; wall mounted; 600H 900W.		1		
1		1	CAB047	CABINET; urine test, lockable, wall mounted.		1		
1		1	CUP006	CUPBOARD, flammable material, metal, lockable, liquid retaining shelf, floor standing, 760H 460W 485D		3		
1		1	CUP2517	CUPBOARD; base unit; 2 door; lockable; 1200mm.		1		
1		1	CUP2525	CUPBOARD; wall unit; LH door; 600h; lockable; 600mm.		1		
1		1	CUP2526	CUPBOARD; wall unit; RH door; 600h; lockable; 600mm.		1		
1		1	DIS004	DISPENSER, disposable bedpans, wall mounted		2		
1		1	DIS005	DISPENSER, disposable urine bottles, wall mounted		2		
2		2	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
1		1	DIS2501	DISPENSER; disposable vomit bowls; wall mounted.		2		
1		1	DSU001	DISPOSAL UNIT (macerator), disposable bedpan, bedpan liners/urine bottles, 525W 650D		1		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
1		1	MSC045	CABINET tall; 600mm facing; 1 door hinged right; o/a height 2100.		1		
1		1	MSC046	CABINET tall; 600mm facing; 1 door hinged LEFT; o/a height 2100.		1		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
2		2	OUT010	SOCKET outlet, switched, 13amp, twin		1		
1		1	OUT075	OUTLET isolator 20amp; TP&N; wall mounted.		1		
1		1	OUT301	OUTLET, cold water for equipment		1		
1		1	SNS1003L	SINKTOP; inset; single bowl and drainer; stainless steel; left hand drainer.		1		
1		1	SWC025	SWITCH, light		1		
1		1	TAP809	TAP, bib, lever, hospital pattern, pair hot and cold, 1/2 in.		1		
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1		
2		2	TRO235	TROLLEY, contaminated linen, single ring, stainless steel		3		
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1		
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1		
1		1	WAS102	WASTE, unslotted flush-grated, metal, 1.1/2 in		1		
1		1	WAS108	TRAP, bottle, 1.1/2 in, plastic resealing		1		
1		1	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1		

ADB	Room Data Sheet			V1010
Project:	11072	RHSC & DCN		
Department:	00	Generic Rooms (Financial Close)		
Room:	V1010	WC: ambulant		
Room Number:	G-A2-024	Revision Date:	18/09/2014	
Activities:	1) Use of toilet by ambulant person. 2) Hand-rinsing 3) Use of call systems			
Personnel:	1 x patient Intermittent use			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,400
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	V1010
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Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	V1010	WC: ambulant	
Room Number:	G-A2-024		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central Dirty Extract
Mechanical Ventilation (Extract ac/hr):	10.0	
Pressure Relative to Adjoining Space:	Negative	
Filtration (%DSE and % Arrestance):	/	None
Humidity (%RH):		

General Notes: Heating: Adjacent Space Transfer Air. Cooling: None

LIGHTING	Requirements	Notes
Service Illumination (Lux):	200	@ Floor
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Presence Detection

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	45	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		55:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		V1010
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	V1010	WC: ambulant	
Room Number:	G-A2-024	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	N/A		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			V1010	
Project:		11072	RHSC & DCN				
Department:		A2	Paediatric Acute Receiving Unit - 34 Beds				
Room:		V1010	WC - Ambulant (Visitors)				
Room Number:		G-A2-024			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BAS105	BASIN; small; general pattern; vitreous china; 1 tap hole centred on basin; no overflow; bottom outlet; 400W 300D; HTM64LBGS		1	
1		1	BIN2501	BIN; sanitary disposal		3	
1		1	CAL005	CEILING, PULL CORD, patient/staff call.		1	
1		1	CIS005	CISTERN, concealed, low level, reversible, 7.5 litres, 300H 500W 150D		1	
1		1	CLE924	Toilet Brush and Holder		3	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS015	DISPENSER, toilet paper, dispense individual sheets, wall mounted		2	
1		1	DIS024	DISPENSER, soap, wall mounted		2	
1		1	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
2		2	HOO019	HOOK, single, small, wall mounted		1	
1		1	MIR024	MIRROR; unbreakable; wall mounted; 800H 300W.		1	
1		1	SEA001	2in1 toilet seat, plastic, double lid with large and small aperture suitable respectively for adults/ adolescents and small children.		1	
1		1	SWC025	SWITCH, light		1	
1		1	TAP289	TAP, monobloc, pillar mixer, integral thermostatic, short lever		1	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
1		1	WCH002	WC with seat, 520-550 projection, wall hung, hospital pattern, rimless pan, vitreous china, HTM64WCH		1	

ADB	Room Data Sheet		G0180-03
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	G0180-03	Hoist Bay	
Room Number:	G-A2-027	Revision Date:	18/09/2014
Activities:	1) Parking, storage and charging of mobile equipment		
Personnel:	Intermittent use		
Planning Relationships:			
Space Data:	Area (m²):		Height (mm):
	Refer to HLM-SZ-SL-SH-200-001 for room areas.		
	Ceiling height: To suit surrounding area/design.		
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)		
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision		

ADB	Room Environmental Data	G0180-03
Project:	11072	RHSC & DCN
Department:	00	Generic Rooms (Financial Close)
Room:	G0180-03	Hoist Bay
Room Number:	G-A2-027	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 16 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central General Extract
Mechanical Ventilation (Extract ac/hr):	3.0	
Pressure Relative to Adjoining Space:	Negative	
Filtration (%DSE and % Arrestance):	/	None
Humidity (%RH):		
General Notes: Heating Type: Adjacent Space Transfer Air. Cooling: None		
LIGHTING		
Service Illumination (Lux):	200	@ Floor
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Presence Detection		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		55:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		
General Notes:		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		G0180-03
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	G0180-03	Hoist Bay	
Room Number:	G-A2-027	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	N/A, open to circulation		
Windows:	N/A		
Internal Glazing:	N/A		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room		G0180-03	
Project:		11072	RHSC & DCN			
Department:		A2	Paediatric Acute Receiving Unit - 34 Beds			
Room:		G0180-03	Hoist Bay			
Room Number:		G-A2-027	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	HOI003	HOIST PATIENT; chair type mobile		3
1		1	MSC123	CABINET top; 400mm facing; (400x300 inserts); with formed plastic liners; 1 door hinged left; wall mounted.		1
1		1	OUT010	SOCKET outlet, switched, 13amp, twin		1

ADB	Room Data Sheet		T0151
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	T0151	Touchdown Base	
Room Number:	G-A2-049	Revision Date:	18/09/2014
Activities:	1) Assessment / updating of electronic patient records (EPRs) 2) Use of computer workstation(s) 3) Supervision and observation of patients 4) Use of Telephone		
Personnel:	3 x staff Intermittent use		
Planning Relationships:	Within a ward or clinical unit; adjacent to an individual clinical room, or patient bedroom(s).		
Space Data:	Area (m²):		Height (mm):
	Refer to HLM-SZ-SL-SH-200-001 for room areas. Ceiling height: To suit surrounding area/design.		
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision		

ADB	Room Environmental Data	T0151
Project:	11072	RHSC & DCN
Department:	00	Generic Rooms (Financial Close)
Room:	T0151	Touchdown Base
Room Number:	G-A2-049	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Tytre: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	3.0	
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: None		
LIGHTING		
Service Illumination (Lux):	300	@ Desk 750 - 850 AFFL
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch		
NOISE		
Privacy Factor Required (dB):		Intrusive Noise:
Mechanical Services (NR):		SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		
General Notes:		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		T0151
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	T0151	Touchdown Base	
Room Number:	G-A2-049	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			T0151		
Project:		11072	RHSC & DCN					
Department:		A2	Paediatric Acute Receiving Unit - 34 Beds					
Room:		T0151	Touchdown Base 2					
Room Number:		G-A2-049			Revision Date:	09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	BOA2504	BOARD; marker; whiteboard; dry-wipe; with pen holder;magnetic; wall mounted; 600H 900W.		1		
1		1	COM033	COMPUTER KEYBOARD		3		
1		1	COM035	COMPUTER PRINTER; line; small		3		
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	COM901	DOCKING STATION; tablet		2		
1		1	LIG003	LUMINAIRE, reading, adjustable arm, 100 watt		1		
2		2	OUT010	SOCKET outlet, switched, 13amp, twin		1		
1		1	OUT059	CONNECTION UNIT switched 13amp, indicator light		1		
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	OUT2512	SOCKET outlet; video entry.		1		
1		1	PAN063	PANEL; indicator.		1		
1		1	PRI015	PRINTER; label; portable		3		
1		1	STF151	STORAGE UNIT; lower; 2 drawer; on castors; 600H 500W 450D		3		
1		1	TEL2500	TELEPHONE; handset, wall mounted.		2		
1		1	TEL901	VIDEO - entry/security; wall mounted, receiving.		1		
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1		
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1		

ADB	Room Data Sheet	V1643-01
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Project:	11072	RHSC & DCN
Department:	00	Generic Rooms (Financial Close)
Room:	V1643-01	En-suite: RHSC Also used with isolation ensuites
Room Number:	G-A2-051	Revision Date: 18/09/2014

Activities:	1) Use of shower (with assistance if required) 2) Use of toilet (with assistance if required) 3) Dressing / undressing in privacy 4) Hanging clothes and towels 5) Use of mobile hoist (if required) 6) Use of call systems 7) Use of wheelchair accessible hand-wash basin		
Personnel:	1 x patient 1 x staff Intermittent use		
Planning Relationships:	En-suite to single-bed room.		
Space Data:	Area (m²):	Height (mm):	2,400
Refer to HLM-SZ-SL-SH-200-001 for room areas.			

Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision		
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ADB	Room Environmental Data		V1643-01																																																																																																								
Project:	11072	RHSC & DCN																																																																																																									
Department:	00	Generic Rooms (Financial Close)																																																																																																									
Room:	V1643-01	En-suite: RHSC Also used with isolation ensuites																																																																																																									
Room Number:	G-A2-051	Revision Date:	18/09/2014																																																																																																								
<table border="1"> <thead> <tr> <th data-bbox="97 427 633 472">AIR</th> <th data-bbox="636 427 831 472">Requirements</th> <th data-bbox="834 427 1513 472">Notes</th> </tr> </thead> <tbody> <tr> <td data-bbox="97 477 633 521">Winter Temperature (DegC):</td> <td data-bbox="636 477 831 521"></td> <td data-bbox="834 477 1513 521">Permissible space temperature range (dry bulb) (degC) : 20 - 28</td> </tr> <tr> <td data-bbox="97 526 633 571">Summer Temperature (DegC):</td> <td data-bbox="636 526 831 571"></td> <td data-bbox="834 526 1513 571"></td> </tr> <tr> <td data-bbox="97 575 633 620">Mechanical Ventilation (Supply ac/hr):</td> <td data-bbox="636 575 831 620"></td> <td data-bbox="834 575 1513 620">Ventilation Type: Central Dirty Extract</td> </tr> <tr> <td data-bbox="97 624 633 669">Mechanical Ventilation (Extract ac/hr):</td> <td data-bbox="636 624 831 669">10.0</td> <td data-bbox="834 624 1513 669"></td> </tr> <tr> <td data-bbox="97 674 633 719">Pressure Relative to Adjoining Space:</td> <td data-bbox="636 674 831 719">Negative</td> <td data-bbox="834 674 1513 719"></td> </tr> <tr> <td data-bbox="97 723 633 768">Filtration (%DSE and % Arrestance):</td> <td data-bbox="636 723 831 768">/</td> <td data-bbox="834 723 1513 768">None</td> </tr> <tr> <td data-bbox="97 772 633 817">Humidity (%RH):</td> <td data-bbox="636 772 831 817"></td> <td data-bbox="834 772 1513 817"></td> </tr> <tr> <td colspan="3" data-bbox="97 822 1513 866"> General Notes: Heating: Adjacent Space Transfer Air. 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ADB	Room Design Character		V1643-01
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	V1643-01	En-suite: RHSC Also used with isolation ensuites	
Room Number:	G-A2-051	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	N/A		
Hatch:	N/A		
Notes:			

ADB	Schedule of Components by Room	V1643-01
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Project:	11072	RHSC & DCN	
Department:	A2	Paediatric Acute Receiving Unit - 34 Beds	
Room:	V1643-01	En-suite wheelchair-accessible WC, Shower & wash Bedroom 8	
Room Number:	G-A2-051		Revision Date: 09/09/2014

Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	BAS106	BASIN; medium; general pattern; vitreous china; 1 tap right hand hole; no overflow; bottom outlet; 500W 400D. HTM64LBGM		1
1		1	BIN2501	BIN; sanitary disposal		3
1		1	CAL005	CEILING, PULL CORD, patient/staff call.		1
1		1	CHA095	CHAIR; shower; mobile		3
1		1	CIS005	CISTERN, concealed, low level, reversible, 7.5 litres, 300H 500W 150D		1
1		1	CLE924	Toilet Brush and Holder		3
1		1	DIS013	DISPENSER, paper towel, wall mounted		2
1		1	DIS024	DISPENSER, soap, wall mounted		2
1		1	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3
1		1	HOO019	HOOK, single, small, wall mounted		1
1		1	LIG063	LUMINAIRE, single fluorescent lamp, wall, 8 watt, 300 mm		1
1		1	MIR023	MIRROR; unbreakable; wall mounted; 650H 300W		1
1		1	OUT025	SOCKET outlet, shaver		1
5		5	RAI048	RAIL, grab, vertical, wall mounted, 600mm		1
2		2	RAI161	RAIL, grab, horizontal, wall mounted, 600mm		1
1		1	RAI174	RAIL, grab, hinged, wall mounted, 650mm with toilet roll holder		1
2		2	RAI175	RAIL; grab; hinged; wall mounted; 750mm.		1
1		1	SEA001	2in1 toilet seat, plastic, double lid with large and small aperture suitable respectively for adults/ adolescents and small children.		1
1		1	SHE100	SHELF; 200mm deep; length as drawn.		1
1		1	SHO002	SHOWER; slip resistant floor with drainage outlet; 900W 900D		1
1		1	SHO018	SHOWER, valve, thermostatic mixer (associated with SHO020)		1
1		1	SHO020	SHOWER, adjustable shower head hand spray (associated with SHO018)		1
1		1	STF200	STORAGE UNIT; mid; shelf; 150H 300W 150D		1
1		1	SWC025	SWITCH, light		1
1		1	TAP289	TAP, monobloc, pillar mixer, integral thermostatic, short lever		1
1		1	WAS101	WASTE, unslotted recessed grated, metal, 1.1/4 in, with plug and chain		1
1		1	WAS107	TRAP, bottle, 1.1/4 in, plastic resealing		1
1		1	WCH006	WC with seat, 700mm projection, wall hung, hospital pattern, rimless pan, vitreous china.		1

ADB	Room Data Sheet			B0305-01
Project:	11072	RHSC & DCN		
Department:	00	Generic Rooms (Financial Close)		
Room:	B0305-01	Single-bed room RHSC		
Room Number:	G-A2-052	Revision Date:	18/09/2014	
Activities:	1) Clinical handwashing 2) Therapeutic and clinical attention from healthcare staff 3) Use of piped medical gases, vacuum and associated equipment 4) Storage of clothing and personal belongings 5) Patient records reviewed and recorded 6) Use of mobile hoist (if required) 7) Rest and relaxation 8) Provision for parent to stay overnight			
Personnel:	1 x patient 2 x staff 2 x visitors			
Planning Relationships:	En-suite sanitary facilities.			
Space Data:	Area (m²):		Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	B0305-01
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Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	B0305-01	Single-bed room RHSC	
Room Number:	G-A2-052		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Natural & Central Supply Air
Mechanical Ventilation (Extract ac/hr):		via ensuite
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating type: Adjacent space transfer air with BMS Adjustable Sensor . Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	100	
Service Illumination Night (Lux):	5.0	
Local Illumination (Lux):	300.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch/ Dimmer

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	30	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		40:daytime / 35:nighttime (LAeq,1hr) and 45:nighttime (LAmax,f).
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		B0305-01
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	B0305-01	Single-bed room RHSC	
Room Number:	G-A2-052	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			B0305-01	
Project:		11072	RHSC & DCN				
Department:		A2	Paediatric Acute Receiving Unit - 34 Beds				
Room:		B0305-01	Single Bedroom 7 (RHSC)				
Room Number:		G-A2-052			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
1		1	BED013	BED Kings Fund; variable height; two-way tilt; adjustable backrest; bedstripper; on castors		3	
1		1	BED2502	BED HEAD BUFFER; bed and wall protection; vertical; wall mounted.		1	
1		1	BED2508	BED; ward; fold down; 760 mm width mattress; vertical with services.		1	
1		1	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1	
1		1	BRA004	BRACKET; holder; suction unit; trunking/rail mounted		2	
1		1	BRA2502	BRACKET; TV; height adjustable; swivel; wall mounted.		1	
1		1	CAL043	PUSH BUTTON patient/staff call with socket for extension pear push; trunking mounted.		1	
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1	
1		1	CHA007	CHAIR; easy; with open arms; high back; upholstered, wipeable		3	
2		2	CHA017	CHAIR; upright; upholstered; stacking		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	CUP2600	CUPBOARD, wall mounted, 600H 1800W 500D.		1	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS024	DISPENSER, soap, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
2		2	HOO019	HOOK, single, small, wall mounted		1	
1		1	LIG005	LUMINAIRE, bedhead, dimmable, patient reading and general nursing care/examination		1	
1		1	LOC002	LOCKER, bedside, 3 compartment, towel rail at rear, on castors, 902H 485W 485D		3	
1		1	MAT004	MATTRESS; Kings Fund bed; standard backrest; 1955L 865W 125D		3	
1		1	MON912	MONITOR; Oxygen/Saturation		3	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
2		2	OUT010	SOCKET outlet, switched, 13amp, twin		1	
4		4	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
2		2	OUT121	SOCKET outlet; computer data; double.		1	
1		1	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1	
1		1	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1	
2		2	OUT471	OUTLET; oxygen medical; trunking mounted.		1	
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1	
1		1	RAC362	RACK; catheter; vertical; 2 compartments; 420H 160W 65D		2	
1		1	RAI130	RAIL, clinical equipment, wall mounted, 600mm		1	
1		1	SCP900	STETHOSCOPE		3	
1		1	SHE2503	SHELF; 300mm deep; folding; length as drawn.		1	
1		1	SWC031	SWITCH; light; dimmer to M&E design.		1	

ADB	Schedule of Components by Room	B0305-01
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Project:	11072	RHSC & DCN	Revision Date:	09/09/2014
Department:	A2	Paediatric Acute Receiving Unit - 34 Beds		
Room:	B0305-01	Single Bedroom 7 (RHSC)		
Room Number:	G-A2-052			

Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	TAB073	TABLE, overbed, cantilevered		3
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1
1		1	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1
1		1	TVM2500	TV / monitor flat screen with DVD player		3
1		1	WAR900	WARDROBE; lockable; 2700H 750W 500D.		1
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1

ADB	Room Data Sheet	B0405
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Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	B0405	Multi-bed room: 4 beds RHSC	
Room Number:	G-A2-054		Revision Date: 18/09/2014

Activities:	1) Clinical handwashing 2) Dressing / undressing in privacy 3) Therapeutic and clinical attention from healthcare staff 4) Use of piped medical gases, vacuum and associated equipment 5) Patient records reviewed and recorded 6) Storage of clothing and personal belongings 7) Use of mobile hoist (if required) 8) Patient may take meals or refreshments in bed, by the bed or in the sitting space 9) Rest and relaxation 10) Use of entertainment services system 11) Provision for parent to stay overnight		
Personnel:	4 x patients 2 x staff 4 x visitors		
Planning Relationships:	Close to social space. En-suite sanitary facilities.		
Space Data:	Area (m²):		Height (mm): 2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.		
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision		

ADB	Room Environmental Data	B0405
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Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	B0405	Multi-bed room: 4 beds RHSC	
Room Number:	G-A2-054		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Natural & Central Supply Air
Mechanical Ventilation (Extract ac/hr):		via ensuite
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	100	
Service Illumination Night (Lux):	5.0	
Local Illumination (Lux):	300.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch/ Dimmer

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	30	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		45:daytime / 35:nighttime (LAeq,1hr) and 45:nighttime (LAmax,f).
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		B0405
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	B0405	Multi-bed room: 4 beds RHSC	
Room Number:	G-A2-054	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			B0405	
Project:		11072	RHSC & DCN				
Department:		A2	Paediatric Acute Receiving Unit - 34 Beds				
Room:		B0405	4 Bed Room				
Room Number:		G-A2-054			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
4		4	BED013	BED Kings Fund; variable height; two-way tilt; adjustable backrest; bedstripper; on castors		3	
1		1	BED020	BED; fold down; 760 mm width mattress; vertical.		1	
3		3	BED2502	BED HEAD BUFFER; bed and wall protection; vertical; wall mounted.		1	
3		3	BED2508	BED; ward; fold down; 760 mm width mattress; vertical with services.		1	
1		1	BED2509	BED HEAD BUFFER; bed and wall protection; horizontal; wall mounted.		1	
1		1	BIN2508	BIN; storage;toy box		3	
4		4	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1	
4		4	BRA004	BRACKET; holder; suction unit; trunking/rail mounted		2	
4		4	BRA2502	BRACKET; TV; height adjustable; swivel; wall mounted.		1	
4		4	BRA902	Bracket; Monitor oxygen/saturation inside room		2	
4		4	CAL043	PUSH BUTTON patient/staff call with socket for extension pear push; trunking mounted.		1	
4		4	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1	
4		4	CHA007	CHAIR; easy; with open arms; high back; upholstered, wipeable		3	
10		10	CHA017	CHAIR; upright; upholstered; stacking		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	COM905	IT Tablet		3	
4		4	CUP2600	CUPBOARD, wall mounted, 600H 1800W 500D.		1	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
2		2	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
4		4	LIG005	LUMINAIRE, bedhead, dimmable, patient reading and general nursing care/examination		1	
4		4	LOC002	LOCKER, bedside, 3 compartment, towel rail at rear, on castors, 902H 485W 485D		3	
4		4	MAT004	MATTRESS; Kings Fund bed; standard backrest; 1955L 865W 125D		3	
4		4	MON912	MONITOR; Oxygen/Saturation		3	
2		2	OUT005	SOCKET outlet, switched, 13amp, single		1	
14		14	OUT010	SOCKET outlet, switched, 13amp, twin		1	
16		16	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
10		10	OUT121	SOCKET outlet; computer data; double.		1	
4		4	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
4		4	OUT206	SOCKET outlet television aerial; single; wall mounted.		1	
4		4	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1	
8		8	OUT471	OUTLET; oxygen medical; trunking mounted.		1	
4		4	OUT476	OUTLET; vacuum medical; trunking mounted.		1	

ADB			Schedule of Components by Room		B0405	
Project:		11072	RHSC & DCN			
Department:		A2	Paediatric Acute Receiving Unit - 34 Beds			
Room:		B0405	4 Bed Room			
Room Number:		G-A2-054	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	PRI015	PRINTER; label; portable		3
4		4	RAC362	RACK; catheter; vertical; 2 compartments; 420H 160W 65D		2
4		4	RAI130	RAIL, clinical equipment, wall mounted, 600mm		1
1		1	SWC031	SWITCH; light; dimmer to M&E design.		1
1		1	TAB056	TABLE; occasional; round; 415H 610mm dia.		3
4		4	TAB073	TABLE, overbed, cantilevered		3
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1
4		4	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1
4		4	TVM2500	TV / monitor flat screen with DVD player		3
1		1	WAR2900	WARDROBE; lockable; 2700H 750W 500D.		1
3		3	WAR900	WARDROBE; lockable; 2700H 750W 500D.		1
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1

ADB	Room Data Sheet		W1594-01
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	W1594-01	Linen Bay	
Room Number:	G-A2-063	Revision Date:	18/09/2014
Activities:	1) Holding exchange trolley		
Personnel:	Intermittent use		
Planning Relationships:			
Space Data:	Area (m²):		Height (mm):
	Refer to HLM-SZ-SL-SH-200-001 for room areas.		
	Ceiling height: To suit surrounding area/design.		
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)		
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision		

ADB	Room Environmental Data	W1594-01
Project:	11072	RHSC & DCN
Department:	00	Generic Rooms (Financial Close)
Room:	W1594-01	Linen Bay
Room Number:	G-A2-063	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 16 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central Extract
Mechanical Ventilation (Extract ac/hr):	3.0	
Pressure Relative to Adjoining Space:	Negative	
Filtration (%DSE and % Arrestance):	/	None
Humidity (%RH):		
General Notes: Heating: Adjacent Space Transfer Air. Cooling: None		
LIGHTING		
Service Illumination (Lux):	200	@ Floor
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Presence Detection		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		35:daytime (LAeq, 1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		
General Notes:		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		W1594-01
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	W1594-01	Linen Bay	
Room Number:	G-A2-063	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	N/A, open to circulation.		
Windows:	N/A		
Internal Glazing:	N/A		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room		W1594-01	
Project:		11072	RHSC & DCN			
Department:		A2	Paediatric Acute Receiving Unit - 34 Beds			
Room:		W1594-01	Linen Bay (1 trolley)			
Room Number:		G-A2-063	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	TRO233	TROLLEY, clean linen exchange, 3 adjustable shelves, large, 1600H 1600W 680D		3

ADB	Room Data Sheet			B0308
Project:	11072	RHSC & DCN		
Department:	00	Generic Rooms (Financial Close)		
Room:	B0308	Single-bed room: isolation RHSC		
Room Number:	G-A2-072	Revision Date:	18/09/2014	
Activities:	1) Clinical handwashing 2) Dressing / undressing in privacy 3) Therapeutic and clinical attention from healthcare staff 4) Use of piped medical gases, vacuum and associated equipment 5) Patient records reviewed and recorded 6) Rest and relaxation 7) Patient may take meals or refreshments in bed, by the bed or in the sitting space 8) Use of entertainment services system 9) Storage of clothing and personal belongings 10) Use of mobile hoist (if required)			
Personnel:	1 x patient 2 x staff 2 x visitors			
Planning Relationships:	Access via gowning lobby. En-suite sanitary facilities.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	B0308
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Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	B0308	Single-bed room: isolation RHSC	
Room Number:	G-A2-072		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 21 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	10.0	Ventilation Type: Supply via lobby
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		

General Notes: Heating type: Adjacent space transfer air with BMS Adjustable Sensor . Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	100	
Service Illumination Night (Lux):	5.0	
Local Illumination (Lux):	300.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch/ Dimmer

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	30	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		40:daytime / 35:nighttime (LAeq,1hr) and 45:nighttime (LAmax,f).
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		B0308
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	B0308	Single-bed room: isolation RHSC	
Room Number:	G-A2-072	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			B0308	
Project:		11072	RHSC & DCN				
Department:		A2	Paediatric Acute Receiving Unit - 34 Beds				
Room:		B0308	Single Isolation Bedroom 1 (RHSC)				
Room Number:		G-A2-072			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
1		1	BED013	BED Kings Fund; variable height; two-way tilt; adjustable backrest; bedstripper; on castors		3	
1		1	BED2502	BED HEAD BUFFER; bed and wall protection; vertical; wall mounted.		1	
1		1	BED2508	BED; ward; fold down; 760 mm width mattress; vertical with services.		1	
1		1	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1	
1		1	BRA004	BRACKET; holder; suction unit; trunking/rail mounted		2	
1		1	BRA2502	BRACKET; TV; height adjustable; swivel; wall mounted.		1	
1		1	CAL043	PUSH BUTTON patient/staff call with socket for extension pear push; trunking mounted.		1	
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1	
1		1	CHA007	CHAIR; easy; with open arms; high back; upholstered, wipeable		3	
2		2	CHA017	CHAIR; upright; upholstered; stacking		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	COM905	IT Tablet		3	
1		1	CUP2600	CUPBOARD, wall mounted, 600H 1800W 500D.		1	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS024	DISPENSER, soap, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
2		2	HOO019	HOOK, single, small, wall mounted		1	
1		1	LIG005	LUMINAIRE, bedhead, dimmable, patient reading and general nursing care/examination		1	
1		1	LOC002	LOCKER, bedside, 3 compartment, towel rail at rear, on castors, 902H 485W 485D		3	
1		1	MAT004	MATTRESS; Kings Fund bed; standard backrest; 1955L 865W 125D		3	
1		1	MON912	MONITOR; Oxygen/Saturation		3	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
2		2	OUT010	SOCKET outlet, switched, 13amp, twin		1	
4		4	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
2		2	OUT121	SOCKET outlet; computer data; double.		1	
1		1	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1	
1		1	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1	
2		2	OUT471	OUTLET; oxygen medical; trunking mounted.		1	
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1	
1		1	RAC362	RACK; catheter; vertical; 2 compartments; 420H 160W 65D		2	
1		1	RAI130	RAIL, clinical equipment, wall mounted, 600mm		1	
1		1	SCP900	STETHOSCOPE		3	
1		1	SHE2503	SHELF; 300mm deep; folding; length as drawn.		1	

ADB			Schedule of Components by Room		B0308	
Project:		11072	RHSC & DCN			
Department:		A2	Paediatric Acute Receiving Unit - 34 Beds			
Room:		B0308	Single Isolation Bedroom 1 (RHSC)			
Room Number:		G-A2-072	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	STA142	STAND; infusion; twin hook; breaks; mobile		3
1		1	SWC031	SWITCH; light; dimmer to M&E design.		1
1		1	TAB073	TABLE, overbed, cantilevered		3
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1
1		1	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1
1		1	TVM2500	TV / monitor flat screen with DVD player		3
1		1	WAR900	WARDROBE; lockable; 2700H 750W 500D.		1
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1

ADB	Room Data Sheet			G0510
Project:	11072	RHSC & DCN		
Department:	00	Generic Rooms (Financial Close)		
Room:	G0510	Lobby: Isolation RHSC		
Room Number:	G-A2-074	Revision Date:	18/09/2014	
Activities:	1) Clinical handwashing 2) Dispensing disposable aprons. 3) Dispensing disposable gloves. 4) Disposal of non-clinical waste 5) Donning gown and gloves. 6) Removal and disposal of gown and gloves			
Personnel:	1 x persons			
Planning Relationships:	Direct access to single-bed room.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	G0510
Project:	11072	RHSC & DCN
Department:	00	Generic Rooms (Financial Close)
Room:	G0510	Lobby: Isolation RHSC
Room Number:	G-A2-074	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	69.0	Ventilation Type: Central Supply
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		
General Notes: Heating type: Warm Air - reheat Battery with: BMS Adjustable Sensor. Cooling: Comfort Cooled Fresh Air		
LIGHTING		
Service Illumination (Lux):	200	@ Floor
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Presence Detection		
NOISE		
Privacy Factor Required (dB):		Intrusive Noise:
Mechanical Services (NR):	30	SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		40:daytime / 35:nighttime (LAeq,1hr) and 45:nighttime (LAmax,f).
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		G0510
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	G0510	Lobby: Isolation RHSC	
Room Number:	G-A2-074	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			G0510	
Project:		11072	RHSC & DCN				
Department:		A2	Paediatric Acute Receiving Unit - 34 Beds				
Room:		G0510	Isolation Bedroom Entrance Lobby				
Room Number:		G-A2-074			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
1		1	DIS010	DISPENSER; pack; wall mounted; 600H 600W 300D		2	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
4		4	HOO018	HOOK; coat; single.		1	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	

ADB	Room Data Sheet			V1736
Project:	11072	RHSC & DCN		
Department:	00	Generic Rooms (Financial Close)		
Room:	V1736	Assisted Bathroom WC		
Room Number:	G-A2-076	Revision Date:	18/09/2014	
Activities:	1) Use of bath (with assistance) 2) Use of toilet (with assistance if required) 3) Use of wheelchair accessible hand-wash basin 4) Dressing / undressing in privacy 5) Hanging clothes and towels 6) Use of sanitary chair/commode 7) Use of shower chair 8) Use of mobile hoist (if required) 9) Use of call systems			
Personnel:	1 x patient 1 x staff Intermittent use			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	V1736
Project:	11072	RHSC & DCN
Department:	00	Generic Rooms (Financial Close)
Room:	V1736	Assisted Bathroom WC
Room Number:	G-A2-076	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 20 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central Dirty Extract
Mechanical Ventilation (Extract ac/hr):	10.0	
Pressure Relative to Adjoining Space:	Negative	
Filtration (%DSE and % Arrestance):	/	None
Humidity (%RH):		
General Notes: Heating: Adjacent Space Transfer Air. Cooling: None		
LIGHTING		
Service Illumination (Lux):	200	@ Floor
Service Illumination Night (Lux):		Not applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Presence Detection		
NOISE		
Privacy Factor Required (dB):		Intrusive Noise:
Mechanical Services (NR):	40	SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		45:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		V1736
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	V1736	Assisted Bathroom WC	
Room Number:	G-A2-076	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	N/A		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				V1736	
Project:		11072		RHSC & DCN				
Department:		A2		Paediatric Acute Receiving Unit - 34 Beds				
Room:		V1736		Patients' Assisted Bathroom				
Room Number:		G-A2-076		Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	BAS106	BASIN; medium; general pattern; vitreous china; 1 tap right hand hole; no overflow; bottom outlet; 500W 400D. HTM64LBGM		1		
1		1	BAT015	BATH; variable height; with control panel and all services.		1		
1		1	BIN2501	BIN; sanitary disposal		3		
1		1	CAL043	PUSH BUTTON patient/staff call with socket for extension pear push; trunking mounted.		1		
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1		
1		1	CHA094	CHAIR; bathroom		3		
1		1	CIS005	CISTERN, concealed, low level, reversible, 7.5 litres, 300H 500W 150D		1		
1		1	CLE924	Toilet Brush and Holder		3		
1		1	CUP245	CUPBOARD; 1 shelf; lockable; wall mounted; 600H 600W 300D.		1		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS024	DISPENSER, soap, wall mounted		2		
1		1	HOI006	HOIST PATIENT; electric; 24V; track ceiling mounted (Length of the track to suit the individual needs).		1		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
2		2	HOO019	HOOK, single, small, wall mounted		1		
1		1	MIR023	MIRROR; unbreakable; wall mounted; 650H 300W		1		
1		1	MIR2500	MIRROR; wall mounted; 1600H 400W unbreakable.		1		
1		1	OUT004	OUTLET cable, fused, 13 amp, ceiling mounted		1		
1		1	OUT032	SOCKET outlet switched 13amp double; splashproof.		1		
1		1	RAI048	RAIL, grab, vertical, wall mounted, 600mm		1		
3		3	RAI048	RAIL, grab, vertical, wall mounted, 600mm		1		
1		1	RAI061	RAIL; towel; single stainless steel; 15mm dia. 450mm.		1		
2		2	RAI161	RAIL, grab, horizontal, wall mounted, 600mm		1		
1		1	RAI174	RAIL, grab, hinged, wall mounted, 650mm with toilet roll holder		1		
1		1	RAI175	RAIL; grab; hinged; wall mounted; 750mm.		1		
1		1	SEA001	2in1 toilet seat, plastic, double lid with large and small aperture suitable respectively for adults/ adolescents and small children.		1		
1		1	SWC025	SWITCH, light		1		
1		1	TAP289	TAP, monobloc, pillar mixer, integral thermostatic, short lever		1		
1		1	TRA1001	TRACK; curtain; door; length and shape as drawn.		1		
1		1	TRO279	TROLLEY PATIENT, shower, 1900W 760D		3		
1		1	WAS101	WASTE, unslotted recessed grated, metal, 1.1/4 in, with plug and chain		1		
1		1	WAS107	TRAP, bottle, 1.1/4 in, plastic resealing		1		
1		1	WCH006	WC with seat, 700mm projection, wall hung, hospital pattern, rimless pan, vitreous china.		1		

ADB	Room Data Sheet			M0254
Project:	11072	RHSC & DCN		
Department:	00	Generic Rooms (Financial Close)		
Room:	M0254	Multi disciplinary office		
Room Number:	G-A2-077	Revision Date:	18/09/2014	
Activities:	1) Clinical administration 2) Use of computer workstation(s) 3) Use of Telephone 4) Use of Printer 5) Storage of Files and records 6) Secure holding/storing of personal belongings 7) Displaying of notices, information and/or messages			
Personnel:	10 x staff			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,400
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	M0254
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Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	M0254	Multi disciplinary office	
Room Number:	G-A2-077		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	4.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	@ Desk 750 - 850 AFFL
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		50:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		

General Notes:

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		M0254
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	M0254	Multi disciplinary office	
Room Number:	G-A2-077	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			M0254
Project:		11072	RHSC & DCN			
Department:		A2	Paediatric Acute Receiving Unit - 34 Beds			
Room:		M0254	Multi-Disciplinary Office		Revision Date: 09/09/2014	
Room Number:		G-A2-077				
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	BIN2504	BIN; confidential waste		3
1		1	BIN900	BIN; Recycle waste		3
2		2	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1
1		1	BOA2500	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 900H 600W.		1
1		1	CAB057	CABINET; lateral filing; 4 rails; 2 door; 1830H 910W 560D		3
6		6	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3
6		6	CHA017	CHAIR; upright; upholstered; stacking		3
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1
6		6	COM033	COMPUTER KEYBOARD		3
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3
6		6	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3
6		6	DRA056	DRAWER UNIT, 2 drawer, lockable, on castors, 600H 410W 600D		3
3		3	HOO024	HOOK; hat and coat; 1.		1
10		10	LOC012	LOCKER; wall mounted; 340H 300W 300D.		1
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1
13		13	OUT010	SOCKET outlet, switched, 13amp, twin		1
13		13	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1
1		1	PRI015	PRINTER; label; portable		3
2		2	STF238	STORAGE UNIT; tall; open shelf carcass; adjustable shelves and pack dispenser; 1600H 600W 300D		1
8		8	SUP2501	SUPPORT LEG; for 720 high worktop		1
1		1	SWC025	SWITCH, light		1
1		1	TAB022	TABLE; foldaway; wall mounted; 1000H 850W 600D		1
4		4	TEL1000	TELEPHONE; handset.		3
2		2	TRO254	TROLLEY; ward; case notes; capacity up to 40 foolscap or x-ray folders; all-round bumper; 940H 930W 570D		3
2		2	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1
2		2	WKT1006L	WORKTOP; 720 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet			M0251
Project:	11072	RHSC & DCN		
Department:	00	Generic Rooms (Financial Close)		
Room:	M0251	Ward Management Office		
Room Number:	G-A2-078	Revision Date:	18/09/2014	
Activities:	1) Clinical administration 2) Use of computer workstation(s) 3) Use of Telephone 4) Use of Printer 5) Discussions and interviews 6) Storage of Files and records 7) Secure holding/storing of personal belongings 8) Assessment / updating of electronic patient records (EPRs) 9) Displaying of notices, information and/or messages			
Personnel:	1 x staff Up to x 2 others.			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,400
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	M0251
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Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	M0251	Ward Management Office	
Room Number:	G-A2-078		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	4.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	@ Desk 750 - 850 AFFL
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		50:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
Quality Which Cannot Be Tolerated: (alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		

General Notes:

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		M0251
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	M0251	Ward Management Office	
Room Number:	G-A2-078	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			M0251	
Project:		11072	RHSC & DCN				
Department:		A2	Paediatric Acute Receiving Unit - 34 Beds				
Room:		M0251	Ward Management Office				
Room Number:		G-A2-078	Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BIN2504	BIN; confidential waste		3	
2		2	BOA2501	BOARD; combined magnetic display/whiteboard; dry-wipe; with pen holder; wall mounted; 900H 600W		1	
1		1	CAB2503	CABINET; filing; 4 drawer; lockable; 1320H 465W 620D		3	
1		1	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3	
2		2	CHA017	CHAIR; upright; upholstered; stacking		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	COM033	COMPUTER KEYBOARD		3	
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3	
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3	
1		1	DES022	DESK; cantilever; single pedestal 3 drawer; cable management; modesty panel; 1600W 800D		3	
1		1	DRA056	DRAWER UNIT, 2 drawer, lockable, on castors, 600H 410W 600D		3	
3		3	HOO020	HOOK, single, large, wall mounted		1	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
4		4	OUT010	SOCKET outlet, switched, 13amp, twin		1	
4		4	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
1		1	SWC025	SWITCH, light		1	
1		1	TEL1000	TELEPHONE; handset.		3	
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	

ADB	Room Data Sheet	Y0646
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Project:	11072	RHSC & DCN
Department:	00	Generic Rooms (Financial Close)
Room:	Y0646	Disposal hold
Room Number:	G-A2-082	Revision Date: 18/09/2014

Activities:	1) Holding domestic, clinical and recyclable waste for disposal or reprocessing		
Personnel:	1 x staff Intermittent use		
Planning Relationships:	Adjacent to main circulation route.		
Space Data:	Area (m²):		Height (mm): 2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.		

Notes:

Refer to ME 571 series of drawings for access control (PCP 4.17)

Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision

ADB	Room Environmental Data	Y0646
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Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	Y0646	Disposal hold	
Room Number:	G-A2-082		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	6.0	Ventilation Type: Central Dirty Extract
Mechanical Ventilation (Extract ac/hr):	10.0	
Pressure Relative to Adjoining Space:	Negative	
Filtration (%DSE and % Arrestance):	/	None
Humidity (%RH):		

General Notes: Heating: Adjacent Space Transfer Air. Cooling: None

LIGHTING	Requirements	Notes
Service Illumination (Lux):	100	@ Floor
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Presence Detection

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		Not Applicable
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		

General Notes:

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		Y0646
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	Y0646	Disposal hold	
Room Number:	G-A2-082	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	N/A		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room		Y0646	
Project:		11072	RHSC & DCN			
Department:		A2	Paediatric Acute Receiving Unit - 34 Beds			
Room:		Y0646	Disposal Hold			
Room Number:		G-A2-082	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	BIN037	BIN wheelie, 770 litre, 1360H1360W 800D		3
1		1	BIN950	BIN, wheelie, 360L		3
1		1	BIN951	BIN, wheelie, 240L		3
1		1	OUT030	SOCKET, outlet switched, 13amp single, splash proof.		1
1		1	PLA002	PLATFORM; step-stand; stackable; portable; 130H 480W 330D		3
1		1	SWC025	SWITCH, light		1
1		1	TRO900	TROLLEY; linen cage		3

ADB	Room Data Sheet			M0724
Project:	11072	RHSC & DCN		
Department:	00	Generic Rooms (Financial Close)		
Room:	M0724	Interview room		
Room Number:	G-A2-083	Revision Date:	18/09/2014	
Activities:	1) Discussions and interviews 2) Use of Telephone 3) Use of laptop computer(s) 4) Provision of information to patients, carers and visitors			
Personnel:	1 x patient 1 x staff 2 x escorts/visitors			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,400
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	M0724
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Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	M0724	Interview room	
Room Number:	G-A2-083		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):		10 litres a person per second
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Ceiling Cassette - Chilled Water

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	@ Desk 750 - 850 AFFL
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		

General Notes:

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		M0724
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	M0724	Interview room	
Room Number:	G-A2-083	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			M0724	
Project:		11072	RHSC & DCN				
Department:		A2	Paediatric Acute Receiving Unit - 34 Beds				
Room:		M0724	Patient Interview Room				
Room Number:		G-A2-083	Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	ALA001	PUSH BUTTON, security alarm		1	
2		2	CHA005	CHAIR; easy; low back; upholstered		3	
2		2	CHA017	CHAIR; upright; upholstered; stacking		3	
1		1	CHA079	UNIT CHAIR/SETTEE; 2 seater; easy; with arms; fully upholstered		3	
3		3	HOO024	HOOK; hat and coat; 1.		1	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
1		1	OUT010	SOCKET outlet, switched, 13amp, twin		1	
1		1	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
1		1	OUT215	SOCKET outlet, telephone		1	
1		1	SIG2500	SIGN; vacant/engaged; wall mounted.		1	
1		1	SWC034	SWITCH, dimmer, modulating		1	
1		1	TAB056	TABLE; occasional; round; 415H 610mm dia.		3	
1		1	TEL2500	TELEPHONE; handset, wall mounted.		2	

ADB		Room Data Sheet		P0627	
Project:	11072	RHSC & DCN			
Department:	00	Generic Rooms (Financial Close)			
Room:	P0627	Pantry			
Room Number:	G-F1-057	Revision Date:		18/09/2014	
Activities:	1) Use of Microwave oven 2) Storage of small amounts of dry goods in cupboard(s) 3) Storage of refrigerated provisions 4) Holding/storing trays, crockery and cutlery 5) Crockery and cutlery are washed mechanically 6) Disposal of waste and contaminated materials 7) Hand-rinsing 8) Preparation of beverages, meals and snacks				
Personnel:	1 staff Intermittent use				
Planning Relationships:	Close to in-patient beds and ward dining room, if provided.				
Space Data:	Area (m²):		Height (mm):	2,400	
	Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	P0627
Project:	11072	RHSC & DCN
Department:	00	Generic Rooms (Financial Close)
Room:	P0627	Pantry
Room Number:	G-F1-057	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	6.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	8.0	
Pressure Relative to Adjoining Space:	Negative	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air		
LIGHTING		
Service Illumination (Lux):	300	@ Floor
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch		
NOISE		
Privacy Factor Required (dB):		Intrusive Noise:
Mechanical Services (NR):	40	SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		50:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		P0627
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	P0627	Pantry	
Room Number:	G-F1-057	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			P0627	
Project:		11072	RHSC & DCN				
Department:		F1	Child & Adolescent Mental Health Services - 12 Beds				
Room:		P0627	Pantry				
Room Number:		G-F1-057			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BAS015	BASIN; small; stainless steel; apron front; 1 tap hole; 500W 400D		1	
1		1	BOA034	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 600H 900W.		1	
1		1	CUP2501	CUPBOARD; base unit; LH door; lockable; 500mm.		1	
2		2	CUP2507	CUPBOARD; base unit; 4 drawer; lockable; 500mm.		1	
1		1	CUP2509	CUPBOARD; base unit; LH door; lockable; 600mm.		1	
2		2	CUP2525	CUPBOARD; wall unit; LH door; 600h; lockable; 600mm.		1	
1		1	CUP2526	CUPBOARD; wall unit; RH door; 600h; lockable; 600mm.		1	
1		1	DIS007	DISPENSER, paper towel roll, wall mounted		2	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
1		1	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
2		2	OUT005	SOCKET outlet, switched, 13amp, single		1	
4		4	OUT010	SOCKET outlet, switched, 13amp, twin		1	
3		3	OUT052	CONNECTION UNIT, switched, 13 amp		1	
3		3	OUT315	OUTLET, drinking water for equipment		1	
1		1	OVE015	OVEN; microwave; super heavy duty; 1850watt; capacity 26 litres; stainless steel; 370H 465W 615D		3	
1		1	REF120	REFRIGERATOR, capacity 160 litre refrigerator, 1650H 550W 610D		3	
1		1	SNS1003L	SINKTOP; inset; single bowl and drainer; stainless steel; left hand drainer.		1	
1		1	SWC025	SWITCH, light		1	
1		1	TAP1000	TAP; hospital pattern; bib; integral thermostatic mixer; single lever with fixed horizontal nozzle. HTM64 TBH2a.		1	
1		1	TAP2501	Tap; deck mounted mixer tap		1	
1		1	TAP900	Hydro tap, provision of boiling and chilled filtered water, push button activated, complete with drain and underbench filtration unit		1	
1		1	TOA2501	TOASTER; automatic; electric; 4 slices		3	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS102	WASTE, unslotted flush-grated, metal, 1.1/2 in		1	
1		1	WAS107	TRAP, bottle, 1.1/4 in, plastic resealing		1	
1		1	WAS108	TRAP, bottle, 1.1/2 in, plastic resealing		1	
1		1	WAS2500	DISHWASHER; under bench; high temperature; 2 drawer		2	
1		1	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet			V0922
Project:	11072	RHSC & DCN		
Department:	00	Generic Rooms (Financial Close)		
Room:	V0922	WC: Accessible		
Room Number:	G-M1-005	Revision Date:	18/09/2014	
Activities:	1) Independent use of wheelchair accessible toilet and adjacent hand-rinse basin 2) Use of call systems			
Personnel:	1 x patient 1 x escort Intermittent use			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,400
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	V0922
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Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	V0922	WC: Accessible	
Room Number:	G-M1-005		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central Dirty Extract
Mechanical Ventilation (Extract ac/hr):	10.0	
Pressure Relative to Adjoining Space:	Negative	
Filtration (%DSE and % Arrestance):	/	None
Humidity (%RH):		

General Notes: Heating: Adjacent Space Transfer Air. Cooling: None

LIGHTING	Requirements	Notes
Service Illumination (Lux):	200	@ Floor
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Presence Detection

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	45	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		55:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		V0922
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	V0922	WC: Accessible	
Room Number:	G-M1-005	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	N/A		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			V0922	
Project:		11072	RHSC & DCN				
Department:		M1	DCN Outpatients				
Room:		V0922	WC - Wheelchair accessible				
Room Number:		G-M1-005			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BAS105	BASIN; small; general pattern; vitreous china; 1 tap hole centred on basin; no overflow; bottom outlet; 400W 300D; HTM64LBGS		1	
1		1	BIN2501	BIN; sanitary disposal		3	
1		1	CAL005	CEILING, PULL CORD, patient/staff call.		1	
1		1	CIS005	CISTERN, concealed, low level, reversible, 7.5 litres, 300H 500W 150D		1	
1		1	CLE924	Toilet Brush and Holder		3	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS015	DISPENSER, toilet paper, dispense individual sheets, wall mounted		2	
1		1	DIS024	DISPENSER, soap, wall mounted		2	
1		1	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
2		2	HOO019	HOOK, single, small, wall mounted		1	
1		1	MIR2500	MIRROR; wall mounted; 1600H 400W unbreakable.		1	
3		3	RAI048	RAIL, grab, vertical, wall mounted, 600mm		1	
1		1	RAI161	RAIL, grab, horizontal, wall mounted, 600mm		1	
1		1	RAI175	RAIL; grab; hinged; wall mounted; 750mm.		1	
1		1	SWC025	SWITCH, light		1	
1		1	TAP289	TAP, monobloc, pillar mixer, integral thermostatic, short lever		1	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
1		1	WCH006	WC with seat, 700mm projection, wall hung, hospital pattern, rimless pan, vitreous china.		1	

ADB	Room Data Sheet	Y1510
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Project:	11072	RHSC & DCN
Department:	00	Generic Rooms (Financial Close)
Room:	Y1510	DSR
Room Number:	G-M1-050	Revision Date: 18/09/2014

Activities:	1) Disposal of liquid waste 2) Filling and emptying cleaning equipment and containers 3) Holding/storing cleaning equipment 4) Hand-rinsing 5) Use of sink		
Personnel:	1 x staff Intermittent use		
Planning Relationships:	Close to areas served.		
Space Data:	Area (m²):		Height (mm): 2,400
	Refer to HLM-SZ-SL-SH-200-001 for room areas.		

Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision		
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ADB	Room Environmental Data	Y1510
Project:	11072	RHSC & DCN
Department:	00	Generic Rooms (Financial Close)
Room:	Y1510	DSR
Room Number:	G-M1-050	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central Dirty Extract
Mechanical Ventilation (Extract ac/hr):	10.0	
Pressure Relative to Adjoining Space:	Negative	
Filtration (%DSE and % Arrestance):	/	None
Humidity (%RH):		
General Notes: Heating: Adjacent Space Transfer Air. Cooling: None		
LIGHTING		
Service Illumination (Lux):	100	@ Floor
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Presence Detection		
NOISE		
Privacy Factor Required (dB):		Intrusive Noise:
Mechanical Services (NR):	40	SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		Not Applicable
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	60	
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		Smoke
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		Y1510
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	Y1510	DSR	
Room Number:	G-M1-050	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	N/A		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room		Y1510	
Project:		11072	RHSC & DCN			
Department:		M1	DCN Outpatients			
Room:		Y1510	DSR			
Room Number:		G-M1-050	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1
4		4	BUC004	Bucket; plastic hand pails		3
1		1	CIS004	CISTERN disposal unit; concealed; reversible. To suit disposal unit HTM64.		1
1		1	CLE008	SCRUBBING/POLISHING MACHINE, single brush, 110v machine		3
1		1	CLE018	CLEANER VACUUM, dry suction, tub, with accessories, filtered air exhaust		3
1		1	CLE900	CLEANER VACUUM; Vacumat; 22T; Taski-Johnson Diversey		3
2		2	CLE901	MOPS; box		3
1		1	CLE904	Fleece poles		3
1		1	CLE905	High dusters		3
1		1	CLE909	HS Pad drive		3
1		1	CLE910	Scrubbing brush 17		3
1		1	CLE911	Water tank		3
1		1	CLE912	Strainer		3
1		1	CLE913	Mop frame		3
1		1	CLE914	Mop handle		3
1		1	CLE916	DUST PAN		3
1		1	CLE917	SQUEEGEE SWEEPER		3
1		1	CLE922	FREEDOM HANDLE		3
1		1	CLE923	Doodle bug hand scrubber		3
1		1	CLE929	Wands (Dusting)		3
1		1	CLE930	Wands Sleeves		3
1		1	CLE931	Interchange Handles		3
2		2	CLI017	CLIP; spring; 32mm dia. 3; mounted on a wooden batten; wall mounted.		1
6		6	CON061	CONE, warning, 'wet floor'		3
1		1	CUP2517	CUPBOARD; base unit; 2 door; lockable; 1200mm.		1
1		1	CUP263	CUPBOARD; 2 shelves; lockable; wall mounted; 600H 1200W 300D.		1
1		1	DIS013	DISPENSER, paper towel, wall mounted		2
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2
1		1	DSU013	DISPOSAL UNIT, hopper with flushing rim, 110mm outlet, no tap holes no overflow, back inlet, stainless steel, 900H 600W 600D		1
1		1	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3
6		6	HOO020	HOOK, single, large, wall mounted		1
1		1	LAD002	LADDER; 3 tread; platform type 750mm height; folding		3
2		2	LOC012	LOCKER; wall mounted; 340H 300W 300D.		1
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1
1		1	OUT010	SOCKET outlet, switched, 13amp, twin		1
2		2	SHE1002	SHELF; 300mm deep; length as drawn.		1
1		1	SWC025	SWITCH, light		1
2		2	TAP809	TAP, bib, lever, hospital pattern, pair hot and cold, 1/2 in.		1
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1
1		1	TRO068	TROLLEY, cleaners, mop bucket, 3 shelves tray and waste sack holder, 980H 1170W 550D		3

ADB			Schedule of Components by Room		Y1510	
Project:		11072	RHSC & DCN			
Department:		M1	DCN Outpatients			
Room:		Y1510	DSR			
Room Number:		G-M1-050	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1
1		1	WAS102	WASTE, unslotted flush-grated, metal, 1.1/2 in		1
1		1	WAS105	WASTE DISPOSAL UNIT; sink waste.		1
2		2	WAS108	TRAP, bottle, 1.1/2 in, plastic resealing		1
1		1	WKT300R	WORKTOP; dished; stainless steel; with right hand sink bowl; cantilevered from wall; 1200W 650D; HTM63		1

ADB	Room Data Sheet			H1313-01
Project:	11072	RHSC & DCN		
Department:	00	Generic Rooms (Financial Close)		
Room:	H1313-01	Meeting room: 4 person		
Room Number:	G-Q1-054	Revision Date:	18/09/2014	
Activities:	1) Meetings and discussions. 2) Use of Multimedia equipment 3) Use of laptop computer(s)			
Personnel:	4 x staff Intermittent use			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,400
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	H1313-01
Project:	11072	RHSC & DCN
Department:	00	Generic Rooms (Financial Close)
Room:	H1313-01	Meeting room: 4 person
Room Number:	G-Q1-054	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):		10 litres a second per person
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - Minimum
Humidity (%RH):		
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Ceiling Cassette - Chilled Water		
LIGHTING		
Service Illumination (Lux):	300	@ Desk 750 - 850 AFFL
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch		
NOISE		
Privacy Factor Required (dB):		Intrusive Noise:
Mechanical Services (NR):	35	SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		H1313-01
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	H1313-01	Meeting room: 4 person	
Room Number:	G-Q1-054	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				H1313-01	
Project:		11072		RHSC & DCN				
Department:		Q1		Radiology				
Room:		H1313-01		Meeting Room - 4 person				
Room Number:		G-Q1-054		Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	BOA006	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 1200H 1800W.		1		
1		1	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1		
4		4	CHA018	CHAIR; upright; with arms; upholstered; stacking		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
1		1	COM033	COMPUTER KEYBOARD		3		
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	COM2509	INTERCOM two way communication system; wall mounted (flush).		1		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
3		3	OUT010	SOCKET outlet, switched, 13amp, twin		1		
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	OUT210	SOCKET outlet two-way communication system (intercom), wall mounted		1		
1		1	SWC031	SWITCH; light; dimmer to M&E design.		1		
1		1	TAB002	TABLE; 650H 1200W 600D		3		
1		1	TEL1000	TELEPHONE; handset.		3		
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1		

ADB	Room Data Sheet			H1313-02
Project:	11072	RHSC & DCN		
Department:	00	Generic Rooms (Financial Close)		
Room:	H1313-02	Meeting room: 6 person		
Room Number:	G-Q1-055	Revision Date:	18/09/2014	
Activities:	1) Meetings and discussions. 2) Use of Multimedia equipment 3) Use of laptop computer(s)			
Personnel:	6 x staff Intermittent use			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	H1313-02
Project:	11072	RHSC & DCN
Department:	00	Generic Rooms (Financial Close)
Room:	H1313-02	Meeting room: 6 person
Room Number:	G-Q1-055	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):		10 litres a second per person
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Ceiling Cassette - Chilled Water		
LIGHTING		
Service Illumination (Lux):	300	@ Desk 750 - 850 AFFL
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch		
NOISE		
Privacy Factor Required (dB):		Intrusive Noise:
Mechanical Services (NR):	35	SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		
General Notes:		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		H1313-02
Project:	11072	RHSC & DCN	
Department:	00	Generic Rooms (Financial Close)	
Room:	H1313-02	Meeting room: 6 person	
Room Number:	G-Q1-055	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			H1313-02	
Project:		11072	RHSC & DCN				
Department:		Q1	Radiology				
Room:		H1313-02	Meeting Room - 6 person				
Room Number:		G-Q1-055			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BOA006	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 1200H 1800W.		1	
1		1	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1	
6		6	CHA018	CHAIR; upright; with arms; upholstered; stacking		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	COM033	COMPUTER KEYBOARD		3	
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3	
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3	
1		1	COM2509	INTERCOM two way communication system; wall mounted (flush).		1	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
3		3	OUT010	SOCKET outlet, switched, 13amp, twin		1	
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
1		1	OUT210	SOCKET outlet two-way communication system (intercom), wall mounted		1	
1		1	SWC031	SWITCH; light; dimmer to M&E design.		1	
2		2	TAB122	Table; committee; unit type; 720H 1400W 700D		3	
1		1	TEL2500	TELEPHONE; handset, wall mounted.		2	
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	

ADB	Room Data Sheet	B1609-01
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Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	B1609-01	4 beds Low Acuity		
Room Number:	1-B1-031		Revision Date:	18/09/2014

Activities:	1) Clinical handwashing 2) Patient records reviewed and recorded 3) Patient examinations and assessment 4) Therapeutic and clinical attention from healthcare staff 5) Use of piped medical gases, vacuum and associated equipment 6) Rest and relaxation			
Personnel:	4 x patients 5 x staff 6 x visitors			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	3,000
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			

Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			
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ADB	Room Environmental Data	B1609-01
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B1609-01	4 beds Low Acuity	
Room Number:	1-B1-031		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Natural & Central Supply Air
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	100	
Service Illumination Night (Lux):	5.0	
Local Illumination (Lux):	300.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch/ Dimmer

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	30	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		45:daytime / 35:nighttime (LAeq,1hr) and 45:nighttime (LAmax,f).
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		B1609-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B1609-01	4 beds Low Acuity	
Room Number:	1-B1-031	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				B1609-01	
Project:		11072		RHSC & DCN				
Department:		B1		PICU and HDU's - 24 Beds				
Room:		B1609-01		Open Plan Bay (4 beds)				
Room Number:		1-B1-031		Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
4		4	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
2		2	BED003	BED; cot; baby; dropside; standard size		3		
2		2	BED016	BED, CCU/ITU, radio translucent rising backrest, two-way tilt, height adjustable (685-860), on castors		3		
4		4	BED2501	Mobile bed divider 1600W 1350H		3		
4		4	BIN2503	BIN; sharps disposal		3		
4		4	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1		
4		4	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3		
8		8	CHA2512	CHAIR; upright; with arms; vinyl plastic; stacking		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3		
4		4	COM904	CIS; CART; with CPU ; screen; keyboard & mouse		3		
4		4	CON902	Remote monitor control (cabling integrated into the pendant or WiFi)		3		
4		4	DIS013	DISPENSER, paper towel, wall mounted		2		
4		4	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
4		4	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
4		4	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
4		4	DRA900	Drawer for monitoring consumables.		1		
2		2	HOI006	HOIST PATIENT; electric; 24V; track ceiling mounted (Length of the track to suit the individual needs).		1		
9		9	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
8		8	HOO900	Drip hook for water bag required.		1		
8		8	HOO901	Integral adjustable drip stand with 6 hanging hooks.		1		
4		4	HOO902	Hook for suction support: Upper Medirail mounted.		1		
4		4	LIG900	Uplighter, pendant mounted.		1		
4		4	LIG901	Small examination light.		1		
2		2	MAT006	MATTRESS; ITU/CCU bed; extra care		3		
2		2	MAT901	MATTRESS, reliever		3		
4		4	MON904	MONITOR; High end multi-functionality for ITU/Theatre/High Acuity		3		
4		4	MON909	MONITOR; Transport monitor for ITU/Theatre/High Acuity		3		
2		2	OUT004	OUTLET cable, fused, 13 amp, ceiling mounted		1		
4		4	OUT005	SOCKET outlet, switched, 13amp, single		1		
21		21	OUT010	SOCKET outlet, switched, 13amp, twin		1		
192		192	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1		
16		16	OUT095	Earth bonding point, pendant mounted.		1		
4		4	OUT121	SOCKET outlet; computer data; double.		1		
16		16	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1		
16		16	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1		
16		16	OUT470	OUTLET, oxygen, medical		1		
16		16	OUT475	OUTLET, vacuum, medical		1		
4		4	OUT480	OUTLET, gas scavenging (AGS), medical		1		

ADB			Schedule of Components by Room			B1609-01	
Project:		11072	RHSC & DCN				
Department:		B1	PICU and HDU's - 24 Beds				
Room:		B1609-01	Open Plan Bay (4 beds)		Revision Date:		09/09/2014
Room Number:		1-B1-031					
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
8		8	OUT900	Data Input Box for CIS with 16 input channels (Lantronix): uses 1 plug, 1 data point		3	
4		4	PEN1000L	PENDANT; critical care; twin arm; left hand monitor arm, with elbow joints; multi movement.		1	
4		4	PEN1000R	PENDANT; critical care; twin arm; right hand monitor arm, with elbow joints; multi movement.		1	
4		4	PEN1004	PENDANT; critical care; CIS; single arm with elbow joints; multi movement (to NHSL specification).		1	
4		4	PRI015	PRINTER; label; portable		3	
8		8	RAI900	Lower Medirail with mounts for suction pressure, suction control unused suction catheters.		1	
4		4	RAI901	Monitor module rack pole mounted plus CO2/Press.		1	
4		4	RAI903	Shelf and mount for monitor (tilt and swivel of screen required)		1	
4		4	RAI904	Integral drip stand for transducers with hooks		1	
8		8	SHE900	Shelf for airway consumables		1	
4		4	SHE901	Lower height adjustable shelf for small monitors.		1	
2		2	SUP2500	SUPPORT LEG; for 920 high worktop		1	
1		1	SUP2501	SUPPORT LEG; for 720 high worktop		1	
4		4	SUR985	Humidifier: 1 plug, 1 Data (Lantronix) cable		3	
4		4	SUR986	Docking station with 7 volumetric pumps: 1 plug, 1 Data (Lantronix) cable		3	
4		4	SUR987	Nebuliser mounted on Medirail : 1 plug		3	
8		8	SUR989	Alaris volumetric pumps: 2 plugs		3	
4		4	SUR991	Double oxygen flow meter: Upper Medirail mounted		3	
4		4	SUR992	Air flow meter: Upper Medirail mounted		3	
4		4	SUR993	Airway pressure monitor: Upper Medirail mounted		3	
4		4	SUR999	Enteral feed pump		3	
1		1	SWC025	SWITCH, light		1	
4		4	SWC034	SWITCH, dimmer, modulating		1	
4		4	SYR004	SYRINGE pump; anaesthetic use; with diprifusor; 115H 400W 180D		3	
4		4	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
4		4	TEL1000	TELEPHONE; handset.		3	
4		4	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1	
4		4	TRO131	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 450W 450D		3	
4		4	UPS003	Uninterrupted power supply (UPS).		1	
4		4	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
4		4	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
1		1	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet			G0510-01
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	G0510-01	Gowning Lobby: Isolation Room		
Room Number:	1-B1-033	Revision Date:	18/09/2014	
Activities:	1) Clinical handwashing 2) Dispensing disposable aprons. 3) Dispensing disposable gloves. 4) Disposal of non-clinical waste 5) Donning gown and gloves. 6) Removal and disposal of gown and gloves			
Personnel:	1 x persons			
Planning Relationships:	Direct access to single-bed room.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	G0510-01
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	G0510-01	Gowning Lobby: Isolation Room	
Room Number:	1-B1-033		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	69.0	Ventilation Type: Central Supply HBN4 Dependant
Mechanical Ventilation (Extract ac/hr):		Ventilation Type: HBN4 Dependant
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		

General Notes: Heating type: Warm Air - Reheat Battery with local / BMS Adjustable Sensor Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	200	@ Floor
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Presence Detection

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	30	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		40:daytime / 35:nighttime (LAeq,1hr) and 45:nighttime (LAmax,f).
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
Quality Which Cannot Be Tolerated: (alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		G0510-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	G0510-01	Gowning Lobby: Isolation Room	
Room Number:	1-B1-033	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			G0510-01	
Project:		11072	RHSC & DCN				
Department:		B1	PICU and HDU's - 24 Beds				
Room:		G0510-01	Gowning Lobby Cubicle 10				
Room Number:		1-B1-033			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
1		1	DIS010	DISPENSER; pack; wall mounted; 600H 600W 300D		2	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
2		2	HOO019	HOOK, single, small, wall mounted		1	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	

ADB	Room Data Sheet			B1401-01
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	B1401-01	Single-bed cubicle: Isolation		
Room Number:	1-B1-036	Revision Date:	18/09/2014	
Activities:	1) Clinical handwashing 2) Patient records reviewed and recorded 3) Patient examinations and assessment 4) Therapeutic and clinical attention from healthcare staff 5) Use of piped medical gases, vacuum and associated equipment 6) Rest and relaxation			
Personnel:	1 x patient 5 x staff 2 x visitors			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	3,000
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data		B1401-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B1401-01	Single-bed cubicle: Isolation	
Room Number:	1-B1-036	Revision Date:	18/09/2014
AIR	Requirements	Notes	
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 21-25	
Summer Temperature (DegC):			
Mechanical Ventilation (Supply ac/hr):	10.0	Supply via lobby	
Mechanical Ventilation (Extract ac/hr):			
Pressure Relative to Adjoining Space:	Balanced		
Filtration (%DSE and % Arrestance):	/	F7 - minimum	
Humidity (%RH):			
General Notes: Heating type: Adjacent space transfer air with BMS Adjustable Sensor . Cooling: Comfort Cooled Fresh Air			
LIGHTING			
Service Illumination (Lux):	100		
Service Illumination Night (Lux):	5.0		
Local Illumination (Lux):	300.0	@ Bed/trolley 1450 AFFL	
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80	
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting	
General Notes: Control: Switch/ Dimmer			
NOISE			
Privacy Factor Required (dB):			
Mechanical Services (NR):	30	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.	
Intrusive Noise (NR Leq):		40:daytime / 35:nighttime (LAeq,1hr) and 45:nighttime (LAmax,f).	
*Acceptable Sound Level [L10dB(A)]:			
*Speech Privacy Required:	Y		
*Quality Which Cannot Be Tolerated:			
(* alternative format)			
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY			
Hot Surface Max. Temp (DegC):	43		
Hot Water Max. Temp (DegC):	41		
General Notes: Maximum cold water discharge temperature (degC): 20			
FIRE			
Enclosure:			
Automatic Detection:		Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)	

ADB	Room Design Character		B1401-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B1401-01	Single-bed cubicle: Isolation	
Room Number:	1-B1-036	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			B1401-01	
Project:		11072	RHSC & DCN				
Department:		B1	PICU and HDU's - 24 Beds				
Room:		B1401-01	Single Bed Isolation Cubicle 10				
Room Number:		1-B1-036			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	PEN1000L	PENDANT; critical care; twin arm; left hand monitor arm, with elbow joints; multi movement.		1	
1		1	PEN1000R	PENDANT; critical care; twin arm; right hand monitor arm, with elbow joints; multi movement.		1	
1		1	PEN1004	PENDANT; critical care; CIS; single arm with elbow joints; multi movement (to NHSL specification).		1	
1		1	PRI015	PRINTER; label; portable		3	
2		2	RAI900	Lower Medirail with mounts for suction pressure, suction control unused suction catheters.		1	
1		1	RAI901	Monitor module rack pole mounted plus CO2/Press.		1	
1		1	RAI903	Shelf and mount for monitor (tilt and swivel of screen required)		1	
1		1	RAI904	Integral drip stand for transducers with hooks		1	
2		2	SHE900	Shelf for airway consumables		1	
1		1	SHE901	Lower height adjustable shelf for small monitors.		1	
1		1	SUR985	Humidifier: 1 plug, 1 Data (Lantronix) cable		3	
1		1	SUR986	Docking station with 7 volumetric pumps: 1 plug, 1 Data (Lantronix) cable		3	
1		1	SUR987	Nebuliser mounted on Medirail : 1 plug		3	
2		2	SUR989	Alaris volumetric pumps: 2 plugs		3	
1		1	SUR991	Double oxygen flow meter: Upper Medirail mounted		3	
1		1	SUR992	Air flow meter: Upper Medirail mounted		3	
1		1	SUR993	Airway pressure monitor: Upper Medirail mounted		3	
1		1	SUR999	Enteral feed pump		3	
1		1	SWC025	SWITCH, light		1	
1		1	SWC034	SWITCH, dimmer, modulating		1	
1		1	SYR004	SYRINGE pump; anaesthetic use; with diprifusor; 115H 400W 180D		3	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TEL1000	TELEPHONE; handset.		3	
1		1	TRO131	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 450W 450D		3	
1		1	TVM2500	TV / monitor flat screen with DVD player		3	
1		1	UPS003	Uninterrupted power supply (UPS).		1	
1		1	VEN2500	Ventilator free standing: 1 plug, 1 Data (Lantronix) cable (would be the Servo i)		3	
2		2	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	

ADB			Schedule of Components by Room			B1401-01	
Project:		11072	RHSC & DCN				
Department:		B1	PICU and HDU's - 24 Beds				
Room:		B1401-01	Single Bed Isolation Cubicle 10		Revision Date: 09/09/2014		
Room Number:		1-B1-036					
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
1		1	BED003	BED; cot; baby; dropside; standard size		3	
1		1	BED2501	Mobile bed divider 1600W 1350H		3	
1		1	BIN2503	BIN; sharps disposal		3	
1		1	BRA2502	BRACKET; TV; height adjustable; swivel; wall mounted.		1	
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1	
1		1	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3	
2		2	CHA2512	CHAIR; upright; with arms; vinyl plastic; stacking		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	COM904	CIS; CART; with CPU ; screen; keyboard & mouse		3	
1		1	CON902	Remote monitor control (cabling integrated into the pendant or WiFi)		3	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
1		1	DRA900	Drawer for monitoring consumables.		1	
1		1	HOI006	HOIST PATIENT; electric; 24V; track ceiling mounted (Length of the track to suit the individual needs).		1	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
2		2	HOO900	Drip hook for water bag required.		1	
2		2	HOO901	Integral adjustable drip stand with 6 hanging hooks.		1	
1		1	HOO902	Hook for suction support: Upper Medirail mounted.		1	
1		1	LIG900	Uplighter, pendant mounted.		1	
1		1	LIG901	Small examination light.		1	
1		1	MAT901	MATTRESS, reliever		3	
1		1	MON904	MONITOR; High end multi-functionality for ITU/Theatre/High Acuity		3	
1		1	MON909	MONITOR; Transport monitor for ITU/Theatre/High Acuity		3	
1		1	OUT004	OUTLET cable, fused, 13 amp, ceiling mounted		1	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
5		5	OUT010	SOCKET outlet, switched, 13amp, twin		1	
48		48	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
4		4	OUT095	Earth bonding point, pendant mounted.		1	
1		1	OUT121	SOCKET outlet; computer data; double.		1	
4		4	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1	
4		4	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1	
4		4	OUT470	OUTLET, oxygen, medical		1	
4		4	OUT475	OUTLET, vacuum, medical		1	
1		1	OUT480	OUTLET, gas scavenging (AGS), medical		1	
2		2	OUT900	Data Input Box for CIS with 16 input channels (Lantronix): uses 1 plug, 1 data point		3	

ADB	Room Data Sheet	B1401
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B1401	Single-bed cubicle	
Room Number:	1-B1-037		Revision Date: 18/09/2014

Activities:	1) Clinical handwashing 2) Patient records reviewed and recorded 3) Patient examinations and assessment 4) Therapeutic and clinical attention from healthcare staff 5) Use of piped medical gases, vacuum and associated equipment 6) Rest and relaxation		
Personnel:	1 x patient 5 x staff 2 x visitors		
Planning Relationships:			
Space Data:	Area (m²):		Height (mm): 3,000
	Refer to HLM-SZ-SL-SH-200-001 for room areas.		

Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligatureStrategy for anti-ligature provision		
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ADB	Room Environmental Data	B1401
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B1401	Single-bed cubicle	
Room Number:	1-B1-037		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18-25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Natural & Central Supply Air
Mechanical Ventilation (Extract ac/hr):		via ensuite
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	G4 - Minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	100	
Service Illumination Night (Lux):	5.0	
Local Illumination (Lux):	300.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch/ Dimmer

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	30	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		40:daytime / 35:nighttime (LAeq,1hr) and 45:nighttime (LAmax,f).
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
Quality Which Cannot Be Tolerated: (alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		B1401
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B1401	Single-bed cubicle	
Room Number:	1-B1-037	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			B1401	
Project:		11072	RHSC & DCN				
Department:		B1	PICU and HDU's - 24 Beds				
Room:		B1401	Single Bed Cubicle 9				
Room Number:		1-B1-037			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
1		1	BED003	BED; cot; baby; dropside; standard size		3	
1		1	BED2501	Mobile bed divider 1600W 1350H		3	
1		1	BIN2503	BIN; sharps disposal		3	
1		1	BRA2502	BRACKET; TV; height adjustable; swivel; wall mounted.		1	
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1	
1		1	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3	
2		2	CHA2512	CHAIR; upright; with arms; vinyl plastic; stacking		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	COM904	CIS; CART; with CPU ; screen; keyboard & mouse		3	
1		1	CON902	Remote monitor control (cabling integrated into the pendant or WiFi)		3	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
1		1	DRA900	Drawer for monitoring consumables.		1	
1		1	HOI006	HOIST PATIENT; electric; 24V; track ceiling mounted (Length of the track to suit the individual needs).		1	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
2		2	HOO900	Drip hook for water bag required.		1	
2		2	HOO901	Integral adjustable drip stand with 6 hanging hooks.		1	
1		1	HOO902	Hook for suction support: Upper Medirail mounted.		1	
1		1	LIG900	Uplighter, pendant mounted.		1	
1		1	LIG901	Small examination light.		1	
1		1	MAT901	MATTRESS, reliever		3	
1		1	MON904	MONITOR; High end multi-functionality for ITU/Theatre/High Acuity		3	
1		1	MON909	MONITOR; Transport monitor for ITU/Theatre/High Acuity		3	
1		1	OUT004	OUTLET cable, fused, 13 amp, ceiling mounted		1	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
5		5	OUT010	SOCKET outlet, switched, 13amp, twin		1	
48		48	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
4		4	OUT095	Earth bonding point, pendant mounted.		1	
1		1	OUT121	SOCKET outlet; computer data; double.		1	
4		4	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1	
4		4	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1	
4		4	OUT470	OUTLET, oxygen, medical		1	
4		4	OUT475	OUTLET, vacuum, medical		1	
1		1	OUT480	OUTLET, gas scavenging (AGS), medical		1	
2		2	OUT900	Data Input Box for CIS with 16 input channels (Lantronix): uses 1 plug, 1 data point		3	

ADB			Schedule of Components by Room			B1401	
Project:		11072	RHSC & DCN				
Department:		B1	PICU and HDU's - 24 Beds				
Room:		B1401	Single Bed Cubicle 9				
Room Number:		1-B1-037			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	PEN1000L	PENDANT; critical care; twin arm; left hand monitor arm, with elbow joints; multi movement.		1	
1		1	PEN1000R	PENDANT; critical care; twin arm; right hand monitor arm, with elbow joints; multi movement.		1	
1		1	PEN1004	PENDANT; critical care; CIS; single arm with elbow joints; multi movement (to NHSL specification).		1	
1		1	PRI015	PRINTER; label; portable		3	
2		2	RAI900	Lower Medirail with mounts for suction pressure, suction control unused suction catheters.		1	
1		1	RAI901	Monitor module rack pole mounted plus CO2/Press.		1	
1		1	RAI903	Shelf and mount for monitor (tilt and swivel of screen required)		1	
1		1	RAI904	Integral drip stand for transducers with hooks		1	
2		2	SHE900	Shelf for airway consumables		1	
1		1	SHE901	Lower height adjustable shelf for small monitors.		1	
1		1	SUR985	Humidifier: 1 plug, 1 Data (Lantronix) cable		3	
1		1	SUR986	Docking station with 7 volumetric pumps: 1 plug, 1 Data (Lantronix) cable		3	
1		1	SUR987	Nebuliser mounted on Medirail : 1 plug		3	
2		2	SUR989	Alaris volumetric pumps: 2 plugs		3	
1		1	SUR991	Double oxygen flow meter: Upper Medirail mounted		3	
1		1	SUR992	Air flow meter: Upper Medirail mounted		3	
1		1	SUR993	Airway pressure monitor: Upper Medirail mounted		3	
1		1	SUR999	Enteral feed pump		3	
1		1	SWC025	SWITCH, light		1	
1		1	SWC034	SWITCH, dimmer, modulating		1	
1		1	SYR004	SYRINGE pump; anaesthetic use; with diprifusor; 115H 400W 180D		3	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TEL1000	TELEPHONE; handset.		3	
1		1	TRO131	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 450W 450D		3	
1		1	TVM2500	TV / monitor flat screen with DVD player		3	
1		1	UPS003	Uninterrupted power supply (UPS).		1	
1		1	VEN2500	Ventilator free standing: 1 plug, 1 Data (Lantronix) cable (would be the Servo i)		3	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	

ADB	Room Design Character		B1609-02
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B1609-02	4 beds High Acuity	
Room Number:	1-B1-063	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB	Room Data Sheet			B1609-02
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	B1609-02	4 beds High Acuity		
Room Number:	1-B1-063	Revision Date:	18/09/2014	
Activities:	1) Clinical handwashing 2) Patient records reviewed and recorded 3) Patient examinations and assessment 4) Therapeutic and clinical attention from healthcare staff 5) Use of piped medical gases, vacuum and associated equipment 6) Rest and relaxation			
Personnel:	4 x patients 5 x staff 6 x visitors			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	3,000
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data		B1609-02
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B1609-02	4 beds High Acuity	
Room Number:	1-B1-063		Revision Date: 18/09/2014
AIR	Requirements	Notes	
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25	
Summer Temperature (DegC):			
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Natural & Central Supply Air	
Mechanical Ventilation (Extract ac/hr):			
Pressure Relative to Adjoining Space:	Positive		
Filtration (%DSE and % Arrestance):	/	G4 minimum	
Humidity (%RH):			
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air			
LIGHTING			
Service Illumination (Lux):	100		
Service Illumination Night (Lux):	5.0		
Local Illumination (Lux):	300.0	@ Bed/trolley 1450 AFFL	
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80	
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting	
General Notes: Control: Switch/ Dimmer			
NOISE			
Privacy Factor Required (dB):			
Mechanical Services (NR):	30	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.	
Intrusive Noise (NR Leq):		45:daytime / 35:nighttime (LAeq,1hr) and 45:nighttime (LMax,f).	
*Acceptable Sound Level [L10dB(A)]:			
*Speech Privacy Required:	N		
*Quality Which Cannot Be Tolerated:			
(* alternative format)			
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY			
Hot Surface Max. Temp (DegC):	43		
Hot Water Max. Temp (DegC):	41		
General Notes: Maximum cold water discharge temperature (degC): 20			
FIRE			
Enclosure:			
Automatic Detection:		Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)	

ADB			Schedule of Components by Room			B1609-02	
Project:		11072	RHSC & DCN				
Department:		B1	PICU and HDU's - 24 Beds				
Room:		B1609-02	Open Plan Bay (4 beds)		Revision Date: 09/09/2014		
Room Number:		1-B1-063					
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
4		4	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
2		2	BED003	BED; cot; baby; dropside; standard size		3	
2		2	BED016	BED, CCU/ITU, radio translucent rising backrest, two-way tilt, height adjustable (685-860), on castors		3	
4		4	BED2501	Mobile bed divider 1600W 1350H		3	
4		4	BIN2503	BIN; sharps disposal		3	
4		4	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1	
4		4	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3	
8		8	CHA2512	CHAIR; upright; with arms; vinyl plastic; stacking		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3	
4		4	COM904	CIS; CART; with CPU ; screen; keyboard & mouse		3	
4		4	CON902	Remote monitor control (cabling integrated into the pendant or WiFi)		3	
4		4	DIS013	DISPENSER, paper towel, wall mounted		2	
4		4	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
4		4	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
4		4	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
4		4	DRA900	Drawer for monitoring consumables.		1	
2		2	HOI006	HOIST PATIENT; electric; 24V; track ceiling mounted (Length of the track to suit the individual needs).		1	
9		9	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
8		8	HOO900	Drip hook for water bag required.		1	
8		8	HOO901	Integral adjustable drip stand with 6 hanging hooks.		1	
4		4	HOO902	Hook for suction support: Upper Medirail mounted.		1	
4		4	LIG900	Uplighter, pendant mounted.		1	
4		4	LIG901	Small examination light.		1	
2		2	MAT006	MATTRESS; ITU/CCU bed; extra care		3	
2		2	MAT901	MATTRESS, reliever		3	
4		4	MON904	MONITOR; High end multi-functionality for ITU/Theatre/High Acuity		3	
4		4	MON909	MONITOR; Transport monitor for ITU/Theatre/High Acuity		3	
2		2	OUT004	OUTLET cable, fused, 13 amp, ceiling mounted		1	
4		4	OUT005	SOCKET outlet, switched, 13amp, single		1	
21		21	OUT010	SOCKET outlet, switched, 13amp, twin		1	
192		192	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
16		16	OUT095	Earth bonding point, pendant mounted.		1	
4		4	OUT121	SOCKET outlet; computer data; double.		1	
16		16	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1	
16		16	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1	
16		16	OUT470	OUTLET, oxygen, medical		1	
16		16	OUT475	OUTLET, vacuum, medical		1	
4		4	OUT480	OUTLET, gas scavenging (AGS), medical		1	

ADB			Schedule of Components by Room				B1609-02		
Project:		11072		RHSC & DCN					
Department:		B1		PICU and HDU's - 24 Beds					
Room:		B1609-02		Open Plan Bay (4 beds)				Revision Date: 09/09/2014	
Room Number:		1-B1-063							
Quantity			Code	Description	Alt. Code	Grp			
New	Trans	Total							
8		8	OUT900	Data Input Box for CIS with 16 input channels (Lantronix): uses 1 plug, 1 data point		3			
4		4	PEN1000L	PENDANT; critical care; twin arm; left hand monitor arm, with elbow joints; multi movement.		1			
4		4	PEN1000R	PENDANT; critical care; twin arm; right hand monitor arm, with elbow joints; multi movement.		1			
4		4	PEN1004	PENDANT; critical care; CIS; single arm with elbow joints; multi movement (to NHSL specification).		1			
4		4	PRI015	PRINTER; label; portable		3			
8		8	RAI900	Lower Medirail with mounts for suction pressure, suction control unused suction catheters.		1			
4		4	RAI901	Monitor module rack pole mounted plus CO2/Press.		1			
4		4	RAI903	Shelf and mount for monitor (tilt and swivel of screen required)		1			
4		4	RAI904	Integral drip stand for transducers with hooks		1			
8		8	SHE900	Shelf for airway consumables		1			
4		4	SHE901	Lower height adjustable shelf for small monitors.		1			
2		2	SUP2500	SUPPORT LEG; for 920 high worktop		1			
4		4	SUR985	Humidifier: 1 plug, 1 Data (Lantronix) cable		3			
4		4	SUR986	Docking station with 7 volumetric pumps: 1 plug, 1 Data (Lantronix) cable		3			
4		4	SUR987	Nebuliser mounted on Medirail : 1 plug		3			
8		8	SUR989	Alaris volumetric pumps: 2 plugs		3			
4		4	SUR991	Double oxygen flow meter: Upper Medirail mounted		3			
4		4	SUR992	Air flow meter: Upper Medirail mounted		3			
4		4	SUR993	Airway pressure monitor: Upper Medirail mounted		3			
4		4	SUR999	Enteral feed pump		3			
1		1	SWC025	SWITCH, light		1			
4		4	SWC034	SWITCH, dimmer, modulating		1			
4		4	SYR004	SYRINGE pump; anaesthetic use; with diprifusor; 115H 400W 180D		3			
4		4	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1			
4		4	TEL1000	TELEPHONE; handset.		3			
4		4	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1			
4		4	TRO131	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 450W 450D		3			
4		4	UPS003	Uninterrupted power supply (UPS).		1			
4		4	VEN2500	Ventilator free standing: 1 plug, 1 Data (Lantronix) cable (would be the Servo i)		3			
4		4	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1			
4		4	WAS1000	TRAP; concealed waste; for back outlet basins.		1			
1		1	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1			

ADB	Room Data Sheet	B1407-01
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B1407-01	Open Plan Bay 3 cots: Neonatal	
Room Number:	1-B1-065		Revision Date: 18/09/2014

Activities:	1) Observation, medical and nursing care and treatment of baby needing intensive care and/or segregation facilities 2) Feeding a baby in an incubator, or sitting in a chair 3) Holding/storing sterile equipment 4) Disposal of waste and contaminated materials 5) Preparation of intravenous fluids for infusion 6) Donning gown and gloves. 7) Disposal of used protective clothing 8) Nappy changing		
Personnel:	3 x neonates 2 x staff (up to 5 per cot in an emergency). 6 x visitors		
Planning Relationships:	Staff base; located nearby.		
Space Data:	Area (m²):		Height (mm): 3,000
	Refer to HLM-SZ-SL-SH-200-001 for room areas.		

Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision		
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ADB	Room Environmental Data		B1407-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B1407-01	Open Plan Bay 3 cots: Neonatal	
Room Number:	1-B1-065	Revision Date:	18/09/2014
AIR	Requirements	Notes	
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18-25	
Summer Temperature (DegC):			
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Natural & Central Supply Air	
Mechanical Ventilation (Extract ac/hr):		via ensuite	
Pressure Relative to Adjoining Space:	Positive		
Filtration (%DSE and % Arrestance):	/	G4 - minimum	
Humidity (%RH):			
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air			
LIGHTING			
Service Illumination (Lux):	100		
Service Illumination Night (Lux):	5.0		
Local Illumination (Lux):	300.0	@ Bed/trolley 1450 AFFL	
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80	
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting	
General Notes: Control: Switch/ Dimmer			
NOISE			
Privacy Factor Required (dB):			
Mechanical Services (NR):	30	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.	
Intrusive Noise (NR Leq):		45:daytime / 35:nighttime (LAeq,1hr) and 45:nighttime (LAmax,f).	
*Acceptable Sound Level [L10dB(A)]:			
*Speech Privacy Required:	N		
Quality Which Cannot Be Tolerated: (alternative format)			
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY			
Hot Surface Max. Temp (DegC):	43		
Hot Water Max. Temp (DegC):	41		
General Notes: Maximum cold water discharge temperature (degC): 20			
FIRE			
Enclosure:			
Automatic Detection:			
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)			

ADB	Room Design Character		B1407-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B1407-01	Open Plan Bay 3 cots: Neonatal	
Room Number:	1-B1-065	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				B1407-01	
Project:		11072	RHSC & DCN					
Department:		B1	PICU and HDU's - 24 Beds					
Room:		B1407-01	Open Plan Bay (3 cots)		Revision Date:		09/09/2014	
Room Number:		1-B1-065						
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
3		3	BIN2503	BIN; sharps disposal		3		
3		3	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1		
3		3	CHA017	CHAIR; upright; upholstered; stacking		3		
3		3	CHA054	CHAIR nursing with side panels		3		
3		3	CHA2509	CHAIR; height adjustable 540-790		3		
3		3	COM904	CIS; CART; with CPU ; screen; keyboard & mouse		3		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
3		3	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
3		3	DRA900	Drawer for monitoring consumables.		1		
6		6	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
3		3	HOO900	Drip hook for water bag required.		1		
3		3	HOO902	Hook for suction support: Upper Medirail mounted.		1		
3		3	INC004	INCUBATOR; baby		3		
3		3	LIG901	Small examination light.		1		
3		3	LOC002	LOCKER, bedside, 3 compartment, towel rail at rear, on castors, 902H 485W 485D		3		
3		3	MON904	MONITOR; High end multi-functionality for ITU/Theatre/High Acuity		3		
3		3	MON909	MONITOR; Transport monitor for ITU/Theatre/High Acuity		3		
3		3	OUT005	SOCKET outlet, switched, 13amp, single		1		
12		12	OUT010	SOCKET outlet, switched, 13amp, twin		1		
72		72	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1		
6		6	OUT095	Earth bonding point, pendant mounted.		1		
3		3	OUT121	SOCKET outlet; computer data; double.		1		
6		6	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
6		6	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1		
6		6	OUT470	OUTLET, oxygen, medical		1		
6		6	OUT475	OUTLET, vacuum, medical		1		
3		3	OUT480	OUTLET, gas scavenging (AGS), medical		1		
3		3	OUT900	Data Input Box for CIS with 16 input channels (Lantronix): uses 1 plug, 1 data point		3		
3		3	PEN1004	PENDANT; critical care; CIS; single arm with elbow joints; multi movement (to NHSL specification).		1		
3		3	PEN1005	PENDANT; critical care; single arm (to NHSL specification).		1		
3		3	RAI900	Lower Medirail with mounts for suction pressure, suction control unused suction catheters.		1		
3		3	RAI903	Shelf and mount for monitor (tilt and swivel of screen required)		1		
6		6	RAI904	Integral drip stand for transducers with hooks		1		
2		2	SHE901	Lower height adjustable shelf for small monitors.		1		
2		2	STA142	STAND; infusion; twin hook; breaks; mobile		3		
6		6	SUR990	Alaris volumetric pumps: 2 plugs		3		

ADB			Schedule of Components by Room			B1407-01		
Project:		11072	RHSC & DCN					
Department:		B1	PICU and HDU's - 24 Beds					
Room:		B1407-01	Open Plan Bay (3 cots)				Revision Date: 09/09/2014	
Room Number:		1-B1-065						
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
3		3	SUR991	Double oxygen flow meter: Upper Medirail mounted		3		
3		3	SUR992	Air flow meter: Upper Medirail mounted		3		
3		3	SUR993	Airway pressure monitor: Upper Medirail mounted		3		
3		3	SUR999	Enteral feed pump		3		
1		1	SWC031	SWITCH; light; dimmer to M&E design.		1		
6		6	SYR004	SYRINGE pump; anaesthetic use; with diprifusor; 115H 400W 180D		3		
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1		
3		3	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1		
3		3	TRO902	GRATNELL TROLLEY 500x500 x870mm		3		
3		3	UPS003	Uninterrupted power supply (UPS).		1		
2		2	VEN2501	Ventilator free standing: 1 plug, 1 Data (Lantronix) cable (would be the SIPAP)		3		
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1		
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1		

ADB	Room Data Sheet			B1421
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	B1421	Single cot cubicle: neonatal		
Room Number:	1-B1-075	Revision Date:	18/09/2014	
Activities:	1) Observation, medical and nursing care and treatment of baby needing intensive care and/or segregation facilities 2) Feeding a baby in an incubator, or sitting in a chair 3) Disposal of waste and contaminated materials 4) Use of scrub-up trough 5) Medication prepared for administration 6) Preparation of intravenous fluids for infusion 7) Donning gown and gloves. 8) Disposal of used protective clothing 9) Nappy changing			
Personnel:	1 x patient 5 x staff 2 x visitors			
Planning Relationships:	Within view from the staff communications base.			
Space Data:	Area (m²):		Height (mm):	3,000
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data		B1421
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B1421	Single cot cubicle: neonatal	
Room Number:	1-B1-075	Revision Date:	18/09/2014
AIR			
Winter Temperature (DegC):		Requirements	Notes
Summer Temperature (DegC):			Permissible space temperature range (dry bulb) (degC) : 18-25
Mechanical Ventilation (Supply ac/hr):		4.0	Ventilation Type: Natural & Central Supply Air
Mechanical Ventilation (Extract ac/hr):			via ensuite
Pressure Relative to Adjoining Space:		Positive	
Filtration (%DSE and % Arrestance):		/	G4 - minimum
Humidity (%RH):			
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air			
LIGHTING			
Service Illumination (Lux):		100	
Service Illumination Night (Lux):		5.0	
Local Illumination (Lux):		300.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:		Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:		A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch/ Dimmer			
NOISE			
Privacy Factor Required (dB):			
Mechanical Services (NR):		30	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):			40:daytime / 35:nighttime (LAeq,1hr) and 45:nighttime (LAmax,f).
*Acceptable Sound Level [L10dB(A)]:			
*Speech Privacy Required:		Y	
Quality Which Cannot Be Tolerated: (alternative format)			
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY			
Hot Surface Max. Temp (DegC):		41	
Hot Water Max. Temp (DegC):		43	
General Notes: Maximum cold water discharge temperature (degC): 20			
FIRE			
Enclosure:			
Automatic Detection:			
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)			

ADB	Room Design Character		B1421
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B1421	Single cot cubicle: neonatal	
Room Number:	1-B1-075	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				B1421	
Project:		11072	RHSC & DCN					
Department:		B1	PICU and HDU's - 24 Beds					
Room:		B1421	Single Cot Cubicle					
Room Number:		1-B1-075	Revision Date:		09/09/2014			
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
1		1	BED020	BED; fold down; 760 mm width mattress; vertical.		1		
1		1	BIN2503	BIN; sharps disposal		3		
1		1	BRA013	BRACKET; TV; height adjustable; wall mounted.		1		
1		1	BRA2501	BRACKET; holder; suction unit; pendant mounted.		1		
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1		
1		1	CHA017	CHAIR; upright; upholstered; stacking		3		
1		1	CHA054	CHAIR nursing with side panels		3		
1		1	CHA2509	CHAIR; height adjustable 540-790		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
2		2	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
1		1	DRA900	Drawer for monitoring consumables.		1		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
1		1	HOO900	Drip hook for water bag required.		1		
1		1	HOO902	Hook for suction support: Upper Medirail mounted.		1		
1		1	INC004	INCUBATOR; baby		3		
1		1	LIG901	Small examination light.		1		
1		1	LOC002	LOCKER, bedside, 3 compartment, towel rail at rear, on castors, 902H 485W 485D		3		
1		1	MON904	MONITOR; High end multi-functionality for ITU/Theatre/High Acuity		3		
1		1	MON909	MONITOR; Transport monitor for ITU/Theatre/High Acuity		3		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
6		6	OUT010	SOCKET outlet, switched, 13amp, twin		1		
24		24	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1		
2		2	OUT095	Earth bonding point, pendant mounted.		1		
1		1	OUT121	SOCKET outlet; computer data; double.		1		
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1		
2		2	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1		
2		2	OUT470	OUTLET, oxygen, medical		1		
2		2	OUT475	OUTLET, vacuum, medical		1		
1		1	OUT480	OUTLET, gas scavenging (AGS), medical		1		
1		1	OUT900	Data Input Box for CIS with 16 input channels (Lantronix): uses 1 plug, 1 data point		3		
1		1	PEN1004	PENDANT; critical care; CIS; single arm with elbow joints; multi movement (to NHSL specification).		1		
1		1	PEN1005	PENDANT; critical care; single arm (to NHSL specification).		1		
1		1	PRI015	PRINTER; label; portable		3		
1		1	RAI900	Lower Medirail with mounts for suction pressure, suction control unused suction catheters.		1		

ADB			Schedule of Components by Room			B1421	
Project:		11072	RHSC & DCN				
Department:		B1	PICU and HDU's - 24 Beds				
Room:		B1421	Single Cot Cubicle				
Room Number:		1-B1-075			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	RAI903	Shelf and mount for monitor (tilt and swivel of screen required)		1	
2		2	RAI904	Integral drip stand for transducers with hooks		1	
1		1	SHE901	Lower height adjustable shelf for small monitors.		1	
1		1	STA142	STAND; infusion; twin hook; breaks; mobile		3	
2		2	SUR990	Alaris volumetric pumps: 2 plugs		3	
1		1	SUR991	Double oxygen flow meter: Upper Medirail mounted		3	
1		1	SUR992	Air flow meter: Upper Medirail mounted		3	
1		1	SUR993	Airway pressure monitor: Upper Medirail mounted		3	
1		1	SUR999	Enteral feed pump		3	
1		1	SWC031	SWITCH; light; dimmer to M&E design.		1	
2		2	SYR004	SYRINGE pump; anaesthetic use; with diprifusor; 115H 400W 180D		3	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TEL2500	TELEPHONE; handset, wall mounted.		2	
1		1	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1	
1		1	TRO902	GRATNELL TROLLEY 500x500 x870mm		3	
1		1	TVM2500	TV / monitor flat screen with DVD player		3	
1		1	UPS003	Uninterrupted power supply (UPS).		1	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	

ADB	Room Data Sheet	C0230
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Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	C0230	Consulting/examination room: Orthoptic
Room Number:	1-D3-007	Revision Date: 18/09/2014

Activities:	1) Consultations. 2) Assessment / updating of electronic patient records (EPRs) 3) Clinical handwashing 4) Storage of sterile supplies and consumables on a trolley 5) Minimally invasive clinical procedures undertaken from one or both sides of the couch.		
Personnel:	1 x patient 2 x staff 2 x escorts		
Planning Relationships:			
Space Data:	Area (m²):	Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.		

Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision		
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ADB	Room Environmental Data	C0230
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	C0230	Consulting/examination room: Orthoptic	
Room Number:	1-D3-007		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	3.0	Ventilation Type: Central Supply and extract
Mechanical Ventilation (Extract ac/hr):	3.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch/Dimmer

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		C0230
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	C0230	Consulting/examination room: Orthoptic	
Room Number:	1-D3-007	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:	Blinds will be required to darken room for general ophthalmic examination.		

ADB			Schedule of Components by Room			C0230	
Project:		11072	RHSC & DCN				
Department:		D3	Orthoptics				
Room:		C0230	C/E Orthoptic (6 metre room)				
Room Number:		1-D3-007			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	ALA001	PUSH BUTTON, security alarm		1	
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
1		1	BLI2500	Blind; total blackout boxed; length as indicated. Wipeable.		1	
1		1	BOA034	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 600H 900W.		1	
1		1	CAS900	OPHTHALMOSCOPE; Indirect		3	
1		1	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3	
1		1	CHA031	CHAIR; child; upright; stacking; seat height 380mm		3	
2		2	CHA083	CHAIR, stacking, polypropylene, with back and seat pads		3	
1		1	COM033	COMPUTER KEYBOARD		3	
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3	
1		1	DIA2501	DIAGNOSTIC SET; retinoscope/ophthalmoscope; wall mounted.		2	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
1		1	DRA056	DRAWER UNIT, 2 drawer, lockable, on castors, 600H 410W 600D		3	
1		1	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
2		2	HOO024	HOOK; hat and coat; 1.		1	
1		1	LEN900	LENS SET; Trial		3	
1		1	LIG003	LUMINAIRE, reading, adjustable arm, 100 watt		1	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
3		3	OUT010	SOCKET outlet, switched, 13amp, twin		1	
1		1	OUT052	CONNECTION UNIT, switched, 13 amp		1	
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
1		1	SIG2500	SIGN; vacant/engaged; wall mounted.		1	
2		2	STF125	STORAGE UNIT; lower; cupboard; 1 door; 1 shelf; 550H 500W 450D		1	
3		3	SUP2501	SUPPORT LEG; for 720 high worktop		1	
1		1	SWC025	SWITCH, light		1	
1		1	SYN001	SYNOPTOPHORE; includes set of 12 pairs of slides; with accessories set; orthoptics		3	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TEL1000	TELEPHONE; handset.		3	
1		1	TES005	Bailey-Lovie-LugMar; 6m; with controls; wall mounted		2	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
1		1	WKT1006L	WORKTOP; 720 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet			C0517
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	C0517	ABR Room		
Room Number:	1-D4-002	Revision Date:	18/09/2014	
Activities:	1) Audiometric examination and test procedures 2) Use of specialised visual aids and multi-media equipment 3) Use of recording equipment 4) Use of computer workstation(s) 5) Recording of patient data/notes			
Personnel:	1 x patient 3 x staff 2 x escorts			
Planning Relationships:	Easy access from waiting area. Adjacent to Audiology observation and control room. Clinical handwash to be located outside of the room/booth.			
Space Data:	Area (m²):		Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas. Height is the nominal internal dimension of a standard booth and is subject to design/local decision. Room area includes booth wall thickness but excludes surrounding void and space for basin.			
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	C0517
Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	C0517	ABR Room
Room Number:	1-D4-002	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	10.0	Ventilation Type: Central Supply Air
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air		
LIGHTING		
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed / Trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch/ Dimmer		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAm _{ax} ,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
Quality Which Cannot Be Tolerated: (alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		C0517
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	C0517	ABR Room	
Room Number:	1-D4-002	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			C0517	
Project:		11072	RHSC & DCN				
Department:		D4	Audiology				
Room:		C0517	ABR Room				
Room Number:		1-D4-002			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	ALA001	PUSH BUTTON, security alarm		1	
1		1	ALA020	LAMP INDICATING fire alarm initiation, wall mounted		1	
1		1	AUD005	AUDIOMETER; clinical; diagnostic; 195H 475W 450D		3	
1		1	AUD8000	EVOKED POTENTIAL instrument; complete unit with Videotoscopy; 380H 365W 255D		3	
1		1	AUD8001	TYMPANOMETER; High Frequency; 380H 365W 255D		3	
1		1	AUD8002	Automated Auditory Brainstem Responses (AABR)		3	
1		1	AUR2500	AURICLE; with videotoscopy		3	
2		2	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3	
1		1	CHA006	CHAIR; easy; with open arms; low back; upholstered		3	
1		1	CHA091	CHAIR; easy; reclining; 1000H 630W 1880D		3	
1		1	COM033	COMPUTER KEYBOARD		3	
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3	
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3	
3		3	CUP2563	CUPBOARD; 2 shelves; free standing; 800H x 600W x 500D		3	
1		1	DES2504	DESK UNIT; free standing with drawers; cable management; adjustable legs; modesty panel; 1600W 800D		3	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
2		2	DRA056	DRAWER UNIT, 2 drawer, lockable, on castors, 600H 410W 600D		3	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
11		11	OUT010	SOCKET outlet, switched, 13amp, twin		1	
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
1		1	SIG2500	SIGN; vacant/engaged; wall mounted.		1	
1		1	SWC031	SWITCH; light; dimmer to M&E design.		1	
1		1	TRO021	TROLLEY; 4 sets of runners; 850H 600W 600D		3	

ADB	Room Data Sheet	C0516
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Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	C0516	Observation/Control room		
Room Number:	1-D4-006		Revision Date:	18/09/2014

Activities:	1) Observing activities within Audiology booth through panel 2) Use of computer workstation(s)			
Personnel:	3 x staff.			
Planning Relationships:	Adjacent to paediatric audiology booth.			
Space Data:	Area (m²):		Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			

Notes:

Refer to ME 571 series of drawings for access control (PCP 4.17)

Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision

ADB	Room Environmental Data	C0516
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	C0516	Observation/Control room	
Room Number:	1-D4-006		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	4.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	@ Desk 750-850 AFFL
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch/ Dimmer

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		C0516
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	C0516	Observation/Control room	
Room Number:	1-D4-006	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Observation panel, one-way viewing from control room into booth.		
Hatch:	N/A		
Notes:			

ADB		Schedule of Components by Room				C0516
Project:		11072	RHSC & DCN			
Department:		D4	Audiology			
Room:		C0516	Obs/Control			
Room Number:		1-D4-006	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	AMP2500	AMPLIFIER SYSTEM		1
1		1	AUD005	AUDIOMETER; clinical; diagnostic; 195H 475W 450D		3
1		1	AUR2500	AURICLE; with videotoscopy		3
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1
1		1	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3
1		1	CHA017	CHAIR; upright; upholstered; stacking		3
1		1	CHA032	CHAIR; child; upright; stacking; seat height 420mm		3
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1
1		1	COM033	COMPUTER KEYBOARD		3
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3
1		1	CON2503	Control Unit for induction loop.		1
1		1	DIS013	DISPENSER, paper towel, wall mounted		2
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2
1		1	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3
1		1	MON017	MONITOR and CONTROL for CCTV; complete with flat screen monitor; keyboard; digital recorder (computer) and power supply.		1
1		1	MSC2533	CABINET base; drawer line, 400mm facing; (400x600 inserts); with formed plastic liners; 1 door hinged right; on plinth; o/a height 680.		1
1		1	MSC2535	CABINET base; drawer lined, 400mm facing; (400x600 inserts); with formed plastic liners; 1 door hinged left; on plinth; o/a height 680.		1
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1
10		10	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1
3		3	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1
1		1	OUT2502	LOOP; induction.		1
1		1	SIG2500	SIGN; vacant/engaged; wall mounted.		1
2		2	SUP2501	SUPPORT LEG; for 720 high worktop		1
1		1	SWC025	SWITCH, light		1
1		1	SWC033	SWITCH dimmer; 3 position; wall mounted		1
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1
1		1	WKT1006L	WORKTOP; 720 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet			C0515
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	C0515	Testing/Clinic room		
Room Number:	1-D4-007	Revision Date:	18/09/2014	
Activities:	1) Assessment / updating of electronic patient records (EPRs) 2) Use of monitoring/diagnostic or therapeutic equipment 3) Use of mobile diagnostic and therapeutic equipment 4) Audiometric examination and test procedures			
Personnel:	1 x patient 1 x staff 2 x escorts			
Planning Relationships:	Close to a clean utility room. Close to a dirty utility room.			
Space Data:	Area (m²):		Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	C0515
Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	C0515	Testing/Clinic room
Room Number:	1-D4-007	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	3.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	3.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air		
LIGHTING		
Service Illumination (Lux):	300	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
Quality Which Cannot Be Tolerated: (alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		C0515
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	C0515	Testing/Clinic room	
Room Number:	1-D4-007	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:	Blinds will be required to darken room for general ophthalmic examination.		

ADB			Schedule of Components by Room			C0515	
Project:		11072	RHSC & DCN				
Department:		D4	Audiology				
Room:		C0515	Testing/Clinic Room				
Room Number:		1-D4-007			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	ALA001	PUSH BUTTON, security alarm		1	
1		1	ALA020	LAMP INDICATING fire alarm initiation, wall mounted		1	
1		1	AMP2500	AMPLIFIER SYSTEM		1	
1		1	AUD003	METER; sound level; 265H 75W 60D		3	
1		1	AUD005	AUDIOMETER; clinical; diagnostic; 195H 475W 450D		3	
1		1	AUD8001	TYMPANOMETER; High Frequency; 380H 365W 255D		3	
1		1	AUR2500	AURICLE; with videotoscopy		3	
2		2	BEN002	PLAY-BENCH UNIT; with 3 storage boxes; 360H 1035W 470D		3	
1		1	BLI2500	Blind; total blackout boxed; length as indicated. Wipeable.		1	
2		2	CAM031	CAMERA; CCTV; pan/tilt/zoom.		1	
1		1	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3	
2		2	CHA017	CHAIR; upright; upholstered; stacking		3	
1		1	CHA032	CHAIR; child; upright; stacking; seat height 420mm		3	
1		1	CHA2514	D CHAIR; with safety straps		3	
1		1	COM031	COMPUTER: standard with keyboard and screen.		3	
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3	
1		1	DES022	DESK; cantilever; single pedestal 3 drawer; cable management; modesty panel; 1600W 800D		3	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
13		13	OUT010	SOCKET outlet, switched, 13amp, twin		1	
2		2	OUT121	SOCKET outlet; computer data; double.		1	
1		1	OUT2502	LOOP; induction.		1	
2		2	SPE2500	SPEAKERS; high specification		1	
1		1	SWC033	SWITCH dimmer; 3 position; wall mounted		1	
1		1	TAB054	TABLE, occasional, undershelf, 450H 610W 610D		3	
4		4	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	
2		2	VRA2500	VRA record unit; 3 toy stack		2	

ADB	Room Data Sheet			C0110-01
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	C0110-01	Distraction Free Treatment: SALT		
Room Number:	1-D6-035	Revision Date:	18/09/2014	
Activities:	1) Clinical handwashing 2) Use of monitoring/diagnostic or therapeutic equipment 3) Use of computer workstation(s) 4) Use of Telephone			
Personnel:	1 x patient 2 x staff 2 x escorts			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data		C0110-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	C0110-01	Distraction Free Treatment: SALT	
Room Number:	1-D6-035	Revision Date:	18/09/2014
AIR	Requirements	Notes	
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28	
Summer Temperature (DegC):			
Mechanical Ventilation (Supply ac/hr):	3.0	Ventilation Type: Central Supply and Extract	
Mechanical Ventilation (Extract ac/hr):	3.0		
Pressure Relative to Adjoining Space:	Balanced		
Filtration (%DSE and % Arrestance):	/	G4 - minimum	
Humidity (%RH):			
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air			
LIGHTING			
Service Illumination (Lux):	300		
Service Illumination Night (Lux):		Not Applicable	
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL	
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80	
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting	
General Notes: Control: Switch			
NOISE			
Privacy Factor Required (dB):			
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.	
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)	
*Acceptable Sound Level [L10dB(A)]:			
*Speech Privacy Required:	Y		
Quality Which Cannot Be Tolerated: (alternative format)			
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY			
Hot Surface Max. Temp (DegC):	43		
Hot Water Max. Temp (DegC):	41		
General Notes: Maximum cold water discharge temperature (degC): 20			
FIRE			
Enclosure:			
Automatic Detection:		Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)	

ADB	Room Design Character		C0110-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	C0110-01	Distraction Free Treatment: SALT	
Room Number:	1-D6-035	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			C0110-01	
Project:		11072	RHSC & DCN				
Department:		D6	RHSC Therapies				
Room:		C0110-01	Standard Distraction Free Treatment Room		Revision Date:		09/09/2014
Room Number:		1-D6-035					
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
1		1	BOA037	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 900H 1200W.		1	
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1	
3		3	CHA017	CHAIR; upright; upholstered; stacking		3	
2		2	CHA2500	Chair; childs; upright; lockable; height adjustable		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	COM033	COMPUTER KEYBOARD		3	
1		1	COM035	COMPUTER PRINTER; line; small		3	
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3	
1		1	CUP2999	CUPBOARD, built in, sliding doors, distraction free treatment		1	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
1		1	EXE2518	EXERCISE MAT; 1520W 2130L		3	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
2		2	HOO024	HOOK; hat and coat; 1.		1	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
5		5	OUT010	SOCKET outlet, switched, 13amp, twin		1	
5		5	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
1		1	PEG002	PEGS; equipment; medium; 2; wide spacing; wall mounted.		1	
1		1	SIG2500	SIGN; vacant/engaged; wall mounted.		1	
1		1	STF151	STORAGE UNIT; lower; 2 drawer; on castors; 600H 500W 450D		3	
1		1	STO023	STOOL; laboratory; complete with footring		3	
1		1	SWC025	SWITCH, light		1	
1		1	TAB2506	TABLE; for child; adjustable height; 900W 600D		3	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TEL1000	TELEPHONE; handset.		3	
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
1		1	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet	X0208
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0208	Rehabilitation Room:OT	
Room Number:	1-D6-048		Revision Date: 18/09/2014

Activities:	<ol style="list-style-type: none"> 1) Clinical handwashing 2) Assessment / rehabilitative work under supervision of occupational therapy staff 3) Assessment / updating of electronic patient records (EPRs) 4) Use of monitoring/diagnostic or therapeutic equipment 5) Use of mobile diagnostic and therapeutic equipment 6) Storage / preparation of dressing/instrument trolleys 7) Sterile supplies and consumables are held
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Personnel:	6 x patients 4 x staff 6 x escorts
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Planning Relationships:	Close to a clean utility room. Close to a dirty utility room.
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Space Data:	Area (m²):		Height (mm):	3,200
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			

Notes:	<p>Refer to ME 571 series of drawings for access control (PCP 4.17)</p> <p>Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision</p>
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ADB	Room Environmental Data	X0208
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0208	Rehabilitation Room:OT	
Room Number:	1-D6-048		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	10.0	Ventilation Type: Central Supply Air
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	F7- minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		X0208
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0208	Rehabilitation Room:OT	
Room Number:	1-D6-048	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A or Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			X0208	
Project:		11072	RHSC & DCN				
Department:		D6	RHSC Therapies				
Room:		X0208	Rehabilitation Room (Physio)		Revision Date: 09/09/2014		
Room Number:		1-D6-048					
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
1		1	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1	
2		2	BRA013	BRACKET; TV; height adjustable; wall mounted.		1	
1		1	BRA904	BRACKET; for Wii		2	
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1	
1		1	CAM2500	VIDEO MONITORING EQUIPMENT; camera.		2	
2		2	CHA017	CHAIR; upright; upholstered; stacking		3	
2		2	CHA031	CHAIR; child; upright; stacking; seat height 380mm		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	COM033	COMPUTER KEYBOARD		3	
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS024	DISPENSER, soap, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
1		1	EXE002	EXERCISE BARS; junior foldable parallel; 650mm H X 1860mm L X 360mm W		3	
1		1	EXE004	EXERCISE BARS; foldable parallel; 1000mm H X 2300mm L X 610mm W		3	
1		1	EXE2501	Motamed Bike (Wheelchair Accessible)		3	
1		1	EXE2512	RECUMBENT BIKE; 1660 x660		3	
1		1	EXE2513	RACK; gym ball storage; adjustable; wall mounted		2	
1		1	EXE2517	EXERCISE STAIR; corner		3	
2		2	EXE2518	EXERCISE MAT; 1520W 2130L		3	
1		1	GAM1002	Gaming; Wii		1	
1		1	HOI006	HOIST PATIENT; electric; 24V; track ceiling mounted (Length of the track to suit the individual needs).		1	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
2		2	MIR2501	MIRROR; unbreakable; wall mounted; 1600 H 1600W.		1	
1		1	MSC081	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; on plinth; o/a height 900.		1	
1		1	MSC127	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; wall mounted.		1	
1		1	OUT004	OUTLET cable, fused, 13 amp, ceiling mounted		1	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
6		6	OUT010	SOCKET outlet, switched, 13amp, twin		1	
1		1	OUT059	CONNECTION UNIT switched 13amp, indicator light		1	
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
2		2	OUT206	SOCKET outlet television aerial; single; wall mounted.		1	
1		1	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1	
1		1	OUT471	OUTLET; oxygen medical; trunking mounted.		1	
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1	
1		1	PEG002	PEGS; equipment; medium; 2; wide spacing; wall mounted.		1	

ADB			Schedule of Components by Room			X0208	
Project:		11072	RHSC & DCN				
Department:		D6	RHSC Therapies				
Room:		X0208	Rehabilitation Room (Physio)				
Room Number:		1-D6-048			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	PLI042	PLINTH; 3 section; variable height 380/1010H 2100W 1000D		3	
1		1	SIG2500	SIGN; vacant/engaged; wall mounted.		1	
1		1	STO004	STOOL, height adjustable, swivel, mobile		3	
1		1	STO023	STOOL; laboratory; complete with footring		3	
1		1	SUP2500	SUPPORT LEG; for 920 high worktop		1	
1		1	SWC025	SWITCH, light		1	
1		1	TAB2506	TABLE; for child; adjustable height; 900W 600D		3	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TEL1000	TELEPHONE; handset.		3	
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	
2		2	TVM2500	TV / monitor flat screen with DVD player		3	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet	X0208-01
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Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	X0208-01	Rehabilitation Room: Physio		
Room Number:	1-D6-053		Revision Date:	18/09/2014

Activities:	1) Clinical handwashing 2) Invasive clinical procedures from side of couch 3) Assessment / updating of electronic patient records (EPRs) 4) Use of mobile diagnostic and therapeutic equipment 5) Rehabilitation exercises			
Personnel:	6 x patients 4 x staff 6 x escorts			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	3,200
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			

Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			
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ADB	Room Environmental Data	X0208-01
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Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	X0208-01	Rehabilitation Room: Physio
Room Number:	1-D6-053	Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	10.0	Ventilation Type: Central Supply Air
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		X0208-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0208-01	Rehabilitation Room: Physio	
Room Number:	1-D6-053	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A or Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				X0208-01	
Project:		11072	RHSC & DCN					
Department:		D6	RHSC Therapies					
Room:		X0208-01	Rehabilitation Room (Physio)					
Room Number:		1-D6-053	Revision Date:			09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
1		1	BOA034	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 600H 900W.		1		
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1		
1		1	CAM2500	VIDEO MONITORING EQUIPMENT; camera.		2		
4		4	CHA031	CHAIR; child; upright; stacking; seat height 380mm		3		
8		8	CHA317	CHAIR, upright, upholstered, stacking, wipeable		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
1		1	COM033	COMPUTER KEYBOARD		3		
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS024	DISPENSER, soap, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
1		1	DIS2502	DISPENSER; plinth roller towel		2		
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
1		1	EXE007	EXERCISE BARS; wall; 2400H 920W.		2		
1		1	EXE008	EXERCISE BENCH; 400H 3400W 260D		3		
1		1	EXE2513	RACK; gym ball storage; adjustable; wall mounted		2		
2		2	EXE2518	EXERCISE MAT; 1520W 2130L		3		
1		1	HOI006	HOIST PATIENT; electric; 24V; track ceiling mounted (Length of the track to suit the individual needs).		1		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
1		1	MIR2501	MIRROR; unbreakable; wall mounted; 1600 H 1600W.		1		
1		1	MSC082	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged left; on plinth; o/a height 900.		1		
1		1	MSC128	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged left; wall mounted.		1		
1		1	OUT004	OUTLET cable, fused, 13 amp, ceiling mounted		1		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
6		6	OUT010	SOCKET outlet, switched, 13amp, twin		1		
1		1	OUT059	CONNECTION UNIT switched 13amp, indicator light		1		
2		2	OUT121	SOCKET outlet; computer data; double.		1		
1		1	OUT215	SOCKET outlet, telephone		1		
1		1	PEG002	PEGS; equipment; medium; 2; wide spacing; wall mounted.		1		
1		1	PLI041	PLINTH; 3 section; variable height 380/1010H 1880W 710D		3		
1		1	RIN005	RING; basket ball; includes: ring; fixing; basket ball and net; 500mm dia.		2		
2		2	SCR2503	SCREEN, mobile 2500L 480W 1700H		3		
1		1	SIG2500	SIGN; vacant/engaged; wall mounted.		1		
2		2	STO004	STOOL, height adjustable, swivel, mobile		3		
1		1	STO023	STOOL; laboratory; complete with footring		3		
1		1	SUP2500	SUPPORT LEG; for 920 high worktop		1		
1		1	SWC025	SWITCH, light		1		
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1		
1		1	TEL1000	TELEPHONE; handset.		3		

ADB			Schedule of Components by Room		X0208-01	
Project:		11072	RHSC & DCN			
Department:		D6	RHSC Therapies			
Room:		X0208-01	Rehabilitation Room (Physio)			
Room Number:		1-D6-053	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet			X0208-02
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	X0208-02	Rehabilitation Room: Physio (CV Equip)		
Room Number:	1-D6-054	Revision Date:	18/09/2014	
Activities:	1) Clinical handwashing 2) Assessment / updating of electronic patient records (EPRs) 3) Use of mobile diagnostic and therapeutic equipment 4) Rehabilitation exercises 5) Relaxation activities 6) Use of bicycle / exercise equipment.			
Personnel:	6 x patients 4 x staff 6 x escorts			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	3,200
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	X0208-02
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Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	X0208-02	Rehabilitation Room: Physio (CV Equip)
Room Number:	1-D6-054	Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	10.0	Ventilation Type: Central Supply Air
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		X0208-02
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0208-02	Rehabilitation Room: Physio (CV Equip)	
Room Number:	1-D6-054	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A or Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			X0208-02	
Project:		11072	RHSC & DCN				
Department:		D6	RHSC Therapies				
Room:		X0208-02	Rehabilitation Room (inc CV equip)				
Room Number:		1-D6-054			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
1		1	BOA034	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 600H 900W.		1	
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1	
4		4	CHA031	CHAIR; child; upright; stacking; seat height 380mm		3	
8		8	CHA317	CHAIR, upright, upholstered, stacking, wipeable		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	COM033	COMPUTER KEYBOARD		3	
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS024	DISPENSER, soap, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
1		1	DIS2502	DISPENSER; plinth roller towel		2	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
1		1	DIS2505	DISPENSER; WATER COOLER, mains supply.		1	
1		1	EXE014	EXERCISE BICYCLE; ergometer; 1170 x 530		3	
1		1	EXE2509	CROSS TRAINER; 2030 x 940		3	
1		1	EXE2511	ROWING MACHINE; 2090 x 540		3	
1		1	EXE2513	RACK; gym ball storage; adjustable; wall mounted		2	
2		2	EXE2518	EXERCISE MAT; 1520W 2130L		3	
1		1	EXE901	MACHINE; unweighting system		3	
1		1	HOI006	HOIST PATIENT; electric; 24V; track ceiling mounted (Length of the track to suit the individual needs).		1	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
2		2	MIR2501	MIRROR; unbreakable; wall mounted; 1600 H 1600W.		1	
1		1	MSC081	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; on plinth; o/a height 900.		1	
1		1	MSC127	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; wall mounted.		1	
2		2	MSC157	CABINET tall; 400mm facing; with 6 shelves; 1 door hinged right; on plinth; o/a height 2100.		1	
1		1	MSC158	CABINET tall; 400mm facing; with 6 shelves; 1 door hinged left; on plinth; o/a height 2100.		1	
1		1	OUT004	OUTLET cable, fused, 13 amp, ceiling mounted		1	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
6		6	OUT010	SOCKET outlet, switched, 13amp, twin		1	
4		4	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
5		5	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
1		1	OUT315	OUTLET, drinking water for equipment		1	
1		1	PEG002	PEGS; equipment; medium; 2; wide spacing; wall mounted.		1	
1		1	PLI041	PLINTH; 3 section; variable height 380/1010H 1880W 710D		3	
2		2	SCR2503	SCREEN, mobile 2500L 480W 1700H		3	
1		1	SIG2500	SIGN; vacant/engaged; wall mounted.		1	
2		2	STO004	STOOL, height adjustable, swivel, mobile		3	

ADB	Schedule of Components by Room	X0208-02
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Project:	11072	RHSC & DCN	Revision Date:	09/09/2014
Department:	D6	RHSC Therapies		
Room:	X0208-02	Rehabilitation Room (inc CV equip)		
Room Number:	1-D6-054			

Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	STO023	STOOL; laboratory; complete with footring		3
1		1	SUP2500	SUPPORT LEG; for 920 high worktop		1
1		1	SWC025	SWITCH, light		1
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1
1		1	TEL1000	TELEPHONE; handset.		3
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet			X0242
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	X0242	Dressings Room		
Room Number:	1-D7-003	Revision Date:	18/09/2014	
Activities:	1) Clinical handwashing 2) Dressing / undressing in privacy 3) Assessment / updating of electronic patient records (EPRs) 4) Invasive clinical procedures from side of couch 5) Preparation of trays / packs for clinical procedures 6) Sterile packs, lotions and drugs prepared for immediate use 7) Storage of sterile supplies and consumables on a trolley 8) Use of mobile diagnostic and therapeutic equipment			
Personnel:	1 x patient 1 x staff 2 x escorts			
Planning Relationships:	Close to a clean utility room. Close to a dirty utility room.			
Space Data:	Area (m²):		Height (mm):	3,000
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	X0242
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0242	Dressings Room	
Room Number:	1-D7-003		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	3.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	3.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
Quality Which Cannot Be Tolerated: (alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		X0242
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0242	Dressings Room	
Room Number:	1-D7-003	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A or Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				X0242	
Project:		11072		RHSC & DCN				
Department:		D7		Plastics Dressings Clinic				
Room:		X0242		Dressings Room (Burns)				
Room Number:		1-D7-003		Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
1		1	BRA013	BRACKET; TV; height adjustable; wall mounted.		1		
1		1	BRA902	Bracket; Monitor oxygen/saturation inside room		2		
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1		
2		2	CHA083	CHAIR, stacking, polypropylene, with back and seat pads		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
1		1	COM033	COMPUTER KEYBOARD		3		
1		1	COM034	COMPUTER PRINTER, inkjet, colour		3		
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	DEV900	DEVICE; Ditto Diversional		3		
1		1	DIS011	DISPENSER, barrier cream, disposable single cartridge, wall mounted		2		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS016	DISPENSER, paper sheet (for couch/trolley), wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
1		1	HOI006	HOIST PATIENT; electric; 24V; track ceiling mounted (Length of the track to suit the individual needs).		1		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
2		2	HOO024	HOOK; hat and coat; 1.		1		
1		1	LIG050	LUMINAIRE operating (minor)		1		
1		1	MON900	MONITOR; Low end monitor, general Ward /OPD use		3		
1		1	MSC081	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; on plinth; o/a height 900.		1		
1		1	MSC082	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged left; on plinth; o/a height 900.		1		
1		1	MSC127	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; wall mounted.		1		
1		1	MSC128	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged left; wall mounted.		1		
1		1	MSC2511	CUPBOARD; 600mm facing; medicine; 1 door hinged left; 1700mm.		1		
1		1	OUT004	OUTLET cable, fused, 13 amp, ceiling mounted		1		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
6		6	OUT010	SOCKET outlet, switched, 13amp, twin		1		
3		3	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1		
1		1	OUT121	SOCKET outlet; computer data; double.		1		
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1		
1		1	OUT453	OUTLET, 4kPa compressed air, medical		1		
1		1	OUT470	OUTLET, oxygen, medical		1		

ADB			Schedule of Components by Room			X0242	
Project:		11072	RHSC & DCN				
Department:		D7	Plastics Dressings Clinic				
Room:		X0242	Dressings Room (Burns)				
Room Number:		1-D7-003			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	OUT475	OUTLET, vacuum, medical		1	
1		1	RAI132	RAIL, clinical equipment, wall mounted, 1200mm		1	
1		1	STA102	STAND; 2 lotion bowls; stainless steel		3	
1		1	STF286	STORAGE UNIT; upper; cupboard; medicine; 2 door; lockable; 550H 600W 300D		1	
1		1	STO013	STOOL; swivel; with back; 710 height		3	
1		1	SWC025	SWITCH, light		1	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TEL1000	TELEPHONE; handset.		3	
1		1	TRO1000	TROLLEY PATIENT; ARJO Huntleigh - AKRON Streamline 2 section 2221A, height adjustable 460-910H 640W 1880D		3	
1		1	TRO131	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 450W 450D		3	
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	
1		1	TVM2500	TV / monitor flat screen with DVD player		3	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet	S0027-01
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Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	S0027-01	Viewing Room		
Room Number:	1-J1-003		Revision Date:	18/09/2014

Activities:	1) Clinical handwashing 2) Storage of working supply of linen 3) Preparation of the body for viewing. 4) Viewing Body			
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Personnel:	1 x body (child) 1 x staff 2 x relatives			
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Planning Relationships:	En-suite sanitary facilities.			
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Space Data:	Area (m²):		Height (mm):	2,400
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			

Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			
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ADB	Room Environmental Data		S0027-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	S0027-01	Viewing Room	
Room Number:	1-J1-003	Revision Date:	18/09/2014
AIR	Requirements	Notes	
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25	
Summer Temperature (DegC):			
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Central Supply and Extract	
Mechanical Ventilation (Extract ac/hr):	6.0		
Pressure Relative to Adjoining Space:	Negative		
Filtration (%DSE and % Arrestance):	/	G4 - minimum	
Humidity (%RH):			
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Ceiling Cassette - Chilled Water			
LIGHTING			
Service Illumination (Lux):	300	@ Floor	
Service Illumination Night (Lux):		Not Applicable	
Local Illumination (Lux):		None	
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80	
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting	
General Notes: Control: Switch/ Dimmer			
NOISE			
Privacy Factor Required (dB):			
Mechanical Services (NR):	35	Intrusive Noise:	
Intrusive Noise (NR Leq):		SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.	
*Acceptable Sound Level [L10dB(A)]:		40:daytime (LAeq,1hr)	
*Speech Privacy Required:	Y		
Quality Which Cannot Be Tolerated: (alternative format)			
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY			
Hot Surface Max. Temp (DegC):	43		
Hot Water Max. Temp (DegC):	41		
General Notes: Maximum cold water discharge temperature (degC): 20			
FIRE			
Enclosure:			
Automatic Detection:			
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)			

ADB	Room Design Character		S0027-01
Project:	11072	RHSC & DCN	Revision Date: 18/09/2014
Department:	01	Key Rooms (Financial Close)	
Room:	S0027-01	Viewing Room	
Room Number:	1-J1-003		
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Observation panel, viewing from sitting room		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room		S0027-01	
Project:		11072	RHSC & DCN			
Department:		J1	Bereavement Suite			
Room:		S0027-01	Body Viewing Room			
Room Number:		1-J1-003	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	ALA001	PUSH BUTTON, security alarm		1
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1
1		1	BED004	BED, divan style, fixed height, with legs, on lockable castors, 1950L 900W		3
1		1	BED2500	Moses basket		3
1		1	BLI2501	BLIND; ROLLER; length as drawn.		1
1		1	BOO016	BOOKCASE; 3 shelves; cupboard under; 1800H 940W 350D		2
2		2	CHA078	UNIT CHAIR; easy; with arms; fully upholstered		3
1		1	DIS013	DISPENSER, paper towel, wall mounted		2
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1
3		3	OUT010	SOCKET outlet, switched, 13amp, twin		1
1		1	OUT215	SOCKET outlet, telephone		1
1		1	SPA2505	Fittings with basin and storage to artist design. To include tall shelved cupboard for linen storage.		1
1		1	SWC033	SWITCH dimmer; 3 position; wall mounted		1
1		1	TAB053	TABLE, occasional, square, 415H 610W 610D		3
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1
1		1	TEL2500	TELEPHONE; handset, wall mounted.		2
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1

ADB	Room Data Sheet			B1411
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	B1411	Receiving/Resuscitation		
Room Number:	1-L1-005	Revision Date:	18/09/2014	
Activities:	1) Clinical handwashing 2) Medical and nursing procedures requiring all sides access to patient whilst 1-4 staff using mobile equipment 3) Minimally invasive clinical procedures undertaken from one or both sides of the couch. 4) Non invasive clinical procedures from side of couch or plinth 5) Examinations carried out from one or both sides of the couch 6) Recording of patient data/notes			
Personnel:	1 x patient 8 x staff			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	B1411
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B1411	Receiving/Resuscitation	
Room Number:	1-L1-005		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 21 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	10.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	6.0	
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	G4- minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch/ Dimmer

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	30	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		45:daytime / 35:nighttime (LAeq,1hr) and 45:nighttime (LAmax,f).
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		B1411
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B1411	Receiving/Resuscitation	
Room Number:	1-L1-005	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				B1411	
Project:		11072	RHSC & DCN					
Department:		L1	DCN Acute Care - 24 Beds					
Room:		B1411	Receiving/Resuscitation Area					
Room Number:		1-L1-005	Revision Date:			09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	ALA001	PUSH BUTTON, security alarm		1		
1		1	ANA001	ANAESTHETIC MACHINE/WORKSTATION electrically powered piston ventilator, mobile, 1350H 750W 650D		3		
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
1		1	BOA2500	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 900H 600W.		1		
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
1		1	COM033	COMPUTER KEYBOARD		3		
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3		
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	COM2503	COMPUTER MONITOR, PACS REVIEW STATION; 2 21", high-resolution screens,		3		
1		1	DIA2500	DIAGNOSTIC SET; auroscope/ophthalmoscope; wall mounted.		2		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
2		2	INF001	INFUSION volumetric pump; 356H 178W 178D		3		
1		1	LIG081	LUMINAIRE fitted with single fluorescent lamp with switch; below drug cupboard; 8watt; 400mm.		1		
1		1	LIG963	LUMINAIRE; examination; ceiling; adjustable.		1		
1		1	MON904	MONITOR; High end multi-functionality for ITU/Theatre/High Acuity		3		
1		1	MON909	MONITOR; Transport monitor for ITU/Theatre/High Acuity		3		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
5		5	OUT010	SOCKET outlet, switched, 13amp, twin		1		
16		16	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1		
4		4	OUT121	SOCKET outlet; computer data; double.		1		
4		4	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	OUT215	SOCKET outlet, telephone		1		
2		2	OUT453	OUTLET, 4kPa compressed air, medical		1		
2		2	OUT461	OUTLET, nitrous oxide, medical		1		
2		2	OUT470	OUTLET, oxygen, medical		1		
2		2	OUT475	OUTLET, vacuum, medical		1		
2		2	PEN002	PENDANT; Anaesthetic; medical & power supply unit; vertical movement; ceiling mounted; outlets comprising.		1		
1		1	PRI015	PRINTER; label; portable		3		
1		1	REF091	REFRIGERATOR; drug; capacity 35 litres; external temperature gauge; lockable; wall mounted; 510H 380W 445D		2		
1		1	STF127	STORAGE UNIT; lower; cupboard; 2 door; 1 shelf; 550H 600W 450D		1		

ADB			Schedule of Components by Room			B1411	
Project:		11072	RHSC & DCN				
Department:		L1	DCN Acute Care - 24 Beds				
Room:		B1411	Receiving/Resuscitation Area				
Room Number:		1-L1-005			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	STF290	STORAGE UNIT; upper; cupboard; controlled drugs; 1 door; lockable; with inner lockable cupboard and warning light; 550H 600W 300D		1	
1		1	SUC004	SUCTION UNIT; electric; portable; 350H 320W 340D		3	
1		1	SUP2500	SUPPORT LEG; for 920 high worktop		1	
2		2	SWC025	SWITCH, light		1	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
2		2	TEL2500	TELEPHONE; handset, wall mounted.		2	
2		2	TRO131	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 450W 450D		3	
1		1	TRO282	TROLLEY PATIENT; accident; image top; with tilt and brakes; 540-1000H 740W 2110D		3	
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	
1		1	UPS003	Uninterrupted power supply (UPS).		1	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
1		1	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet			J1155
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	J1155	Waiting		
Room Number:	1-L1-027	Revision Date:	18/09/2014	
Activities:	1) Patients, relatives and escorts wait to be seen			
	2) Displaying information			
Personnel:	5 x patients			
	5 x escorts			
Planning Relationships:	Adjacent to reception area.			
	Close to clinical or work area.			
	Close to WC facilities.			
Space Data:	Area (m²):		Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			
	Ceiling height: To suit surrounding area/design.			
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data		J1155
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	J1155	Waiting	
Room Number:	1-L1-027	Revision Date:	18/09/2014
AIR			
Winter Temperature (DegC): Summer Temperature (DegC): Mechanical Ventilation (Supply ac/hr): Mechanical Ventilation (Extract ac/hr): Pressure Relative to Adjoining Space: Filtration (%DSE and % Arrestance): Humidity (%RH):	Requirements 5.0 5.0 Balanced /	Notes Permissible space temperature range (dry bulb) (degC) : 18 - 28 Ventilation Type: Central Supply and Extract G4 - minimum	
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air			
LIGHTING			
Service Illumination (Lux): Service Illumination Night (Lux): Local Illumination (Lux): Colour Rendering Required: Standby Lighting Grade:	300 Y A	@ Floor Not Applicable None Colour rendering characteristics (Ra):80 Lighting of the level and quality equal or nearly equal to that provided by normal lighting	
General Notes: Control: Switch			
NOISE			
Privacy Factor Required (dB): Mechanical Services (NR): Intrusive Noise (NR Leq): *Acceptable Sound Level [L10dB(A)]: *Speech Privacy Required: *Quality Which Cannot Be Tolerated: (* alternative format)	40 N	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f. 50:daytime (LAeq,1hr)	
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY			
Hot Surface Max. Temp (DegC): Hot Water Max. Temp (DegC):	43		
General Notes:			
FIRE			
Enclosure: Automatic Detection: Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)			

ADB	Room Design Character		J1155
Project:	11072	RHSC & DCN	Revision Date: 18/09/2014
Department:	01	Key Rooms (Financial Close)	
Room:	J1155	Waiting	
Room Number:	1-L1-027		
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	N/A, open to circulation.		
Windows:	N/A		
Internal Glazing:	N/A		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			J1155	
Project:		11072	RHSC & DCN				
Department:		L1	DCN Acute Care - 24 Beds				
Room:		J1155	Patient Waiting Area				
Room Number:		1-L1-027			Revision Date:	18/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BIN900	BIN; Recycle waste		3	
1		1	BOA2502	BOARD; display/notice; magnetic; wall mounted; 900H 1200W		1	
1		1	BRA013	BRACKET; TV; height adjustable; wall mounted.		1	
1		1	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3	
6		6	CHA017	CHAIR; upright; upholstered; stacking		3	
3		3	CHA047	CHAIR; easy; with open arms; high back; with wings; upholstered		3	
1		1	CHA900	Bariatric Chair		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	COM033	COMPUTER KEYBOARD		3	
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3	
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3	
1		1	COU1001	COUNTER; reception; DDA compliant; with below counter storage; as per detailed design.		1	
1		1	DRA056	DRAWER UNIT, 2 drawer, lockable, on castors, 600H 410W 600D		3	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
9		9	OUT010	SOCKET outlet, switched, 13amp, twin		1	
3		3	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1	
1		1	OUT2512	SOCKET outlet; video entry.		1	
1		1	RAC094	RACK; magazine; double sided; mobile		3	
1		1	RAC440	RACK; leaflet; wall mounted; 915H 250W 105D.		1	
2		2	SWC025	SWITCH, light		1	
2		2	TAB056	TABLE; occasional; round; 415H 610mm dia.		3	
1		1	TEL1000	TELEPHONE; handset.		3	
1		1	TEL901	VIDEO - entry/security; wall mounted, receiving.		1	
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	
1		1	TVM2500	TV / monitor flat screen with DVD player		3	

ADB	Room Data Sheet			D1135
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	D1135	Discharge Lounge		
Room Number:	1-P1-012	Revision Date:	18/09/2014	
Activities:	1) Rest and relaxation 2) Viewing television and/or DVDs / videos 3) Reading 4) Consumption of beverages, meals and snacks.			
Personnel:	10 x patients 2 x staff 10 x visitors			
Planning Relationships:	External view/outlook.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	D1135
Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	D1135	Discharge Lounge
Room Number:	1-P1-012	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	6.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	8.0	
Pressure Relative to Adjoining Space:	Negative	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air		
LIGHTING		
Service Illumination (Lux):	300	@ Floor
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		50:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		D1135
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	D1135	Discharge Lounge	
Room Number:	1-P1-012	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			D1135	
Project:		11072	RHSC & DCN				
Department:		P1	Operating Theatres & RHSC Surgical Day Case Unit				
Room:		D1135	SDCU Discharge Lounge				
Room Number:		1-P1-012			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
1		1	BOA2502	BOARD; display/notice; magnetic; wall mounted; 900H 1200W		1	
4		4	BRA003	BRACKET, holder, suction unit, wall mounted		2	
1		1	BRA013	BRACKET; TV; height adjustable; wall mounted.		1	
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1	
4		4	CHA017	CHAIR; upright; upholstered; stacking		3	
4		4	CHA031	CHAIR; child; upright; stacking; seat height 380mm		3	
1		1	CHA063	CHAIR; height adjustable; with arms; high back; swivel; 5 star base; on castors		3	
6		6	CHA078	UNIT CHAIR; easy; with arms; fully upholstered		3	
4		4	CHA091	CHAIR; easy; reclining; 1000H 630W 1880D		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	COM033	COMPUTER KEYBOARD		3	
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3	
2		2	CUP2517	CUPBOARD; base unit; 2 door; lockable; 1200mm.		1	
1		1	CUP2525	CUPBOARD; wall unit; LH door; 600h; lockable; 600mm.		1	
3		3	CUP2526	CUPBOARD; wall unit; RH door; 600h; lockable; 600mm.		1	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
4		4	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
2		2	OUT005	SOCKET outlet, switched, 13amp, single		1	
12		12	OUT010	SOCKET outlet, switched, 13amp, twin		1	
1		1	OUT052	CONNECTION UNIT, switched, 13 amp		1	
2		2	OUT121	SOCKET outlet; computer data; double.		1	
1		1	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1	
4		4	OUT471	OUTLET; oxygen medical; trunking mounted.		1	
1		1	RAC440	RACK; leaflet; wall mounted; 915H 250W 105D.		1	
1		1	SNS1003L	SINKTOP; inset; single bowl and drainer; stainless steel; left hand drainer.		1	
2		2	SUP2501	SUPPORT LEG; for 720 high worktop		1	
2		2	SWC025	SWITCH, light		1	
1		1	TAB109	TABLE; occasional; square		3	
1		1	TAP359	TAP, pillar, high neck, long lever, pair hot and cold, 1/2 in		1	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TEL2500	TELEPHONE; handset, wall mounted.		2	
1		1	TRO1010	TROLLEY, low, for tv		3	
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	

ADB			Schedule of Components by Room		D1135	
Project:		11072	RHSC & DCN			
Department:		P1	Operating Theatres & RHSC Surgical Day Case Unit			
Room:		D1135	SDCU Discharge Lounge			
Room Number:		1-P1-012	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
2		2	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1
1		1	TVM2501	TV / monitor flat screen		3
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1
1		1	WAS102	WASTE, unslotted flush-grated, metal, 1.1/2 in		1
1		1	WAS108	TRAP, bottle, 1.1/2 in, plastic resealing		1
2		2	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet			B2517
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	B2517	SDCU Recovery		
Room Number:	1-P1-024	Revision Date:	18/09/2014	
Activities:	1) Post anaesthetic recovery of patients 2) Medical and nursing procedures 3) Observation by medical and nursing staff 4) Clinical handwashing 5) Use of mobile equipment and services may be used 6) Manoeuvring beds. 7) Use of monitoring/diagnostic or therapeutic equipment 8) Use of piped medical gases, vacuum and associated equipment			
Personnel:	8 x patients 4 x staff 8 x visitors			
Planning Relationships:	Part of multi-bay area. Overall area to include staff communication base and utilities. Close to operating theatre.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data		B2517
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B2517	SDCU Recovery	
Room Number:	1-P1-024		Revision Date: 18/09/2014
AIR	Requirements	Notes	
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 20 - 28	
Summer Temperature (DegC):			
Mechanical Ventilation (Supply ac/hr):	15.0	Ventilation Type: Central Supply and Extract	
Mechanical Ventilation (Extract ac/hr):	15.0		
Pressure Relative to Adjoining Space:	Balanced		
Filtration (%DSE and % Arrestance):	/	G4 - minimum	
Humidity (%RH):			
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air			
LIGHTING			
Service Illumination (Lux):	500		
Service Illumination Night (Lux):		Not Applicable	
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL	
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80	
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting	
General Notes: Control: Switch/ Dimmer			
NOISE			
Privacy Factor Required (dB):			
Mechanical Services (NR):	30	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.	
Intrusive Noise (NR Leq):		45:daytime / 35:nighttime (LAeq,1hr) and 45:nighttime (LMax,f).	
*Acceptable Sound Level [L10dB(A)]:			
*Speech Privacy Required:	N		
Quality Which Cannot Be Tolerated: (alternative format)			
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY			
Hot Surface Max. Temp (DegC):	43		
Hot Water Max. Temp (DegC):	41		
General Notes: Maximum cold water discharge temperature (degC): 20			
FIRE			
Enclosure:			
Automatic Detection:		Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)	

ADB	Room Design Character		B2517
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B2517	SDCU Recovery	
Room Number:	1-P1-024	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			B2517	
Project:		11072	RHSC & DCN				
Department:		P1	Operating Theatres & RHSC Surgical Day Case Unit				
Room:		B2517	SDCU Recovery				
Room Number:		1-P1-024			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
4		4	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, integral back outlet, 500W 400D		1	
8		8	BED2502	BED HEAD BUFFER; bed and wall protection; vertical; wall mounted.		1	
8		8	BRA003	BRACKET, holder, suction unit, wall mounted		2	
8		8	BRA015	BRACKET, flat panel monitor, height adjustable, wall mounted		2	
8		8	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1	
16		16	CHA017	CHAIR; upright; upholstered; stacking		3	
8		8	CHA083	CHAIR, stacking, polypropylene, with back and seat pads		3	
4		4	DIS013	DISPENSER, paper towel, wall mounted		2	
4		4	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
4		4	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
8		8	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
12		12	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
8		8	LIG005	LUMINAIRE, bedhead, dimmable, patient reading and general nursing care/examination		1	
8		8	MON900	MONITOR; Low end monitor, general Ward /OPD use		3	
8		8	MST005	TROLLEY; half size open frame; up to 5 sets of runners; 400mm facing; approx 850H 450W 350D		3	
9		9	OUT010	SOCKET outlet, switched, 13amp, twin		1	
24		24	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
9		9	OUT121	SOCKET outlet; computer data; double.		1	
8		8	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1	
8		8	OUT471	OUTLET; oxygen medical; trunking mounted.		1	
8		8	OUT476	OUTLET; vacuum medical; trunking mounted.		1	
8		8	RAI136	RAIL; clinical equipment; wall mounted; 2100mm.		1	
8		8	SHE2503	SHELF; 300mm deep; folding; length as drawn.		1	
8		8	STA142	STAND; infusion; twin hook; breaks; mobile		3	
1		1	STO002	STOOL, height adjustable, 380H 480 dia.		3	
8		8	SUR991	Double oxygen flow meter: Upper Medirail mounted		3	
8		8	SUR992	Air flow meter: Upper Medirail mounted		3	
1		1	SWC025	SWITCH, light		1	
8		8	SWC035	SWITCH; dimmer trunking mounted.		1	
4		4	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
8		8	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1	
8		8	TRO296	TROLLEY PATIENT; tilting/reclining		3	
8		8	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	
4		4	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
4		4	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet			B2417
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	B2417	Post Anaesthetic Recovery:RHSC		
Room Number:	1-P1-029	Revision Date:	18/09/2014	
Activities:	1) Post anaesthetic recovery of patients 2) Medical and nursing procedures 3) Observation by medical and nursing staff 4) Clinical handwashing 5) Use of mobile equipment and services may be used 6) Manoeuvring beds. 7) Use of monitoring/diagnostic or therapeutic equipment 8) Use of piped medical gases, vacuum and associated equipment			
Personnel:	7 x patients (1 per bay) 7 x staff 7 x visitors			
Planning Relationships:	Part of multi-bay area. Overall area to include staff communication base and utilities . Close to operating theatre.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data		B2417
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B2417	Post Anaesthetic Recovery:RHSC	
Room Number:	1-P1-029		Revision Date: 18/09/2014
AIR	Requirements	Notes	
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 20 - 28	
Summer Temperature (DegC):			
Mechanical Ventilation (Supply ac/hr):	15.0	Ventilation Type: Central Supply and Extract	
Mechanical Ventilation (Extract ac/hr):	15.0		
Pressure Relative to Adjoining Space:	Balanced		
Filtration (%DSE and % Arrestance):	/	G4 - minimum	
Humidity (%RH):			
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air			
LIGHTING	Requirements	Notes	
Service Illumination (Lux):	500		
Service Illumination Night (Lux):		Not Applicable	
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL	
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80	
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting	
General Notes: Control: Switch/ Dimmer			
NOISE	Requirements	Notes	
Privacy Factor Required (dB):		Intrusive Noise:	
Mechanical Services (NR):	30	SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmx,f.	
Intrusive Noise (NR Leq):		45:daytime / 35:nighttime (LAeq,1hr) and 45:nighttime (LAmx,f).	
*Acceptable Sound Level [L10dB(A)]:			
*Speech Privacy Required:	N		
*Quality Which Cannot Be Tolerated:			
(* alternative format)			
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY	Requirements	Notes	
Hot Surface Max. Temp (DegC):	43		
Hot Water Max. Temp (DegC):	41		
General Notes: Maximum cold water discharge temperature (degC): 20			
FIRE			
Enclosure:			
Automatic Detection:			
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)			

ADB	Room Design Character		B2417
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B2417	Post Anaesthetic Recovery:RHSC	
Room Number:	1-P1-029	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				B2417		
Project:		11072		RHSC & DCN					
Department:		P1		Operating Theatres & RHSC Surgical Day Case Unit					
Room:		B2417		Post Anaesthetic Recovery:RHSC					
Room Number:		1-P1-029						Revision Date: 18/09/2014	
Quantity			Code	Description	Alt. Code	Grp			
New	Trans	Total							
7		7	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1			
7		7	BED2502	BED HEAD BUFFER; bed and wall protection; vertical; wall mounted.		1			
7		7	BIN2509	BIN; sharps disposal; 7 litre; rail mounted		3			
7		7	BRA004	BRACKET; holder; suction unit; trunking/rail mounted					
7		7	BRA015	BRACKET, flat panel monitor, height adjustable, wall mounted					
7		7	CAL043	PUSH BUTTON patient/staff call with socket for extension pear push; trunking mounted.		1			
7		7	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1			
7		7	DIS013	DISPENSER, paper towel, wall mounted					
7		7	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted					
7		7	DIS2500	DISPENSER; danicentre; combined glove/apron.					
9		9	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.					
15		15	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3			
7		7	LIG005	LUMINAIRE, bedhead, dimmable, patient reading and general nursing care/examination		1			
7		7	MON904	MONITOR; High end multi-functionality for ITU/Theatre/High Acuity		3			
3		3	OUT005	SOCKET outlet, switched, 13amp, single		1			
7		7	OUT010	SOCKET outlet, switched, 13amp, twin		1			
28		28	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1			
7		7	OUT121	SOCKET outlet; computer data; double.		1			
1		1	OUT215	SOCKET outlet, telephone		1			
7		7	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1			
14		14	OUT471	OUTLET; oxygen medical; trunking mounted.		1			
7		7	OUT476	OUTLET; vacuum medical; trunking mounted.		1			
14		14	RAI136	RAIL; clinical equipment; wall mounted; 2100mm.		1			
7		7	SHE2503	SHELF; 300mm deep; folding; length as drawn.		1			
4		4	STA142	STAND; infusion; twin hook; breaks; mobile		3			
7		7	STA2508	STAND; drip, rail mounted		3			
7		7	STO002	STOOL, height adjustable, 380H 480 dia.		3			
1		1	SWC025	SWITCH, light		1			
7		7	SWC035	SWITCH; dimmer trunking mounted.		1			
7		7	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1			
1		1	TEL2500	TELEPHONE; handset, wall mounted.					
7		7	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1			
10		10	TRO021	TROLLEY; 4 sets of runners; 850H 600W 600D		3			
3		3	TRO133	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 750W 450D		3			
1		1	TRO235	TROLLEY, contaminated linen, single ring, stainless steel		3			
7		7	TRO296	TROLLEY PATIENT; tilting/reclining		3			
7		7	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1			
1		1	UPS003	Uninterrupted power supply (UPS).		1			

ADB			Schedule of Components by Room		B2417	
Project:		11072	RHSC & DCN			
Department:		P1	Operating Theatres & RHSC Surgical Day Case Unit			
Room:		B2417	Post Anaesthetic Recovery:RHSC			
Room Number:		1-P1-029	Revision Date:		18/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
7		7	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in TRAP; concealed waste; for back outlet basins.		1
7		7	WAS1000			1

ADB	Room Data Sheet			B2418
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	B2418	Post Anaesthetic Recovery Room: RHSC		
Room Number:	1-P1-030	Revision Date:	18/09/2014	
Activities:	1) Post anaesthetic recovery of patients 2) Medical and nursing procedures 3) Observation by medical and nursing staff 4) Clinical handwashing 5) Use of mobile equipment and services may be used 6) Manoeuvring beds. 7) Use of monitoring/diagnostic or therapeutic equipment 8) Use of piped medical gases, vacuum and associated equipment			
Personnel:	1 x patients 1 x staff 1 x visitors			
Planning Relationships:	Close to operating theatre.			
Space Data:	Area (m²):		Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	B2418
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Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	B2418	Post Anaesthetic Recovery Room: RHSC
Room Number:	1-P1-030	Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 20 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	15.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	15.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed / Trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch/ Dimmer

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	30	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		45:daytime / 35:nighttime (LAeq,1hr) and 45:nighttime (LAmax,f).
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		B2418
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B2418	Post Anaesthetic Recovery Room: RHSC	
Room Number:	1-P1-030	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				B2418	
Project:		11072		RHSC & DCN				
Department:		P1		Operating Theatres & RHSC Surgical Day Case Unit				
Room:		B2418		Post Anaesthetic Recovery Room				
Room Number:		1-P1-030		Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, integral back outlet, 500W 400D		1		
1		1	BED2502	BED HEAD BUFFER; bed and wall protection; vertical; wall mounted.		1		
1		1	BIN2509	BIN; sharps disposal; 7 litre; rail mounted		3		
1		1	BRA004	BRACKET; holder; suction unit; trunking/rail mounted		2		
1		1	BRA015	BRACKET, flat panel monitor, height adjustable, wall mounted		2		
1		1	CAL043	PUSH BUTTON patient/staff call with socket for extension pear push; trunking mounted.		1		
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1		
2		2	CHA017	CHAIR; upright; upholstered; stacking		3		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
3		3	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
1		1	LIG005	LUMINAIRE, bedhead, dimmable, patient reading and general nursing care/examination		1		
1		1	MON904	MONITOR; High end multi-functionality for ITU/Theatre/High Acuity		3		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
1		1	OUT010	SOCKET outlet, switched, 13amp, twin		1		
4		4	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1		
1		1	OUT121	SOCKET outlet; computer data; double.		1		
1		1	OUT215	SOCKET outlet, telephone		1		
2		2	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1		
2		2	OUT471	OUTLET; oxygen medical; trunking mounted.		1		
2		2	OUT476	OUTLET; vacuum medical; trunking mounted.		1		
2		2	RAI136	RAIL; clinical equipment; wall mounted; 2100mm.		1		
1		1	SHE2503	SHELF; 300mm deep; folding; length as drawn.		1		
1		1	STA2508	STAND; drip, rail mounted		3		
1		1	STO002	STOOL, height adjustable, 380H 480 dia.		3		
1		1	SWC025	SWITCH, light		1		
1		1	SWC035	SWITCH; dimmer trunking mounted.		1		
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1		
1		1	TEL2500	TELEPHONE; handset, wall mounted.		2		
1		1	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1		
1		1	TRO021	TROLLEY; 4 sets of runners; 850H 600W 600D		3		
1		1	TRO181	TROLLEY, general purpose, 3 tier, buffered, 950H 890W 590D		3		
1		1	TRO296	TROLLEY PATIENT; tilting/reclining		3		
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1		
1		1	UPS003	Uninterrupted power supply (UPS).		1		
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1		
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1		

ADB	Room Data Sheet		J1264	
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	J1264	Waiting bay: 1 patient trolley/bed place		
Room Number:	1-P1-057	Revision Date:	18/09/2014	
Activities:	1) Parking, storage of patients' trolley(s) 2) Patient may wait on trolley/bed, under nursing observation			
Personnel:	1 x Patient			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Ceiling height: To suit surrounding area/design.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	J1264
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Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	J1264	Waiting bay: 1 patient trolley/bed place
Room Number:	1-P1-057	Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 16 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central General Extract
Mechanical Ventilation (Extract ac/hr):	3.0	
Pressure Relative to Adjoining Space:	Negative	
Filtration (%DSE and % Arrestance):	/	None
Humidity (%RH):		

General Notes: Heating Type: Adjacent Space Transfer Air Cooling: None

LIGHTING	Requirements	Notes
Service Illumination (Lux):	200	@ Floor 0m AFFL
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch/ Dimmer

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		55:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		

General Notes:

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		J1264
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	J1264	Waiting bay: 1 patient trolley/bed place	
Room Number:	1-P1-057	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	N/A, open to circulation.		
Windows:	N/A		
Internal Glazing:	N/A		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room		J1264	
Project:		11072	RHSC & DCN			
Department:		P1	Operating Theatres & RHSC Surgical Day Case Unit			
Room:		J1264	Trolley Bay			
Room Number:		1-P1-057	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
2		2	OUT010	SOCKET outlet, switched, 13amp, twin		1
1		1	PEG2500	HOOK; Pat Slide.		1
1		1	SLI2500	PATSLIDE		3
1		1	TRO283	TROLLEY PATIENT; non-ferrous materials; full length tilt; adjustable head rest; side rails; 2075L 625D		3

ADB	Room Data Sheet			E0801-02
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	E0801-02	Imaging room: Interoperative MRI		
Room Number:	1-P1-064	Revision Date:	18/09/2014	
Activities:	1) Patient is positioned or repositioned for examination 2) Use of radiation protection equipment 3) Imaging x-ray examination of patient 4) Use of oxygen and vacuum services for resuscitation 5) Storage of small items of equipment 6) Storage of Positioning aids e.g. wedges pillows and other immobilisation devices 7) Clinical handwashing			
Personnel:	1 x patient			
Planning Relationships:	Adjacent to viewing/reporting area. Direct access from changing cubicles - optional.			
Space Data:	Area (m²):		Height (mm):	3,100
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	E0801-02
Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	E0801-02	Imaging room: Interoperative MRI
Room Number:	1-P1-064	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	8.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	8.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		
General Notes: Heating Type: Warm Air - Reheat Battery with BMS Adjustable Sensor. Cooling: Comfort Cooled		
LIGHTING		
Service Illumination (Lux):	300	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ General working plane 1000 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch/ Dimmer		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmx,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
Quality Which Cannot Be Tolerated: (alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		
General Notes:		
FIRE		
Enclosure:		
Automatic Detection:		Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		E0801-02
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0801-02	Imaging room: Interoperative MRI	
Room Number:	1-P1-064	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings Radiation protection to be agreed with NHSL RPO		
Floor:	Refer to HLM 330 series of drawings Floor Recess required Radiation protection to be agreed with NHSL RPO		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A or in accordance with radiation protection advice, blackout/dim-out.		
Internal Glazing:	Viewing panel from control room, radiation protection.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			E0801-02	
Project:		11072	RHSC & DCN				
Department:		P1	Operating Theatres & RHSC Surgical Day Case Unit				
Room:		E0801-02	MRI Room				
Room Number:		1-P1-064			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	ANA007	ANAESTHETIC MACHINE/WORKSTATION; MRI compatible; electrically powered piston ventilator; mobile; 1350H 750W 650D		3	
1		1	BIN2506	BIN; disposal; general purpose; MRI compatible; plastic		3	
1		1	BRA013	BRACKET; TV; height adjustable; wall mounted.		1	
1		1	BUT2500	Quench button.		5	
2		2	CAM2505	CAMERA CCTV; pan/tilt/zoom; MRI compatible.		5	
1		1	CHR901	CHAIR; MR Compatible		3	
1		1	CUP112	CUPBOARD UNIT; non-ferrous; open; 3 adjustable shelf; on plinth; 850H 1000W 500D.		1	
1		1	CUP116	CUPBOARD/DRAWER UNIT; non-ferrous; 2 drawer; 1 adjustable shelf; on plinth; 850H 1000W 500D.		1	
2		2	DET2500	Ferromagnetic detector		1	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
1		1	IMG086	TABLE PATIENT - MRI imager; floating top; (Part of IMG081)		5	
1		1	IMG2501	Coil Holder.		5	
2		2	IMG2507	Wave Guide.		5	
1		1	IMG2508	IMAGER; MAGNETIC RESONANCE IMAGING (MRI); closed bore; 3 Tesla unit		5	
1		1	INF901	INFUSION volumetric pump; MR Compatible 356H 178W 178D		3	
1		1	MON051	MONITOR; patient; MR compatible; vital signs; multi-parameter; includes pulse oximeter		3	
5		5	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
1		1	OUT052	CONNECTION UNIT, switched, 13 amp		1	
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
1		1	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1	
1		1	OUT463	OUTLET; nitrous oxide; medical, trunking mounted.		1	
2		2	OUT471	OUTLET; oxygen medical; trunking mounted.		1	
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1	
1		1	OUT481	OUTLET; gas scavenging (AGS); medical, trunking mounted.		1	
2		2	STA2510	STAND; drip, twin hooks, MR compatible		3	
2		2	STO900	STOOL; MR Compatible		3	
1		1	SUC902	SUCTION UNIT; pipeline; high pressure; theatre; MRI compatible		3	
1		1	SWC025	SWITCH, light		1	
2		2	SWC062	EMERGENCY STOP switch button, wall mounted		1	
1		1	SYR005	SYRINGE INJECTOR; MRI compatible; automatic; hi pressure injection; media contrast		5	
1		1	TAB903	TABLE operating patient; MR Compatible Top powered with 250mm transverse top; complete with specialty accessories; 715H 600W 2102D		3	
1		1	TRO139	TROLLEY; dressing/instrument; MRI compatible; 870H 450W 450D		3	
1		1	TRO901	TROLLEY; Coil cupd		3	
1		1	TVM2503	TV / monitor flat screen with DVD player, MRI compatible		3	

ADB			Schedule of Components by Room			E0801-02	
Project:		11072	RHSC & DCN				
Department:		P1	Operating Theatres & RHSC Surgical Day Case Unit				
Room:		E0801-02	MRI Room				
Room Number:		1-P1-064	Revision Date:			09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	UPS003	Uninterrupted power supply (UPS).		1	

ADB	Room Data Sheet			E0604-05
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	E0604-05	Control room: Interoperative MRI		
Room Number:	1-P1-065	Revision Date:	18/09/2014	
Activities:	1) Radiographer operates an x-ray Simulator 2) Monitoring of patient on Simulator couch through leaded glass window 3) Use of computer workstation(s) 4) Viewing of X-ray films 5) Displaying notices 6) Maintenance and storage of EBME equipment records and reports 7) Viewing diagnostic images on VDT			
Personnel:	2 x staff Access to visitors, researchers			
Planning Relationships:	Direct access to/from MRIr room. Access may be required to medical conference room.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	E0604-05
Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	E0604-05	Control room: Interoperative MRI
Room Number:	1-P1-065	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	4.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air		
LIGHTING		
Service Illumination (Lux):	300	@ Desk 750 - 850 AFFL
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
Quality Which Cannot Be Tolerated: (alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		
General Notes:		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		E0604-05
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0604-05	Control room: Interoperative MRI	
Room Number:	1-P1-065	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings Radiation protection to MRI Room to be agreed with NHSL RPO		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Viewing panel to MRI room, radiation protection.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				E0604-05	
Project:		11072	RHSC & DCN					
Department:		P1	Operating Theatres & RHSC Surgical Day Case Unit					
Room:		E0604-05	Control Room - MRI					
Room Number:		1-P1-065	Revision Date:			09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	BIN2504	BIN; confidential waste		3		
1		1	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1		
1		1	BOA034	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 600H 900W.		1		
1		1	BUT2500	Quench button.		5		
3		3	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
2		2	COM033	COMPUTER KEYBOARD		3		
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3		
2		2	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	COM2509	INTERCOM two way communication system; wall mounted (flush).		1		
1		1	COM913	Hard drive for MRI scanner		5		
1		1	CUP332	CUPBOARD; key; 30 hooks; lockable; wall mounted; 305H 230W 70D.		1		
1		1	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
1		1	IMG112	CONTROL CONSOLE; for MRI		5		
1		1	IMG2507	Wave Guide.		5		
2		2	LOC012	LOCKER; wall mounted; 340H 300W 300D.		1		
1		1	MON2504	MONITOR and CONTROL for CCTV; complete with flat screen monitor; keyboard; digital recorder (computer) and power supply		5		
1		1	MON906	MONITOR; Clinical slave		2		
2		2	MSC2508	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; shelves; 1 door hinged left; wall mounted.		1		
2		2	MSC2510	CABINET base; 1000mm facing; (1000x400 inserts); with formed plastic liners; 1 door hinged right; on plinth; o/a height 900.		1		
1		1	OUT002	OUTLET, cable 13amp		1		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
9		9	OUT010	SOCKET outlet, switched, 13amp, twin		1		
4		4	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1		
8		8	OUT121	SOCKET outlet; computer data; double.		1		
5		5	OUT126	SOCKET outlet switched 13amp double; with data protection mains RF filter/suppressor.		1		
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	OUT210	SOCKET outlet two-way communication system (intercom), wall mounted		1		
1		1	OUT215	SOCKET outlet, telephone		1		
1		1	OUT2500	OUTLET; connection for IPOD.		1		
1		1	PAN2500	PANEL; syringe injector controller.		5		
1		1	PRI015	PRINTER; label; portable		3		
1		1	REC032	RECORDER/DVD; playback		3		
1		1	STF130	STORAGE UNIT; lower; cupboard; 2 door; 1 shelf; on castors; 600H 600W 550D		3		
1		1	STF165	STORAGE UNIT; lower; 6 drawer; on castors; 600H 600W 450D		3		

ADB			Schedule of Components by Room		E0604-05	
Project:		11072	RHSC & DCN			
Department:		P1	Operating Theatres & RHSC Surgical Day Case Unit			
Room:		E0604-05	Control Room - MRI			
Room Number:		1-P1-065	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
4		4	SUP2501	SUPPORT LEG; for 720 high worktop		1
1		1	SWC025	SWITCH, light		1
2		2	SWC082	EMERGENCY STOP; switch button; wall mounted		1
1		1	TEL1000	TELEPHONE; handset.		3
2		2	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1
1		1	UPS003	Uninterrupted power supply (UPS).		1
1		1	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1
3		3	WKT1006L	WORKTOP; 720 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet	N0305-01
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Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	N0305-01	Anaesthetic room: DCN		
Room Number:	1-P1-069		Revision Date:	18/09/2014

Activities:	<ul style="list-style-type: none"> 1) Storage of anaesthetic accessories and equipment 2) Secure storage of controlled and scheduled drugs 3) Holding/storing sterile equipment 4) Holding / storing stock of infusion fluids 5) Storage of refrigerated drugs/medicines 6) Displaying operating lists 7) Recording of patient data/notes 8) Collection of used anaesthetic accessories for reprocessing 9) Collection of waste materials for disposal 10) Clinical handwashing 11) Administration of intravenous analgesia 12) Maintenance of general anaesthesia 13) Use of monitoring/diagnostic or therapeutic equipment 			
Personnel:	1 x patient 4 x staff			
Planning Relationships:	Direct access from corridor and into theatre.			
Space Data:	Area (m²):		Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			

Notes:	<p>Refer to ME 571 series of drawings for access control (PCP 4.17)</p> <p>Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision</p>			
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ADB	Room Environmental Data	N0305-01
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	N0305-01	Anaesthetic room: DCN	
Room Number:	1-P1-069		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central Supply and Extract In line with SHTM 03-01
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:		
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		

General Notes: Heating Type: Warm Air via AHU Battery with Local / BMS Adjustable Sensor. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		10,000-100,000 @ Bed / Trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f. 40:daytime (LAeq,1hr)
Intrusive Noise (NR Leq):		
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		N0305-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	N0305-01	Anaesthetic room: DCN	
Room Number:	1-P1-069	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			N0305-01	
Project:		11072	RHSC & DCN				
Department:		P1	Operating Theatres & RHSC Surgical Day Case Unit				
Room:		N0305-01	Anaesthetic Room 2 (DCN)		Revision Date: 09/09/2014		
Room Number:		1-P1-069					
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	ANA001	ANAESTHETIC MACHINE/WORKSTATION electrically powered piston ventilator, mobile, 1350H 750W 650D		3	
1		1	BOA034	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 600H 900W.		1	
1		1	CHA024	CHAIR, anaesthetist, height adjustable		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	COM033	COMPUTER KEYBOARD		3	
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3	
2		2	CUP2510	CUPBOARD; base unit; LH door; ; 600mm.		1	
1		1	CUP2519	CUPBOARD; wall unit; LH door; 600h; lockable; 500mm.		1	
1		1	CUP2551	CUPBOARD; wall unit; 2 glass door; 600h; lockable; 1000mm.		1	
2		2	CUP2566	CUPBOARD; base unit; RH door; 500mm.		1	
2		2	CUP2572	CUPBOARD; base unit; 4 drawer; 500mm.		1	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
1		1	LIG081	LUMINAIRE fitted with single fluorescent lamp with switch; below drug cupboard; 8watt; 400mm.		1	
1		1	LIG963	LUMINAIRE; examination; ceiling; adjustable.		1	
1		1	MON904	MONITOR; High end multi-functionality for ITU/Theatre/High Acuity		3	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
19		19	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
1		1	OUT049	CONNECTION UNIT, switched, 13amp, flex outlet		1	
1		1	OUT050	OUTLET, controlled drugs cupboard		1	
1		1	OUT054	CONNECTION UNIT, unswitched, 13 amp, neon indicator		1	
4		4	OUT121	SOCKET outlet; computer data; double.		1	
1		1	OUT215	SOCKET outlet, telephone		1	
1		1	OUT453	OUTLET, 4kPa compressed air, medical		1	
1		1	OUT461	OUTLET, nitrous oxide, medical		1	
2		2	OUT470	OUTLET, oxygen, medical		1	
2		2	OUT475	OUTLET, vacuum, medical		1	
1		1	OUT480	OUTLET, gas scavenging (AGS), medical		1	
1		1	REF091	REFRIGERATOR; drug; capacity 35 litres; external temperature gauge; lockable; wall mounted; 510H 380W 445D		2	
1		1	STA142	STAND; infusion; twin hook; breaks; mobile		3	
2		2	STA2509	STAND; sharps bin, mobile, 30 litre		3	
2		2	STF290	STORAGE UNIT; upper; cupboard; controlled drugs; 1 door; lockable; with inner lockable cupboard and warning light; 550H 600W 300D		1	
1		1	SUP2500	SUPPORT LEG; for 920 high worktop		1	
1		1	SWC025	SWITCH, light		1	

ADB			Schedule of Components by Room			N0305-01	
Project:		11072	RHSC & DCN				
Department:		P1	Operating Theatres & RHSC Surgical Day Case Unit				
Room:		N0305-01	Anaesthetic Room 2 (DCN)				
Room Number:		1-P1-069			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
2		2	SYR004	SYRINGE pump; anaesthetic use; with diprifusor; 115H 400W 180D		3	
1		1	TAP892	TAP, bib, 2x8 mm thermostatic mixer, automatic action, sensor operated, non-touch		1	
1		1	TEL2500	TELEPHONE; handset, wall mounted.		2	
2		2	TRO021	TROLLEY; 4 sets of runners; 850H 600W 600D		3	
1		1	TRO131	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 450W 450D		3	
1		1	TRO204	TROLLEY instrument tray MAYO, 650W 450D		3	
1		1	TRO282	TROLLEY PATIENT; accident; image top; with tilt and brakes; 540-1000H 740W 2110D		3	
1		1	TRO601	TROUGH scrub-up; hospital pattern; stainless steel; single; 75mm upstand; 800W 450D. HTM64SUH1.		1	
2		2	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	
1		1	UPS003	Uninterrupted power supply (UPS).		1	
1		1	WAS102	WASTE, unslotted flush-grated, metal, 1.1/2 in		1	
1		1	WAS108	TRAP, bottle, 1.1/2 in, plastic resealing		1	
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet			N0106-03
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	N0106-03	Operating theatre: DCN		
Room Number:	1-P1-070	Revision Date:	18/09/2014	
Activities:	<ol style="list-style-type: none"> 1) Connection of patient to anaesthetic machine 2) Assembly and connecting of mobile equipment 3) Use of surgical instruments on instrument trolley 4) Surgical procedures performed under local or general anaesthetic 5) Viewing film and/or computer generated images 6) Checking, weighing and recording used swab 7) Displaying operating lists 8) Recording of patient data/notes 9) Transfer of patient from operating table to bed/trolley 10) Computer information accessed 11) Assessment / updating of electronic patient records (EPRs) 12) Maintenance of general anaesthesia 13) Use of mobile image intensifier 14) Use of monitoring/diagnostic or therapeutic equipment 			
Personnel:	1 x patient 7 x staff			
Planning Relationships:	Direct access to preparation room. Direct access to anaesthesia room (when provided). Direct access or adjacent to scrub-up room. Direct access to utility room. Direct access to corridor/exit bay.			
Space Data:	Area (m²):		Height (mm):	3,000
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	N0106-03
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	N0106-03	Operating theatre: DCN	
Room Number:	1-P1-070		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central Supply and Extract In line with SHTM 03-01
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:		
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		

General Notes: Heating Type: Warm Air via AHU Battery with Local / BMS Adjustable Sensor. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		10,000 - 100,000 @ Bed / Trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	50	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f. 50:daytime (LAeq,1hr)
Intrusive Noise (NR Leq):		
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
Quality Which Cannot Be Tolerated: (alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		N0106-03
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	N0106-03	Operating theatre: DCN	
Room Number:	1-P1-070	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings Radiation protection to be agreed with NHSL RPO		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A or clear, solar control, privacy control (tbc)		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:	windows are currently on the change control matrix (Board decision - tbc)		

ADB			Schedule of Components by Room				N0106-03	
Project:		11072		RHSC & DCN				
Department:		P1		Operating Theatres & RHSC Surgical Day Case Unit				
Room:		N0106-03		Operating Theatre 2 (DCN)				
Room Number:		1-P1-070		Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	ANA004	ANAESTHETIC MACHINE/WORKSTATION with ventilator, with accessories, mobile, 1580H 565W 695D		3		
2		2	BOA034	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 600H 900W.		1		
1		1	CAN010	CANOPY : ultra clean ventilation (UCV) operating theatre, 2000mm clear from floor level to underside, 3200W x3200D, sliding screens.		1		
1		1	CHA024	CHAIR, anaesthetist, height adjustable		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
2		2	COM033	COMPUTER KEYBOARD		3		
2		2	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	DIA002	DIATHERMY APPARATUS; Surgical with 2 suction jars, mobile		3		
1		1	DIA004	DIATHERMY UNIT; surgical; monopolar; bipolar; argon compatible; 111H 356W 439D		3		
1		1	DIA005	SMOKE EVACUATION SYSTEM; (diathermy) complete with trolley; 860H 487W 643D		3		
4		4	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
1		1	DRI2500	DRILL; 7 bar power drill		3		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
1		1	IMG2509	IMAGING; Camera box.		1		
2		2	INF001	INFUSION volumetric pump; 356H 178W 178D		3		
4		4	LIG071	ILLUMINATED SIGN RADIATION ON, wall mounted		1		
1		1	LIG2504	Head light source		3		
1		1	LIG2505	LIGHT; Operating 3 arm		1		
1		1	LIG2506	LIGHT; green blue light source.		1		
1		1	MON042	MONITOR sedation depth; 169H 175W 100D		3		
1		1	MON2501	MONITOR; flat screen; recessed; wall mounted; double PACS theatre specific		5		
1		1	MON2513	MONITOR; 42inch, wall mounted		5		
1		1	MON2517	MONITOR; HD screen on arm		3		
1		1	MON904	MONITOR; High end multi-functionality for ITU/Theatre/High Acuity		3		
2		2	OUT005	SOCKET outlet, switched, 13amp, single		1		
19		19	OUT010	SOCKET outlet, switched, 13amp, twin		1		
24		24	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1		
1		1	OUT052	CONNECTION UNIT, switched, 13 amp		1		
8		8	OUT121	SOCKET outlet; computer data; double.		1		
10		10	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	OUT2500	OUTLET; connection for IPOD.		1		
1		1	OUT2503	SOCKET; outlet switched 13amp double; ceiling mounted.		1		
4		4	OUT453	OUTLET, 4kPa compressed air, medical		1		
4		4	OUT454	OUTLET, 7kPa compressed air, medical		1		
4		4	OUT461	OUTLET, nitrous oxide, medical		1		
8		8	OUT470	OUTLET, oxygen, medical		1		
8		8	OUT475	OUTLET, vacuum, medical		1		
4		4	OUT480	OUTLET, gas scavenging (AGS), medical		1		
15		15	OUT904	OUTLET; socket, AV and control system, typt tbc		1		

ADB			Schedule of Components by Room				N0106-03	
Project:		11072		RHSC & DCN				
Department:		P1		Operating Theatres & RHSC Surgical Day Case Unit				
Room:		N0106-03		Operating Theatre 2 (DCN)				
Room Number:		1-P1-070		Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	PAN053	PANEL operating theatre; to meet the theatre requirements.		1		
1		1	PEG002	PEGS; equipment; medium; 2; wide spacing; wall mounted.		1		
3		3	PEN002	PENDANT; Anaesthetic; medical & power supply unit; vertical movement; ceiling mounted; outlets comprising.		1		
1		1	PEN006A	PENDANT SURGICAL; touch screen monitor; medical and power supply unit; tandem; lateral and vertical movement; ceiling mounted; outlets comprising.		1		
3		3	PLA002	PLATFORM; step-stand; stackable; portable; 130H 480W 330D		3		
1		1	PRI015	PRINTER; label; portable		3		
1		1	SCA012	SCALE; swab; includes Mains adaptor		3		
1		1	SCA2503	SCALPEL; harmonic		3		
2		2	STA101	STAND; lotion bowl; single; stainless steel; (Bowls not included)		3		
2		2	STA142	STAND; infusion; twin hook; breaks; mobile		3		
2		2	STA2509	STAND; sharps bin, mobile, 30 litre		3		
3		3	STO006	STOOL, surgeon/anaesthetist, height adjustable, includes anti-static seat pads		3		
2		2	SUC002	SUCTION UNIT; pipeline; high pressure; theatre		3		
2		2	SUP2500	SUPPORT LEG; for 920 high worktop		1		
1		1	SUR971	Swab bucket		3		
2		2	SWC025	SWITCH, light		1		
3		3	SYR004	SYRINGE pump; anaesthetic use; with diprifusor; 115H 400W 180D		3		
2		2	TEL2500	TELEPHONE; handset, wall mounted.		2		
1		1	TRF002	AUTOTRANSFUSION cell separator; mobile; built in air and foam detector; 1620H 270W 585D		3		
2		2	TRO021	TROLLEY; 4 sets of runners; 850H 600W 600D		3		
4		4	TRO131	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 450W 450D		3		
2		2	TRO133	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 750W 450D		3		
2		2	TRO201	TROLLEY, instruments, stainless steel, buffered, 870H 920W 620D		3		
1		1	TRO204	TROLLEY instrument tray MAYO, 650W 450D		3		
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1		
1		1	UPS003	Uninterrupted power supply (UPS).		1		
1		1	WAR053	WARMER, blood/fluid, maintains temperature between 36 and 43 deg.C at flow rates up to 500 ml/min, 35H 235W 273D		3		
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1		

ADB	Room Data Sheet	E0311
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Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	E0311	Angiography Procedures Room		
Room Number:	1-P1-093		Revision Date:	18/09/2014

Activities:	1) Patient is positioned or repositioned for examination 2) Use of radiation protection equipment 3) Imaging x-ray examination of patient 4) Use of oxygen and vacuum services for resuscitation 5) Storage of small items of equipment 6) Storage of Positioning aids e.g. wedges pillows and other immobilisation devices 7) Clinical handwashing			
Personnel:	1 x patient 4 x staff			
Planning Relationships:	Adjacent to viewing/reporting area.			
Space Data:	Area (m²):		Height (mm):	3,000
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			

Notes:	<p>Refer to ME 571 series of drawings for access control (PCP 4.17)</p> <p>Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision</p> <p>Radiation protection requirements are subject to RPA advice upon selection of equipment.</p> <p>The "radiation in use" warning lamp should be installed at eye level outside the entrance(s) to the room.</p>			
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ADB	Room Environmental Data	E0311
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0311	Angiography Procedures Room	
Room Number:	1-P1-093		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central Supply & Extract In Line with SHTM 03-01
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:	0	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		

General Notes: Heating Type: Warm Air via AHU Battery with local / BMS Adjustable Sensor. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		10,000 - 100,000 @ Floor
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f. 40:daytime (LAeq,1hr)
Intrusive Noise (NR Leq):		
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
Quality Which Cannot Be Tolerated: (alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		E0311
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0311	Angiography Procedures Room	
Room Number:	1-P1-093	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings Radiation protection to be agreed with NHSL RPO		
Floor:	Refer to HLM 330 series of drawings Floor Recess required		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Viewing panel from control room, radiation protection.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			E0311	
Project:		11072	RHSC & DCN				
Department:		P1	Operating Theatres & RHSC Surgical Day Case Unit				
Room:		E0311	Angiography Procedures Room				
Room Number:		1-P1-093			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	ANA001	ANAESTHETIC MACHINE/WORKSTATION electrically powered piston ventilator, mobile, 1350H 750W 650D		3	
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
2		2	BIN2509	BIN; sharps disposal; 7 litre; rail mounted		3	
4		4	BOA034	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 600H 900W.		1	
2		2	CAM2500	VIDEO MONITORING EQUIPMENT; camera.		2	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	COM2503	COMPUTER MONITOR, PACS REVIEW STATION; 2 21", high-resolution screens,		3	
1		1	CYL2500	CYLINDER; oxygen		3	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
2		2	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
2		2	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
3		3	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
1		1	IMG101	MONITOR viewing; flat panel display for image intensifier; ceiling mounted		5	
1		1	IMG105	TABLE PATIENT - image intensifier; X-ray; floating top; (Part of IMG026; or IMG030)		5	
2		2	IMG111	CONTROL CONSOLE - tableside gantry control for digital imaging system		5	
2		2	IMG121	IMAGE CS RAIL; ceiling suspensions for monitors		5	
1		1	IMG131	SHIELD lead acrylic; overhead suspended on bracket; 760W 610D lead equivalent 0.5mm Pb; ceiling mounted		5	
1		1	IMG905	Biplane Imaging System		5	
5		5	LIG071	ILLUMINATED SIGN RADIATION ON, wall mounted		1	
1		1	LIG963	LUMINAIRE; examination; ceiling; adjustable.		1	
1		1	MAC2500	ACT Machine on trolley		3	
1		1	MON1002	MONITOR; ACCU platelet		3	
1		1	MON900	MONITOR; Low end monitor, general Ward /OPD use		3	
2		2	MSC091	CABINET base; 400mm facing; (400x600 inserts); with formed plastic liners; 1 door hinged right; on plinth; o/a height 900.		1	
2		2	MSC096	CABINET base; 400mm facing; (400x600 inserts); with 3 telescopic runners; 1 door hinged left; on plinth; o/a height 900.		1	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
4		4	OUT009	SOCKET outlet switched 13 amp twin; floor mounted.		1	
11		11	OUT010	SOCKET outlet, switched, 13amp, twin		1	
4		4	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
2		2	OUT121	SOCKET outlet; computer data; double.		1	
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
1		1	OUT453	OUTLET, 4kPa compressed air, medical		1	
1		1	OUT461	OUTLET, nitrous oxide, medical		1	
1		1	OUT470	OUTLET, oxygen, medical		1	
2		2	OUT475	OUTLET, vacuum, medical		1	

ADB			Schedule of Components by Room			E0311	
Project:		11072	RHSC & DCN				
Department:		P1	Operating Theatres & RHSC Surgical Day Case Unit				
Room:		E0311	Angiography Procedures Room				
Room Number:		1-P1-093	Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	OUT480	OUTLET, gas scavenging (AGS), medical		1	
1		1	PEG2500	HOOK; Pat Slide.		1	
1		1	PEN002	PENDANT; Anaesthetic; medical & power supply unit; vertical movement; ceiling mounted; outlets comprising.		1	
1		1	PLA002	PLATFORM; step-stand; stackable; portable; 130H 480W 330D		3	
2		2	RAC360	RACK; catheter and guide wire storage; rotary; mobile; wire basket; top 600x600mm; 800mm dia. 230H 600W 600D		3	
1		1	SCR066	SCREEN shielding; radiation protection; lead sheets; mobile; 1140H 1070L; lead equivalent 0.8 mm Pb @ 110 keV.		5	
1		1	SLI2500	PATSLIDE		3	
1		1	STA2504	STAND; Roll stand for monitor		3	
3		3	STO002	STOOL, height adjustable, 380H 480 dia.		3	
2		2	SWC031	SWITCH; light; dimmer to M&E design.		1	
1		1	SYR001	SYRINGE INJECTOR, automatic, high pressure injection, contrast media.		5	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
2		2	THE900	THERMOMETER; Tympanic		3	
1		1	TRO070	TROLLEY, for single cylinder, type F or G, 1155H 510W 405D		3	
2		2	TRO131	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 450W 450D		3	
2		2	TRO133	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 750W 450D		3	
4		4	TRO901	TROLLEY; Coil cupd		3	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1	
2		2	XRA018	X-RAY CS RAIL; ceiling suspensions; 2455mm (3655 w/optional extension rail)		5	

ADB	Room Data Sheet			X1026
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	X1026	Control room: Angiography Procedures		
Room Number:	1-P1-094	Revision Date:	18/09/2014	
Activities:	1) Radiographers operate orthovoltage/superficial machine seated at control desk. 2) Displays of patient data and position on treatment couch are monitored via CCTV - this must be screened from public view 3) Viewing of X-ray films 4) Use of computer workstation(s) 5) Holding patient notes / images 6) Accommodation of computer equipment and operator of the Verification Control and Record (VCR) equipment. 7) Audible warning may be given as per approved code of practice of the Ionising Radiations Regulation 1985, page 29, Para 22			
Personnel:	2 x Staff			
Planning Relationships:	Adjacent to orthovoltage/superficial treatment room.			
Space Data:	Area (m²):		Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	X1026
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X1026	Control room: Angiography Procedures	
Room Number:	1-P1-094		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb)(degC):18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central Supply and Extract In line with SHTM 03-01
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:		
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		

General Notes: Heating Type: Warm Air via AHU Battery with BMS Adjustable Sensor. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		10,000 - 100,000 @ Bed / Trolley 1450 AFFL
Colour Rendering Required:	N	Colour Rendering Characteristics (Ra): 80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f. 40:daytime (LAeq,1hr)
Intrusive Noise (NR Leq):		
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		X1026
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X1026	Control room: Angiography Procedures	
Room Number:	1-P1-094	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings Radiation protection to be agreed with NHSL RPO		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Viewing panel to procedures room, radiation protection.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				X1026	
Project:		11072	RHSC & DCN					
Department:		P1	Operating Theatres & RHSC Surgical Day Case Unit					
Room:		X1026	Angiography Procedures Control Room					
Room Number:		1-P1-094	Revision Date:			09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	BIN2504	BIN; confidential waste		3		
1		1	BOA034	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 600H 900W.		1		
2		2	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
1		1	COM033	COMPUTER KEYBOARD		3		
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3		
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	COM2509	INTERCOM two way communication system; wall mounted (flush).		1		
1		1	COM898	COMPUTER CPU		3		
1		1	CRD051	CONTROL CONSOLE and COMPUTER for catheter laboratories; (Part of CRD021 or CRD023)		5		
2		2	CUP378	CUPBOARD/DRAWER UNIT; 1 drawer; 1 shelf; on castors; 660H 480W 390D		3		
1		1	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
1		1	LIG060	LUMINAIRE fitted with twin fluorescent lamp.		1		
1		1	LIG074	ILLUMINATED SIGN DO NOT ENTER		1		
1		1	MON906	MONITOR; Clinical slave		2		
1		1	MON924	MONITOR; for use with remote camera, with bracket		2		
4		4	MSC263	CABINET/DRAWER features; base; 400mm facing; 4 drawer; on plinth; o/a height 900.		1		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
10		10	OUT010	SOCKET outlet, switched, 13amp, twin		1		
10		10	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	OUT210	SOCKET outlet two-way communication system (intercom), wall mounted		1		
1		1	OUT215	SOCKET outlet, telephone		1		
1		1	PRI015	PRINTER; label; portable		3		
2		2	RAC195	RACK; x-ray lead apron; 5 hangers; wall mounted		2		
2		2	SUP2500	SUPPORT LEG; for 920 high worktop		1		
3		3	SUP2501	SUPPORT LEG; for 720 high worktop		1		
1		1	SWC031	SWITCH; light; dimmer to M&E design.		1		
1		1	TEL1000	TELEPHONE; handset.		3		
3		3	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1		
1		1	UPS003	Uninterrupted power supply (UPS).		1		
1		1	WKT1003L	WORKTOP; 720 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1		
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1		
1		1	WKT1006L	WORKTOP; 720 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1		

ADB	Room Data Sheet	B2417-01
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B2417-01	Post Anaesthetic Recovery:DCN	
Room Number:	1-P1-109		Revision Date: 18/09/2014

Activities:	1) Post anaesthetic recovery of patients 2) Medical and nursing procedures 3) Observation by medical and nursing staff 4) Clinical handwashing 5) Use of mobile equipment and services may be used 6) Manoeuvring beds. 7) Use of monitoring/diagnostic or therapeutic equipment 8) Use of piped medical gases, vacuum and associated equipment		
Personnel:	8 x patients (1 per bay) 4 x staff		
Planning Relationships:	Part of multi-bay area. Overall area to include staff communication base and utilities . Close to operating theatre.		
Space Data:	Area (m²):		Height (mm): 2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.		

Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision		
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ADB	Room Environmental Data		B2417-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B2417-01	Post Anaesthetic Recovery:DCN	
Room Number:	1-P1-109	Revision Date:	18/09/2014
AIR	Requirements	Notes	
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 20 - 28	
Summer Temperature (DegC):			
Mechanical Ventilation (Supply ac/hr):	15.0	Ventilation Type: Central Supply and Extract	
Mechanical Ventilation (Extract ac/hr):	15.0		
Pressure Relative to Adjoining Space:	Balanced		
Filtration (%DSE and % Arrestance):	/	G4 - minimum	
Humidity (%RH):			
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air			
LIGHTING			
Service Illumination (Lux):	500		
Service Illumination Night (Lux):		Not Applicable	
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL	
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80	
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting	
General Notes: Control: Switch/ Dimmer			
NOISE			
Privacy Factor Required (dB):			
Mechanical Services (NR):	30	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.	
Intrusive Noise (NR Leq):		45:daytime / 35:nighttime (LAeq,1hr) and 45:nighttime (LAmax,f).	
*Acceptable Sound Level [L10dB(A)]:			
*Speech Privacy Required:	N		
*Quality Which Cannot Be Tolerated:			
(* alternative format)			
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY			
Hot Surface Max. Temp (DegC):	43		
Hot Water Max. Temp (DegC):	41		
General Notes: Maximum cold water discharge temperature (degC): 20			
FIRE			
Enclosure:			
Automatic Detection:		Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)	

ADB	Room Design Character		B2417-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B2417-01	Post Anaesthetic Recovery:DCN	
Room Number:	1-P1-109	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			B2417-01	
Project:		11072	RHSC & DCN				
Department:		P1	Operating Theatres & RHSC Surgical Day Case Unit				
Room:		B2417-01	Recovery (8 bays)				
Room Number:		1-P1-109			Revision Date:	18/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
8		8	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
8		8	BED2502	BED HEAD BUFFER; bed and wall protection; vertical; wall mounted.		1	
8		8	BIN2509	BIN; sharps disposal; 7 litre; rail mounted		3	
8		8	BRA003	BRACKET, holder, suction unit, wall mounted		2	
8		8	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1	
8		8	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
8		8	COM2509	INTERCOM two way communication system; wall mounted (flush).		1	
8		8	DIS013	DISPENSER, paper towel, wall mounted		2	
8		8	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
8		8	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
9		9	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
1		1	HOI006	HOIST PATIENT; electric; 24V; track ceiling mounted (Length of the track to suit the individual needs).		1	
16		16	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
8		8	LIG005	LUMINAIRE, bedhead, dimmable, patient reading and general nursing care/examination		1	
8		8	LIG963	LUMINAIRE; examination; ceiling; adjustable.		1	
8		8	MON904	MONITOR; High end multi-functionality for ITU/Theatre/High Acuity		3	
16		16	MSC081	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; on plinth; o/a height 900.		1	
8		8	MST005	TROLLEY; half size open frame; up to 5 sets of runners; 400mm facing; approx 850H 450W 350D		3	
8		8	OUT004	OUTLET cable, fused, 13 amp, ceiling mounted		1	
8		8	OUT005	SOCKET outlet, switched, 13amp, single		1	
16		16	OUT010	SOCKET outlet, switched, 13amp, twin		1	
32		32	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
16		16	OUT121	SOCKET outlet; computer data; double.		1	
8		8	OUT210	SOCKET outlet two-way communication system (intercom), wall mounted		1	
1		1	OUT215	SOCKET outlet, telephone		1	
16		16	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1	
16		16	OUT471	OUTLET; oxygen medical; trunking mounted.		1	
16		16	OUT476	OUTLET; vacuum medical; trunking mounted.		1	
8		8	RAI136	RAIL; clinical equipment; wall mounted; 2100mm.		1	
8		8	STA142	STAND; infusion; twin hook; breaks; mobile		3	
8		8	STO024	STOOL, dental, with back support, mobile		3	
8		8	SWC025	SWITCH, light		1	
8		8	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TEL2500	TELEPHONE; handset, wall mounted.		2	
8		8	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1	
8		8	TRO021	TROLLEY; 4 sets of runners; 850H 600W 600D		3	

ADB			Schedule of Components by Room		B2417-01	
Project:		11072	RHSC & DCN			
Department:		P1	Operating Theatres & RHSC Surgical Day Case Unit			
Room:		B2417-01	Recovery (8 bays)			
Room Number:		1-P1-109	Revision Date:		18/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
8		8	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1
1		1	UPS003	Uninterrupted power supply (UPS).		1
8		8	WAR053	WARMER, blood/fluid, maintains temperature between 36 and 43 deg.C at flow rates up to 500 ml/min, 35H 235W 273D		3
8		8	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
8		8	WAS1000	TRAP; concealed waste; for back outlet basins.		1
8		8	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet			V0726
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	V0726	Changing Room		
Room Number:	1-P1-127	Revision Date:	18/09/2014	
Activities:	1) Semi-ambulant user may undress/dress in privacy 2) Hanging clothing 3) Use of call systems			
Personnel:	1 x patient Intermittent use			
Planning Relationships:	Adjacent to sub-waiting area Close to WC facilities.			
Space Data:	Area (m²):		Height (mm):	2,400
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	V0726
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	V0726	Changing Room	
Room Number:	1-P1-127		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	6.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	10.0	
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	100	@ Floor
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Presence Detection

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	45	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		55:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		V0726
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	V0726	Changing Room	
Room Number:	1-P1-127	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB	Schedule of Components by Room	V0726
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Project: 11072 RHSC & DCN
Department: P1 Operating Theatres & RHSC Surgical Day Case Unit
Room: V0726 Changing Cubicle
Room Number: 1-P1-127 **Revision Date:** 09/09/2014

Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	CAL005	CEILING, PULL CORD, patient/staff call.		1
1		1	CHA017	CHAIR; upright; upholstered; stacking		3
2		2	HOO024	HOOK; hat and coat; 1.		1
1		1	LOC005	LOCKER, CLOTHES, SINGLE, 1800H 300W 550D		3
1		1	MIR010	MIRROR; wall mounted; 800H 300W.		1
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1
1		1	RAI048	RAIL, grab, vertical, wall mounted, 600mm		1
1		1	SWC025	SWITCH, light		1

ADB	Room Data Sheet			D2155
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	D2155	Admissions Lounge		
Room Number:	1-P1-128	Revision Date:	18/09/2014	
Activities:	1) Patients, relatives and escorts wait to be seen 2) Displaying information			
Personnel:	6 x patients 1 x staff 3 x visitors			
Planning Relationships:	Adjacent to reception area. Close to clinical or work area. Close to WC facilities.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	D2155
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	D2155	Admissions Lounge	
Room Number:	1-P1-128		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	6.0	Ventilation Type: Comfort Cooled Fresh Air
Mechanical Ventilation (Extract ac/hr):	8.0	
Pressure Relative to Adjoining Space:	Negative	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	@ Floor
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		50:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		D2155
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	D2155	Admissions Lounge	
Room Number:	1-P1-128	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				D2155	
Project:		11072		RHSC & DCN				
Department:		P1		Operating Theatres & RHSC Surgical Day Case Unit				
Room:		D2155		Admissions Lounge				
Room Number:		1-P1-128		Revision Date:				09/09/2014
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
5		5	BED2502	BED HEAD BUFFER; bed and wall protection; vertical; wall mounted.		1		
1		1	BRA013	BRACKET; TV; height adjustable; wall mounted.		1		
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1		
1		1	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3		
7		7	CHA017	CHAIR; upright; upholstered; stacking		3		
5		5	CHA091	CHAIR; easy; reclining; 1000H 630W 1880D		3		
1		1	COM033	COMPUTER KEYBOARD		3		
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
6		6	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
1		1	HOL020	HOLDER, sharps box, up to 7 litre capacity, rail/trolley hang or wall mounted, 170H 125W 100D		3		
4		4	LOC008	LOCKER clothes; single; 2 compartments; 1800H 300W 550D		3		
2		2	MSC2508	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; shelves; 1 door hinged left; wall mounted.		1		
2		2	MSC2510	CABINET base; 1000mm facing; (1000x400 inserts); with formed plastic liners; 1 door hinged right; on plinth; o/a height 900.		1		
2		2	OUT005	SOCKET outlet, switched, 13amp, single		1		
6		6	OUT010	SOCKET outlet, switched, 13amp, twin		1		
2		2	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1		
2		2	OUT121	SOCKET outlet; computer data; double.		1		
1		1	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1		
1		1	RAC440	RACK; leaflet; wall mounted; 915H 250W 105D.		1		
1		1	SUP2500	SUPPORT LEG; for 920 high worktop		1		
2		2	SWC031	SWITCH; light; dimmer to M&E design.		1		
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1		
1		1	TEL1000	TELEPHONE; handset.		3		
4		4	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1		
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1		
1		1	TVM006	TELEVISION monitor; colour; 585mm		3		
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1		
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1		
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1		

ADB	Room Data Sheet	N0106-01
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Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	N0106-01	Operating theatre: RHSC		
Room Number:	1-P1-131		Revision Date:	18/09/2014

Activities:	<ol style="list-style-type: none"> 1) Connection of patient to anaesthetic machine 2) Assembly and connecting of mobile equipment 3) Use of surgical instruments on instrument trolley 4) Surgical procedures performed under local or general anaesthetic 5) Viewing film and/or computer generated images 6) Checking, weighing and recording used swab 7) Displaying operating lists 8) Recording of patient data/notes 9) Transfer of patient from operating table to bed/trolley 10) Computer information accessed 11) Assessment / updating of electronic patient records (EPRs) 12) Maintenance of general anaesthesia 13) Use of mobile image intensifier 14) Use of monitoring/diagnostic or therapeutic equipment 			
Personnel:	<p>1 x patient 7 x staff</p>			
Planning Relationships:	<p>Direct access to preparation room. Direct access to anaesthesia room (when provided). Direct access or adjacent to scrub-up room. Direct access to utility room. Direct access to corridor/exit bay.</p>			
Space Data:	Area (m²):		Height (mm):	3,000
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			

Notes:	<p>Refer to ME 571 series of drawings for access control (PCP 4.17)</p> <p>Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision</p>			
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ADB	Room Environmental Data	N0106-01
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	N0106-01	Operating theatre: RHSC	
Room Number:	1-P1-131		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central Supply and Extract In line with SHTM 03-01
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:		
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		

General Notes: Heating Type: Warm Air via AHU Battery with Local / BMS Adjustable Sensor. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		10,000 - 100,000 @ Bed / Trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	50	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f. 50:daytime (LAeq,1hr)
Intrusive Noise (NR Leq):		
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
Quality Which Cannot Be Tolerated: (alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		N0106-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	N0106-01	Operating theatre: RHSC	
Room Number:	1-P1-131	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings Radiation protection to be agreed with NHSL RPO		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A or clear, solar control, privacy control (tbc)		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:	windows are currently on the change control matrix (Board decision - tbc)		

ADB			Schedule of Components by Room				N0106-01	
Project:		11072		RHSC & DCN				
Department:		P1		Operating Theatres & RHSC Surgical Day Case Unit				
Room:		N0106-01		Operating Theatre 3 (RHSC)				
Room Number:		1-P1-131		Revision Date:				09/09/2014
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	ANA004	ANAESTHETIC MACHINE/WORKSTATION with ventilator, with accessories, mobile, 1580H 565W 695D		3		
1		1	BLA902	UNDERBLANKET; Gel 195P		3		
2		2	BOA034	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 600H 900W.		1		
1		1	CAN010	CANOPY : ultra clean ventilation (UCV) operating theatre, 2000mm clear from floor level to underside, 3200W x3200D, sliding screens.		1		
1		1	CHA024	CHAIR, anaesthetist, height adjustable		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
2		2	COM033	COMPUTER KEYBOARD		3		
2		2	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	DIA004	DIATHERMY UNIT; surgical; monopolar; bipolar; argon compatible; 111H 356W 439D		3		
1		1	DIA005	SMOKE EVACUATION SYSTEM; (diathermy) complete with trolley; 860H 487W 643D		3		
4		4	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
1		1	IMG2509	IMAGING; Camera box.		1		
2		2	INF001	INFUSION volumetric pump; 356H 178W 178D		3		
3		3	LIG071	ILLUMINATED SIGN RADIATION ON, wall mounted		1		
1		1	LIG2502	LUMINAIRE; double arm; operating theatre; table with satellite; shadowless; lux 140000 and lux 110000.		1		
1		1	LIG2504	Head light source		3		
3		3	LIG902	ILLUMINATED SIGN; LASER ON (entrance to theatre).		1		
1		1	MON042	MONITOR sedation depth; 169H 175W 100D		3		
1		1	MON2501	MONITOR; flat screen; recessed; wall mounted; double PACS theatre specific		5		
1		1	MON2513	MONITOR; 42inch, wall mounted		5		
1		1	MON2517	MONITOR; HD screen on arm		3		
1		1	MON904	MONITOR; High end multi-functionality for ITU/Theatre/High Acuity		3		
1		1	MST901	TROLLEY; lockable; closed; with worktop; approx 1200H 1300W 500D		3		
2		2	OUT005	SOCKET outlet, switched, 13amp, single		1		
20		20	OUT010	SOCKET outlet, switched, 13amp, twin		1		
24		24	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1		
1		1	OUT052	CONNECTION UNIT, switched, 13 amp		1		
8		8	OUT121	SOCKET outlet; computer data; double.		1		
10		10	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	OUT2500	OUTLET; connection for IPOD.		1		
1		1	OUT2503	SOCKET; outlet switched 13amp double; ceiling mounted.		1		
4		4	OUT453	OUTLET, 4kPa compressed air, medical		1		
4		4	OUT454	OUTLET, 7kPa compressed air, medical		1		
4		4	OUT461	OUTLET, nitrous oxide, medical		1		
8		8	OUT470	OUTLET, oxygen, medical		1		
8		8	OUT475	OUTLET, vacuum, medical		1		
8		8	OUT480	OUTLET, gas scavenging (AGS), medical		1		

ADB			Schedule of Components by Room			N0106-01	
Project:		11072	RHSC & DCN				
Department:		P1	Operating Theatres & RHSC Surgical Day Case Unit				
Room:		N0106-01	Operating Theatre 3 (RHSC)				
Room Number:		1-P1-131			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
15		15	OUT904	OUTLET; socket, AV and control system, typt tbc		1	
1		1	PAN053	PANEL operating theatre; to meet the theatre requirements.		1	
1		1	PEG002	PEGS; equipment; medium; 2; wide spacing; wall mounted.		1	
4		4	PEN002	PENDANT; Anaesthetic; medical & power supply unit; vertical movement; ceiling mounted; outlets comprising.		1	
3		3	PLA002	PLATFORM; step-stand; stackable; portable; 130H 480W 330D		3	
1		1	PRI015	PRINTER; label; portable		3	
1		1	SCA012	SCALE; swab; includes Mains adaptor		3	
2		2	STA101	STAND; lotion bowl; single; stainless steel; (Bowls not included)		3	
2		2	STA142	STAND; infusion; twin hook; breaks; mobile		3	
2		2	STA2509	STAND; sharps bin, mobile, 30 litre		3	
3		3	STO006	STOOL, surgeon/anaesthetist, height adjustable, includes anti-static seat pads		3	
2		2	SUC002	SUCTION UNIT; pipeline; high pressure; theatre		3	
2		2	SUP2500	SUPPORT LEG; for 920 high worktop		1	
1		1	SUR971	Swab bucket		3	
2		2	SWC025	SWITCH, light		1	
3		3	SYR004	SYRINGE pump; anaesthetic use; with diprifusor; 115H 400W 180D		3	
1		1	TAB071	TABLE operating patient, powered with 250mm transverse top, complete with specialty accessories, 715H 600W 2102D		3	
2		2	TEL2500	TELEPHONE; handset, wall mounted.		2	
1		1	TRF002	AUTOTRANSFUSION cell separator; mobile; built in air and foam detector; 1620H 270W 585D		3	
1		1	TRO021	TROLLEY; 4 sets of runners; 850H 600W 600D		3	
2		2	TRO131	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 450W 450D		3	
1		1	TRO133	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 750W 450D		3	
1		1	TRO204	TROLLEY instrument tray MAYO, 650W 450D		3	
2		2	TRO205	TROLLEY, stainless steel, 1 shelf, 900H 600W 600D		3	
2		2	TRO921	TROLLEY, instrument, stainless steel, buffered, 870H 1200W 620D		3	
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	
1		1	UPS003	Uninterrupted power supply (UPS).		1	
1		1	WAR053	WARMER, blood/fluid, maintains temperature between 36 and 43 deg.C at flow rates up to 500 ml/min, 35H 235W 273D		3	
1		1	WAR901	Blanket Warmer		3	
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet			N0305
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	N0305	Anaesthetic room: RHSC		
Room Number:	1-P1-132	Revision Date:	18/09/2014	
Activities:	1) Storage of anaesthetic accessories and equipment 2) Secure storage of controlled and scheduled drugs 3) Holding/storing sterile equipment 4) Holding / storing stock of infusion fluids 5) Storage of refrigerated drugs/medicines 6) Displaying operating lists 7) Recording of patient data/notes 8) Collection of used anaesthetic accessories for reprocessing 9) Collection of waste materials for disposal 10) Clinical handwashing 11) Administration of intravenous analgesia 12) Maintenance of general anaesthesia 13) Use of monitoring/diagnostic or therapeutic equipment			
Personnel:	1 x patient 4 x staff 2 x relatives			
Planning Relationships:	Direct access from corridor and into theatre.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	N0305
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	N0305	Anaesthetic room: RHSC	
Room Number:	1-P1-132		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central Supply and Extract In line with SHTM 03-01
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:		
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		

General Notes: Heating Type: Warm Air via AHU Battery with Local / BMS Adjustable Sensor. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		10,000-100,000 @ Bed / Trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmaz,f. 40:daytime (LAeq,1hr)
Intrusive Noise (NR Leq):		
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		N0305
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	N0305	Anaesthetic room: RHSC	
Room Number:	1-P1-132	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			N0305	
Project:		11072	RHSC & DCN				
Department:		P1	Operating Theatres & RHSC Surgical Day Case Unit				
Room:		N0305	Anaesthetic Room 3 (RHSC)		Revision Date:		09/09/2014
Room Number:		1-P1-132					
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	ANA001	ANAESTHETIC MACHINE/WORKSTATION electrically powered piston ventilator, mobile, 1350H 750W 650D		3	
1		1	BOA034	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 600H 900W.		1	
1		1	CHA024	CHAIR, anaesthetist, height adjustable		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	COM033	COMPUTER KEYBOARD		3	
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3	
2		2	CUP2510	CUPBOARD; base unit; LH door; ; 600mm.		1	
1		1	CUP2519	CUPBOARD; wall unit; LH door; 600h; lockable; 500mm.		1	
1		1	CUP2551	CUPBOARD; wall unit; 2 glass door; 600h; lockable; 1000mm.		1	
2		2	CUP2566	CUPBOARD; base unit; RH door; 500mm.		1	
2		2	CUP2572	CUPBOARD; base unit; 4 drawer; 500mm.		1	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
1		1	LIG081	LUMINAIRE fitted with single fluorescent lamp with switch; below drug cupboard; 8watt; 400mm.		1	
1		1	LIG963	LUMINAIRE; examination; ceiling; adjustable.		1	
1		1	MON904	MONITOR; High end multi-functionality for ITU/Theatre/High Acuity		3	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
19		19	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
1		1	OUT049	CONNECTION UNIT, switched, 13amp, flex outlet		1	
1		1	OUT050	OUTLET, controlled drugs cupboard		1	
1		1	OUT054	CONNECTION UNIT, unswitched, 13 amp, neon indicator		1	
4		4	OUT121	SOCKET outlet; computer data; double.		1	
1		1	OUT215	SOCKET outlet, telephone		1	
1		1	OUT453	OUTLET, 4kPa compressed air, medical		1	
1		1	OUT461	OUTLET, nitrous oxide, medical		1	
2		2	OUT470	OUTLET, oxygen, medical		1	
2		2	OUT475	OUTLET, vacuum, medical		1	
1		1	OUT480	OUTLET, gas scavenging (AGS), medical		1	
1		1	REF091	REFRIGERATOR; drug; capacity 35 litres; external temperature gauge; lockable; wall mounted; 510H 380W 445D		2	
1		1	STA142	STAND; infusion; twin hook; breaks; mobile		3	
2		2	STA2509	STAND; sharps bin, mobile, 30 litre		3	
2		2	STF290	STORAGE UNIT; upper; cupboard; controlled drugs; 1 door; lockable; with inner lockable cupboard and warning light; 550H 600W 300D		1	
1		1	SUP2500	SUPPORT LEG; for 920 high worktop		1	
1		1	SWC025	SWITCH, light		1	

ADB			Schedule of Components by Room			N0305	
Project:		11072	RHSC & DCN				
Department:		P1	Operating Theatres & RHSC Surgical Day Case Unit				
Room:		N0305	Anaesthetic Room 3 (RHSC)				
Room Number:		1-P1-132			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
2		2	SYR004	SYRINGE pump; anaesthetic use; with diprifusor; 115H 400W 180D		3	
1		1	TAP892	TAP, bib, 2x8 mm thermostatic mixer, automatic action, sensor operated, non-touch		1	
1		1	TEL2500	TELEPHONE; handset, wall mounted.		2	
2		2	TRO021	TROLLEY; 4 sets of runners; 850H 600W 600D		3	
1		1	TRO131	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 450W 450D		3	
1		1	TRO204	TROLLEY instrument tray MAYO, 650W 450D		3	
1		1	TRO282	TROLLEY PATIENT; accident; image top; with tilt and brakes; 540-1000H 740W 2110D		3	
1		1	TRO601	TROUGH scrub-up; hospital pattern; stainless steel; single; 75mm upstand; 800W 450D. HTM64SUH1.		1	
2		2	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	
1		1	UPS003	Uninterrupted power supply (UPS).		1	
1		1	WAS102	WASTE, unslotted flush-grated, metal, 1.1/2 in		1	
1		1	WAS108	TRAP, bottle, 1.1/2 in, plastic resealing		1	
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet			T0526
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	T0526	Preparation room		
Room Number:	1-P1-134	Revision Date:	18/09/2014	
Activities:	1) Preparation of trays and trolleys laid up for surgical/clinical procedures 2) Holding sterile pre-set trays 3) Storage of sterile equipment, consumable supplies and packs 4) Storage of non-sterile medical items, equipment and supplies 5) Storage of sterile fluids 6) Holding instrument trolleys 7) Storage of sundries and small items			
Personnel:	2 x staff			
Planning Relationships:	Direct access to operating theatre. Access from corridor for delivery of supplies.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data		T0526
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	T0526	Preparation room	
Room Number:	1-P1-134	Revision Date:	18/09/2014
AIR	Requirements	Notes	
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25	
Summer Temperature (DegC):			
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central Supply and Extract	
Mechanical Ventilation (Extract ac/hr):		In line with SHTM 03-01	
Pressure Relative to Adjoining Space:	0		
Filtration (%DSE and % Arrestance):	/	F7 - minimum	
Humidity (%RH):			
General Notes: Heating Type: Warm Air via AHU Battery with Local / BMS Adjustable Sensor. Cooling: Comfort Cooled Fresh Air			
LIGHTING			
Service Illumination (Lux):	300		
Service Illumination Night (Lux):		Not Applicable	
Local Illumination (Lux):		10,000 - 100,000 @ bed trolley 1450 AFFL	
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80	
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting	
General Notes: Control: Switch			
NOISE			
Privacy Factor Required (dB):			
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.	
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)	
*Acceptable Sound Level [L10dB(A)]:			
*Speech Privacy Required:	Y		
Quality Which Cannot Be Tolerated: (alternative format)			
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY			
Hot Surface Max. Temp (DegC):	43		
Hot Water Max. Temp (DegC):	41		
General Notes: Maximum cold water discharge temperature (degC): 20			
FIRE			
Enclosure:			
Automatic Detection:		Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)	

ADB	Room Design Character		T0526
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	T0526	Preparation room	
Room Number:	1-P1-134	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				T0526	
Project:		11072	RHSC & DCN					
Department:		P1	Operating Theatres & RHSC Surgical Day Case Unit					
Room:		T0526	Preparation Room 3 (RHSC)					
Room Number:		1-P1-134	Revision Date:			09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
1		1	CAB2565	CABINET; warming lothian; 12 x 1 litre; wall mounted lockable.		1		
1		1	CUP2526	CUPBOARD; wall unit; RH door; 600h; lockable; 600mm.		1		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
1		1	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
3		3	MST011	TROLLEY; large, single with handles, 12 sets of runners, 400 facing, buffered, braked, 1800H 600W 650D nominal		3		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
5		5	OUT010	SOCKET outlet, switched, 13amp, twin		1		
1		1	OUT052	CONNECTION UNIT, switched, 13 amp		1		
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	RAC979	RACK; chrome / stainless steel, 5 wire shelves, mobile, 1739H 1524W, 610D		3		
2		2	SWC025	SWITCH, light		1		
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1		
1		1	TEL2500	TELEPHONE; handset, wall mounted.		2		
2		2	TRO021	TROLLEY; 4 sets of runners; 850H 600W 600D		3		
1		1	TRO923	TROLLEY, medium, stainless steel, buffered, 3 shelves, 870H 920W 620D		3		
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1		
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1		
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1		
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1		

ADB	Room Data Sheet	N0106-02
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Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	N0106-02	Operating theatre: Intraoperative		
Room Number:	1-P1-155		Revision Date:	18/09/2014

Activities:	<ul style="list-style-type: none"> 1) Connection of patient to anaesthetic machine 2) Assembly and connecting of mobile equipment 3) Use of surgical instruments on instrument trolley 4) Surgical procedures performed under local or general anaesthetic 5) Viewing film and/or computer generated images 6) Checking, weighing and recording used swab 7) Displaying operating lists 8) Recording of patient data/notes 9) Transfer of patient from operating table to bed/trolley 10) Computer information accessed 11) Assessment / updating of electronic patient records (EPRs) 12) Maintenance of general anaesthesia 13) Use of mobile image intensifier 14) Use of monitoring/diagnostic or therapeutic equipment 			
Personnel:	<ul style="list-style-type: none"> 1 x patient 7 x staff 			
Planning Relationships:	<ul style="list-style-type: none"> Direct access to preparation room. Direct access to anaesthesia room (when provided). Direct access or adjacent to scrub-up room. Direct access to utility room. Direct access to corridor/exit bay. 			
Space Data:	Area (m²):		Height (mm):	3,000
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			

Notes:	<ul style="list-style-type: none"> Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision 			
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ADB	Room Environmental Data	N0106-02
Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	N0106-02	Operating theatre: Intraoperative
Room Number:	1-P1-155	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):		In line with SHTM 03-01
Pressure Relative to Adjoining Space:	0	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		
General Notes: Heating Type: Warm Airvia AHU Battery with Local / BMS Adjustable Sensor. Cooling: Comfort Cooled Fresh Air		
LIGHTING		
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		10,000 - 100,000 @ Bed / Trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	50	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		50:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
Quality Which Cannot Be Tolerated: (alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		N0106-02
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	N0106-02	Operating theatre: Intraoperative	
Room Number:	1-P1-155	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings Radiation protection to be agreed with NHSL RPO		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				N0106-02		
Project:		11072	RHSC & DCN						
Department:		P1	Operating Theatres & RHSC Surgical Day Case Unit						
Room:		N0106-02	Operating Theatre 4 (interoperative)						
Room Number:		1-P1-155						Revision Date:	09/09/2014
Quantity			Code	Description	Alt. Code	Grp			
New	Trans	Total							
1		1	ANA004	ANAESTHETIC MACHINE/WORKSTATION with ventilator, with accessories, mobile, 1580H 565W 695D		3			
1		1	BLA902	UNDERBLANKET; Gel 195P		3			
2		2	BOA034	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 600H 900W.		1			
1		1	CAN010	CANOPY : ultra clean ventilation (UCV) operating theatre, 2000mm clear from floor level to underside, 3200W x3200D, sliding screens.		1			
1		1	CHA024	CHAIR, anaesthetist, height adjustable		3			
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1			
2		2	COM033	COMPUTER KEYBOARD		3			
2		2	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3			
1		1	DIA004	DIATHERMY UNIT; surgical; monopolar; bipolar; argon compatible; 111H 356W 439D		3			
1		1	DIA005	SMOKE EVACUATION SYSTEM; (diathermy) complete with trolley; 860H 487W 643D		3			
5		5	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2			
1		1	DRI2500	DRILL; 7 bar power drill		3			
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3			
1		1	IMG2509	IMAGING; Camera box.		1			
2		2	INF001	INFUSION volumetric pump; 356H 178W 178D		3			
4		4	LIG071	ILLUMINATED SIGN RADIATION ON, wall mounted		1			
1		1	LIG2502	LUMINAIRE; double arm; operating theatre; table with satellite; shadowless; lux 140000 and lux 110000.		1			
1		1	LIG2504	Head light source		3			
4		4	LIG902	ILLUMINATED SIGN; LASER ON (entrance to theatre).		1			
1		1	MON042	MONITOR sedation depth; 169H 175W 100D		3			
1		1	MON2501	MONITOR; flat screen; recessed; wall mounted; double PACS theatre specific		5			
1		1	MON2513	MONITOR; 42inch, wall mounted		5			
1		1	MON904	MONITOR; High end multi-functionality for ITU/Theatre/High Acuity		3			
2		2	OUT005	SOCKET outlet, switched, 13amp, single		1			
20		20	OUT010	SOCKET outlet, switched, 13amp, twin		1			
24		24	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1			
1		1	OUT052	CONNECTION UNIT, switched, 13 amp		1			
8		8	OUT121	SOCKET outlet; computer data; double.		1			
8		8	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1			
1		1	OUT2503	SOCKET; outlet switched 13amp double; ceiling mounted.		1			
4		4	OUT453	OUTLET, 4kPa compressed air, medical		1			
4		4	OUT454	OUTLET, 7kPa compressed air, medical		1			
4		4	OUT461	OUTLET, nitrous oxide, medical		1			
8		8	OUT470	OUTLET, oxygen, medical		1			
8		8	OUT475	OUTLET, vacuum, medical		1			
7		7	OUT480	OUTLET, gas scavenging (AGS), medical		1			
15		15	OUT904	OUTLET; socket, AV and control system, typt tbc		1			
1		1	PAN053	PANEL operating theatre; to meet the theatre requirements.		1			

ADB			Schedule of Components by Room				N0106-02	
Project:		11072		RHSC & DCN				
Department:		P1		Operating Theatres & RHSC Surgical Day Case Unit				
Room:		N0106-02		Operating Theatre 4 (interoperative)				
Room Number:		1-P1-155		Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	PEG002	PEGS; equipment; medium; 2; wide spacing; wall mounted.		1		
3		3	PEN002	PENDANT; Anaesthetic; medical & power supply unit; vertical movement; ceiling mounted; outlets comprising.		1		
1		1	PEN006A	PENDANT SURGICAL; touch screen monitor; medical and power supply unit; tandem; lateral and vertical movement; ceiling mounted; outlets comprising.		1		
3		3	PLA002	PLATFORM; step-stand; stackable; portable; 130H 480W 330D		3		
1		1	PRI015	PRINTER; label; portable		3		
1		1	SCA012	SCALE; swab; includes Mains adaptor		3		
2		2	STA101	STAND; lotion bowl; single; stainless steel; (Bowls not included)		3		
2		2	STA142	STAND; infusion; twin hook; breaks; mobile		3		
2		2	STA2509	STAND; sharps bin, mobile, 30 litre		3		
3		3	STO006	STOOL, surgeon/anaesthetist, height adjustable, includes anti-static seat pads		3		
2		2	SUC002	SUCTION UNIT; pipeline; high pressure; theatre		3		
2		2	SUP2500	SUPPORT LEG; for 920 high worktop		1		
1		1	SUR971	Swab bucket		3		
2		2	SWC025	SWITCH, light		1		
3		3	SYR004	SYRINGE pump; anaesthetic use; with diprifusor; 115H 400W 180D		3		
1		1	TAB071	TABLE operating patient, powered with 250mm transverse top, complete with specialty accessories, 715H 600W 2102D		3		
2		2	TEL2500	TELEPHONE; handset, wall mounted.		2		
1		1	TRF002	AUTOTRANSFUSION cell separator; mobile; built in air and foam detector; 1620H 270W 585D		3		
2		2	TRO021	TROLLEY; 4 sets of runners; 850H 600W 600D		3		
4		4	TRO131	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 450W 450D		3		
2		2	TRO133	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 750W 450D		3		
2		2	TRO201	TROLLEY, instruments, stainless steel, buffered, 870H 920W 620D		3		
1		1	TRO204	TROLLEY instrument tray MAYO, 650W 450D		3		
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1		
1		1	UPS003	Uninterrupted power supply (UPS).		1		
1		1	WAR053	WARMER, blood/fluid, maintains temperature between 36 and 43 deg.C at flow rates up to 500 ml/min, 35H 235W 273D		3		
1		1	WAR901	Blanket Warmer		3		
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1		

ADB	Room Data Sheet	G0510-02
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Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	G0510-02	Lobby: Isolation Room DCN		
Room Number:	2-L2-134		Revision Date:	18/09/2014

Activities:	1) Clinical handwashing 2) Dispensing disposable aprons. 3) Dispensing disposable gloves. 4) Disposal of non-clinical waste 5) Donning gown and gloves. 6) Removal and disposal of gown and gloves			
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Personnel:	1 x persons			
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Planning Relationships:	Direct access to single-bed room.			
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Space Data:	Area (m²):		Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			

Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			
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ADB	Room Environmental Data		G0510-02
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	G0510-02	Lobby: Isolation Room DCN	
Room Number:	2-L2-134	Revision Date:	18/09/2014
AIR			
Winter Temperature (DegC): Summer Temperature (DegC): Mechanical Ventilation (Supply ac/hr): Mechanical Ventilation (Extract ac/hr): Pressure Relative to Adjoining Space: Filtration (%DSE and % Arrestance): Humidity (%RH):	Requirements 69.0 Positive /	Notes Permissible space temperature range (dry bulb) (degC) : 18 - 25 Ventilation Type: Central Supply F7 - minimum	
General Notes: Heating type: Warm Air - reheat Battery with Local BMS Adjustable Sensor. Cooling: Comfort Cooled Fresh Air			
LIGHTING			
Service Illumination (Lux): Service Illumination Night (Lux): Local Illumination (Lux): Colour Rendering Required: Standby Lighting Grade:	 200 Y A	@ Floor Not Applicable None Colour rendering characteristics (Ra):80 Lighting of the level and quality equal or nearly equal to that provided by normal lighting	
General Notes: Control: Presence Detection			
NOISE			
Privacy Factor Required (dB): Mechanical Services (NR): Intrusive Noise (NR Leq): *Acceptable Sound Level [L10dB(A)]: *Speech Privacy Required: *Quality Which Cannot Be Tolerated: (* alternative format)	 30 Y	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f. 40:daytime / 35:nighttime (LAeq,1hr) and 45:nighttime (LAmax,f).	
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY			
Hot Surface Max. Temp (DegC): Hot Water Max. Temp (DegC):	 43 41		
General Notes: Maximum cold water discharge temperature (degC): 20			
FIRE			
Enclosure:			
Automatic Detection:			
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)			

ADB	Room Design Character		G0510-02
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	G0510-02	Lobby: Isolation Room DCN	
Room Number:	2-L2-134	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			G0510-02	
Project:		11072	RHSC & DCN				
Department:		L2	DCN Inpatients - 43 Beds				
Room:		G0510-02	Isolation Bedroom 17 Entrance Lobby				
Room Number:		2-L2-134			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
1		1	DIS010	DISPENSER; pack; wall mounted; 600H 600W 300D		2	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
4		4	HOO018	HOOK; coat; single.		1	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	

ADB	Room Data Sheet			B0308-01
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	B0308-01	Single-bed room: Isolation DCN		
Room Number:	2-L2-135	Revision Date:	18/09/2014	
Activities:	1) Dressing / undressing in privacy 2) Rest and relaxation 3) Patient may take meals or refreshments in bed, by the bed or in the sitting space 4) Clinical handwashing 5) Patient records reviewed and recorded 6) Storage of clothing and personal belongings 7) Use of mobile hoist (if required) 8) Therapeutic and clinical attention from healthcare staff 9) Patient examinations and assessment 10) Use of piped medical gases, vacuum and associated equipment			
Personnel:	1 x patient 2 x staff 2 x visitors			
Planning Relationships:	En-suite sanitary facilities.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data		B0308-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B0308-01	Single-bed room: Isolation DCN	
Room Number:	2-L2-135	Revision Date:	18/09/2014
AIR	Requirements	Notes	
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 21 - 25	
Summer Temperature (DegC):			
Mechanical Ventilation (Supply ac/hr):	10.0	Ventilation Type: Supply via lobby	
Mechanical Ventilation (Extract ac/hr):			
Pressure Relative to Adjoining Space:	Balanced		
Filtration (%DSE and % Arrestance):	/	F7 - minimum	
Humidity (%RH):			
General Notes: Heating type: Adjacent space transfer air with BMS Adjustable Sensor Cooling: Comfort Cooled Fresh Air			
LIGHTING			
Service Illumination (Lux):	100		
Service Illumination Night (Lux):	5.0		
Local Illumination (Lux):	300.0	@ Bed/trolley 1450 AFFL	
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80	
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting	
General Notes: Control: Switch/ Dimmer			
NOISE			
Privacy Factor Required (dB):			
Mechanical Services (NR):	30	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.	
Intrusive Noise (NR Leq):		40:daytime / 35:nighttime (LAeq,1hr) and 45:nighttime (LAmax,f).	
*Acceptable Sound Level [L10dB(A)]:			
*Speech Privacy Required:	Y		
Quality Which Cannot Be Tolerated: (alternative format)			
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY			
Hot Surface Max. Temp (DegC):	43		
Hot Water Max. Temp (DegC):	41		
General Notes: Maximum cold water discharge temperature (degC): 20			
FIRE			
Enclosure:			
Automatic Detection:		Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)	

ADB	Room Design Character		B0308-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B0308-01	Single-bed room: Isolation DCN	
Room Number:	2-L2-135	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				B0308-01	
Project:		11072	RHSC & DCN					
Department:		L2	DCN Inpatients - 43 Beds					
Room:		B0308-01	Single Isolation Bedroom 1 (Adult)					
Room Number:		2-L2-135	Revision Date:			09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
1		1	BED013	BED Kings Fund; variable height; two-way tilt; adjustable backrest; bedstripper; on castors		3		
1		1	BED2502	BED HEAD BUFFER; bed and wall protection; vertical; wall mounted.		1		
1		1	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1		
1		1	BRA004	BRACKET; holder; suction unit; trunking/rail mounted		2		
1		1	BRA013	BRACKET; TV; height adjustable; wall mounted.		1		
1		1	CAL043	PUSH BUTTON patient/staff call with socket for extension pear push; trunking mounted.		1		
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1		
1		1	CHA007	CHAIR; easy; with open arms; high back; upholstered, wipeable		3		
2		2	CHA017	CHAIR; upright; upholstered; stacking		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
1		1	COM905	IT Tablet		3		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS024	DISPENSER, soap, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
1		1	HOO019	HOOK, single, small, wall mounted		1		
1		1	LIG005	LUMINAIRE, bedhead, dimmable, patient reading and general nursing care/examination		1		
1		1	LOC002	LOCKER, bedside, 3 compartment, towel rail at rear, on castors, 902H 485W 485D		3		
1		1	MAT004	MATTRESS; Kings Fund bed; standard backrest; 1955L 865W 125D		3		
1		1	MIR2500	MIRROR; wall mounted; 1600H 400W unbreakable.		1		
1		1	MON900	MONITOR; Low end monitor, general Ward /OPD use		3		
1		1	MST007	TROLLEY; lockable; closed; with worktop; approx 900H 660W 500D; 600mm facing		3		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
2		2	OUT010	SOCKET outlet, switched, 13amp, twin		1		
4		4	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1		
2		2	OUT121	SOCKET outlet; computer data; double.		1		
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1		
1		1	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1		
2		2	OUT471	OUTLET; oxygen medical; trunking mounted.		1		
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1		
1		1	RAC362	RACK; catheter; vertical; 2 compartments; 420H 160W 65D		2		
1		1	RAI130	RAIL, clinical equipment, wall mounted, 600mm		1		
1		1	SHE2503	SHELF; 300mm deep; folding; length as drawn.		1		
1		1	STA142	STAND; infusion; twin hook; breaks; mobile		3		

ADB	Schedule of Components by Room	B0308-01
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Project:	11072	RHSC & DCN	Revision Date:	09/09/2014
Department:	L2	DCN Inpatients - 43 Beds		
Room:	B0308-01	Single Isolation Bedroom 1 (Adult)		
Room Number:	2-L2-135			

Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	STA2504	STAND; Roll stand for monitor		3
1		1	SWC031	SWITCH; light; dimmer to M&E design.		1
1		1	TAB073	TABLE, overbed, cantilevered		3
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1
1		1	TVM2500	TV / monitor flat screen with DVD player		3
1		1	WAR900	WARDROBE; lockable; 2700H 750W 500D.		1
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1

ADB	Room Data Sheet			Q0120
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	Q0120	Activities of daily living: kitchen		
Room Number:	2-M2-009	Revision Date:	18/09/2014	
Activities:	1) Serving and eating of meals 2) Storage of dry goods 3) Storage of refrigerated provisions 4) Storage of trays, crockery and cutlery 5) Hand-rinsing 6) Patient arrives on foot or in a wheelchair 7) Assessment and training in mobility, self-care and social skills. 8) Preparation of beverages, meals and snacks			
Personnel:	1 x patient 1 x staff 1 x escort			
Planning Relationships:	Adjacent to occupational therapy area/rooms.			
Space Data:	Area (m²):		Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	Q0120
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Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	Q0120	Activities of daily living: kitchen
Room Number:	2-M2-009	Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	6.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	8.0	
Pressure Relative to Adjoining Space:	Negative	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	@ Floor
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		50:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		Q0120
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	Q0120	Activities of daily living: kitchen	
Room Number:	2-M2-009	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing)		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				Q0120
Project:		11072	RHSC & DCN				
Department:		M2	DCN Therapies				
Room:		Q0120	ADL Kitchen				
Room Number:		2-M2-009	Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	ALA001	PUSH BUTTON, security alarm		1	
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
2		2	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1	
2		2	CHA017	CHAIR; upright; upholstered; stacking		3	
2		2	CHA1017	CHAIR; upright; upholstered; height adjustable		3	
1		1	CLE009	CLEANER VACUUM; dry suction; tub; with accessories; domestic		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	COO004	COOKER; gas; oven; four burner; domestic		2	
1		1	COO006	COOKER CONTROL UNIT; 30amp; wall mounted.		1	
1		1	COO2500	COOKER; electric; four burner; domestic, variable height		2	
1		1	CUP021	CUPBOARD; 1 shelf; lockable; on plinth; 750H 600W 500D.		1	
1		1	CUP048	CUPBOARD; 2 shelves; 1 pull out shelf; lockable; on plinth; 800H 600W 500D.		1	
1		1	CUP100	CUPBOARD; broom; metal; shelf; lockable; 1800H 600W 450D.		1	
1		1	CUP245	CUPBOARD; 1 shelf; lockable; wall mounted; 600H 600W 300D.		1	
1		1	CUP263	CUPBOARD; 2 shelves; lockable; wall mounted; 600H 1200W 300D.		1	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS024	DISPENSER, soap, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
1		1	DRA023	DRAWER UNIT; 3 drawer; 1 shelf pull out with 2 bowl cut-outs; on plinth; 800H 600W 500D.		1	
1		1	DRA030	DRAWER UNIT; 4 drawer; on plinth; pull out shelf with 2 bowl cut-outs; 750H 600W 500D.		1	
1		1	HEA900	HEAT GUN; Steinel		3	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
1		1	OUT006	SOCKET outlet unswitched 13amp single; wall mounted.		1	
4		4	OUT010	SOCKET outlet, switched, 13amp, twin		1	
1		1	OUT052	CONNECTION UNIT, switched, 13 amp		1	
1		1	OUT054	CONNECTION UNIT, unswitched, 13 amp, neon indicator		1	
2		2	OUT059	CONNECTION UNIT switched 13amp, indicator light		1	
1		1	OUT315	OUTLET, drinking water for equipment		1	
1		1	OUT435	OUTLET; natural gas connection for equipment.		1	
1		1	OVE014	OVEN, microwave, light duty, 1000watt, capacity 26 litres, 295H 295W 410D		3	
1		1	PAN900	HEATING PAN; non stick; 28 X 28 X 5		3	
1		1	REF920	REFRIGERATOR, with freezer, capacity 117 litres, domestic type, 865H 500W 550D		3	
2		2	SHE1000	SHELF; 150mm deep; length as drawn.		1	

ADB			Schedule of Components by Room			Q0120	
Project:		11072	RHSC & DCN				
Department:		M2	DCN Therapies				
Room:		Q0120	ADL Kitchen				
Room Number:		2-M2-009			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	SIN105	SINK UNIT; 1 bowl and drainer; stainless steel; variable height; motorised system; 650/910H 1200W 580D		1	
5		5	SUP2500	SUPPORT LEG; for 920 high worktop		1	
1		1	SWC025	SWITCH, light		1	
1		1	TAB107	TABLE, canteen/kitchen, 710H 900W 750D		3	
2		2	TAP359	TAP, pillar, high neck, long lever, pair hot and cold, 1/2 in		1	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TRO401	TROLLEY; walking aid		3	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
2		2	WAS102	WASTE, unslotted flush-grated, metal, 1.1/2 in		1	
2		2	WAS108	TRAP, bottle, 1.1/2 in, plastic resealing		1	
3		3	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1	
1		1	WKT160	WORKTOP variable height; motorised system; consists of: control unit; electric motor; transformer; steering unit; 673/1023H 2000W 600D.		1	
1		1	WOR174	WORKTOP; stainless steel; 1 integral sink bowl; 2400W 600D.		1	
1		1	WRT002	WORKTOP, non-clinical, 600W 400D		1	

ADB	Room Data Sheet			X0105-02
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	X0105-02	Distraction Free Treatment room		
Room Number:	2-M2-011	Revision Date:	18/09/2014	
Activities:	1) Clinical handwashing 2) Assessment / updating of electronic patient records (EPRs) 3) Storage of sterile supplies and consumables on a trolley 4) Use of mobile diagnostic and therapeutic equipment 5) Sterile packs, lotions and drugs prepared for immediate use			
Personnel:	1 x patient 1 x staff			
Planning Relationships:	Close to a clean utility room. Close to a dirty utility room.			
Space Data:	Area (m²):		Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data		X0105-02
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0105-02	Distraction Free Treatment room	
Room Number:	2-M2-011	Revision Date:	18/09/2014
AIR	Requirements	Notes	
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28	
Summer Temperature (DegC):			
Mechanical Ventilation (Supply ac/hr):	5.0	Ventilation Type: Central Supply and Extract	
Mechanical Ventilation (Extract ac/hr):	6.0		
Pressure Relative to Adjoining Space:	Negative		
Filtration (%DSE and % Arrestance):	/	G4 - minimum	
Humidity (%RH):			
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air			
LIGHTING			
Service Illumination (Lux):	300	@ Floor	
Service Illumination Night (Lux):		Not Applicable	
Local Illumination (Lux):	1,000.0		
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80	
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting	
General Notes: Control: Switch / Dimmer			
NOISE			
Privacy Factor Required (dB):			
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.	
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)	
*Acceptable Sound Level [L10dB(A)]:			
*Speech Privacy Required:	Y		
*Quality Which Cannot Be Tolerated:			
(* alternative format)			
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY			
Hot Surface Max. Temp (DegC):	43		
Hot Water Max. Temp (DegC):	41		
General Notes: Maximum cold water discharge temperature (degC): 20			
FIRE			
Enclosure:			
Automatic Detection:			
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)			

ADB	Room Design Character		X0105-02
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0105-02	Distraction Free Treatment room	
Room Number:	2-M2-011	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB		Schedule of Components by Room				X0105-02
Project:		11072	RHSC & DCN			
Department:		M2	DCN Therapies			
Room:		X0105-02	Distraction Free Treatment Room			
Room Number:		2-M2-011				Revision Date: 09/09/2014
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	ALA001	PUSH BUTTON, security alarm		1
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1
1		1	BAS102	BASIN; medium; inset; vitreous china; 1 no right hand tap hole; no overflow.		1
1		1	BLI2500	Blind; total blackout boxed; length as indicated. Wipeable.		1
1		1	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1
1		1	CAB2503	CABINET; filing; 4 drawer; lockable; 1320H 465W 620D		3
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1
1		1	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3
5		5	CHA017	CHAIR; upright; upholstered; stacking		3
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1
1		1	COM033	COMPUTER KEYBOARD		3
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3
4		4	COM930	COMPUTER: tablet including cover		3
1		1	CUP011	CUPBOARD, metal, with 4 pull out galvanised shelves, lockable, 1800H 1000W 500D		3
1		1	CUP245	CUPBOARD; 1 shelf; lockable; wall mounted; 600H 600W 300D.		1
2		2	DIS013	DISPENSER, paper towel, wall mounted		2
2		2	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2
1		1	DIS2505	DISPENSER; WATER COOLER, mains supply.		1
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3
1		1	HOO020	HOOK, single, large, wall mounted		1
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1
7		7	OUT010	SOCKET outlet, switched, 13amp, twin		1
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1
1		1	OUT2502	LOOP; induction.		1
1		1	OUT315	OUTLET, drinking water for equipment		1
1		1	SIG2500	SIGN; vacant/engaged; wall mounted.		1
1		1	STO004	STOOL, height adjustable, swivel, mobile		3
2		2	SUP2501	SUPPORT LEG; for 720 high worktop		1
1		1	SWC025	SWITCH, light		1
1		1	TAB007	TABLE, 710H 900W 900D		3
1		1	TAP289	TAP, monobloc, pillar mixer, integral thermostatic, short lever		1
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1
1		1	TEL2500	TELEPHONE; handset, wall mounted.		2
1		1	TRO905	TROLLEY; Mobile Induction Loop		3
1		1	VIE903	Chat box (Salfillo Corporation)		3
1		1	VIE904	Digital Tape recorder		3

ADB			Schedule of Components by Room		X0105-02	
Project:		11072	RHSC & DCN			
Department:		M2	DCN Therapies			
Room:		X0105-02	Distraction Free Treatment Room			
Room Number:		2-M2-011	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	VIE905	FEES eqt: Fibreoptic endoscopic evaluation of swallowing (Rhinolaryngoscope, chip camera, light source.		3
1		1	VIE906	Lightwriter SL40 (Toby Churchill)		3
2		2	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1
1		1	WAS107	TRAP, bottle, 1.1/4 in, plastic resealing		1
1		1	WKT1006L	WORKTOP; 720 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet	X0318
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0318	Multi Purpose Rehabilitation Room	
Room Number:	2-M2-023		Revision Date: 18/09/2014

Activities:	1) Clinical handwashing 2) Administration and clerical duties 3) Provision of information to patients, carers and visitors 4) Clinical administration 5) Patient records reviewed and recorded 6) Use of Telephone 7) Computer information accessed 8) Assessment / updating of electronic patient records (EPRs) 9) Rehabilitation exercises		
Personnel:	10 x patients 2 x staff		
Planning Relationships:	Near to individual treatment room area. Direct access/close to equipment store. Close to associated changing provision.		
Space Data:	Area (m²):		Height (mm): 3,200
	Refer to HLM-SZ-SL-SH-200-001 for room areas.		

Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision		
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ADB	Room Environmental Data		X0318
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0318	Multi Purpose Rehabilitation Room	
Room Number:	2-M2-023	Revision Date:	18/09/2014
AIR			
Winter Temperature (DegC): Summer Temperature (DegC): Mechanical Ventilation (Supply ac/hr): Mechanical Ventilation (Extract ac/hr): Pressure Relative to Adjoining Space: Filtration (%DSE and % Arrestance): Humidity (%RH):	Requirements 5.0 6.0 Negative /	Notes Permissible space temperature range (dry bulb) (degC) : 18 - 28 Ventilation Type: Central Supply and Extract G4 - minimum	
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air			
LIGHTING			
Service Illumination (Lux): Service Illumination Night (Lux): Local Illumination (Lux): Colour Rendering Required: Standby Lighting Grade:	300 Y A	@ Floor Not Applicable None Colour rendering characteristics (Ra):80 Lighting of the level and quality equal or nearly equal to that provided by normal lighting	
General Notes: Control: Switch/ Dimmer			
NOISE			
Privacy Factor Required (dB): Mechanical Services (NR): Intrusive Noise (NR Leq): *Acceptable Sound Level [L10dB(A)]: *Speech Privacy Required: *Quality Which Cannot Be Tolerated: (* alternative format)	35 N	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f. 40:daytime (LAeq,1hr)	
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY			
Hot Surface Max. Temp (DegC): Hot Water Max. Temp (DegC):	43 41		
General Notes: Maximum cold water discharge temperature (degC): 20			
FIRE			
Enclosure:			
Automatic Detection:			
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)			

ADB	Room Design Character		X0318
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0318	Multi Purpose Rehabilitation Room	
Room Number:	2-M2-023	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control.		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				X0318	
Project:		11072	RHSC & DCN					
Department:		M2	DCN Therapies					
Room:		X0318	Multi-Purpose Rehabilitation Room					
Room Number:		2-M2-023				Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	ALA001	PUSH BUTTON, security alarm		1		
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
1		1	BLI2500	Blind; total blackout boxed; length as indicated. Wipeable.		1		
1		1	BOA037	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 900H 1200W.		1		
1		1	BOA2502	BOARD; display/notice; magnetic; wall mounted; 900H 1200W		1		
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1		
1		1	CAM031	CAMERA; CCTV; pan/tilt/zoom.		1		
6		6	CHA018	CHAIR; upright; with arms; upholstered; stacking		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
1		1	COM031	COMPUTER: standard with keyboard and screen.		3		
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3		
1		1	COM899	COMPUTER, secret garden installation		3		
1		1	COM925	IT Equipment; use with secret garden installation		3		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS024	DISPENSER, soap, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
1		1	DIS2505	DISPENSER; WATER COOLER, mains supply.		1		
1		1	EXE003	EXERCISE BARS; parallel; 3600mm long.		2		
1		1	EXE007	EXERCISE BARS; wall; 2400H 920W.		2		
1		1	EXE013	EXERCISE STEPS; corner configuration; different heights; 1400H 1230W 1530D		3		
1		1	EXE014	EXERCISE BICYCLE; ergometer; 1170 x 530		3		
1		1	FRA024	FRAME; suspended; mesh infill; ceiling mounted; 700W x 1900D.		1		
1		1	HOI006	HOIST PATIENT; electric; 24V; track ceiling mounted (Length of the track to suit the individual needs).		1		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
2		2	INT900	Intermittent Positive Pressure Breathing & stand		3		
2		2	LOU903	LOUDSPEAKER; wall mounted.		2		
1		1	MIR012	MIRROR; unbreakable/safety glass; mobile; 1600H 500WI		3		
1		1	MIR2504	MIRROR; wall mounted; 1600H 1200W; unbreakable.		1		
2		2	OUT004	OUTLET cable, fused, 13 amp, ceiling mounted		1		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
11		11	OUT010	SOCKET outlet, switched, 13amp, twin		1		
2		2	OUT121	SOCKET outlet; computer data; double.		1		
1		1	OUT215	SOCKET outlet, telephone		1		
1		1	OUT2502	LOOP; induction.		1		
1		1	OUT315	OUTLET, drinking water for equipment		1		
2		2	PLI040	PLINTH; Bobath centre; height adjustable (380-910mm) and head section; 910H 1900W 1200D		3		
2		2	PLI041	PLINTH; 3 section; variable height 380/1010H 1880W 710D		3		
1		1	PRO026	PROJECTOR; multi-media; ceiling mounted		2		
1		1	RSU012	DEFIBRILLATOR; Automated External		3		
1		1	STO004	STOOL, height adjustable, swivel, mobile		3		

ADB			Schedule of Components by Room		X0318	
Project:		11072	RHSC & DCN			
Department:		M2	DCN Therapies			
Room:		X0318	Multi-Purpose Rehabilitation Room			
Room Number:		2-M2-023	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
3		3	STO015	STOOL, wooden, 400H 400W 400D		3
1		1	SUC004	SUCTION UNIT; electric; portable; 350H 320W 340D		3
2		2	SUP2500	SUPPORT LEG; for 920 high worktop		1
1		1	SWC034	SWITCH, dimmer, modulating		1
1		1	TAB003	TABLE, 710H 600W 450D		3
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1
1		1	TEL2500	TELEPHONE; handset, wall mounted.		2
4		4	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1
1		1	TRO310	TROLLEY, emergency/resuscitation, complete with defibrillator, 955H 825W 575D		3
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet			X0111
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	X0111	Treatment Area		
Room Number:	2-M3-003	Revision Date:	18/09/2014	
Activities:	1) Clinical examination and assessment in privacy 2) Clinical hand washing 3) Use of computer by patient for therapeutic purposes 4) Patient records reviewed and recorded 5) Clinical discussions and non invasive procedures at the bedside 6) Use of piped medical gases, vacuum and associated equipment			
Personnel:	4 x patients 2 x staff 4 x escorts			
Planning Relationships:	Near main waiting room. Access to resuscitation facilities.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	X0111
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0111	Treatment Area	
Room Number:	2-M3-003		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	10.0	Ventilation Type: Central Supply Air
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		X0111
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0111	Treatment Area	
Room Number:	2-M3-003	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Obscured, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			X0111	
Project:		11072	RHSC & DCN				
Department:		M3	Programmed Investigations Unit				
Room:		X0111	Treatment Area				
Room Number:		2-M3-003			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
4		4	BED2502	BED HEAD BUFFER; bed and wall protection; vertical; wall mounted.		1	
1		1	BRA013	BRACKET; TV; height adjustable; wall mounted.		1	
4		4	CAL043	PUSH BUTTON patient/staff call with socket for extension pear push; trunking mounted.		1	
4		4	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1	
2		2	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3	
4		4	CHA017	CHAIR; upright; upholstered; stacking		3	
3		3	CHA072	CHAIR; treatment; reclining; height adjustable		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
2		2	COM033	COMPUTER KEYBOARD		3	
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3	
2		2	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3	
1		1	COU2506	COUCH; examination/treatment; (3 section); electric; variable height; retractable wheels; with paper roll holder.		3	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
4		4	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
6		6	INF001	INFUSION volumetric pump; 356H 178W 178D		3	
4		4	LOC002	LOCKER, bedside, 3 compartment, towel rail at rear, on castors, 902H 485W 485D		3	
2		2	MON900	MONITOR; Low end monitor, general Ward /OPD use		3	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
5		5	OUT010	SOCKET outlet, switched, 13amp, twin		1	
8		8	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
8		8	OUT121	SOCKET outlet; computer data; double.		1	
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1	
1		1	OUT215	SOCKET outlet, telephone		1	
8		8	OUT471	OUTLET; oxygen medical; trunking mounted.		1	
8		8	OUT476	OUTLET; vacuum medical; trunking mounted.		1	
1		1	PRI015	PRINTER; label; portable		3	
5		5	STA142	STAND; infusion; twin hook; breaks; mobile		3	
2		2	STA2504	STAND; Roll stand for monitor		3	
2		2	SUP2501	SUPPORT LEG; for 720 high worktop		1	
1		1	SWC031	SWITCH; light; dimmer to M&E design.		1	
4		4	SWC033	SWITCH dimmer; 3 position; wall mounted		1	
4		4	TAB073	TABLE, overbed, cantilevered		3	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TEL1000	TELEPHONE; handset.		3	
4		4	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1	

ADB			Schedule of Components by Room			X0111	
Project:		11072	RHSC & DCN				
Department:		M3	Programmed Investigations Unit				
Room:		X0111	Treatment Area				
Room Number:		2-M3-003			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	TRO135	TROLLEY; Gratnell; dressing/instrument; 6 clear trays, stainless steel; buffered; 890H 510W 480D		3	
4		4	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	
1		1	TVM2500	TV / monitor flat screen with DVD player		3	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
1		1	WKT1003L	WORKTOP; 720 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet			X0136
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	X0136	EMG/Nerve Conduction Room		
Room Number:	2-M4-008	Revision Date:	18/09/2014	
Activities:	1) Patient examinations and assessment 2) Patient is positioned or repositioned on a treatment couch 3) Holding/storing working supply of clean and sterile materials for immediate use 4) Use of computer workstation(s) 5) Assessment / updating of electronic patient records (EPRs) 6) Use of call systems 7) Clinical hand washing 8) Electroencephalography measurement of brain activity			
Personnel:	1 patient 1 staff 1 escort			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data		X0136
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0136	EMG/Nerve Conduction Room	
Room Number:	2-M4-008	Revision Date:	18/09/2014
AIR	Requirements	Notes	
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25	
Summer Temperature (DegC):			
Mechanical Ventilation (Supply ac/hr):	8.0	Ventilation Type: Central Supply and Extract	
Mechanical Ventilation (Extract ac/hr):	8.0		
Pressure Relative to Adjoining Space:	Balanced		
Filtration (%DSE and % Arrestance):	/	F7 - minimum	
Humidity (%RH):			
General Notes: Heating type: Warm Air - Reheat Battery with BMS Adjustable Sensor Cooling : Comfort Cooled			
LIGHTING			
Service Illumination (Lux):	300		
Service Illumination Night (Lux):		Not Applicable	
Local Illumination (Lux):	1,000.0	@ General working plane 1000 AFFL	
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80	
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting	
General Notes: Control: Switch/ Dimmer			
NOISE			
Privacy Factor Required (dB):			
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.	
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)	
*Acceptable Sound Level [L10dB(A)]:			
*Speech Privacy Required:	Y		
Quality Which Cannot Be Tolerated: (alternative format)			
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY			
Hot Surface Max. Temp (DegC):	43		
Hot Water Max. Temp (DegC):	41		
General Notes: Maximum cold water discharge temperature (degC): 20			
FIRE			
Enclosure:			
Automatic Detection:		Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)	

ADB	Room Design Character		X0136
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0136	EMG/Nerve Conduction Room	
Room Number:	2-M4-008	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A or Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				X0136	
Project:		11072		RHSC & DCN				
Department:		M4		DCN Neurophysiology				
Room:		X0136		EMG/Nerve Conduction Room				
Room Number:		2-M4-008		Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	ALA001	PUSH BUTTON, security alarm		1		
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
1		1	BLI2500	Blind; total blackout boxed; length as indicated. Wipeable.		1		
1		1	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1		
1		1	BRA013	BRACKET; TV; height adjustable; wall mounted.		1		
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1		
1		1	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3		
3		3	CHA018	CHAIR; upright; with arms; upholstered; stacking		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
1		1	COM033	COMPUTER KEYBOARD		3		
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
1		1	DRA057	DRAWER UNIT, 3 drawer, lockable, on castors, desk height 715H 430W 600D		3		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
2		2	HOO022	HOOK; double; wall mounted.		1		
2		2	MSC081	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; on plinth; o/a height 900.		1		
1		1	MSC082	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged left; on plinth; o/a height 900.		1		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
8		8	OUT010	SOCKET outlet, switched, 13amp, twin		1		
3		3	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	OUT471	OUTLET; oxygen medical; trunking mounted.		1		
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1		
1		1	PLI2500	Plinth; patient		3		
1		1	REC900	Recorder EMG (EP)		3		
1		1	REC909	Visual Stimulator		3		
1		1	RES004	REST ARM; height adjustable; mobile; washable cover		3		
1		1	SIG2500	SIGN; vacant/engaged; wall mounted.		1		
1		1	SWC031	SWITCH; light; dimmer to M&E design.		1		
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1		
1		1	TEL1000	TELEPHONE; handset.		3		
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1		
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1		
2		2	TRU1002	TRUNKING; vertical; length as drawn.		1		
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1		

ADB			Schedule of Components by Room		X0136	
Project:		11072	RHSC & DCN			
Department:		M4	DCN Neurophysiology			
Room:		X0136	EMG/Nerve Conduction Room			
Room Number:		2-M4-008	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet			X0125
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	X0125	EEG Recording room		
Room Number:	2-M4-019	Revision Date:	18/09/2014	
Activities:	1) Patient examinations and assessment 2) Patient is positioned or repositioned on a treatment couch 3) Holding/storing working supply of clean and sterile materials for immediate use 4) Use of computer workstation(s) 5) Assessment / updating of electronic patient records (EPRs) 6) Use of call systems 7) Clinical hand washing 8) Electroencephalography measurement of brain activity			
Personnel:	1 patient 2 staff 1 escort			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	X0125
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0125	EEG Recording room	
Room Number:	2-M4-019		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	8.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	8.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		

General Notes: Heating type: Warm Air - Reheat Battery with BMS Adjustable Sensor Cooling : Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ General working plane 1000 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch/ Dimmer

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		X0125
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0125	EEG Recording room	
Room Number:	2-M4-019	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			X0125	
Project:		11072	RHSC & DCN				
Department:		M4	DCN Neurophysiology				
Room:		X0125	EEG Recording Room				
Room Number:		2-M4-019			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	ALA001	PUSH BUTTON, security alarm		1	
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
1		1	BED2506	BED; variable height; electric; with cot sides		3	
1		1	BLI2500	Blind; total blackout boxed; length as indicated. Wipeable.		1	
1		1	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1	
1		1	BOA034	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 600H 900W.		1	
1		1	BRA013	BRACKET; TV; height adjustable; wall mounted.		1	
1		1	BRA900	BRACKET; computer; height adjustable; tilt & swivel; wall mounted.		1	
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1	
1		1	CAM2507	CAMERA; CCTV; pan/tilt/zoom		1	
1		1	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3	
1		1	CHA007	CHAIR; easy; with open arms; high back; upholstered, wipeable		3	
3		3	CHA018	CHAIR; upright; with arms; upholstered; stacking		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	COM033	COMPUTER KEYBOARD		3	
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3	
1		1	COM900	EEG Recorder portable laptop		3	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
1		1	DRA057	DRAWER UNIT, 3 drawer, lockable, on castors, desk height 715H 430W 600D		3	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
1		1	HOO022	HOOK; double; wall mounted.		1	
1		1	MSC081	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; on plinth; o/a height 900.		1	
2		2	MSC082	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged left; on plinth; o/a height 900.		1	
1		1	MSC2507	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; shelves; 1 door hinged right; wall mounted.		1	
1		1	MSC2508	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; shelves; 1 door hinged left; wall mounted.		1	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
8		8	OUT010	SOCKET outlet, switched, 13amp, twin		1	
2		2	OUT052	CONNECTION UNIT, switched, 13 amp		1	
1		1	OUT121	SOCKET outlet; computer data; double.		1	

ADB			Schedule of Components by Room			X0125	
Project:		11072	RHSC & DCN				
Department:		M4	DCN Neurophysiology				
Room:		X0125	EEG Recording Room				
Room Number:		2-M4-019			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1	
1		1	OUT471	OUTLET; oxygen medical; trunking mounted.		1	
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1	
1		1	REC901	Recording System		3	
1		1	REC902	Recorder Ambulatory		3	
1		1	SIG2500	SIGN; vacant/engaged; wall mounted.		1	
1		1	SWC031	SWITCH; light; dimmer to M&E design.		1	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TEL1000	TELEPHONE; handset.		3	
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	
1		1	TRU1002	TRUNKING; vertical; length as drawn.		1	
1		1	TVM2500	TV / monitor flat screen with DVD player		3	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet			M0132-01
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	M0132-01	Open Plan Office		
Room Number:	2-R1-055	Revision Date:	18/09/2014	
Activities:	1) Use of computer workstation(s) 2) Use of Telephone 3) Storage of Files and records 4) Secure holding/storing of personal belongings 5) Use of Printer 6) Assessment / updating of electronic patient records (EPRs)			
Personnel:	staff			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data		M0132-01																																
Project:	11072	RHSC & DCN																																	
Department:	01	Key Rooms (Financial Close)																																	
Room:	M0132-01	Open Plan Office																																	
Room Number:	2-R1-055	Revision Date:	18/09/2014																																
<table border="1"> <thead> <tr> <th data-bbox="98 394 632 432">AIR</th> <th data-bbox="635 394 831 432">Requirements</th> <th colspan="2" data-bbox="834 394 1514 432">Notes</th> </tr> </thead> <tbody> <tr> <td data-bbox="98 436 632 474">Winter Temperature (DegC):</td> <td data-bbox="635 436 831 474"></td> <td colspan="2" data-bbox="834 436 1514 474">Permissible space temperature range (dry bulb) (degC) : 18 - 25</td> </tr> <tr> <td data-bbox="98 479 632 517">Summer Temperature (DegC):</td> <td data-bbox="635 479 831 517"></td> <td colspan="2" data-bbox="834 479 1514 517"></td> </tr> <tr> <td data-bbox="98 521 632 560">Mechanical Ventilation (Supply ac/hr):</td> <td data-bbox="635 521 831 560">4.0</td> <td colspan="2" data-bbox="834 521 1514 560">Ventilation Type: Central Supply and Extract</td> </tr> <tr> <td data-bbox="98 564 632 602">Mechanical Ventilation (Extract ac/hr):</td> <td data-bbox="635 564 831 602">4.0</td> <td colspan="2" data-bbox="834 564 1514 602"></td> </tr> <tr> <td data-bbox="98 607 632 645">Pressure Relative to Adjoining Space:</td> <td data-bbox="635 607 831 645">Balanced</td> <td colspan="2" data-bbox="834 607 1514 645"></td> </tr> <tr> <td data-bbox="98 649 632 687">Filtration (%DSE and % Arrestance):</td> <td data-bbox="635 649 831 687">/</td> <td colspan="2" data-bbox="834 649 1514 687">G4 - minimum</td> </tr> <tr> <td data-bbox="98 692 632 723">Humidity (%RH):</td> <td data-bbox="635 692 831 723"></td> <td colspan="2" data-bbox="834 692 1514 723"></td> </tr> </tbody> </table>				AIR	Requirements	Notes		Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25		Summer Temperature (DegC):				Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Central Supply and Extract		Mechanical Ventilation (Extract ac/hr):	4.0			Pressure Relative to Adjoining Space:	Balanced			Filtration (%DSE and % Arrestance):	/	G4 - minimum		Humidity (%RH):			
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Pressure Relative to Adjoining Space:	Balanced																																		
Filtration (%DSE and % Arrestance):	/	G4 - minimum																																	
Humidity (%RH):																																			
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air																																			
<table border="1"> <thead> <tr> <th data-bbox="98 770 632 808">LIGHTING</th> <th data-bbox="635 770 831 808"></th> <th colspan="2" data-bbox="834 770 1514 808"></th> </tr> </thead> <tbody> <tr> <td data-bbox="98 813 632 851">Service Illumination (Lux):</td> <td data-bbox="635 813 831 851">300</td> <td colspan="2" data-bbox="834 813 1514 851">@ Desk 750 - 850 AFFL</td> </tr> <tr> <td data-bbox="98 855 632 893">Service Illumination Night (Lux):</td> <td data-bbox="635 855 831 893"></td> <td colspan="2" data-bbox="834 855 1514 893">Not Applicable</td> </tr> <tr> <td data-bbox="98 898 632 936">Local Illumination (Lux):</td> <td data-bbox="635 898 831 936"></td> <td colspan="2" data-bbox="834 898 1514 936">None</td> </tr> <tr> <td data-bbox="98 940 632 978">Colour Rendering Required:</td> <td data-bbox="635 940 831 978">Y</td> <td colspan="2" data-bbox="834 940 1514 978">Colour rendering characteristics (Ra):80</td> </tr> <tr> <td data-bbox="98 983 632 1025">Standby Lighting Grade:</td> <td data-bbox="635 983 831 1025">A</td> <td colspan="2" data-bbox="834 983 1514 1025">Lighting of the level and quality equal or nearly equal to that provided by normal lighting</td> </tr> </tbody> </table>				LIGHTING				Service Illumination (Lux):	300	@ Desk 750 - 850 AFFL		Service Illumination Night (Lux):		Not Applicable		Local Illumination (Lux):		None		Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80		Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting									
LIGHTING																																			
Service Illumination (Lux):	300	@ Desk 750 - 850 AFFL																																	
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Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting																																	
General Notes: Control: Switch																																			
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ADB	Room Design Character		M0132-01
Project:	11072	RHSC & DCN	Revision Date: 18/09/2014
Department:	01	Key Rooms (Financial Close)	
Room:	M0132-01	Open Plan Office	
Room Number:	2-R1-055		
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB	Schedule of Components by Room	M0132-01
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Project:	11072	RHSC & DCN	Revision Date:	09/09/2014
Department:	R1	Clinical / Management Suite		
Room:	M0132-01	2nd Floor Open Plan Desks		
Room Number:	2-R1-055			

Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
4		4	BOA027	BOARD; marker/display; whiteboard; magnetic; dry-wipe; with pen holder; wall mounted; 1200H 1800W.		1
18		18	CAB2517	CABINET; filing with 3 drawers 1073 mm high x 1200 mm wide		3
2		2	CAB2520	CABINET; double doors 1912 mm high x 1000 mm wide		3
2		2	CAB2521	CABINET; tambour front 997 mm high x 1000 mm wide		3
9		9	CAB2522	CABINET; unit 3 drawers 1073 mm high x 1000 mm wide		3
9		9	CAB2524	CABINET; filing/storage 2300 mm high x 600 mm deep x 1000 mm wide		3
51		51	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3
3		3	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1
51		51	COM033	COMPUTER KEYBOARD		3
51		51	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3
51		51	DES019	DESK, cantilever, cable management, 1500W 800D		3
51		51	DRA056	DRAWER UNIT, 2 drawer, lockable, on castors, 600H 410W 600D		3
28		28	HOO022	HOOK; double; wall mounted.		1
2		2	LOC008	LOCKER clothes; single; 2 compartments; 1800H 300W 550D		3
12		12	LOC019	LOCKER; 6 compartments; 1800H 300W 450D		3
2		2	OUT005	SOCKET outlet, switched, 13amp, single		1
102		102	OUT009	SOCKET outlet switched 13 amp twin; floor mounted.		1
102		102	OUT122	SOCKET outlet computer data; floor mounted.		1
34		34	SCR019	SCREEN, dividing, 1500H 1500W		3
1		1	SWC025	SWITCH, light		1
51		51	TEL1000	TELEPHONE; handset.		3

ADB	Room Data Sheet			T0101
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	T0101	Clean Utility: Inpatients RHSC		
Room Number:	3-C1.1-042	Revision Date:	18/09/2014	
Activities:	1) Preparation of trays and trolleys laid up for surgical/clinical procedures 2) Storage of sterile equipment, consumable supplies and packs 3) Storage of non-sterile medical items, equipment and supplies 4) Storage of sterile fluids 5) Assessment / updating of electronic patient records (EPRs)			
Personnel:	2 x staff			
Planning Relationships:	Access from corridor for delivery of supplies.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data		T0101
Project: Department: Room: Room Number:	11072 01 T0101 3-C1.1-042	RHSC & DCN Key Rooms (Financial Close) Clean Utility: Inpatients RHSC	Revision Date: 18/09/2014
AIR Winter Temperature (DegC): Summer Temperature (DegC): Mechanical Ventilation (Supply ac/hr): Mechanical Ventilation (Extract ac/hr): Pressure Relative to Adjoining Space: Filtration (%DSE and % Arrestance): Humidity (%RH):	Requirements 6.0 Positive /	Notes Permissible space temperature range (dry bulb) (degC) : 18 - 28 Ventilation Type: Central Supply Air G4 - minimum	
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air			
LIGHTING Service Illumination (Lux): Service Illumination Night (Lux): Local Illumination (Lux): Colour Rendering Required: Standby Lighting Grade:	 150 Y A	 @ General working plane 1000 AFFL Not Applicable None Colour rendering characteristics (Ra):80 Lighting of the level and quality equal or nearly equal to that provided by normal lighting	
General Notes: Control: Presence Detection			
NOISE Privacy Factor Required (dB): Mechanical Services (NR): Intrusive Noise (NR Leq): *Acceptable Sound Level [L10dB(A)]: *Speech Privacy Required: *Quality Which Cannot Be Tolerated: (* alternative format)	 40 N	 Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f. Not Applicable	
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY Hot Surface Max. Temp (DegC): Hot Water Max. Temp (DegC):	 43 41		
General Notes: Maximum cold water discharge temperature (degC): 20			
FIRE Enclosure: Automatic Detection: Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)			

ADB	Room Design Character		T0101
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	T0101	Clean Utility: Inpatients RHSC	
Room Number:	3-C1.1-042	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A or obscure, solar control, security control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			T0101	
Project:		11072	RHSC & DCN				
Department:		C1.1	Medical Inpatients - 23 Beds				
Room:		T0101	Clean Utility				
Room Number:		3-C1.1-042			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
2		2	BOA2500	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 900H 600W.		1	
1		1	COM033	COMPUTER KEYBOARD		3	
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3	
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
1		1	LIG081	LUMINAIRE fitted with single fluorescent lamp with switch; below drug cupboard; 8watt; 400mm.		1	
2		2	MSC081	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; on plinth; o/a height 900.		1	
1		1	MSC082	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged left; on plinth; o/a height 900.		1	
4		4	MSC091	CABINET base; 400mm facing; (400x600 inserts); with formed plastic liners; 1 door hinged right; on plinth; o/a height 900.		1	
4		4	MSC092	CABINET base; 400mm facing; (400x600 inserts); with formed plastic liners; 1 door hinged left; on plinth; o/a height 900.		1	
4		4	MSC122	CABINET top; 400mm facing; (400x300 inserts); with formed plastic liners; 1 door hinged right; wall mounted.		1	
4		4	MSC123	CABINET top; 400mm facing; (400x300 inserts); with formed plastic liners; 1 door hinged left; wall mounted.		1	
1		1	MSC127	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; wall mounted.		1	
1		1	MSC128	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged left; wall mounted.		1	
1		1	MSC503	PHARMACY CABINET; 600mm facing; with 4 shelves; 1 pull out prep. shelf; controlled drugs cupboard; warning light; 1 door hinged right w/security safe lock; o/a height 1200.		1	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
1		1	OUT006	SOCKET outlet unswitched 13amp single; wall mounted.		1	
3		3	OUT010	SOCKET outlet, switched, 13amp, twin		1	
2		2	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
1		1	OUT050	OUTLET, controlled drugs cupboard		1	
2		2	OUT059	CONNECTION UNIT switched 13amp, indicator light		1	
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
1		1	PAN063	PANEL; indicator.		1	
1		1	PRI015	PRINTER; label; portable		3	
1		1	REF066	REFRIGERATOR, capacity 390 litres, 1855H 645W 595D		3	
1		1	SWC025	SWITCH, light		1	

ADB			Schedule of Components by Room			T0101	
Project:		11072	RHSC & DCN				
Department:		C1.1	Medical Inpatients - 23 Beds				
Room:		T0101	Clean Utility				
Room Number:		3-C1.1-042			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TRO251	TROLLEY; medicine; stainless steel; frame epoxy coated; buffered; 1250H 750W 450D		3	
1		1	TRO421	DEVICE; securing; medicine trolley; wall mounted.		1	
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
1		1	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1	
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet			E0604-06
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	E0604-06	Control / Observation room		
Room Number:	3-C4-007	Revision Date:	18/09/2014	
Activities:	1) Use of computer workstation(s) 2) Viewing film and/or computer generated images 3) Use of recording equipment 4) Processes and tests are recorded 5) Assessment / updating of electronic patient records (EPRs)			
Personnel:	4 x staff			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,400
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	E0604-06
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0604-06	Control / Observation room	
Room Number:	3-C4-007		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	4.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	@ desk 750 - 850mm AFFL
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		50:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		

General Notes:

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		E0604-06
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0604-06	Control / Observation room	
Room Number:	3-C4-007	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Observation panel, one-way viewing from control room into bedroom.		
Hatch:	N/A		
Notes:			

ADB	Schedule of Components by Room	E0604-06
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Project:	11072	RHSC & DCN	Revision Date:	09/09/2014
Department:	C4	Sleep Lab		
Room:	E0604-06	Control Room		
Room Number:	3-C4-007			

Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	BIN900	BIN; Recycle waste		3
2		2	BLI2500	Blind; total blackout boxed; length as indicated. Wipeable.		1
2		2	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1
2		2	CAB024	CABINET; filing; 2 drawer; 710H 470W 620D		3
2		2	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3
3		3	CHA017	CHAIR; upright; upholstered; stacking		3
3		3	COM033	COMPUTER KEYBOARD		3
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3
3		3	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3
1		1	COM2509	INTERCOM two way communication system; wall mounted (flush).		1
3		3	CON2502	CONTROL SYSTEM; for sleep; with computer screen		3
3		3	HOO024	HOOK; hat and coat; 1.		1
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1
12		12	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1
11		11	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1
1		1	OUT210	SOCKET outlet two-way communication system (intercom), wall mounted		1
1		1	REC030	RECORDER/VIDEO; playback		3
5		5	SUP2501	SUPPORT LEG; for 720 high worktop		1
1		1	SWC025	SWITCH, light		1
2		2	TEL1000	TELEPHONE; handset.		3
1		1	TRO131	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 450W 450D		3
2		2	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1
2		2	WKT1006L	WORKTOP; 720 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet			B0705
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	B0705	Sleep Room		
Room Number:	3-C4-008	Revision Date:	18/09/2014	
Activities:	1) Assessment and planning of treatment and/or operation may take place 2) Use of monitoring/diagnostic or therapeutic equipment 3) Rest and relaxation 4) Disposal of non-clinical waste 5) Therapeutic and clinical attention from healthcare staff 6) Clinical hand washing			
Personnel:	1 x patient 1 x staff			
Planning Relationships:	Control Room En-suite Parents Room			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligatureStrategy for anti-ligature provision			

ADB	Room Environmental Data	B0705
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B0705	Sleep Room	
Room Number:	3-C4-008		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Natural & Central Supply Air
Mechanical Ventilation (Extract ac/hr):		via ensuite
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	100	
Service Illumination Night (Lux):	5.0	
Local Illumination (Lux):	300.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch/Dimmer

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	30	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		40:daytime / 35:nighttime (LAeq,1hr) and 45:nighttime (LAmax,f).
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		B0705
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B0705	Sleep Room	
Room Number:	3-C4-008	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			B0705	
Project:		11072	RHSC & DCN				
Department:		C4	Sleep Lab				
Room:		B0705	Sleep Room				
Room Number:		3-C4-008			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
1		1	BED013	BED Kings Fund; variable height; two-way tilt; adjustable backrest; bedstripper; on castors		3	
1		1	BED2502	BED HEAD BUFFER; bed and wall protection; vertical; wall mounted.		1	
1		1	BLI2500	Blind; total blackout boxed; length as indicated. Wipeable.		1	
1		1	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1	
1		1	BRA004	BRACKET; holder; suction unit; trunking/rail mounted		2	
1		1	BRA013	BRACKET; TV; height adjustable; wall mounted.		1	
1		1	CAL043	PUSH BUTTON patient/staff call with socket for extension pear push; trunking mounted.		1	
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1	
1		1	CAM2504	CAMERA; CCTV; pan/tilt/zoom; ceiling mounted.		5	
1		1	CHA007	CHAIR; easy; with open arms; high back; upholstered, wipeable		3	
1		1	CON2501	CONTROL UNIT; for sleep system.		3	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
1		1	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
2		2	HOO024	HOOK; hat and coat; 1.		1	
1		1	LIG005	LUMINAIRE, bedhead, dimmable, patient reading and general nursing care/examination		1	
1		1	LOC002	LOCKER, bedside, 3 compartment, towel rail at rear, on castors, 902H 485W 485D		3	
1		1	MAT004	MATTRESS; Kings Fund bed; standard backrest; 1955L 865W 125D		3	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
3		3	OUT010	SOCKET outlet, switched, 13amp, twin		1	
5		5	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
3		3	OUT052	CONNECTION UNIT, switched, 13 amp		1	
3		3	OUT121	SOCKET outlet; computer data; double.		1	
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1	
1		1	OUT2503	SOCKET; outlet switched 13amp double; ceiling mounted.		1	
1		1	OUT2504	SOCKET; outlet data; ceiling mounted.		1	
1		1	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1	
2		2	OUT471	OUTLET; oxygen medical; trunking mounted.		1	
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1	
1		1	RAC362	RACK; catheter; vertical; 2 compartments; 420H 160W 65D		2	
1		1	RAI130	RAIL, clinical equipment, wall mounted, 600mm		1	
1		1	SOM2500	SOMNOSCREEN; sleep study system		5	
1		1	SWC031	SWITCH; light; dimmer to M&E design.		1	
1		1	TAB073	TABLE, overbed, cantilevered		3	

ADB			Schedule of Components by Room		B0705	
Project:		11072	RHSC & DCN			
Department:		C4	Sleep Lab			
Room:		B0705	Sleep Room			
Room Number:		3-C4-008	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1
1		1	TRO910	TROLLEY; dressing/instrument; stainless steel; buffered; 870H 450W 450D; 1 drawer		3
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1
1		1	TVM2500	TV / monitor flat screen with DVD player		3
1		1	WAR900	WARDROBE; lockable; 2700H 750W 500D.		1
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1

ADB	Room Data Sheet	X1504
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X1504	Patient Treatment Lounge	
Room Number:	3-D9-016		Revision Date: 18/09/2014

Activities:	1) Clinical examination and assessment in privacy 2) Patient may receive scalp cooling (cold cap) treatment, before and during administration of cytotoxic drugs 3) Administration of cytotoxic drugs by injection or intravenous drip 4) Clinical hand washing 5) Recording of patient data/notes 6) Use of computer by patient for therapeutic purposes 7) Patient may take meals or refreshments in bed, by the bed or in the sitting space 8) Patient records reviewed and recorded 9) Clinical discussions and non invasive procedures at the bedside 10) Use of piped medical gases, vacuum and associated equipment		
Personnel:	5 x patients 1 x staff 5 x escorts		
Planning Relationships:	Near main waiting room. Access to resuscitation facilities.		
Space Data:	Area (m²):		Height (mm): 2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.		
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision		

ADB	Room Environmental Data	X1504
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Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	X1504	Patient Treatment Lounge
Room Number:	3-D9-016	Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	10.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed / Trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		X1504
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X1504	Patient Treatment Lounge	
Room Number:	3-D9-016		Revision Date: 18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Obscured, privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			X1504	
Project:		11072	RHSC & DCN				
Department:		D9	Medical Day Care Unit - 5 Beds				
Room:		X1504	Patient Treatment Lounge				
Room Number:		3-D9-016			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, integral back outlet, 500W 400D		1	
4		4	CAL043	PUSH BUTTON patient/staff call with socket for extension pear push; trunking mounted.		1	
4		4	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1	
8		8	CHA083	CHAIR, stacking, polypropylene, with back and seat pads		3	
4		4	CHA091	CHAIR; easy; reclining; 1000H 630W 1880D		3	
1		1	COM033	COMPUTER KEYBOARD		3	
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3	
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
4		4	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
4		4	LIG005	LUMINAIRE, bedhead, dimmable, patient reading and general nursing care/examination		1	
4		4	LOC002	LOCKER, bedside, 3 compartment, towel rail at rear, on castors, 902H 485W 485D		3	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
2		2	OUT010	SOCKET outlet, switched, 13amp, twin		1	
16		16	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
7		7	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
4		4	OUT471	OUTLET; oxygen medical; trunking mounted.		1	
4		4	OUT476	OUTLET; vacuum medical; trunking mounted.		1	
1		1	PRI015	PRINTER; label; portable		3	
4		4	STA142	STAND; infusion; twin hook; breaks; mobile		3	
2		2	SUP2501	SUPPORT LEG; for 720 high worktop		1	
1		1	SWC025	SWITCH, light		1	
4		4	TAB073	TABLE, overbed, cantilevered		3	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TEL1000	TELEPHONE; handset.		3	
4		4	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1	
2		2	TRO131	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 450W 450D		3	
4		4	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
1		1	WKT1006L	WORKTOP; 720 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet			H0202-01
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	H0202-01	Workshop / Tutorial Room		
Room Number:	3-H3-001	Revision Date:	18/09/2014	
Activities:	1) Use of Multimedia equipment 2) Use of laptop computer(s) 3) Colleagues /visitors received for training/observation purposes			
Personnel:	12-15 x persons Intermittent use			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	H0202-01
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	H0202-01	Workshop / Tutorial Room	
Room Number:	3-H3-001		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):		10 litres a second per person
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - Minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Ceiling Cassette - Chilled Water

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	@ Desk 750 - 850 AFFL
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		Intrusive Noise:
Mechanical Services (NR):	30	SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		H0202-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	H0202-01	Workshop / Tutorial Room	
Room Number:	3-H3-001	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control Blinds will be required to darken room, full blackout is rarely required.		
Internal Glazing:	Observation panel, one-way viewing from control room into tutorial room		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			H0202-01	
Project:		11072	RHSC & DCN				
Department:		H3	SPHERE (Clinical Education Suite)				
Room:		H0202-01	Workshop / Tutorial Room 3				
Room Number:		3-H3-001			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
1		1	BED008	BED; Kings Fund; child; variable height; two-way tilt; adjustable backrest; on castors		3	
1		1	BED2502	BED HEAD BUFFER; bed and wall protection; vertical; wall mounted.		1	
1		1	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1	
1		1	BOA2507	BOARD; Interactive smartboard		2	
1		1	BRA013	BRACKET; TV; height adjustable; wall mounted.		1	
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1	
3		3	CAM031	CAMERA; CCTV; pan/tilt/zoom.		1	
9		9	CHA017	CHAIR; upright; upholstered; stacking		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	COM2506	Laptop		3	
1		1	COM908	Telemedicine package tandberg 770MP wall mounted		5	
2		2	CUP016	CUPBOARD, metal, 1 shelf, wall mounted, 600H 600W 300D.		1	
2		2	CUP2509	CUPBOARD; base unit; LH door; lockable; 600mm.		1	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS024	DISPENSER, soap, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
2		2	HOO024	HOOK; hat and coat; 1.		1	
1		1	MON900	MONITOR; Low end monitor, general Ward /OPD use		3	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
2		2	OUT009	SOCKET outlet switched 13 amp twin; floor mounted.		1	
4		4	OUT010	SOCKET outlet, switched, 13amp, twin		1	
4		4	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
4		4	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
3		3	OUT2503	SOCKET; outlet switched 13amp double; ceiling mounted.		1	
3		3	OUT2504	SOCKET; outlet data; ceiling mounted.		1	
1		1	OUT2509	SOCKET; Telemedicine.		1	
2		2	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1	
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1	
1		1	SIG2500	SIGN; vacant/engaged; wall mounted.		1	
1		1	SWC025	SWITCH, light		1	
1		1	TAB073	TABLE, overbed, cantilevered		3	
2		2	TAB122	Table; committee; unit type; 720H 1400W 700D		3	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TEL1000	TELEPHONE; handset.		3	
2		2	TRO135	TROLLEY; Gratnell; dressing/instrument; 6 clear trays, stainless steel; buffered; 890H 510W 480D		3	
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	

ADB			Schedule of Components by Room		H0202-01	
Project:		11072	RHSC & DCN			
Department:		H3	SPHERE (Clinical Education Suite)			
Room:		H0202-01	Revision Date:		09/09/2014	
Room Number:		3-H3-001				
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	TRU2500	TRUNKING; floor; length as drawn.		1
1		1	TRU2500	TRUNKING; floor; length as drawn.		1
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1
1		1	WKT124	WORKTOP, cantilevered from wall, 1200W 550D.		1

ADB	Room Design Character		L0102-03
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	L0102-03	Tissue Culture Store	
Room Number:	4-H1-016	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control.		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB	Room Environmental Data	L0102-03
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	L0102-03	Tissue Culture Store	
Room Number:	4-H1-016		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	6.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	6.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	F7 - Minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Ceiling Cassette - Chilled Water

LIGHTING	Requirements	Notes
Service Illumination (Lux):	500	@ Desk 750 - 850 AFFL
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		45:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	60	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB		Schedule of Components by Room				L0102-03	
Project:		11072		RHSC & DCN			
Department:		H1		Child Life & Health			
Room:		L0102-03		Tissue Culture Store			
Room Number:		4-H1-016		Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BOA203	BOARD; combined magnetic display/whiteboard; dry-wipe; with pen holder; wall mounted; 1200H 1500W.		1	
2		2	CAB200	CABINET: Class II tissue culture cabinet		1	
1		1	CAS020	FIRST AID BOX		2	
1		1	CEN004	CENTRIFUGE: Swingout rotor, refrigerated, bench top		3	
1		1	COM031	COMPUTER: standard with keyboard and screen.		3	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
2		2	INC021	INCUBATOR for cell culture (not babies)		3	
2		2	LAB928	BENCH, laboratory, 1400W 800D		3	
1		1	LSU003	SINK laboratory; 300H 450W 420D; HTM67/S3.		1	
1		1	MIC040	MICROSCOPE: Conventional		3	
1		1	MIC043	MICROSCOPE: Inverted		3	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
1		1	OUT006	SOCKET outlet unswitched 13amp single; wall mounted.		1	
8		8	OUT010	SOCKET outlet, switched, 13amp, twin		1	
1		1	OUT052	CONNECTION UNIT, switched, 13 amp		1	
1		1	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
3		3	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1	
2		2	OUT471	OUTLET; oxygen medical; trunking mounted.		1	
3		3	OUT476	OUTLET; vacuum medical; trunking mounted.		1	
3		3	OUT491	OUTLET; carbon dioxide; trunking mounted.		1	
1		1	REF904	FREEZER 600 X 600 X 850.		3	
1		1	SNS753	SINKTOP; single bowl; no tap holes; no overflow; right hand integral ribbed drainer; stainless steel; 1200W 600D. HTM64STA		1	
1		1	STF400	CABINET: Under bench cabinet with 1 drawer at top and cabinet with shelf beneath; on castors		3	
1		1	SWC025	SWITCH, light		1	
1		1	TAP419	TAP; Laboratory Nitrogen		1	
2		2	TAP809	TAP, bib, lever, hospital pattern, pair hot and cold, 1/2 in.		1	
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	
2		2	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	
1		1	WAS051	WASH; eye; first aid; with mirror; wall mounted; 360H 250W 100D.		1	
2		2	WAS102	WASTE, unslotted flush-grated, metal, 1.1/2 in		1	
2		2	WAS108	TRAP, bottle, 1.1/2 in, plastic resealing		1	
1		1	WKT1004H	WORKTOP; 920 high 800 deep, laboratory; length as drawn		1	

ADB	Room Data Sheet	L0102-01
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Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	L0102-01	Molecular Biology Laboratory		
Room Number:	4-H1-018		Revision Date:	18/09/2014

Activities:	1) Use of laptop computer(s) 2) Sorting, batching and labelling/numbering specimens and processing request forms 3) Centrifugation of samples/specimens (urine, blood, fluids) 4) Short term storage of specimens 5) Preparation of slides for microscopy 6) Plating specimens for culture. 7) Processes and tests are recorded			
Personnel:	8 x staff 2 visitors			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			

Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			
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ADB	Room Environmental Data		L0102-01																																
Project:	11072	RHSC & DCN																																	
Department:	01	Key Rooms (Financial Close)																																	
Room:	L0102-01	Molecular Biology Laboratory																																	
Room Number:	4-H1-018	Revision Date:	18/09/2014																																
<table border="1"> <thead> <tr> <th data-bbox="98 394 632 432">AIR</th> <th data-bbox="635 394 831 432">Requirements</th> <th colspan="2" data-bbox="834 394 1513 432">Notes</th> </tr> </thead> <tbody> <tr> <td data-bbox="98 436 632 474">Winter Temperature (DegC):</td> <td data-bbox="635 436 831 474"></td> <td colspan="2" data-bbox="834 436 1513 474">Permissible space temperature range (dry bulb) (degC) : 18 - 25</td> </tr> <tr> <td data-bbox="98 479 632 517">Summer Temperature (DegC):</td> <td data-bbox="635 479 831 517"></td> <td colspan="2" data-bbox="834 479 1513 517"></td> </tr> <tr> <td data-bbox="98 521 632 560">Mechanical Ventilation (Supply ac/hr):</td> <td data-bbox="635 521 831 560">6.0</td> <td colspan="2" data-bbox="834 521 1513 560">Ventilation Type: Central Supply and Extract</td> </tr> <tr> <td data-bbox="98 564 632 602">Mechanical Ventilation (Extract ac/hr):</td> <td data-bbox="635 564 831 602">6.0</td> <td colspan="2" data-bbox="834 564 1513 602"></td> </tr> <tr> <td data-bbox="98 607 632 645">Pressure Relative to Adjoining Space:</td> <td data-bbox="635 607 831 645">Balanced</td> <td colspan="2" data-bbox="834 607 1513 645"></td> </tr> <tr> <td data-bbox="98 649 632 687">Filtration (%DSE and % Arrestance):</td> <td data-bbox="635 649 831 687">/</td> <td colspan="2" data-bbox="834 649 1513 687">F7 - Minimum</td> </tr> <tr> <td data-bbox="98 692 632 723">Humidity (%RH):</td> <td data-bbox="635 692 831 723"></td> <td colspan="2" data-bbox="834 692 1513 723"></td> </tr> </tbody> </table>				AIR	Requirements	Notes		Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25		Summer Temperature (DegC):				Mechanical Ventilation (Supply ac/hr):	6.0	Ventilation Type: Central Supply and Extract		Mechanical Ventilation (Extract ac/hr):	6.0			Pressure Relative to Adjoining Space:	Balanced			Filtration (%DSE and % Arrestance):	/	F7 - Minimum		Humidity (%RH):			
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General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Ceiling Cassette - Chilled Water																																			
<table border="1"> <thead> <tr> <th data-bbox="98 770 632 808">LIGHTING</th> <th data-bbox="635 770 831 808"></th> <th colspan="2" data-bbox="834 770 1513 808"></th> </tr> </thead> <tbody> <tr> <td data-bbox="98 813 632 851">Service Illumination (Lux):</td> <td data-bbox="635 813 831 851">500</td> <td colspan="2" data-bbox="834 813 1513 851">@ Desk 750 - 850 AFFL</td> </tr> <tr> <td data-bbox="98 855 632 893">Service Illumination Night (Lux):</td> <td data-bbox="635 855 831 893"></td> <td colspan="2" data-bbox="834 855 1513 893">Not Applicable</td> </tr> <tr> <td data-bbox="98 898 632 936">Local Illumination (Lux):</td> <td data-bbox="635 898 831 936"></td> <td colspan="2" data-bbox="834 898 1513 936">None</td> </tr> <tr> <td data-bbox="98 940 632 978">Colour Rendering Required:</td> <td data-bbox="635 940 831 978">Y</td> <td colspan="2" data-bbox="834 940 1513 978">Colour rendering characteristics (Ra):80</td> </tr> <tr> <td data-bbox="98 983 632 1028">Standby Lighting Grade:</td> <td data-bbox="635 983 831 1028">A</td> <td colspan="2" data-bbox="834 983 1513 1028">Lighting of the level and quality equal or nearly equal to that provided by normal lighting</td> </tr> </tbody> </table>				LIGHTING				Service Illumination (Lux):	500	@ Desk 750 - 850 AFFL		Service Illumination Night (Lux):		Not Applicable		Local Illumination (Lux):		None		Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80		Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting									
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General Notes: Control: Switch																																			
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ADB	Room Design Character		L0102-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	L0102-01	Molecular Biology Laboratory	
Room Number:	4-H1-018	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear. Blackout blinds will be required to darken room.		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB	Room Data Sheet	L0102-03
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Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	L0102-03	Tissue Culture Store		
Room Number:	4-H1-016		Revision Date:	18/09/2014

Activities:	<ol style="list-style-type: none"> 1) Use of computer workstation(s) 2) Recording of test results 3) Processes and tests are recorded 4) Plating specimens for culture. 5) Preparation of slides for microscopy 6) Short term storage of specimens 7) Centrifugation of samples/specimens (urine, blood, fluids) 8) Sorting, batching and labelling/numbering specimens and processing request forms 			
Personnel:	2 x staff			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,400
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			

Notes:	<p>Refer to ME 571 series of drawings for access control (PCP 4.17)</p> <p>Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision</p>			
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ADB		Schedule of Components by Room				L0102-01
Project:		11072	RHSC & DCN			
Department:		H1	Child Life & Health			
Room:		L0102-01	Molecular Biology Laboratory			
Room Number:		4-H1-018	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	AUT900	Autoclave		1
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1
1		1	BIN023	BIN; flammable waste; hinged lid. Complies with HTM83/1983 and BS476PT 7 (1971) for class '0' fire retardancy		3
1		1	BLI2500	Blind; total blackout boxed; length as indicated. Wipeable.		1
1		1	BOA027	BOARD; marker/display; whiteboard; magnetic; dry-wipe; with pen holder; wall mounted; 1200H 1800W.		1
1		1	CAB300	POISONS CABINET: Large, under bench		3
1		1	CAS020	FIRST AID BOX		2
2		2	CEN003	CENTRIFUGE bench mounted; 300H 420W 490D		3
1		1	CEN004	CENTRIFUGE: Swingout rotor, refrigerated, bench top		3
1		1	CEN012	CENTRIFUGE: refrigerated, large, bench top		3
1		1	CEN023	MIKRO CENTRIFUGE		3
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1
3		3	COM031	COMPUTER: standard with keyboard and screen.		3
2		2	CUP031	CUPBOARD; 1 shelf; on plinth; 800H 1200W 500D.		1
6		6	CUP1001	CUPBOARD, mobile, 1 shelf, specialist laboratory		3
1		1	CUP142	CUPBOARD; fume; with extract; bench mounted; 1050H 1000W 750D.		1
2		2	CUP2997	CUPBOARD, flammable store, ducted to CUP142		1
1		1	DIS011	DISPENSER, barrier cream, disposable single cartridge, wall mounted		2
1		1	DIS013	DISPENSER, paper towel, wall mounted		2
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3
10		10	HOO024	HOOK; hat and coat; 1.		1
1		1	INC020	INCUBATOR: heated, benchtop, with shaker platform		3
1		1	LAB110	STILL; distilled water; with storage tank, wall mounted; 1095H 375W 440D		2
1		1	LAB208	PLATE READER		3
2		2	LAB400	FREEZER; Laboratory, under bench		3
1		1	LAB500	DRYING OVEN; bench top		3
1		1	LAB600	WATER BATH: heated		3
2		2	MIC040	MICROSCOPE: Conventional		3
1		1	MIC041	MICROSCOPE: Multi-header for instruction with camera and computer		3
1		1	MIC042	MICROSCOPE: Time Lapse		3
1		1	NAN010	NANODROP		3
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1
12		12	OUT006	SOCKET outlet unswitched 13amp single; wall mounted.		1
17		17	OUT010	SOCKET outlet, switched, 13amp, twin		1
10		10	OUT052	CONNECTION UNIT, switched, 13 amp		1
9		9	OUT121	SOCKET outlet; computer data; double.		1
1		1	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1

ADB		Schedule of Components by Room				L0102-01	
Project:		11072		RHSC & DCN			
Department:		H1		Child Life & Health			
Room:		L0102-01		Molecular Biology Laboratory			
Room Number:		4-H1-018		Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
2		2	OUT315	OUTLET, drinking water for equipment		1	
1		1	OUT341	OUTLET, drainage, anti-syphon		1	
3		3	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1	
1		1	OUT471	OUTLET; oxygen medical; trunking mounted.		1	
3		3	OUT476	OUTLET; vacuum medical; trunking mounted.		1	
1		1	PCR010	PCR MACHINE		3	
1		1	RAC500	RACK UNIT; metal; shelves with dividers, shelves to be height adjustable		3	
1		1	REF032	FREEZER upright -20 deg.C; Panasonic MDF-U700VX-PE; 2010H 1010W 870D		3	
1		1	REF105	ICE MACHINE: under bench, plumbed in		2	
1		1	REF200	REFRIGERATOR: upright		3	
1		1	RTM010	REAL TIME MACHINE		3	
1		1	SHE902	SHELF, with supports from island units, 2no each side		1	
2		2	SHE903	SHELF, 2no, with supports		1	
2		2	SIG900	SIGN; door; vacant/engaged & names slot		1	
2		2	SNS753	SINKTOP; single bowl; no tap holes; no overflow; right hand integral ribbed drainer; stainless steel; 1200W 600D. HTM64STA		1	
1		1	SPI300	SPILL KIT		3	
1		1	SPI301	RADIATION SPILL KIT		3	
7		7	STO023	STOOL; laboratory; complete with footring		3	
17		17	SUP2500	SUPPORT LEG; for 920 high worktop		1	
1		1	SWC025	SWITCH, light		1	
1		1	TAP022	TAP, laboratory, cold water		1	
1		1	TAP023	TAP, laboratory, hot water		1	
1		1	TAP419	TAP; Laboratory Nitrogen		1	
2		2	TAP809	TAP, bib, lever, hospital pattern, pair hot and cold, 1/2 in.		1	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TEL2500	TELEPHONE; handset, wall mounted.		2	
3		3	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	
1		1	WAS021	GLASSWASHER - either under bench or bench top		2	
1		1	WAS051	WASH; eye; first aid; with mirror; wall mounted; 360H 250W 100D.		1	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
3		3	WAS102	WASTE, unslotted flush-grated, metal, 1.1/2 in		1	
3		3	WAS108	TRAP, bottle, 1.1/2 in, plastic resealing		1	
6		6	WKT1004H	WORKTOP; 920 high 800 deep, laboratory; length as drawn		1	
1		1	WKT304	WORKTOP; dished; stainless steel; with right hand sink bowl; cantilevered from wall; 1500W 650D.		1	

ADB	Room Data Sheet	L0102-02
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	L0102-02	Physiology Laboratory	
Room Number:	4-H1-027		Revision Date: 18/09/2014

Activities:	<ol style="list-style-type: none"> 1) Use of laptop computer(s) 2) Use of computer workstation(s) 3) Clinical hand washing 4) Processes and tests are recorded 5) Sorting, batching and labelling/numbering specimens and processing request forms 6) Centrifugation of samples/specimens (urine, blood, fluids) 7) Short term storage of specimens 8) Preparation of slides for microscopy 9) Plating specimens for culture. 10) Recording of test results
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Personnel:	8 x staff 2 visitors
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Planning Relationships:	
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Space Data:	Area (m²):		Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			

Notes:	<p>Refer to ME 571 series of drawings for access control (PCP 4.17)</p> <p>Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision</p>
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ADB	Room Environmental Data	L0102-02
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	L0102-02	Physiology Laboratory	
Room Number:	4-H1-027		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	6.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	6.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	F7 - Minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Coiling Cassette - Chilled Water

LIGHTING	Requirements	Notes
Service Illumination (Lux):	500	@ Desk 750 - 850 AFFL
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		45:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	60	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		L0102-02
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	L0102-02	Physiology Laboratory	
Room Number:	4-H1-027	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear. Blackout blinds will be required to darken room.		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			L0102-02	
Project:		11072	RHSC & DCN				
Department:		H1	Child Life & Health				
Room:		L0102-02	Physiological Laboratory		Revision Date:		09/09/2014
Room Number:		4-H1-027					
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, integral back outlet, 500W 400D		1	
1		1	BIN023	BIN; flammable waste; hinged lid. Complies with HTM83/1983 and BS476PT 7 (1971) for class '0' fire retardancy		3	
2		2	BLI2500	Blind; total blackout boxed; length as indicated. Wipeable.		1	
1		1	BOA027	BOARD; marker/display; whiteboard; magnetic; dry-wipe; with pen holder; wall mounted; 1200H 1800W.		1	
1		1	CAB301	POISONS CABINET: Small, wall mounted		2	
1		1	CAS020	FIRST AID BOX		2	
2		2	CEN003	CENTRIFUGE bench mounted; 300H 420W 490D		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
2		2	COM031	COMPUTER: standard with keyboard and screen.		3	
16		16	CUP1001	CUPBOARD, mobile, 1 shelf, specialist laboratory		3	
2		2	CUP1003	CUPBOARD, mobile, with 4 drawer, specialist laboratory		3	
1		1	CUP142	CUPBOARD; fume; with extract; bench mounted; 1050H 1000W 750D.		1	
1		1	DIS011	DISPENSER, barrier cream, disposable single cartridge, wall mounted		2	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
7		7	HOO024	HOOK; hat and coat; 1.		1	
2		2	LAB400	FREEZER; Laboratory, under bench		3	
1		1	MIC040	MICROSCOPE: Conventional		3	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
7		7	OUT006	SOCKET outlet unswitched 13amp single; wall mounted.		1	
22		22	OUT010	SOCKET outlet, switched, 13amp, twin		1	
7		7	OUT052	CONNECTION UNIT, switched, 13 amp		1	
3		3	OUT121	SOCKET outlet; computer data; double.		1	
1		1	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
1		1	OUT315	OUTLET, drinking water for equipment		1	
1		1	OUT341	OUTLET, drainage, anti-syphon		1	
3		3	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1	
3		3	OUT476	OUTLET; vacuum medical; trunking mounted.		1	
1		1	PCR010	PCR MACHINE		3	
1		1	REF032	FREEZER upright -20 deg.C; Panasonic MDF-U700VX-PE; 2010H 1010W 870D		3	
1		1	REF105	ICE MACHINE: under bench, plumbed in		2	
1		1	SHE902	SHELF, with supports from island units, 2no each side		1	
2		2	SHE903	SHELF, 2no, with supports		1	
1		1	SIG900	SIGN; door; vacant/engaged & names slot		1	
2		2	SNS753	SINKTOP; single bowl; no tap holes; no overflow; right hand integral ribbed drainer; stainless steel; 1200W 600D. HTM64STA		1	
1		1	SPI301	RADIATION SPILL KIT		3	

ADB			Schedule of Components by Room			L0102-02	
Project:		11072	RHSC & DCN				
Department:		H1	Child Life & Health				
Room:		L0102-02	Physiological Laboratory		Revision Date: 09/09/2014		
Room Number:		4-H1-027					
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
7		7	STO023	STOOL; laboratory; complete with footing		3	
17		17	SUP2500	SUPPORT LEG; for 920 high worktop		1	
1		1	SWC025	SWITCH, light		1	
1		1	TAP022	TAP, laboratory, cold water		1	
1		1	TAP023	TAP, laboratory, hot water		1	
1		1	TAP809	TAP, bib, lever, hospital pattern, pair hot and cold, 1/2 in.		1	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TEL2500	TELEPHONE; handset, wall mounted.		2	
5		5	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	
1		1	WAS051	WASH; eye; first aid; with mirror; wall mounted; 360H 250W 100D.		1	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
2		2	WAS102	WASTE, unslotted flush-grated, metal, 1.1/2 in		1	
2		2	WAS108	TRAP, bottle, 1.1/2 in, plastic resealing		1	
6		6	WKT1004H	WORKTOP; 920 high 800 deep, laboratory; length as drawn		1	

ADB	Room Data Sheet			X0242-04
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	X0242-04	Treatment: double-sided couch access (Mental Health)		
Room Number:	G-A1-015	Revision Date:	18/09/2014	
Activities:	1) Invasive clinical procedures from side of couch 2) Dressing / undressing in privacy 3) Clinical handwashing 4) Assessment / updating of electronic patient records (EPRs) 5) Use of mobile diagnostic and therapeutic equipment			
Personnel:	1 x patient 2 x staff 2 x escorts			
Planning Relationships:	Close to a clean utility room. Close to a dirty utility room.			
Space Data:	Area (m²):		Height (mm):	3,000
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	X0242-04
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Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	X0242-04	Treatment: double-sided couch access (Mental Health)
Room Number:	G-A1-015	Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	10.0	Ventilation Type: Central Supply Air
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		X0242-04
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0242-04	Treatment: double-sided couch access (Mental Health)	
Room Number:	G-A1-015	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A or Clear, solar control, privacy control.		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			X0242-04	
Project:		11072	RHSC & DCN				
Department:		A1	Emergency Department				
Room:		X0242-04	Treatment Room 11: Dual Access (Mental Health)				
Room Number:		G-A1-015			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
2		2	ALA001	PUSH BUTTON, security alarm		1	
1		1	BED2502	BED HEAD BUFFER; bed and wall protection; vertical; wall mounted.		1	
1		1	CAL043	PUSH BUTTON patient/staff call with socket for extension pear push; trunking mounted.		1	
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1	
3		3	CHA017	CHAIR; upright; upholstered; stacking		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	MON902	MONITOR; Mid range use in Recovery & HDU.		3	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
1		1	OUT010	SOCKET outlet, switched, 13amp, twin		1	
2		2	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
2		2	OUT121	SOCKET outlet; computer data; double.		1	
1		1	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1	
1		1	OUT471	OUTLET; oxygen medical; trunking mounted.		1	
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1	
3		3	SEA024	SEAT, tip-up, wall mounted, 400 W 400D		1	
1		1	STA2504	STAND; Roll stand for monitor		3	
1		1	SWC025	SWITCH, light		1	
1		1	TRO282	TROLLEY PATIENT; accident; image top; with tilt and brakes; 540-1000H 740W 2110D		3	
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	

ADB	Room Data Sheet			X0242-05
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	X0242-05	Resuscitation Room: 2 places		
Room Number:	G-A1-028	Revision Date:	18/09/2014	
Activities:	1) Therapeutic and clinical attention from healthcare staff 2) Patient may require assistance during the activities 3) Clinical hand washing 4) Assessment / updating of electronic patient records (EPRs) 5) Use of computer workstation(s) 6) Use of Telephone 7) Use of call systems 8) Medical and nursing procedures requiring all sides access to patient whilst 1-4 staff using mobile equipment 9) Use of Imaging x-ray equipment			
Personnel:	2 x patients 6 x staff (up to 12) 4 x escort			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	3,000
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	X0242-05
Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	X0242-05	Resuscitation Room: 2 places
Room Number:	G-A1-028	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 21 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	10.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	6.0	
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air		
LIGHTING		
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	30	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		45:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
Quality Which Cannot Be Tolerated: (alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		X0242-05
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0242-05	Resuscitation Room: 2 places	
Room Number:	G-A1-028	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control, high level		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				X0242-05	
Project:		11072		RHSC & DCN				
Department:		A1		Emergency Department				
Room:		X0242-05		Resuscitation Room: 2 places				
Room Number:		G-A1-028		Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	ALA001	PUSH BUTTON, security alarm		1		
2		2	ANA001	ANAESTHETIC MACHINE/WORKSTATION electrically powered piston ventilator, mobile, 1350H 750W 650D		3		
2		2	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
2		2	BIN2503	BIN; sharps disposal		3		
4		4	BOA034	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 600H 900W.		1		
1		1	CAB950	CONSOLE, X-ray , specialist.		5		
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1		
6		6	CHA017	CHAIR; upright; upholstered; stacking		3		
2		2	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
2		2	COM033	COMPUTER KEYBOARD		3		
2		2	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
2		2	COM2509	INTERCOM two way communication system; wall mounted (flush).		1		
1		1	CUP2569	Generator Cabinet.		5		
2		2	DIS013	DISPENSER, paper towel, wall mounted		2		
2		2	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
2		2	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
4		4	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
2		2	INF001	INFUSION volumetric pump; 356H 178W 178D		3		
1		1	LIG074	ILLUMINATED SIGN DO NOT ENTER		1		
1		1	LIG074	ILLUMINATED SIGN DO NOT ENTER		1		
2		2	LIG081	LUMINAIRE fitted with single fluorescent lamp with switch; below drug cupboard; 8watt; 400mm.		1		
2		2	MON904	MONITOR; High end multi-functionality for ITU/Theatre/High Acuity		3		
2		2	MON906	MONITOR; Clinical slave		2		
2		2	MSC127	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; wall mounted.		1		
2		2	MSC128	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged left; wall mounted.		1		
4		4	MSC981	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; vertical tambour front; on plinth; o/a height 880		1		
4		4	MST001	TROLLEY; single open frame; with handle; up to 5 sets of runners; 600mm facing; approx 850H 730W 450D		3		
4		4	MST005	TROLLEY; half size open frame; up to 5 sets of runners; 400mm facing; approx 850H 450W 350D		3		
2		2	OUT005	SOCKET outlet, switched, 13amp, single		1		
2		2	OUT006	SOCKET outlet unswitched 13amp single; wall mounted.		1		
13		13	OUT010	SOCKET outlet, switched, 13amp, twin		1		
16		16	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1		
2		2	OUT050	OUTLET, controlled drugs cupboard		1		
2		2	OUT059	CONNECTION UNIT switched 13amp, indicator light		1		

ADB			Schedule of Components by Room				X0242-05		
Project:		11072	RHSC & DCN						
Department:		A1	Emergency Department						
Room:		X0242-05	Resuscitation Room: 2 places					Revision Date: 09/09/2014	
Room Number:		G-A1-028							
Quantity			Code	Description	Alt. Code	Grp			
New	Trans	Total							
8		8	OUT121	SOCKET outlet; computer data; double.		1			
8		8	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1			
2		2	OUT210	SOCKET outlet two-way communication system (intercom), wall mounted		1			
4		4	OUT453	OUTLET, 4kPa compressed air, medical		1			
4		4	OUT461	OUTLET, nitrous oxide, medical		1			
8		8	OUT470	OUTLET, oxygen, medical		1			
4		4	OUT475	OUTLET, vacuum, medical		1			
4		4	OUT480	OUTLET, gas scavenging (AGS), medical		1			
4		4	PEN900	PENDANT RESUSCITATION, medical gases and power supply unit, fixed location, ceiling mounted, medical gases and power outlets comprising:		1			
2		2	PRI015	PRINTER; label; portable		3			
1		1	RAC196	RACK, x-ray lead apron, 5 hangers hinged, wall mounted		2			
2		2	REF062	REFRIGERATOR, capacity 82 litres, external temperature gauge, lockable, 660H 500W 510D		3			
2		2	RSU010	DEFIBRILLATOR; Manual		3			
3		3	SCR066	SCREEN shielding; radiation protection; lead sheets; mobile; 1140H 1070L; lead equivalent 0.8 mm Pb @ 110 keV.		5			
2		2	STA142	STAND; infusion; twin hook; breaks; mobile		3			
2		2	STA2504	STAND; Roll stand for monitor		3			
2		2	STF290	STORAGE UNIT; upper; cupboard; controlled drugs; 1 door; lockable; with inner lockable cupboard and warning light; 550H 600W 300D		1			
2		2	STO006	STOOL, surgeon/anaesthetist, height adjustable, includes anti-static seat pads		3			
1		1	SWC025	SWITCH, light		1			
1		1	SWC062	EMERGENCY STOP switch button, wall mounted		1			
4		4	SYR004	SYRINGE pump; anaesthetic use; with diprifusor; 115H 400W 180D		3			
2		2	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1			
2		2	TEL2500	TELEPHONE; handset, wall mounted.		2			
2		2	TRO2507	TROLLEY; control; including PC		3			
2		2	TRO282	TROLLEY PATIENT; accident; image top; with tilt and brakes; 540-1000H 740W 2110D		3			
1		1	UPS003	Uninterrupted power supply (UPS).		1			
1		1	WAR053	WARMER, blood/fluid, maintains temperature between 36 and 43 deg.C at flow rates up to 500 ml/min, 35H 235W 273D		3			
2		2	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1			
2		2	WAS1000	TRAP; concealed waste; for back outlet basins.		1			
2		2	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1			
1		1	XRA010	X-RAY CS; ceiling suspensions; with telescopic tube of column and rotating/tilting arm		5			
4		4	XRA015	X-RAY CS RAIL; ceiling suspensions; 6280mm; (Part of XRA010)		5			
1		1	XRA040	X-RAY Resus equipment		5			

ADB	Room Data Sheet			X0242-06
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	X0242-06	Resuscitation Room: 2 places		
Room Number:	G-A1-029	Revision Date:	18/09/2014	
Activities:	1) Therapeutic and clinical attention from healthcare staff 2) Patient may require assistance during the activities 3) Clinical hand washing 4) Assessment / updating of electronic patient records (EPRs) 5) Use of computer workstation(s) 6) Use of Telephone 7) Use of call systems 8) Medical and nursing procedures requiring all sides access to patient whilst 1-4 staff using mobile equipment 9) Use of Imaging x-ray equipment			
Personnel:	2 x patients 6 x staff (up to 12) 4 x escort			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	3,000
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	X0242-06
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Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	X0242-06	Resuscitation Room: 2 places
Room Number:	G-A1-029	Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 21 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	10.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	6.0	
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	30	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		45:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		X0242-06
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0242-06	Resuscitation Room: 2 places	
Room Number:	G-A1-029	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control, high level		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				X0242-06	
Project:		11072		RHSC & DCN				
Department:		A1		Emergency Department				
Room:		X0242-06		Resuscitation Room: 2 places				
Room Number:		G-A1-029		Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	ALA001	PUSH BUTTON, security alarm		1		
2		2	ANA001	ANAESTHETIC MACHINE/WORKSTATION electrically powered piston ventilator, mobile, 1350H 750W 650D		3		
2		2	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
2		2	BIN2503	BIN; sharps disposal		3		
4		4	BOA034	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 600H 900W.		1		
1		1	CAB950	CONSOLE, X-ray , specialist.		5		
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1		
6		6	CHA017	CHAIR; upright; upholstered; stacking		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
2		2	COM033	COMPUTER KEYBOARD		3		
2		2	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
2		2	COM2509	INTERCOM two way communication system; wall mounted (flush).		1		
1		1	CUP2569	Generator Cabinet.		5		
2		2	DIS013	DISPENSER, paper towel, wall mounted		2		
2		2	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
2		2	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
4		4	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
2		2	INF001	INFUSION volumetric pump; 356H 178W 178D		3		
2		2	LIG074	ILLUMINATED SIGN DO NOT ENTER		1		
2		2	LIG081	LUMINAIRE fitted with single fluorescent lamp with switch; below drug cupboard; 8watt; 400mm.		1		
2		2	MON904	MONITOR; High end multi-functionality for ITU/Theatre/High Acuity		3		
2		2	MON906	MONITOR; Clinical slave		2		
2		2	MSC127	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; wall mounted.		1		
2		2	MSC128	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged left; wall mounted.		1		
4		4	MSC981	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; vertical tambour front; on plinth; o/a height 880		1		
4		4	MST001	TROLLEY; single open frame; with handle; up to 5 sets of runners; 600mm facing; approx 850H 730W 450D		3		
4		4	MST005	TROLLEY; half size open frame; up to 5 sets of runners; 400mm facing; approx 850H 450W 350D		3		
2		2	OUT005	SOCKET outlet, switched, 13amp, single		1		
2		2	OUT006	SOCKET outlet unswitched 13amp single; wall mounted.		1		
13		13	OUT010	SOCKET outlet, switched, 13amp, twin		1		
16		16	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1		
2		2	OUT050	OUTLET, controlled drugs cupboard		1		
2		2	OUT059	CONNECTION UNIT switched 13amp, indicator light		1		
8		8	OUT121	SOCKET outlet; computer data; double.		1		

ADB			Schedule of Components by Room			X0242-06	
Project:		11072	RHSC & DCN				
Department:		A1	Emergency Department				
Room:		X0242-06	Resuscitation Room: 2 places				
Room Number:		G-A1-029			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
8		8	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
2		2	OUT210	SOCKET outlet two-way communication system (intercom), wall mounted		1	
4		4	OUT453	OUTLET, 4kPa compressed air, medical		1	
4		4	OUT461	OUTLET, nitrous oxide, medical		1	
8		8	OUT470	OUTLET, oxygen, medical		1	
4		4	OUT475	OUTLET, vacuum, medical		1	
4		4	OUT480	OUTLET, gas scavenging (AGS), medical		1	
4		4	PEN900	PENDANT RESUSCITATION, medical gases and power supply unit, fixed location, ceiling mounted, medical gases and power outlets comprising:		1	
2		2	PRI015	PRINTER; label; portable		3	
1		1	RAC196	RACK, x-ray lead apron, 5 hangers hinged, wall mounted		2	
2		2	REF062	REFRIGERATOR, capacity 82 litres, external temperature gauge, lockable, 660H 500W 510D		3	
1		1	RSU011	DEFIBRILLATOR; Manual with pacing capability		3	
3		3	SCR066	SCREEN shielding; radiation protection; lead sheets; mobile; 1140H 1070L; lead equivalent 0.8 mm Pb @ 110 keV.		5	
2		2	STA142	STAND; infusion; twin hook; breaks; mobile		3	
2		2	STA2504	STAND; Roll stand for monitor		3	
2		2	STF290	STORAGE UNIT; upper; cupboard; controlled drugs; 1 door; lockable; with inner lockable cupboard and warning light; 550H 600W 300D		1	
2		2	STO006	STOOL, surgeon/anaesthetist, height adjustable, includes anti-static seat pads		3	
1		1	SWC025	SWITCH, light		1	
1		1	SWC062	EMERGENCY STOP switch button, wall mounted		1	
4		4	SYR004	SYRINGE pump; anaesthetic use; with diprifusor; 115H 400W 180D		3	
2		2	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
2		2	TEL2500	TELEPHONE; handset, wall mounted.		2	
2		2	TRO2507	TROLLEY; control; including PC		3	
2		2	TRO282	TROLLEY PATIENT; accident; image top; with tilt and brakes; 540-1000H 740W 2110D		3	
1		1	UPS003	Uninterrupted power supply (UPS).		1	
1		1	WAR053	WARMER, blood/fluid, maintains temperature between 36 and 43 deg.C at flow rates up to 500 ml/min, 35H 235W 273D		3	
2		2	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
2		2	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
2		2	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1	
1		1	XRA010	X-RAY CS; ceiling suspensions; with telescopic tube of column and rotating/tilting arm		5	
4		4	XRA015	X-RAY CS RAIL; ceiling suspensions; 6280mm; (Part of XRA010)		5	
1		1	XRA040	X-RAY Resus equipment		5	

ADB	Room Data Sheet	X0242-03
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Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	X0242-03	Triage room
Room Number:	G-A1-035	Revision Date: 18/09/2014

Activities:	1) Consultations. 2) Dressing / undressing in privacy 3) Clinical handwashing 4) Patient records reviewed and recorded 5) Computer information accessed 6) Patient examinations and assessment		
Personnel:	1 x patient 2 x staff 2 x escorts		
Planning Relationships:			
Space Data:	Area (m²):		Height (mm): 2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.		

Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision		
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ADB	Room Environmental Data		X0242-03
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0242-03	Triage room	
Room Number:	G-A1-035		Revision Date: 18/09/2014
AIR	Requirements	Notes	
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28	
Summer Temperature (DegC):			
Mechanical Ventilation (Supply ac/hr):	3.0	Ventilation Type: Central Supply and Extract	
Mechanical Ventilation (Extract ac/hr):	3.0		
Pressure Relative to Adjoining Space:	Balanced		
Filtration (%DSE and % Arrestance):	/	G4- minimum	
Humidity (%RH):			
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air			
LIGHTING			
Service Illumination (Lux):	300		
Service Illumination Night (Lux):		Not Applicable	
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL	
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80	
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting	
General Notes: Control: Switch			
NOISE			
Privacy Factor Required (dB):			
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.	
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)	
*Acceptable Sound Level [L10dB(A)]:			
*Speech Privacy Required:	Y		
*Quality Which Cannot Be Tolerated:			
(* alternative format)			
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY			
Hot Surface Max. Temp (DegC):	43		
Hot Water Max. Temp (DegC):	41		
General Notes: Maximum cold water discharge temperature (degC): 20			
FIRE			
Enclosure:			
Automatic Detection:		Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)	

ADB	Room Design Character		X0242-03
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0242-03	Triage room	
Room Number:	G-A1-035	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			X0242-03	
Project:		11072	RHSC & DCN				
Department:		A1	Emergency Department				
Room:		X0242-03	Triage Room				
Room Number:		G-A1-035			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	ALA001	PUSH BUTTON, security alarm		1	
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
1		1	BED2502	BED HEAD BUFFER; bed and wall protection; vertical; wall mounted.		1	
1		1	BIN2503	BIN; sharps disposal		3	
1		1	CAB056	CABINET; stationery; metal; 10 drawer with lock; 600H 280W 410D		3	
1		1	CAB2502	CABINET; medicine; wall mounted.		1	
1		1	CAL043	PUSH BUTTON patient/staff call with socket for extension pear push; trunking mounted.		1	
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1	
1		1	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3	
4		4	CHA017	CHAIR; upright; upholstered; stacking		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	COM033	COMPUTER KEYBOARD		3	
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3	
1		1	COM2509	INTERCOM two way communication system; wall mounted (flush).		1	
1		1	DIA2500	DIAGNOSTIC SET; auroscope/ophthalmoscope; wall mounted.		2	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
2		2	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
1		1	DRA056	DRAWER UNIT, 2 drawer, lockable, on castors, 600H 410W 600D		3	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
1		1	MON900	MONITOR; Low end monitor, general Ward /OPD use		3	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
4		4	OUT010	SOCKET outlet, switched, 13amp, twin		1	
1		1	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
3		3	OUT121	SOCKET outlet; computer data; double.		1	
1		1	OUT210	SOCKET outlet two-way communication system (intercom), wall mounted		1	
1		1	OUT215	SOCKET outlet, telephone		1	
1		1	OUT471	OUTLET; oxygen medical; trunking mounted.		1	
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1	
1		1	RAI130	RAIL, clinical equipment, wall mounted, 600mm		1	
1		1	SCA011	SCALE; baby		3	
1		1	SCA2501	SCALE; free standing height column		3	
2		2	SUP2500	SUPPORT LEG; for 920 high worktop		1	
2		2	SWC025	SWITCH, light		1	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TEL1000	TELEPHONE; handset.		3	

ADB	Schedule of Components by Room	X0242-03
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Project:	11072	RHSC & DCN	
Department:	A1	Emergency Department	
Room:	X0242-03	Triage Room	
Room Number:	G-A1-035		Revision Date: 09/09/2014

Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1
1		1	TRO282	TROLLEY PATIENT; accident; image top; with tilt and brakes; 540-1000H 740W 2110D		3
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1
1		1	WKT1006L	WORKTOP; 720 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet			X0242-02
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	X0242-02	Treatment: Single sided couch access (ED only)		
Room Number:	G-A1-060	Revision Date:	18/09/2014	
Activities:	1) Invasive clinical procedures from side of couch 2) Preparation of trays / packs for clinical procedures 3) Clinical handwashing 4) Assessment / updating of electronic patient records (EPRs) 5) Storage of sterile supplies and consumables on a trolley 6) Use of mobile diagnostic and therapeutic equipment 7) Preparation for clinical procedures 8) Sterile supplies and consumables are held 9) Sterile packs, lotions and drugs prepared for immediate use 10) Patient may undress/dress in privacy			
Personnel:	1 x patient 2 x staff 2 x escorts			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	3,000
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	X0242-02
Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	X0242-02	Treatment: Single sided couch access (ED only)
Room Number:	G-A1-060	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	10.0	Ventilation Type: Central Supply Air
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air		
LIGHTING		
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
Quality Which Cannot Be Tolerated: (alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		X0242-02
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0242-02	Treatment: Single sided couch access (ED only)	
Room Number:	G-A1-060	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				X0242-02	
Project:		11072	RHSC & DCN					
Department:		A1	Emergency Department					
Room:		X0242-02	Treatment Room 3: Single Access					
Room Number:		G-A1-060	Revision Date:			09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	ALA001	PUSH BUTTON, security alarm		1		
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
1		1	BED2502	BED HEAD BUFFER; bed and wall protection; vertical; wall mounted.		1		
2		2	BIN2503	BIN; sharps disposal		3		
1		1	BRA003	BRACKET, holder, suction unit, wall mounted		2		
1		1	CAB056	CABINET; stationery; metal; 10 drawer with lock; 600H 280W 410D		3		
1		1	CAL043	PUSH BUTTON patient/staff call with socket for extension pear push; trunking mounted.		1		
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1		
1		1	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3		
3		3	CHA017	CHAIR; upright; upholstered; stacking		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
1		1	COM033	COMPUTER KEYBOARD		3		
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3		
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	COM2509	INTERCOM two way communication system; wall mounted (flush).		1		
1		1	DIA2500	DIAGNOSTIC SET; auroscope/ophthalmoscope; wall mounted.		2		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
1		1	DRA2500	DRAWER UNIT; Plastic;5 drawer; on castors		3		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
2		2	HOO024	HOOK; hat and coat; 1.		1		
1		1	LIG015	LUMINAIRE observation/examination; mobile; 1000 lux		3		
1		1	MIR024	MIRROR; unbreakable; wall mounted; 800H 300W.		1		
1		1	MON900	MONITOR; Low end monitor, general Ward /OPD use		3		
2		2	MST001	TROLLEY; single open frame; with handle; up to 5 sets of runners; 600mm facing; approx 850H 730W 450D		3		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
5		5	OUT010	SOCKET outlet, switched, 13amp, twin		1		
3		3	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1		
3		3	OUT121	SOCKET outlet; computer data; double.		1		
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	OUT210	SOCKET outlet two-way communication system (intercom), wall mounted		1		
1		1	OUT471	OUTLET; oxygen medical; trunking mounted.		1		
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1		
1		1	PRI015	PRINTER; label; portable		3		
1		1	STO020	STOOL; anatomic; backrest; armrests; height adjustable		3		

ADB			Schedule of Components by Room			X0242-02	
Project:		11072	RHSC & DCN				
Department:		A1	Emergency Department				
Room:		X0242-02	Treatment Room 3: Single Access				
Room Number:		G-A1-060			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
2		2	SUP2501	SUPPORT LEG; for 720 high worktop		1	
1		1	SWC025	SWITCH, light		1	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TRA1001	TRACK; curtain; door; length and shape as drawn.		1	
1		1	TRO282	TROLLEY PATIENT; accident; image top; with tilt and brakes; 540-1000H 740W 2110D		3	
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
1		1	WKT1003L	WORKTOP; 720 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet			X0242-01
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	X0242-01	Treatment: double sided couch access (ED only)		
Room Number:	G-A2-020	Revision Date:	18/09/2014	
Activities:	1) Invasive clinical procedures from side of couch 2) Preparation of trays / packs for clinical procedures 3) Clinical handwashing 4) Assessment / updating of electronic patient records (EPRs) 5) Storage of sterile supplies and consumables on a trolley 6) Use of mobile diagnostic and therapeutic equipment 7) Preparation for clinical procedures 8) Sterile supplies and consumables are held 9) Sterile packs, lotions and drugs prepared for immediate use 10) Patient may undress/dress in privacy			
Personnel:	1 x patient 2 x staff 2 x escorts			
Planning Relationships:	Close to a clean utility room. Close to a dirty utility room.			
Space Data:	Area (m²):		Height (mm):	3,000
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	X0242-01
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Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	X0242-01	Treatment: double sided couch access (ED only)
Room Number:	G-A2-020	Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	10.0	Ventilation Type: Central Supply Air
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		

General Notes: Heating type: Radiant panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		X0242-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0242-01	Treatment: double sided couch access (ED only)	
Room Number:	G-A2-020	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				X0242-01	
Project:		11072		RHSC & DCN				
Department:		A1		Emergency Department				
Room:		X0242-01		Treatment Room 8: Dual Access				
Room Number:		G-A1-020		Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	ALA001	PUSH BUTTON, security alarm		1		
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
2		2	BIN2503	BIN; sharps disposal		3		
1		1	BRA013	BRACKET; TV; height adjustable; wall mounted.		1		
1		1	CAL043	PUSH BUTTON patient/staff call with socket for extension pear push; trunking mounted.		1		
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1		
4		4	CHA017	CHAIR; upright; upholstered; stacking		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
1		1	DIA2500	DIAGNOSTIC SET; auroscope/opthalmoscope; wall mounted.		2		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
1		1	DRA2500	DRAWER UNIT; Plastic;5 drawer; on castors		3		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
1		1	MON902	MONITOR; Mid range use in Recovery & HDU.		3		
2		2	MST001	TROLLEY; single open frame; with handle; up to 5 sets of runners; 600mm facing; approx 850H 730W 450D		3		
1		1	MST005	TROLLEY; half size open frame; up to 5 sets of runners; 400mm facing; approx 850H 450W 350D		3		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
6		6	OUT010	SOCKET outlet, switched, 13amp, twin		1		
6		6	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1		
1		1	OUT052	CONNECTION UNIT, switched, 13 amp		1		
3		3	OUT121	SOCKET outlet; computer data; double.		1		
1		1	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1		
1		1	OUT471	OUTLET; oxygen medical; trunking mounted.		1		
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1		
1		1	RAI2500	RAIL; clinical equipment; wall mounted; length as drawn.		1		
1		1	STO020	STOOL; anatomic; backrest; armrests; height adjustable		3		
1		1	SWC025	SWITCH, light		1		
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1		
1		1	TRA1001	TRACK; curtain; door; length and shape as drawn.		1		
1		1	TRO2512	TROLLEY; 2 shelves, lectern type top		3		
1		1	TRO282	TROLLEY PATIENT; accident; image top; with tilt and brakes; 540-1000H 740W 2110D		3		
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1		
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1		
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1		

ADB	Schedule of Components by Room	X0242-01
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Project:	11072	RHSC & DCN	
Department:	A1	Emergency Department	
Room:	X0242-01	Treatment Room 8: Dual Access	
Room Number:	G-A1-020		Revision Date: 09/09/2014

Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet	X0206
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0206	Plaster Suite	
Room Number:	G-D1-008		Revision Date: 18/09/2014

Activities:	1) Application or removal of plaster casts or moulds 2) Disposal of plaster waste and discarded splints 3) Clinical handwashing 4) Assessment / updating of electronic patient records (EPRs) 5) Patient may be ambulant with/without walking aids, in a wheelchair or requiring assistance 6) Use of computer workstation(s) 7) Use of call systems 8) Patient may undress/dress in privacy		
Personnel:	3 x patients 3 x staff 6 x escorts		
Planning Relationships:	Close to a store. (Which store)		
Space Data:	Area (m²):		Height (mm): 2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.		

Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision		
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ADB	Room Environmental Data		X0206
Project: Department: Room: Room Number:	11072 01 X0206 G-D1-008	RHSC & DCN Key Rooms (Financial Close) Plaster Suite	Revision Date: 18/09/2014
AIR Winter Temperature (DegC): Summer Temperature (DegC): Mechanical Ventilation (Supply ac/hr): Mechanical Ventilation (Extract ac/hr): Pressure Relative to Adjoining Space: Filtration (%DSE and % Arrestance): Humidity (%RH):	Requirements 3.0 3.0 Balanced /	Notes Permissible space temperature range (dry bulb) (degC) : 18 - 28 Ventilation Type: Central Supply and Extract G4 - minimum	
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air			
LIGHTING Service Illumination (Lux): Service Illumination Night (Lux): Local Illumination (Lux): Colour Rendering Required: Standby Lighting Grade:	300 1,000.0 Y A	Not Applicable @ Bed/trolley 1450 AFFL Colour rendering characteristics (Ra):80 Lighting of the level and quality equal or nearly equal to that provided by normal lighting	
General Notes: Control: Switch			
NOISE Privacy Factor Required (dB): Mechanical Services (NR): Intrusive Noise (NR Leq): *Acceptable Sound Level [L10dB(A)]: *Speech Privacy Required: *Quality Which Cannot Be Tolerated: (* alternative format)	35 Y	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f. 40:daytime (LAeq,1hr)	
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY Hot Surface Max. Temp (DegC): Hot Water Max. Temp (DegC):	43 41		
General Notes: Maximum cold water discharge temperature (degC): 20			
FIRE Enclosure: Automatic Detection: Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)			

ADB	Room Design Character		X0206
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0206	Plaster Suite	
Room Number:	G-D1-008	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				X0206	
Project:		11072		RHSC & DCN				
Department:		D1		RHSC Main Outpatients				
Room:		X0206		Plaster Suite (3 bays)				
Room Number:		G-D1-008		Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	ALA001	PUSH BUTTON, security alarm		1		
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
3		3	BUC003	BUCKET; plaster; with stand; mobile; 900H 300 dia.		3		
1		1	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3		
6		6	CHA017	CHAIR; upright; upholstered; stacking		3		
1		1	COM033	COMPUTER KEYBOARD		3		
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3		
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
3		3	COU2506	COUCH; examination/treatment; (3 section); electric; variable height; retractable wheels; with paper roll holder.		3		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
3		3	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
6		6	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
2		2	DRA056	DRAWER UNIT, 2 drawer, lockable, on castors, 600H 410W 600D		3		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
6		6	HOO022	HOOK; double; wall mounted.		1		
3		3	HOO061	HOOK; limb sling; ceiling mounted		2		
3		3	LIG963	LUMINAIRE; examination; ceiling; adjustable.		1		
1		1	MIR003	MIRROR; wall mounted; 1000H 300W.		1		
1		1	MIR2500	MIRROR; wall mounted; 1600H 400W unbreakable.		1		
1		1	MSC198	CABINET top; 600mm facing; with 1 shelf; 1 door hinged left; wall mounted.		1		
4		4	OUT005	SOCKET outlet, switched, 13amp, single		1		
8		8	OUT010	SOCKET outlet, switched, 13amp, twin		1		
3		3	OUT052	CONNECTION UNIT, switched, 13 amp		1		
4		4	OUT121	SOCKET outlet; computer data; double.		1		
4		4	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
3		3	OUT471	OUTLET; oxygen medical; trunking mounted.		1		
3		3	OUT476	OUTLET; vacuum medical; trunking mounted.		1		
2		2	RAI081	RAIL, grab, horizontal, wall mounted, 900mm		1		
3		3	RES003	REST FOOT; height adjustable; washable cover		3		
2		2	SAW2500	SAW; plaster		3		
1		1	SNS510	SINK plaster; plain top; no tap holes; no upstand; no overflow; left hand drainer; stainless steel; 900H 1200W 600D; HTM64PSH		1		
1		1	STF136	STORAGE UNIT; lower; cupboard; 2 door; 1 shelf; lockable; 550H 1000W 450D		1		
1		1	STF2506	STORAGE UNIT; lower; cupboard; 2 door; 1 shelf; lockable; on plinth		1		
2		2	STF275	STORAGE UNIT; upper; cupboard; 2 door; 1 shelf; lockable; 550H 600W 300D		1		
4		4	STF281	STORAGE UNIT; upper; cupboard; 2 door; 1 shelf; lockable; 550H 1000W 300D		1		
1		1	STO020	STOOL; anatomic; backrest; armrests; height adjustable		3		

ADB			Schedule of Components by Room		X0206	
Project:		11072	RHSC & DCN			
Department:		D1	RHSC Main Outpatients			
Room:		X0206	Plaster Suite (3 bays)			
Room Number:		G-D1-008	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	SUP2501	SUPPORT LEG; for 720 high worktop		1
3		3	SUP2502	SUPPORT; over bed monkey bar.		3
4		4	SWC025	SWITCH, light		1
1		1	TAB2199	TABLE; spinal, 1920H 22800W 730D		3
1		1	TAP809	TAP, bib, lever, hospital pattern, pair hot and cold, 1/2 in.		1
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1
1		1	TEL1000	TELEPHONE; handset.		3
3		3	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1
3		3	TRO133	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 750W 450D		3
2		2	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1
3		3	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1
1		1	WAS102	WASTE, unslotted flush-grated, metal, 1.1/2 in		1
1		1	WAS108	TRAP, bottle, 1.1/2 in, plastic resealing		1
3		3	WKT1006L	WORKTOP; 720 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet			X0105-01
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	X0105-01	Treatment room: with Prep Area		
Room Number:	G-D1-033	Revision Date:	18/09/2014	
Activities:	1) Invasive clinical procedures from side of couch 2) Dressing / undressing in privacy 3) Clinical handwashing 4) Assessment / updating of electronic patient records (EPRs) 5) Storage of sterile supplies and consumables on a trolley 6) Use of mobile diagnostic and therapeutic equipment 7) Sterile packs, lotions and drugs prepared for immediate use			
Personnel:	1 x patient 2 x staff 2 x escorts			
Planning Relationships:	Close to a clean utility room. Close to a dirty utility room.			
Space Data:	Area (m²):		Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	X0105-01
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Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	X0105-01	Treatment room: with Prep Area
Room Number:	G-D1-033	Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	10.0	Ventilation Type: Central Supply Air
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		X0105-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0105-01	Treatment room: with Prep Area	
Room Number:	G-D1-033	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				X0105-01		
Project:		11072	RHSC & DCN						
Department:		D1	RHSC Main Outpatients						
Room:		X0105-01	Treatment Room (with prep area)					Revision Date: 09/09/2014	
Room Number:		G-D1-033							
Quantity			Code	Description	Alt. Code	Grp			
New	Trans	Total							
1		1	ALA001	PUSH BUTTON, security alarm		1			
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1			
1		1	BED2502	BED HEAD BUFFER; bed and wall protection; vertical; wall mounted.		1			
1		1	BRA004	BRACKET; holder; suction unit; trunking/rail mounted		2			
2		2	CHA017	CHAIR; upright; upholstered; stacking		3			
1		1	COM033	COMPUTER KEYBOARD		3			
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3			
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3			
1		1	COU2506	COUCH; examination/treatment; (3 section); electric; variable height; retractable wheels; with paper roll holder.		3			
1		1	DIS011	DISPENSER, barrier cream, disposable single cartridge, wall mounted		2			
1		1	DIS013	DISPENSER, paper towel, wall mounted		2			
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2			
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2			
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2			
1		1	HOI006	HOIST PATIENT; electric; 24V; track ceiling mounted (Length of the track to suit the individual needs).		1			
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3			
1		1	HOO022	HOOK; double; wall mounted.		1			
2		2	HOO024	HOOK; hat and coat; 1.		1			
1		1	LIG963	LUMINAIRE; examination; ceiling; adjustable.		1			
2		2	MSC081	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; on plinth; o/a height 900.		1			
1		1	MSC082	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged left; on plinth; o/a height 900.		1			
2		2	MSC127	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; wall mounted.		1			
1		1	MSC128	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged left; wall mounted.		1			
1		1	OUT004	OUTLET cable, fused, 13 amp, ceiling mounted		1			
2		2	OUT005	SOCKET outlet, switched, 13amp, single		1			
4		4	OUT010	SOCKET outlet, switched, 13amp, twin		1			
1		1	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1			
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1			
1		1	OUT471	OUTLET; oxygen medical; trunking mounted.		1			
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1			
1		1	PRI015	PRINTER; label; portable		3			
1		1	RAI132	RAIL, clinical equipment, wall mounted, 1200mm		1			
1		1	SIG2500	SIGN; vacant/engaged; wall mounted.		1			
1		1	STO020	STOOL; anatomic; backrest; armrests; height adjustable		3			
2		2	SUP2501	SUPPORT LEG; for 720 high worktop		1			
1		1	SWC025	SWITCH, light		1			

ADB			Schedule of Components by Room			X0105-01	
Project:		11072	RHSC & DCN				
Department:		D1	RHSC Main Outpatients				
Room:		X0105-01	Treatment Room (with prep area)				
Room Number:		G-D1-033			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TEL1000	TELEPHONE; handset.		3	
1		1	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1	
1		1	TRO133	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 750W 450D		3	
2		2	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
1		1	WKT1003L	WORKTOP; 720 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1	
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet			C0224-01
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	C0224-01	Consulting/examination: RHSC		
Room Number:	G-D1-039	Revision Date:	18/09/2014	
Activities:	1) Consultations. 2) Minimally invasive clinical procedures undertaken from one or both sides of the couch. 3) Storage of sterile supplies and consumables on a trolley 4) Assessment / updating of electronic patient records (EPRs) 5) Clinical handwashing 6) Examinations carried out from one or both sides of the couch 7) Patient may undress/dress in privacy			
Personnel:	1 x patient 3 x staff 2 x escorts			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data		C0224-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	C0224-01	Consulting/examination: RHSC	
Room Number:	G-D1-039	Revision Date:	18/09/2014
AIR	Requirements	Notes	
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28	
Summer Temperature (DegC):			
Mechanical Ventilation (Supply ac/hr):	3.0	Ventilation Type: Central Supply and Extract	
Mechanical Ventilation (Extract ac/hr):	3.0		
Pressure Relative to Adjoining Space:	Balanced		
Filtration (%DSE and % Arrestance):	/	G4 - minimum	
Humidity (%RH):			
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air			
LIGHTING			
Service Illumination (Lux):	300		
Service Illumination Night (Lux):		Not Applicable	
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL	
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80	
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting	
General Notes: Control: Switch			
NOISE			
Privacy Factor Required (dB):			
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.	
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)	
*Acceptable Sound Level [L10dB(A)]:			
*Speech Privacy Required:	Y		
Quality Which Cannot Be Tolerated: (alternative format)			
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY			
Hot Surface Max. Temp (DegC):	43		
Hot Water Max. Temp (DegC):	41		
General Notes: Maximum cold water discharge temperature (degC): 20			
FIRE			
Enclosure:			
Automatic Detection:		Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)	

ADB	Room Design Character		C0224-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	C0224-01	Consulting/examination: RHSC	
Room Number:	G-D1-039	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				C0224-01	
Project:		11072	RHSC & DCN					
Department:		D1	RHSC Main Outpatients					
Room:		C0224-01	Consult/Examination					
Room Number:		G-D1-039	Revision Date:		09/09/2014			
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	ALA001	PUSH BUTTON, security alarm		1		
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
1		1	BED2502	BED HEAD BUFFER; bed and wall protection; vertical; wall mounted.		1		
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1		
1		1	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3		
5		5	CHA017	CHAIR; upright; upholstered; stacking		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
1		1	COM033	COMPUTER KEYBOARD		3		
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3		
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	COU2506	COUCH; examination/treatment; (3 section); electric; variable height; retractable wheels; with paper roll holder.		3		
1		1	DIA2500	DIAGNOSTIC SET; auroscope/ophthalmoscope; wall mounted.		2		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
1		1	HOO022	HOOK; double; wall mounted.		1		
1		1	LIG963	LUMINAIRE; examination; ceiling; adjustable.		1		
1		1	MSC197	CABINET top; 600mm facing; with 1 shelf; 1 door hinged right; wall mounted.		1		
1		1	MSC2515	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; lockable; shelved; on plinth; o/a height 900.		1		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
4		4	OUT010	SOCKET outlet, switched, 13amp, twin		1		
1		1	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1		
1		1	OUT052	CONNECTION UNIT, switched, 13 amp		1		
1		1	OUT121	SOCKET outlet; computer data; double.		1		
1		1	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	OUT471	OUTLET; oxygen medical; trunking mounted.		1		
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1		
1		1	PRI015	PRINTER; label; portable		3		
1		1	RAI130	RAIL, clinical equipment, wall mounted, 600mm		1		
1		1	SIG2500	SIGN; vacant/engaged; wall mounted.		1		
1		1	SIG2501	Sign; door slot Drs name		1		
1		1	SPH003	SPHYGMOMANOMETER; rail mounted		3		
1		1	STO020	STOOL; anatomic; backrest; armrests; height adjustable		3		
2		2	SUP2501	SUPPORT LEG; for 720 high worktop		1		
1		1	SWC025	SWITCH, light		1		

ADB			Schedule of Components by Room			C0224-01	
Project:		11072	RHSC & DCN				
Department:		D1	RHSC Main Outpatients				
Room:		C0224-01	Consult/Examination		Revision Date:		09/09/2014
Room Number:		G-D1-039					
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TEL1000	TELEPHONE; handset.		3	
1		1	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1	
1		1	TRO131	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 450W 450D		3	
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	
1		1	VIE900	PEEPHOLE		1	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
1		1	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1	
1		1	WKT1006L	WORKTOP; 720 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet	C0217-01
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Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	C0217-01	Consult/exam: multidisciplinary - RHSC
Room Number:	G-D1-040	Revision Date: 18/09/2014

Activities:	1) Consultations. 2) Minimally invasive clinical procedures undertaken from one or both sides of the couch. 3) Storage of sterile supplies and consumables on a trolley 4) Assessment / updating of electronic patient records (EPRs) 5) Clinical handwashing 6) Patient may undress/dress in privacy		
Personnel:	1 x patient 8 x staff 2 x escorts		
Planning Relationships:			
Space Data:	Area (m²):		Height (mm): 2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.		

Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision		
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ADB	Room Environmental Data	C0217-01
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	C0217-01	Consult/exam: multidisciplinary - RHSC	
Room Number:	G-D1-040		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	3.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	3.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		C0217-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	C0217-01	Consult/exam: multidisciplinary - RHSC	
Room Number:	G-D1-040	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			C0217-01	
Project:		11072	RHSC & DCN				
Department:		D1	RHSC Main Outpatients				
Room:		C0217-01	Consult/Multi-Disciplinary				
Room Number:		G-D1-040			Revision Date:	18/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	ALA001	PUSH BUTTON, security alarm		1	
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
1		1	BED2502	BED HEAD BUFFER; bed and wall protection; vertical; wall mounted.		1	
1		1	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3	
10		10	CHA017	CHAIR; upright; upholstered; stacking		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	COM033	COMPUTER KEYBOARD		3	
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3	
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3	
1		1	COU2506	COUCH; examination/treatment; (3 section); electric; variable height; retractable wheels; with paper roll holder.		3	
1		1	DIA2500	DIAGNOSTIC SET; auroscope/ophthalmoscope; wall mounted.		2	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
2		2	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
1		1	DRA056	DRAWER UNIT, 2 drawer, lockable, on castors, 600H 410W 600D		3	
1		1	HOI006	HOIST PATIENT; electric; 24V; track ceiling mounted (Length of the track to suit the individual needs).		1	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
2		2	HOO022	HOOK; double; wall mounted.		1	
1		1	LIG055	LUMINAIRE variable spotlight beam produce around 40000 lux @ 1m and 60000 lux @ 0.8m. flexible arm; wall/ceiling mounted.		1	
1		1	MSC198	CABINET top; 600mm facing; with 1 shelf; 1 door hinged left; wall mounted.		1	
1		1	OUT004	OUTLET cable, fused, 13 amp, ceiling mounted		1	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
4		4	OUT010	SOCKET outlet, switched, 13amp, twin		1	
1		1	OUT052	CONNECTION UNIT, switched, 13 amp		1	
1		1	OUT121	SOCKET outlet; computer data; double.		1	
1		1	OUT471	OUTLET; oxygen medical; trunking mounted.		1	
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1	
1		1	PRI015	PRINTER; label; portable		3	
1		1	RAI130	RAIL, clinical equipment, wall mounted, 600mm		1	
1		1	SIG2500	SIGN; vacant/engaged; wall mounted.		1	
1		1	SIG2501	Sign; door slot Drs name		1	
1		1	SPH003	SPHYGMOMANOMETER; rail mounted		3	
2		2	SUP2501	SUPPORT LEG; for 720 high worktop		1	
1		1	SWC025	SWITCH, light		1	
1		1	TAB002	TABLE; 650H 1200W 600D		3	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TEL1000	TELEPHONE; handset.		3	

ADB	Schedule of Components by Room	C0217-01
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Project:	11072	RHSC & DCN		
Department:	D1	RHSC Main Outpatients		
Room:	C0217-01	Consult/Multi-Disciplinary	Revision Date:	18/09/2014
Room Number:	G-D1-040			

Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
2		2	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1
1		1	TRO131	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 450W 450D		3
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1
1		1	VIE900	PEEPHOLE		1
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1
1		1	WKT1006L	WORKTOP; 720 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet			C0715
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	C0715	Cardio Pulmonary Exercise Lab		
Room Number:	G-D2-005	Revision Date:	18/09/2014	
Activities:	1) Electrocardiogram (ECG) exercise stress test 2) Recording of test results 3) Clinical hand washing 4) Patient may undress/dress in privacy 5) Hanging clothing 6) Use of call systems 7) Use of monitoring/diagnostic or therapeutic equipment			
Personnel:	1 x patient 2 x staff 2 x escorts			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	C0715
Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	C0715	Cardio Pulmonary Exercise Lab
Room Number:	G-D2-005	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	10.0	Ventilation Type: Central Supply Air
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air		
LIGHTING		
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed / Trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
Quality Which Cannot Be Tolerated: (alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		C0715
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	C0715	Cardio Pulmonary Exercise Lab	
Room Number:	G-D2-005	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB		Schedule of Components by Room				C0715
Project:		11072	RHSC & DCN			
Department:		D2	Cardiology & Respiratory			
Room:		C0715	Cardio Pulmonary Exe Lab			
Room Number:		G-D2-005	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	ALA001	PUSH BUTTON, security alarm		1
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1
1		1	BRA013	BRACKET; TV; height adjustable; wall mounted.		1
4		4	CHA017	CHAIR; upright; upholstered; stacking		3
1		1	CHA063	CHAIR; height adjustable; with arms; high back; swivel; 5 star base; on castors		3
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1
1		1	COM033	COMPUTER KEYBOARD		3
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3
1		1	CUP011	CUPBOARD, metal, with 4 pull out galvanised shelves, lockable, 1800H 1000W 500D		3
1		1	CUP031	CUPBOARD; 1 shelf; on plinth; 800H 1200W 500D.		1
2		2	DIS013	DISPENSER, paper towel, wall mounted		2
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2
1		1	EXE900	EXERCISE SYSTEM; Bicycle		3
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3
3		3	HOO022	HOOK; double; wall mounted.		1
2		2	MST001	TROLLEY; single open frame; with handle; up to 5 sets of runners; 600mm facing; approx 850H 730W 450D		3
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1
2		2	OUT010	SOCKET outlet, switched, 13amp, twin		1
4		4	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1
5		5	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1
1		1	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1
1		1	OUT471	OUTLET; oxygen medical; trunking mounted.		1
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1
1		1	SPH003	SPHYGMOMANOMETER; rail mounted		3
1		1	STF2505	STORAGE UNIT; upper cupboard; drugs; 1 door; lockable; 550h 600w 300d		1
1		1	STO004	STOOL, height adjustable, swivel, mobile		3
2		2	SUP2501	SUPPORT LEG; for 720 high worktop		1
1		1	SWC025	SWITCH, light		1
1		1	TAP809	TAP, bib, lever, hospital pattern, pair hot and cold, 1/2 in.		1
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1
1		1	TEL1000	TELEPHONE; handset.		3
1		1	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1
1		1	TRO2506	TROLLEY; control; including printer		3
1		1	TRO2507	TROLLEY; control; including PC		3
1		1	TRO2514	TROLLEY; Spirometer		3
1		1	TRO911	TROLLEY; dressing/instrument; stainless steel; buffered; 870H 750W 450D; 1 drawer		3

ADB			Schedule of Components by Room			C0715	
Project:		11072	RHSC & DCN				
Department:		D2	Cardiology & Respiratory				
Room:		C0715	Cardio Pulmonary Exe Lab				
Room Number:		G-D2-005			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
2		2	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	
1		1	TVM2500	TV / monitor flat screen with DVD player		3	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
1		1	WAS102	WASTE, unslotted flush-grated, metal, 1.1/2 in		1	
1		1	WAS108	TRAP, bottle, 1.1/2 in, plastic resealing		1	
1		1	WKT1006L	WORKTOP; 720 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1	
1		1	WKT300R	WORKTOP; dished; stainless steel; with right hand sink bowl; cantilevered from wall; 1200W 650D; HTM63		1	

ADB	Room Data Sheet			C0712
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	C0712	Treatment room: Echocardiography		
Room Number:	G-D2-006	Revision Date:	18/09/2014	
Activities:	1) Dressing / undressing in privacy 2) Clinical handwashing 3) Assessment / updating of electronic patient records (EPRs) 4) Storage of sterile supplies and consumables on a trolley 5) Use of mobile diagnostic and therapeutic equipment 6) Echocardiography test			
Personnel:	1 x patient 1 x staff 2 x escorts			
Planning Relationships:	Close to a clean utility room. Close to a dirty utility room.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	C0712
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Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	C0712	Treatment room: Echocardiography
Room Number:	G-D2-006	Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	8.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	8.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		

General Notes: Heating Type: Warm Air - Reheat Battery with BMS Adjustable Sensor. Cooling: Comfort Cooled

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ General working plane 1000 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch/ Dimmer

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		C0712
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	C0712	Treatment room: Echocardiography	
Room Number:	G-D2-006	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				C0712	
Project:		11072	RHSC & DCN					
Department:		D2	Cardiology & Respiratory					
Room:		C0712	Echocardiography Room					
Room Number:		G-D2-006	Revision Date:			09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	ALA001	PUSH BUTTON, security alarm		1		
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
1		1	BLI2500	Blind; total blackout boxed; length as indicated. Wipeable.		1		
1		1	BRA013	BRACKET; TV; height adjustable; wall mounted.		1		
1		1	CHA063	CHAIR; height adjustable; with arms; high back; swivel; 5 star base; on castors		3		
5		5	CHA083	CHAIR, stacking, polypropylene, with back and seat pads		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
2		2	COM033	COMPUTER KEYBOARD		3		
2		2	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	COU2506	COUCH; examination/treatment; (3 section); electric; variable height; retractable wheels; with paper roll holder.		3		
1		1	CRD016	ECHOCARDIOGRAPHY MACHINE		3		
2		2	CUP675	CUPBOARD; 1 shelf; on plinth; 850H 600W 500D.		1		
1		1	DIS007	DISPENSER, paper towel roll, wall mounted		2		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
2		2	OUT010	SOCKET outlet, switched, 13amp, twin		1		
8		8	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1		
6		6	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1		
1		1	OUT471	OUTLET; oxygen medical; trunking mounted.		1		
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1		
1		1	STF135	STORAGE UNIT; lower; cupboard; 2 door; 1 shelf; lockable; 750H 1000W 450D		1		
1		1	STO004	STOOL, height adjustable, swivel, mobile		3		
2		2	SUP2501	SUPPORT LEG; for 720 high worktop		1		
1		1	SWC025	SWITCH, light		1		
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1		
1		1	TEL1000	TELEPHONE; handset.		3		
1		1	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1		
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1		
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1		
1		1	TVM2500	TV / monitor flat screen with DVD player		3		
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1		
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1		

ADB			Schedule of Components by Room		C0712	
Project:		11072	RHSC & DCN			
Department:		D2	Cardiology & Respiratory			
Room:		C0712	Echocardiography Room			
Room Number:		G-D2-006	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1
1		1	WKT1006L	WORKTOP; 720 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet			C0718-02
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	C0718-02	Lung Function Laboratory		
Room Number:	G-D2-013	Revision Date:	18/09/2014	
Activities:	1) Electrocardiogram (ECG) exercise stress test 2) Recording of test results 3) Clinical hand washing 4) Hanging clothing 5) Use of monitoring/diagnostic or therapeutic equipment			
Personnel:	1 x patient 2 x staff 2 x escorts			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	C0718-02
Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	C0718-02	Lung Function Laboratory
Room Number:	G-D2-013	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	10.0	Ventilation Type: Central Supply Air
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air		
LIGHTING		
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed / Trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		C0718-02
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	C0718-02	Lung Function Laboratory	
Room Number:	G-D2-013	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				C0718-02	
Project:		11072		RHSC & DCN				
Department:		D2		Cardiology & Respiratory				
Room:		C0718-02		Lung Function Laboratory				
Room Number:		G-D2-013		Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	ALA001	PUSH BUTTON, security alarm		1		
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
1		1	BRA013	BRACKET; TV; height adjustable; wall mounted.		1		
1		1	CAR010	CARREL; gas cylinder; metal frame and uprights; set to floor; cross bars; securing chain; 1300H 900W 500D.		1		
3		3	CHA017	CHAIR; upright; upholstered; stacking		3		
2		2	CHA063	CHAIR; height adjustable; with arms; high back; swivel; 5 star base; on castors		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
2		2	COM033	COMPUTER KEYBOARD		3		
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3		
2		2	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	COU2506	COUCH; examination/treatment; (3 section); electric; variable height; retractable wheels; with paper roll holder.		3		
1		1	CUP011	CUPBOARD, metal, with 4 pull out galvanised shelves, lockable, 1800H 1000W 500D		3		
1		1	CUP2515	CUPBOARD; base unit; 4 drawer; lockable; 600mm.		1		
2		2	CUP675	CUPBOARD; 1 shelf; on plinth; 850H 600W 500D.		1		
2		2	DIS013	DISPENSER, paper towel, wall mounted		2		
2		2	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
1		1	DRY900	Dryer unit for equipment		3		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
3		3	HOO022	HOOK; double; wall mounted.		1		
1		1	MSC081	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; on plinth; o/a height 900.		1		
2		2	MST001	TROLLEY; single open frame; with handle; up to 5 sets of runners; 600mm facing; approx 850H 730W 450D		3		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
6		6	OUT010	SOCKET outlet, switched, 13amp, twin		1		
5		5	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1		
1		1	OUT049	CONNECTION UNIT, switched, 13amp, flex outlet		1		
1		1	OUT052	CONNECTION UNIT, switched, 13 amp		1		
7		7	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1		
1		1	OUT471	OUTLET; oxygen medical; trunking mounted.		1		
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1		
1		1	OXI2500	OXIMETER		3		
1		1	PFT2500	Master PFT pro & body box		3		
1		1	REF091	REFRIGERATOR; drug; capacity 35 litres; external temperature gauge; lockable; wall mounted; 510H 380W 445D		2		
1		1	STF2505	STORAGE UNIT; upper cupboard; drugs; 1 door; lockable; 550h 600w 300d		1		

ADB			Schedule of Components by Room			C0718-02	
Project:		11072	RHSC & DCN				
Department:		D2	Cardiology & Respiratory				
Room:		C0718-02	Lung Function Laboratory		Revision Date:		09/09/2014
Room Number:		G-D2-013					
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	STO004	STOOL, height adjustable, swivel, mobile		3	
1		1	SUP2500	SUPPORT LEG; for 920 high worktop		1	
3		3	SUP2501	SUPPORT LEG; for 720 high worktop		1	
1		1	SWC025	SWITCH, light		1	
1		1	TAP809	TAP, bib, lever, hospital pattern, pair hot and cold, 1/2 in.		1	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TEL1000	TELEPHONE; handset.		3	
1		1	TRO2507	TROLLEY; control; including PC		3	
1		1	TRO911	TROLLEY; dressing/instrument; stainless steel; buffered; 870H 750W 450D; 1 drawer		3	
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	
1		1	TVM2500	TV / monitor flat screen with DVD player		3	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
1		1	WAS102	WASTE, unslotted flush-grated, metal, 1.1/2 in		1	
1		1	WAS108	TRAP, bottle, 1.1/2 in, plastic resealing		1	
2		2	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1	
1		1	WKT1003L	WORKTOP; 720 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1	
1		1	WKT1006L	WORKTOP; 720 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1	
1		1	WKT2504	WORKTOP; dished; stainless steel; with right hand sink bowl; cantilevered from wall; 1200W 650D; HTM63.		1	

ADB	Room Data Sheet			C0718-01
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	C0718-01	Excercise Tolerance Test Room		
Room Number:	G-D2-014	Revision Date:	18/09/2014	
Activities:	1) Electrocardiogram (ECG) exercise stress test 2) Recording of test results 3) Clinical hand washing 4) Hanging clothing 5) Use of monitoring/diagnostic or therapeutic equipment			
Personnel:	1 x patient 1 x staff 2 x escorts			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data		C0718-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	C0718-01	Excercise Tolerance Test Room	
Room Number:	G-D2-014	Revision Date:	18/09/2014
AIR	Requirements	Notes	
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28	
Summer Temperature (DegC):			
Mechanical Ventilation (Supply ac/hr):	10.0	Ventilation Type: Central Supply Air	
Mechanical Ventilation (Extract ac/hr):			
Pressure Relative to Adjoining Space:	Positive		
Filtration (%DSE and % Arrestance):	/	G4 - minimum	
Humidity (%RH):			
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air			
LIGHTING			
Service Illumination (Lux):	300		
Service Illumination Night (Lux):		Not Applicable	
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL	
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80	
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting	
General Notes: Control: Switch			
NOISE			
Privacy Factor Required (dB):			
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.	
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)	
*Acceptable Sound Level [L10dB(A)]:			
*Speech Privacy Required:	Y		
Quality Which Cannot Be Tolerated: (alternative format)			
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY			
Hot Surface Max. Temp (DegC):	43		
Hot Water Max. Temp (DegC):	41		
General Notes: Maximum cold water discharge temperature (degC): 20			
FIRE			
Enclosure:			
Automatic Detection:		Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)	

ADB	Room Design Character		C0718-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	C0718-01	Excercise Tolerance Test Room	
Room Number:	G-D2-014	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB		Schedule of Components by Room				C0718-01
Project:		11072	RHSC & DCN			
Department:		D2	Cardiology & Respiratory			
Room:		C0718-01	Exercise Tolerance Test Room			
Room Number:		G-D2-014			Revision Date:	09/09/2014
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	ALA001	PUSH BUTTON, security alarm		1
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1
1		1	BLI2500	Blind; total blackout boxed; length as indicated. Wipeable.		1
1		1	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1
1		1	BRA901	Bracket; Monitor oxygen/saturation outside rooms		2
4		4	CHA017	CHAIR; upright; upholstered; stacking		3
1		1	CHA063	CHAIR; height adjustable; with arms; high back; swivel; 5 star base; on castors		3
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1
1		1	COM033	COMPUTER KEYBOARD		3
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3
1		1	CON2500	CONTROL UNIT; for treadmill.		3
1		1	COU2506	COUCH; examination/treatment; (3 section); electric; variable height; retractable wheels; with paper roll holder.		3
1		1	CUP011	CUPBOARD, metal, with 4 pull out galvanised shelves, lockable, 1800H 1000W 500D		3
1		1	DIS013	DISPENSER, paper towel, wall mounted		2
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2
1		1	EXE016	EXERCISE TREADMILL		3
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3
2		2	HOO022	HOOK; double; wall mounted.		1
1		1	MON912	MONITOR; Oxygen/Saturation		3
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1
5		5	OUT010	SOCKET outlet, switched, 13amp, twin		1
4		4	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1
1		1	OUT471	OUTLET; oxygen medical; trunking mounted.		1
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1
1		1	RSU010	DEFIBRILLATOR; Manual		3
1		1	STF120	STORAGE UNIT; lower; cupboard; 1 door; 1 shelf; on castors; 600H 500W 450D		3
2		2	STO004	STOOL, height adjustable, swivel, mobile		3
1		1	SUP2501	SUPPORT LEG; for 720 high worktop		1
1		1	SWC025	SWITCH, light		1
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1
1		1	TEL1000	TELEPHONE; handset.		3
1		1	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1
1		1	TRO310	TROLLEY, emergency/resuscitation, complete with defibrillator, 955H 825W 575D		3
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1

ADB	Schedule of Components by Room	C0718-01
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Project:	11072	RHSC & DCN	Revision Date:	09/09/2014
Department:	D2	Cardiology & Respiratory		
Room:	C0718-01	Exercise Tolerance Test Room		
Room Number:	G-D2-014			

Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1
1		1	WKT1006L	WORKTOP; 720 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet			C0903-01
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	C0903-01	Dental Surgery Standard		
Room Number:	G-D5-008	Revision Date:	18/09/2014	
Activities:	1) Use of Imaging x-ray equipment 2) Viewing of diagnostic images on monitor 3) Assessment / updating of electronic patient records (EPRs) 4) Preparation of moulds / casts 5) Clinical handwashing			
Personnel:	1 x patient 2 x staff 2 x escorts			
Planning Relationships:	Adjacent to recovery room.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data		C0903-01
Project: Department: Room: Room Number:	11072 01 C0903-01 G-D5-008	RHSC & DCN Key Rooms (Financial Close) Dental Surgery Standard	Revision Date: 18/09/2014
AIR Winter Temperature (DegC): Summer Temperature (DegC): Mechanical Ventilation (Supply ac/hr): Mechanical Ventilation (Extract ac/hr): Pressure Relative to Adjoining Space: Filtration (%DSE and % Arrestance): Humidity (%RH):	Requirements 0 /	Notes Permissible space temperature range (dry bulb) (degC) : 18 - 25 Ventilation Type: Central Supply and Extract In line with SHTM 03-01 F7 - minimum	
General Notes: Heating Type: Warm Air via Reheat Battery with local BMS Adjustable Sensor . Cooling: Comfort Cooled Fresh Air			
LIGHTING Service Illumination (Lux): Service Illumination Night (Lux): Local Illumination (Lux): Colour Rendering Required: Standby Lighting Grade:	500 Y A	Range from 10000 to 100000 @ Bed/trolley 1450 AFFL Colour rendering characteristics (Ra):80 Lighting of the level and quality equal or nearly equal to that provided by normal lighting	
General Notes: Control: Switch			
NOISE Privacy Factor Required (dB): Mechanical Services (NR): Intrusive Noise (NR Leq): *Acceptable Sound Level [L10dB(A)]: *Speech Privacy Required: *Quality Which Cannot Be Tolerated: (* alternative format)	40 Y	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f. 40:daytime (LAeq,1hr)	
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY Hot Surface Max. Temp (DegC): Hot Water Max. Temp (DegC):	43 41	Not applicable	
General Notes: Maximum cold water discharge temperature (degC): 20			
FIRE Enclosure: Automatic Detection: Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)			

ADB	Room Design Character		C0903-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	C0903-01	Dental Surgery Standard	
Room Number:	G-D5-008	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				C0903-01		
Project:		11072	RHSC & DCN						
Department:									
Room:		C0903-01	Surgery (standard)					Revision Date: 09/09/2014	
Room Number:		G-D5-008							
Quantity			Code	Description	Alt. Code	Grp			
New	Trans	Total							
1		1	ALA001	PUSH BUTTON, security alarm		1			
1		1	AMA900	AMALGAMATOR; dental.		3			
1		1	CAB952	CABINETS/WORKTOPS, Dental: Specialist cabinetry as per design layout. Includes WHB, sink, tray system, etc.		5			
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1			
1		1	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3			
1		1	CHA017	CHAIR; upright; upholstered; stacking		3			
1		1	CHA031	CHAIR; child; upright; stacking; seat height 380mm		3			
1		1	CHA040	CHAIR; dental; with multi-services; fully adjustable; electrically operated; floor mounted		5			
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1			
2		2	COM031	COMPUTER: standard with keyboard and screen.		3			
1		1	COM2503	COMPUTER MONITOR, PACS REVIEW STATION; 21", high-resolution screens,		3			
1		1	DEN010	DENTAL UNIT; with multi-services terminal		5			
2		2	DIS013	DISPENSER, paper towel, wall mounted		2			
2		2	DIS031	DISPENSER; soap; pump action with 500ml container; sink or worktop mounted		2			
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2			
1		1	DIS910	DISPENSER; gloves x 5 sets.		2			
2		2	DRA056	DRAWER UNIT, 2 drawer, lockable, on castors, 600H 410W 600D		3			
1		1	EXT001	EXTRACTION SYSTEM, to remove spilled anaesthetic gasses.		1			
1		1	HAN902	DENTAL HANDPIECES/INSTRUMENTS, reprocessed		4			
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3			
1		1	HOO024	HOOK; hat and coat; 1.		1			
1		1	LIG071	ILLUMINATED SIGN RADIATION ON, wall mounted		1			
1		1	LIG905	LIGHT, curing LED rechargeable		4			
1		1	MIR901	MIRROR, hand		4			
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1			
10		10	OUT010	SOCKET outlet, switched, 13amp, twin		1			
2		2	OUT059	CONNECTION UNIT switched 13amp, indicator light		1			
6		6	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1			
1		1	OUT2502	LOOP; induction.		1			
4		4	OUT315	OUTLET, drinking water for equipment		1			
4		4	OUT341	OUTLET, drainage, anti-syphon		1			
1		1	OUT406	OUTLET dental compressed air 5.5kPa; wall mounted.		1			
1		1	OUT453	OUTLET, 4kPa compressed air, medical		1			
1		1	OUT461	OUTLET, nitrous oxide, medical		1			
2		2	OUT470	OUTLET, oxygen, medical		1			
1		1	OUT475	OUTLET, vacuum, medical		1			
1		1	OUT480	OUTLET, gas scavenging (AGS), medical		1			
1		1	PLA900	PHOSPHOR PLATES, for CR reader		4			
1		1	RAC440	RACK; leaflet; wall mounted; 915H 250W 105D.		1			
1		1	RAN901	RA MACHINE; c/w patient circuit.		3			
1		1	SCA081	SCALE column; weighing person; electronic; and telescopic column for height measure		3			

ADB			Schedule of Components by Room		C0903-01	
Project:		11072	RHSC & DCN			
Department:						
Room:		C0903-01	Surgery (standard)			
Room Number:		G-D5-008	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
2		2	STO024	STOOL, dental, with back support, mobile		3
1		1	SWC025	SWITCH, light		1
1		1	TAB2500	TABLE; trapezoidal; Childs;600H 1200W 600D		3
1		1	TEL2500	TELEPHONE; handset, wall mounted.		2
1		1	TRO133	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 750W 450D		3
1		1	TRO136	TROLLEY; dressing; MAYO; 900H 1050W 600D		3
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1
1		1	XRA902	X-RAY; unit; intra oral wall mounted.		5

ADB	Room Data Sheet			J0132-03
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	J0132-03	Multi Functional Activity Zone		
Room Number:	G-E1-001	Revision Date:	18/09/2014	
Activities:	1) Patients, relatives and escorts wait to be seen 2) Displaying information 3) Displaying notices 4) Holding / storing toys, books and games			
Personnel:	40 x patients 80 x escorts			
Planning Relationships:	Close to, with clear view of, entrance and waiting area.			
Space Data:	Area (m²):		Height (mm):	
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Ceiling height: To suit surrounding area/design.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	J0132-03
Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	J0132-03	Multi Functional Activity Zone
Room Number:	G-E1-001	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Central Supply Air
Mechanical Ventilation (Extract ac/hr):	4.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - Minimum
Humidity (%RH):		
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air		
LIGHTING		
Service Illumination (Lux):	100	@ Floor
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		55:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
Quality Which Cannot Be Tolerated: (alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		
General Notes:		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		J0132-03
Project:	11072	RHSC & DCN	Revision Date: 18/09/2014
Department:	01	Key Rooms (Financial Close)	
Room:	J0132-03	Multi Functional Activity Zone	
Room Number:	G-E1-001		
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	N/A, open to circulation.		
Windows:	N/A		
Internal Glazing:	N/A		
Hatch:	N/A		
Notes:			

ADB	Schedule of Components by Room	J0132-03
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Project: 11072 RHSC & DCN
Department: E1 Pod
Room: J0132-03 Multi-Functional Activity Zone
Room Number: G-E1-001 **Revision Date:** 09/09/2014

Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	OUT009	SOCKET outlet switched 13 amp twin; floor mounted.		1
1		1	TOY002	Range of soft play equipment		3
1		1	TOY003	Range of technology based activity equipment		2

ADB	Room Data Sheet		J0132-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	J0132-01	Reception: 2 person	
Room Number:	G-E1-002	Revision Date:	18/09/2014
Activities:	1) Reception and registration of patients 2) Maintenance of appointments and attendance register 3) Use of computer workstation(s) 4) Dealing with enquiries 5) Use of Telephone 6) Control of access 7) Displaying of notices, information and/or messages		
Personnel:	4 x patient 2 x staff 8 x escorts		
Planning Relationships:	Close to, with clear view of, entrance and waiting area. Close to self-registration point when provided. Close to clinical or work area(s). Easy access to records store when paper records are still used. Access to a "safe haven" area.		
Space Data:	Area (m²):		Height (mm):
	Refer to HLM-SZ-SL-SH-200-001 for room areas.		
	Ceiling height: To suit surrounding area/design.		
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision		

ADB	Room Environmental Data	J0132-01
Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	J0132-01	Reception: 2 person
Room Number:	G-E1-002	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Central Supply Air
Mechanical Ventilation (Extract ac/hr):	4.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - Minimum
Humidity (%RH):		
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air		
LIGHTING		
Service Illumination (Lux):	300	@ Desk 750 - 850 AFFL
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch		
NOISE		
Privacy Factor Required (dB):		Not Applicable
Mechanical Services (NR):	35	
Intrusive Noise (NR Leq):		
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		
General Notes:		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		J0132-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	J0132-01	Reception: 2 person	
Room Number:	G-E1-002	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	N/A, open to circulation.		
Windows:	N/A		
Internal Glazing:	N/A		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			J0132-01	
Project:		11072	RHSC & DCN				
Department:		E1	Pod				
Room:		J0132-01	Reception (2 person)				
Room Number:		G-E1-002			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	ALA001	PUSH BUTTON, security alarm		1	
1		1	BIN2504	BIN; confidential waste		3	
2		2	CAB056	CABINET; stationery; metal; 10 drawer with lock; 600H 280W 410D		3	
1		1	CAS020	FIRST AID BOX		2	
2		2	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
2		2	COM033	COMPUTER KEYBOARD		3	
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3	
2		2	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3	
1		1	COP008	COPIER; photocopier; collator; floor standing; 800H 1500W 650D		3	
1		1	COU1001	COUNTER; reception; DDA compliant; with below counter storage; as per detailed design.		1	
2		2	DRA056	DRAWER UNIT, 2 drawer, lockable, on castors, 600H 410W 600D		3	
1		1	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
5		5	OUT010	SOCKET outlet, switched, 13amp, twin		1	
5		5	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
1		1	OUT2502	LOOP; induction.		1	
1		1	PRI900	Printer; high spec		3	
2		2	STF233	STORAGE UNIT; tall; cupboard; 2 door; adjustable shelves; lockable; 1600H 600W 600D		1	
1		1	SWC025	SWITCH, light		1	
2		2	TEL1000	TELEPHONE; handset.		3	

ADB	Room Data Sheet			J0132-02
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	J0132-02	Sub Wait With Nurse Base		
Room Number:	G-E1-003	Revision Date:	18/09/2014	
Activities:	1) Reception and registration of patients 2) Maintenance of appointments and attendance register 3) Use of computer workstation(s) 4) Dealing with enquiries 5) Use of Telephone 6) Control of access 7) Displaying of notices, information and/or messages 8) Patients, relatives and escorts wait to be seen			
Personnel:	8 x patients 16 x escorts			
Planning Relationships:	Close to, with clear view of, entrance and waiting area. Close to clinical or work area(s).			
Space Data:	Area (m²):		Height (mm):	
	Refer to HLM-SZ-SL-SH-200-001 for room areas. Ceiling height: To suit surrounding area/design.			
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	J0132-02
Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	J0132-02	Sub Wait With Nurse Base
Room Number:	G-E1-003	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	5.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	5.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - Minimum
Humidity (%RH):		
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air		
LIGHTING		
Service Illumination (Lux):	300	@ floor
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		50:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
Quality Which Cannot Be Tolerated: (alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		
General Notes:		
FIRE		
Enclosure:		
Automatic Detection:		Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		J0132-02
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	J0132-02	Sub Wait With Nurse Base	
Room Number:	G-E1-003	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	N/A, open to circulation.		
Windows:	N/A		
Internal Glazing:	N/A		
Hatch:	N/A		
Notes:			

ADB	Schedule of Components by Room	J0132-02
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Project:	11072	RHSC & DCN	Revision Date:	09/09/2014
Department:	E1	Pod		
Room:	J0132-02	Sub Waiting Area(incl sup play)		
Room Number:	G-E1-003			

Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
2		2	BIN900	BIN; Recycle waste		3
2		2	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1
1		1	BOA037	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 900H 1200W.		1
1		1	BOA2501	BOARD; combined magnetic display/whiteboard; dry-wipe; with pen holder; wall mounted; 900H 600W		1
1		1	CAM031	CAMERA; CCTV; pan/tilt/zoom.		1
2		2	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3
10		10	CHA007	CHAIR; easy; with open arms; high back; upholstered, wipeable		3
10		10	CHA031	CHAIR; child; upright; stacking; seat height 380mm		3
5		5	CHA069	UNIT CHAIR with links; 3 seater; with arms; upholstered		3
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1
1		1	COM033	COMPUTER KEYBOARD		3
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3
1		1	COU1000	COUNTER; staff/nurse base; as per detailed design.		1
1		1	DIS2505	DISPENSER; WATER COOLER, mains supply.		1
1		1	DRA056	DRAWER UNIT, 2 drawer, lockable, on castors, 600H 410W 600D		3
1		1	MON910	MONITOR; Solus screen		2
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1
2		2	OUT009	SOCKET outlet switched 13 amp twin; floor mounted.		1
8		8	OUT010	SOCKET outlet, switched, 13amp, twin		1
1		1	OUT052	CONNECTION UNIT, switched, 13 amp		1
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1
1		1	OUT315	OUTLET, drinking water for equipment		1
1		1	OUT901	SOCKET; outlet solus screen.		1
1		1	RAC440	RACK; leaflet; wall mounted; 915H 250W 105D.		1
4		4	TAB056	TABLE; occasional; round; 415H 610mm dia.		3
1		1	TAB057	TABLE; trapezoidal; 710H 1200W 600D		3
1		1	TEL1000	TELEPHONE; handset.		3

ADB	Room Data Sheet		J1255	
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	J1255	Main Waiting: RHSC		
Room Number:	G-E1-011	Revision Date:	18/09/2014	
Activities:	1) Patients, relatives and escorts wait to be seen 2) Displaying information			
Personnel:	3 x patients 5 x escorts			
Planning Relationships:	Adjacent to reception area. Close to clinical or work area. Close to WC facilities.			
Space Data:	Area (m²):		Height (mm):	
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			
	Ceiling height: To suit surrounding area/design.			
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data		J1255
Project: Department: Room: Room Number:	11072 01 J1255 G-E1-011	RHSC & DCN Key Rooms (Financial Close) Main Waiting: RHSC	Revision Date: 18/09/2014
AIR Winter Temperature (DegC): Summer Temperature (DegC): Mechanical Ventilation (Supply ac/hr): Mechanical Ventilation (Extract ac/hr): Pressure Relative to Adjoining Space: Filtration (%DSE and % Arrestance): Humidity (%RH):	Requirements 5.0 5.0 Balanced /	Notes Permissible space temperature range (dry bulb) (degC) : 18 - 28 Ventilation Type: Central Supply and Extract G4 - minimum	
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air			
LIGHTING Service Illumination (Lux): Service Illumination Night (Lux): Local Illumination (Lux): Colour Rendering Required: Standby Lighting Grade:	 300 Y A	 @ Floor Not Applicable None Colour rendering characteristics (Ra):80 Lighting of the level and quality equal or nearly equal to that provided by normal lighting	
General Notes: Control: Switch			
NOISE Privacy Factor Required (dB): Mechanical Services (NR): Intrusive Noise (NR Leq): *Acceptable Sound Level [L10dB(A)]: *Speech Privacy Required: *Quality Which Cannot Be Tolerated: (* alternative format)	 40 N	 Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f. 50:daytime (LAeq,1hr)	
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY Hot Surface Max. Temp (DegC): Hot Water Max. Temp (DegC):	 43		
General Notes:			
FIRE Enclosure: Automatic Detection: Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)			

ADB	Room Design Character		J1255
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	J1255	Main Waiting: RHSC	
Room Number:	G-E1-011	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	N/A, open to circulation.		
Windows:	N/A		
Internal Glazing:	N/A		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			J1255	
Project:		11072	RHSC & DCN				
Department:		E1	Pod				
Room:		J1255	Main Waiting Area				
Room Number:		G-E1-011			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BOA2501	BOARD; combined magnetic display/whiteboard; dry-wipe; with pen holder; wall mounted; 900H 600W		1	
1		1	CAM031	CAMERA; CCTV; pan/tilt/zoom.		1	
6		6	CHA067	UNIT CHAIR; 1 seater; with arms; upholstered		3	
2		2	CHA068	UNIT CHAIR with links; 2 seater; with arms; upholstered		3	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
1		1	DIS2505	DISPENSER; WATER COOLER, mains supply.		1	
1		1	MON910	MONITOR; Solus screen		2	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
1		1	OUT009	SOCKET outlet switched 13 amp twin; floor mounted.		1	
4		4	OUT010	SOCKET outlet, switched, 13amp, twin		1	
1		1	OUT315	OUTLET, drinking water for equipment		1	
1		1	OUT901	SOCKET; outlet solus screen.		1	
1		1	TAB056	TABLE; occasional; round; 415H 610mm dia.		3	

ADB	Room Data Sheet			H1107
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	H1107	Group room		
Room Number:	G-F1-020	Revision Date:	18/09/2014	
Activities:	1) Relaxation activities 2) Assessment and planning of treatment and/or operation may take place 3) Use of Multimedia equipment 4) Use of laptop computer(s)			
Personnel:	12 patients 2 x staff			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
	Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	H1107
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	H1107	Group room	
Room Number:	G-F1-020		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):		10 litres a second per person
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Ceiling Cassette - Chilled water

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	@ Desk 750 - 850 AFFL
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		

General Notes:

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		H1107
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	H1107	Group room	
Room Number:	G-F1-020	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control, privacy control. Blinds may be required to darken room.		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			H1107	
Project:		11072	RHSC & DCN				
Department:		F1	Child & Adolescent Mental Health Services - 12 Beds				
Room:		H1107	Group Room				
Room Number:		G-F1-020			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
4		4	BOA017	BOARD; display/notice; magnetic; wall mounted; 1200H 1200W.		1	
1		1	BRA013	BRACKET; TV; height adjustable; wall mounted.		1	
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1	
1		1	CAM031	CAMERA; CCTV; pan/tilt/zoom.		1	
6		6	CHA017	CHAIR; upright; upholstered; stacking		3	
7		7	CHA031	CHAIR; child; upright; stacking; seat height 380mm		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	OUT004	OUTLET cable, fused, 13 amp, ceiling mounted		1	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
4		4	OUT010	SOCKET outlet, switched, 13amp, twin		1	
4		4	OUT052	CONNECTION UNIT, switched, 13 amp		1	
1		1	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1	
1		1	PRO026	PROJECTOR; multi-media; ceiling mounted		2	
1		1	SCR043	SCREEN; projection; ceiling mounted; 1800H 1800W.		1	
1		1	STF231	STORAGE UNIT; tall; cupboard; 2 door; adjustable shelves; lockable; 1600H 600W 300D		1	
1		1	SWC025	SWITCH, light		1	
1		1	TEL2500	TELEPHONE; handset, wall mounted.		2	
1		1	TRA108	TRACK; curtain; one sided; 3300mm length.		1	
1		1	TVM2500	TV / monitor flat screen with DVD player		3	

ADB	Room Data Sheet	X0613
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0613	Therapy room	
Room Number:	G-F1-034		Revision Date: 18/09/2014

Activities:	1) Clinical handwashing 2) Administration and clerical duties 3) Provision of information to patients, carers and visitors 4) Patient records reviewed and recorded 5) Computer information accessed 6) Rehabilitation exercises		
Personnel:	4 x patients 2 x staff		
Planning Relationships:	Near to individual treatment room area. (Are these included in HBN 11 SoA) Direct access/close to equipment store. Close to any associated changing/shower provision.		
Space Data:	Area (m²):		Height (mm): 2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.		

Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision		
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ADB	Room Environmental Data	X0613
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0613	Therapy room	
Room Number:	G-F1-034		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	3.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	3.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		X0613
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0613	Therapy room	
Room Number:	G-F1-034	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, high level.		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB	Schedule of Components by Room	X0613
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Project:	11072	RHSC & DCN	
Department:	F1	Child & Adolescent Mental Health Services - 12 Beds	
Room:	X0613	Therapy / Play Therapy Room	
Room Number:	G-F1-034		Revision Date: 09/09/2014

Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1
1		1	BOA017	BOARD; display/notice; magnetic; wall mounted; 1200H 1200W.		1
2		2	CHA005	CHAIR; easy; low back; upholstered		3
4		4	CHA017	CHAIR; upright; upholstered; stacking		3
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1
1		1	COM2506	Laptop		3
1		1	CUP1000	CUPBOARD; opens up for display		3
1		1	DIS007	DISPENSER, paper towel roll, wall mounted		2
1		1	DIS013	DISPENSER, paper towel, wall mounted		2
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2
1		1	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1
4		4	OUT010	SOCKET outlet, switched, 13amp, twin		1
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1
1		1	OUT215	SOCKET outlet, telephone		1
1		1	SIN093	SINK; Belfast style; stainless steel; 38mm waste; combined outlet and overflow; 205H 455W 380D		1
1		1	SWC025	SWITCH, light		1
1		1	TAB2502	TABLE; 1200W 600D adjustable height		3
1		1	TAP289	TAP, monobloc, pillar mixer, integral thermostatic, short lever		1
1		1	TAP809	TAP, bib, lever, hospital pattern, pair hot and cold, 1/2 in.		1
1		1	TEL2500	TELEPHONE; handset, wall mounted.		2
1		1	TRA061	TRAY sand for children's games; 180H 810W 570D on stand 600mm height		3
1		1	TRO906	TROLLEY; 6 coloured plastic drawers, mobile.		3
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS102	WASTE, unslotted flush-grated, metal, 1.1/2 in		1
1		1	WAS107	TRAP, bottle, 1.1/4 in, plastic resealing		1
1		1	WAS108	TRAP, bottle, 1.1/2 in, plastic resealing		1

ADB	Room Data Sheet			D0608-02
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	D0608-02	Dining / Recreation (Day Prog)		
Room Number:	G-F1-036	Revision Date:	18/09/2014	
Activities:	1) Reading 2) Serving and eating of meals			
Personnel:	24 x patients 4 x staff 2 x visitors			
Planning Relationships:	External view/outlook.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	D0608-02
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	D0608-02	Dining / Recreation (Day Prog)	
Room Number:	G-F1-036		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	6.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	8.0	
Pressure Relative to Adjoining Space:	Negative	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	@ Floor
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		50:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		D0608-02
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	D0608-02	Dining / Recreation (Day Prog)	
Room Number:	G-F1-036	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			D0608-02	
Project:		11072	RHSC & DCN				
Department:		F1	Child & Adolescent Mental Health Services - 12 Beds				
Room:		D0608-02	Dining Room (Inpatients & Day Prog)				
Room Number:		G-F1-036			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1	
1		1	BIN900	BIN; Recycle waste		3	
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1	
26		26	CHA017	CHAIR; upright; upholstered; stacking		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
1		1	CUP031	CUPBOARD; 1 shelf; on plinth; 800H 1200W 500D.		1	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS024	DISPENSER, soap, wall mounted		2	
2		2	OUT005	SOCKET outlet, switched, 13amp, single		1	
4		4	OUT010	SOCKET outlet, switched, 13amp, twin		1	
1		1	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
1		1	STF136	STORAGE UNIT; lower; cupboard; 2 door; 1 shelf; lockable; 550H 1000W 450D		1	
1		1	SWC025	SWITCH, light		1	
1		1	TAB011	TABLE; 725H 1220W 750D		3	
5		5	TAB107	TABLE, canteen/kitchen, 710H 900W 750D		3	
1		1	TAP1002	TAP; bib; anti-ligature; HTM64 compliant.		1	
1		1	TEL2500	TELEPHONE; handset, wall mounted.		2	
2		2	TRO064	TROLLEY; clearing; 1050H 1200W 600D		3	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
1		1	WKT1003L	WORKTOP; 720 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet	Q0121
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Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	Q0121	Therapeutic kitchen		
Room Number:	G-F1-037		Revision Date:	18/09/2014

Activities:	<ol style="list-style-type: none"> 1) Serving and eating of meals 2) Secure Storage of food 3) Storage of dry goods 4) Storage of refrigerated provisions 5) Storage of trays, crockery and cutlery 6) Hand-rinsing 7) Assessment and training in mobility, self-care and social skills. 8) Preparation of beverages, meals and snacks 			
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Personnel:	6 x patients 2 x staff			
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Planning Relationships:	Adjacent to occupational therapy area/rooms.			
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Space Data:	Area (m²):		Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			

Notes:	<p>Refer to ME 571 series of drawings for access control (PCP 4.17)</p> <p>Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision</p>			
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ADB	Room Environmental Data	Q0121
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	Q0121	Therapeutic kitchen	
Room Number:	G-F1-037		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central General Extract
Mechanical Ventilation (Extract ac/hr):	6.0	
Pressure Relative to Adjoining Space:	Negative	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Adjacent Space Transfer Air. Cooling: Ceiling Cassette - Chilled Water

LIGHTING	Requirements	Notes
Service Illumination (Lux):	500	@ general working plane 1000 AFFL
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	40	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		50:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		Q0121
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	Q0121	Therapeutic kitchen	
Room Number:	G-F1-037	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room		Q0121	
Project:		11072	RHSC & DCN			
Department:		F1	Child & Adolescent Mental Health Services - 12 Beds			
Room:		Q0121	Therapeutic Kitchen			
Room Number:		G-F1-037	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1
1		1	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1
4		4	CHA017	CHAIR; upright; upholstered; stacking		3
1		1	CHA2503	CHAIR; high; infant feeding		3
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1
1		1	COO004	COOKER; gas; oven; four burner; domestic		2
1		1	COO006	COOKER CONTROL UNIT; 30amp; wall mounted.		1
1		1	COO2500	COOKER; electric; four burner; domestic, variable height		2
3		3	CUP021	CUPBOARD; 1 shelf; lockable; on plinth; 750H 600W 500D.		1
1		1	CUP048	CUPBOARD; 2 shelves; 1 pull out shelf; lockable; on plinth; 800H 600W 500D.		1
2		2	CUP2515	CUPBOARD; base unit; 4 drawer; lockable; 600mm.		1
2		2	CUP263	CUPBOARD; 2 shelves; lockable; wall mounted; 600H 1200W 300D.		1
1		1	DIS007	DISPENSER, paper towel roll, wall mounted		2
1		1	DIS013	DISPENSER, paper towel, wall mounted		2
1		1	DIS024	DISPENSER, soap, wall mounted		2
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2
1		1	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3
1		1	KET001	Kettle, electric		3
2		2	OUT005	SOCKET outlet, switched, 13amp, single		1
5		5	OUT010	SOCKET outlet, switched, 13amp, twin		1
4		4	OUT052	CONNECTION UNIT, switched, 13 amp		1
1		1	OUT059	CONNECTION UNIT switched 13amp, indicator light		1
1		1	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1
1		1	OUT435	OUTLET; natural gas connection for equipment.		1
1		1	OVE013	OVEN, microwave, heavy duty, 1600watt, capacity 26 litre, 370H 465W 560D		3
1		1	REF920	REFRIGERATOR, with freezer, capacity 117 litres, domestic type, 865H 500W 550D		3
1		1	SIG2500	SIGN; vacant/engaged; wall mounted.		1
1		1	SNS1003R	SINKTOP; inset; single bowl and drainer; stainless steel; right hand drainer.		1
1		1	SWC025	SWITCH, light		1
1		1	TAP1002	TAP; bib; anti-ligature; HTM64 compliant.		1
2		2	TAP809	TAP, bib, lever, hospital pattern, pair hot and cold, 1/2 in.		1
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1
1		1	TEL2500	TELEPHONE; handset, wall mounted.		2
1		1	TOA2501	TOASTER; automatic; electric; 4 slices		3
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1
3		3	WAS102	WASTE, unslotted flush-grated, metal, 1.1/2 in		1
2		2	WAS108	TRAP, bottle, 1.1/2 in, plastic resealing		1

ADB			Schedule of Components by Room		Q0121	
Project:		11072	RHSC & DCN			
Department:		F1	Child & Adolescent Mental Health Services - 12 Beds			
Room:		Q0121	Therapeutic Kitchen			
Room Number:		G-F1-037	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	WAS2500	DISHWASHER; under bench; high temperature; 2 drawer		2
6		6	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1
1		1	WKT1011	WORKTOP; dished; stainless steel; with central double bowl and double drainer; cantilevered from wall; 1800W 650D; HTM63.		1
2		2	WKT160	WORKTOP variable height; motorised system; consists of: control unit; electric motor; transformer; steering unit; 673/1023H 2000W 600D.		1

ADB	Room Data Sheet	B0510-01
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Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	B0510-01	Single-bed room (CAMHS)		
Room Number:	G-F1-073		Revision Date:	18/09/2014

Activities:	1) Dressing / undressing in privacy 2) Rest and relaxation 3) Use of entertainment services system 4) Patient may receive visitors 5) Storage of clothing and personal belongings			
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Personnel:	1 x patient. 2 x staff			
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Planning Relationships:	En-suite sanitary facilities.			
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Space Data:	Area (m²):		Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			

Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			
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ADB	Room Environmental Data	B0510-01
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B0510-01	Single-bed room (CAMHS)	
Room Number:	G-F1-073		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18-25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Natural & Central Supply Air
Mechanical Ventilation (Extract ac/hr):		via ensuite
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	100	
Service Illumination Night (Lux):	5.0	
Local Illumination (Lux):	300.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch/ Dimmer

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	30	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		40:daytime / 35:nighttime (LAeq,1hr) and 45:nighttime (LAmax,f).
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
Quality Which Cannot Be Tolerated: (alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		

General Notes:

FIRE	Requirements	Notes
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		B0510-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	B0510-01	Single-bed room (CAMHS)	
Room Number:	G-F1-073	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			B0510-01		
Project:		11072	RHSC & DCN					
Department:		F1	Child & Adolescent Mental Health Services - 12 Beds					
Room:		B0510-01	Single Bedroom 4 (CAMHS)					
Room Number:		G-F1-073					Revision Date:	09/09/2014
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	BED004	BED, divan style, fixed height, with legs, on lockable castors, 1950L 900W		3		
1		1	BED1000	BEDSIDE UNIT; 1 drawer, 1 cupboard with 1 shelf; 540H 450W 450D		3		
1		1	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1		
1		1	CAL047	PUSH BUTTON staff emergency call; reset and integral/adjacent indicator lamp; trunking mounted.		1		
1		1	CHA017	CHAIR; upright; upholstered; stacking		3		
1		1	HOL1000	HOLDER; bin; plastic lined; freestanding.		3		
1		1	LIG903	LUMINAIRE; reading; adjustable arm; 100 watt		1		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
4		4	OUT010	SOCKET outlet, switched, 13amp, twin		1		
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1		
2		2	SWC025	SWITCH, light		1		
1		1	TAB003	TABLE, 710H 600W 450D		3		
1		1	TVM001	TELEVISION monitor, colour, flat panel, small, wall mounted		2		
1		1	WAR2500	WARDROBE; fitted; anti-ligature; with sliding doors; size as drawn.		1		

ADB	Room Data Sheet			V1610
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	V1610	Shower room: en-suite: anti ligature		
Room Number:	G-F1-074	Revision Date:	18/09/2014	
Activities:	1) Use of shower (with assistance if required) 2) Use of toilet (with assistance if required) 3) Dressing / undressing in privacy 4) Hanging clothes and towels 5) Use of shower chair 6) Use of call systems			
Personnel:	1 x patient 2 x staff Intermittent use			
Planning Relationships:	En-suite to single-bed room.			
Space Data:	Area (m²):		Height (mm):	2,400
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	V1610
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Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	V1610	Shower room: en-suite: anti ligature
Room Number:	G-F1-074	Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 20 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):		Ventilation Type: Central Dirty Extract
Mechanical Ventilation (Extract ac/hr):	10.0	
Pressure Relative to Adjoining Space:	Negative	
Filtration (%DSE and % Arrestance):	/	None
Humidity (%RH):		

General Notes: Heating: Adjacent Space Transfer Air. Cooling: None

LIGHTING	Requirements	Notes
Service Illumination (Lux):	200	@ Floor
Service Illumination Night (Lux):		Not applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Presence Detection

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	45	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		45:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	N	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		V1610
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	V1610	Shower room: en-suite: anti ligature	
Room Number:	G-F1-074	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	N/A		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				V1610		
Project:		11072	RHSC & DCN						
Department:		F1	Child & Adolescent Mental Health Services - 12 Beds						
Room:		V1610	En-suite wheelchair-accessible WC, Shower & wash Bedroom 4						
Room Number:		G-F1-074					Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp			
New	Trans	Total							
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1			
1		1	BIN2501	BIN; sanitary disposal		3			
1		1	CAL043	PUSH BUTTON patient/staff call with socket for extension pear push; trunking mounted.		1			
1		1	CIS005	CISTERN, concealed, low level, reversible, 7.5 litres, 300H 500W 150D		1			
1		1	CLE924	Toilet Brush and Holder		3			
1		1	DIS015	DISPENSER, toilet paper, dispense individual sheets, wall mounted		2			
1		1	DIS024	DISPENSER, soap, wall mounted		2			
1		1	HOL1000	HOLDER; bin; plastic lined; freestanding.		3			
1		1	LIG063	LUMINAIRE, single fluorescent lamp, wall, 8 watt, 300 mm		1			
1		1	MIR023	MIRROR; unbreakable; wall mounted; 650H 300W		1			
1		1	OUT025	SOCKET outlet, shaver		1			
1		1	RAI2504	RAIL; towel; anti-ligature; single stainless steel; 15mm dia. 450mm.		1			
1		1	RAI266	RAIL for shower curtain; 1800mm.		1			
1		1	SHO002	SHOWER; slip resistant floor with drainage outlet; 900W 900D		1			
1		1	SHO1000	SHOWER; anti-ligature; sensor operated with time regulated water flow.		1			
1		1	TAP1002	TAP; bib; anti-ligature; HTM64 compliant.		1			
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1			
1		1	WAS107	TRAP, bottle, 1.1/4 in, plastic resealing		1			
1		1	WCH1000	WC/toilet pan with seat, 700 mm projection, hospital pattern, rimless pan, vitreous china.		1			

ADB	Room Data Sheet	C0217
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	C0217	Consult/exam: multidisciplinary - DCN	
Room Number:	G-M1-012		Revision Date: 18/09/2014

Activities:	1) Consultations. 2) Minimally invasive clinical procedures undertaken from one or both sides of the couch. 3) Storage of sterile supplies and consumables on a trolley 4) Assessment / updating of electronic patient records (EPRs) 5) Clinical handwashing 6) Patient may undress/dress in privacy		
Personnel:	1 x patient 6 x staff 1 x escort		
Planning Relationships:			
Space Data:	Area (m²):		Height (mm): 2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.		

Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision		
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ADB	Room Environmental Data	C0217
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	C0217	Consult/exam: multidisciplinary - DCN	
Room Number:	G-M1-012		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	3.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	3.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		C0217
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	C0217	Consult/exam: multidisciplinary - DCN	
Room Number:	G-M1-012	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB		Schedule of Components by Room				C0217
Project:		11072	RHSC & DCN			
Department:		M1	DCN Outpatients			
Room:		C0217	Consult/Multi-Disciplinary			
Room Number:		G-M1-012			Revision Date:	09/09/2014
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	ALA001	PUSH BUTTON, security alarm		1
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1
1		1	BIN2503	BIN; sharps disposal		3
1		1	BOA037	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 900H 1200W.		1
1		1	BRA004	BRACKET; holder; suction unit; trunking/rail mounted		2
1		1	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3
10		10	CHA017	CHAIR; upright; upholstered; stacking		3
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1
1		1	COM033	COMPUTER KEYBOARD		3
1		1	COM035	COMPUTER PRINTER; line; small		3
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3
1		1	COU2506	COUCH; examination/treatment; (3 section); electric; variable height; retractable wheels; with paper roll holder.		3
1		1	DIA2500	DIAGNOSTIC SET; auroscope/ophthalmoscope; wall mounted.		2
1		1	DIS013	DISPENSER, paper towel, wall mounted		2
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2
2		2	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3
2		2	HOO022	HOOK; double; wall mounted.		1
1		1	LIG015	LUMINAIRE observation/examination; mobile; 1000 lux		3
1		1	LIG046	SLIT LAMP; with accessories and height adjustable stand		3
1		1	MSC197	CABINET top; 600mm facing; with 1 shelf; 1 door hinged right; wall mounted.		1
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1
4		4	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1
2		2	OUT052	CONNECTION UNIT, switched, 13 amp		1
3		3	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1
1		1	OUT471	OUTLET; oxygen medical; trunking mounted.		1
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1
1		1	PRI015	PRINTER; label; portable		3
1		1	RAI130	RAIL, clinical equipment, wall mounted, 600mm		1
1		1	SIG2500	SIGN; vacant/engaged; wall mounted.		1
1		1	SIG2501	Sign; door slot Drs name		1
1		1	SUP2501	SUPPORT LEG; for 720 high worktop		1
1		1	SWC025	SWITCH, light		1
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1
1		1	TEL1000	TELEPHONE; handset.		3
1		1	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1

ADB			Schedule of Components by Room			C0217	
Project:		11072	RHSC & DCN				
Department:		M1	DCN Outpatients				
Room:		C0217	Consult/Multi-Disciplinary				
Room Number:		G-M1-012			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	TRO135	TROLLEY; Gratnell; dressing/instrument; 6 clear trays, stainless steel; buffered; 890H 510W 480D		3	
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	
1		1	VIE900	PEEPHOLE		1	
1		1	VIE901	Visual Acuity Measuring Eq; optotype chart; wall mounted		2	
1		1	VIE902	Visual Field Analyser; 680Hx760Wx500D		3	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
1		1	WKT1006L	WORKTOP; 720 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet			X0105
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	X0105	Treatment room		
Room Number:	G-M1-014	Revision Date:	18/09/2014	
Activities:	1) Invasive clinical procedures from side of couch 2) Dressing / undressing in privacy 3) Clinical handwashing 4) Assessment / updating of electronic patient records (EPRs) 5) Storage of sterile supplies and consumables on a trolley 6) Use of mobile diagnostic and therapeutic equipment 7) Sterile packs, lotions and drugs prepared for immediate use			
Personnel:	1 x patient 1 x staff			
Planning Relationships:	Close to a clean utility room. Close to a dirty utility room.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	X0105
Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	X0105	Treatment room
Room Number:	G-M1-014	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	10.0	Ventilation Type: Central Supply Air
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air		
LIGHTING		
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		X0105
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	X0105	Treatment room	
Room Number:	G-M1-014	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A or Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				X0105	
Project:		11072	RHSC & DCN					
Department:		M1	DCN Outpatients					
Room:		X0105	Treatment Room					
Room Number:		G-M1-014			Revision Date:	09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	ALA001	PUSH BUTTON, security alarm		1		
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
1		1	BED2502	BED HEAD BUFFER; bed and wall protection; vertical; wall mounted.		1		
1		1	BIN2503	BIN; sharps disposal		3		
1		1	BRA004	BRACKET; holder; suction unit; trunking/rail mounted		2		
1		1	COM033	COMPUTER KEYBOARD		3		
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	COU2506	COUCH; examination/treatment; (3 section); electric; variable height; retractable wheels; with paper roll holder.		3		
1		1	DIA2500	DIAGNOSTIC SET; auroscope/ophthalmoscope; wall mounted.		2		
1		1	DIS011	DISPENSER, barrier cream, disposable single cartridge, wall mounted		2		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
1		1	HOI006	HOIST PATIENT; electric; 24V; track ceiling mounted (Length of the track to suit the individual needs).		1		
3		3	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
1		1	HOO022	HOOK; double; wall mounted.		1		
1		1	HOO024	HOOK; hat and coat; 1.		1		
1		1	HOO024	HOOK; hat and coat; 1.		1		
1		1	LIG963	LUMINAIRE; examination; ceiling; adjustable.		1		
1		1	MIR010	MIRROR; wall mounted; 800H 300W.		1		
1		1	MON900	MONITOR; Low end monitor, general Ward /OPD use		3		
2		2	MSC081	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; on plinth; o/a height 900.		1		
2		2	MSC082	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged left; on plinth; o/a height 900.		1		
2		2	MSC083	CABINET base; 600mm facing; (600x400 inserts); with 6 telescopic runners; 1 door hinged right; on plinth; o/a height 900.		1		
2		2	MSC127	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; wall mounted.		1		
1		1	MSC128	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged left; wall mounted.		1		
1		1	OUT004	OUTLET cable, fused, 13 amp, ceiling mounted		1		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
3		3	OUT010	SOCKET outlet, switched, 13amp, twin		1		
5		5	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1		
1		1	OUT052	CONNECTION UNIT, switched, 13 amp		1		
3		3	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	OUT471	OUTLET; oxygen medical; trunking mounted.		1		

ADB			Schedule of Components by Room			X0105	
Project:		11072	RHSC & DCN				
Department:		M1	DCN Outpatients				
Room:		X0105	Treatment Room				
Room Number:		G-M1-014			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1	
1		1	PEG2500	HOOK; Pat Slide.		1	
1		1	PRI015	PRINTER; label; portable		3	
1		1	RAI130	RAIL, clinical equipment, wall mounted, 600mm		1	
1		1	RAI132	RAIL, clinical equipment, wall mounted, 1200mm		1	
1		1	RSU012	DEFIBRILLATOR; Automated External		3	
1		1	SIG2500	SIGN; vacant/engaged; wall mounted.		1	
1		1	SLI2500	PATSLIDE		3	
1		1	SUC004	SUCTION UNIT; electric; portable; 350H 320W 340D		3	
1		1	SWC025	SWITCH, light		1	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TEL1000	TELEPHONE; handset.		3	
1		1	TRO133	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 750W 450D		3	
1		1	TRO135	TROLLEY; Gratnell; dressing/instrument; 6 clear trays, stainless steel; buffered; 890H 510W 480D		3	
1		1	TRO310	TROLLEY, emergency/resuscitation, complete with defibrillator, 955H 825W 575D		3	
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	
1		1	VIE900	PEEPHOLE		1	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
2		2	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet			C0224
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	C0224	Consulting/examination: DCN		
Room Number:	G-M1-018	Revision Date:	18/09/2014	
Activities:	1) Consultations. 2) Minimally invasive clinical procedures undertaken from one or both sides of the couch. 3) Storage of sterile supplies and consumables on a trolley 4) Assessment / updating of electronic patient records (EPRs) 5) Clinical handwashing 6) Patient may undress/dress in privacy			
Personnel:	1 x patient 2 x staff 2 x escorts			
Planning Relationships:				
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	C0224
Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	C0224	Consulting/examination: DCN
Room Number:	G-M1-018	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	3.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	3.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air		
LIGHTING		
Service Illumination (Lux):	300	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
Quality Which Cannot Be Tolerated: (alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		C0224
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	C0224	Consulting/examination: DCN	
Room Number:	G-M1-018	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	Clear, solar control (East, South, West facing), privacy control		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				C0224	
Project:		11072	RHSC & DCN					
Department:		M1	DCN Outpatients					
Room:		C0224	Consult/Examination					
Room Number:		G-M1-018				Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	ALA001	PUSH BUTTON, security alarm		1		
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
1		1	BED2502	BED HEAD BUFFER; bed and wall protection; vertical; wall mounted.		1		
1		1	BIN2503	BIN; sharps disposal		3		
1		1	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3		
2		2	CHA017	CHAIR; upright; upholstered; stacking		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
1		1	COM033	COMPUTER KEYBOARD		3		
1		1	COM035	COMPUTER PRINTER; line; small		3		
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	COU2506	COUCH; examination/treatment; (3 section); electric; variable height; retractable wheels; with paper roll holder.		3		
1		1	DIA2500	DIAGNOSTIC SET; auroscope/ophthalmoscope; wall mounted.		2		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
1		1	HOO022	HOOK; double; wall mounted.		1		
1		1	LIG963	LUMINAIRE; examination; ceiling; adjustable.		1		
1		1	MIR010	MIRROR; wall mounted; 800H 300W.		1		
1		1	MSC197	CABINET top; 600mm facing; with 1 shelf; 1 door hinged right; wall mounted.		1		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
1		1	OUT010	SOCKET outlet, switched, 13amp, twin		1		
4		4	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1		
1		1	OUT052	CONNECTION UNIT, switched, 13 amp		1		
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	PRI015	PRINTER; label; portable		3		
1		1	RAI130	RAIL, clinical equipment, wall mounted, 600mm		1		
1		1	SIG2500	SIGN; vacant/engaged; wall mounted.		1		
1		1	SIG2501	Sign; door slot Drs name		1		
1		1	SPH003	SPHYGMOMANOMETER; rail mounted		3		
2		2	SUP2501	SUPPORT LEG; for 720 high worktop		1		
1		1	SWC025	SWITCH, light		1		
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1		
1		1	TEL1000	TELEPHONE; handset.		3		
1		1	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1		
1		1	TRO135	TROLLEY; Gratnell; dressing/instrument; 6 clear trays, stainless steel; buffered; 890H 510W 480D		3		
2		2	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1		

ADB			Schedule of Components by Room		C0224	
Project:		11072	RHSC & DCN			
Department:		M1	DCN Outpatients			
Room:		C0224	Consult/Examination			
Room Number:		G-M1-018	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	VIE900	PEEPHOLE		1
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1
1		1	WKT1003L	WORKTOP; 720 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet			E0128
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	E0128	Imaging Room: General X-ray		
Room Number:	G-Q1-004	Revision Date:	18/09/2014	
Activities:	1) Patient is positioned or repositioned for examination 2) Use of radiation protection equipment 3) Imaging x-ray examination of patient 4) Use of oxygen and vacuum services for resuscitation 5) Storage of Positioning aids e.g. wedges pillows and other immobilisation devices 6) Clinical handwashing			
Personnel:	1 x patient 1 x staff 1 x escort			
Planning Relationships:	Adjacent to viewing/reporting area. Direct access from changing cubicles - optional.			
Space Data:	Area (m²):		Height (mm):	3,100
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	E0128
Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	E0128	Imaging Room: General X-ray
Room Number:	G-Q1-004	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	8.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	8.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		
General Notes: Heating Type: Warm Air - Reheat Battery with BMS Adjustable Sensor. Cooling: Comfort Cooled		
LIGHTING		
Service Illumination (Lux):	300	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ General working plane 1000 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch/ Dimmer		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		E0128
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0128	Imaging Room: General X-ray	
Room Number:	G-Q1-004	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings Radiation protection to be agreed with NHSL RPO		
Floor:	Refer to HLM 330 series of drawings Floor Recess required		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				E0128	
Project:		11072		RHSC & DCN				
Department:		Q1		Radiology				
Room:		E0128		General X-Ray Room 1				
Room Number:		G-Q1-004		Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	ALA001	PUSH BUTTON, security alarm		1		
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
1		1	BIN2508	BIN; storage;toy box		3		
1		1	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1		
1		1	BOA034	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 600H 900W.		1		
1		1	CAB050	CABINET; x-ray cassette storage; mobile; 550H 700W 500D		3		
3		3	CHA017	CHAIR; upright; upholstered; stacking		3		
1		1	CHA902	CHAIR; Scoliosis		3		
1		1	CHR900	IMAGING CHAIR; Chest Paediatric		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
1		1	COM033	COMPUTER KEYBOARD		3		
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	COM2509	INTERCOM two way communication system; wall mounted (flush).		1		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
4		4	LIG074	ILLUMINATED SIGN DO NOT ENTER		1		
1		1	MSC091	CABINET base; 400mm facing; (400x600 inserts); with formed plastic liners; 1 door hinged right; on plinth; o/a height 900.		1		
1		1	MSC092	CABINET base; 400mm facing; (400x600 inserts); with formed plastic liners; 1 door hinged left; on plinth; o/a height 900.		1		
1		1	MSC096	CABINET base; 400mm facing; (400x600 inserts); with 3 telescopic runners; 1 door hinged left; on plinth; o/a height 900.		1		
1		1	OUT002	OUTLET, cable 13amp		1		
1		1	OUT004	OUTLET cable, fused, 13 amp, ceiling mounted		1		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
12		12	OUT010	SOCKET outlet, switched, 13amp, twin		1		
1		1	OUT059	CONNECTION UNIT switched 13amp, indicator light		1		
4		4	OUT121	SOCKET outlet; computer data; double.		1		
1		1	OUT208	SOCKET outlet television aerial; single; ceiling mounted.		1		
1		1	OUT210	SOCKET outlet two-way communication system (intercom), wall mounted		1		
1		1	OUT215	SOCKET outlet, telephone		1		
1		1	OUT471	OUTLET; oxygen medical; trunking mounted.		1		
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1		
1		1	PEG2500	HOOK; Pat Slide.		1		
1		1	PLA002	PLATFORM; step-stand; stackable; portable; 130H 480W 330D		3		
1		1	PRO026	PROJECTOR; multi-media; ceiling mounted		2		

ADB			Schedule of Components by Room				E0128	
Project:		11072		RHSC & DCN				
Department:		Q1		Radiology				
Room:		E0128		General X-Ray Room 1				
Room Number:		G-Q1-004		Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
2		2	RAC197	RACK; x-ray lead apron; 6 swivel arms; mobile		3		
1		1	SCR061	SCREEN shielding; radiation proof; 2mm lead; solid/glass; 2000H 2100L; angle		5		
3		3	SLI2500	PATSLIDE		3		
1		1	STA2502	STAND; scoliosis cassettes		3		
1		1	STF2500	STORAGE UNIT; tall; cupboard; 2 door; adjustable shelves; lockable; 1800H 600W 300D		2		
3		3	SWC025	SWITCH, light		1		
2		2	SWC062	EMERGENCY STOP switch button, wall mounted		1		
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1		
1		1	TEL1000	TELEPHONE; handset.		3		
2		2	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1		
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1		
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1		
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1		
1		1	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1		
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1		
1		1	XRA010	X-RAY CS; ceiling suspensions; with telescopic tube of column and rotating/tilting arm		5		
1		1	XRA011	X-RAY CS CONTROL DESK UNIT; freestanding;		5		
1		1	XRA012	X-RAY CS STAND for control unit;		5		
1		1	XRA013	X-RAY CS GENERATOR CABINET;		5		
2		2	XRA018	X-RAY CS RAIL; ceiling suspensions; 2455mm (3655 w/optional extension rail)		5		
1		1	XRA021	X-RAY TABLE PATIENT; floating top; motorised variable height horizontal bucky; 800H 2180W 700D		5		
1		1	XRA030	X-RAY CHEST stand; universal; includes Bucky mechanism		5		

ADB	Room Data Sheet			E0115
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	E0115	Ultrasound Treatment Room		
Room Number:	G-Q1-010	Revision Date:	18/09/2014	
Activities:	1) Assessment / updating of electronic patient records (EPRs) 2) Storage of sterile supplies and consumables on a trolley 3) Use of monitoring/diagnostic or therapeutic equipment 4) Use of computer workstation(s) 5) Patient is positioned or repositioned on examination/treatment couch or in a chair 6) Patient may have an ultrasound scan 7) Clinical hand washing			
Personnel:	1 x patient 2 x staff 2 x escorts			
Planning Relationships:	Close to a clean utility room. Close to a dirty utility room.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	E0115
Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	E0115	Ultrasound Treatment Room
Room Number:	G-Q1-010	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	8.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	8.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		
General Notes: Heating Type: Warm Air - Reheat Battery with BMS Adjustable Sensor. Cooling: Comfort Cooled Fresh Air		
LIGHTING		
Service Illumination (Lux):	300	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ General working plane 1000 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch/ Dimmer		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		E0115
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0115	Ultrasound Treatment Room	
Room Number:	G-Q1-010	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings Radiation protection to be agreed with NHSL RPO		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				E0115	
Project:		11072	RHSC & DCN					
Department:		Q1	Radiology					
Room:		E0115	Ultrasound Room					
Room Number:		G-Q1-010			Revision Date:	09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	ALA001	PUSH BUTTON, security alarm		1		
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
1		1	BIN2504	BIN; confidential waste		3		
1		1	BIN2508	BIN; storage;toy box		3		
1		1	BOA034	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 600H 900W.		1		
1		1	BRA013	BRACKET; TV; height adjustable; wall mounted.		1		
2		2	CHA017	CHAIR; upright; upholstered; stacking		3		
2		2	CHR903	CHAIR; Saddle Operator		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
1		1	COM033	COMPUTER KEYBOARD		3		
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	COM2503	COMPUTER MONITOR, PACS REVIEW STATION; 2 21", high-resolution screens,		3		
1		1	COM2509	INTERCOM two way communication system; wall mounted (flush).		1		
1		1	COU2506	COUCH; examination/treatment; (3 section); electric; variable height; retractable wheels; with paper roll holder.		3		
2		2	CUP378	CUPBOARD/DRAWER UNIT; 1 drawer; 1 shelf; on castors; 660H 480W 390D		3		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
1		1	HOO022	HOOK; double; wall mounted.		1		
1		1	LIG005	LUMINAIRE, bedhead, dimmable, patient reading and general nursing care/examination		1		
1		1	LIG910	Task lamp: Anglepoise type.		3		
1		1	MSC128	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged left; wall mounted.		1		
1		1	MSC2530	CABINET base; 400mm facing; (400x600 inserts); with formed plastic liners; 1 door hinged right; on plinth; o/a height 780.		1		
1		1	MSC2531	CABINET base; 400mm facing; (400x600 inserts); with formed plastic liners; 1 door hinged left; on plinth; o/a height 780.		1		
1		1	MSC2532	CABINET base; 400mm facing; (400x600 inserts); with 3 telescopic runners; 1 door hinged left; on plinth; o/a height 780.		1		
1		1	OUT004	OUTLET cable, fused, 13 amp, ceiling mounted		1		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
7		7	OUT010	SOCKET outlet, switched, 13amp, twin		1		
1		1	OUT052	CONNECTION UNIT, switched, 13 amp		1		
4		4	OUT121	SOCKET outlet; computer data; double.		1		
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1		
1		1	OUT210	SOCKET outlet two-way communication system (intercom), wall mounted		1		

ADB			Schedule of Components by Room		E0115	
Project:		11072	RHSC & DCN			
Department:		Q1	Radiology			
Room:		E0115	Ultrasound Room			
Room Number:		G-Q1-010	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	OUT215	SOCKET outlet, telephone		1
1		1	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1
1		1	OUT463	OUTLET; nitrous oxide; medical, trunking mounted.		1
1		1	OUT471	OUTLET; oxygen medical; trunking mounted.		1
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1
1		1	OUT481	OUTLET; gas scavenging (AGS); medical, trunking mounted.		1
1		1	PRO026	PROJECTOR; multi-media; ceiling mounted		2
1		1	SWC025	SWITCH, light		1
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1
1		1	TEL1000	TELEPHONE; handset.		3
1		1	TRA141	TRACK; curtain; door; one sided; 1500mm doorset.		1
1		1	TRO131	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 450W 450D		3
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1
1		1	ULT017	ULTRASOUND computed sonography; 128 channels; multi purpose; mobile; 1295H 635W 920D		3
1		1	WAR051	WARMER, ultrasound couplant gel, 200H 100W 150D		3
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet			E0716
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	E0716	Imaging Room: Gamma Camera		
Room Number:	G-Q1-039	Revision Date:	18/09/2014	
Activities:	1) Patient is positioned or repositioned for examination 2) Use of radiation protection equipment 3) Imaging x-ray examination of patient 4) Use of oxygen and vacuum services for resuscitation 5) Storage of small items of equipment 6) Storage of Positioning aids e.g. wedges pillows and other immobilisation devices 7) Clinical handwashing			
Personnel:	1 x patient 2 x staff 2 x escort			
Planning Relationships:	Adjacent to viewing/reporting area. Direct access from changing cubicles - optional.			
Space Data:	Area (m²):		Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			
Notes:	<p>Refer to ME 571 series of drawings for access control (PCP 4.17)</p> <p>Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision</p> <p>Radiation protection requirements are subject to RPA advice upon selection of equipment.</p> <p>The "radiation in use" warning lamp should be installed at eye level outside the entrance(s) to the room.</p>			

ADB	Room Environmental Data	E0716
Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	E0716	Imaging Room: Gamma Camera
Room Number:	G-Q1-039	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	8.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	8.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		
General Notes: Heating Type: Warm Air - Reheat Battery with BMS Adjustable Sensor. Cooling: Comfort Cooled		
LIGHTING		
Service Illumination (Lux):	300	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ General working plane 1000 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch/ Dimmer		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		E0716
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0716	Imaging Room: Gamma Camera	
Room Number:	G-Q1-039	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings Radiation protection to be agreed with NHSL RPO		
Floor:	Refer to HLM 330 series of drawings Floor Recess required		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Viewing panel from control room, radiation protection.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				E0716	
Project:		11072		RHSC & DCN				
Department:		Q1		Radiology				
Room:		E0716		Gamma Camera 1				
Room Number:		G-Q1-039		Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	ANA004	ANAESTHETIC MACHINE/WORKSTATION with ventilator, with accessories, mobile, 1580H 565W 695D		3		
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
1		1	BIN025	BIN, disposal, standard, pedal, epoxy coated steel, radioisotope symbol, 17 litres 6mm lead, 640H 240W 360D		3		
1		1	BIN2508	BIN; storage;toy box		3		
2		2	BOA034	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 600H 900W.		1		
2		2	BRA015	BRACKET, flat panel monitor, height adjustable, wall mounted		2		
1		1	CAM031	CAMERA; CCTV; pan/tilt/zoom.		1		
2		2	CHA083	CHAIR, stacking, polypropylene, with back and seat pads		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
1		1	COM2509	INTERCOM two way communication system; wall mounted (flush).		1		
1		1	CUP2569	Generator Cabinet.		5		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
2		2	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
1		1	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
3		3	HOO024	HOOK; hat and coat; 1.		1		
1		1	IMG072	IMAGER GAMMA CAMERA; digital; multi detector/PET; with monitor		5		
1		1	IMG073	TABLE PATIENT - SPECT; gamma camera; variable height; 970/730H 2060W 720D; Part of gamma camera)		5		
4		4	IMG076	IMAGER CART exchange collimator; gamma camera; 1270H 670W 910D; (Part of IMG070 and IMG072		5		
1		1	IMG077	CONSOLE UNIT and COMPUTER for gamma camera/PET; 1180H 1040W 900D; (Included in IMG070; IMG071; IMG072 and IMG091)		5		
2		2	LIG074	ILLUMINATED SIGN DO NOT ENTER		1		
1		1	LIG1001	LUMINAIRE variable spotlight beam produce around 40000 lux @ 1m and 60000 lux @ 0.8m. flexible arm; wall/ceiling mounted.		1		
1		1	MON011	MONITOR; electrocardiograph (ECG); 12-lead		3		
1		1	MON904	MONITOR; High end multi-functionality for ITU/Theatre/High Acuity		3		
1		1	MON919	MONITOR; Portable contamination detection		5		
1		1	MON920	MONITOR; electrocardiograph (ECG); 3 lead		3		
1		1	MSC091	CABINET base; 400mm facing; (400x600 inserts); with formed plastic liners; 1 door hinged right; on plinth; o/a height 900.		1		
1		1	MSC092	CABINET base; 400mm facing; (400x600 inserts); with formed plastic liners; 1 door hinged left; on plinth; o/a height 900.		1		

ADB		Schedule of Components by Room				E0716	
Project:		11072		RHSC & DCN			
Department:		Q1		Radiology			
Room:		E0716		Gamma Camera 1			
Room Number:		G-Q1-039		Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	MSC096	CABINET base; 400mm facing; (400x600 inserts); with 3 telescopic runners; 1 door hinged left; on plinth; o/a height 900.		1	
1		1	MSC127	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; wall mounted.		1	
1		1	MST001	TROLLEY; single open frame; with handle; up to 5 sets of runners; 600mm facing; approx 850H 730W 450D		3	
1		1	MST005	TROLLEY; half size open frame; up to 5 sets of runners; 400mm facing; approx 850H 450W 350D		3	
1		1	OUT004	OUTLET cable, fused, 13 amp, ceiling mounted		1	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
5		5	OUT010	SOCKET outlet, switched, 13amp, twin		1	
4		4	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
1		1	OUT079	OUTLET isolator, equipment manufacturer's specification		1	
5		5	OUT121	SOCKET outlet; computer data; double.		1	
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1	
1		1	OUT208	SOCKET outlet television aerial; single; ceiling mounted.		1	
1		1	OUT210	SOCKET outlet two-way communication system (intercom), wall mounted		1	
1		1	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1	
1		1	OUT463	OUTLET; nitrous oxide; medical, trunking mounted.		1	
1		1	OUT471	OUTLET; oxygen medical; trunking mounted.		1	
2		2	OUT476	OUTLET; vacuum medical; trunking mounted.		1	
1		1	OUT481	OUTLET; gas scavenging (AGS); medical, trunking mounted.		1	
1		1	PEG2500	HOOK; Pat Slide.		1	
1		1	PRO026	PROJECTOR; multi-media; ceiling mounted		2	
1		1	RAC194	RACK; x-ray lead apron; 3 hangers; wall mounted		2	
1		1	SCR2501	SCREEN; Mobile		3	
3		3	SLI2500	PATSLIDE		3	
1		1	SWC025	SWITCH, light		1	
1		1	SWC062	EMERGENCY STOP switch button, wall mounted		1	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	
1		1	UPS003	Uninterrupted power supply (UPS).		1	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet			E0604-04
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	E0604-04	Control room: Gamma Camera		
Room Number:	G-Q1-042	Revision Date:	18/09/2014	
Activities:	1) Use of computer workstation(s) 2) Viewing of X-ray films 3) Displaying notices 4) Maintenance and storage of EBME equipment records and reports 5) Viewing diagnostic images on VDT 6) Use of Imaging x-ray equipment			
Personnel:	2 x staff Access to visitors, researchers			
Planning Relationships:	Direct access to/from CT & MRI room. Access may be required to medical conference room.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligatureStrategy for anti-ligature provision				

ADB	Room Environmental Data	E0604-04
Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	E0604-04	Control room: Gamma Camera
Room Number:	G-Q1-042	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	4.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4- minimum
Humidity (%RH):		
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Conmfort Cooled Fresh Air		
LIGHTING		
Service Illumination (Lux):	300	@ desk 750 - 850mm AFFL
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch		
NOISE		
Privacy Factor Required (dB):		Intrusive Noise:
Mechanical Services (NR):	35	SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAm _{ax} ,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):		
Hot Water Max. Temp (DegC):		
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		E0604-04
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0604-04	Control room: Gamma Camera	
Room Number:	G-Q1-042	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings Radiation protection to Gamma Camera Room to be agreed with NHSL RPO		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Viewing panel to CT/MRI room, radiation protection.		
Hatch:	N/A		
Notes:			

ADB	Schedule of Components by Room	E0604-04
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Project:	11072	RHSC & DCN	Revision Date:	09/09/2014
Department:	Q1	Radiology		
Room:	E0604-04	Gamma Camera Control Area		
Room Number:	G-Q1-042			

Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	BIN2504	BIN; confidential waste		3
2		2	BOA034	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 600H 900W.		1
2		2	CAB066	CABINET; roller shutter; screen-hung/wall mounted; 430H 800W 430D.		1
6		6	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3
2		2	COM033	COMPUTER KEYBOARD		3
2		2	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3
1		1	COM2509	INTERCOM two way communication system; wall mounted (flush).		1
1		1	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3
2		2	IMG2500	Gamma camera control console		5
2		2	IMG2511	Single monitor processing station		3
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1
11		11	OUT010	SOCKET outlet, switched, 13amp, twin		1
11		11	OUT121	SOCKET outlet; computer data; double.		1
1		1	OUT210	SOCKET outlet two-way communication system (intercom), wall mounted		1
1		1	OUT215	SOCKET outlet, telephone		1
2		2	PAN2500	PANEL; syringe injector controller.		5
2		2	REC030	RECORDER/VIDEO; playback		3
7		7	SUP2501	SUPPORT LEG; for 720 high worktop		1
1		1	SWC025	SWITCH, light		1
2		2	SWC062	EMERGENCY STOP switch button, wall mounted		1
1		1	TEL1000	TELEPHONE; handset.		3
3		3	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1
1		1	WKT1003L	WORKTOP; 720 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1
2		2	WKT1006L	WORKTOP; 720 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet			E0601
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	E0601	CT Room DCN		
Room Number:	G-Q1-059	Revision Date:	18/09/2014	
Activities:	1) Patient may arrive on foot in a wheelchair or on a trolley 2) Patient undergoes examination with diagnostic x-rays to localise tumour and verify proposed treatment method. 3) Storage of Positioning aids e.g. wedges pillows and other immobilisation devices 4) Clinical hand washing 5) Use of computer workstation(s) 6) Contrast media, I.V. injections and other sterile procedures may be prepared 7) Use of radiation protection equipment 8) Radiation measurement will be used 9) Parking, storage of patients' trolley(s)			
Personnel:	1 x Patient 4 x Staff			
Planning Relationships:	Direct access to/from control room. Close to sub-waiting area. Adjacent to changing facilities (direct access optional).			
Space Data:	Area (m²):		Height (mm):	3,100
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	<p>Refer to ME 571 series of drawings for access control (PCP 4.17)</p> <p>Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision</p> <p>Radiation protection requirements are subject to RPA advice upon selection of equipment.</p> <p>The "radiation in use" warning lamp should be installed at eye level outside the entrance(s) to the room.</p>			

ADB	Room Environmental Data	E0601
Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	E0601	CT Room DCN
Room Number:	G-Q1-059	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	8.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	8.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		
General Notes: Heating Type: Warm Air - Reheat Battery with BMS Adjustable Sensor. Cooling: Comfort Cooled		
LIGHTING		
Service Illumination (Lux):	300	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ General working plane 1000 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch/ Dimmer		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
Quality Which Cannot Be Tolerated: (alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		E0601
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0601	CT Room DCN	
Room Number:	G-Q1-059	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings Radiation protection to be agreed with NHSL RPO		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Viewing panel from control room, radiation protection.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				E0601	
Project:		11072		RHSC & DCN				
Department:		Q1		Radiology				
Room:		E0601		CT Room				
Room Number:		G-Q1-059		Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	BIN2509	BIN; sharps disposal; 7 litre; rail mounted		3		
1		1	BRA013	BRACKET; TV; height adjustable; wall mounted.		1		
1		1	CAB034	CABINET warming, contrast media, stainless steel, wall mounted		2		
1		1	CAM031	CAMERA; CCTV; pan/tilt/zoom.		1		
1		1	CHA317	CHAIR, upright, upholstered, stacking, wipeable		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
3		3	CUP2510	CUPBOARD; base unit; LH door; ; 600mm.		1		
1		1	CUP2569	Generator Cabinet.		5		
2		2	CUP2998	CUPBOARD, base unit, 1 door, 1 shelf 600W 300D 880H		1		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS024	DISPENSER, soap, wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
2		2	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
3		3	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
2		2	HOO020	HOOK, single, large, wall mounted		1		
1		1	IMG066	TABLE PATIENT - CT imager; floating top; (Part of IMG2502)		5		
1		1	IMG2502	IMAGER; COMPUTER TOMOGRAPHY (CT) ; 128 slice unit		5		
1		1	IMG901	SAM HALL TURNER		3		
1		1	INS002	INSUFFLATOR; automatic delivery 30L/min; 145H X 300W X 320D		3		
1		1	KIC001	KICKABOUT; bowl stand; stainless steel; 360mm dia.		3		
2		2	LIG074	ILLUMINATED SIGN DO NOT ENTER		1		
1		1	MON906	MONITOR; Clinical slave		2		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
4		4	OUT010	SOCKET outlet, switched, 13amp, twin		1		
9		9	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1		
3		3	OUT121	SOCKET outlet; computer data; double.		1		
1		1	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	OUT207	SOCKET outlet aerial television, closed circuit (CCTV), wall mounted		1		
1		1	OUT453	OUTLET, 4kPa compressed air, medical		1		
1		1	OUT461	OUTLET, nitrous oxide, medical		1		
1		1	OUT470	OUTLET, oxygen, medical		1		
2		2	OUT475	OUTLET, vacuum, medical		1		
1		1	OUT480	OUTLET, gas scavenging (AGS), medical		1		
1		1	PEG2500	HOOK; Pat Slide.		1		
1		1	PEN2504	PENDANT; Anaesthetic; medical & power supply unit; vertical movement; ceiling mounted; outlets comprising: MRI compatible.		1		
1		1	RAC197	RACK; x-ray lead apron; 6 swivel arms; mobile		3		
2		2	SLI2500	PATSLIDE		3		
2		2	STA142	STAND; infusion; twin hook; breaks; mobile		3		
2		2	STF275	STORAGE UNIT; upper; cupboard; 2 door; 1 shelf; lockable; 550H 600W 300D		1		

ADB			Schedule of Components by Room		E0601	
Project:		11072	RHSC & DCN			
Department:		Q1	Radiology			
Room:		E0601	CT Room			
Room Number:		G-Q1-059	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	SWC025	SWITCH, light		1
1		1	SWC062	EMERGENCY STOP switch button, wall mounted		1
1		1	SYR2502	SYRINGE INJECTOR; automatic; hi pressure injection; contrast media; ceiling mounted		5
1		1	TAP892	TAP, bib, 2x8 mm thermostatic mixer, automatic action, sensor operated, non-touch		1
1		1	TRO133	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 750W 450D		3
1		1	TRO401	TROLLEY; walking aid		3
1		1	TRO601	TROUGH scrub-up; hospital pattern; stainless steel; single; 75mm upstand; 800W 450D. HTM64SUH1.		1
1		1	TRO907	TROLLEY; Caretray.		3
1		1	UPS003	Uninterrupted power supply (UPS).		1
1		1	WAS102	WASTE, unslotted flush-grated, metal, 1.1/2 in		1
1		1	WAS108	TRAP, bottle, 1.1/2 in, plastic resealing		1
1		1	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1
1		1	WRT003	WORKTOP, 1200W 400D		1

ADB	Room Data Sheet			E0604-02
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	E0604-02	Control room: CT DCN		
Room Number:	G-Q1-071	Revision Date:	18/09/2014	
Activities:	1) Use of computer workstation(s) 2) Viewing of X-ray films 3) Displaying notices 4) Maintenance and storage of EBME equipment records and reports 5) Viewing diagnostic images on VDT 6) Use of Imaging x-ray equipment			
Personnel:	5 x staff Access to visitors, researchers			
Planning Relationships:	Direct access to/from CT room. Access may be required to medical conference room.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	E0604-02
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0604-02	Control room: CT DCN	
Room Number:	G-Q1-071		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Central Supply & Extract
Mechanical Ventilation (Extract ac/hr):	4.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - Minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	@ desk 750 - 850mm AFFL
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
Quality Which Cannot Be Tolerated: (alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		

General Notes:

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		E0604-02
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0604-02	Control room: CT DCN	
Room Number:	G-Q1-071	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings Radiation protection to CT to be agreed with NHSL RPO		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Viewing panel to CT room, lead glass screen.		
Hatch:	N/A		
Notes:			

ADB		Schedule of Components by Room				E0604-02	
Project:		11072		RHSC & DCN			
Department:		Q1		Radiology			
Room:		E0604-02		Control Room - CT			
Room Number:		G-Q1-071		Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	BIN2504	BIN; confidential waste		3	
2		2	BOA034	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 600H 900W.		1	
2		2	BOA2502	BOARD; display/notice; magnetic; wall mounted; 900H 1200W		1	
1		1	BRA015	BRACKET, flat panel monitor, height adjustable, wall mounted		2	
1		1	CAB056	CABINET; stationery; metal; 10 drawer with lock; 600H 280W 410D		3	
4		4	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
2		2	COM033	COMPUTER KEYBOARD		3	
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3	
1		1	COM039	COMPUTER, CPU, vertical, specific to radiation therapy software		3	
2		2	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3	
1		1	COM2509	INTERCOM two way communication system; wall mounted (flush).		1	
1		1	COM910	MONITOR; double CT monitor		5	
1		1	COM911	CONTROL CONSOLE; for CT Injector & hard drive		5	
1		1	CUP332	CUPBOARD; key; 30 hooks; lockable; wall mounted; 305H 230W 70D.		1	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
1		1	IMG2512	CONTROL CONSOLE; for CT		5	
1		1	LIG074	ILLUMINATED SIGN DO NOT ENTER		1	
1		1	LOC019	LOCKER; 6 compartments; 1800H 300W 450D		3	
1		1	MON2504	MONITOR and CONTROL for CCTV; complete with flat screen monitor; keyboard; digital recorder (computer) and power supply		5	
1		1	MON2519	CT MULTI MODALITY WORKSTATION		5	
1		1	MON921	MONITOR; chiller temperature display		5	
1		1	OUT002	OUTLET, cable 13amp		1	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
11		11	OUT010	SOCKET outlet, switched, 13amp, twin		1	
11		11	OUT121	SOCKET outlet; computer data; double.		1	
1		1	OUT210	SOCKET outlet two-way communication system (intercom), wall mounted		1	
2		2	OUT215	SOCKET outlet, telephone		1	
1		1	PRI015	PRINTER; label; portable		3	
2		2	STF120	STORAGE UNIT; lower; cupboard; 1 door; 1 shelf; on castors; 600H 500W 450D		3	
9		9	SUP2501	SUPPORT LEG; for 720 high worktop		1	
2		2	SWC025	SWITCH, light		1	
1		1	SWC062	EMERGENCY STOP switch button, wall mounted		1	
2		2	TEL1000	TELEPHONE; handset.		3	
4		4	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	
4		4	WKT1006L	WORKTOP; 720 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet			E0113
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	E0113	Doppler Ultrasound		
Room Number:	G-Q1-081	Revision Date:	18/09/2014	
Activities:	1) Assessment / updating of electronic patient records (EPRs) 2) Use of monitoring/diagnostic or therapeutic equipment 3) Use of computer workstation(s) 4) Patient is positioned or repositioned on examination/treatment couch or in a chair 5) Patient may have an ultrasound scan 6) Clinical hand washing 7) Hanging clothing			
Personnel:	1 x patient 2 x staff 1 x escort			
Planning Relationships:	Close to a clean utility room. Close to a dirty utility room.			
Space Data:	Area (m²):		Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data	E0113
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0113	Doppler Ultrasound	
Room Number:	G-Q1-081		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	8.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	8.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		

General Notes: Heating Type: Warm Air - Reheat Battery with BMS Adjustable Sensor. Cooling: Comfort Cooled

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ General working plane 1000 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch/ Dimmer

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		E0113
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0113	Doppler Ultrasound	
Room Number:	G-Q1-081	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings Radiation protection to be agreed with NHSL RPO		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				E0113	
Project:		11072		RHSC & DCN				
Department:		Q1		Radiology				
Room:		E0113		Doppler Ultrasound				
Room Number:		G-Q1-081		Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	ALA001	PUSH BUTTON, security alarm		1		
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
1		1	BIN2504	BIN; confidential waste		3		
1		1	BOA034	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 600H 900W.		1		
1		1	BOA2502	BOARD; display/notice; magnetic; wall mounted; 900H 1200W		1		
1		1	CHA017	CHAIR; upright; upholstered; stacking		3		
1		1	CHR903	CHAIR; Saddle Operator		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
2		2	COM033	COMPUTER KEYBOARD		3		
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3		
2		2	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	COM2503	COMPUTER MONITOR, PACS REVIEW STATION; 2 21", high-resolution screens,		3		
1		1	COM2509	INTERCOM two way communication system; wall mounted (flush).		1		
1		1	COU2506	COUCH; examination/treatment; (3 section); electric; variable height; retractable wheels; with paper roll holder.		3		
1		1	CUP378	CUPBOARD/DRAWER UNIT; 1 drawer; 1 shelf; on castors; 660H 480W 390D		3		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
2		2	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
1		1	HOO022	HOOK; double; wall mounted.		1		
3		3	LIG003	LUMINAIRE, reading, adjustable arm, 100 watt		1		
1		1	LIG963	LUMINAIRE; examination; ceiling; adjustable.		1		
1		1	MSC081	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; on plinth; o/a height 900.		1		
1		1	MSC082	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged left; on plinth; o/a height 900.		1		
1		1	MSC127	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; wall mounted.		1		
1		1	MSC128	CABINET top; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged left; wall mounted.		1		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
9		9	OUT010	SOCKET outlet, switched, 13amp, twin		1		
7		7	OUT121	SOCKET outlet; computer data; double.		1		
1		1	OUT210	SOCKET outlet two-way communication system (intercom), wall mounted		1		
1		1	OUT215	SOCKET outlet, telephone		1		
1		1	OUT471	OUTLET; oxygen medical; trunking mounted.		1		
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1		
2		2	STO023	STOOL; laboratory; complete with footring		3		

ADB			Schedule of Components by Room			E0113	
Project:		11072	RHSC & DCN				
Department:		Q1	Radiology				
Room:		E0113	Doppler Ultrasound				
Room Number:		G-Q1-081			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
3		3	SUP2500	SUPPORT LEG; for 920 high worktop		1	
1		1	SWC031	SWITCH; light; dimmer to M&E design.		1	
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1	
1		1	TEL1000	TELEPHONE; handset.		3	
1		1	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1	
1		1	TRO907	TROLLEY; Caretray.		3	
3		3	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1	
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	
1		1	ULT901	SONOSITE MICROMAX		3	
1		1	ULT902	SCAN MED MULTIDOP		3	
1		1	ULT903	SIEMENS ANTARES		3	
1		1	ULT904	TROLLEY: U/S machine (micromax & multidop) to sit on.		3	
1		1	WAR051	WARMER, ultrasound couplant gel, 200H 100W 150D		3	
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1	
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1	
1		1	WKT1003L	WORKTOP; 720 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1	
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1	
1		1	WKT1006L	WORKTOP; 720 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet			E0715
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	E0715	Injection Room: DCN MRI		
Room Number:	G-Q1-108	Revision Date:	18/09/2014	
Activities:	1) Assessment / updating of electronic patient records (EPRs) 2) Storage of sterile supplies and consumables on a trolley 3) Use of monitoring/diagnostic or therapeutic equipment 4) Use of computer workstation(s) 5) Patient is positioned or repositioned on examination/treatment couch or in a chair 6) Clinical hand washing 7) Contrast media, I.V. injections and other sterile procedures may be prepared			
Personnel:	1 x patient 2 x staff			
Planning Relationships:	Close to a clean utility room. Close to a dirty utility room.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	E0715
Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	E0715	Injection Room: DCN MRI
Room Number:	G-Q1-108	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	10.0	Ventilation Type: Central SupplyAir
Mechanical Ventilation (Extract ac/hr):		
Pressure Relative to Adjoining Space:	Positive	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		
General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air		
LIGHTING		
Service Illumination (Lux):	500	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	
General Notes: Maximum cold water discharge temperature (degC): 20		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		E0715
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0715	Injection Room: DCN MRI	
Room Number:	G-Q1-108	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				E0715	
Project:		11072		RHSC & DCN				
Department:		Q1		Radiology				
Room:		E0715		Injection Room				
Room Number:		G-Q1-108		Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	ALA001	PUSH BUTTON, security alarm		1		
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
2		2	CHA905	CHAIR; Venepuncture reclining		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
1		1	COM033	COMPUTER KEYBOARD		3		
1		1	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	COM2509	INTERCOM two way communication system; wall mounted (flush).		1		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2		
2		2	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
2		2	HOL020	HOLDER, sharps box, up to 7 litre capacity, rail/trolley hang or wall mounted, 170H 125W 100D		3		
2		2	HOO024	HOOK; hat and coat; 1.		1		
2		2	LIG055	LUMINAIRE variable spotlight beam produce around 40000 lux @ 1m and 60000 lux @ 0.8m. flexible arm; wall/ceiling mounted.		1		
2		2	MST001	TROLLEY; single open frame; with handle; up to 5 sets of runners; 600mm facing; approx 850H 730W 450D		3		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
7		7	OUT010	SOCKET outlet, switched, 13amp, twin		1		
2		2	OUT059	CONNECTION UNIT switched 13amp, indicator light		1		
2		2	OUT131	SOCKET outlet double data/voice; wall/trunking mounted.		1		
1		1	OUT210	SOCKET outlet two-way communication system (intercom), wall mounted		1		
2		2	OUT471	OUTLET; oxygen medical; trunking mounted.		1		
2		2	OUT476	OUTLET; vacuum medical; trunking mounted.		1		
1		1	SCA081	SCALE column; weighing person; electronic; and telescopic column for height measure		3		
2		2	STF135	STORAGE UNIT; lower; cupboard; 2 door; 1 shelf; lockable; 750H 1000W 450D		1		
2		2	STF281	STORAGE UNIT; upper; cupboard; 2 door; 1 shelf; lockable; 550H 1000W 300D		1		
2		2	STO2502	INJECTION STOOL: MR compatible		3		
1		1	SWC031	SWITCH; light; dimmer to M&E design.		1		
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1		
1		1	TEL1000	TELEPHONE; handset.		3		
1		1	TRA1003	TRACK; curtain; bed/trolley; length and shape as drawn.		1		
2		2	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1		
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1		
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1		
1		1	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1		

ADB	Room Data Sheet			E0604-03
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	E0604-03	Control room: MRI DCN		
Room Number:	G-Q1-111	Revision Date:	18/09/2014	
Activities:	1) Use of computer workstation(s) 2) Viewing of X-ray films 3) Displaying notices 4) Maintenance and storage of EBME equipment records and reports 5) Viewing diagnostic images on VDT 6) Use of Imaging x-ray equipment			
Personnel:	7 x staff Access to visitors, researchers			
Planning Relationships:	Direct access to/from MRI room. Access may be required to medical conference room.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	E0604-03
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0604-03	Control room: MRI DCN	
Room Number:	G-Q1-111		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	4.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	@ desk 750 - 850mm AFFL
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
Quality Which Cannot Be Tolerated: (alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		

General Notes:

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		E0604-03
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0604-03	Control room: MRI DCN	
Room Number:	G-Q1-111	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings Radiation protection to MRI to be agreed with NHSL RPO		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Viewing panel to MRI room, radiation protection.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				E0604-03	
Project:		11072		RHSC & DCN				
Department:		Q1		Radiology				
Room:		E0604-03		Control Room - MRI				
Room Number:		G-Q1-111		Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	BIN2504	BIN; confidential waste		3		
2		2	BOA022	BOARD; display/notice; magnetic; wall mounted; 900H 600W.		1		
1		1	BOA034	BOARD; marker; whiteboard; dry-wipe; with pen holder; wall mounted; 600H 900W.		1		
1		1	BRA015	BRACKET, flat panel monitor, height adjustable, wall mounted		2		
2		2	BUT2500	Quench button.		5		
5		5	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3		
2		2	CHA017	CHAIR; upright; upholstered; stacking		3		
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1		
3		3	COM033	COMPUTER KEYBOARD		3		
1		1	COM041	COMPUTER PRINTER; SCANNER; PHOTOCOPIER; FAX; A4; 235H 485W 390D		3		
3		3	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	COM2509	INTERCOM two way communication system; wall mounted (flush).		1		
2		2	COM913	Hard drive for MRI scanner		5		
2		2	CUP2531	CUPBOARD; wall unit; 2 door; lockable; 600mm.		1		
1		1	CUP2540	CUPBOARD; key; 30 hooks; lockable; wall mounted; right hand; 305H 230W 70D.		1		
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
2		2	IMG112	CONTROL CONSOLE; for MRI		5		
2		2	IMG2507	Wave Guide.		5		
8		8	LOC1012	LOCKER; MR compatible, wall mounted; 340H 300W 300D		1		
2		2	MON017	MONITOR and CONTROL for CCTV; complete with flat screen monitor; keyboard; digital recorder (computer) and power supply.		1		
2		2	MON901	MONITOR; double MRI monitor		5		
1		1	MON906	MONITOR; Clinical slave		2		
2		2	MON921	MONITOR; chiller temperature display		5		
2		2	MON922	MONITOR; oxygen monitoring		5		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
20		20	OUT010	SOCKET outlet, switched, 13amp, twin		1		
12		12	OUT121	SOCKET outlet; computer data; double.		1		
1		1	OUT210	SOCKET outlet two-way communication system (intercom), wall mounted		1		
2		2	OUT215	SOCKET outlet, telephone		1		
2		2	OUT2500	OUTLET; connection for IPOD.		1		
2		2	PAN2500	PANEL; syringe injector controller.		5		
1		1	PRI015	PRINTER; label; portable		3		
3		3	SHE1002	SHELF; 300mm deep; length as drawn.		1		
2		2	STF151	STORAGE UNIT; lower; 2 drawer; on castors; 600H 500W 450D		3		
10		10	SUP2501	SUPPORT LEG; for 720 high worktop		1		
1		1	SWC025	SWITCH, light		1		
2		2	SWC062	EMERGENCY STOP switch button, wall mounted		1		
2		2	TEL1000	TELEPHONE; handset.		3		

ADB			Schedule of Components by Room		E0604-03	
Project:		11072	RHSC & DCN			
Department:		Q1	Radiology			
Room:		E0604-03	Control Room - MRI			
Room Number:		G-Q1-111	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
3		3	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1
1		1	UPS003	Uninterrupted power supply (UPS).		1
3		3	WKT1006L	WORKTOP; 720 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet	E0801
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0801	Imaging room: MRI DCN	
Room Number:	G-Q1-123		Revision Date: 18/09/2014

Activities:	1) Patient is positioned or repositioned for examination 2) Use of radiation protection equipment 3) Imaging x-ray examination of patient 4) Use of oxygen and vacuum services for resuscitation 5) Storage of small items of equipment 6) Storage of Positioning aids e.g. wedges pillows and other immobilisation devices 7) Clinical handwashing		
Personnel:	1 x patient 3 x staff		
Planning Relationships:	Adjacent to viewing/reporting area. Direct access from changing cubicles - optional.		
Space Data:	Area (m²):		Height (mm): 3,100
	Refer to HLM-SZ-SL-SH-200-001 for room areas.		

Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision		
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ADB	Room Environmental Data	E0801
Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	E0801	Imaging room: MRI DCN
Room Number:	G-Q1-123	Revision Date: 18/09/2014
AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	8.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	8.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		
General Notes: Heating Type: Warm Air - Reheat Battery with BMS Adjustable Sensor. Cooling: Comfort Cooled		
LIGHTING		
Service Illumination (Lux):	300	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ General working plane 1000 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting
General Notes: Control: Switch/ Dimmer		
NOISE		
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)		
SAFETY		
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		
General Notes:		
FIRE		
Enclosure:		
Automatic Detection:		
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)		

ADB	Room Design Character		E0801
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0801	Imaging room: MRI DCN	
Room Number:	G-Q1-123	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings Radiation protection to be agreed with NHSL RPO		
Floor:	Refer to HLM 330 series of drawings Floor Recess required Radiation protection to be agreed with NHSL RPO		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Viewing panel from control room, radiation protection.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			E0801	
Project:		11072	RHSC & DCN				
Department:		Q1	Radiology				
Room:		E0801	MRI Room 1				
Room Number:		G-Q1-123			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	ANA007	ANAESTHETIC MACHINE/WORKSTATION; MRI compatible; electrically powered piston ventilator; mobile; 1350H 750W 650D		3	
1		1	BRA013	BRACKET; TV; height adjustable; wall mounted.		1	
1		1	BUT2500	Quench button.		5	
1		1	CAM2505	CAMERA CCTV; pan/tilt/zoom; MRI compatible.		5	
2		2	CHA023	CHAIR; upright; wood		3	
2		2	CUP2570	CUPBOARD UNIT; non-ferrous; open; 9 adjustable shelf; on plinth; 1000H 500W 2700D.		1	
1		1	DET2500	Ferromagnetic detector		1	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
1		1	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
1		1	IMG081	IMAGER; MAGNETIC RESONANCE IMAGING (MRI); closed bore; 1.5 Tesla unit		5	
2		2	IMG086	TABLE PATIENT - MRI imager; floating top; (Part of IMG081)		5	
1		1	IMG2501	Coil Holder.		5	
2		2	IMG2507	Wave Guide.		5	
1		1	LAD2502	FOOT STEPS: MR compatible		3	
1		1	OUT010	SOCKET outlet, switched, 13amp, twin		1	
3		3	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
2		2	OUT056	CONNECTION UNIT, unswitched, 13 amp		1	
1		1	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1	
1		1	OUT463	OUTLET; nitrous oxide; medical, trunking mounted.		1	
2		2	OUT471	OUTLET; oxygen medical; trunking mounted.		1	
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1	
1		1	OUT481	OUTLET; gas scavenging (AGS); medical, trunking mounted.		1	
1		1	PEG2500	HOOK; Pat Slide.		1	
2		2	SLI2500	PATSLIDE		3	
1		1	SWC031	SWITCH; light; dimmer to M&E design.		1	
1		1	SWC062	EMERGENCY STOP switch button, wall mounted		1	
1		1	SYR005	SYRINGE INJECTOR; MRI compatible; automatic; hi pressure injection; media contrast		5	
2		2	TRO901	TROLLEY; Coil cupd		3	
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	
1		1	TVM2503	TV / monitor flat screen with DVD player, MRI compatible		3	

ADB	Room Data Sheet			E0801-01
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	E0801-01	Imaging Room: MRI RHSC		
Room Number:	G-Q1-134	Revision Date:	18/09/2014	
Activities:	1) Patient is positioned or repositioned for examination 2) Use of radiation protection equipment 3) Imaging x-ray examination of patient 4) Use of oxygen and vacuum services for resuscitation 5) Storage of small items of equipment 6) Storage of Positioning aids e.g. wedges pillows and other immobilisation devices 7) Clinical handwashing			
Personnel:	1 x patient 2 x staff 2 x escort			
Planning Relationships:	Adjacent to viewing/reporting area. Direct access from changing cubicles - optional.			
Space Data:	Area (m²):		Height (mm):	3,100
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17) Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision			

ADB	Room Environmental Data		E0801-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0801-01	Imaging Room: MRI RHSC	
Room Number:	G-Q1-134	Revision Date:	18/09/2014
AIR	Requirements	Notes	
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25	
Summer Temperature (DegC):			
Mechanical Ventilation (Supply ac/hr):	8.0	Ventilation Type: Central Supply and Extract	
Mechanical Ventilation (Extract ac/hr):	8.0		
Pressure Relative to Adjoining Space:	Balanced		
Filtration (%DSE and % Arrestance):	/	F7 - minimum	
Humidity (%RH):			
General Notes: Heating Type: Warm Air - Reheat Battery with BMS Adjustable Sensor. Cooling: Comfort Cooled			
LIGHTING			
Service Illumination (Lux):	300		
Service Illumination Night (Lux):		Not Applicable	
Local Illumination (Lux):	1,000.0	@ General working plane 1000 AFFL	
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80	
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting	
General Notes: Control: Switch / Dimmer			
NOISE			
Privacy Factor Required (dB):			
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.	
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)	
*Acceptable Sound Level [L10dB(A)]:			
*Speech Privacy Required:	Y		
*Quality Which Cannot Be Tolerated:			
(* alternative format)			
General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)			
SAFETY			
Hot Surface Max. Temp (DegC):	43		
Hot Water Max. Temp (DegC):			
General Notes:			
FIRE			
Enclosure:			
Automatic Detection:		Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)	

ADB	Room Design Character		E0801-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0801-01	Imaging Room: MRI RHSC	
Room Number:	G-Q1-134	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings Radiation protection to be agreed with NHSL RPO		
Floor:	Refer to HLM 330 series of drawings Floor Recess required Radiation protection to be agreed with NHSL RPO		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Viewing panel from control room, radiation protection.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			E0801-01	
Project:		11072	RHSC & DCN				
Department:		Q1	Radiology				
Room:		E0801-01	MRI Room				
Room Number:		G-Q1-134	Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	ANA007	ANAESTHETIC MACHINE/WORKSTATION; MRI compatible; electrically powered piston ventilator; mobile; 1350H 750W 650D		3	
1		1	BRA013	BRACKET; TV; height adjustable; wall mounted.		1	
1		1	BUT2500	Quench button.		5	
1		1	CAM2505	CAMERA CCTV; pan/tilt/zoom; MRI compatible.		5	
2		2	CHA023	CHAIR; upright; wood		3	
2		2	CUP2570	CUPBOARD UNIT; non-ferrous; open; 9 adjustable shelf; on plinth; 1000H 500W 2700D.		1	
1		1	DET2500	Ferromagnetic detector		1	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
1		1	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
1		1	IMG081	IMAGER; MAGNETIC RESONANCE IMAGING (MRI); closed bore; 1.5 Tesla unit		5	
1		1	IMG086	TABLE PATIENT - MRI imager; floating top; (Part of IMG081)		5	
1		1	IMG2501	Coil Holder.		5	
2		2	IMG2507	Wave Guide.		5	
1		1	LAD2502	FOOT STEPS: MR compatible		3	
1		1	MON051	MONITOR; patient; MR compatible; vital signs; multi-parameter; includes pulse oximeter		3	
1		1	OUT010	SOCKET outlet, switched, 13amp, twin		1	
3		3	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
2		2	OUT056	CONNECTION UNIT, unswitched, 13 amp		1	
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1	
1		1	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1	
1		1	OUT463	OUTLET; nitrous oxide; medical, trunking mounted.		1	
2		2	OUT471	OUTLET; oxygen medical; trunking mounted.		1	
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1	
1		1	OUT481	OUTLET; gas scavenging (AGS); medical, trunking mounted.		1	
1		1	PEG2500	HOOK; Pat Slide.		1	
1		1	RAC2500	RACK; magazine; double sided; mobile; MRI compatible		3	
3		3	SLI2500	PATSLIDE		3	
1		1	SWC031	SWITCH; light; dimmer to M&E design.		1	
2		2	SWC062	EMERGENCY STOP switch button, wall mounted		1	
1		1	SYR005	SYRINGE INJECTOR; MRI compatible; automatic; hi pressure injection; media contrast		5	
1		1	TRO139	TROLLEY; dressing/instrument; MRI compatible; 870H 450W 450D		3	
2		2	TRO901	TROLLEY; Coil cupd		3	
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1	
1		1	TVM2503	TV / monitor flat screen with DVD player, MRI compatible		3	
1		1	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1	

ADB	Room Data Sheet			E0604-01
Project:	11072	RHSC & DCN		
Department:	01	Key Rooms (Financial Close)		
Room:	E0604-01	Control room: CT/MRI RHSC		
Room Number:	G-Q1-135	Revision Date:	18/09/2014	
Activities:	1) Use of computer workstation(s) 2) Viewing of X-ray films 3) Displaying notices 4) Maintenance and storage of EBME equipment records and reports 5) Viewing diagnostic images on VDT 6) Use of Imaging x-ray equipment			
Personnel:	1 x patient 8 x Staff 2 x escorts Access to visitors, researchers			
Planning Relationships:	Direct access to/from CT & MRI room. Access may be required to medical conference room.			
Space Data:	Area (m²):		Height (mm):	2,700
Refer to HLM-SZ-SL-SH-200-001 for room areas.				
Notes:	Refer to ME 571 series of drawings for access control (PCP 4.17)			
Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision				

ADB	Room Environmental Data	E0604-01
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0604-01	Control room: CT/MRI RHSC	
Room Number:	G-Q1-135		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	4.0	Ventilation Type: Central Supply & Extract
Mechanical Ventilation (Extract ac/hr):	4.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	@ desk 750 - 850mm AFFL
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):		None
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
Quality Which Cannot Be Tolerated: (alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):		

General Notes:

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		E0604-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0604-01	Control room: CT/MRI RHSC	
Room Number:	G-Q1-135	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings Radiation protection to CT/MRI to be agreed with NHSL RPO		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Viewing panel to CT/MRI room, radiation protection.		
Hatch:	N/A		
Notes:			

ADB		Schedule of Components by Room				E0604-01
Project:		11072	RHSC & DCN			
Department:		Q1	Radiology			
Room:		E0604-01	Control Room - CT/MRI			
Room Number:		G-Q1-135	Revision Date:			09/09/2014
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	BIN2504	BIN; confidential waste		3
2		2	BOA2504	BOARD; marker; whiteboard; dry-wipe; with pen holder;magnetic; wall mounted; 600H 900W.		1
2		2	BUT2500	Quench button.		5
2		2	CAB024	CABINET; filing; 2 drawer; 710H 470W 620D		3
6		6	CHA002	CHAIR; height adjustable; medium back; swivel; 5 star base; on castors		3
2		2	CHA017	CHAIR; upright; upholstered; stacking		3
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1
3		3	COM033	COMPUTER KEYBOARD		3
1		1	COM038	COMPUTER PRINTER, laser, A4, 250H 380W 385D		3
3		3	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3
1		1	COM2503	COMPUTER MONITOR, PACS REVIEW STATION; 2 21", high-resolution screens,		3
1		1	COM2509	INTERCOM two way communication system; wall mounted (flush).		1
1		1	CUP332	CUPBOARD; key; 30 hooks; lockable; wall mounted; 305H 230W 70D.		1
4		4	CUP378	CUPBOARD/DRAWER UNIT; 1 drawer; 1 shelf; on castors; 660H 480W 390D		3
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2
1		1	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3
1		1	IMG112	CONTROL CONSOLE; for MRI		5
1		1	IMG2501	Coil Holder.		5
1		1	IMG2507	Wave Guide.		5
1		1	IMG2512	CONTROL CONSOLE; for CT		5
1		1	LIG074	ILLUMINATED SIGN DO NOT ENTER		1
1		1	LOC2503	LOCKER; wall mounted; RH; 340H 300W 300D.		1
2		2	MON017	MONITOR and CONTROL for CCTV; complete with flat screen monitor; keyboard; digital recorder (computer) and power supply.		1
2		2	MON2515	Injection control monitor		5
1		1	MON901	MONITOR; double MRI monitor		5
1		1	MON906	MONITOR; Clinical slave		2
1		1	OUT002	OUTLET, cable 13amp		1
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1
20		20	OUT010	SOCKET outlet, switched, 13amp, twin		1
11		11	OUT121	SOCKET outlet; computer data; double.		1
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1
1		1	OUT210	SOCKET outlet two-way communication system (intercom), wall mounted		1
3		3	OUT215	SOCKET outlet, telephone		1
2		2	OUT2500	OUTLET; connection for IPOD.		1
2		2	PAN2500	PANEL; syringe injector controller.		5
2		2	PRI015	PRINTER; label; portable		3
2		2	SHE1002	SHELF; 300mm deep; length as drawn.		1
9		9	SUP2501	SUPPORT LEG; for 720 high worktop		1
1		1	SWC025	SWITCH, light		1
2		2	SWC062	EMERGENCY STOP switch button, wall mounted		1
3		3	TEL1000	TELEPHONE; handset.		3
1		1	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1

ADB	Schedule of Components by Room	E0604-01
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Project:	11072	RHSC & DCN		
Department:	Q1	Radiology		
Room:	E0604-01	Control Room - CT/MRI		
Room Number:	G-Q1-135		Revision Date:	09/09/2014

Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	UPS003	Uninterrupted power supply (UPS).		1
3		3	WKT1006L	WORKTOP; 720 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet	E0601-01
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0601-01	CT Room RHSC	
Room Number:	G-Q1-136		Revision Date: 18/09/2014

Activities:	1) Patient may arrive on foot in a wheelchair or on a trolley 2) Patient undergoes examination with diagnostic x-rays to localise tumour and verify proposed treatment method. 3) Storage of Positioning aids e.g. wedges pillows and other immobilisation devices 4) Clinical hand washing 5) Use of computer workstation(s) 6) Contrast media, I.V. injections and other sterile procedures may be prepared 7) Use of radiation protection equipment 8) Radiation measurement will be used 9) Parking, storage of patients' trolley(s)		
Personnel:	1 x patient 5 x Staff 2 x escorts		
Planning Relationships:	Direct access to/from control room. Close to sub-waiting area. Adjacent to changing facilities (direct access optional).		
Space Data:	Area (m²):		Height (mm): 3,100
	Refer to HLM-SZ-SL-SH-200-001 for room areas.		

Notes:	<p>Refer to ME 571 series of drawings for access control (PCP 4.17)</p> <p>Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision</p> <p>Radiation protection requirements are subject to RPA advice upon selection of equipment.</p> <p>The "radiation in use" warning lamp should be installed at eye level outside the entrance(s) to the room.</p>		
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ADB	Room Environmental Data	E0601-01
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0601-01	CT Room RHSC	
Room Number:	G-Q1-136		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 25
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	8.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	8.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	F7 - minimum
Humidity (%RH):		

General Notes: Heating Type: Warm Air - Reheat Battery with BMS Adjustable Sensor. Cooling: Comfort Cooled

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ General working plane 1000 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch/ Dimmer

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LAmax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		E0601-01
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0601-01	CT Room RHSC	
Room Number:	G-Q1-136	Revision Date:	18/09/2014
Walls:	Refer to HLM 330 series of drawings Radiation protection to be agreed with NHSL RPO		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Viewing panel from control room, radiation protection.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room			E0601-01	
Project:		11072	RHSC & DCN				
Department:		Q1	Radiology				
Room:		E0601-01	CT Room				
Room Number:		G-Q1-136			Revision Date:	09/09/2014	
Quantity			Code	Description	Alt. Code	Grp	
New	Trans	Total					
1		1	ANA007	ANAESTHETIC MACHINE/WORKSTATION; MRI compatible; electrically powered piston ventilator; mobile; 1350H 750W 650D		3	
1		1	BIN2509	BIN; sharps disposal; 7 litre; rail mounted		3	
1		1	CAB034	CABINET warming, contrast media, stainless steel, wall mounted		2	
1		1	CAM031	CAMERA; CCTV; pan/tilt/zoom.		1	
2		2	CHA317	CHAIR, upright, upholstered, stacking, wipeable		3	
1		1	CLO003	CLOCK synchronous with second sweep hand, wall mounted		1	
2		2	CUP048	CUPBOARD; 2 shelves; 1 pull out shelf; lockable; on plinth; 800H 600W 500D.		1	
1		1	CUP2538	CUPBOARD; base unit; 4 drawer; lockable; 500W 860H 500D.		1	
1		1	CUP2569	Generator Cabinet.		5	
1		1	DIS013	DISPENSER, paper towel, wall mounted		2	
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2	
1		1	DIS2500	DISPENSER; danicentre; combined glove/apron.		2	
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2	
3		3	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3	
2		2	HOO020	HOOK, single, large, wall mounted		1	
1		1	IMG066	TABLE PATIENT - CT imager; floating top; (Part of IMG2502)		5	
1		1	IMG2502	IMAGER; COMPUTER TOMOGRAPHY (CT) ; 128 slice unit		5	
1		1	IMG901	SAM HALL TURNER		3	
1		1	IMG902	CONTRAST OVEN		3	
2		2	LIG074	ILLUMINATED SIGN DO NOT ENTER		1	
1		1	LIG081	LUMINAIRE fitted with single fluorescent lamp with switch; below drug cupboard; 8watt; 400mm.		1	
1		1	MON902	MONITOR; Mid range use in Recovery & HDU.		3	
1		1	MON906	MONITOR; Clinical slave		2	
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1	
5		5	OUT010	SOCKET outlet, switched, 13amp, twin		1	
4		4	OUT012	SOCKET outlet switched 13amp twin; trunking/pendant mounted.		1	
1		1	OUT050	OUTLET, controlled drugs cupboard		1	
1		1	OUT052	CONNECTION UNIT, switched, 13 amp		1	
1		1	OUT059	CONNECTION UNIT switched 13amp, indicator light		1	
1		1	OUT079	OUTLET isolator, equipment manufacturer's specification		1	
2		2	OUT121	SOCKET outlet; computer data; double.		1	
1		1	OUT206	SOCKET outlet television aerial; single; wall mounted.		1	
1		1	OUT207	SOCKET outlet aerial television, closed circuit (CCTV), wall mounted		1	
1		1	OUT452	OUTLET; 4 kPa compressed air medical; trunking mounted.		1	
1		1	OUT463	OUTLET; nitrous oxide; medical, trunking mounted.		1	
2		2	OUT471	OUTLET; oxygen medical; trunking mounted.		1	
1		1	OUT476	OUTLET; vacuum medical; trunking mounted.		1	
1		1	OUT481	OUTLET; gas scavenging (AGS); medical, trunking mounted.		1	

ADB			Schedule of Components by Room		E0601-01	
Project:		11072	RHSC & DCN			
Department:		Q1	Radiology			
Room:		E0601-01	CT Room			
Room Number:		G-Q1-136	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	PEG2500	HOOK; Pat Slide.		1
1		1	RAC197	RACK; x-ray lead apron; 6 swivel arms; mobile		3
3		3	SLI2500	PATSLIDE		3
1		1	STF286	STORAGE UNIT; upper; cupboard; medicine; 2 door; lockable; 550H 600W 300D		1
1		1	STF290	STORAGE UNIT; upper; cupboard; controlled drugs; 1 door; lockable; with inner lockable cupboard and warning light; 550H 600W 300D		1
3		3	SWC031	SWITCH; light; dimmer to M&E design.		1
1		1	SWC062	EMERGENCY STOP switch button, wall mounted		1
1		1	SYR2502	SYRINGE INJECTOR; automatic; hi pressure injection; contrast media; ceiling mounted		5
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1
1		1	TRO133	TROLLEY, dressing/instrument, stainless steel, buffered, 870H 750W 450D		3
1		1	TRO135	TROLLEY; Gratnell; dressing/instrument; 6 clear trays, stainless steel; buffered; 890H 510W 480D		3
1		1	TRO601	TROUGH scrub-up; hospital pattern; stainless steel; single; 75mm upstand; 800W 450D. HTM64SUH1.		1
1		1	TRU1001	MEDICAL SERVICE TRUNKING; horizontal; length as drawn.		1
1		1	UPS003	Uninterrupted power supply (UPS).		1
1		1	WAS102	WASTE, unslotted flush-grated, metal, 1.1/2 in		1
1		1	WAS108	TRAP, bottle, 1.1/2 in, plastic resealing		1
1		1	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1

ADB	Room Data Sheet	E0135
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Project:	11072	RHSC & DCN
Department:	01	Key Rooms (Financial Close)
Room:	E0135	Dental room
Room Number:	G-Q1-141	Revision Date: 18/09/2014

Activities:	1) Use of Imaging x-ray equipment 2) Viewing of diagnostic images on monitor 3) Assessment / updating of electronic patient records (EPRs) 4) Clinical handwashing
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Personnel:	1 x patient 1 x staff 1 x escort
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Planning Relationships:	Adjacent to recovery room.
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Space Data:	Area (m²):		Height (mm):	2,700
	Refer to HLM-SZ-SL-SH-200-001 for room areas.			

Notes:	<p>Refer to ME 571 series of drawings for access control (PCP 4.17)</p> <p>Refer to HLM-SZ-00-PL-331-001 Anti-ligature Strategy for anti-ligature provision</p> <p>Radiation protection requirements are subject to RPA advice upon selection of equipment.</p> <p>The "radiation in use" warning lamp should be installed at eye level outside the entrance(s) to the room.</p>
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ADB	Room Environmental Data	E0135
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Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0135	Dental room	
Room Number:	G-Q1-141		Revision Date: 18/09/2014

AIR	Requirements	Notes
Winter Temperature (DegC):		Permissible space temperature range (dry bulb) (degC) : 18 - 28
Summer Temperature (DegC):		
Mechanical Ventilation (Supply ac/hr):	3.0	Ventilation Type: Central Supply and Extract
Mechanical Ventilation (Extract ac/hr):	3.0	
Pressure Relative to Adjoining Space:	Balanced	
Filtration (%DSE and % Arrestance):	/	G4 - minimum
Humidity (%RH):		

General Notes: Heating Type: Radiant Panels with TRV Remote Head Adj. Cooling: Comfort Cooled Fresh Air

LIGHTING	Requirements	Notes
Service Illumination (Lux):	300	
Service Illumination Night (Lux):		Not Applicable
Local Illumination (Lux):	1,000.0	@ Bed/trolley 1450 AFFL
Colour Rendering Required:	Y	Colour rendering characteristics (Ra):80
Standby Lighting Grade:	A	Lighting of the level and quality equal or nearly equal to that provided by normal lighting

General Notes: Control: Switch

NOISE	Requirements	Notes
Privacy Factor Required (dB):		
Mechanical Services (NR):	35	Intrusive Noise: SHTM 08-01 noise intrusion from external noise sources is not given in NR values but instead in LAeq,1hr and LMax,f.
Intrusive Noise (NR Leq):		40:daytime (LAeq,1hr)
*Acceptable Sound Level [L10dB(A)]:		
*Speech Privacy Required:	Y	
*Quality Which Cannot Be Tolerated:		
(* alternative format)		

General Notes: Refer to HLM 252 series of drawings for partition types and Acoustic Report (PCP 4.13)

SAFETY	Requirements	Notes
Hot Surface Max. Temp (DegC):	43	
Hot Water Max. Temp (DegC):	41	

General Notes: Maximum cold water discharge temperature (degC): 20

FIRE
Enclosure:
Automatic Detection:
Refer to HLM 572 series of drawings and Fire Strategy Report (PCP 4.12)

ADB	Room Design Character		E0135
Project:	11072	RHSC & DCN	
Department:	01	Key Rooms (Financial Close)	
Room:	E0135	Dental room	
Room Number:	G-Q1-141	Revision Date: 18/09/2014	
Walls:	Refer to HLM 330 series of drawings Radiation protection to be agreed with NHSL RPO		
Floor:	Refer to HLM 330 series of drawings		
Ceiling:	Refer to HLM 332 series of drawings		
Doorsets:	Refer to HLM 322 series of drawings for location / type.		
Windows:	N/A		
Internal Glazing:	Refer to HLM 322 series for door and screen types.		
Hatch:	N/A		
Notes:			

ADB			Schedule of Components by Room				E0135	
Project:		11072		RHSC & DCN				
Department:		Q1		Radiology				
Room:		E0135		Dental Room				
Room Number:		G-Q1-141		Revision Date:		09/09/2014		
Quantity			Code	Description	Alt. Code	Grp		
New	Trans	Total						
1		1	ALA001	PUSH BUTTON, security alarm		1		
1		1	BAS101	BASIN, medium, hospital pattern, vitreous china, no tap holes, no overflow, intefral back outlet, 500W 400D		1		
1		1	CHA901	CHAIR; X-Ray Dental		5		
1		1	CHR903	CHAIR; Saddle Operator		3		
3		3	COM033	COMPUTER KEYBOARD		3		
3		3	COM1000	COMPUTER MONITOR; TFT; Sunray digital flat panel display; desk top		3		
1		1	COM2509	INTERCOM two way communication system; wall mounted (flush).		1		
1		1	DIS013	DISPENSER, paper towel, wall mounted		2		
1		1	DIS030	DISPENSER, soap, disposable single cartridge, lever action, wall mounted		2		
1		1	DIS2503	DISPENSER; alcohol gel; disposable single cartridge; wall mounted.		2		
2		2	HOL005	HOLDER; bin; medium; capacity 70 litres; freestanding.		3		
3		3	HOO020	HOOK, single, large, wall mounted		1		
1		1	IMG2506	READER; CR dental		3		
1		1	LIG074	ILLUMINATED SIGN DO NOT ENTER		1		
1		1	MSC081	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged right; on plinth; o/a height 900.		1		
1		1	MSC082	CABINET base; 600mm facing; (600x400 inserts); with formed plastic liners; 1 door hinged left; on plinth; o/a height 900.		1		
1		1	MSC091	CABINET base; 400mm facing; (400x600 inserts); with formed plastic liners; 1 door hinged right; on plinth; o/a height 900.		1		
1		1	MSC092	CABINET base; 400mm facing; (400x600 inserts); with formed plastic liners; 1 door hinged left; on plinth; o/a height 900.		1		
1		1	OUT004	OUTLET cable, fused, 13 amp, ceiling mounted		1		
1		1	OUT005	SOCKET outlet, switched, 13amp, single		1		
9		9	OUT010	SOCKET outlet, switched, 13amp, twin		1		
7		7	OUT121	SOCKET outlet; computer data; double.		1		
1		1	OUT208	SOCKET outlet television aerial; single; ceiling mounted.		1		
1		1	OUT210	SOCKET outlet two-way communication system (intercom), wall mounted		1		
1		1	OUT215	SOCKET outlet, telephone		1		
1		1	PRO026	PROJECTOR; multi-media; ceiling mounted		2		
1		1	RAC194	RACK; x-ray lead apron; 3 hangers; wall mounted		2		
1		1	SCR060	SCREEN shielding; radiation proof; 1mm lead; solid/glass; 2000H 2100L; angle		5		
1		1	SUP2500	SUPPORT LEG; for 920 high worktop		1		
1		1	SWC025	SWITCH, light		1		
1		1	SWC062	EMERGENCY STOP switch button, wall mounted		1		
1		1	TAP894	TAP bib; hospital pattern; integral thermostatic mixer; HTM64		1		
1		1	TEL1000	TELEPHONE; handset.		3		
2		2	TRU1000	TRUNKING; Power and Data trunking; length as drawn.		1		
1		1	WAS100	WASTE, unslotted flush-grated, metal, 1.1/4 in		1		
1		1	WAS1000	TRAP; concealed waste; for back outlet basins.		1		

ADB			Schedule of Components by Room		E0135	
Project:		11072	RHSC & DCN			
Department:		Q1	Radiology			
Room:		E0135	Dental Room			
Room Number:		G-Q1-141	Revision Date:		09/09/2014	
Quantity			Code	Description	Alt. Code	Grp
New	Trans	Total				
1		1	WKT1003H	WORKTOP; 920 high 600 deep 40mm thick; with 50mm upstand; length as drawn.		1
1		1	WKT1006H	WORKTOP; 920 high 800 deep 40mm thick; with 50mm upstand; length as drawn.		1
1		1	XRA003	X-RAY UNIT TUBE; dental; fixed		5
1		1	XRA004	X-RAY GENERATOR for dental tube; wall mounted		5
1		1	XRA005	X-RAY UNIT DENTAL PANORAMIC (OPG); height adjustable; floor mounted		5
1		1	XRA006	X-RAY IMAGING CEPHALOSTAT ATTACHMENT; dental; (Part of XRA005)		5

RHSC & DCN
At Little France

CONFIDENTIAL

Meeting: Project Technical Management Group Meeting

Location: Multiplex Conference Room

Date and time: 13th February 2019 at 10:00 am

Subject: Project Management + Programme Readiness

Meeting Chair: Wallace Weir

Attendees:

Brian Currie	NHSL	BC
Janice Mackenzie	NHSL	JM
Graeme Greer	MM	GG
Kamil Kolodziejczyk	MM	KK
David Gordon	BYES	DG
Samihah Kausar	BYES	SK
Wallace Weir	IHSL	WW
Claire McArthur	IHSL	CM
Darren Pike	MPX	DP
Liane Edwards-Scott	MPX	LES

Apologies:

Christian Darbyshire	Arcadis	CD
Stuart Davidson	NHSL	SD
Ronnie Henderson	NHSL	RHe
Rod Shaw	TG	RS
Richard Hair	BYES	RHa
Graham Coupe	MPX	GC
Lucy Hargreaves	MPX	LH
Eddie McGibbon	MPX	EM
Iain Tinniswood	MM	IT
Colin Grindlay	MPX	CG
John Quinn	IHSL	JQ
Bob Brown	IHSL	BB

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		ACTION	BY	DATE
1.0	Programme + Readiness updates Pre-07/11 refer to individual meeting action logs 1-30			
1.1	Review of Programme and Joint Commissioning Plan	<ul style="list-style-type: none"> • Current revision of the Programme ties in with SA, comments were received from the Board on Monday on Revision D. • Minor amendments in progress, and to be issued later today (13/02/19) • JM noted there has been a comment for EMc regarding ECHC shop, showing as 11th March, when it has been moved up to 4th March. It was noted there is a pre-start meeting scheduled for Friday. • KK queried if there were still MPX works required for ECHC shop? DP and LES believe these works have been cleared and MPX are attending the pre-start meeting. • BC asked DP that given the SA is still unsigned, is the Programme still valid? • DP noted that it currently is, MPX are continuing with Outstanding Works, and procurement and design of SA items. • If the SA is not signed by 19th February (Tuesday) then there will need to be an evaluation of the Programme. DP noted that the main kick-off is 25th February. There is some flexibility with the pre-works (e.g. removal of ceiling tiles). • If the SA is signed on the 19th, it would allow MPX to instruct supply chain to mobilise on Thurs/Fri (21st-22nd) in anticipation of 25th, however the earlier the better. • BC asked if the 19th Feb date had been circulated upwards? DP had informed Currie & Brown and Louise Sheils (Brodies). WW to inform Matt Templeton. 	MPX	13/02/19
			IHSL	13/02/19

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		<ul style="list-style-type: none"> JM noted Programme review notes had not been reissued following NHSL comments– action for CM. 	IHSL	20/02/19
1.2	Turnkey programme works:	<p>Monitoring of MRIs discussed at MRI meetings – next meeting to be held 11am on 13/02/19.</p> <p><u>Final 2 MRIs:</u> The 3rd MRI has now been delivered, the 4th MRI is due on 5th March.</p> <p><u>Lightning protection</u> – DP noted Mercury have closed the task but MPX to confirm if it is completed.</p>	MPX	20/02/19
1.21	SA – comments on technical items	<p>BC asked if any of the attendees had any queries regarding the outstanding technical items? The Board don't think they have any, bar the comments issued to MPX regarding the programme which are being incorporated.</p> <p>WW noted that Rev D of Programme is on Pinsent Masons data site, and will be replaced with Rev E when it is issued. LES noted that Brodies have issued USBs for uploading the latest files to the Pinsents site. BC noted that the Board will need to review the documents once uploaded. DP noted that MPX will also check these.</p> <p>GG asked WW if there was any feedback from the Funders? WW noted that this was progressing, they are carrying out due diligence. They are expecting a report by COB on 13/02/19 from the TA.</p>		
1.22	BYES results from water sampling	<p>DG noted a potential issue arising from water sampling results, giving BYES concerns for handover.</p> <p>Information from BYES AE have been issued to IHSL and CD (the IT) regarding the discovery of low levels of <i>Pseudomonas</i> spp, and presumptive <i>Legionella</i> in mains cold water in the kitchen.</p> <p>MPX have been circulated the summary <i>Pseudomonas</i> spp results and are</p>		

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		<p>reviewing the results and the BYES testing methods.</p> <p>DG noted that the <i>Pseudomonas</i> spp testing had been conducted in error, and that specialist testers are coming back on Friday to take a further round of samples. A full report will be issued (Post meeting note: MPX are to take samples at the same time)</p> <p>BC requested the information shared with IHSL and MPX be shared with the Board, DG is to write with this information following the meeting. CD's opinion on the affect this may have on Completion being achieved is also to be sought.</p>	<p>BYES</p> <p>BYES / MPX</p> <p>DG</p>	<p>15/02/19</p> <p>15/02/19</p> <p>13/02/19</p>
1.3	Hospital Sq. Wks.	<p>Discussions are ongoing to reach agreement, including commercials and legals.</p> <p>MPX are to recast the risk register and sequence of works</p> <p>Board change 172 will need to be realigned with recent discussions.</p> <p>MPX are to meet with Idverde (GC organising), and the Board are refreshing the Supplemental Agreement. Board, IHSL and MPX to meet as soon as convenient following MPX meeting with Idverde.</p>	<p>All</p> <p>MPX</p> <p>MPX / Board / IHSL</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
1.4	Contract Deliverables + Completion Criteria	<p>MPX advised completion percentages still stand as follows, and will not change until completion: H&S File 99-100%, O&M's 99%, NCR's 99%, O&M will not be 100% until completion BIM model 99% complete and issued to Board. Final amendments in progress. 99% of test certification is now on Zutec.</p> <p>DG noted that are a few items such as product warranties and maintenance paperwork that are required for handover. DP noted that the works would have been done, but the paperwork is required to be uploaded.</p> <p><u>Outstanding RDD items:</u> Lighting calcs in energy centre – KK asked as this was still intended to be put into the SA, should the review of the calculations continue? DP confirmed that this should</p>	<p>MPX</p> <p>MPX</p>	<p>Ongoing</p>

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		<p>continue, but if it is concluded before the SA is signed, it would come off the list once handover is completed.</p> <p>It was agreed that a technical chat would be helpful to aid resolution with GG, KK, RHe, Ken Hall and Whitecroft/Mercury. GG to review and pass back comments, Ken Hall to liaise with Whitecroft and Mercury.</p> <p><u>Smoke vents/internal grilles.</u> MPX to action</p> <p><u>Stairwell ventilation</u> – windows still have restrictors present, preventing the opening to 0.5m² dynamic free area, which is required opening post-event to allow smoke dispersion. DP confirmed these are at the top of Stairs 1 & 2 (above normal working height) and noted that this work is going ahead. Velfac have removed their restrictors; Henshaws required a statement from the architects regarding use as smoke vents in order for them to do this.</p>	Board / MPX	
			MPX	20/02/19
			MPX	20/02/19
1.5	Handover:	Dependent on signing of SA.		
2.0	IHSL CHANGE REQUESTS			
		All Project Co Changes (up to and including Project Co Change 068) have been signed by the Board.		
3.0	BOARD CHANGES			
		UPDATE BELOW IS FROM ONGOING DIALOGUE		
20	Removal of RIE Adult Ambulant Canopy	With ICA for approval before formal submission to Board	ICA	20/02/19
87C	Number Plate Recognition - Revised	With ICA for approval before formal submission to Board	ICA	20/02/19
106	Fire Evacuation Zone	With ICA for approval before formal submission to Board	ICA	20/02/19
109	IOMRI	With ICA for approval before formal submission to Board	ICA	20/02/19
128	Ventilation Ductwork in MRI Equipment Rooms	With ICA for approval before formal submission to Board	ICA	20/02/19
169A	Internal Signage	Board to approve Capex	Board	20/02/19
172	Hospital Square Works	Change to be revised in line with ongoing discussions.	All	20/02/19

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176	Angiography Procedures Machine Room installation	Awaiting MPX cost response	MPX	20/02/19
177	Fluoroscopy Equipment Cooling	Awaiting MPX cost response	MPX	20/02/19
178	IOMRI Access Control	Awaiting MPX cost response	MPX	20/02/19
179	MRI Access	Awaiting MPX cost response	MPX	20/02/19
180	Power and Data Sockets	Awaiting MPX cost response	MPX	20/02/19
181	XLR Sockets	Post meeting note: this was issued following meeting – now with MPX	MPX	20/02/19
3.1	Possibility of Board Changes to cover Post Completion works:	Other changes are to come (e.g. ATD, missing sockets) - BC noted a list is being created and will be as streamlined as possible		
3.3	Validation of outstanding Turnkey and Associated areas.	Board won't issue at moment (see 3.1 above).		
3.4	Heras fencing + turnstiles.	Board won't issue at moment (see 3.1 above).		
	Additional note re. change:			
3.5	FM responses	Work is continuing between DG, RS, CM/JQ to get FM responses agreed and formally submitted to the Board for acceptance. BYES awaiting responsibility matrix for ATD changes Currently ~38 FM responses to be agreed (includes ATD changes)	BYES/ Board/ IHSL	Ongoing
4.0	FM UPDATE			
4.1	Zutec	Observations have been added following walkthrough with MPX and IHSL. BYES have two concerns: - Labelling of electrical services (can be addressed in post-completion), -Tile mimic – BYES and MPX disagree about this. DP suggested that BYES AE and Mercury AE discuss, with DG and MPX representative to come to a conclusion.		Ongoing
4.2	Risk Register	The latest Risk Register is the October version. An updated version will be issued before PC	BYES	20/02/19
4.3	Recruitment	Three technicians have been appointed – to start by end of February. BYES will have 50% of workforce, with 2 individuals per shift, and will manage workload up to occupation. Shift pattern is to be issued to IHSL on 13/02/19 – it has been restructured to add two additional shift leads and an extra manager position.	BYES	13/02/19
4.4	Asset Management	PPM continues to be worked on, to be issued 30/01/19	BYES	31/01/19

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4.5	Helpdesk and call logger	<p>SD provided comments regarding helpdesk emails - some have been incorporated, others to be reviewed further.</p> <p>A discussion was held regarding the provision of call logger, and who is responsible for providing it.</p> <p>The Board and BYES have differing interpretations of the contract. BYES have submitted a report to the Board outlining their position. WW noted IHSL agree with BYES position.</p> <p>It was noted that BB and SD have been discussing this externally to this meeting. As both are on annual leave this week, it was agreed it should be picked up with them upon their return.</p> <p>DG requested a definitive answer on the obligations of proving the call logger.</p> <p>BC noted he and SD will discuss will review the contractual position and advise</p>	BYES / Board / IHSL	
4.6	Maximo	Complete and ready for operation - is now live, job plans starting to be issued.		
4.7	Procurement	No change – BYES don't consider there to be any risk with procurement.		
4.8	Bouygues Documentation	To be reissued this week. GG noted that the Energy Strategy has now been sorted		
	FM AOB:			
4.9	O&M documentation	BYES and MPX are working on this - DG awaiting call from John Wales	MPX / BYES	15/02/19
4.10	BMS request	DG noted the MPX have now resolved remote access issues and appreciates assistance given by David Wilson (MPX)		
5.0	RFI's			
5.1	Outstanding Actions	<p>No outstanding RFIs between Board and MPX.</p> <p>DG noted that BYES have made RFIs to MPX, two in particular: response to tile mimic and aspects of BIM that still sit with MPX until all works completed. DP noted responses will come through this week.</p>	All	
6.0	COMMISSIONING UPDATE			
6.1		Now part of SA		
7.0	EQUIPMENT UPDATE			

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7.1	Delivery List	IHSL confirmed in previous meeting that insurance cover covers change in equipment (value is unchanged).		
8.0.	AOB			
8.1	CDM	Part of SA, WW to check the wording that has gone into SA.	WW	20/02/19
8.2	Security – doors	<p>Security door requiring to be fixed (double door into 4th floor dept) – on post-completion list. Board Change may be required regarding fire doors and Building control – DP noted some collective work would be needed. MRI doors have temporarily been made single swing</p> <p>DP noted a mini-workshop is required for MRI fire strategy to satisfy building control. DP also noted that Kenny Miller (Building Standards Surveyor) has been uncontactable since his last inspection on 05/02/19, and this has been escalated with KM's line manager. If there is no response by 22/02/19, DP may ask for Board's assistance with the council.</p>	MPX / Board	
8.3	Heat station and MRI	<p>Concerns about heat levels in the MRI (above Heat Station) – monitoring has been conducted, and DP has proposed solution to change insulation to mineral fibre wool.</p> <p>DP to follow up on actions, KK noted there will be an RFI issued regarding different cooling requirements in CT rooms. DP will review.</p>	MPX	06/02/19
8.4	Theatre duct sampling	DG noted that BYES will be taking swabs of theatre ducts. DP asked that this be done following the theatre void works. The ducts will be bagged as a protective measure, they will be checked following the work and cleaned if necessary. This is scheduled towards the end of the Programme (late April) DG will look at the PPM and set this in after MPX works		
8.5	VIE pressure and observation/snag	Service pipe to be raised. – MPX to action	MPX	20/02/19
8.6	Systems handover – open letter	Now closed.		
8.7	Date for Chief Executives meeting	BC requested dates be confirmed for Chief Executives meeting asap. WW is waiting on availability from another IHSL director, to follow up.	IHSL	13/02/19
8.8	IHSL structure	BC requested the IHSL structure be	IHSL	20/02/19

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		provided		
8.9	Letters awaiting response	BC noted he was awaiting responses from IHSL to 2 letters (vermin and assurance)	IHSL	20/02/19
8.10	FM and Fire audit	BC noted the Callidus is outstanding and it would be preferable if this is conducted before 19 th February	All	19/02/19
8.11	Aconex and Zutec archive	BC asked how information held on Aconex and Zutec will be archived. LES explained the full contents will be provided as a hard drive. DG noted the 4Projects (Viewpoint) will be used for O&M, with a read-only log-in for IHSL and Board.		
8.12	Insurances report	BC noted that full report on insurances is to come, similar to comments already issued to WW	Board	20/02/19
8.13	Handover - utilities	WW noted a small issue with MPX current supplier, may have to stay with for short period following handover, which will be metered. Shippers – all contracts are going to national contractors as requested.		
8.14	New Board Change	A new Board change regarding XLR sockets was raised by KK. KK to draft following meeting (This was issued following the meeting, now included in Section 3.0)	KK	13/02/19
	Next Meeting: Wednesday 20th February at 10.00	Multiplex Conference Room	ALL	20/02/19

From: Henderson C (Calum)
Sent: 30 September 2019 11:08
To: [REDACTED]
Cc: Cabinet Secretary for Health and Sport; Aitken L (Louise); Communications Healthier; Hutchison D (David); Rogers S (Shirley); Calderwood C (Catherine); DG Health & Social Care; Henderson C (Calum); McLaughlin C (Christine)
Subject: For Immediate Issue: Letter to all staff from the Cabinet Secretary for Health and Sport
Attachments: F20190026007.pdf; Annex's A and B.pdf

Follow Up Flag: Follow up
Flag Status: Completed

Janis,

Please find enclosed a letter from the Cabinet Secretary for Health and Sport to all staff, for immediate issue

Thanks

Calum



[REDACTED]
[REDACTED]

NHS Lothian staff

C/O

Human Resources Director, NHS Lothian
Employee Director, NHS Lothian

30th September 2019

Dear Colleague

I wanted to write to thank those of you who could take the opportunity to meet the Chief Medical Officer, Chief Executive of NHS Scotland and me last Monday. I know that it wasn't possible for everyone so I also wanted to write to all staff, covering the issues I discussed when I visited and to give everyone an update on the work we are undertaking.

In my letter dated the 11th of September, I highlighted the publication of the two reports I had commissioned in July from KPMG LLP and NHS National Services Scotland (NSS). The NSS report made it clear that significant work had to commence to ensure compliance of the site. The report highlighted a programme of work including a solution for the design of critical care ventilation, the procurement and installation of the ventilation system, as well as highlighting the significant level of testing and validation that was required. The Department of Clinical Neurosciences (DCN) is unaffected by the issue of ventilation that was identified in critical care, but the further work required to the site could have an impact on DCN. I have attached the links and summaries of the findings of both the KPMG and NSS reports in Annex's A and B respectively.

Following the publication of these reports, Mary Morgan has been appointed as the Senior Programme Director and will be working as part of the NHS Lothian team reporting directly to government. Mary will oversee the plan I set out to deliver a safe and compliant site for the new Edinburgh Hospital for Children and Young people and DCN and deliver on the timescales set out on completing the work on DCN by Spring next year and the Children's Hospital by next Autumn. Further to this in my statement to Parliament on the 18th of September 2019, I announced the establishment of a Public Inquiry reporting directly to government. This Inquiry will consider both the Queen Elizabeth University Hospital campus and the Royal Hospital for Children and Young People and DCN in Edinburgh, determine how deficiencies in ventilation and other key building systems occurred and make recommendations on the steps we need to take to ensure past mistakes are not repeated in future infrastructure projects. The reports from KPMG and NSS that were published on the 11th of September will provide significant evidence to the Inquiry. We will work to ensure that

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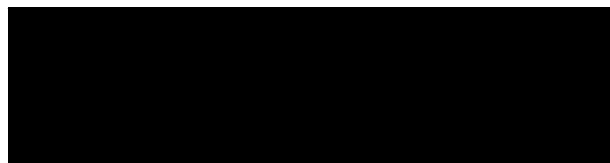
the Public Inquiry does not derail or delay the important work needed to make sure the new site is compliant and within the timescale I have set out.

I was grateful for the opportunity to hear from staff about their concerns on timelines and issues highlighted following your pre-visits to the new site. I want to encourage you to continue to share your concerns with Mary Morgan [REDACTED] to underpin her work in delivering the safe migration of the DCN and Sick Kids to the new site.

I am grateful to colleagues for sharing their questions and concerns about the current sites at Sciennes and the Western General over the winter periods and until migration is complete. I have asked the Board to provide a plan that demonstrates to me that the current sites will receive the necessary additional resource and maintenance to allow you to continue to deliver the high quality of service you are well known for, over the coming months until migration to the new site and taking account of the additional pressure that winter will bring. My officials have shared the questions and concerns you raised on Monday regarding the existing sites with Jacquie Campbell, Chief Officer for Acute Services and these will be considered as part of the plan I have asked the Board to prepare. I want to encourage you to continue to raise any concerns or issues you have with your local management team who will make sure these are fed into the planning work the Board is undertaking. Some of those I met raised the positive opportunity that the current delay can present to further optimize how services for children and young people across Lothian are delivered both in the immediate period and in the longer term and I want to encourage you to also feed that into that planning work.

Finally, let me thank you again for your continued hard work to deliver a high quality and caring service and for your patience and resilience at this particular time.

I will continue to provide further updates as work progresses.



JEANE FREEMAN

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ANNEX A – KPMG REPORT

<http://www.gov.scot/ISBN/9781839601552> - KPMG Report

Summary of Findings

1. The key issue which led to the delay was the non-compliance with SHTM 03-01 for air change rates in some of the Critical Care areas of the Hospital which was identified by IOM and reported to the Project Team on 24 June and subsequently brought to the attention of the Board on 1 July 2019.
2. Throughout all stages of the project, references were made to the requirement to adhere to SHTMs, including specifically SHTM 03-01 which related to ventilation. However notwithstanding any contractual obligations, the report clearly identifies a picture of confusion between the parties as to the correct application of these Standards. This appears to have stemmed from a document produced by NHS Lothian at the tender stage in 2012 which was inconsistent with SHTM 03-01 and which was referred to throughout the project.
3. There is clear evidence that professional and technical advisors were involved throughout the project; specifically this includes involvement in relation to ventilation issues. However, there is no evidence that the problem was identified prior to June 2019.
4. Governance processes and procedures operated in line with the structure that was put in place. There was regular dialogue between NHS Lothian and Scottish Government throughout the project, with evidence of escalation where required, albeit this was focussed on financial rather than technical matters.
5. Once NHS Lothian's Board became aware of the air change issue, steps were taken to assess the impact. The Executive Team and the Project Team met to discuss the issues uncovered on 1 July 2019 and on the same day the issue was escalated to other members of the Board which resulted in an urgent internal meeting the following day at 9am. Later that day the Chief Executive and Chair briefed the Director General of Health and Social Care on the situation.

ANNEX B – NSS REPORT

<http://www.gov.scot/ISBN/9781839601569> - NSS Report

Summary of Findings

1. It was recognised by NHSL that critical care ventilation was not designed to current guidance. As a result this report focuses on other systems, however, they have provided advice on the contractor design intent for a new CCU system.
2. Key outstanding information includes the design intent for the natural ventilation component (see para 10 above).
3. The theatre ventilation has not been installed in accordance with current guidance (when maintenance is being undertaken, two theatres, rather than one, will be out of action).
4. Some of the water testing results, due to the time taken to process, are not yet available however it was found that there were certain fungi in the water, mainly at the taps as well as higher than anticipated total viable counts. Lessons learned across health systems strongly suggest that this should be eradicated before patients and staff move in. There would appear to be no systemic contamination of the hot and cold water systems.
5. The drainage for the hospital utilises one gravity system and two pumped systems. The pumped systems are used to overcome gravity as they are installed below the local water table and level of the external drains. We await an explanation of what foul waste and other sources drain into the basement sump. If suitable mitigation measures are in place, the drainage should not be an obstacle to occupation of the building.

Scottish Hospitals Inquiry
Witness Statement of Susan Goldsmith
27 February 2023

Introduction

1. My name is Susan Anne Goldsmith. I was previously employed by NHS Lothian as Director of Finance, but I am now retired.
2. I provided a written statement to the Scottish Hospitals Inquiry (“the Inquiry”) for the purposes of the May 2022 Hearing relating to the Royal Hospital for Children and Young People (“RHCYP”) and Department of Clinical Neurosciences (“DCN”) in Edinburgh. That statement outlines my roles with NHS Lothian, qualifications, and employment history.
3. The Inquiry has asked me to provide another written statement, this time relating to the procurement stages which took place in the period 2012 to 2015 of the RHCYP/DCN Project (the “Project”). This statement seeks to provide that information to the best of my recollection. It has been provided in response to specific questions I was asked at interviews by the Scottish Hospitals Inquiry on 22 November and 12 December 2022.

Role as Senior Responsible Officer

4. From July 2012 to February 2015 I was Senior Responsible Officer (“SRO”) for the Project. I set out my role as SRO at paragraph 3 of my first witness statement and in oral evidence at the SHI Hearing on 17 May 2022. Brian Currie was the Project Director. As a direct report to me I would have routine monthly one-to-ones with Brian. I also established a weekly meeting with Brian Currie, Iain Graham as Director of Capital Planning and Projects, and other key individuals. The purpose of these meetings was to review progress, to consider risks, and to provide us all with a detailed oversight of some of the key issues the Project was facing. We used the meeting to consider if anything required to be escalated, either to the Executive team and/or the Finance and Resources

Committee. We also considered the content of routine updates to be provided to the Committee.

5. I chaired the Project Steering Board with Brian Currie and the Project team providing detailed support. The Project Steering Board included attendees from SFT and Scottish Government. Brian and I would agree the agenda and ensure that the appropriate papers/presentations were prepared for circulation to members. Updates would subsequently be prepared for the Finance and Resources Committee, including some which required a decision by the Committee.

Environmental Matrix

6. I can't recall if Brian raised the issue of the decision to use the Environmental Matrix (the "EM") at one of our one-to-one meetings. The EM would not be something that the Board was sighted on. The key issue for the Board at this time was the decision, through the Finance and Resources Committee, to utilise the reference design. It is important to note that at the point the Board entered into a contract with the preferred bidder, the preferred bidder took on responsibility for developing the design. This contractual responsibility would occur at the time of Financial Close, at which point the Board and the Preferred bidder (IHSL) entered into a contract (the Project Agreement). Through the signing of the Project Agreement, the Board passed responsibility for designing, constructing and maintaining the facility to Project Co (IHSL).
7. The decision to use the EM as a briefing tool would be taken by the Project team supported by advisors. This was a management decision and as such would not be something that the NHS Lothian Board (the "Board") would be asked to approve. As a Board of governance the Board has a responsibility to satisfy itself that the Project Board has oversight of appropriate systems of control, including identification and the management of risks in relation to the Project. The Board also has to be assured that the Project is being delivered in line with the agreed Board Strategy. The Board would rely on the scrutiny of the Finance and Resources Committee, which was the committee responsible for

overseeing the delivery of capital projects, including review of the risks (and their management) and the systems of control in relation to the Project.

8. The EM was one of multiple documents provided to bidders as part of the procurement process. As a Board of governance, Board members are not expected to have the relevant expertise/knowledge in relation to the delivery of complex capital projects. They rely on the expertise/knowledge of the Project team and supporting advisors. And as referred to above the scrutiny by the Finance and Resources Committee provided assurance to the Board on the delivery of the Project.
9. The Board could not possibly satisfy themselves that the EM was deemed to be of equal quality to room data sheets (“RDS”) from the activity database (“ADB”) because of the point I have made above. It would be management who would make a decision on that, with input from technical advisors.
10. I am aware that there was not a requirement for NHS Lothian to provide an EM as part of the procurement process. It was only because we were developing the design solution for the Children’s hospital when it was to be funded from public sector capital in 2010 that an EM was available. When we produced all the documentation for bidders, the EM was provided for information. It was disclosed data. I do not have the technical knowledge to comment on whether the use of an EM could have led to misunderstanding.
11. My understanding is that the Project team (on behalf of the Board) was aiming to make the best use of the significant time and investment in design that had already been undertaken before the capital funding was withdrawn. The Board had invested £2 million of public money in developing a design supported by an EM for the capital project. All the deliberations were about how we ensured that the work either completed or in progress to date was not lost, in particular the clinical time required to input to the design, and to ensure £2 million of public money, taxpayers’ money, was not wasted.

12. We understood that the 2 procurement routes (NPD v Capital) were different and that the Board's contractual responsibility was different for both. The Board's view was that we could not waste that public money. Therefore, we tried to utilise what we could from the crossover between the capital-funded project and the NPD. It would be difficult for me to say, "The inclusion of the EM was misleading," or, "It was the wrong thing to do," because the intention was the right intention.
13. There was an error in the EM but this was not known by NHSL until after the build. Once this was identified the Board undertook a detailed audit, the Grant Thornton audit, and accepted that there was an error in EM. The conclusion of the Grant Thornton was that every party involved in the development of this Project missed the error in the EM.

The Reference Design

14. The reference design was developed from the original design development in progress for the capital funded project. After the change in funding to NPD, the design had to be developed further to include the DCN element of the Project (which had also commenced as a separate capital funded project). The reference design team were managed by our Technical Advisors, Motts, who sub-contracted the project management of the reference design to Davis Langdon. The reference design team included the same design team that had been progressing the design under the capital phase, including the same mechanical and electrical ("M&E") engineers (Hulley & Kirkwood) and architects (Nightingale Associates and BMJ). This continuity in the design team was considered to be of huge benefit in terms of salvaging design work to date and making significant time and cost savings.
15. Oversight of the reference design was undertaken by Brian Currie as Project Director and the day to day running by the Project team, including Capital Project Managers, a Clinical Director and Motts as our Technical Advisors. The reference design development required the input of multiple user groups, largely clinical but also facilities staff, over a long period of time with the

reference design team. The purpose of engaging with these multiple user groups was for the designers to understand the clinical and operational requirements of running, in this case, a children's hospital and then this combined with a DCN department. From that user engagement, the reference design team translated the clinical and operational needs into a reference design. This was a very significant piece of work and I recall it taking circa a year or so to complete.

16. The decision to use a reference design instead of an exemplar design was discussed at the Project Steering Board on 11 May 2012. Brian Currie prepared a paper dated 9 May 2012 recommending the use of a Reference Design which was approved. The Paper was based on Mott MacDonald's advice in the report: "RHSC + DCN – Approach to Reference Design".

ITPD

17. As SRO I had responsibility to oversee the ITPD process, but I was not involved in the detail of it. The purpose of providing the reference design (as well as the reasons set out above) was to give bidders an indication of operational functionality. This means setting out how the hospital needed to function including the relationship between wards and departments as advised by clinical and other user input as referenced above. The tenderers also had a responsibility to comply with national guidance, including SHTMs.
18. I have been asked if the fact that the draft EM was not mentioned in the draft contract in volume 2 of the ITPD as reviewable design data had any practical implications for the Project or the design. It should not have had any practical implications because the design had to be developed and the Project Agreement was yet to be finalised.
19. I have been asked whether NHS Lothian needed to provide bidders with an EM. Prospective tenderers did not need M&E engineering information because it was up to tenderers to develop the design of M&E building services. If we had started on an NPD project initially, then all of that would have been developed

by IHSL from the word go. However, it was because we had invested £2 million on the development of a design during the capital phase, which was supported by an EM, that we reached the decision to make it available. I cannot answer how useful the draft EM was expected to be to engineers. Only in the sense that we had done a lot of work, so why would we not make it available to the engineers? The provision of the draft EM did not mean that prospective tenderers or preferred bidders would not then need to refer to SHTMs or use the ADB. SHTMs should have been their starting point.

20. In retrospect, due to what I know now, I wish we had not included the EM because we didn't have to include it. However, I believe we provided it for the right reason. But it ought not to have contributed in any way because the Project Agreement with IHSL included a requirement to comply with SHTM 03-01 or to at least flag any inconsistency in standards. It was IHSL's responsibility to deliver on that. When the Inquiry look further on in the Project, it will be seen that NHSL wrote to IHSL in January 2019 for reassurance that that guidance had been complied with. IHSL confirmed it had been. IHSL entered into a contract accepting that they had responsibility to deliver against SHTM 03-01 and gave us reassurance that that was the case. It later transpired they had not complied with SHTM 03-01 in critical care.

Competitive Dialogue

21. I was not involved in the detail of the competitive dialogue workshops, assessment of tenders or scoring of bids. As SRO, I had to be a step removed from the process. I was part of the Board making the decision as to which bidder should be appointed so I had to be truly independent. Therefore, I did not assess submissions, evaluate or score the bids. My prime responsibility was to make sure that there was a process in place so that anything that needed to be escalated was escalated to the appropriate Executive Director or to the Finance and Resource Committee or to the Board if necessary.
22. As Project Director, Brian Currie was responsible for the procurement process with support from Mott MacDonald. The competitive dialogue phase, and the

subsequent evaluation of tenders, was managed through three workstreams: Design and Construction, Facilities Management and Strategic Management. The different workstreams were populated by key individuals from the Project team and were supported by the appropriate advisors (Motts for technical, Macroberts LLP for legal and Ernst & Young for commercial). This process was agreed by the Project Steering Board. SFT completed a pre ITPD Key Stage Review which included a review of our evaluation process. That would have been signed off by the Project Steering Board.

Project Steering Board Meeting - 29 November 2013

23. I have been asked to look at the minutes of the Project Steering Board meeting 29 November 2013 (A32676816 – Project Steering Board Action Notes 29 November 2013) . I have been asked what points were outstanding from this meeting and why the Project Steering Board was content to proceed with close of competitive dialogue.
24. As noted in the minutes, there were key outstanding issues discussed. The first point is about the payment mechanism. The contract warning was in a contract termination threshold. That is in relation to the payment mechanism that would be a part of the Project Agreement. The point being made is that none of the bidders were that comfortable with what was proposed in the payment mechanism. They all advised that the funder would be unlikely to accept that element because of the risk of termination. The threshold for termination was possibly too low from a funder perspective. However, all the bidders had accepted that that was SFT's position on the payment mechanism. At this point we were noting that there might be a risk, when we got to funders' agreements, that the payment mechanism would not be acceptable and changes may be required. There wasn't anything else we could do because it was an SFT requirement.
25. The second point was about the third-party contamination but Iain Graham or Brian Currie would be better placed to discuss this. I don't know whether that relates to the petrol station or the hospital. I cannot recall. By way of

background, we had acquired the petrol station to give us better access and more land in support of the Project.

26. The third point was about tax requirements and again related to the position with the funding of the Project and was discussed within SFT. Our financial advisor was aware of the issue but the ownership of any aspects of the PA/payment mechanism primarily rested with SFT and Government. We had responsibility for the accounting implications within our Annual Accounts but not the tax implications.
27. The fourth point related to the petrol station again. It there was any decontamination issues outstanding, that would be our risk. When we issued the ITPD, that land would not have been in the original documentation. However, once we had acquired it, we changed what was going to made available to be used for the Project.
28. The Project Steering Board was content to proceed to recommend close of dialogue at this stage because these issues were all understood and had been agreed or had solutions. Peter Reekie of SFT commented that while the points discussed were outstanding, he saw no reason for them not to be completed in the next week to achieve close.

Pre Close of Dialogue Key Stage Review – December 2013

29. I have been asked to look at the Pre- Close of Dialogue key stage review December 2013 (A33337058 – Pre-Close of Dialogue Key Stage Review – 13 December 2013) . I cannot answer specifically what information was supplied by NHS Lothian to SFT for the purposes of the key stage review. What I can say is that the Board would not have concluded the dialogue without SFT agreeing that we had met all the criteria to do so.
30. SFT were fully engaged in the decision-making process. Donna Stevenson of SFT attended multiple meetings with the Project Team and Peter Reekie of SFT was on the Project Steering Board. SFT owned the NPD process and

oversaw every single stage of it. The Board were the procuring authority but we could not have secured the funding for the Project if SFT had not signed off at each stage. The Board certainly could not have reached a decision to close competitive dialogue without SFT being satisfied that we were ready.

31. I have been asked what is meant by the word “challenging” in this document (page 56). The Board’s original programme was that there would be nine months from the appointment of preferred bidder to financial close. SFT wanted to shorten that to six months. I understand that there was a concern about uncertainty in the market for funders in relation to the Independence referendum. SFT were also managing a pipeline of Projects and the associated timing of the likely funding requirement for those Projects.
32. Brian Currie and Iain Graham were very concerned about shortening the period to six months because of the work involved in reaching financial close, and their initial assessment was that this work could not be satisfactorily concluded in 6 months. They highlighted these concerns to me as SRO and to SFT. However, my recollection is that this 6 month period became an SFT requirement.

Evaluation Criteria

33. The procurement evaluation was based on a weighting of price 60 percent, and quality 40 percent of the overall evaluation score. I did have concerns about this split. Normally, under a capital build, the Board would have considered giving a higher weighting to quality in support of the Board’s responsibility to deliver patient care safely. The Project team, with my support as SRO, made representations to SFT in relation to their concerns. However, the Board also has a responsibility to deliver government policy and at that time government policy was the utilisation of NPD programme to deliver some key capital projects. Oversight of the delivery of this policy rested with SFT. SFT worked with colleagues in the Health finance in relation to the use of or access to NPD funding. This included SFT’s requirement for the 60/40 price/quality evaluation. As a Project team we tried to mitigate this by utilising a pass/fail for certain criteria. We worked with our financial advisor to make sure that where there

were certain aspects of the evaluation that did not meet an appropriate benchmark, we would evaluate it as a fail. I can't remember the detail, but I do recall that there was a lot of discussion about how we mitigated what we considered was an imbalance in the weighting.

Assessment of Tenders

34. I have been asked what procedures were put in place by the Board to ensure that there was suitable expertise at the assessment stage, given that Hulley and Kirkwood had been released from the Project. Mott MacDonald, the Board's technical advisors, had been involved from the outset of the Project, even when it was capital funded. Motts were content with the reference design that was included as part of the ITPD package they pulled together for the Board. Motts then assisted during the competitive dialogue and assessment process and were the Board's Technical Advisors for the duration of the Project. The Board were reassured that Motts had the relevant expertise in the absence of Hulley & Kirkwood.
35. There was a formal process to appoint specialist advisors. Iain Graham led this process. This took account of the skills of the key individuals being proposed by all advisors. Iain would have also secured professional input to this appointment process from other members of the wider Project team. I am satisfied that there was a process in place to ensure that each of the advisors we ultimately appointed were the right advisors for the Board.
36. As noted, I was not involved in the assessment of tenders or evaluation of them. I understand that one of the tenderers did amend the EM in their final tender but I was not aware of that at the time. The Board would not have been told about the detail of the submissions, including any amendments to the EM by bidder C, Mosaic.
37. The Board received a Paper that Finance & Resources received setting out the high-level scoring and evaluation. They received the scores, but they did not see the detail of how those scores were arrived at. So they would have seen

how Mosaic scored comparatively to the other bidders, but not the underlying submissions. The three bidders were very close. There was little between them and it was IHSL who scored the highest overall.

Appointment of Preferred Bidder

38. I have been asked to refer to the Preferred Bidder Letter from 5 March 2014 (A36382455 – Preferred bidder letter from NHSL to IHSL – 5 March 2014) . This was on the same day as a Finance & Resources committee meeting which I attended (A33887882 – Minutes of the Lothian NHS Board, Finance and Performance Review Committee Meeting dated 13 February 2008).
39. The formal appointment was considered by Committee members following consideration of reports from all advisors providing assurance that the Board's requirements had been met. In particular, I note paragraph 61.10 in which Motts confirmed "from a technical perspective that the technical evaluation had been carried out in a manner consistent with the evaluation methodology. From their involvement in this process, the considered scores awarded for the technical evaluation criteria seemed to be correct and it appeared appropriate for the Board to conclude the evaluation process and appoint the bidder". It is stated at paragraph 61.20 by Motts that they were "*happy with the evaluation and satisfied that the preferred bidders was in full accordance with the requirements*". Similar assurances were obtained from our commercial and legal advisors.

Project Steering Board – 22 August 2014 - Room Data Sheets

40. I have been asked when the decision was taken to depart from the requirements within ITPD requiring a bidder to provide a full set of room data sheets. I have been shown a minute of a special Project Steering Board dated 22 August 2014 in which it is recorded that NHS Lothian are comfortable that 100% of RDS will not be required for financial close, although the prioritisation of what was required was still to be agreed. The Board did not simply abandon having the room data sheets. Room data sheets were provided at Financial

Close for the key and generic rooms, which represented 52% of the hospital. The remainder were produced during the construction period and subject to the Reviewable Design Data (RDD) process, providing for a contractual mechanism in place in relation to the RDS. At preferred bidder stage it was difficult for the requirement for 100% RDS to be enforced. We re-profiled the requirements into a different period where there was an enforceable contractual right.

41. By way of background, our contract was with IHSL, but there was a considerable level of engagement with their supply chain, namely the building contractor, Multiplex. Multiplex would ultimately enter in to a building contract with IHSL to design and build the hospital. It was clear to the Project team that Multiplex were not making the design progress that we would have expected them to make. Although our dialogue should have been with IHSL and IHSL should have been having a discussion with Multiplex, IHSL stepped back and we had to engage directly with Multiplex, who were on the ground developing the design. Multiplex got to a point where they said that they had essentially spent as much money as they were going to and were not going to progress the design any further until they had a formal contract, with IHSL, which could only be in place at Financial Close.
42. I was aware of these issues because Brian Currie escalated his concerns about them to me. I escalated his concerns to George Walker, Non-Executive Director for NHS Lothian, and this resulted in the meeting of a "Special Steering Board" on 22 August 2014 and subsequent meetings of the "Commercial Sub-Group of the Steering Board" on 26 September, 31 October and 22 November 2014. These meetings were specifically set up to address issues leading to delays in reaching FC. The meetings included representation from the NHS Lothian Board, SFT, Scottish Government, Multiplex and Macquarie Capital, who were equity of IHSL.
43. We were seeing increasing evidence of a concern in the Multiplex senior team of the level of investment they had expended to date in getting to this stage without having a contract in place with IHSL. The meeting in August was not

the first time this issue in relation to RDS arose. I cannot remember exactly how a compromise was reached but given the passage of time we recognised that some kind of compromise would be required. We concluded that in order to reach Financial Close we would have to agree a pragmatic way forward with Multiplex and IHSL.

44. The context and the point I made in the last set of hearings was that this hospital was due to be originally completed in 2012/2013. Here we were in 2014 without a contract for the hospital to be built. The clinical services were operating out of the old Sick Kids hospital which was no longer fit for purpose. The same was true for DCN. Therefore, at some point over that summer we concluded that, in order to get to Financial Close, the Board would have to compromise. We only reached that conclusion with active engagement with SFT, Scottish Government and discussion at Finance & Resources Committee. It was an iterative process over that summer and beyond when we realised that progress was slower than we would have liked.
45. These were not easy meetings. They were difficult and tense, despite the initial relationship with both IHSL and Multiplex being very positive. The pressure to accept a compromise was really driven by the commercial position of Multiplex. They used the commercial leverage they had, knowing that the hospital required to be delivered and that we had limited options without compromising the programme even further.
46. I don't recall if approaching another bidder was ever considered. I don't think so. All the discussion was in the context of making the Project work. We were already concerned about the facilities at the children's services and DCN. The Board's prime responsibility is the delivery of safe patient care and delivery of the Project to meet that obligation was agreed as part of the Board's strategy some years previously.

Project Management Group Meeting – 27 August 2014

47. I have been asked to refer to the Project Management Group Meeting on 27 August 2014 (A34225367 – Project Management Group Meeting Minute – 27 August 2014) . I did not attend PMG meetings. It is stated, “Lianne Edwards advised that, during a review of the EM, a number of discrepancies had been uncovered, impacting on room data sheet production and requested input from NHS Lothian, IHSL to raise request for information.” I have been asked if the Board were made aware of these issues. They would not be, as I have previously stated this would be one of a number of issues and part of the management of the Project. The EM did not feature at all in any discussions. It was a document to support the design development.

Email Chain Brian Currie to Susan Goldsmith - 23 September 2014

48. I have been asked to refer to an email chain ‘Brian Currie to Susan Goldsmith and Iain Graham to B Currie and S Goldsmith re Progress to FC - Areas of Concern, 23 September 2014’ (A35616638 - Email chain Brian Currie to Susan Goldsmith and Iain Graham to B Currie and S Goldsmith re Progress to FC - Areas of Concern, 23 September 2014) . I have been asked about the heading “Derogations, Operational Functionality and Room Data Sheets.” These issues may have been discussed in private at the Finance and Resources Committee but I cannot recall. We did not have a formal paper updating on progress of the Project at every single meeting of the Finance and Resources Committee but we would brief Committee members. I would also brief George Walker as chair of Finance and Resources Committee if there were issues.
49. I was already aware that there were issues with the progress that Multiplex were making with the design, as were SFT and Scottish Government. Brian Currie first made me aware of it by way of email in August 2014, at which point I escalated it to George Walker, non-Executive Director, resulting in the special project steering board meetings in August, September, October and November 2014. Multiplex adopted a very commercial position that they were not prepared to spend any more money on design development. We put them under

significant pressure with those special Project Steering Board / commercial sub-group meetings. George Walker attended at least one of the meetings because of his commercial experience.

50. Issues would be discussed at Board level; they would also be discussed at the Finance and Resources Committee. This is not necessarily always evident through the minutes because these were clearly very commercial discussions and issues that would not have helped the Board's negotiating position if they were in the public domain at that time. Therefore, the minutes might capture that there was a discussion about the progress being made on the Project, but not provide the detail. But they would certainly be actively discussed with Finance & Resources Committee members.
51. I was the Executive Director lead for the Finance & Resources committee. I would, with George Walker as chair of Finance and Resources Committee, agree what needed to be escalated to the Board but, because of the commercial sensitivities around the Project, that would often mean that it was a presentation to the Board in private or a formal private meeting.
52. I would have decided with George Walker what needed to be discussed at the Board, but would also have discussions/phone calls with Mike Baxter and/or Peter Reekie about key issues/challenges. We were all working together to ensure the Project was delivered and successful. I would brief Mike Baxter or John Matheson who was Director of Finance at SG Health Department or Peter would brief them. Peter and Mike would be aware of issues because they sat on the Project Steering Board, and they would either brief finance in the Scottish Government or the Health Department. Therefore, just because items were not discussed at an NHS Board, does not mean they are not briefed. The Board were kept informed throughout about issues surrounding the preferred bidder.
53. We had multiple discussions about all the issues with Consort and the delivery of SA6 and SA7 with the Board. Without those legal and commercial agreements being completed there was no Project. In terms of the Board level

discussion on the issues with the preferred bidder, this was certainly discussed at the Finance and Resources Committee. This is the reason it was agreed that George Walker, as Chair of the Committee, would support discussions with Multiplex and IHSL. The chairs of the committees would meet with the Board chair informally on a regular basis. George would no doubt, at that point, brief the Board chair about the issues that the Finance & Resources committee were discussing in relation to this Project, other issues as well of course.

54. I have been asked whether the Board took any confidence from Multiplex because of the QEUH hospital in Glasgow. IHSL were appointed because they scored the highest. However, there would have been a confidence that Multiplex could deliver the RHCYP + DCN as they had delivered, at the time, the Glasgow hospital. I wouldn't want to overplay that, but it certainly gave a confidence that the same team – they were literally finishing in Glasgow – would transfer to the Edinburgh Project and be led by the same individual from Multiplex. With the benefit of hindsight, if we had known about the difficulties Glasgow encountered with their building, then the conversation might have been completely different. However, at that time that project had delivered a huge hospital on time to budget and was deemed a success and everyone was very happy with that. So yes, I think the Board did take some comfort and confidence from Multiplex's experience and success.

Project Steering Board Commercial Subgroup – 31 October 2014

55. I have been asked to look at the minutes of the Steering Board Commercial Subgroup dated 21 October 2014 (A33044797 – Steering Board Sub-group – 31 October 2014) . I sent my apologies for this meeting so I was not in attendance. However, at this point, there was ongoing concern and tension about our collective ability to achieve financial close by Christmas. I would have had multiple discussions outside of these meetings and with Peter Reekie in particular.
56. The fact that SFT and Scottish Government attended the meetings was an indication that this was being escalated to the senior players. There was quite a

bit of frustration on the Board's side that we were being drawn into issues with Multiplex directly that really should have been the responsibility of IHSL and Multiplex to deliver. However, in the interests of delivering this Project we had to engage with Multiplex directly to solve the problems that had arisen. As referenced earlier in my statement, the prolonged timescale for the delivery of this Project was a major concern for the Board. All parties wished to achieve financial close.

57. I have been asked to comment on a detail of the minute in which Mr Ballantyne, of Multiplex, states (A33044797 – Steering Board Sub-group – 31 October 2014) that “there was a difference in opinion over the level of detail expected in Project Co’s Proposals (PCPs), but the open-ended requirement that “the Board had to be satisfied” was difficult to achieve.” As I understood it, there were two aspects to this problem. Principally, that Multiplex had been very slow on the overall design development. The reason for that was, as referred to above, they had taken a commercial decision that they were not going to invest any more money in design development until they had a formal contract so as to avoid abortive costs. They would have had a budget for the design development, but my understanding of it was that they had come to a point where they commercially said, “We're not going to spend any more money on this. We've done enough to demonstrate that we can build this hospital”. Multiplex considered they'd done enough to satisfy our operational functionality requirements and did not need to do any more.
58. The engagement of senior players from all the parties, including SFT and Scottish Government gives an indication of the commitment there was to deliver this Project. We accepted that each party was carrying risk. It was just whether that risk was evenly distributed. I certainly felt that everyone was doing their very best to keep the Project moving on. We managed this risk for the Board by utilising the RDD process.

Risk Register - 18 November 2014

59. I have been asked to refer to the Risk Register dated 18 November 2014 (A33337268 – NHSL RHSC and DCN Risk Register – 18 November 2014) which highlights a risk of the programme being delayed in reaching financial close. The controls to minimise the risk refer to the “close management of progress, including at the most senior level by IHSL by Steering Board Commercial sub-group – next meeting on 21/11/2014.” This supports what I’ve said about escalation of the issues we were encountering via the special steering sub-group, which was attended by senior players in SFT and SG.
60. At this point in November 2014, relations, at a principal level between NHS Lothian and IHSL were professional and respectful. At a Project team level there was more tension because everyone was working really hard to try and deliver the Project within a tight timescale. There was a frustration within the Project team that Multiplex were not providing the information that the Board required to reach financial close. It is fair to say that it wasn't the easiest of times, but everyone was engaged and trying to move the Project forward.
61. Getting to financial close was a significant milestone. The Board and Finance and Resources Committee were aware of the issues, but also recognised that this was a really complex Project. I would be signing a contract on behalf of the Board for a capital build of £154 million and an ongoing revenue cost over 25 years. Despite the concern of the Board to reach financial close, there was also recognition that achieving financial close was challenging. From my perspective, although a target completion date is set, completion would only take place once there was confidence that all parties were satisfied with the contract, including that risks had been adequately mitigated. This included the agreement of SFT.
62. There was a significant amount of reviewable design data, more than originally anticipated, which is also flagged in this risk register. These risks were deemed acceptable but the Board recognised that it meant there would be an increased

amount of work for our team, more than was originally anticipated, via the RDD process. Comfort was taken in the fact issues had been picked up and were able to be solved as part of the contract.

January 2015

63. I have been asked to look at the TUV SUD/Wallace Whittle Air Movement Report (A34225453 – Wallace Whittle – Air Movement Report for Single Bedrooms (draft) – 12 January 2015) I was not aware of this report until around 2016 when the issue in relation to air pressure was discussed at the Finance and Resource Committee.
64. I have been asked to look at an email chain in relation to air pressure between Ian Stewart and Janette Richards on 14 January 2015 (A35614504 – Email from David Stillie to Janette Richards – 13 to 14 January 2015) . I was not and would not expect to be aware of this particular issue unless it was escalated to project steering board.
65. I have been asked to look at the document entitled RFI Summary (A34813021 - IHSL RHSC+ DCN RFI Summary - 20/01/2015) . It is a Multiplex document. I was not aware of this RFI at the time and would not expect to be.

Pre Financial Close Key Stage Review 11 February 2015

66. I have been shown the Pre Financial Close KSR (A33336933 - Pre-Financial Close Key Stage Review - 11 February 2015) . Question 3 (page 82) seeks confirmation re the status of the technical documentation and asks whether the Procuring Authority, and its advisors, are satisfied that the further development / document production is achievable. This question is answered by SFT noting that the Board is content with the documentation subject to further development through RDD following Financial Close and that the construction proposals are of sufficient detail to provide sufficient certainty to the Board as to what is to be provided. So here you see the resolution – the level of detail is deemed sufficient to go to financial close and there is a contractual mechanism in place

to deal with further design development. This was of course after the issues had been escalated and discussed at these special Project Steering Board meetings where SFT were present so they were fully aware of the issues when they prepared this KSR.

67. This whole section 3 of the KSR is title "Project Requirements". Question 2 asks whether the Board is satisfied that the preferred bidders' solution satisfies its operational and functional requirements. This is a key aspect in that it is testing whether the hospital could be built so that it would function effectively as a children's hospital and a department of clinical neurosciences. The important aspect of that is things like the layout of the building and the relationship between different services. That is why the comments on that question refer to the fact that the detail of the design had been discussed with user groups to ensure clinical support and the Board confirms that it had received appropriate internal sign off. Obviously, this is SFT's document, but my understanding is that that was really the prime element of this part of the assessment, that the relationship between the departments and the facilities was effective for the Board because this was the element of design, operational functionality, that the Board retained risk for.
68. We were all funded by taxpayers – SFT, Scottish Government, the Board – and of course we've all got different roles and responsibilities but, from my perspective, we were all part of the same time. It is difficult because the KSR could be read as though the Board was entirely separate from SFT and the Scottish Government but, in practice, we worked together with them to deliver this Project.

Financial Close

69. One of the other aspects of financial close, other than finalising and signing project documents, is the terms secured for the financing of the Project. SFT owned that element of the Project. Andrew Bruce of SFT provided the relevant financial advice on whether the market conditions/price of finance represented best value/was affordable for the Project. We would have not been able to

reach financial close until SFT were satisfied that the cost of finance was affordable for the Project (and the overall NPD pipeline). Our financial advisor was responsible for providing the Board with independent professional advice on the financial terms available and was able to verify SFTs conclusion that the cost of funding was affordable and represented best value.

70. Ultimately, even if everything had been ready but there was a change in market conditions that impacted the cost of finance and hence affordability then I believe financial close would have been deferred. SFT owned the process so we could not have signed until they had secured the appropriate financing. By the time we collectively agreed that the contractual documentation was ready to go and we were all satisfied that our risks had been mitigated, it was then over to SFT who determined when we would sign from a financing perspective.
71. I believe that the facts stated in this witness statement are true. I understand that this statement may form part of the evidence before the Inquiry and be published on the Inquiry's website.

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9:30am on Wednesday 19 September 2018 in Meeting Room 8&9, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Mr M. Hill (Chair), Mr B. Houston, Mr B. McQueen, Mr P. Murray, Mr A. McCann, Miss T. Gillies, Mr J. Crombie, Mrs S. Goldsmith and Mr T. Davison.

In Attendance: Mr C Marriott, Deputy Director of Finance, Mr A McCreddie, Head Of Management Accounts, Mr C. Stirling, Hospital Director Western General Hospital (Items 17.2 and 17.3), Ms L. Cameron, Strategic Programme Manager, Cancer Services (Items 17.2 and 17.3), Ms D Calder – General Manager Cancer Services (Items 17.2 and 17.3), Ms S Cosens, RHSC & DCN Reprovision Project Manager, Mr N Bradbury, Capital Finance Manager, Mr A Payne, Head of Corporate Governance and Mr C. Graham, Secretariat Manager (Minutes).

Apologies: Cllr I Campbell, Professor M. Whyte, Professor A. McMahon, Ms J. Campbell, Mr I Graham and Ms A Macdonald.

Declaration of Financial and Non-Financial Interest

The Chair invited members to declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No declarations were made.

14 Minutes from Previous Meeting (25 July 2018)

14.1 The minutes from the meeting held on 25 July 2018 were approved as a correct record.

15 Committee Business

15.1 Running Action Note – The Committee agreed the action note and noted the following:

- **Development of the Finance and Resources Committee** - Mr Payne drew the Committee's attention to the establishment of a NES working group to inform the development of the 'Once for Scotland' material. Mr Payne has agreed to join the group and they have asked if any non-executives would like to contribute to the process and join the group. Mr McCann stated that he would be happy to be involved with the group.
- **Additional Investment in Community Care Services in Edinburgh** – There was discussion on the additional £4M investment for community care. Mr Crombie reported on the recent Edinburgh performance meeting where there had been focus on delayed discharges reduction. It was expected that an improvement would be able to be evidenced by the end of October with a further reduction by December. Mr Crombie would bring a further briefing to F&R at a future meeting. Mr Davison added that he had also met with Judith Proctor and wanted the F&R Committee to

be aware that the Edinburgh Health and Social Care Partnership were forecasting a £6M deficit for social care. It was important to note that the NHS Lothian contribution of £4M was to be matched by Edinburgh council with an addition contribution of £2.5M from the Edinburgh IJB taking the total contributions to £10.5M. It was also noted that there was £6M of undelivered social care savings which were unlikely to be delivered through current savings plans; if delivery of this was pushed then it was recognised that a direct way of doing this was through reduction of capacity.

- **2018/19 Annual Operational Plan (AOP): Access Funding to Support Additional Capacity** -The Chair requested that it be made clear in public papers that there was not current the resources available to achieve the March 2017 waiting times. Mr Davison reported that this action appeared to have been overtaken by events with the Cabinet Secretary for Health and Sport's announcement about a new waiting times improvement plan. Mrs Goldsmith, Miss Gillies and Professor McMahon were heavily involved with this work as they chaired national groups. This waiting times work would be a major programme of improvement over the next 30 months to March 2021, about which full details would emerge shortly. The Committee welcomed the update and looked forward to receiving a detailed briefing around this issue at the next F&R meeting. The Committee also requested that the IJB members on F&R take these discussions forward with the IJBs.

15.2 Update on the RHCYP/DCN Project - Mrs Goldsmith tabled a position paper on a proposed settlement agreement. The paper provided detail and an update on the current situation with the RHCYP/DCN project. There was discussion on the IHSL financial difficulties; the need for a finalised supplemental agreement to move forward, the factors delaying the signing of this and the position of senior funders; residual technical issues with the key issue being around drainage systems; amendments to the business case; the leadership and competence around IHSL and the next steps to make progress.

15.2.1 The Committee noted the current position with the project and gave its absolute support to the project team in terms of the current strategy and approach. The Committee asked that work begins now on a communications strategy around this current situation and supported the recommendations as outlined in the paper:

- To continue to seek resolution to these issues via the supplementary agreement (SA) process, and to put in place a solution that is entirely governed by the SA or SAs
- To pursue a SA solution that consists of two agreements, a primary agreement as outlined previously and as negotiated with IHSL and a second SA to govern the delivery of the drainage aspect of the facility
- To seek formal contact with funders to provide assurance that the Board is committed to a SA solution and a request for this commitment to be reciprocated
- To submit an addendum to the business case for approval once details on timescale and technical arrangements are clear
- To address the Board's concerns in relation to IHSL's management of the Project, particularly moving into the operational phase.

15.2.2 Mrs Goldsmith stated the intention to have something circulated in relation to the terms of the supplementary agreement and said there would be further discussion on this under the Private Session of the 3rd October 2018 Board Meeting.

16 Revenue

- 16.1 Financial Position to 31 August 2018 and Quarter 1 Review – Mr Marriott reported that the trends appeared the same as the first 4 months. The starting deficit of £22M was now sitting at £1.4 so almost at the breakeven position. It had taken a lot of work to get to this stage and a key concern was the movement in year was from non recurring resources.
- 16.1.1 There was discussion on prescribing trends concerns; outstanding pay allocations and the remaining gap with medical and dental; deterioration in the REAS forecasted position which would be picked up with the site in the mid year review and the Edinburgh Health and Social Care Partnership recovery plan.
- 16.1.2 Table 5 in the paper showed figures from the IJB perspective. There would be a paper brought to the November F&R meeting in relation to IJB positions and the expectation was that this would show a close to breakeven position. Mr Marriott also reported on improvement with the care deficit as covered in section 4 of the report and the opportunity for improvement with waiting times as the care deficit was a significant issues in relation to the 4 hour emergency access standard.
- 16.1.3 The Committee considered and noted the financial position as at August 2017 reporting a deficit of £4.3m, after phasing in five months of the £10.8m reserves identified in the Financial Plan and a proportion of an additional £1.5m of in year non recurring flexibility identified as part of the forecasting process.
- 16.1.4 The Committee agreed to take limited assurance on achieving a breakeven outturn rather than the recommended moderate assurance. The reason for this being that although a lot of work had been undertaken to get to this point the Committee would like to wait until further into the year before taking moderate assurance given the in year risks that were on the horizon. This would be considered again at the November meeting.
- 16.1.5 The Committee also acknowledged that the Quarter One forecast was predicated on the receipt of an additional allocation as a contribution to the pay awards, receipts for the sale of property and the delivery of planned efficiencies and recovery actions.
- 16.2 Development of the NHS Lothian Financial Strategy – Mrs Goldsmith gave a presentation covering propositions from Our Health Our Care Our Future; reducing inappropriate use of hospital services; building capacity in primary and community care; developing Secondary and Acute Care; Realistic Medicine; Public Health improvement; supporting Mental Health; NHS Board Reform; Financial Strategy issues
- 16.2.1 Mr McCreadie then presented on IJB Budget and Expenditure Allocation Modelling; IJB requirements under the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 Regulation 4; NHS Lothian's existing model for core services, hosted services and set aside services; Budget and expenditure of each delegated cost centre; 16/17 IJB reported position; the Pros & cons of existing approach; the new IJB Model agreed by F&R in November 2017; the impact on moving to NRAC Budget Split in 16/17; the new method of allocating costs; the impact of 16/17 actual expenditure split on activity; the overall impact of change on IJBs; Issues arising from the 16/17 revision; why this was worth doing and the associated implications and risks.

- 16.2.2 There was discussion on IJB funding, where the financial strategy was now, where NHS Lothian wanted it to be and the documents to be considered as part of NHS Lothian's financial framework. The Committee also considered the IJBs responsibility in reducing unscheduled care bed usage; shifting the balance of care; the development of thinking around innovation and development of technology and where health inequalities featured in the strategy moving forward.
- 16.2.3 Mr McQueen stated that a financial strategy can have any desired purpose as a moving feast with annual, 3 and 5 year documents. There should be a desire to impress stakeholders by looking to the longer term, contemplating the next 10 years and recognising trends, costs and economic scenarios. There was also the opportunity to look at potential legislative change, e.g. what would more regional administration look like, what would bringing PFI in house mean, etc. Mr McCann suggested that any developed financial plan should be complimentary to other strategies and not repeat those previously documented and understood.
- 16.2.4 Mr Davison pointed out that IJBs across Scotland were finding difficulties in associating with regional and national plans. IJBs needed to focus on local up to regional matters with the health board working regionally and nationally. The Chair added that the IJB finance officers were close to work around this and this was an area to strengthen through consistency of approach and further discussion.
- 16.2.5 It was agreed to retain the development of the Financial Strategy as a standing item and that there needed to be further active dialogue and sharing with the IJBs Chief Officers and Finance Officers. The Committee requested that a design and implementation plan be presented to F&R in November
- 16.3 Review of 2018/19 Financial Plan – The Committee noted the paper setting out the elements of agreement of the 2018/19 plan and how the areas of investment aligned to extant corporate objectives and the risks contained within the Boards Risk Register at the time of Plan sign-off.
- 16.4 Update on the 2019/20 Financial Plan – The Committee noted the report which gave an overview of the draft Financial Outlook for the next five years, and specifically the Financial Plan for 19/20. The paper also set out a very initial assessment of the financial position based on the current forecast outturn, anticipated growth and assumptions around additional resources.

17 Capital

- 17.1 Edinburgh Bioquarter – Establishment of Joint Venture - Mrs Goldsmith updated the Committee on key developments regarding the Edinburgh Bio Quarter (EBQ) and work ongoing to establish a formal joint venture to deliver the EBQ business plan. The report explained the context and potential joint venture structure to meet funding demands to support the development programme of all the EBQ partners. The context covered the existing governance, the current potential programme drivers, and current NHS Lothian potential pipeline.
- 17.1.1 Mrs Goldsmith pointed out that there was a concern that each EBQ organisation was going back in to its own silo despite the desire to make something more than that of the Bio Quarter and to work together in a way which genuinely adds value. There was a challenge in developing EBQ, with investment required to support infrastructure around the site. It had been hoped that the City Deal would bring investment but this had not been sufficient to meet the EBQ needs.
- 17.1.2 The EBQ Partners were now considering bringing in a private sector developer to invest in the site and appraisal work was now being considered to get an idea of what a joint venture could look like.
- 17.1.3 A key focus for NHS Lothian would be securing future land at EBQ, given the constraints around the RIE site's further development. Any joint venture would need all parties to have collective access to land on the EBQ site. There could also be the option of have the new Eye Pavilion put into joint venture as a future project funded by developer; this was just consideration at this stage. Mr Davison expressed caution at putting the Eye Pavilion into developer control.
- 17.1.4 As partners, consideration needed to be given to what the EBQ would give NHS in terms access to development of new technology and how we could ensure partnership with the University of Edinburgh in relation to benefits of supporting delivery of healthcare. These were initial baby steps as we continue to move forward with all partners thoughtfully in considering potential future opportunities. The Committee noted that there was to be a NHS Lothian Board Development Session to be held at the EBQ in November to consider R&D and Innovation. It was suggested that the session should also be used to consider what the EBQ can do for NHS Lothian and how NHS Lothian might best secure development rights over the next 20 years. There would be merit in having a discussion at the development event on the direction of travel, interest in joint value and any specific project aspirations.
- 17.1.5 The Committee also acknowledged that the EBQ Programme Director and communications individual had recently left their posts. Mr Crombie stated that there had been an improvement in partnership working with Hans Möller in post and with his loss as Programme Director there would be a wide search for an appropriate individual to replace him.
- 17.1.6 Mr Houston stated that whilst agreeing with the stated priorities, there was a need for NHS Lothian to have its own 'big picture' future strategy. Hans Möller's presentation to the last EBQ advisory committee meeting had been very informative in showing the direction in which NHS Lothian needs to be going with collaborative solutions. Mr McCann added that NHS Lothian needs to consider how to capitalise on the EBQ to exploit our own data for our benefit. Mrs Goldsmith agreed to share Hans Möller's

presentation as useful pre-reading ahead of the November Board Development Session.

SG

- 17.1.7 The Committee accepted the update and gave its support to the continuation of work to develop the proposed joint venture. The Committee also supported in principle the exploration of the use of NHS assets to further EBQ objectives and agreed to the required funding contribution to allow the development work to go ahead to the next stage as set out. It was recognised that a private developer funded Eye Pavilion would not be desirable.
- 17.2 Establishment of project team for Re-provision of Edinburgh Cancer Centre, Encompassing Cancer Enabling (and Haematology) - Mr Stirling gave an update on the development of project team, progress with appointments and the scale around resources.
- 17.2.1 The Committee approved the proposed project team structure as set out in the report. The 18/19 and 19/20 resource implications of £906,994 were also approved.
- 17.2.2 The Committee noted the separate funding stream for the Haematology proportion of project team costs equating to £73,446 for 18/19 and 19/20 and approved the outstanding resource requirement of £833,496 in 18/19 and 19/20 for the cancer project team costs associated with both the development of the Initial Agreement for the Edinburgh Cancer Centre and the completion of the enabling projects.
- 17.2.3 The Committee also agreed the additional support & equipment costs, including the re-branding exercise, of £90,000 for financial years 18/19 and 19/20.
- 17.2.4 The Committee accepted the Principal Supply Chain Partner and advisor costs outlined of £1,128,710 for the Edinburgh Cancer Centre Initial Agreement and cancer enabling for 18/19 and 19/20 and £597,644 for the haematology project 18/19. It was noted that these costs will be recouped in future years from the funding established by the Full Business Case for each project. The Committee also noted that any additional support required for reprovision of the Edinburgh Cancer Centre beyond the Initial Agreement will come back for approval in summer 2019 in advance of submission of the Initial Agreement to the Scottish Government Capital Investment Group.
- 17.3 Haematology – Outline Business Case - Mr Stirling updated the Committee on the proposals for the Haematology Services Development at the Western General Hospital, and presented the Outline Business Case (OBC) for approval.
- 17.3.1 There was discussion on the potential risk if appointment of the project team members was delayed in terms of Initial Agreement development between autumn and Christmas; the decant arrangements were also explored. Mr Crombie stated that there should be clarity around RHCYP/DCN arrangements in the new few days as this had an impact on the planned decant to allow works to progress at the WGH.
- 17.3.2 Mr McCann asked about the haematology works and how much of this would then be redone as part of the move towards new cancer centre. Ms Calder confirmed that the intention was to completely reprovide the cancer centre. Donor contributions would be £11M then £1.3M to support decant costs. It was noted that the Donor was aware of the

knock down arrangements to develop the new cancer centre and was understanding and content with this approach.

17.3.3 The Chair asked if the project team and management capacity and capability were dependent on other ongoing projects freeing up people to help with this. Mr Stirling replied that this approach had been taken based on advice around the RHCYP/DCN move that there was sufficient service expertise involvement. Technical expertise was being provided by Ms Cameron and her service management background, there was still the capacity and capability issue that the team would continue to look at.

17.3.4 The Chair asked about funding expectations. It was noted that the capital challenge involved was not underestimated. This was seen as a top government priority and the benefits of any capital should be maximised, when available.

17.3.5 It was noted that page 32 of the OBC required to be updated to remove the reference “It has been confirmed that the OBC/FBC does not require to be approved by the Scottish Government due to the charitable nature of the donation.” Mr Bradbury would take this forward.

NB

17.3.6 The Chair stated that the Committee were fully supportive of the cancer centre concept and there was discussion on how there could be any influence on decision making around this, including public and MSP engagement. There was also discussion on the need for eHealth support and for this not to be limited to a like for like replacement of technology, there should be a more open approach to build in modern technology to the infrastructure of the building. Mr Stirling stated that external thinking and input was being introduced through workshops and visits to other parts of the UK to see other ways of working.

17.3.7 The Committee agreed to approve the OBC for the Haematology Service capital development, subject to agreement on capital funding shortfall by the Director of Finance and the amendment to page 32 as referenced in paragraph 17.3.5 above.

17.3.8 The Committee noted the proposed decant solution and that the increase in capital expenditure as a result of additional decant requirements (£2.61M) plus an increase in capital project costs of £90k will be funded by a further donation of £1.3m from the Charitable Trust plus £702k of NHS Lothian non recurring revenue savings. It was also noted that the remaining funding gap of £700k was anticipated to be funded by the Scottish Government Health Department following presentation of the OBC at the Scottish Government Capital Investment Group.

17.4 Property and Asset Management Investment Programme - Mr Bradbury provided the regular update on the status of Property and Asset Management Investment Programme (PAMIP) and sought approvals on matters of asset management and performance.

17.4.1 There was discussion on the draft reporting framework to provide appropriate levels of assurance to the committee. The Committee noted that there had been an update on this enhanced reporting to the last F&R Meeting and that now it needed to be clearer what the new framework would mean for reporting frequency. Mr Bradbury would provide further detail to the next F&R Meeting.

NB

17.4.2 The Committee discussed a once-for-Scotland approach to track and traceability, the complexities of governance across Boards and engagement of other boards to focus on a national procurement option. Mr Crombie added that representatives from Greater Glasgow and Clyde had also been invited to join in the review of tenders to increase understanding of the once-for-Scotland approach.

17.4.3 Mr Bradbury also reported that a paper on the RVH community engagement had been considered by LCIG and the Committee were being asked to support the establishment of a stakeholder panel chaired by the director of communications to lead on this work. It was noted that this would be the first time the community engagement process had been used formally. The Committee requested that a short paper around the process comes to the November meeting.

NB/IG

17.4.4 The Chair asked why the East Calder Health Centre proposal had been rejected. Mr Bradbury reported that the Capital Investment Group had asked for further consideration around other options and this would be resubmitted to the next Capital Investment Group. It was noted that there was a special Capital Investment Group meeting scheduled for next week to consider the Elective Centre at St John's Hospital. This meeting would be considering all elective centres and have representation from other boards in attendance.

17.4.5 There was further discussion on potential for other areas to emerge that may require capital support e.g. 4 hour Emergency Access Standard; Track and traceability in relation to the theatre improvement programme and why the RVH disposal had become taxable. Mr Crombie also confirmed that it was anticipated that Liberton Hospital disposal would likely start early 2019 with the move of patients to the Jardine Clinic at REH.

17.4.6 The Committee noted the forecast over commitment of the 2018/19 PAMIP; accepted the requested moderate assurance around the programme delivery in year and agreed to the establishment of a Stakeholder Panel to inform the disposal of the Royal Victoria Hospital as a pilot for improved Community Engagement processes.

18 Any Other Competent Business

18.1 There was no other business.

19 Date of Next Meeting

21 November 2018

20 2019 Dates

23 January 2019

20 March 2019

22 May 2019

24 July 2019

25 September 2019

27 November 2019

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9:30am on Wednesday 21 November 2018 in Meeting Room 8&9, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Mr M. Hill (Chair); Mr B. McQueen; Mr P. Murray; Mr A. McCann; Miss T. Gillies; Mr J. Crombie; Mrs S. Goldsmith; Mr T. Davison and Cllr I Campbell.

In Attendance: Mr I Graham, Director of Capital Planning and Projects; Ms J. Campbell, Chief Officer Acute Services; Mr C Marriott, Deputy Director of Finance; Mr A Payne, Head of Corporate Governance; Mr C Briggs, Director of Strategic Planning (Item 23.3); Mr A Milne, Project Director Hub Major Initiatives –REH (Item 24.1); Professor A Timoney, Director of Pharmacy (Item 24.2); Ms A Neilson, Director for Public Protection (Item 24.3); George Curley - Director of Operations – Facilities (Item 24.5) and Mr C. Graham, Secretariat Manager (Minutes).

Apologies: Mr B. Houston; Professor A. McMahon and Ms A Macdonald.

Declaration of Financial and Non-Financial Interest

The Chair invited members to declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. In relation to Item 24.6 the Chair reminded members that he was Chair of the West Lothian IJB.

21 Minutes from Previous Meeting (19 September 2018)

21.1 The minutes from the meeting held on 19 September 2018 were approved as a correct record.

22 Committee Business

22.1 Running Action Note – The Committee agreed the action note.

23 Revenue

23.1 2018/19 Financial Position and 2019/20 Financial Outlook – Mr Marriott gave the month 7 overview and a snapshot of the 19/20 outlook position. There was discussion on the key variances; risks and areas of improvement including the junior medical doctors' position; additional income for nursing over winter and the GP prescribing position. In relation to the Qtr 2 mid year reviews there remained limited assurance around the £400k forecast overspend. In terms of risks these were associated mainly with prescribing; asset sales; winter activity and the issue around year end forecasts for the IJBs. There would be further reporting on this at the next F&R meeting; however discussions with the IJBs were continuing to resolve the current positions and to clarify positions in relation to overspends.

23.1.1 There was discussion on the options in relation to IJB year end balance as outlined in the report at paragraph 3.21, namely:

- Whether an overspent IJB should receive an additional allocation of resources or be required to utilise its own reserves;
- Whether any agreement to provide financial support to an IJB will take the form of a non-recurring allocation or brokerage;
- Where an underspent IJB requests resources to be carry forward, NHS Lothian will be required to identify implications for its own year-end position;
- A discussion on the reasons for any underspend will be required to understand whether this is fortuitous or arising from an IJB direction.

23.1.2 Mrs Goldsmith pointed out that as the strategy developed the actions became more specific. The financial position was based on reasonable judgements from conversations with the IJBs and HSCPs on their intent over the year. It was noted that so far meetings had been held with East Lothian, Midlothian and West Lothian. There was a need to start testing the approach to the financial strategy with IJBs as their thinking around this was important. Testing would start with Midlothian as this is a smaller IJB engaging with primary care.

23.1.3 There was discussion on the process of governance towards IJBs over and underspends. Mr Marriott stated that there had been a paper to the Audit and Risk Committee when IJBs were established around over and underspend arrangements. It was agreed to circulate this paper again for newer members' reference.

CM

23.1.4 The Committee noted the current positive position and that there would be a more detailed briefing around this work at the January meeting. The Committee agreed to take moderate assurance in relation to the year end forecast and acknowledged that assurance on next year's position cannot be offered until the further plan on the work with the IJBs is considered at the next meeting.

23.2 NHS Lothian Financial Strategy – Mrs Goldsmith introduced the report. The Committee noted that two updates had previously been received on the progress of the Board's Financial Strategy.

23.2.1 Mrs Goldsmith reported on the development of the strategy which was now at a position where the shape of the strategy was now able to be described in a paper. There was work to do around populating the strategy in a more thoughtful way over the next few years. There were clear links to the financial framework along with opportunities for efficiencies and improvement.

23.2.2 There was discussion on the structure of the strategy; the need to undertake a demography assessment; the approach to sustainability; good financial management; capital investment lead time; quality and other measures of improvement and the IJBs impact around shifting the balance of care and new models of care.

23.2.3 In terms of areas for investment there was discussion on mental health services; IJBs care deficit and planning for demographic pressures; public health and prevention; digital investment and financial transformation skills for managers to support this work.

- 23.2.4 The Chair stated that this was a very well articulated paper which had been easy to read and understand. Mr Murray suggested innovation investment to pump prime change given the Audit Scotland report findings. Mrs Goldsmith stated that there would be no difficulty with this and exploration quality work with mental health and primary care had started. Miss Gillies added that it was important to be clear as a Board what was being hoped to achieve through innovation. Mrs Goldsmith stated that there would be an updated version of the strategy as part of the private session at the December board meeting.
- 23.2.5 The Committee adopted the proposed 'Financial Strategy Principals' to shape the Committee's workplan and noted the outline design of the Financial Strategy and key linkages to demand and capacity requirements. It was also noted that there would be a further iteration of the strategy taken to the Board meeting in December.
- 23.3 Additional investment in Community Capacity in Edinburgh - Mr Briggs updated the Committee on progress in securing additional community capacity in Edinburgh and how the previously approved funding was being implemented.
- 23.3.1 Mr Briggs reported that two months into the process there was now a single version of a plan to take forward. Edinburgh had hit the first performance checkpoint on 31 October had met the 244 target and was moderately ahead of the agreed trajectory and moving in the right direction. There was discussion on the differences this performance would make for front line sustainability and career pathways. There was also discussion on the suite of measures still being developed to reflect how capacity is being freed up in NHS Lothian; the number of board patients in the system; the number of admissions; maintaining the admissions rate and improvement work at the RIE and WGH.
- 23.3.2 The Committee noted the progress to date and accepted moderate assurance that progress was appropriate. It was also noted that there would be further updates to the January, March and May 2019 F&R Meetings reporting on the suite of developed measures.
- 23.4 Waiting Lists Improvement Plan – Ms J Campbell reported on the new Waiting List Improvement Plan developed by the Scottish Government and covered the implications this would have for NHS Lothian. The strategy had been launched by the Scottish Government last month and there were key milestones planned out to March 2021 regarding the elective strategy. The ambition was to have no inpatient or day cases waiting over 12 weeks and the desire was to maintain, improve and sustain 95% performance.
- 23.4.1 There was discussion on the National Programme Board key priorities; performance alignment to trajectories; high level modelling; finance arrangements to March 2021 and NHS Lothian leadership focus over the next 6 months.
- 23.4.2 The Committee noted that the National Programme Board would have its first meeting on 5 December with a focus on demand reduction; demand capacity optimisation; capitalising on technology and innovation; how to manage requirements for increased workforce against the backdrop of pressures and alternative roles to traditional consultant led models. There was also discussion on the risk around the high reliance nationally on the use of the independent sector.

- 23.4.3 Mr McCann asked about the risk around workforce and recruiting when other health boards would also be doing the same and whether there was an opportunity to undertake early recruitment. Ms Campbell stated that collective appointments were being considered. Mr Davison added that making appointments a year in advance were being considered to prevent a loss of graduates to jobs in England. Miss Gillies stated that there had also been conversations on what regional innovation money would mean in terms of posts to fulfil and requiring support.
- 23.4.4 The Chair commented that there were a complex set of issues involved with this work and asked about the approval around the Elective Treatment Centres. It was noted that the Outline Business Case was currently being developed.
- 23.4.5 The Committee noted the Waiting List Improvement Plan developed by Scottish Government; accepted the infrastructure detailing that the programme will manage implementation within NHS Lothian and noted the scale, complexity and risks involved with delivering this within the timescales described.
- 23.5 Audit Scotland: NHS in Scotland 2018 – Mr Payne introduced the paper presenting the Audit Scotland: NHS in Scotland 2018 report which had been published on 25 October 2018, the paper also picked out the key themes raised in the report. The report was being presented to the Committee so that it may have an opportunity to reflect on it, and have an initial discussion with regard to what the next steps for the Committee and the wider organisation may be.
- 23.5.1 There was discussion around paragraph 3.4 of the paper which set out questions for the Committee to consider regarding the system of governance and also noted that the Board approved the current terms of reference for the Finance & Resources Committee on 22 June 2016 and explained that given the challenges raised in the Audit Scotland report, it would be worthwhile re-considering what the role of the Committee now needs to be, and if there should be a change to how we do things at the moment. Some questions to consider:
- How can we better focus on the resources (not just finance) that we do have, and tailor our ambitions to fit them?
 - Should the Board or any Committee approve any proposal which does not evidence how it advances a new sustainable model of care?
 - Should the Committee approve capital business cases where it is not evident that it will lead to a recurring reduction in revenue expenditure? In what circumstances should we do this?
 - What can the organisation do to build an infrastructure which would improve how we address the issues to be covered in the following sections of the template for Board and Committee reports, which are essential components of sustainable success:
 - 'Impact on inequality, including health inequalities'
 - 'Duty to inform, engage, and consult People who use our services'
 - 'Resource implications'
- 23.5.2 The Chair asked members for their comments, suggestions and reflections on these points or was the Committee accepting of all of these? There was discussion around the approval of capital business case where it is not evident that it will lead to a recurring reduction in revenue expenditure. Mr Davison referenced the Health and Social care plan which would be predicated on step change along with additional cost and made the

point that it should be that Business Cases that do not advance NHS Lothian's strategic plan should not be approved.

23.5.3 Mr McQueen mentioned the Audit Scotland checklist for Board Members; how the Board knew it was getting best value from the resources available and how Dr Watson's quality work linked into this. The general thrust from Audit Scotland appeared to be forward planning. Mrs Goldsmith added that the Financial Strategy would be a useful framework when considering Business Cases coming forward. Mr Murray suggested it would also be helpful to consider the Audit Scotland IJB report as part of this work.

23.5.4 The Committee considered the Audit Scotland report and associated supplement for nonexecutives, discussed the issues raised in this report, and agreed some initial actions, namely:

- To focus on the Committee agenda structure; timing of items when items are presented and overall being fit for purpose
- To plan for a workshop covering the Audit Scotland checklist and Financial Strategy to be held in March which would supplement the business meeting
- To present revised Terms of Reference to the Board following the March workshop

24 Capital

24.1 Royal Edinburgh Hospital Phase 1 - Post Project Evaluation - Mr Milne gave an overview of the Committee of the Post Project Evaluation of Phase 1 (Royal Edinburgh Building and Robert Fergusson Unit) of the Royal Edinburgh Campus Masterplan development.

24.1.1 The Committee noted that this was the first project undertaken through the hub procurement route. The post project evaluation takes this and the success of the project into account. Mr Milne explained that the project had been delivered on time and on budget and had implemented a smarter client approach. There had been a lot of communication with stakeholders and public engagement around the project and project plans revisited as part of this.

24.1.2 The Chair thanked Mr Milne for the overview of what appeared to be a hugely detailed evaluation process. The Committee noted that this was only the second post project evaluation that F&R had seen, so learning from these was important. Mr McCann stated that this was a great piece of really comprehensive work. The lessons learnt should now be embedded into working processes moving forward. This should also help to set the scope and clinical brief at the outset of projects. Mr Milne stated that more iterative project management approaches were being introduced as part of the lessons learned and smarter client approach whereby the engagement hub and right information were being used to shape work moving forward.

24.1.3 The Committee noted the conclusions, recommendations, and lessons learned contained in the post project evaluation of Phase 1 of the Royal Edinburgh Campus Masterplan development.

- 24.2 Full Business Case - HEPMA (Electronic Prescribing) - Miss Gillies introduced the report presenting the Full Business Case (FBC) for a proposed HEPMA system in NHS Lothian.
- 24.2.1 The Committee approved the Full Business Case following approval by LCIG on 30.10.18 and agreed the proposed Governance route and requirements, namely that FBC approval was required by F&R with no further Scottish Government approval.
- 24.2.2 The Committee also noted that at this stage limited assurance can be given on affordability but within the context of drug costs of c £100m pa and until 2023/4 to identify savings the risk is small.
- 24.3 Standard Business Case - Equally Safe Multi-Agency Centre - Ms Neilson presented the Committee with the Standard Business Case on the joint proposal for a Multi Agency Centre for Children and Adults who have been victims of sexual assault including the Forensic Medical Service, seeking support to progress with the development and implementation of the preferred solution identified.
- 24.3.1 The Committee approved the business case to progress with the preferred solution for the multiagency centre for Gender Based Violence and Child Protection including the forensic service (subject to final agreement from CEC and regional partners as appropriate). The Committee would also be interested to hear the outcome around the West Lothian situation
- 24.4 Standard Business Case - Procurement of Replacement MRI Scanner - Royal Infirmary of Edinburgh - Mr Crombie introduced the report seeking the Committee's approval and support for the purchase of a replacement MRI scanner for the Royal Infirmary of Edinburgh.
- 24.4.1 The Committee approved the attached Business Case recommending purchase of a replacement MRI scanner for the RIE site as part of the approved LMERG programme of medical equipment replacement for 2018/19. The Committee supported the allocation of £1.3m capital from the existing approved LMERG budget to replace this equipment which is essential for the continued delivery of the current level of service; noted the identification of non-recurring revenue of £92,500 to provide service cover during the planned replacement period; noted the potential for increase capacity resulting from the upgrade of the current hardware and software and the resulting improved running time of the replacement scanner and supported the proposal for the future submission of a single business case covering the LMERG programme of imaging equipment replacement over a 2-3 year period, and delegation to LCIG of governance for individual like for like funded replacement.
- 24.5 Initial Agreement - South East of Scotland Catering: A Regional Approach – Mr Crombie introduced the report on the development of an Initial Agreement to create a sustainable regional catering service. Mr Curley outlined the detail within the report. The Committee noted that the paper built on the Strategic Assessment and summarised the need for change and the high level capital and revenue costs of the proposed change. The paper also discussed the potential suitability of a site, which was currently on the market, for the proposed creation of a catering central production unit and central distribution unit.

- 24.5.1 The Committee noted the content of the paper and approved the Initial Agreement for a Regional Catering model to progress to an Outline Business Case and agreed to the issue of a non-binding Heads of Terms as the first step in procuring the identified facility in Livingston for both the regional catering requirement and for other services, and to continue purchase negotiations with Scottish Government support.
- 24.6 Initial Agreement - Emergency Department Re-Design: St John's Hospital - Mr Crombie introduced the report presenting the SJH ED redesign Initial Agreement (IA) seeking approval for progressing the IA to Outline Business Case (OBC).
- 24.6.1 There was discussion on front door demand; the proposed expansion of front door capacity at STJ; the findings of the internal audit and external review reports; demographic changes; population increases; issues around departmental crowding and 4 hour emergency access standard performance.
- 24.6.2 There was also consideration of the need to secure IJB approval, given that this is to serve unscheduled care (set-aside) services; identification of main drivers for change; incentivise communication; complexity of attendances and pathways to reduce presentations.
- 24.6.3 The Committee approved the IA and supported the IA to be further developed to an Outline Business Case. The Committee noted the output of the capital prioritisation process which supported both the St. John's Hospital Emergency Department (SJH ED) Redesign as a strategic priority and the timely development of an Initial Agreement to address the need for change identified. It was also noted that the ED Redesign at SJH remained a priority for Acute SMT and that the IA had been approved to progress to Lothian Capital Investment Group (LCIG) by Acute SMT in October, 2018. The Committee also noted the alignment of the SJH ED redesign with the proposed Royal Infirmary of Edinburgh (RIE) ED redesign within a pan Lothian Unscheduled Care Programme.
- 24.7 Property and Asset Management Improvement Programme - Mr I Graham provided updates on the status of Property and Asset Management Investment Programme (PAMIP) and sought approvals on matters of asset management and performance. Mr I Graham covered the following key items:
- Five Year Property and Asset Management Investment Programme (PAMIP)
 - 2018/19 – 2022/23
 - Royal Victoria Hospital Disposal and Community Engagement
 - Royal Edinburgh Hospital Masterplan
 - St John's Hospital - South East Scotland Short Stay Elective Centre and Emergency Department Redesign
 - Primary and Community Care - East Calder Health Centre and the Standard Business Case for the Equally Safe Multi Agency Centre
 - Western General Hospital - Energy Infrastructure and Haematology Outline Business Case
 - Edinburgh BioQuarter - Standard Business Case for a Replacement MRI scanner at RIE
 - Business Case Monitor and Capital Programme assurance

24.7.1 Mr I Graham also covered the following Disposals and Demolitions:

- Corstorphine – the transaction has now been concluded and the full receipt received.
- Edenhall - The planning application has been lodged with East Lothian Council. Date of entry will be determined on conclusion of planning.
- RHSC - The long stop for vacant possession is currently assumed to remain unaffected by project delays.
- Springwell House - Missives have now been signed.
- Herdmanflat, Haddington – the sale of the site has been agreed in principle with East Lothian Council.
- Astley Ainslie Hospital – pre town planning / disposal public consultation continues with positive engagement from the community representatives.
- Liberton Hospital – An “equalisation agreement” between NHS Lothian, National Services Scotland (for SNBTS) and the Foundation has been drafted to provide a framework for engagement over a potential joint disposal of the sites under a single masterplan. The hospital site requires to be formally declared surplus to requirements.

24.7.2 The Committee noted the forecast under commitment of the 2018/19 PAMIP; accepted moderate assurance around programme delivery in year; confirmed that the Board’s strategy remained to dispose of the RVH site and endorsed proposed principles of engagement for the high level timetable. The Committee also noted the proposals for the future Royal Edinburgh Hospital phases and the relocation of the remaining Liberton Services to the Jardine Clinic. The suitability of the draft reporting framework to provide appropriate levels of assurance to the committee was confirmed.

24.7.3 The Committee requested further information around the Royal Victoria Hospital disposal challenge for the next F&R Meeting.

IG

25 Any Other Competent Business

25.1 RHSC/DCN – SG gave an update on the current position. A proposition to now been put to IHSL and a response was awaited. There would be further information at the next Board meeting private session.

26 Date of Next Meeting

23 January 2019 – Mr McQueen to Chair in Mr Hill’s absence.

27 2019 Dates

23 January 2019
 20 March 2019
 22 May 2019
 24 July 2019
 25 September 2019
 27 November 2019

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9:30am on Wednesday 23 January 2019 in Meeting Room 8&9, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Mr B. McQueen (Chair); Mrs S. Goldsmith; Mr A. McCann; Mr T. Davison; Miss T. Gillies; Mr J. Crombie and Professor M Whyte.

In Attendance: Mr N Bradbury, Capital Finance Manager; Mr C Marriott, Deputy Director of Finance; Mr A Payne, Head of Corporate Governance and Mr C. Graham, Secretariat Manager (Minutes).

Apologies: Mr B. Houston; Mr M. Hill; Mr P Murray; Professor A. McMahon; Cllr I Campbell; Ms A Macdonald and Mr I Graham.

Declaration of Financial and Non-Financial Interest

The Chair invited members to declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. The Chair and Mr McCann declared an interest as IJB Members in relation to the Financial Position and year end forecast paper.

29 Committee Business

29.1 Minutes from Previous Meeting (21 November 2018)

21.1 The minutes from the meeting held on 21 November 2018 were approved as a correct record.

29.2 Running Action Note – The Committee agreed the action note. There was discussion around the following points:

- **Paragraph 23.1.3** - Governance towards IJBs over and underspends. It was noted that the paper referred to remained to be circulated. Mr Marriott would take this action forward.

CM

- **Paragraph 23.3.2** - Additional investment in Community Capacity in Edinburgh - The Chair requested that this come back to the Committee at a point when the Finance team felt the suite of measures had been appropriately developed.
- **Paragraph 23.5.4** - Audit Scotland – Mr Payne confirmed that there would be a workshop covering the Audit Scotland checklist and Financial Strategy arranged for March which would supplement the business meeting.

30 Capital

30.1 Property and Asset Management Improvement Programme - Mr Bradbury introduced the report providing the Committee with an update on the status of the Property and Asset Management Investment Programme (PAMIP).

30.1.1 There was discussion on the financial position; quarter 3 review; identification of slippage; ongoing pressures and spending proposals being brought forward. It was noted that LCIG had approved the reinvestment into the rolling programmes.

30.1.2 Mr Bradbury clarified details around funding risk and what the different types of funding meant. There was formal funding of £23.5M, this was for priorities under the £5M delegated 5M limit and the risk for this formal funding sat with NHS Lothian. There was also assumed funding from the Scottish Government and risk around this sat with the Scottish Government. Mrs Goldsmith made the point that this was the only vehicle NHS Lothian had to notify the Scottish Government of any future capital that would like to be secured. Not all Boards did this. Mr Bradbury stated that he would arrange for the funding risks to be more clearly outlined in future papers moving forward.

NB

30.1.2.3 Mr Bradbury then provided updates on current projects:

- **Royal Edinburgh Hospital Phase 2** – Project team and IJB Chief Officers discussing and agreeing bed numbers. There is a proposal for 15 extra beds which would come back to F&R for final agreement.
- **Jardine Clinic** – Remains on target for September 2019 which will allow closure of Liberton Hospital shortly afterwards.

30.1.2.4 In terms of disposals:

- **Royal Hospital for Sick Children** – Noted that the long stop date had been extended to January 2020 and there remained a very challenging decommissioning programme to be undertaken.
- **Western General Hospital Master Plan** – To be brought to F&R for as it would be helpful for the Committee to view this.

30.1.2.5 The Committee noted the forecast under commitment of the 2018/19 PAMIP and accepted moderate assurance around the programme delivery in year.

30.2 NHS Lothian Capital Prioritisation 2019/20 - Mr Bradbury outlined the report informing the Committee of the capital priorities identified across NHS Lothian services, in accordance with implementation of the NHS Lothian Capital Prioritisation Process for 2019/20; progress since previous reporting of capital priorities 2018/19 (May 2018); summarising the overall intensity of resource required to progress all prioritised proposals or projects through the capital business case process as per the Scottish Capital Investment Manual Guidance and proposed next steps to identify and quantify resource requirements in order to inform deliverability and potential phasing.

30.2.1 The Committee noted that the report rehearsed the process previously agreed by F&R. The local prioritisations came to F&R or LCIG and a limited list of key priorities were tagged against strategic priorities within four areas – Corporate; REAS; Acute and Primary Care.

30.2.2 It was noted that the priorities in relation to Emergency Access Standard and front door redesign only covered the Royal Infirmary of Edinburgh and St John's Hospital. This now needed to be updated to include the Western General Hospital front door with recommendations around this coming back to the March F&R meeting.

NB

30.2.3 The Committee considered the report recommendations. The point was made that the wording of the first recommendation referred to process and did not clarify the efficiency or effectiveness of the programme.

30.2.4 Subject to acknowledging the wording in the first recommendation to committee agreed to take significant assurance around the effectiveness of processes. The Committee approved the output of the prioritisation process 2019/20, in terms of prioritised lists as recommended by LCIG and accepted significant assurance that the output of prioritisation supports delivery of the Board's Strategic Plan, Our Health, Our Care, Our Future, IJB Strategic Plans and Lothian Hospitals Plan. The Committee also endorsed the next steps in terms of gap analysis and identifying resource requirements and approach to subsequent reporting to F&R.

30.3 The Royal Hospital for Children & Young People, Department of Clinical Neurosciences, Child & Adolescent Mental Health Services - Update on Progress -

30.3.1 Mrs Goldsmith updated the Committee on the current position on completion of the new facility and commercial arrangements with IHSL, such position being documented in a settlement agreement between the Board and IHS Lothian Limited ("IHSL") (the "Settlement Agreement").

30.3.2 The Committee noted the contents of the paper and the progress made in recent weeks. The Committee continued to support the commercial and technical position as described which will be reported to the Board for approval at its February meeting.

30.4 Draft Medical Devices and Equipment Strategic Direction Framework - Mrs Goldsmith presented the completed draft of the Board's Medical Devices and Equipment Strategic Direction Framework document. The report was to provide the Committee with assurance on the arrangements being put in place to ensure that the Board's Property and Asset Management Strategy fully addresses the issue of medical devices and equipment.

30.4.1 Mrs Goldsmith stated that the document had been discussed already at LCIG and was now much more aligned to medical devices. Discussion had started around how to handle commissioned work which was not currently covered by the framework. Miss Gillies pointed out that this framework sought to help address the blurred area between medical equipment and medical devices.

30.4.2 Mr McCann stated that this was good work and that it was important to have this and clinical engagement. It was also pleasing to note that various aspects of this work linked into the Board's existing track and trace project. It was noted that there was further work to in pulling clinical silos together and involving healthcare scientists and clinicians. There would also be further updates through board development sessions.

- 30.4.3 Professor Whyte added that something else to consider was the interface with the innovation agenda and the opportunities this could bring for collaborative working.
- 30.4.4 The Committee were very pleased with this report which was timely in aligning to other areas the Board had recently brought attention to. The Committee felt that currently only limited assurance could be taken that management are ensuring that the PAMS delivers strategic direction across all asset classes, however the Committee would welcome further reporting on this item.
- 30.5 Replacement of Radiotherapy Equipment 2019-20 - Mrs Goldsmith introduced the report recommending the replacement of four items in the Edinburgh Cancer Centre as per the Capital Equipment Replacement Programme (CERP). The Business Case had come to the Committee as it the value was over the delegated LCIG limit.
- 30.5.1 The Committee noted the capital funds identified for replacement radiotherapy equipment under the ongoing Scottish Government CERP.
- 30.5.2 The Committee agreed to approve the Standard Business Case for the replacement of four pieces of radiotherapy equipment – a kV therapy unit, two CT scanners and a High Dose Rate Brachytherapy unit.

31 Revenue

- 31.1 Presentation on the Scottish Budget and Implications for the Board's 2019/20 Financial Plan - Mrs Goldsmith gave a presentation on NHS Lothian Strategic Financial Plan. The presentation covered the 2019-20 Scottish Budget; 2019-20 NHS Financial Plan; IJB Budgets and Cost Allocation Model and NHS Lothian's Financial Strategy.
- 31.1.1 There was discussion on the social care net position; additional funding for Boards; worsening NRAC gap; improving patient outcomes; increase in waiting times funding; challenges around cancer funding;
- 31.1.2 The presentation also considered the 3 Year Financial Outlook. The Chair asked about anticipated costs around provision of safe staffing levels as legislation may dictate. It was noted that testing work with the workforce tool was underway to have a better assessment of what this might mean for NHS Lothian, particularly if there is agreement to make charge nurses supernumerary.
- 31.1.3 There was also discussion on pressures in the system; management challenges associated with managing cost pressures; income sources; impact of 2C GP practices; acute medicine growth concerns; payment as if at work; prescribing HEPMA and brexit impact.
- 31.1.4 Mrs Goldsmith highlighted the Financial Recovery Plans the challenge with this was that the proposed level of efficiency savings was yet to be seen. There was a move to sustainability and value, not just cash reduction schemes. There had been a slight change in approach to give each service responsibility to manage its own bottom line with opportunities for supported improvement. It was noted that most real opportunity for financial sustainability was now within clinical services.

- 31.1.5 The Chair asked about the quality programme. Mrs Goldsmith stated that there were some great examples of quality improvement work at the Western General Hospital and work was ongoing to identify other programme areas. Mr Davison added that quality work around tackling waste and unwanted variation generally was also underway and there was a lot of national procurement work also.
- 31.1.6 Mrs Goldsmith commented that there was a need to further look at areas around procurement. Mr Marriott pointed out that there would be a paper to the next Sustainability and Value Group meeting on the procurement programme for next year and then a paper could be brought back to F&R.
- 31.1.7 Mrs Goldsmith also covered risks and assumptions, including an increase to employers' pension contributions. This was likely to be around £300M across Scotland and the expectation was the Treasury would pick up this cost.
- 31.1.8 The Committee also discussed the IJB 3 year financial outlook. Mrs Goldsmith covered the current forward look; how to get a financially sustainable position going forward; making the relationships with IJBs, set aside and Acute Care more meaningful; the IJB Budget and Cost Allocation Model and IJB data accuracy around activity.
- 31.1.9 The presentation also covered the financial strategy work around unscheduled care; baseline staffing costs and how numbers may change moving forward. Mr Davison commented on developments with emergency access standards work and the challenge in ensuring the Board is appropriately sighted on the work; how assurance can be given that improvements made are sustainable and how to get to 95% compliance. The Committee noted that there would be a paper going to the February Board private session on the Health and Social Care Financial Framework.
- 31.1.10 In relation to set aside budgets, it was noted that there were patient safety challenges as well demographic pressures around these. At the moment there was ongoing finance and planning work around these. There will be programmes of work which will require support and additional resource to be put in place.
- 31.1.11 The Committee noted that it was proposed that the Financial Plan comes back to the F&R Meeting in March before going for Board approval.

SG

- 31.2 2018/19 Financial Position and Year-End Forecast - The Committee considered the financial position as at December 2018 which reported a year to date deficit of £3.1m, comprising an operational overspend of £14.2m offset by non recurring flexibility within corporately held reserves of £11.1m. The Committee accepted moderate assurance on achieving a breakeven outturn
- 31.2.1 The Committee also discussed and agreed the application of the key principles underpinning the year end arrangements for the Integration Joint Boards (IJBs), based on their Integration Schemes. The Committee asked Mrs Goldsmith to go and test the application of these principles and come back to the March meeting in light of the knowledge of the likely year end outcome.
- 31.2.2 The work on principles should be combined with the exploration work with the Integration Joint Boards (IJBs) with the intention to return to F&R and elaborate on the principles and the factual position. At the next meeting the Committee should be invited

to decide on the way forward or to consider further recommendations. There was more work to be done on the definition and application of these key principles, informed by the ministerial steering group. The Chair suggested that Mr Murray be contacted for any relevant feedback from the ministerial steering group.

31.3 Transfer of Portering and Waste Management (and Associated Services) at RIE from PFI to NHS Lothian - Mr Crombie introduced the report setting out the proposals for the Transfer of Portering and Waste Management (and associated services) at the RIE from Consort to NHS Lothian provision including a proposed compensation sum payable by NHS Lothian to Consort of £1,287,700 which has been agreed in principle, noting that a key aspect of the in principle agreement was that the current contractor Engie could account for this in their current financial year (ending 31st December 2018).

31.3.1 The Committee noted that this transfer was an important milestone and part of a Board commitment. The transfer had also been supported by the Board's Corporate Management Team on 14 January 2019 and LCIG on 19 December 2018.

31.3.2 The Committee agreed to continue its support for the overall strategy of returning Soft Services to in-house provision, noting the analysis of cost implications to the end of the contract term which shows a future benefit to NHS Lothian assuming all other factors remain equal.

31.4 Public Sector Reform Act (Scotland) 2010 Disclosures - 2017/18 - The Committee noted that the Public Services Reform (Scotland) Act 2010 set out duties on Scottish Ministers and listed public bodies (including NHS Lothian) to publish information on expenditure and other matters on an annual basis.

31.4.1 Mrs Goldsmith reported that since 2010, NHS Lothian had been required to publish all expenditure over £25k every year. The report submitted set out more detail around what information goes into the public domain.

31.4.2 The Committee reviewed the information and approved this information for publication.

32 Any Other Competent Business

32.1 There was no other business.

33 Date of Next Meeting

20 March 2019

34 2019 Dates

22 May 2019

24 July 2019

25 September 2019

27 November 2019

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9:30am on Wednesday 20 March 2019 in Meeting Room 8&9, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Mr M. Hill (Chair); Mr B. McQueen; Mrs S. Goldsmith; Mr A. McCann; Mr P Murray; Mr T. Davison; Miss T. Gillies; Mr J. Crombie and Professor M Whyte.

In Attendance: Mr I Graham, Director of Capital Planning and Projects; Mr C Marriott, Deputy Director of Finance; Mr A Payne, Head of Corporate Governance; Ms C Sweeney, Audit Scotland (Item 35.4); Dr M Gillies, Associate Medical Director, DATCC (Item 36.2); Mr A Tyrothoulakis, Site Director St John's Hospital (Item 36.3); Mr G Curley, Director of Operations - Facilities (Item 36.4); Dr J Hopton, Programme Director - Facilities (Item 36.4) and Mr C. Graham, Secretariat Manager (Minutes).

Apologies: Mr B. Houston; Professor A. McMahon and Ms J. Campbell.

Declaration of Financial and Non-Financial Interest

The Chair invited members to declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No declarations were made.

35 Committee Business

35.1 Minutes from Previous Meeting (23 January 2019)

35.1 The minutes from the meeting held on 23 January 2019 were approved as a correct record.

35.2 Running Action Note – The Committee agreed the action note.

35.3 Survey Results from the Audit Scotland Checklist - Mr Payne reported that the Committee agreed on 21 November 2018 to hold a development session, and to use the non-executive checklist which accompanied the Audit Scotland report, NHS in Scotland 2018, as part of the planning for it.

35.3.1 Mr Payne added that to start this process the checklist was circulated to members to complete. The checklist is designed for personal reflection by each F&R member. However the results are presented to help the committee consider which issues it wish to focus on in the development session. This would be further covered by the Audit Scotland presentation (item 35.4. below)

35.3.2 The Chair asked members if there were any comments or questions on the paper presented by Mr Payne.

35.3.3 Mrs Goldsmith stated that Mr Marriott was working on a Scottish Government commissioned piece of work taking three Boards and looking at how to develop finance support as part of the concept of a true business partner. Mr Marriott added that the intention would be to shift focus from transactional issues towards the user experience, providing a greater insight of what was happening in business, identifying key issues and how best to support these. The Chair made the point that this development work would be a useful appendix to the development of a medium term financial strategy and asked that Mrs Goldsmith and Mr Marriott consider how this could be built in to reporting back on the strategy.

SG/CM

35.3.4 Mr Murray raised the point about the Board working better with Integration Joint Boards to identify changes and improving public health with the new Public Health Scotland on the horizon. Mr Payne confirmed that the intention was to develop a substantive action plan.

35.3.5 The Chair stated that it would be useful to reflect on the items in the paper that would require action planning by the Committee to make sure they happen. The Committee accepted the report as a source of significant assurance that the Audit Scotland checklist had been used as requested. The Committee also considered the feedback as part of the process of designing the future development session.

35.4 Audit Scotland Presentation- Key Messages from National Reports - Ms Sweeney Gave a presentation on Audit Scotland, Health and social care in Scotland and the key messages from national reports.

35.4.1 The presentation covered the process of public audit in Scotland; an NHS overview including statutory reports, annual audits for all NHS boards, local authorities and integration authorities and performance audits, financial performance, cost pressures, performance against LDP standards and policy developments.

35.4.2 The presentation also looked at key findings which included:

- The NHS in Scotland not being in a financially sustainable position
 - Use of short-term measures by NHS boards to break even
 - Increase in level of non-recurring savings
 - Cost pressures continued to intensify
- Significant workforce pressures remain
- Performance against key targets continues to decline
- The needs for an urgent focus on the key elements critical to success
 - Ensuring effective leadership
 - Clarifying governance and supporting boards
 - Becoming more open

35.4.3 Ms Sweeney reported on what needed to change; Audit Scotland's programme of work; the scale of integration and the features supporting integration.

35.4.4. The Chair asked members if there were any questions or comments on what had been presented.

- 35.4.5 There was discussion on the role of the national ministerial steering group, how this would be taken into account locally and what the impact of this would be and how this would be informally self assessed. Consideration was also given to what the incentive was for Boards not to take brokerage from the Scottish Government as finances deteriorate further.
- 35.4.6 Ms Sweeney stated that there was interest in the way the system was being managed as a whole. Which boards require assistance and why are they in that position; how money flows; NRAC parity and the impact of a new financial framework. Mrs Goldsmith added that there was a big issue around distribution of funds and there was a shift of risk from Boards to the Scottish Government being seen. The financial framework will be helpful as it would allow honesty about positions.
- 35.4.7 Ms Sweeney also reported that Board allocation letters were being looked at in more detail in relation to section 22 reporting. Questions were starting to be asked around allocations and late allocations and the appropriate use of brokerage. Mr McCann asked about information sharing. Ms Sweeney confirmed that there had been consideration given to undertaking a piece of work around leadership in more detail.
- 35.4.8 The Chair thanked Ms Sweeney for her presentation and she left the meeting.

36 Capital

- 36.1 Property and Asset Management Improvement Programme – Mr I Graham presented the draft Property and Asset Management Investment Programme (PAMIP) 2019/20 – 2024/25 for approval. The report also sought approvals on matters of asset management and performance. There was discussion on the key recommendations in the report; project planning, operation expectations; construction inflation; rolling programmes for backlog maintenance and medical equipment and financial planning and resources.
- 36.1.1 Mr I Graham updated the Committee on progress with the Edinburgh Bioquarter site and the ongoing soft market testing. The Committee noted that the site for the new Eye Pavilion had been ringfenced and dialogue with the University of Edinburgh remained ongoing.
- 36.1.2 In relation to the Royal Edinburgh Hospital (REH) it was noted that there was IJB and health and social care participation in a number of projects and health and social care involvement with the REH Steering Board which had recently agreed the next stage of works.
- 36.1.3 There was also discussion around the relocation of services from Liberton Hospital and the development of the Short Stay Elective Centre at St John's Hospital. Mr I Graham added that in terms of master planning at the Western General Hospital there would be meetings held shortly with City of Edinburgh Council to progress this and a report on this would come to a future F&R meeting.

- 36.1.4 The Chair thanked Mr I Graham for the report and asked about potential concerns around programme resources and whether it would be useful to identify required project resource explicitly when staging a capital project. Also when reviewing capacity should consideration be given to taking a slightly wider view of reviewing programme support to include service and strategic planning especially around community involvement. It should also be noted that IJBs need to come up with alternatives which widen beyond capital.
- 36.1.5 Mr I Graham confirmed that the current programme resources workforce did include strategic planning project development but not service planning. Mr McQueen raised concern about the timescale for identification of appropriate additional staff needed to support projects.
- 36.1.6 Mr I Graham stated that the challenge would be if every project was undertaken at the same time as this would lead to higher demands on staff and resources. However as projects were brought through the prioritisation process and worked up as initial agreements then this allowed identification of more detailed resources if required.
- 36.1.7 Mr Murray asked how F&R as a Committee could ensure or accept that future plans provided enough confidence that oversight had been properly attended to whilst remaining mindful of how capital investment from the IJBs would be attended to. Mr I Graham stated that the principle area of assurance came from the business case process and the strategic assessment which was undertaken before the initial assessment stage. The strategic assessment had broad team involvement in the process including health and social care partnerships and finance planning colleagues as well. The prioritisation stage was not just about capital. Mr Crombie added that the new Integrated Care Forum would be used to challenge ways of thinking and would consider opportunities, options and priorities with IJB engagement.
- 36.1.8 Mr Davison made the point that this was a transitional period where there were projects underway which had been agreed and signed off before IJBs (legacy) and areas where the Board was now using capital to move patients as IJBs had not brought forward alternatives.
- 36.1.9 The Integrated Care Forum would ideally help by having strategic commissioning plans driving capital plans and capital planning would facilitate that. The key issue was that the councils were in difficult positions financially and the health board was not in a sustainable financial position but also had to deal with any clinical risks associated with failure to proceed.
- 36.1.10 The Committee requested that Mrs Goldsmith, Mr I Graham and Professor McMahon discuss how best to review broader planning capacity including strategic at IJB level, allowing resourcing capacity to enable upstream planning to avoid issues as discussed.
- SG/IG/AMcM**
- 36.1.11 The Committee agreed to approve the 5 Year Property and Asset Management Investment Programme (PAMIP) as detailed. The Committee agreed the resourcing budget for the Short Stay Elective Centre at St John's Hospital; noted progress on the project and programmes reported and accepted moderate assurance around the programme delivery.

- 36.2 Standard Business Case - Critical Care Clinical Information System - Dr Gillies introduced the report providing the Committee with the Standard Business Case (SBC) for a Critical Care Clinical Information System (CIS) for approval. It was noted that an initial agreement for this proposal was previously approved by the Committee in January 2018.
- 36.2.1 There was discussion on the potential impact if the Committee approve the SBC and state there is no additional revenue available. Dr Gillies stated that in that scenario revenue would have to be identified through the budget however there was a risk that the budget would continue to be overspent. There was challenge in that DATCC was a hostage to activity elsewhere in the hospital as it could not turn people away or turn off the activity.
- 36.2.2 Dr Gillies added that eHealth would need to employ project staff as part of this work and a local champion for this had also been identified. eHealth were adequately resourced to move this project on quickly and this had been reflected in costs. It had been hoped to have this system in place ahead of the DCN move to the new RHSC but this was now unlikely as it would be a 3 year project.
- 36.2.3 There was also discussions on the companies making system like this; appointment of a manufacturer; the imperative to move quickly ensuring any system works with TRAK and is easily to align with HEPMA. Dr Gillies added that the new system would make patient movement between ICUs more seamless and allow the review of patients on other sites in more detail, assisting capacity management.
- 36.2.4 Mr McQueen asked about potential revenue savings in terms of workforce and if there was any indication of cost or time saving in relation to nursing and medical staff. It was acknowledged that the Board could not keep approving capital cases that increase revenue costs.
- 36.2.5 Dr Gillies stated that whilst the quality aspects around this work had been considered the unit was reluctant to commit to any reduction due to the high occupancy it had been working to. Mrs Goldsmith added that LCIG had discussed this same point along with the quantification of the business case.
- 36.2.6 The Chair stated that whilst the Committee were very supportive of this project there was an expectation that there would be further work on the vigorous review of revenue consequences so as to not increase revenue costs to the Board.
- 36.2.7 The committee supported the preferred option of a marketplace CIS solution to address the need for change and deliver the benefits outlined in the Business Case. The key risks associated with delivery of this proposal and those associated with not purchasing and implementing a supported electronic clinical information system were acknowledged.
- 36.2.8 The Committee noted that the Business Case capital costs fell within the NHS Lothian delegated limit for eHealth capital investment and that funding for incremental revenue costs associated with the preferred option, once fully operational remained to be identified. There was potential to explore allocation of regional funding due to regional activity in critical care. As data becomes available during implementation, Finance had been tasked through the project team to ensure cash releasing savings are realised. It is anticipated that these benefits would fund the additional expenditure.

- 36.3 Outline Business Case (OBC) - Re-provision of Adult Eye Services - Mr Tyrothoulakis introduced the report asking the Committee to consider and approve the Outline Business Case for the proposed redesign of eye services and the associated re provision of the Princess Alexandra Eye Pavilion (PAEP). The Committee noted the issues around the current PAEP environmental concerns, water ingress and patient access. It was noted that the OBC had been agreed by the Acute SMT in March 2019 and this was now coming for F&R sign off and approval. Once approved it was hoped that the new building would be completed in September 2022 with services operating from March 2023.
- 36.3.1 Mr Tyrothoulakis outlined the key points for consideration since the initial agreement. The Committee noted that the modelling included no plans for repatriation from the Golden Jubilee Hospital but did include NHS Borders activity complex cases. In terms of the economic and financial appraisal the capital costs had increased by £14M from the previous initial agreement stage. The clinical research facility was also still being negotiated with the University of Edinburgh. Mr Tyrothoulakis added that opportunities to use the additional floors in the top of the new building for commercial space continued to be explored to make the building more financially viable.
- 36.3.2 The Chair thanked Mr Tyrothoulakis for a comprehensive OBC and the Committee would await the Full Business Case.
- 36.3.3 The Committee approved the Outline Business Case (OBC) and noted that the strategic, economic and financial assessments undertaken as part of the OBC process re-affirmed support for the original preferred option of a traditional capital funded new build eye hospital on the Edinburgh BioQuarter site at a projected total capital cost of £83.05M (excluding clinical research space).
- 36.3.4 The Committee noted that the estimated project costs for the hospital have risen from £68.5M to £83.05M since the IA was submitted, the primary driver for this being revised inflation estimates, and the proposed specification for the building. The Committee also noted the expansion option to establish a Clinical Research Facility within the new hospital at a projected additional capital cost of £3.04M. This compares with the estimate at Initial Agreement stage of £3.5M, the reduction being the result of further discussion with University of Edinburgh colleagues on the accommodation schedule.
- 36.3.5 The Committee acknowledged that a parallel exercise was underway to explore what benefits there could be to the affordability of the project if additional floors were incorporated into the design for use as commercial space. It was also recognised that the OBC now assumed the continuation of the Service Level Agreement in place between NHSL and the Golden Jubilee NHS Hospital for cataract assessment and cataract surgery at the original SLA level. The SLA for 2018/19 was set at 2644 cataract assessment appointments and 1852 treatments and has delivered 2067 appointments and 1532 treatments to date. Future demand for cataract surgery above this would be met through this proposal. This aligned to the guidance issued by the Minister for Health and Sport in September 2018.
- 36.3.6 The Committee also recognised that the proposal now included planning assumptions for NHSL to provide non cataract surgical services for NHS Borders patients. This is as a result of an Options Appraisal undertaken as part of the East Regions ophthalmology planning group, driven by workforce gaps within NHS Borders.

36.3.7 The Committee supported swift resolution of land purchase on the Edinburgh BioQuarter site for this new build and accepted moderate assurance of revenue affordability of the preferred option, estimated as an increase of £1.54m since IA submission. This estimate was currently based on assumptions around a direct, linear relationship between increase in activity and increase in expenditure. In order to provide additional assurance, a working group had been established to more clearly identify drivers and timing of step changes in expenditure and what control the Board might have over these.

36.3.8 Finally the Committee noted that as this proposal was part of the national Elective Centre expansion programme, it was anticipated that the revenue impact will be funded through the Waiting Times Improvement Plan funding.

36.4 HSDU Improvement Re-provision - update on strategic assessment and development of Initial Agreement - Mr Curley and Dr Hopton introduced the Initial Agreement for the re-provision of the Hospital Sterilisation and Decontamination Unit (HSDU) for approval and progression to Outline Business Case.

36.4.1 The Committee approved the IA to proceed to development of the OBC. The Committee noted that six options had been reviewed with two of these being rejected as either unlikely to meet the investment objectives or not possible to implement without disrupting existing production. This left four remaining options recommended to be carried forward to closer evaluation under the OBC. These were:

- Do minimum
- New single HSDU at scale
- New HSDU and full refurbishment of existing HSDU
- Local HSDU provision (3 or more HSDU)

36.5 The Royal Hospital for Children & Young People, Department of Clinical Neurosciences, Child & Adolescent Mental Health Services – Update on Progress - Mrs Goldsmith provided the Committee with confirmation that the commercial arrangements with IHSL were now documented in a settlement agreement between the Board and IHS Lothian Limited on 22 February 2019.

36.5.1 The Committee accepted significant assurance that the conclusion of the Settlement Agreement was in line with the previous reports to the Committee and Board. The Committee noted that a due diligence report had been received from Macroberts Solicitors and that all parties were now working to the programme and contract as amended by the Settlement Agreement, with a planned full service operational commencement date of 15th July 2019.

37 Revenue

37.1 2019/20 Financial Outlook - Mrs Goldsmith provided the Committee with an assessment of the 2019/20 financial position based on the 18/19 forecast outturn, anticipated growth and assumptions around additional resources.

37.1.1 There was discussion on achieving financial balance in a challenging situation; supporting further development of IJBs; fair and equitable approaches to funding; addressing the care deficit; demographic pressures; the Board's NRAC position; brokerage; financial sustainability; heavily reliance on non recurring resources and the struggle to generate efficiency savings.

37.1.2 The Committee did not agree to the recommendations in the paper and suggested that the Financial Outlook as presented required further consideration on the balance of risk in terms of financial and care deficit at the next Private Board session. It was agreed that a revised document would come back to F&R in light of the Board level discussion.

37.2 2018/19 Financial Position and Year-End Forecast - Mr Marriott provided the Committee with an overview of the financial position at period 11 and the year end forecast.

37.2.1 The Committee considered the latest financial position at February 2019 which reported a year to date overspend of £842k, comprising an operational overspend of £13.2m offset by non recurring flexibility within corporately held reserves of £12.4m and it was accepted that, based on information available, NHS Lothian would be able to deliver significant assurance on its ability to deliver a breakeven position in 2018/19, including the adjustment to allow carry forward of IJB underspend.

38 Any Other Competent Business

38.1 There was no other business.

39 Date of Next Meeting

39.1 The next Finance and Resources Committee meeting will be held on 22 May 2019.

40 2019 Dates

- 24 July 2019
- 25 September 2019
- 27 November 2019

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 4 April 2018 in the Carrington Suite, Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF.

Present:

Non-Executive Board Members: Mr M Hill (Chair); Mr M Ash; Mr M Connor; Cllr R Henderson; Ms C Hirst; Mr A Joyce; Professor T Humphrey; Ms F Ireland; Mr A McCann; Mrs A Mitchell; Mr P Murray; Mr B McQueen and Cllr F O'Donnell.

Executive and Corporate Directors: Mrs J Butler (Director of Human Resources and Organisational Development); Ms J Campbell (Chief Officer of Acute Services); Mr J Crombie (Deputy Chief Executive); Miss T Gillies (Executive Medical Director); Mrs S Goldsmith (Director of Finance); Professor A K McCallum (Director of Public Health & Health Policy); Professor A McMahon (Executive Director, Nursing, Midwifery & AHPS – Executive Lead REAS & Prison Healthcare) and Dr S Watson (Chief Quality Officer).

In Attendance: Mr H Edmiston (Director of Corporate Services, University of Edinburgh); Dr K Lindsay (Shadowing the Executive Medical Director); Ms J Mackay (Director of Communications); Professor J Seckl (Vice-Principal, University of Edinburgh) and Mr D Weir (Business Manager, Chair, Chief Executive, & Deputy Chief Executives Office).

Apologies for absence were received from: Mr T Davison, Mr B Houston, Cllr D Milligan, Cllr J McGinty and Professor M Whyte.

Valedictory Comments

The Chairman advised that this would be Cllr Henderson's last meeting of NHS Lothian. He thanked Cllr Henderson for his considerable efforts and contributions over his tenure as a Board member and wished him well in future.

Chairman's Introductory Comments

The Board noted that the Board Chair had submitted his apologies for the meeting advising that he felt that his health was beginning to improve and he would hope to be back to work in the very near future.

Welcome and Introduction:

The Chairman welcomed members of the public and press to the Board meeting.

In particular he welcomed Professor J Seckl, Vice-Principal of Edinburgh University who was also an NHS consultant and Mr H Edmiston, Director of Corporate Services, University of Edinburgh who would be providing a presentation entitled "Data Driven Innovation – the Data Capital for Europe". He also welcomed Dr K Lindsay, Scottish Clinical Leadership Fellow who was shadowing the Executive Medical Director.

Changes in Board Membership

Since the Board meeting on 7 February 2018 Mr John Oates, Dr Richard Williams and Ms Lynsay Williams had left the Board. The Chairman advised that these departures created vacancies in the membership of the Board's Committees and the Integration Joint Boards. He commented that proposals to address these were contained in Paper 1.4 "Appointment of Members to Committees". He commented that a process was also in place in respect of the recruitment of additional Non-Executive Board members.

Declaration of Financial and Non-Financial Interest

The Chairman reminded members they should declare any financial and non-financial interests they had in the items of business for consideration in the Board meeting and to identify the relevant agenda item and the nature of their interest. There were no declarations of interest.

1. Items for Approval

- 1.1 The Chairman sought and received the approval of the Board to approve items 1.1 – 1.15 with the exception of 1.9 "Acute Hospital Committee Minutes of 20 February 2018" which should not have been issued with the agenda. The following were approved:-
- 1.2 Minutes of the previous Board Meeting held on 7 February 2018 – Approved.
- 1.3 Running Action Note – Approved.
- 1.4 Corporate Risk Register – The Board acknowledged that the corporate risks had undergone a review to improve the expression of risk, controls and actions. The Board further acknowledged that the Committee in November 2017 had reduced the Healthcare Associated Infection risk to medium due to current performance. The Board accepted significant assurance that the current Corporate Risk Register contained all appropriate risks which were contained in section 3.2 and set out in detail in Appendix 1. The Board further accepted that as a system of control, the Governance Committees of the Board assessed the levels of assurance provided with respect to plans in place to mitigate the risks pertinent to the Committee. In conclusion the Board noted the focus of the May 2018 Development Workshop which would be based on the outcome of the November 2017 Workshop.
- 1.5 Appointment of Members to Committees – The Board agreed to appoint Mr B McQueen to the Audit & Risk Committee with immediate effect. To appoint Ms A Fraser as a lay member of the Pharmacy Practices Committee. To appoint Ms C Wells as a non-contractor pharmacist member of the Pharmacy Practices Committee. To appoint Ms F Ireland as a member and Chair of the Organ Donation Sub Group with immediate effect. To appoint Mr M Connor as a member for the St John's Hospital Stakeholder Group with immediate effect. To nominate Mr A McCann as a member of the Midlothian Integration Joint Board with immediate effect. The Board agreed that Mr A McCann be designated as the lead NHS member on the Midlothian Integration Joint Board and therefore assume the role of Chair of the Midlothian Integration Joint Board.
- 1.6 NHS Lothian Reference Committee Terms of Reference – The Board approved an updated remit for the Board's Reference Committee.

- 1.7 The Draft Governance Committee Minutes of 31 January 2018 – Endorsed.
- 1.8 Finance and Resources Committee Minutes of 23 January; 7 March and 21 March 2018 – Endorsed.
- 1.9 Audit & Risk Committee Minutes of 26 February 2018 – Endorsed.
- 1.10 Healthcare Governance Committee Minutes of 16 January 2018 – Endorsed.
- 1.11 Strategic Planning Committee Minutes of 8 February 2018 – Endorsed.
- 1.12 Edinburgh Integration Joint Board Minutes of 15 December 2017 and 26 January 2018 – Endorsed.
- 1.13 West Lothian Integration Joint Board Minutes of 23 January 2018 – Endorsed.
- 1.14 Midlothian Integration Joint Board Minutes of 11 January 2018 – Endorsed.
- 1.15 East Lothian Integration Joint Board Minutes of 21 December 2017 – Endorsed.

2. Bio Quarter Business Case

- 2.1 The Chairman welcomed Mr Edmiston and Professor Seckl both from the University of Edinburgh to the meeting.
- 2.2 The Deputy Chief Executive advised that the Board had previously discussed the evolution of the City Deal process and he and the Director of Finance had attended meetings with the University and participated in discussion. He felt that the City Deal represented an outstanding opportunity for a number of partners including NHS Lothian. The Deputy Chief Executive advised that he had felt that it would be useful for the Board to be updated on the key themes around current discussions. He advised that NHS Lothian would continue to work with the University of Edinburgh to develop future proposals.
- 2.3 Mr Edmiston spoke to a PowerPoint presentation the details of which were circulated to Board members following the meeting. The presentation explained the ethos of a city region deal and explained the history of the current process leading to the development of a heads of terms of agreement between the Scottish Government, the 6 Local Authorities, the UK Government and regional partners. It was noted that both Governments were committed to jointly investing £600m over the next 15 years and regional partners had committed to adding up to £500m, overall representing a deal worth £1.1bn. The Board noted that the deal was set to generate over £5bn of gross value added (GVA) over the same period. The key commitments of the City Deal were explained to the Board which included £350m for world leading data innovation centres, £140m for a A720 city bypass at the Sheriff Hall Roundabout and transport improvement across West Edinburgh, £20m capital funding for new world class concert hall, £25m for a regional skills programme to support improved career opportunities for disadvantaged groups and £65m of new funding for housing to unlock strategic development sites.

- 2.4 Mr Edmiston provided an explanation of what data driven innovation represented advising that whilst data had become ubiquitous, the challenges for all organisations was to effectively use data to shape, develop and deliver innovation processes to consumers and citizens. The Board were advised that the data driven innovation process covered 10 industry sectors, 5 innovation hubs, 1 unifying data structure, 5 themes of engagement (talent, research, adoption, data sets and entrepreneurship), international ambition and regional impact. An update was provided on data driven innovation work to date. The Board were provided with details of the governance arrangements around data driven innovation. It was noted that the intention of the programme was to produce high level benefits to deliver a boost in the economy, 50,000 new jobs, upskilling of 100,000 individuals, to generate £2.5bn to £5bn GVA over 15 years, to support high growth sectors and to generate £300m in savings to the public sector. Industry engagement in the data driven innovation process was highlighted with a snapshot of various engagements being reported.
- 2.5 The Board were advised that the data driven innovation process provided significant challenges and opportunities for health and social care and that a meeting was scheduled to develop the agenda and start to prioritise future work streams.
- 2.6 The Leadership Council had suggested that there would be benefit in NHS Lothian contributing through membership to the ongoing process in order to bring to the table appropriate influence for what was a 15 year programme. Professor Seckl commented that the University of Edinburgh was a UK and European leading provider in informatics and that the nature of the scaling up required was not out of kilter with what the University undertook in the normal course of business. An update was provided on research undertaken around diabetes which had resulted in a reduction in amputation and blindness in the region of 40%. The Board noted that the Usher Institute project was ambitious and would bring together the University and NHS Lothian and provide capacity to look at data in a safe haven basis with a specific focus around chronic and remedial diseases. The Board noted that the University of Edinburgh was already using NHS data in a safe and secure environment and were keen to scale up this process. Currently 700 analysts were engaged and was hoped that future close working with NHS Lothian would help to deliver the forward agenda.
- 2.7 The Board were advised that there were huge opportunities around the Bio Quarter site and that the campus should be developed via the strategic board with a desire to increase incubator space. The Deputy Chief Executive advised that he and the Director of Finance had been engaged in discussion around how to accelerate the Bio Quarter business plan.
- 2.8 The Chairman commented that the presentation put forward an exciting ambition and he felt NHS Lothian should be involved at a very senior level in the leadership group.
- 2.9 Councillor O'Donnell commented in respect of the priorities around poverty that she was keen to ensure that jobs and upskilling reached the appropriate people. Mr Edmiston commented that this was also a key priority for the University advising that a new school in Dalkeith in Midlothian was focussing on data and deploying new technology with work ongoing with teachers to develop an appropriate programme for second year students. It was felt that this workstream was scalable across the

region with there being other opportunities to work with schools and other appropriate agencies.

- 2.10 Mr Murray advised that he welcomed the ambition described in the presentation and questioned in respect of health to what extent there was a need to focus on other Scottish Government initiatives like the GP contract review and health and social care delivery plans which spoke to some of the points raised in the presentation. The point was made that strong links existed with other Health Boards and Integration Joint Boards (IJBs). Mr Murray suggested that there were opportunities to progress outcomes through IJB directions.
- 2.11 Professor Seckl commented that engagement with GPs would be crucial and he felt that there were opportunities to make improvements in this area. He commented that the continuum between Public Health, Primary Care, GPs and Tele-Care were important. He advised that he and his colleagues were reaching into the Scottish Government on a formal basis as part of the City Deal with there being enthusiasm to use capability detail as part of the City Deal. The work of the Edinburgh Futures Institute was explained.
- 2.12 Mr McCann commented that there were clear regional opportunities and that he welcomed the financial commitment of the University. He felt that there was a need to use data better and that any collaboration would need to be done in a way that instilled public confidence. The point was made that the proposals represented a 15 year programme and that the NHS had immediate needs to deliver within limited resources. He was keen to hear how NHS Lothian could capitalise in the shorter term.
- 2.13 Professor Seckl commented that the method of building partnerships and identifying pilot programmes would be important. The Board were advised that a public management office had been established and the University of Edinburgh would be keen to have someone from NHS Lothian seconded into this unit in order to enhance the NHS Lothian input and shape the innovation process. In addition a named person could be nominated to the Advisory Board and this would allow input from both ends of the process. The Board noted that the public management office approach was suited to chronic diseases and for remote areas teleconferencing would be one of the tools in delivering joint care. Opportunities around mental health were also discussed.
- 2.14 The Chairman commented that the presentation was exciting in terms of what it could deliver and he welcomed the emphasis on innovation and entrepreneurship. He advised that he understood the need for technical and product innovation stressing the requirement to recognise that NHS Lothian social aspects and scalability needed to be considered. Professor Seckl updated on discussions with Fife advising that scaled transformation would be a main driver and that there would be a need to understand social dimensions and establish trust otherwise the process would fall apart. The Board were advised that social scientists and practitioners would be key to forward thinking. The Chairman commented on the need for environmental as well as economic sustainability.
- 2.15 The Board agreed that the Deputy Chief Executive should lead the work around the next stages of the development and NHS Lothian's engagement in this.

2.16 Mr Edmiston and Professor Seckl left the meeting.

3. Unscheduled Care: Current Pressures

- 3.1 The Chief Operating Officer advised that the circulated paper updated on continued pressures to the acute sector and the Health and Social Care Partnerships in respect of unscheduled care.
- 3.2 The Board noted in terms of the 4 hour emergency access standard that NHS Lothian had reported compliance with the standard of 76% for the month of December 2017, 79% for January 2018 and 82% for February 2018. The circulated paper demonstrated performance against this standard by month alongside total front door emergency submissions and broke the performance against the standard down on a site by site basis. The Board noted however that in March 2018 performance had dropped to 75.3% across the Board with this position having been pulled up by the Royal Hospital for Sick Children. At one point performance at the Royal Infirmary of Edinburgh had dipped to 62.3%. There were therefore significant pressures in acute adult services. The Board were advised that in March 2018 there had been high volumes of delayed discharges and 8 & 12 hour breaches against the targets. The Chief Officer of Acute Services advised that despite the move out of the winter period that improvements were not being evidenced.
- 3.3 The Board were advised that in respect of individual site performance that this had reduced across all adult sites towards the end of November into December. This was felt to be as a result of a combination of reasons including winter and the changes to the Standing Operating Procedure (SOP) in respect of compliance with national guidance. Compliance with the SOP was estimated to have resulted in a 3.7% performance reduction. The system was still experiencing issues around 8 and 12 week breaches as well as long waits at the front door with in some instances patients waiting in excess of 20 hours. The Board were advised in governance terms in respect of breaches that dashboards had been developed to enhance analysis and to consider the total values and reasons for trends and breaches in compliance with national guidance.
- 3.4 The Board noted in terms of unscheduled care that there was a process in place to look at opportunities for improvement and development with a model having been created for staff development and training.
- 3.5 The Chief Officer for Acute Services advised that the number of breaches had increased with a number of patients being cared for in wards outwith their core speciality. This impacted on flow and the elective programme as well as patient care. The Board were advised that the number of beds occupied by delayed discharges had peaked at 250 with the breakdown by Health and Social Care Partnership being reported in the paper. The impact of this had been an increase in the number of elective cancellations over the winter period with this having peaked at the point of the most significant weather conditions. The impact on the elective programme was explained to the Board. It was noted that a clinical algorithm based on a clinical risk assessment for cancellation had been developed.

- 3.6 The Chief Officer or Acute Services referred to the circulated paper advising that a significant number of actions had been undertaken to mitigate pressures with business continuity plans for severe weather being in place and escalation policies with clear triggers to her being in place detailing clear roles and responsibilities, with front door escalation plans being used daily to monitor activity and identify thresholds which when breached prompted appropriate responses.
- 3.7 The Board received details of a range of initiatives that had been undertaken to mitigate the position,
- 3.8 The Chief Officer for Acute Services advised that daily huddles were held where issues around patient safety were considered as were opportunities to recognise the impact on staff who were working in a highly pressurised environment. This process also allowed the opportunity to thank staff and recognise their efforts with a similar process being in place through other forums.
- 3.9 The Deputy Chief Executive advised in governance terms that a process was being developed to produce an organisational development programme across the 3 adult acute sites with a key focus being around the enhancement of team work. The Board noted that each site was developing an action plan.
- 3.10 The Board were advised that currently the unscheduled care position was flagging as a red pressure with the system having been required to keep winter beds open. The unscheduled care committee would meet later in the week and would start to evaluate actions taken over the winter period to include a view on what actions had worked well and to consider those that should continue as part of the mitigation process.
- 3.11 The Chairman commented that it was unsustainable and unacceptable for staff to work under such circumstances and he would be interested to see an evaluation of this in the action plan.
- 3.12 The point was made that the details of the report represented good team work although it did raise questions about the robustness and understanding of data. Ms Hirst commented that behind every number was a person and this was a key factor to keep at the forefront of discussion. The point was made that analysis of flow at the front end of the hospital was undertaken with it being questioned whether there was an understanding of the reasons for the increases and whether learning was shared with IJBs. The Chief Officer for Acute Services advised that data could be analysed down to postcode and GP level and that work was underway with IJBs to discuss opportunities to do things differently. The point was made that the system had not evidenced a massive increase in attendance although there had been increases in admission at the Royal Infirmary of Edinburgh by very sick patients suffering generally from respiratory issues.
- 3.13 The Deputy Chief Executive commented that the points raised had been useful and that discussions were ongoing around the governance framework as it was imperative to ensure a robustness of data and that development of dashboards would allow patient by patient scrutiny of decisions in a way that would mimic the process carried out for scheduled care. He commented in respect of IJBs that he felt that the paper characterised unscheduled care as a whole system issue. He

advised that he had talked at the Board in the past around delayed discharges and that this now featured as a significant part of the new performance framework that was in place with Health and Social Care Partnerships. A new core data set had been established to look at GP referrals and admission as well as issues like the average length of stay. The Board were advised that in East Lothian attendance had been broken down by type of referral and this was allowing conversations with individual GP practices to progress. The Deputy Chief Executive commented however that scrutiny of the delayed discharge position needed to happen at IJB level.

- 3.14 Mrs Mitchell commented that the pressure was relentless and it was important to recognise the good job being undertaken by staff during this difficult period. She commented however that there was a need to ensure that organisational development support continued and that a list of outputs of actions needed to be produced, monitored and measured. The point was made in respect of optimal bed occupancy and length of stay that there would be benefit in marrying the data to provide assurance around patient safety. The Chief Officer for Acute Services advised that early work was underway in respect of data analysis and it was anticipated that this would be available towards the end of April or beginning of May which would allow testing and evaluation to be undertaken.
- 3.15 Mr Ash commented that this had been a helpful paper and questioned in respect of the risk register whether it would be appropriate to identify interim targets in terms of actions taken whilst recognising that it would not be possible to ignore national targets. He suggested that the Acute Committee might be the appropriate vehicle for taking responsibility for such an approach going forward in the first instance. He felt that this would be a helpful approach which would provide assurance to the Board.
- 3.16 Mr McQueen commented on the care at home position which had not been a significant part of the contingency and resilience response. He also questioned how extensively social media had been used and commented that this could be developed in future to help to stop admissions during periods of critical activity.
- 3.17 Mr Murray commented that he too was keen to acknowledge the staff efforts but he felt that there had been an inability to be flexible around the current staffing arrangements between acute, IJB and Health and Social Care partnerships particularly in respect of the transference of staff contracts which were fixed to a geographical area. He felt that these restrictions made the system more dependent upon the private sector particularly in periods when there were spikes in acute demand.
- 3.18 The Chief Officer for Acute Services advised that interim targets would be included as part of the operational plan to be submitted to the Scottish Government with trajectories being developed for 4 hour access. She agreed that it would be reasonable to look at these interim targets through the Acute Committee. She advised that care at home provision had been consistently difficult to access and there was a need with IJBs to look at alternative opportunities as the extant position was not delivering the required results. She advised that part of the evaluation of the Unscheduled Care Committee would be to consider aspects and actions that had

worked and to develop these for future use. There would be a need to evaluate social health plans.

- 3.19 The Deputy Chief Executive commented that a key observation was that the unscheduled care position had required a whole system response with this having disappointingly consisted of providing additional acute bed based solutions as care at home solutions had failed and had been failing before the onset of winter. IJBs and Health and Social Care Partnerships had been unable to access sustainable levels of care at home provision. There was therefore a need for IJBs to have a view about what the way forward looked like. The Deputy Chief Executive commented that there might be a requirement to look at bed provision in the event that care at home capacity was unsustainable. He commented in terms of labour flexibility that this represented a cultural issue which would be picked up by the Unscheduled Care Committee. He stressed that the system could not go through these pressures again and that the focus at IJB level needed to be about developing a strategic plan to deliver a sustainable solution.
- 3.20 The Chairman commented in respect of the failure of care at home facilities whether there was a further workstream required in this area. The Deputy Chief Executive advised that each IJB was reporting on their interactions in this respect although the reality of the situation was that the current providers were not providing sufficient capacity and that contracts were being entered into outwith the framework agreements signed up to. There was a need to better understand the forces that were influencing issues around care at home provision. The Deputy Chief Executive commented that currently there was no obvious solution to this particular problem.
- 3.21 The Deputy Chief Executive in response to a comment from Mr Murray about IJB budgets advised that he had said to IJB Chief Officers that if sustainable propositions were brought to the table then consideration would be given to releasing funding although he stressed again that there was a tendency to rely on a bed based model. He commented that if IJB and Health and Social Care Partnerships brought forward evidence of new models of care then these would be given due consideration. The points was made that there was also an issue about how much provision was provided in-house by Local Authorities.
- 3.22 Professor Humphrey commented that the key aspect was how to use available intelligence to inform response as well as ensuring that lessons were learned from events over the previous few months in order that initiatives that generated good outputs could be embedded into the system on an all year round basis. She commented that a key part of the unscheduled care evaluation needed to be around actions and impacts. She provided an update on considerations around unscheduled care at Scottish Government level advising that a meeting was being held later in the week to consider issues further.
- 3.23 The Board accepted the recommendations contained in the circulated paper subject to 2.1 being expanded to acknowledge the forbearance of patients and the effects of staff in addressing this challenging situation. In addition recommendation 2.2 should be expanded to record the Deputy Chief Executive's suggestion that further urgent work was required in respect of models of delivering care at home and that this should be progressed as expeditiously as possible outwith the Board meeting.

4. Financial Position to February 2018 and Year End Forecast

- 4.1 The Director of Finance advised that she was confident that a breakeven position would be achieved at the year end. She advised that as a result of reduced activity over the winter period that this had reduced the level of resource consumed. The position had also been supported by the fact that financial performance had been in line with expectation and that there had been improvements in pressures and other non-recurrent unanticipated reserves.
- 4.2 The Director of Finance commented that although this represented a positive financial position that it was on the back of the system having experienced compromised level of care particularly in areas such as unscheduled care and mental health.
- 4.3 The Director of Finance advised that it had also been agreed because the system was anticipating a breakeven position that there was a need to ensure resources were made available to IJBs in respect of unscheduled Care. Additional resource would be provided to Edinburgh to cover set aside for core services. This position was being mirrored by Councils for social care and partners were therefore working together to ensure that IJB funding was viable and sustainable.
- 4.4 The Chairman congratulated the Director of Finance and her team for achieving a very positive financial outturn for NHS Lothian. Mr Murray commented that the position reflected good financial stewardship but had been achieved against an inability to deliver performance targets set for the system as a whole and he suggested that from a governance perspective that the Board should not accept this position.
- 4.5 The Chairman suggested that the recommendation should be that the Board would note that financial breakeven was being achieved albeit at the expense of other targets. The Deputy Chief Executive reminded the Board that they had taken a previous decision based on the financial position that NHS Lothian would not meet all of the targets set.

5. Annual Operational Financial Plan

- 5.1 The Director of Finance commented that this was the first year that the Board had been required to submit an annual operational financial plan and that this signalled the reliance on a regional approach and the inability of Boards in isolation to address gaps between resource and activity. A key aspect of the regional work had been to develop a longer term financial framework which took account of the demographics of the region and its specific profile through a 4-7 year forward look. The development of the regional approach had demonstrated the need for discussion around beds and performance as the proposals to shift the balance of care might not be sufficient to mitigate demographic change. The Director of Finance advised that she would bring back further work on this once it had been further developed.
- 5.2 The Director of Finance advised that the circulated paper was an operational one and focussed on sources of application of funds which was a complex area given the wide range of funding sources that came to the Board. The Director of Finance

commented that it was important to acknowledge the slight improvement in the NRAC (National Resource Allocation Committee) position in the current year as a consequence of demographics relative to the rest of Scotland. It was noted however that there would still be an end of year gap of between £12m and £14m.

- 5.3 The Director of Finance advised that there was a two-fold challenge to be addressed. The first was to address the cumulative deficit at the same time as the system was experiencing pressures from an increasing population all within a limited financial envelope. An update was provided on the UK approach to funding Agenda for Change pay awards with the anticipation being that the Barnett consequentials would flow and pay awards for Agenda for Change staff would be funded. The position was not yet clear for senior managers, medical and dental staff. The Board noted that currently non-recurrent funding was being used to fund recurrent expenditure and this was not a sustainable position.
- 5.4 The Director of Finance took the Board through the source and application matrix attached to the Board paper advising that the first call on resources was to maintain the integrity of the pay budget and to ensure that pressures were funded non-recurrently in-year with this being a first call for recurrent funding in subsequent years. NHS Lothian had provided £2m in addition to Scottish Government funding to support shifting the balance of care. Finance were reviewing the financial framework for shifting the balance of care in order to make clear what funds were available to support the policy requirement. The Board noted that the Royal Hospital for Sick Children / Department of Clinical Neurology funds had been set aside and secured for when the hospital opens. Additional resource had also been identified for eHealth although it was recognised this was an area of priority that needed an identified funding source.
- 5.5 The Board noted that NHS Lothian had committed £4m to the City of Edinburgh to support the social care gap with this being predicated on performance delivery. The NHS Lothian bid against the national transformation funds would include this £4m.
- 5.6 The Board were advised that the annual gap in efficiency related to the traditional approach with there being a need to do more around redesign and transformation. This had been discussed at the Finance and Resources Committee where a programme and project management structure had been discussed.
- 5.7 The Director of Finance advised that a shortfall of £21m was being forecast between expenditure and income in the forthcoming year and this did not contribute to the performance position. A bid had been made to the Scottish Government Transformation Fund to bring performance back to March 2017 levels. The outcome of this bid had not yet been formalised although permission had been obtained to discuss with the private sector what a longer term of commitment would deliver in terms of activity.
- 5.8 Mr McCann advised that eHealth was an issue with there being a need to underpin the infrastructure. At a recent Patient Walkround event access to information had been discussed as a patient safety issue. The Director of Finance agreed with this position and advised that she and the Executive Medical Director would refer back to Finance and Performance Review Committee in respect of a 3-5 year transformation

programme and to identify ways even on a non-recurrent basis to provide support to eHealth.

5.9 The recommendations contained in the circulated paper were approved.

6. Corporate Parenting – Partnering Children and Young People (Scotland) 2014 Act

6.1 The Board were advised that the purpose of the report was to update them on progress in exercising the statutory corporate parenting duties as specified in part 9 of the Children and Young People (Scotland) Act 2014. It had previously been agreed that this work should be driven through the Strategic Planning Committee although subsequent advice had suggested that the risk required to be highlighted to the Board who needed to be engaged in the development and impact of the plans.

6.2 The Board noted that the action plan had a focus on prevention and how to work with others as well as engaging with children themselves. NHS Lothian had a good track record in this area particularly through the development of the new Royal Hospital for Sick Children's facility. The Board noted that there was a requirement to provide an annual update to the Scottish Government and that this would be undertaken during the summer of 2018. The initial response would be discussed at the Service Redesign Committee in June for subsequent consideration at the August Board meeting.

6.3 The Chairman commented that he was grateful for the paper as it set out the responsibilities of the Board in an area that was easy to lose sight of. He commented that some Board members would have received appropriate training with there being a need to ensure that newer Board members received access to this.

6.4 The Board noted that the legislation addressed a vulnerable group and the papers stressed that sometimes this was a difficult group to engage with. This was an area where a stretch target was in place and there was therefore a need to consider how best to square the circle given as an employer there was an obligation to give this group of people every chance in respect of apprenticeship opportunities. Mr McQueen questioned whether an actual numerical target had been set for such opportunities.

6.5 The Executive Nurse Director advised that a process was in place around engaging with people particularly in respect of physical wellbeing needs. Work was also underway with children through the school environment. A total of 46 people had secured apprenticeships with a young person's network having been established. More work was needed around "looked after children" and work was underway to support children in this category into work through apprenticeship opportunities. Mr McQueen commented given that the system was 1 year into a 3 year programme that there was a need to identify robust figures around apprenticeships. The Executive Nurse Director would pick this up outwith the meeting.

6.6 The Board endorsed NHS Lothian's vision and priorities for action as detailed within the Corporate Parenting Action Plan 2017-2020, this having been approved by the Strategic Planning Committee on 14 December 2017. The Board also agreed

publication of the plan on the NHS Lothian website and were assured that a progress report on the plan would be submitted to the Scottish Government during June 2018.

- 6.7 The Board noted that a further update report would be brought to the August Board after it had been considered at the Strategic Planning Committee.

7. Best Start in Lothian – Maternity and Neonatal Strategy 2018 – 2023

- 7.1 The Executive Nurse Director advised that the purpose of the report was to brief the Board on the development of the Best Start in Lothian – Maternity and Neonatal Strategy 2018-2023. It was noted that this included detailed actions to ensure synergy and compliance with Scottish Government “The Best Start – 5 Year Forward Plan for Maternity and Neonatal Care in Scotland” recommendations.
- 7.2 Professor Humphrey updated on Scottish Government work in respect of developing the strategy. It was noted that Mrs Mitchell sat on the Programme Board to take forward Lothian workstreams.
- 7.3 It was reported that Boards of which NHS Lothian was one had been asked to test parts of the model within their current financial budgets (separate to a £50,000 allocation for project management costs). Additional costs of £277,404 for 5 additional wte midwives and associated on costs had been requested from the Scottish Government on the 20 March 2018. It was noted that a full service technical appraisal including workforce, financial and risk implications of a full scale redesign would be carried out to model how this transformation change could happen in staged processes within the existing financial envelope.
- 7.4 The Board noted that the midwifery profile in Lothian was of an aging workforce. Work was underway to look at increasing the numbers of midwives and this would have an impact over a 3 to 4 year period. It was noted that this workstream had been driven through the Strategic Planning Committee with again it having been felt to be important that the Board was sighted on this important area of work. The paper submitted to the Board had been supported by the Strategic Planning Committee and the Programme Board.
- 7.5 The Chairman commented that this was an important paper which signalled a significantly different approach to maternity services. Professor Humphrey advised that the Scottish Government had recognised that additional implementation funding would be needed and there was therefore an opportunity to make a bid for pilot funding. She questioned however that a key issue was the feasibility of obtaining increased midwifery resource. The Executive Nurse Director advised that he was comfortable that it would be possible to attract the relevant staff with short-term issues being addressed by offering full time posts as these would be able to be subsumed in future. The Chairman concurred with this view advising this was an area where there was a need for upfront investment before subsequent disinvestment could be achieved.
- 7.6 Mrs Mitchell commented that she sought further assurance that there was sufficient midwifery staffing to support the proposals. The Board were advised that there had been an overall increase in student midwives of 12.4% and that NHS Lothian had

done well in terms of recruitment and retention. Mrs Mitchell questioned whether a 12.4% increase would be sufficient.

- 7.7 The Executive Nurse Director advised that after 2020/21 that the number of staff available would increase. Currently a process of netting of people entering and leaving the service was underway. The system currently was able to get midwives on short term contracts through the Staff Bank. Mrs Mitchell commented that the proposals were only feasible if adequate staffing was available. The Chairman commented that part of the early adopter process would be to address concerns like these and that a further Programme Board meeting would be held later in the day.
- 7.8 The Executive Nurse Director advised that he was confident that pilot funding would be achieved although this would only represent a small amount of the resource needed. There would be a need to keep progressing additional investment opportunities. The Director of Human Resources and Organisational Development reminded the Board that nursing and midwifery staff were a controlled group and that NHS Lothian did not set the numbers that would be trained. The role of early adopter Boards in influencing the staff numbers trained would be important. It was noted that Deans were also trying to influence training numbers in terms of demographic changes and the quality of care provision.
- 7.9 The Board agreed the recommendations contained in the circulated paper.

8. Quality and Performance Improvement

- 8.1 The Board noted that the circulated report provided an update on the most recently available information on NHS Lothian's position against a range of quality and performance improvement measures.
- 8.2 The Chief Quality Officer advised that he was proposing to offer pre-meeting briefings to interested Board members either on a face to face or virtual basis. He advised that he was happy for members of his team to attend sub-committees of the Board if Chairs felt that issues required to be discussed.
- 8.3 The Board noted that Emergency Department performance had been covered elsewhere on the agenda through the detail provided by the Chief Officer of Acute Services. He commented that there was a tendency in performance meetings to focus on negative aspects rather than positive. He commented that progress had been made around ante-natal care, CAMHs, psychological therapies and alcohol brief interventions and it was important that these were recognised.
- 8.4 The Board were advised that the cardiac arrest rate represented an important metric. It was noted that every January a spike in cardiac arrests was evident and was not unusual. It was noted that the spike in the current year had not been as high as in previous years. The Board noted that the c-difficile rate had shown an upward trend over the last few months although it was not yet presenting as a definite trend. The Chief Quality Officer commented that he felt that one of the biggest success stories over the previous 10 years had been the significant reduction in the c-difficile rate.

- 8.5 The Board noted that the standard mortality rate for Lothian was below the Scottish average and that one of the biggest concerns was access to scheduled and in-patient treatment and this remained an area of high risk.
- 8.6 The Chairman commented that the paper tended to look at changes and trend when in fact a lot of movement occurred without the performance colour status changing. Ms Hirst commented in respect of 48 hour GP access how frequently this information was updated. It was noted that this was an area that was subject to annual surveys.
- 8.7 It was agreed that for future iterations of the paper that it would be useful to have delayed discharge data reflected on an IJB basis. The Board noted the position in respect of cancer numbers and the fact that urology had a significant overall impact. The Executive Medical Director advised that aggregated data was used and that it had been agreed that a main workstream for 2018/19 would be to look at cancer pathways starting with urology and to see how to streamline these with a view to improving overall performance. It was noted that prostate and bladder cancer was an area of focus as different treatment approaches were adopted. There was a keenness to develop a one-stop shop approach.
- 8.8 Mr McQueen commented that the paper was silent in respect of recommendation 2.1.3 on whether consideration by committee was merited for any of the 17 areas yet to be assessed and granted a level of assurance. He questioned whether the Board had considered this or whether further discussion was required. The Chairman commented that the Board had adopted an assurance scrutiny approach through the committee structure which should be adopted for all appropriate measures.
- 8.9 The Board noted that the Acute Committee, Healthcare Governance Committee and Staff Governance Committees had all targets attached to them with routine discussion being held around these. The Chairman commented that the key issue was about making explicit levels of assurance. The Chief Quality Officer commented that a key issue was around the frequency of the review in this area. The Chairman remitted it back to committees to consider the level and frequency of assurance requirements.
- 8.10 Mr Ash as Chair of the Audit & Risk Committee advised that a process was in place for obtaining assurance and that sometimes issues were referred back for further detail. He further commented that he was comfortable as Chair of the Audit & Risk Committee that all relevant risks had been allocated.
- 8.11 The Board were referred to table B and in particular the assurance levels not yet assessed with the question being raised about whether it was the same cohort that were un-assessed or whether the table represented old issues moving off and new ones coming on. The Chief Quality Officer advised that the table presented bold numbers and that he would look at this in further detail and feedback the outcome of his deliberations in advance of the next Audit & Risk Committee. Professor Humphrey advised of the work plan process in place in respect of the Healthcare Governance Committee.
- 8.12 The Board agreed the recommendations contained in the circulated paper subject to the caveat at 2.1.3 that Board Committees should consider the level and frequency of assurance attached to them.

9. Development of Mental Health, Learning Disabilities and Older People Services

- 9.1 The Executive Nurse Director advised that initially it had been proposed to provide this presentation in a Board Development session although given other priorities this had slipped from the programme. He was keen however that the Board should not lose sight of significant developments in this area particularly given the previous concerns around poor performance in mental health. It was noted that most mental health services were delegated to IJBs.
- 9.2 The Chairman commented that it was not the intention to engage in detailed discussion around the presentation but rather to recognise the developments and changes in the strategic timescale. He felt that it had been important for the Board to be aware of this in advance of being asked to support an outline business case later in the year. He commented that at IJB and other committee fora there would be a chance to get engaged in more detail around the contents of the presentation.
- 9.3 Ms Hirst commented particularly with reference to the IJB strategic commissioning plan that she felt that the Board would benefit from wider debate with a particular focus around housing and housing provision. She felt that there was a possible requirement to consider this further at a future Board Development session. The Executive Nurse Director would progress.
- 9.4 The Board noted the presentation provided on the development of mental health, learning disabilities and older people's services in Lothian.

10. Board Development Session

- 10.1 The Board noted that the next Board Development session would be held on Wednesday 16 May 2018 at the Scottish Health Services Centre, Crewe Road, Edinburgh.

11. Date and Time of Next Meeting

- 11.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday 27 June 2018 (Annual Accounts meeting), at the Scottish Health Services Centre, Crewe Road, Edinburgh.

12. Invoking of Standing Order 4.8

- 12.1 The Chairman sought permission to invoke Standing Order 4.8 to allow a meeting of Lothian NHS Board to be held in private. The Board agreed to invoke Standing Order 4.8.

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 27 June 2018 at the Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mr M Ash; Cllr I Campbell; Mr M Connor; Mr M Hill (Vice-Chair); Mrs C Hirst; Professor T Humphrey; Mr A McCann; Cllr J McGinty; Cllr D Milligan; Mrs A Mitchell; Mr P Murray and Mr B McQueen.

Executive and Corporate Directors: Mrs J Butler (Director of Human Resources and Organisational Development); Ms J Campbell (Chief Officer of Acute Services); Mr J Crombie (Interim Chief Executive); Miss T Gillies (Executive Medical Director); Mrs S Goldsmith (Director of Finance); Professor A K McCallum (Director of Public Health & Health Policy); Professor A McMahon (Executive Director, Nursing, Midwifery & AHPS – Executive Lead REAS & Prison Healthcare) and Dr S Watson (Chief Quality Officer).

In Attendance: Ms J Mackay (Director of Communications & Public Engagement) and Mr D Weir (Business Manager, Chairman, Chief Executive & Deputy Chief Executive's Office).

Apologies for absence were received from Mr T Davison, Ms F Ireland, Mr A Joyce, Cllr F O'Donnell and Professor M Whyte.

Chairman's Introductory Comments

The Chairman welcomed members of the public and press to the meeting.

Changes in Board Membership

The Chairman welcomed Councillor Ian Campbell to his first Board meeting advising that he was the City of Edinburgh Council Stakeholder member replacing Councillor R Henderson.

Declaration of Financial and Non-Financial Interest

The Vice Chairman reminded members they should declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. There were no declarations of interest.

13. Items for Approval

- 13.1 The Chairman sought and received the approval of the Board to approve items 1.1 – 1.3, 1.5 and 1.7 – 1.16. He advised that he wanted to take item 1.4 “Appointment of Members to Committees” and item 1.6 “Review of the Standing Orders” into the discussion part of the agenda. The following were approved:-
- 13.2 Minutes of the Previous Board Meeting held on 4 April 2018 – Approved.
- 13.3 Running Action Note – Approved.
- 13.4 Corporate Risk Register – Approved.
- 13.5 Amendment to the Board’s Scheme of Delegation – The Board approved a change to the Scheme of Delegation so that the delegated Authority for the Lothian Capital Investment Group was increased from £0.5m (including VAT) to £1m (including VAT).
- 13.6 Staff Governance Committee Minutes – 31 January and 2 May 2018 – Endorsed.
- 13.7 Finance and Resources Committee Minutes – 23 May 2018 – Endorsed.
- 13.8 Audit & Risk Committee Minutes – 23 April 2018 – Endorsed.
- 13.9 Acute Hospital Committee Minutes – 20 February 2018 – Endorsed.
- 13.10 Healthcare Governance Committee Minutes – 13 March and 8 May 2018 – Endorsed.
- 13.11 Strategic Planning Committee Minutes – 12 April 2018 – Endorsed.
- 13.12 Edinburgh Integration Joint Board Minutes – 2 March 2018 – Endorsed.
- 13.13 West Lothian Integration Joint Board Minutes – 13 March and 1 May 2018 – Endorsed.
- 13.14 Midlothian Integration Joint Board Minutes – 29 March 2018 – Endorsed.
- 13.15 East Lothian Integration Joint Board Minutes – 22 February and 22 March 2018 – Endorsed.
- 13.16 Item 1.6 “Review of the Standing Orders” – The Chairman commented that Councillor McGinty had raised a valid issue about the Review of the Standing Orders and it was proposed to remove and defer this paper until the next Board meeting. In the meantime Councillor McGinty and Mr Ash would resolve the outstanding issue.
- 13.17 Item 1.4 “Appointment of Members to Committees” – The Chairman commented that he wished to raise this item under Any Other Business as there was one specific issue that had arisen in respect of the Non Executive Board member Chairman of the Access and Governance Committee which required to be agreed with Mr Murray and Ms Campbell.

14. Quality Management in NHS Lothian: 2018 - 2023

- 14.1 The Chairman commented that hard copies of the Quality Management Strategy had been made available to Board members.
- 14.2 The Chief Quality Officer thanked the Board for their consideration of the Quality Strategy at its current meeting. The Board received a short video presentation which set the scene for further discussion. The Chief Quality Officer commented that within the narrative of the Board papers that it was difficult to capture the impact of the Strategy on individuals and that he hoped the short video presentation would help to set the context. He felt that there were two guiding principles in respect of the Strategy with these being the need to involve everyone and for Quality to be part of the normal business of the organisation. He also commented that the focus of the strategy was accelerating the pace of change as continuous improvement in performance required constant change.
- 14.3 The Board noted in respect of involving everyone that there had been a significant number of discussions in the development of the Strategy although the key issue had been to have engagement focussed on issues that patients, the population and the organisation wanted and needed to resolve. A collaborative approach to planning improvements in quality was being embedded in respect of the context of day to day issues and the determination of what patients, families and staff wanted. It had been recognised that there was a need to develop a shared vision through a process of co-design in order to develop a programme of improvement. The Chief Quality Officer advised that the forward approach would involve testing and learning focussed on front line teams underpinned by support and leadership. The Chief Quality Officer advised that the model of Quality Management developed in NHS Lothian over the last two years was very similar to one recently being proposed by Health Improvement Scotland for wider use across Scotland.
- 14.4 The Chief Quality Officer updated the Board on key lessons that had been learnt through the work in demonstration sites particularly in respect of opportunities for up-scaling. He advised that the successes were real and that the data demonstrated significant and sustained outcome improvements, including endoscopy DNA rates, better outcomes following stroke, fractured neck of femur and significant mental health problems. These were not confined to single departments or services but across pathways from home, through healthcare to home again. It was noted that these improvements had been achieved by local teams taking ownership and working collaboratively. The Chief Quality Officer advised that he was confident that NHS Lothian could make a significant up step in training capacity in order to support the quality initiative for the totality of the workforce. It was noted that steps had been taken to try and identify a 1-2% reduction in costs through the adoption of a quality programme although this was conceptual and early work. It was felt that the reduction of systemic waste would provide one of the most significant savings. It was noted that there was a need to make financial control real at the frontline of service delivery.
- 14.5 The Chief Quality Officer referred to Appendix 1 of the circulated paper relating to the prototype programme and the desire to scale up to business as usual with a focus on quality and testing to include staff feeling confident to address local issues without seeking permission. The Board noted that Appendix 2 related to Innovation

and was more radical and carried more risk with there being a need to consider how to structure this and manage risk again within the context of business as usual for the organisation. It was noted that the Innovation initiatives had not been prototyped at scale. The Board noted in terms of Innovation that the desire was to embed design thinking as part of normal business and that work had already been undertaken in endoscopy and cancer. The desire was also for a process of open Innovation to promote and encourage future work and that this should not just be within the NHS but should include small and medium sized enterprises and other organisations. The Chief Quality Officer commented that whilst the emphasis should always be on developing internal capacity, there would be some instances where it would be appropriate to buy in external support and fund it in a way that was similar to the extant research and development model. The Chief Quality Officer advised that he was not at this point seeking all of the 5 year funding and that a phased funding model would be adopted with oversight from the Director of Finance.

- 14.6 The Interim Chief Executive welcomed the long heralded strategy advising that there had been a number of discussions in various fora about the objective of putting quality at the heart of the organisation. He commented that a collaborative process had been adopted in terms of the development of the Strategy before the Board and that what was being put forward was not the vision of a single individual but of the Executive Team as a whole. The Board noted that the Executive Team fully supported the Quality Strategy and that this would be reflected in future Board Corporate Objectives. Support would be provided to staff and patients in respect of the improvement journey with leadership and teaching opportunities being used to support forward focus. A cultural change and development programme would be developed to support the Board objectives.
- 14.7 The Chief Officer for Acute Services commented that from an Acute perspective there was a real enthusiasm around the Quality programme and that in particular the Western General Hospital had been keen to emulate the whole site programme developed at the Royal Edinburgh Acute Services campus in order to give people the opportunity to do small tests of change within the overall strategic process.
- 14.8 The Executive Medical Director commented that within primary care the cluster network were looking at quality leads with a view to smoothing out workflow and it would be important to sustain people in this work programme. An example of Innovative work in East Lothian was provided. The point was made that within primary care it was often the case that progressive work was less visible and this needed to be considered. The Executive Medical Director commented she supported a structured development approach moving forward.
- 14.9 The Board were advised that investment had already been made in leadership development in order to develop a knowledge mindset and build an infrastructure to ensure that quality improvement was at the heart of the organisation and would be used to ensure that people recruited into NHS Lothian in future were aligned with organisational values.
- 14.10 The Chairman welcomed the Strategy and questioned what the financial planning and process would be for the approval of funding to support the forward implementation process. The Director of Finance commented that she felt that this was an area where the Board needed to take a leap of faith in respect of finance as

there was currently no additional resource available. She commented that the Board paper proposed an incremental approach to funding Quality which would include NRAC (National Resource Allocation Committee) benefits and any other additional funding that came into the organisation. She commented that the resource to support the Quality Strategy would be built over time. The Board noted that a key issue would be around the judgement that would require to be made around where resource should be allocated particularly within the constraints of a limited budget. The point was made that the current £1m of investment was a drop in the ocean compared to the overall NHS Lothian financial resource availability. There was however a need to ensure that best value was received from any resource allocated to the Quality Strategy. The Director of Finance commented that there would be a need to take risk around funding that was not available and that a systematic process through the Sustainability and Value Group had been agreed. It was noted that for example any additional resource required to support the previously referenced work at the Western General Hospital would require to come through the Sustainability and Value Group for decision in order to determine whether the extra bid was worth the risk in terms of constrained finances. The Board were advised that the balance was around finding additional resource and prioritising requests quickly whilst also ensuring that any forward work added value to the organisation. The input of the Finance and Resources Committee was referenced with the point being made that a fundamental part of the Strategy was not all about cost release but suppressing future costs which was also important.

- 14.11 Mr Murray welcomed the 5 year systemic approach across the organisation advising that the biggest risk would be if staff expectations were delayed in respect of capacity and need. He questioned whether the Strategic Planning Committee in a revised format could fit into the work around Innovation. The point was raised in respect of the future funding of the Strategy whether there was a potential regional component to this. The Director of Finance commented that she felt that at the current point in time regional support would be challenging as different systems were undertaking their own approach to Quality management although there might be more appetite for regional input at a point in the future. Mr Murray commented in respect of primary care that the integration of Integration Joint Board (IJB) arrangements should be considered as there were a number of areas being discussed that would fit into integration themes.
- 14.12 Mrs Mitchell advised that the Acute Hospitals Committee had received a presentation around the Quality Strategy and had discussed the quality of return from the level of investment required. She commented that there was a need to manage expectations as to the level of investment available and highlighted that not all Quality improvement initiatives required huge investment. The culture should be to encourage an increase in small scale tests across the organisation with a different approach being taken for larger initiatives such as transformational digital work, tailoring the quality improvement and investment process accordingly. The point was made that the sharing of principles of success would be important to the scaling up process as would be the extraction of core benefits which would need to be shared widely. Again the point was made about the need to manage staff expectation within limited resource. The Chief Quality Officer commented that this issue had been addressed by not setting specific targets in relation to 2019/20. He commented that research showed that the strongest engagement was when people witness for themselves the benefits of quality improvement. He referenced the

recent Health Improvement Scotland paper on Quality Management stressing the central importance of a “Learning System” so value would be gained from all activities, even ‘failed’ tests of change. He commented that the sharing of principles was important and allowed local adaptation. In terms of the learning process it would be important that Site Directors and their staff took the opportunity to embrace lessons learned by each other.

- 14.13 Mr McCann welcomed the previous discussion and the enthusiasm with which this process was being received. He commented that the organisation could only take on board a small number of strategic messages and if this were to be one of them this would require a managed leadership process. He questioned what opportunities would be made available for Non Executive Board members to engage in the process.
- 14.14 Mrs Hirst commented that she also supported the journey being proposed and that through patient experience work the need for the engagement of non clinical staff had been evidenced with this being felt to be important as a lot of the issues around the patient journey related to non clinical issues. The Chief Quality Officer commented that it could be argued that all staff engagement could be regarded as clinical activity although the point was well made that the focus should not just be on patient touching staff and should cut across the whole spectrum of corporate services. The Director of Human Resources and Organisational Development commented in this respect that at the annual Human Resources Development even her team had decided to start their own quality improvement programme to look at the opportunities to improve timescales around formal investigations. Induction was also being looked at and again this referenced the need to ensure appropriate focus on non clinical staff.
- 14.15 Professor Humphrey commented that the Quality Strategy represented an exciting time for the Board with a key issue being around the ability to scale up the initiative and demonstrate positive impacts through this implementation. She commented that it was important to lead by example as this tended to produce the best outcomes. She pointed out however that the missing issue from the document was the argument around the risk of not adopting and progressing with the Quality Strategy.
- 14.16 The Chief Quality Officer commented that section 7 of the Quality Strategy addressed some of the issues raised by Professor Humphrey’s particularly in respect of what the Board could do and the links between hierarchy and network and the need to try and obtain best benefit from both processes. A governance model approach had been suggested although the Chief Quality Officer was keen not to establish a separate Quality Committee. Reference was made to the five bullet points in section 7 of the Strategy document in respect of leadership and the fact that by observing and participating that this was the best way to deliver success. The Chief Quality Officer commented that there would be significant benefit in Non Executive Board member and Executive Directors visiting sites and showing genuine support for the work and by asking questions through a supportive and challenging approach in order that conversations could be helpful to the teams involved in work. It was felt that through the adoption of such an approach that this would facilitate Executive and Non Executive Board members to adopt a role model process that

would be evident to the rest of the organisation. It was noted that 1 Non Executive Board member had already volunteered to go through the Healthcare Academy.

- 14.17 Mr McQueen commented that the Strategy document before the Board represented a big improvement and focussed concentration on where the organisation might want to spend its resource. He commented however that the resource being sought currently and in the future did not represent a significant amount of money for an organisation with a budget of an excess of £1.5bn. He felt that it would be important for the Board to support the implementation of Quality Strategy moving forward. Mr McQueen also commented on the need to ensure that the process which involved the Sustainability and Value Group, the Corporate Management Team and the Financial and Resources Committee did not stifle the speed of natural progress. In terms of Appendix 2 and the Innovation Plan he questioned whether it was proposed to consult further on this aspect. The Chairman commented that he was keen to ensure that Innovation and Quality were interchangeable.
- 14.18 The Director of Finance commented that the issue of risk and the whole process was one that had been discussed in detail. The balance had been about achieving something that everybody in the organisation could understand and sign up to and also about using the Academy to support the organisation through providing new skills to both non clinical and clinical staff. It was recognised that it would be important that bureaucracy did not get in the road of this process. There was also an issue about ensuring appropriate arrangements were in place to scale up the process. The Director of Finance commented for larger programmes requiring more support it was being proposed these would require to go through the Sustainability and Value process in order to ensure appropriate prioritisation. It was noted that the Sustainability and Value Group would be chaired by the Director of Finance and that this would also be an area where learning would be part of the ongoing process. Mr McQueen commented that it would be important that a fleet of foot process was adopted in order that momentum could be sustained. The Director of Finance commented that over the previous few financial years that budget holders had been given more ownership of their resources and that there was therefore an opportunity for people holding budgets to take a calculated risk around the development of small scale quality initiatives and this approach needed to be encouraged.
- 14.19 The Vice-Chair commented that to some extent the Quality Strategy set out the logical next steps for the organisation with the point having now been reached where there would be a requirement for fundamental change which would require a different cultural approach. He commented that it would be helpful when developing the Innovation Business Case to include more narrative description on what this would look like on the ground. The Vice-Chair felt that there was more work to be done to explain this concept in a way that would be meaningful to staff. He made the point that as an organisation there was a current commitment to hierarchal management structures and there was something about the need for a changed ethos to facilitate leadership on a more collaborative agent basis. The Vice-Chair commented that he felt it was fundamental to the success of the ongoing project to change the hierarchy mindset.
- 14.20 The Director of Human Resources and Organisational Development commented that the leadership organisational development programme would be a bespoke process and not generic training. A programme was being taken forward on the

basis of collaborative and compassionate leadership with a focus on softer leadership skills rather than developing technical experts. The Vice-Chair referred to the contribution made by Professor Leitch in the scene setting video presentation about the types of pressure and environment that staff were working under and welcomed the Scottish Government's acknowledgement of this issue. There was a need for people to understand the impact that this had in terms of the benefits of providing a good patient experience. The Executive Medical Director provided details of an innovative approach that was underway in respect of endoscopy demand.

- 14.21 Mr Ash commented that he welcomed the Strategy although he was concerned about the approach to prioritise finances into this area particularly in respect of the uncertain world that the NHS currently existed in. He referenced the need for IJBs to have an input into the setting of priorities. Mr Ash commented that whilst he supported the central programme approach that there was a need to recognise competing priorities and a need for discussions with other decision-makers in terms of the allocation and utilisation of resources. He felt that there was more work needed to tie up some loose ends and hoped that when the Sustainability and Value Group considered specific issues that this was within the context of other known priorities.
- 14.22 The Director of Finance commented that the points made by Mr Ash were important. It was noted that the Financial Strategy still required further development and that quality and the contribution from improvement was part of ongoing work. The Financial Strategy still required buy-in from IJBs with it being hoped that in an ideal world they would also want to commission Quality work.
- 14.23 The Chairman commented that it was worth remembering that a lot of the ground work had been based on grassroot development against the corporate objectives and values. A lot of engagement had been undertaken to get to the point of presenting the Strategy to the Board and this had not been done on a token basis. The Chairman felt that the Strategy had gone through various stages before arriving at the Board. He hoped it could be adopted with confidence and conviction. The Chairman felt that the next stages of embedding the Strategy would not happen over a 2 year timeframe but would more realistically require a 5 year plan approach. The next 2 years would in reality be spent embedding a platform for future work.
- 14.24 The Chairman summarised the following key points from the discussion:-
- The video to set the scene had been useful
 - It would be important to involve everybody and move to Quality being business as usual
 - Constant improvement performance required constant change and a focus on testing and learning
 - There had been a recognition of a collaborative aspect to include Partners outwith NHS Lothian
 - IJBs and Partnerships needed to be included as did non clinical staff
 - The role of the Board as leaders had been discussed with there being a desire for Non Executive Board members to be part of disrupted leadership and to gain knowledge of what was happening on the ground
 - Board processes needed to be explicit in the programme moving forward

- There was a need to make Innovation and Quality interchangeable
- There was also a need to prioritise and financially validate projects of a particular size through the Sustainability and Value Group
- A fundamental change would be to change from a hierarchal structure to collaborative agents
- There was a need to consider future links with the Strategic Planning Committee as a reporting vehicle for progress
- There was a need to share and spread successes.

14.25 The Board agreed the recommendations contained in the circulated paper and in particular noted and approved the implementation of the NHS Lothian Quality Strategy 2018-2023.

15. 4 Hour External Review

15.1 The Chairman commented that the publication of the Academy of Medical Royal Colleges Report had been subject to significant visibility.

15.2 The Interim Chief Executive commented that this was a difficult issue and took Board members back to February 2018 where there had been discussion around NHS Lothian's own internal investigations into a whistleblowing allegation with the key issues being around reporting failures, governance and oversight limitations and the workforce experience. The Board were reminded that the Cabinet Secretary through the Scottish Government had appointed the Academy of Medical Royal Colleges to undertake an external review with the outcomes of this process having been published the previous day. The Interim Chief Executive commented that it had been his and the Executive Team's ambition to ensure that in terms of the recommendations of the report that teams and individuals felt supported by the Board. The Interim Chief Executive commented that the purpose of the report to the Board was to report on the facts and then move forward and fix the detail identified through the publication of both the Internal NHS Report and the External Review Report. It would be important that NHS Lothian remained committed to its culture and values throughout this process in order to make the environment a safe one for patients and staff.

15.3 The Board noted that the External Review Report talked a lot about supporting the workforce and steps were underway to ensure that this happened. The Interim Chief Executive commented that both the Internal Audit Review and the External Review Report were fundamentally saying the same thing and that as previously suggested there was a need to progress issues in a way that supported the embedding of the Board's culture and values.

15.4 The Chief Officer, Acute Services commented that it was important to refer back to the reason why the External Review had been commissioned in the first instance. She reminded the Board that in October 2017 a whistleblower letter had been received copied to the Cabinet Secretary raising issues. These issues had been immediately discussed at a meeting of the Patient Safety Experience Action Group and an investigatory process was instigated leading to the Cabinet Secretary commissioning the External Review process from the Academy of Medical Royal Colleges. The terms of reference for the External Review Group into the

whistleblowing allegations had been set around the need for a review of governance, areas of concern in respect of patient safety/ staff and leadership and a need to witness the development of and the implementation of the resultant action plan. The process adopted by the external review team was explained to the Board and included one to one meetings with staff supplemented by open staff sessions on the 3 adult acute sites. Feedback had been sought from around 100 individuals. A decision had been made not to expand the review process to the Royal Hospital for Sick Children.

15.5 The Chief Officer, Acute Services advised that the External Report set out priority recommendations – to commence within 6 months – and other recommendations for the next 12 months. The report was split into site based and thematic observations. It was noted that the Academy's report grouped recommendations under the following 6 themes:-

- Governance
- Culture
- Recording of 4 hour standard data
- NHS Lothian's Internal Audit Report, Significant Adverse Event (SAE) process and the Academy of Medical Royal Colleges Report
- Patient safety and quality of care
- Site leadership

15.6 The Chief Officer, Acute Services advised that the Board had accepted all of the observations and recommendations in the Report and that improvement actions to meet these observations and recommendations were already progressing with active discussion across teams. These would be monitored through NHS Lothian's revised governance framework. The Board were advised that the response and actions were built upon the improvement plan first developed following NHS Lothian's own internal review and approved at a public meeting of NHS Lothian Board in February 2018.

15.7 The Board received a detailed update on key areas of action in relation to the 6 themes of the External Review Report as detailed in the circulated paper. It was noted that in terms of governance arrangements that a Non Executive Board member would be appointed to take oversight of improvement actions. This would include a Non Executive Board member being identified to chair the Access and Governance Committee. The Board were advised that a new Standing Operating Procedure (SOP) had been developed to align recording of emergency access data to the national guidance. Any changes to the SOP would now require to be approved by the Access and Governance Committee to avoid the previous organic development and changes being made without proper validation. A process of formalising medical and nursing management had been implemented and progress would be evidenced through properly minuted meetings. A schematic was being pulled together to allow people to understand how governance reporting happened within the organisation.

15.8 In terms of culture an internal group had recognised that the system was continuing to experience significant pressure at the front door and that this on occasions manifested in behaviour that did not meet the NHS Lothian's standards and values. The External Review Report had commented that there was evidence of bullying at

different levels in the organisation although not at Board level. There was a need to support staff to feel able to raise concerns and feel confident that these would be responded to. This work would be taken forward as part of the ongoing organisational development process with specific site plans being created for staff and leaders at all levels.

- 15.9 The Board were advised in terms of 4 hour recording of emergency access that the interim SOP remained in place and that work continued with colleagues at the Scottish Government with it again being reiterated that any changes to the extant SOP would require the approval of the Access and Governance Committee. The ongoing training of frontline staff was tied to the SOP which itself was monitored on a monthly basis. Significant work had been undertaken to develop a dashboard to look at data and to provide assurance around compliance with the SOP requirements.
- 15.10 In terms of NHS Lothian's Internal Audit Report, Significant Adverse Events (SAE) process and the Academy of Medical Royal Colleges report it was noted that all three processes were aligning in respect of improvement actions to ensure that these were owned by site teams who recognised the importance of proper implementation of the identified issues. This work was further aligned to the 6 terms of the Patient Safety and Quality of Care Standard with particular reference to mixed sex wards and the boarding of patients. The principles and processes around the patient focussed approach were explained to the Board.
- 15.11 In terms of site leadership it was noted that a review of this would be required and that currently a general management model supported by Associate Nurse Directors was in place. There would be a need to revisit the current roles and the times allocated within these to undertake the leadership requirement. Job Descriptions would require to be reviewed to ensure that they were fit for purpose.
- 15.12 The Chief Officer, Acute Services commented that it would be important to consider the implications for 4 hour performance in terms of flow and patient experience. NHS Lothian was still not achieving the 95% performance standards set by the Scottish Government. It was noted that unscheduled care activity had increased by 12% within the context of a significantly complex and difficult winter.
- 15.13 The Board were advised that under section 6 of the circulated paper which dealt with performance that a whole series of actions had been undertaken across the Acute Hospital and Health & Social Care Partnership interfaces. Collaborative work was underway to reduce unscheduled care admissions as well as reducing overall attendance at the front door aligned with improved discharge arrangements. It would be important moving forward that NHS Lothian and the Health and Social Care Partnerships created actions to work together to make a difference to the patient experience. The External Review Team Report had raised an issue about the support provided to staff.
- 15.14 The Board noted that the Director of Communications had developed a proactive plan for when the External Review was released, that clearly set out timelines and actions for internal and external communications ensuring that staff were briefed in a timely and supportive manner. It was noted that the previous day when the External Review Report had issued and that two Executive Directors had been allocated to

each of the main adult sites and had attended the morning safety brief as well as visiting other key departments. In particular emergency departments and site and capacity teams had been visited in order to answer any questions and to assure staff that they were being supported through the process. A key fundamental moving forward would be to continue to support site leadership teams and frontline staff to develop a revised cultural approach which also delivered performance improvement.

- 15.15 Mrs Mitchell commented that as the Board's Whistleblowing Champion that she had been fully aware of the internal whistleblowing report and the ongoing investigations. She was content that NHS Lothian had dealt with issues raised as proactively as possible and felt that all those involved should be congratulated for working extremely hard and rapidly to address the issues raised. It was noted that appropriate actions had been taken in response to the recommendations contained in both the Internal Audit Report and the External Review process.
- 15.16 Mr Connor commented on the stark differences in the investigation in respect of senior leadership displayed across the 3 sites. There was a need to share lessons around areas where a more positive leadership experience had been evident. He also felt that there was a need to consider how best to get a handle on cultural issues. He also felt that there was a need to include as part of a future Internal Audit report issues around whistleblowing and its wider context.
- 15.17 Mr McCann commented that it was positive that there would be Non Executive Board member oversight of improvement work. It would be important that unscheduled care and scheduled care parts of the business received the same focus. He commented that the fact that Executive Directors had been visible on the ground during the process had been important in terms of the organisational values. He felt that there was a need to consider how best to use "new media" to communicate quickly and routinely with staff. He commented that it had been interesting to note the differences in view in respect of the Internal Audit process and the External Review in terms of internal pressures and harassment and bullying.
- 15.18 Mr McQueen commented in terms of the prevalence of bullying and harassment that the External Review process had focussed on this. He questioned to what extent bullying and harassment had been a known issue before the whistleblowing allegations had been received. He felt that there was a need to address this issue before embarking on a programme of responses to the report recommendations. The Director of Human Resources and Organisational Development advised that there were a series of staff experience indicators including iMatter and Dignity at Work which provided statistical information. It was noted that through these two processes the figures reported in respect of bullying and harassment were not high. She commented that in many instances there was a fine line between difficult interactions and discussions and perceptions of bullying and harassment. NHS Lothian had introduced a mediation service which had produced positive outcomes. The Director of Human Resources and Organisational Development commented that there was no indication from staff-side colleagues that NHS Lothian was experiencing unusual levels of bullying and harassment. It was noted however that from time to time issues would arise given the size and complexity of the organisation and it would be part of the quality improvement initiative to get out and identify issues that mattered to staff. It was noted that the site organisational development plans would also address individual and team development issues.

- 15.19 Mrs Hirst commented that through other work with NHS Lothian that she had had the opportunity to go out and join staff to cover a work shift and recommended this approach to colleagues. It was felt that this was a defensible and proactive way of gauging the mood of staff on the frontline.
- 15.20 Mr Murray commented that he regretted the fact the Board was discussing this issue although it was important to caveat this statement with the need to recognise that the ongoing discussions had set the scene to provide a fantastic response to this unfortunate scenario. The Chief Officer, Acute Services commented that the approach to resolving the issues was around connectivity and the development of a centrally adopted approach. There was a need to develop a whole system approach to care. Mr Murray commented in respect of the 4 Hour Emergency Access Standard Implementation Board and the Length of Stay Improvement Board whether these could not be amalgamated into one body to reduce duplication. The Board were advised that currently the two Boards were carrying out different functions with the differences being explained.
- 15.21 Councillor Campbell commented that he was concerned about the bullying culture advising that he understood the points explained in terms of opportunities for staff touch points through various surveys. He commented that it was difficult to have an anonymous process without identifying yourself as having raised concerns. He questioned whether it might be appropriate for staff to request an exit interview when leaving the organisation with someone from a different department. The Director of Human Resources and Organisational Development commented that there were opportunities for exit questionnaires to be undertaken electronically to protect anonymity when leaving the organisation although there was a poor uptake to this. She commented that the available statistics suggested that a bigger issue was colleague to colleague interaction and not Line Manager to employee contact in respect of bullying and harassment. It was noted that the iMatter survey tool was helpful and as a result of that action planning was undertaken to address areas of concern within particular departments. It was noted that iMatter statistics were reported at site level as well as through the Staff Governance Committee and in that regard clear governance processes were in place. The Board were advised that as always more work could be done and there was a need to make better links between existing hubs and the Quality improvement work.
- 15.22 Councillor McGinty commented that the report flagged back to comments that the Chief Quality Officer had made earlier in the meeting about behaviour and that if correct behaviours were not observed then results would be skewed. He commented that the External Report was clear that staff had spoken up but still their issues had not been addressed. He commented that there were significant challenges moving forward and he would welcome a participative role in this exercise. Councillor McGinty commented that it would be important not to underplay the cultural changes and what would be involved in that process. He commented that there were issues around opportunities to address problems earlier and it was unfortunate that it had taken a whistleblower to progress this whilst other people had been highlighting issues. He commented that the unscheduled care audit had suspended the opportunity to resolve issues and he was unclear why this had occurred. Councillor McGinty commented that NHS Lothian was fortunate that it had staff who took patient care very seriously and undertook their jobs to the best of their

ability. He commented however that there were issues that he would want the Board to address on the back of the External Review Report. He felt that there was a need to think carefully about building on the areas where the Internal Report and the External Report had differed. He felt that it was not enough to say that another campaign would be held to encourage people to speak up and raise concerns. Councillor McGinty commented that he would welcome the Staff Governance Committee looking at this particular point as there was a need to address how to build confidence given staff had repeatedly spoken up and had not been supported.

- 15.23 Mr Ash congratulated the Interim Chief Executive and colleagues for their response to the Internal and External Reports and felt that the correct balance had been achieved. He commented in terms of governance that he was concerned that the role of the Audit & Risk Committee needed to be separate and generic and receive assurance from other Board committees. Otherwise it would require to hold individual managers to account. He felt that if the Access and Governance Committee was to be established as part of the governance framework then this required to be a Non Executive Board member led group with a view to providing assurance into the Audit & Risk Committee. He commented that the other 2 groups reference by Mr Murray were management groups and the involvement of Non Executive Board members in these fora might impede progress. He commented however that he did support the engagement of Non Executive Board members in specific circumstances.
- 15.24 The Director of Human Resources and Organisational Development commented in respect of allegations of bullying and harassment that the issue was not just about a 'speak up campaign'. She commented that the Organisational Development Programme was about values and how to embed and trust colleagues in a way that would build relationships and trust, encouraging staff at all levels to behave with dignity and respect in an open and honest culture.
- 15.25 Professor Humphrey commented that the briefing to the Board had been very comprehensive and she felt that the degree of humility demonstrated was positive. She felt there was a need for further assurance around the consistent application of the SOP on an ongoing basis. She commented that there was also an issue to consider as an organisation around some of the behaviours and whether these were evident elsewhere in the organisation particularly where challenging performance targets were in place.
- 15.26 The Chief Officer, Acute Services in respect of SOP assurance reminded colleagues that this was an interim policy which was centrally led and any changes to it required to be ratified by the Access and Governance Committee. She commented that a second aspect of assurance was that staff received ongoing training. In addition in respect of TRAK development a dashboard was being introduced to look at how actions were entered and responded to. The Interim Chief Executive commented that one of the key criticisms had been that there had been too much focus on scheduled care resulting in aspects around unscheduled care being missed. He advised that what the Board was receiving was a response to the External Review process although the Senior Management Team needed to look at wider issues and to discuss how to address these on a whole system organisational basis as part of a learning process. He commented that he felt that employees would be watching

very carefully how the Board reacted and that if the issues were progressed properly that this would send a powerful message.

- 15.27 The Chairman commented that there was no question in his mind that the organisation had dropped a big ball and that this was not deniable. He commented that the response to the allegations and the recommendations had been exemplary but that this did not excuse the fact that the ball had been dropped in the first place. He advised that he was aware that both the Chief Executive and the Interim Chief Executive had felt extreme pain about the ball being dropped in the first place. He commented that the waiting list standards had been categorised by extensive and systematic bullying and harassment. He was pleased to note that there was a clear commitment to remedying this situation and changing values in the organisation which would be picked up by both Non Executive Board members and the Executive Team under the leadership of the Chief Executive and the Interim Chief Executive. The Chairman commented that the system had not yet got everything right and if the position was looked at rationally the steps being proposed were a function of a programme of recovery.
- 15.28 The Chairman commented that it was important to accept that people had spoken up and nothing had happened as a consequence. He commented that it was fortunate that the Board had a whistleblowing policy in place which allowed an appropriate response to be made to the allegations made. There was no question of diluting this fact albeit a defensible response had been made. The Chairman commented that he felt it was part of the evolution of an organisation that there would be cultural and values blips and that it was important that these were responded to appropriately.
- 15.29 The Chairman commented that he had had the opportunity to see the detail of the action plan behind the Board paper and commented that he would be sure that Non Executive Board members would be welcome to see a copy of this further information.
- 15.30 The Board agreed the recommendations contained in the circulated paper.

16. Quality and Performance Improvement

- 16.1 The Chief Quality Officer commented that he was keen to make the Board report as effective and informative as possible and would take opportunities to consider new ways of presenting data. He commented that he would welcome Non Executive Board members completing an online survey monkey tool as this would help to identify areas of further improvement.
- 16.2 The Board noted that the paper addressed performance measures agreed through the Local Delivery Plan and the Operational Plan as well as the key risks and priorities for the Board which were under constant review.
- 16.3 The Chief Quality Officer advised that he had discussed with the External Auditor ways of improving the detail of the Board paper.

- 16.4 The Board noted that stroke performance had been harder to achieve as the standard had been reset. Improvements in performance had however been sustained and this was testament to the efforts of colleagues in this area. Performance in respect of cardiac arrest rates was also going in the correct direction. It was anticipated that the new complaints procedure would produce good data. The Chief Quality Officer advised that the purpose of the paper was to attempt to keep Board members informed of performance against external targets although he understood that there was a need for further work to put some more flesh on the bones sitting behind the report.
- 16.5 Mr Murray commented that participation in the survey monkey was appropriate. He commented that he had attended a Ministerial Strategic Group where 6 nationally imported measures had been referenced some of which overlapped with existing performance requirements and he questioned how the knitting of these together could be reviewed. He questioned whether the performance paper needed to be reviewed to reflect the integration world and what it meant in practical terms like the approach to winter planning. Mr Murray commented that at a previous meeting he had suggested that there would be merit in dividing down the delayed discharge figures to represent individual IJBs. The Chief Quality Officer apologised for this omission and undertook to reflect the request in future iterations of the paper. Mrs Hirst commented that when looking at departmental reporting there would be benefit in also having information around integration in respect of IJB performance. The Interim Chief Executive commented that Ministerial Strategic Group indicators were known to each of the IJBs and were discussed as part of the NHS Lothian performance process and it would be possible to translate this information into future iterations of the Board performance paper.
- 16.6 The Board agreed the recommendations contained in the circulated paper.

17. Unscheduled Care: Winter Debrief

- 17.1 The Chief Officer, Acute Services commented that winter was generally classified as occurring between January and March for action monitoring purposes. She commented that during this winter in comparison to the previous year that there had been a significant rise in emergency department attendances. In addition 3 of the 4 partnerships had seen a rise in unscheduled care admissions as well as there having been an increase in the number of daily discharges in each site. The Board were advised that there had been a high volume of admissions and this had been exacerbated by the impact of winter. The Board were advised that for the first time ever the system had not received the benefit of winter discharge of patients. The pressures being felt by the system were having a direct impact on patients with there having been a breach of 8 & 12 hour waits in the emergency department for beds which subsequently impacted on the elective programme. The Board noted that the circulated paper distilled all of the pressure that staff at the front door of the organisation were working under and that this demonstrated an incredible level of resilience and dedication as well as flexibility from staff with it being important to recognise this fully.
- 17.2 The Board noted that in recognition of the sustained comprise of acute care provision an escalation was initiated by the Interim Chief Executive. This consisted

of whole system conference calls being implemented during peak pressure points post the festive break. These conference calls included the IJB Chief Officers and / or their nominated deputy. These teleconferences provided a platform for whole system review and a forum for joint action planning and projection of positions for acute based/ community constraints and on delayed discharges. Feedback from the system had confirmed that the teleconference calls had been helpful and had provided appropriate focus as well as encouraging whole system working. The Board noted that during the peak of the winter pressures that the focus had been on considering safe and acceptable alternatives to admissions. The Flow Centre had been crucial in this workstream in terms of the avoidance of admissions and attendance through facilitating the process of getting people discharged early. The point was made however that it had been slightly disappointing that the response to the winter pressures had been bed based. It was noted that one of the winter wards had not actually closed until the beginning of June.

- 17.3 The Board were advised that the Unscheduled Care Group had been chaired by the Chief Officer at West Lothian and had adopted a whole system focus to work building on the success and experiences of previous years. The terms of reference of the Unscheduled Care Committee had changed from being a sitrep model to an improvement committee. The focus of the Unscheduled Care Committee in the current year had been to make decisions early particularly in respect of the recruitment of staff and this would continue building on the evaluation from the current winter period. The Board noted that there had been a significant change of focus in respect of unscheduled care.
- 17.4 The Board were advised that one of the improvement actions around the Unscheduled Care Committee had been the development of a Communication Strategy although the intention in future years would be to issue this earlier. The Communication Strategy pointed to safe alternatives to presenting at the emergency departments through the use of facilities like the Minor Injuries Unit if appropriate. There was an issue about how to actively and proactively encourage high risk groups of patients as well as staff to take the flu vaccination. A positive aspect of the Unscheduled Care Committee was that it allowed lessons to be learned and consideration of how to undertake things differently in future years.
- 17.5 The Chairman questioned given what had just been reported to the Board and his take on the statistics why only moderate assurance was being claimed. The Chief Officer, Acute Services advised that this was because performance was still below where it should be even although agreed actions were being progressed.
- 17.6 Mr Connor commented that it was welcoming to learn about the degree and level of staff resilience given that these were the same staff that had been discussed earlier in the Board meeting in respect of allegations of bullying and harassment. He commented that whilst he understood the need to address the previous issues it was important to recognise that NHS Lothian was extremely fortunate in having such highly motivated staff. Mr Connor commented that at some stage a tipping point would be reached from which it would be difficult to recover from. He suggested that unless a process of transformational change was undertaken that there would be a point in the future where the organisation would not be able to recover.

- 17.7 Mr McCann commented that the report before the Board was impressive and he noted that there was no magic solution to the problems described. He questioned how the system addressed the need to increase recruitment during the winter and to reduce requirements following the conclusion of the winter period. The Chief Officer, Acute Services advised that staff recruited were generally not released following the winter period unless they were of a very specialist nature. The process of permanent recruitment had been successful. Mr McCann questioned whether there was any scope to do something more flexibly for instance linking medical staff appointments into the academic desires of the postholder. The Executive Medical Director advised that medical staff had annualised job plans and that much of the work around supporting the winter period was not just medical staff related. It was noted that doctors in training provided significant support into the delivery of care on the ward and that there were channels through which formal training programmes were delivered with time set aside for academic work. The Chief Officer, Acute Services commented that each staff group was represented in discussions around unscheduled care and that generally people worked around issues as they arose with the permanent recruitment model providing flexibility. In addition further flexibility was available through the use of the NHS Lothian Nurse Bank. The Director of Human Resources and Organisational Development advised that job plans were flexed as necessary on a day to day or week to week basis.
- 17.8 The Chief Quality Officer in response to a question from Mr Murray advised that it would be possible to expand the data in Appendix 1 to cover a 4 year period as this would connect into the wider IJB debate.
- 17.9 Mrs Mitchell commented that it was refreshing to note that lessons were being learned from previous practice. She commented that the data would suggest that West Lothian had seen a 6% reduction in admission rates and wondered whether there were any learning lessons that could be used by other parts of the organisation. The Chief Officer, Acute Services commented that the key part of the Unscheduled Care Committee process was to share learning lessons and embed these where necessary. It was noted that during the current winter period that patient acuity had been worse than previously experienced with consideration being given to opportunities around expanding discharge lounges for use by people on trolleys. Consideration was also being given to the number of working hours in the day. The Board noted that there was an absolute focus to maximise the use of discharge lounges. The point was made that not all patients who were suitable for treatment in the discharge lounge were ready for discharge from the hospital.
- 17.10 Professor Humphrey commented that the paper described a process that had an impact on patient experience and questioned whether links could be shown to clinical outcomes in terms of morbidity and mortality, complaints rates and Serious Adverse Events. She commented that there was a need to consider learning beyond the NHS and questioned whether there were any comparable reports for IJBs and Health and Social Care Partnerships that could inform the planning process for future years.
- 17.11 The Interim Chief Executive commented that there was an amalgam of feedback from an IJB experience perspective and that it would be for IJB Chairs to decide what level of report was discussed at IJB Board meetings. The Vice-Chair commented that in West Lothian there was no specific report like the one currently

being considered by the Board in respect of winter although targets were identified and reported back as part as overall performance. Mr Murray commented that at a recent IJB national meeting there had been discussion around the use of Directions to direct partners to ensure that patient flow kept moving and that this should include emergency back up at points in the year.

- 17.12 Mrs Hirst commented that she had not until this point realised how different the 3 emergency departments in Lothian were. She commented that the Royal Infirmary of Edinburgh Emergency Department was the biggest in Scotland and also dealt with very complex needs and it was probably therefore not surprising that it was not meeting national targets. She commented that the Edinburgh IJB received performance reports although it would be prudent to now consider from what areas in the City that patients were presenting at the Emergency Department and whether these patients were registered with GPs.
- 17.13 The Executive Director of Nursing advised that IJB Directions were considered on an annual basis and that there should therefore be no provenance issues. He commented that IJBs looked at performance differently from NHS Lothian. He felt that there would be benefit in the triangulation of data. Mr Murray commented that the Scottish Government view was that the use of Directions was poor and he was therefore of the view that there was a need to ensure that performance issues were appropriately addressed.
- 17.14 The Interim Chief Executive commented that over 75% of attendances at the Emergency Department and admissions to the Emergency Department were via GP practices and that as part of the routine performance reporting this information was provided to Chief Officers.
- 17.15 The Board agreed the recommendations contained in the circulated paper.

18. Draft 2018-19 Annual Operational Plan

- 18.1 The Executive Director of Nursing advised that the Scottish Government had issued guidance in relation to the development of an annual Operational Plan to replace the Local Delivery Plan. The purpose of the draft 2018-19 annual Operational Plan was to focus primarily on performance, finance and workforce, concentrating on the core standards which were most important to patients: cancer waiting times, treatment time guarantee, outpatients, diagnostics, mental health and A&E performance with an expectation that NHS Boards would as a minimum return to waiting time levels delivered at 31 March 2017.
- 18.2 The Board noted that a draft 2018-19 annual Operational Plan had been discussed at the NHS Lothian Board Development session on 7 March 2018. The draft plan had been submitted to the Scottish Government on 9 March 2018. The draft plan which had been updated to incorporate comments at the Board Development session was circulated with the Board paper.
- 18.3 The Board noted that Scottish Government feedback relating to the draft annual Operational Plan was received on 31 March 2018 as reflected in Appendix 3 to the Board paper. However no specific feedback either in relation to the options detailed

in the paper or the wider service issues had been received on the draft plan. Feedback received had outlined the importance of NHS Boards continuing to plan and deliver elective performance across all specialties to ensure maintenance of safe and effective care. It was noted that the Corporate Management Team would require to take a view on how to utilise NHS Lothian's share of the additional £50m identified by the Scottish Government. Proposals would thereafter be submitted to the Finance and Resources Committee and if necessary back to the NHS Board.

- 18.4 The Vice-Chair commented on the requirement to move performance back to March 2017 levels and noted that the Scottish Government had not acknowledged that the funds available would not fully address the problem. The Executive Nurse Director updated on the content of the Scottish Government letter. He at the suggestion of the Vice-Chair undertook to seek specific feedback from the Scottish Government on the operational plan prior to the issue being discussed at the Finance and Resources Committee. It was anticipated that the Scottish Government might reply stating that the letter circulated with the Board paper represented their final position.
- 18.5 The Director of Finance commented that feedback was awaited on the ability to enter into 2-3 year contracts with the independent sector in order to create additional capacity to address waiting lists. Once the discussions had been concluded with the Scottish Government the outcome would be built into a paper for discussion by the Finance and Resources Committee.
- 18.6 Mrs Mitchell commented with reference back to the Quality Strategy whether colleagues were missing an opportunity in not marrying together the Quality Strategy with the draft Operation Plan given this would impact on everything NHS Lothian is required to do. The Executive Nurse Director commented that the circulated paper touched on this point.
- 18.7 Mr Murray commented that the narrative needed to reflect on the nature of Board and IJB links and to objectives that impacted on the whole system. Community led initiatives and links into IJBs would be important and needed to be considered. The Executive Nurse Director advised that NHS Lothian was in the process of responding to individual IJB recommendations.
- 18.8 The Board agreed the recommendations contained in the circulated paper.

19. Draft Corporate Objectives 2018-2023

- 19.1 The Executive Nurse Director commented that the development of the draft Corporate Objectives 2018-2023 represented an iterative and moving piece of work. It was noted that publication of the Regional Plan was still awaited. It was encouraging that the Quality Strategy had been approved at the current Board meeting. The IJB Directions were currently going through due process. The implications of potential further funding streams for NHS Scotland were still being worked through and would again form part of an iterative process.
- 19.2 The Board noted that at this point that the Corporate Objectives were a moving feast with the proposal being to ask the Strategic Planning Committee to take oversight of

them with a report being brought back to the November Board meeting as well as towards the end of the financial year.

19.3 The Board agreed the recommendations contained in the circulated paper.

20. Financial Position to May 2018

20.1 The Director of Finance advised that the Financial Strategy remained fluid with there being a requirement to reflect the £2bn funding development into the longer term Financial Strategy framework and to consider what this allocation meant for NHS Lothian and the rest of Scotland. In addition Barnett formula links and the impact of income tax and the 9% pay uplift for Agenda for Change staff all needed to be reflected in the final document.

20.2 In terms of the financial performance for the year to date it was reported that it was difficult to draw too many conclusions from month 2 performance particularly given the fact that prescribing data could only be estimated. The Board noted that at month 2 the system was reporting a £3.7m overspend and that this was reasonably consistent with the predicted financial gap. The Director of Finance reported that she was slightly disappointed in this outcome and that although the report set out the key issues they were no different from previous years. The position in respect of junior doctor staffing was discussed with it being noted also that there had been an increase in nursing costs although this had not come as a surprise given the higher levels of activity being dealt with by the organisation. The point was made that acute hospital drug spend was an area of concern with a number of Scottish Medicine Consortium approvals in 2017/18 for high value drugs working their way through the system in the current financial year.

20.3 The Board noted that the quarter one financial review would be the next step in the process and that discussions would be held with each of the business units to look at actions that could be taken. Corporate support would be provided to this process. The Board noted that if nothing else changed in terms of the financial projections that the Finance team would manage the position in the same way that they always did.

20.4 The Director of Finance commented that at this point she could only offer limited assurance on the breakeven position at the yearend although she assured the Board that her colleagues were doing all that they could to meet the financial targets.

20.5 Mr Murray questioned whether the recent monthly reporting requirement from the Scottish Government was viewed as a positive or negative development. The Director of Finance commented that generally she felt that this was a positive move and that in any event each Board undertook a process of monthly reporting and in her view the introduction of national reporting provided an opportunity to be transparent and she would encourage that. She commented that she also felt that it was important that issues around the impact on patients of some health systems moving into deficit was important and should be transparent.

20.6 The Board noted the recommendations contained in the circulated report.

21. Any Other Competent Business

21.1 Appointment of Members to Committees – The Chairman advised that he was proposing to defer the decision on the Chair of the Access and Governance Committee pending discussion of the paper that the Chief Officer, Acute Services had presented in respect of the 4 hour review. The Board therefore approved the following appointments:-

- To appoint Mr Connor as the Chair of the St John's Hospital Stakeholder Group with immediate effect.
- To appoint Councillor I Campbell as a member of the Finance and Resources Committee with immediate effect.
- To note that Professor M Whyte is stepping down from the membership of the Acute Hospitals Committee and the Strategic Planning Committee.

21.2 The Chairman commented that he would finalise the position in respect of the Access and Governance Committee and the Emergency Access Standard Improvement Programme Board Chair outwith the meeting. He would advise Board members of the outcome of his deliberations and bring forward a proposal for homologation at the next Board meeting.

22. Board Development Session

22.1 The Board noted that the next Board Development session would be held on **18 July 2018 at the Scottish Health Services Centre, Crewe Road, Edinburgh.**

23. Date and Time of Next Meeting

23.1 The next meeting of Lothian NHS Board would be held at **9:30am on Wednesday 1 August 2018 at the Scottish Health Services Centre, Crewe Road, Edinburgh.**

24. Invoking of Standing Order 4.8

24.1 The Chairman sought permission to invoke Standing Order 4.8 to allow a meeting of Lothian NHS Board to be held in private. The Board agreed to invoke Standing Order 4.8.

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday 1 August 2018 at the Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mr M Hill (Vice-Chair); Mr M Connor; Mrs C Hirst; Professor T Humphrey; Mr A McCann; Cllr J McGinty; Mrs A Mitchell; Mr P Murray (until 11.50am); Mr B McQueen; Ms F Ireland; Mr A Joyce; Cllr F O'Donnell; Professor M Whyte; Dr R Williams and Dr P Donald.

Executive and Corporate Directors: Mrs J Butler (Director of Human Resources and Organisational Development); Ms J Campbell (Chief Officer of Acute Services); Mr J Crombie (Interim Chief Executive); Professor A K McCallum (Director of Public Health & Health Policy) and Professor A McMahon (Executive Director, Nursing, Midwifery & AHPS – Executive Lead REAS & Prison Healthcare).

In Attendance: Ms J Mackay (Director of Communications & Public Engagement), Mr C Marriott (Deputy Director of Finance), Mr A Jackson (Assistant Director of Healthcare Planning)(Item 26), Dr J Hopton (Programme Director, Facilities)(Item 30), Ms J Morrison (Head of Patient Experience)(Item 31) and Mr C Graham (Secretariat Manager, Corporate Governance Team).

Apologies for absence were received from Mr T Davison, Cllr D Milligan, Cllr I Campbell, Mr M Ash, Miss T Gillies, Mrs S Goldsmith and Dr S Watson.

Chairman's Introductory Comments

The Chairman welcomed members of the public and press to the meeting.

Changes in Board Membership

The Chairman welcomed Dr Patricia Donald and Dr Richard Williams who were attending their first Board Meeting.

Declaration of Financial and Non-Financial Interest

The Chairman reminded members they should declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. The Vice Chair declared an interest in Item 30 as a SEPA Board Member and Miss Ireland declared an interest in item 32 as she had operational responsibility for volunteering.

25. Items for Approval

25.1 The Chairman sought and received the approval of the Board to approve items 1.1 – 1.10. The following were approved:-

25.1.1 Minutes of the Previous Board Meeting held on 27 June 2018 – Approved.

25.1.2 Running Action Note – Approved.

25.1.3 Corporate Risk Register – Approved.

25.1.4 Appointment of Members to Committees - The Board agreed to:

- Appoint Fiona Ireland as the Chair of the Dental Appeals Panel with immediate effect.
- Re-nominate Alex Joyce to continue as a voting member of the Midlothian Integration Joint Board with effect from 20 August 2018.
- Nominate Dr Richard Williams to replace Alex Joyce as a voting member of City of Edinburgh Integration Joint Board with effect from 1 August 2018.
- Re-nominate Alex Joyce to continue as a voting member of the West Lothian Integration Joint Board with effect from 20 October 2018.
- Appoint Dr Richard Williams as a member and chair of the Acute Hospitals Committee with immediate effect.
- Appoint Dr Patricia Donald as a member of the Healthcare Governance Committee with immediate effect.
- Re-appoint Caroline Myles as the registered nurse non-voting member of the Midlothian Integration Joint Board with effect from the day after when her current appointment ends (20 August 2018).
- Re-appoint Mairead Hughes as the registered nurse non-voting member of the West Lothian Integration Joint Board with effect from the day after when her current appointment ends (20 October 2018).
- Re-appoint Dr Andrew Coull as the '*registered medical practitioner who is not providing primary medical services*' non-voting member of the Edinburgh Integration Joint Board with immediate effect.
- Re-appoint Dr Ian McKay as the '*registered medical practitioner whose name is on a list of primary medical services performers*' non-voting member of the Edinburgh Integration Joint Board with immediate effect.
- Appoint Dr Nik Hirani as the '*registered medical practitioner who is not providing primary medical services*' non-voting member of the Midlothian Integration Joint Board with immediate effect.
- Re-appoint Dr Hamish Reid as the '*registered medical practitioner whose name is on a list of primary medical services performers*' non-voting member of the Midlothian Integration Joint Board with effect from the day after when his current appointment ends (20 August 2018).

25.1.5 Staff Governance Committee Minutes 30 May 2018 – Endorsed.

25.1.6 Audit & Risk Committee Minutes 18 June 2018 – Endorsed.

- 25.1.7 Acute Hospitals Committee Minutes 19 June 2018 – Endorsed.
- 25.1.8 Strategic Planning Committee Minutes 7 June 2018 – Endorsed.
- 25.1.9 Edinburgh Integration Joint Board Minutes 18 May 2018 - Endorsed
- 25.1.10 East Lothian Integration Joint Board Minutes 26 April & 24 May 2018 – Endorsed.

26. Quality & Performance Improvement

- 26.1 Mr Jackson provided an update on the most recently available information on NHS Lothian's position against a range of quality and performance improvement measures.
- 26.2 The Board acknowledged that performance on 14 measures considered across the Board, including those relating to the Hospital Scorecard, are currently met with 19 not met. It was noted that it was not possible to assess performance on dementia post diagnostic support or complaints stage 1 or 2.
- 26.3 Mr Jackson reported that governance committees were continuing with the enhanced programme of assurance agreed, with a provisional timetable for remaining measures now outlined. To date, 34 measures have been considered with significant, moderate, limited and no assurance reached on 8, 13, 12 and 1 instances respectively.
- 26.4 There was discussion on the 4 hour standard. Members noted that since the board meeting the acute hospitals committee had agreed it was appropriate to split assurance levels in relation to the standard. The performance assurance level had been agreed as moderate and assurance in relation to process had been agreed as limited assurance.
- 26.5 The Vice Chair commented that whilst the nature of the report as an overview or monitoring paper was valuable, the part that was missing was provision of the idea of trends and whether these were improving or not. Would it be possible to have information to show improving or worsening trends to allow the Board to focus on areas that need it. Mr Jackson stated that he would be content to look at adding in an indication of previous reporting into future iterations of the paper.
- 26.6 Mr McCann referred to the repository data in particular the 62 day cancer numbers across various specialities and suggested that greater narrative around trend would also be helpful.
- 26.7 Mr McQueen asked about NHS Lothian performance against other health boards in Scotland. There was discussion on the gradient of different socio-economic groups. Professor McCallum explained that Lothian was the only Board to have a programme designed to reduce overall avoidable delays in the pathway for diagnosis and treatment of cancer, funding initiatives designed to address socio-economic differences.
- 26.8 Mrs Hirst commented that it was positive to see in reference to quality and performance measures and standards rather than targets.

26.9 The Board considered whether consideration by committee is merited for any of 4 areas yet to be granted a level of assurance since the process' inception. A further 2 have not been reconsidered since 2016.

26.10 Mr Jackson made the point that a number of these had been scheduled for committee consideration over coming months. The Board recognised that these areas had not yet been considered but were included in appropriate committee work plans.

27. Involvement of Non Executive Board Members in the Oversight of the Emergency Access Standard

27.1 The Chairman reminded members that at the NHS Board meeting of 27 June 2018, the Board had considered the emergency access standard and the Academy of Medical Royal Colleges' report arising from its review into that subject. The Board had also debated the appointment of non-executives to groups which management had established within NHS Lothian to oversee the various issues.

27.2 At the 27 June meeting the Chairman had commented that he would finalise the position in respect of the Access and Governance Committee (A&GC) and the Emergency Access Standard Improvement Programme Board (EASIP) Chair out with the meeting and advise Board members of the outcome of his deliberations. The Chairman and executive management team had now given this matter further consideration and the report now sets out the issues and makes recommendations as to the way forward, recognising the distinction between the functions of governance and management.

27.3 The Board noted sections 3.5 to 3.7 of the report explaining the nature of A&GC and EASIB and their roles. The conclusion was that these were effectively management committees and as such it would not be appropriate to appoint a non-executive to chair them. However it would be appropriate to have non-executive representation on the groups providing input and that given the overlap between the two groups, the same non-executive would be appropriate. It was noted that this way forward had stepped away from the recommendations of the external review.

27.4 There was discussion on the report from Academy Royal Colleges and the request inviting the Board to consider if they wanted any independent validation of the way the 4 hour target was now being counted. It was likely that officers would come back to follow up on this at some point. Mr Crombie stated that in discussion with the audit and risk committee chair it had been agreed to consider and cover external validation at a likely milestone such as Month 6.

27.5 The Board agreed to appoint Mr Peter Murray as a non-executive Board representative member on the Access & Governance Committee and the Emergency Access Standard Improvement Board.

27.6 The Board also agreed that the Information Governance Sub-Committee was the appropriate body to exercise governance oversight of the quality and reliability of waiting times data.

- 28. East Region Short Stay Elective Centre (SSEC), St John's Hospital Livingston**
- 28.1 Mr Crombie introduced the report providing the Board with the Initial agreement (IA) for a Short Stay Elective Centre at St John's Hospital, which had been submitted to the Finance & Resources Committee (25 July 2018) and had been commended to the Board for onward submission to the Scottish Government Capital Investment Group.
- 28.2 Mrs Campbell reported on the national programme for short stay elective centres. £200M capital was to be provided to build a network of elective centres to cope with anticipated demand growth at a national level. The IA proposes a capital cost for the East Region of £67M against to £200M nationally, with revenue of £27M which was being talked about as part of revenue stream discussion at the national forum. Enabling projects were currently looking at releasing capacity to cope with a growth in complex cases along with the development of opportunities with clinical colleagues.
- 28.3 There was discussion on the East Region's overarching ability to deal with elective patients. Mrs Campbell added that colleagues from Borders and Fife believed they would not need to use the short stay unit. Similar regional support would be required for the Princess Alexandra Eye Pavilion but such capital programmes would be separate requests to the £200M national pot.
- 28.4 Having the short stay elective centre at St John's Hospital would allow highly complex orthopaedics cases to remain at the Royal Infirmary of Edinburgh which already had the required orthopaedic specific theatres. Mr Crombie added that the development of the elective centre at St John's Hospital demonstrated the Board's continued commitment to the site.
- 28.5 There was discussion on the key risks of the programme at this time. It was noted that nationally, all current capital bids put forward exceeded the £200M by £80M. There were also concerns around workforce provision given all elective centres were currently planned to open at the same time.
- 28.6 Mrs Campbell gave more explanation around plans to address workforce requirements. Work on the workforce pipeline was ongoing with experts. The Operating Department Practitioners (ODPs) programme would be starting in January 2019. It was noted that as a board and a region there had been recent success in recruiting key surgical colleagues. Mr McCann questioned if the plans for achieving delivery would be realistic given current shortages with specialties. Professor McMahon stated that there would need to be a review of theatre workforce in totality and that this would take time to complete, there would need to be parallel working and planning and professional groups such as advanced nurse practitioners and ODPs would need to grow quickly enough to meet timelines.
- 28.7 Professor Humphrey highlighted the fact that although the proposal was not yet approved there was a need to flag workforce and forward planning concerns to the Scottish Government as the intake numbers for next year's adult student nurses were about to be confirmed which may put the required workforce a year behind already. Mrs Butler commented that part of the challenge was the funding stream

behind the proposals. It was noted that clarity around capital funding was expected at the end of September 2018, there was no revenue stream timeline yet.

- 28.8 Dr Williams raised the impact that there would be on the primary care workforce and the impact travelling to the new elective centre would have on primary care, with work having to be picked up should patients be unwilling to travel to St John's Hospital. Professor McCallum added that it was important to address this and the modernising primary care piece as well to remain as an employer of choice.
- 28.9 Mr Connor stated that, as the new chair of the St John's Stakeholder Group, he welcomed the IA. However from a practical point of view car parking at St John's remained a very real challenge and would only worsen when a regional centre was introduced unless this was addressed. Mrs Campbell confirmed that this was a well recognised concern and was being picked up as part of the St John's Hospital Master Plan.
- 28.10 Cllr McGinty echoed the expressed views around workforce, travel and parking challenges and asked if there was a public consultation aspect as part of the plan. The proposed communication engagement plan by the Scottish Health Council planned for September 2019 appeared to be happening too late. Earlier consultation was helpful as part of planning. Mrs Campbell agreed to revisit the public consultation timeline again and would follow up with Cllr McGinty on this point.
- 28.11 Cllr McGinty also asked about volumes of work at St John's Hospital. Given the current mix of work, specialties and range of services there and knock on effect or reshuffle of services for St John's or other sites should be communicated as earlier as possible. Mrs Campbell confirmed that there was no intention to displace any services already on the St John's Site. It was hoped the elective centre would enhance and benefit the site.
- 28.12 Mrs Hirst raised concern around health and social inequalities in relation to physically travelling to St John's Hospital and hoped this would be looked at in considerable detail. Mrs Campbell stated that this would be looked at and a similar model to that used for Golden Jubilee transport was being considered but at a local level.
- 28.13 Mr Crombie reminded members that the IA is used as a short introduction of concept, drivers and ambitions. The IA would be dwarfed by the Outline Business Care process which would go into full detail. The Board had spent significant time today reviewing and understanding deficits in capacity. The intention had been to bring the IA to the Board to outline the vision and first steps of a sustainable solution for Lothian and the region.
- 28.14 The Board agreed to accept significant assurance that the content of this proposal had been developed as part of the Acute Services workstream of the East Region Health & Social Care Delivery Plan, which had the full participation of Borders, Fife, and Lothian.
- 28.15 The Board also accepted the commendation of the IA from the Finance & Resources Committee and noted the anticipated submission of the IA to an extraordinary meeting of the Scottish Government Capital Investment Group at the end of

September 2018. Mr Crombie would bring progress updates back to the Board as appropriate.

28.16 The Board noted that the issues raised around workforce, revenue stream, travel, access and public engagement would be considered further by colleagues and reported back on at a future board meeting.

29. Financial Position to June 2018

29.1 Mr Marriott updated the Board on the financial position at Period 3 based on the latest financial information.

29.2 The Board noted the improvement in overspend position which had been reassessed against GP prescribing, meaning the starting deficit had been adjusted from £5M to £1M. There continued to be pressures in specific areas, namely, junior doctors, supplementary nurse staffing, acute prescribing and pay awards.

29.3 The Board accepted significant assurance that the Finance & Resources Committee had received and accepted a report setting out the financial position at month 3 of NHS Lothian with detail on the relevant issues. The Board also accepted that limited assurance remains in place at this stage for the achievement of breakeven by the year end, based on the month 3 position and noted that F&R Committee had also accepted this level of assurance.

30. Climate Change and SDAP Report

30.1 Mr Crombie introduced the report recommending that the Board note the content of and endorse the mandatory Climate Change Report for 2016 to 2017 and the Sustainable Development Action SDAP 2017-2018.

30.2 Mr Crombie explained that the paper described in detail NHS Lothian's approach to climate change and also a complex series of nationally deployed initiatives.

30.3 The Vice Chair made a point of information for members that today was earth overshoot day. This was the day when the earth used up its budget of natural resources until the end of year. Scotland currently was consuming three planets worth of resources. Whilst the report complied with requirements set down for the public sector, the Vice Chair questioned if as a Board this went far enough. Given the Board's focus on quality improvement could more be done to fundamentally improve transformation of services? This needed to be a larger part of the Board's core business and not just a tick box exercise to comply with Scottish Government requirements.

30.4 The Chair stated that before considering the Vice Chair's higher level points and further debate to address these high level points, the Board first had to consider the report and whether or not to accept the recommendations outlined for the report and plan.

30.5 There was discussion on key risks, mandatory targets, omissions associated with Golden Jubilee transport, PFI procurement process and energy consumption.

- 30.6 Mr Crombie invited Dr J Hopton who was in attendance in the public gallery to contribute to the debate on the Climate Change and SDAP Report
- 30.7 Dr Hopton explained that Golden Jubilee transport was one of the most significant contributors to the Board's carbon footprint along with pharmacy waste and that there were a range of difficulties involved in taking forward climate change challenges.
- 30.8 There was further discussion around other areas such as use of taxis, ethical implications, the development of true innovation into future plans for current and new buildings when considering environmental impact and the integration of the climate change agenda into everything the Board does.
- 30.9 Dr Hopton welcomed the helpful discussion and confirmed that the priorities for 2019 would include focus on pharmaceutical waste and community engagement to look at reducing costs and impact.
- 30.10 There Board considered the best way to take this forward and whether there was an appropriate opportunity to use a future development session or Strategic Planning Committee session. The Chair stated that this totality approach played into strategic planning of the future. Mr Murray added that at the last development session focus had been on using community planning resource in a more effective way. Dr Williams stated that this was something for the Finance & Resources Committee to take forward and provide assurance to the Board that there was a plan in place.
- 30.11 The Vice Chair added that Finance & Resources had a real role to play in driving the agenda for improvement and development forward with limited funding. There was a need to develop a mindset where climate change and all other implications were viewed as core Board business.
- 30.12 The Board agreed to endorse the mandatory Climate Change Report (16-17) and the NHS Lothian Sustainable Development Action Plan (17-18).

31. Patient Experience

- 31.1 Professor McMahon introduced the report on the range of work across complaints & feedback and patient experience activities across NHS Lothian in respect of the Annual Report. In particular the Business Case that was approved by the Corporate Management Team in June 2018 that supports the redesign and implementation of the revised complaints handling procedure.
- 31.2 Prof McMahon invited Ms J Morrison who was in attendance in the public gallery to contribute to the debate on Patient Experience.
- 31.3 There was discussion on the publication of the annual report and the significant work undertaken in dealing complaints and learning from patient feedback. The Board noted that there were nine new KPIs being reported on nationally and that there had been an improvement in the relationship with the Scottish Ombudsman in relation to dealing complaints and a reduction in the Ombudsman overturning complaints.

- 31.4 The Board also noted the work undertaken to look at the infrastructure to support complaints and the capacity and expertise within team with the expanded role now covering prisons.
- 31.5 There was further discussion on reviewing and learning from complaints, including patient experience feedback. It was noted that most acute wards used care assurance standards and not tell us 10 things and this approach had been previously agreed. In relation to tell us 10 things it was acknowledged that most complaints were about noise at night and food. It was important to look at how to address these repeated issues and not just accept them as old faithfuls. Care Opinion was the national system which was also used and overall postings on the system were positive. People generally felt cared for compassionately and in a meaningful way.
- 31.6 The Board also considered the complaints and feedback process for primary care. Ms Morrison reported that primary care independent contractors used a survey monkey approach which was held and owned locally. This feedback was then reported back to the Board and IJBs through the annual report.
- 31.7 Professor McMahon outlined other vehicles that can be used in relation to complaints and feedback including use of the QI programme, Clinical Change sessions and internal audit reviews which gave staff opportunity to learn from.
- 31.8 Mr McCann stated that this was an interesting and useful paper, patient opinion information was valuable. Although some results were positive, the 'Staff took account of what mattered to you' was at 0.9%. Whilst this seemed low it was still a lot of people when considering the overall number of patients seen. Professor McMahon commented that moving forward, going back to patients and asking for opinion would be an important part of the process.
- 31.9 Dr Donald asked if there was feedback to the public on how to get the best out of the NHS. Professor McMahon stated that this was a good point which needed to be picked up and thought about as currently this was not done.
- 31.10 Miss Ireland added that the Care Assurance Standards Programme discussed at the Corporate Management Team had also been discussed by the Area Clinical Forum and the importance of not putting funding into silos had been recognised. The opportunity to extend this work across the workforce to link into the excellence in care programme should be considered.
- 31.11 The Chair welcomed the report and commented that a lot of work had been undertaken over the last two years. This had been a monumental task with culture, process and staffing aspects and Ms Morrison and her team deserved a great deal of credit for this progress. Professor McMahon added that the next phase would be to expand the base of feedback data to drive forward the business and quality programme.
- 31.12 The Board agreed to note the Patient Experience Annual Report 2017/8 that had been signed off by the Healthcare Governance Committee. The Board also endorsed the ongoing work undertaken with particular reference to the implementation of the new Complaints Handling Procedure from 1 April 2017.

31.13 The Board supported the next steps of the complaints and feedback Business Case and the range of work being done to support the patient experience agenda via Tell Us Ten Things, Care Opinion and the Care Assurance Standards.

32. Refreshed Strategic Vision for Volunteering across Lothian (2018-2023)

32.1 Professor McMahon introduced the report seeking the Board's endorsement of the new strategic plan for volunteering across NHS Lothian 2018-23 which has been developed and consulted upon over the last 18 months.

32.2 Miss Ireland gave some background on volunteering and the development of the strategy. In terms of the strategy volunteers are defined as someone that gives their time freely and willingly. There were around 700 volunteers in Lothian covering approximately 40 different roles from ward helpers to volunteer gardeners.

32.3 There was discussion on funding for youth volunteering, employability and supporting people. From a governance point of view having Healthcare Governance Committee oversight with annual report was felt appropriate.

32.4 Miss Ireland commented that this was an exciting strategy and a different, much more proactive approach for NHS Lothian. There was also the opportunity for a future employment pipeline within services given links with modern apprenticeships and Project Search. It was important to note that volunteers are supplementary to and not replacing workforce.

32.5 Mr Murray welcomed the strategy and asked if there was an intention to proactively seek people with learning disabilities to volunteer. Professor McMahon stated that there no boundaries to who could volunteer. Mr Murray suggested that there be a larger statement on this within the strategy. Mrs Butler added that the strategy linked directly to the Project Search work, recruiting people with learning disabilities.

32.6 Mr Murray also commented that there was a paid employee within Edinburgh Health and Social Care Partnership for volunteering and that this resource should be made Lothian wide and accessible to all partnerships. Professor McMahon confirmed that there was an intention to work with all partnerships and use resources across all areas not just individual partnerships. Mr McCann added that having previously volunteered within NHS Lothian he was pleased to see a stronger emphasis on a personally rewarding experience for volunteers.

32.7 Professor Whyte stated that from a medical school point of view the prioritisation of people from disadvantaged backgrounds having access to volunteering and opportunities was welcomed and there was already good work in partnership on this.

32.8 The Board agreed to approve the refreshed strategic vision of volunteering across Lothian (2018- 2023).

33. Unscheduled Care Performance

- 33.1 Mrs Campbell reported on the current performance across the adult acute hospitals and outlined actions being taken to mitigate areas of concern.
- 33.2 Mrs Campbell highlighted that it was clear to see that the 4 hour performance standard remained a challenge for the Board. It was noted that the standard was 95% that should be achieved and for June 2018 this was sitting at 83%. It was noted that the Royal Infirmary of Edinburgh remained the biggest pressure for NHS Lothian and was the slowest recovering of all the adult acute sites.
- 33.3 There was discussion on the total number of attendances, improvements in patients waiting 8-12 hours for a bed, the number of unscheduled admissions, and the number of delayed discharges across adult acute sites and winter planning.
- 33.4 In relation to winter planning it was noted that this had started earlier. This year there was a refreshed approach with prioritised bids against funding from the Scottish Government. It was noted that there had been 80 bids against expected funding of £3M. Recommendations would be brought to the Unscheduled Care Committee to try and avoid bed based solutions.
- 33.5 Dr Donald pointed out that winter planning was very much a GP area as well and had to be a whole system approach. Consideration had to be given to how members of the public could be better signposted away from A&E and how patients could be supported to stay in the community and not be admitted.
- 33.6 There was also discussion on annual front door attendance numbers and the upwards trend of people turning up who could have been signposted elsewhere. Mrs Campbell commented that this was a national trend and was likely to continue to increase along with population if nothing was done. The key was how to safely support people out with attending A&E.
- 33.7 Dr Williams stated that the paper clarified that the challenge was at the back door and getting patients out of hospital. If there was new additional money for winter planning, investment had to be into getting people home and remaining in the community.
- 33.8 Mr Crombie added that there were constraints around non recurring money and the late notification of winter allocation given the time taken for recruitment and arranging of resources. Health and Social Care Partnerships were also central to defining and devising infrastructure to get people home quickly.
- 33.9 Mrs Hirst commented on the transport issues around getting people home as well as people having the appropriate support at home. There was discussion around the development of short stay observation units to help alleviate pressures. Mrs Campbell confirmed that progressing this was being looked at.
- 33.10 The Committee requested that future papers show the trajectory towards 4 hour standard compliance and that there be more consistency with the colour coding of graphs in the paper.

33.11 The Board noted the performance detailed in the report and accepted moderate assurance that mechanisms were in place across all three adult acute sites to monitor performance against unscheduled care and to support staff to design and implement a comprehensive programme of improvement actions.

33.12 The Board also noted the actions being taken to respond to the challenges associated with unscheduled care as outlined in the paper and accepted moderate assurance that the Unscheduled Care Committee was developing a robust winter strategy in response to learning from previous winter initiatives, as well as supporting new initiatives to continuously improve the winter planning processes.

34. Any Other Competent Business

34.1 There was no other business.

35. Board Development Session

35.1 The Board noted that the next Board Development session would be held on **12 September 2018 at the Scottish Health Services Centre, Crewe Road, Edinburgh.**

36. Date and Time of Next Meeting

36.1 The next meeting of Lothian NHS Board would be held at **9:30am on Wednesday 3 October 2018 at the Scottish Health Services Centre, Crewe Road, Edinburgh.**

37. Invoking of Standing Order 4.8

37.1 The Chairman sought permission to invoke Standing Order 4.8 to allow a meeting of Lothian NHS Board to be held in private. The Board agreed to invoke Standing Order 4.8.

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 3 October 2018 at the Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mr M Ash; Cllr I Campbell; Dr P Donald; Mr M Hill (Vice Chair); Ms C Hirst; Professor T Humphrey; Ms F Ireland; Mr A Joyce; Mr A McCann; Cllr J McGinty; Mrs A Mitchell; Mr W McQueen; Cllr F O'Donnell; and Professor M Whyte.

Executive and Corporate Directors: Ms J Campbell (Chief Officer of Acute Services); Mr J Crombie (Deputy Chief Executive); Mr T Davison (Chief Executive); Miss T Gillies (Executive Medical Director); Mrs S Goldsmith (Director of Finance); Professor A K McCallum (Director of Public Health & Health Policy); Professor A McMahon (Executive Director, Nursing, Midwifery & AHPS – Executive Lead REAS & Prison Healthcare) and Dr S Watson (Chief Quality Officer).

In Attendance: Mrs R Kelly (Associate Director of Human Resources – Deputising for Mrs J Butler); Dr C Sumpter (Specialist Registrar Shadowing Professor McCallum) and Mr D Weir (Business Manager, Chair, Chief Executive & Deputy Chief Executive's Office).

Apologies for absence were received from Mrs J Butler, Mr M Connor, Councillor D Milligan and Dr R Williams.

Chairman's Introductory Comments

The Chairman welcomed members of the public and press to the meeting. He also welcomed Dr C Sumpter, Specialist Registrar who was shadowing Professor McCallum.

Declaration of Financial and Non-Financial Interest

The Chairman reminded members they should declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. There were no declarations of interest.

37. Items for Approval

- 37.1 Mr Murray commented in respect of Item 1.3 "Corporate Risk Register" that he felt that for future meetings this should feature in the "For Discussion" section of the Agenda. The Chairman advised that he would consider this request and make a decision outwith the meeting.

- 37.2 In terms of Agenda Item 1.9 “Acute Hospitals Committee Minutes 21 August 2018” the Chairman advised that he would provide an update on the St John’s Paediatric Unit under Any Other Competent Business.
- 37.3 The Chairman sought and received the agreement of the Board to approve Items 1.1 – 1.15. The following were approved:
- 37.4 Minutes of Previous Board Meeting held on 1 August 2018 – Approved.
- 37.5 Running Action Note – Approved.
- 37.6 Corporate Risk Register – The Board accepted significant assurance that the current Corporate Risk Register contained all appropriate risks which were contained in Section 3.2 and set out in detail in Appendix 1. The Board also accepted that as a system of control the Governance Committees of the Board assessed the levels of assurance provided with respect to plans in place to mitigate the risks pertinent to the Committee. In conclusion the Board noted the review of the NHS Lothian’s Risk Register within the context of the Board’s May 2018 Workshop and feedback from Committee members with respect to a single system approach to risk through the Audit & Risk Committee.
- 37.7 Risk Management Policy and Procedure – The Board accepted the recommendation of the Audit & Risk Committee to approve the refreshed Risk Management Policy with immediate effect.
- 37.8 Review of the Board’s Standing Orders – the Board approved the proposed revised Standing Orders with immediate effect.
- 37.9 Appointment of Members to Committees – the Board agreed to:
- Appoint Mr Bill McQueen as the Vice Chair of the Pharmacy Practices Committee with immediate effect replacing Councillor Derek Milligan.
- Re-nominate Mr Martin Hill to continue as a voting member of the West Lothian Integration Joint Board (and the lead voting member for Lothian NHS Board) to take effect once his current term ended (2 December 2018).
- Endorse the re-appointment of Dr Elaine Duncan as the “*Registered Medical Practitioner whose name is on a list of Primary Medical Services Performers*” as a non-voting member of the West Lothian Integration Joint Board with effect from when her previous term ended (21 September 2018).
- Appoint Dr Rohana Wright as the “*Registered Medical Practitioner who is not providing primary medical service*” as a non-voting member of the West Lothian Integration Joint Board with immediate effect.
- 37.10 The Royal Edinburgh Hospital – the Board noted the operational steps being taken to sustain REH services (paragraph 3.4 – 3.12) of the paper. The Board took moderate **assurance that appropriate actions were being deployed in this context**. In addition the Board noted the steps being taken to deliver Phase 2 of the REH campus master plan, including the requirement that the 4 Integration Joint

Boards (IJBs) provide commissioning guidance to support (paragraphs 3.13 – 3.19). In conclusion the Board took **significant assurance that appropriate actions were being deployed in this context.**

- 37.11 Staff Governance Committee Minutes 24 July 2018 – Noted.
- 37.12 Audit & Risk Committee Minutes 27 August 2018 – Noted.
- 37.13 Acute Hospitals Committee Minutes 21 August 2018 – Noted.
- 37.14 Strategic Planning Committee Minutes 9 August 2018 – Noted.
- 37.15 Healthcare Governance Committee Minutes 10 July 2018 – Noted.
- 37.16 Finance and Resources Committee Minutes 25 July 2018 – Noted.
- 37.17 Midlothian Integration Joint Board Minutes of 3 May & 7 June 2018 – Noted.
- 37.18 East Lothian Integration Joint Board Minutes 28 June 2018 – Noted.
- 37.19 West Lothian Integration Joint Board Minutes 26 June 2018 – Noted.

Items for Discussion

38 Financial Position to August 2018 and year end forecast

- 38.1 The Director of Finance advised that the paper provided an update to the Board on the financial position to August 2018 as well as updating on NHS Lothian's year end forecast position as considered by the Finance & Resources Committee at its meeting on 19 September where it had been agreed to accept that limited assurance was available for the achievement of breakeven by the year end. The Board noted that at this point in the year it was only possible to provide limited assurance as there still remained some uncertainty around the risks identified in Table 3 of the paper. The Director of Finance advised that she was aware of the extent of pressures in the system and the potential need to provide additional capacity for winter resilience with no provision having yet been made for this in the year end forecast.
- 38.2 The Director of Finance commented that she was confident that the mid-year review financial process would help to provide additional assurance. She reminded the Board that a gap of £21.5m had been identified at the start of the financial year. A similar trend was evident over the previous 3 year period and there was a need to look at the underlying reasons for this. The Director of Finance advised that there was now a need to focus on the carry forward and deficit position and that the full reconsideration of this position would be carried out as part of the mid-year review and reported and discussed at the Finance & Resources Committee meeting in November.

- 38.3 The Board were advised that there was a need to consider what financial breakeven meant for Integration Joint Boards (IJBs) as previously NHS Lothian had provided non-recurrent support in order to ensure that IJBs reached a breakeven position. It was noted however that in the current financial year that some IJBs would be able to attain a breakeven position without additional resource. The Director of Finance advised that there would be a need to adopt an equitable and transparent position around IJBs and this would be reported to the Finance and Resources Committee.
- 38.4 Mrs Mitchell welcomed the update and the move to a move paper light report. She commented however on the time lag between Finance and Resource Committee minutes becoming available and the minimalist approach to the Board Report. She felt that the time lag in governance terms was too large for the Board to consider financial performance based on the minimalist paper. Mrs Mitchell felt that there would be benefit in summarising key highlights in the Board paper without creating significant additional work. The Director of Finance advised that she would reflect on how best to obtain a better balance.
- 38.5 Mr McQueen commented that the paper represented good news in terms of the trend. He commented however that in the risks table there was reference to a high risk around the availability of Scottish Government funding to cover pay rises and whether these would be funded in full. He commented that the paper also referred to risks around safe staffing levels. Mr McQueen reported that he was aware that work had been done looking at formulas for calculations. He questioned the position if a need for additional staffing was identified and whether safe staffing levels would be implemented immediately.
- 38.6 The Director of Finance commented that the approach to pay funding was different in the current financial year in that it covered a 3 year period. She advised that normally pay was addressed through an annual uplift with advice provided on what the potential level of uplifts would be. The Board noted that in the current financial year the Scottish Government had committed to fully funding pay awards. The Director of Finance felt that the financial risk around pay awards was reducing.
- 38.7 The Chief Executive advised that the move to a 3 year pay award approach rather than the previous annual one came with an increased cost over the 3 year period. He advised that incremental pay points had been collapsed meaning that some staff would receive a significant pay award over the 3 year period. Funding issues would need to be addressed in years 2 and 3 when setting budgets.
- 38.8 Professor McMahon commented in respect of safe staffing levels that the process of legislation was currently going through the Scottish Parliament and subject to successful passage would be enacted in 2020. He advised that the process required NHS Boards to run workforce tools annually or twice annually and that this provided a staffing establishment position at a point in time. One of the requirements of the new legislation would be that all Boards would be expected to run tools annually in order to ascertain that staffing and skill mix levels were appropriate. In Lothian a series of workshops to facilitate this process were being run. The Board noted that the preparatory work in Lothian would be completed by December and that this would provide details around an establishment number and skill mix data. The Board noted that even at this stage that the process was identifying a need to

increase establishment and that the Corporate Management Team were discussing funding options and considering risks for both staff and the organisation. It was anticipated that the initial impact of this area of work would be in the following year.

- 38.9 The Board accepted the circulated report as a summary briefing on the current financial position and year-end financial forecast. The Board also accepted the report as a source of significant assurance that the Finance and Resources Committee had received a report which set out the financial position at month 5 and a current estimate of a £1.4m year-end overspend, with detail on the relevant issues and required actions to achieve a balanced outturn. Finally the Board accepted that limited assurance for the achievement of breakeven by the year-end was given by the Finance and Resources Committee.

39. Quality and Performance Improvement

- 39.1 The Chief Quality Officer advised that the circulated report provided an update on the most recently available information on NHS Lothian's position against a range of quality and performance improvement measures. The Board were advised that over recent months a lighter reporting approach had been piloted. The Chief Quality Officer advised that following feedback received through the survey monkey questionnaire earlier in the summer that these changes had now been made permanent and further steps as previously proposed had now been taken. The Board noted that the latest changes resulted in a customisation of reports being provided to the specific Board committees and the provision of the dashboard in lieu of the Excel pack previously circulated alongside this paper. The Board noted that the link to the dashboard would be provided routinely in future rather than having to be requested. The Chief Quality Officer advised that the structure of the paper remained work in progress.
- 39.2 The Chief Quality Officer advised that the main areas where below expected performance was identified were discussed at management meetings and also through Board Committees for example the 4 hour Emergency Access Standard and Outpatient Performance. It was important however to note the positive cardiac arrest data which showed significant improvement over the position earlier in the year. Positive performance was also reported in respect of stroke services with the target now being harder to achieve. Despite this improvements continued to be evidenced in the service.
- 39.3 Ms Hirst commented that although the revised version of the paper was helpful she felt that it was too minimal. It would be helpful to receive a cross-reference from discussion at the Healthcare Governance Committee and other committees in order to provide assurance to the Board that issues had been discussed.
- 39.4 Mr Ash commented that it was important to understand the assurance process and the reliance on sub-committees to look at issues in detail. He suggested given the number of red performance areas that he understood the desire for more discussion in the main Board. However he reminded colleagues that the Audit & Risk Committee had been tasked with obtaining process assurance. He suggested that if a level of assurance was not received by the Audit & Risk Committee then the issue

should then be escalated to the main Board otherwise the Board Committee assurance process as previously agreed should remain the extant position.

- 39.5 Mr McCann agreed with the principle of taking assurance from the Board committee process but commented that not all Board members sat on all of these committees and therefore he was inclined to agree with the comments made by Ms Hirst. He felt that there was a need for more work to be done in respect of Non-Executive member access to the dashboard.
- 39.6 Mr McQueen commented that he supported the comments made by Ms Hirst and Mr McCann advising that there was a lot of material in the system and that not all Board members sat on the committees that reviewed this in detail. He commented for instance that issues around referral to treatment had been looked at in 2017 and that performance had deteriorated and was now worse than the Scottish average. He questioned whether the Acute Hospitals Committee had looked at this position and considered actions to move NHS Lothian to a better position. He advised that the Minutes of the Acute Hospitals Committee did not provide an answer to this question.
- 39.7 The Chief Officer for Acute Services confirmed that the Acute Hospitals Committee was absolutely focused on these areas and reported in respect of outpatient and inpatient work that a deep dive process had been adopted. The Board noted that the Acute Hospitals Committee had a programme of work that extended over a 12 month period and therefore did not look at all aspects of performance nor undertake a deep dive exercise at every monthly meeting. Mr McQueen accepted this position although he commented that there was an evident demand from the Board to understand the story behind the paper and the key issues that were being looked at as well as measures that could be taken to progress performance improvement. He felt that the Board would benefit from being able to see evidence of this journey.
- 39.8 The Chief Executive advised that the system had triangulated activity since the beginning of the year. As part of the annual operational plan submitted to the Scottish Government Health Department a capacity gap of £32m had been identified in acute services that had in part previously been addressed through the private sector as NHS Lothian did not have sufficient capacity. It was noted that as part of the annual operational plan process that a bid for this quantum had been made to the Scottish Government Health Department but had not been received. In that respect the Chief Executive commented that it should not really come as a surprise that the sea of red performance areas continued. The Board noted that part of the Programme for Government announced by the First Minister confirmed that a national process had been identified for waiting times in order to start to identify capacity issues.
- 39.9 The Chief Executive commented that the suite of indicators developed as part of the governance process included issues that sat under the auspices of IJBs under delegated functions. He commented as part of the NHS Lothian process there was a focus on recording and reporting things as if the IJBs did not exist and there was a need to reflect on this.
- 39.10 Mr Murray commented that he felt that in future if there were discussions around the Corporate Risk Register in the discussion part of the Board then there would be

elements that would round up all aspects of performance. He commented that this would allow a minuted discussion to be introduced even if this did not result in definitive actions. The Chairman advised that he would like to make an observation which should not be regarded as a criticism but commented that a significant amount of time at the current meeting had been held discussing format and reporting rather than the content of the circulated papers. He felt that in future if colleagues wanted to address points of detail or the process leading to the production of reports then these should be addressed offline with the appropriate Executive or Corporate Director. This would allow the Board then to focus its limited time discussing the content of reports rather than the process of producing them.

39.11 The Board acknowledged that target performance levels on 14 measures were currently met with 19 not met. It was noted that this situation was unaltered since the Board's last meeting. 3 areas had not been able to be assessed. The Board further noted that 4 areas yet to be reviewed by Board Committees were planned to be considered by the Committees in their forthcoming meetings. In conclusion the Board acknowledged that across the measures considered, assurance of significant, moderate, limited and none had been reached in 9, 12, 12 and 1 instances respectively.

40. Emergency Access Standard: Performance and Improvement Actions

40.1 The Deputy Chief Executive reminded the Board that in the latter part of 2017 the issue of compliance with national reporting had been raised through the whistleblowing process. It had been agreed from the outset that there would be a commitment to share findings in public and to ensure that a Non-Executive Board member and public and key stakeholders would be engaged in the forward process. The key focus of the process was to improve outcomes and the experience for patients and also staff and these continued to be reflected in the improvement outcomes. It was hoped that by addressing the issues raised that performance would improve. The Deputy Chief Executive felt that the circulated report characterised the comprehensive position which reflected the close links between the Executive and Operational teams to increase performance.

40.2 The Deputy Chief Executive reported that the comprehensive Emergency Access Standards Improvement Plan combined the recommendations from the Internal Audit review, the SAE (Significant Adverse Event) review and the Academy of Medical Royal Colleges report with there being a steadfast determination to significantly improve and deliver sustainable and compliant service models and patient pathways. The Board noted that these actions were now being undertaken in collaboration with a Scottish Government External Support Team with whom a positive and productive relationship had been established. It was noted that each member of the Support Team brought significant experience that would support the improvement journey.

40.3 The Chief Officer for Acute Services provided an overview of current performance as well as detail around the improvement actions. In terms of performance indicators it was reported that none of the adult acute hospital sites were meeting the 4 hour standard with the Royal Infirmary of Edinburgh in particular experiencing significant difficulties. There had been an increase in attendances at the front door again

particularly at the Royal Infirmary of Edinburgh especially when measured against the July 2015 position. There had also been a reduction in performance in other performance indicators. The system was also experiencing high levels of delayed discharges which was causing significant difficulties in achieving sustainable flow across each acute site.

- 40.4 The Board noted that work continued to address the 6 themes identified in the Academy of Medical Royal Colleges report. A governance process, the details of which was reported to the Board and also referred to in the circulated paper, had now been introduced to oversee the implementation of the 62 point improvement plan. An update was provided on specific actions being undertaken within each of the acute adult sites. This included looking at redesigning the front door at St John's Hospital to include the development of a business case to increase the number of cubicles to help to improve patient flow and the staff experience. The front door at the Royal Infirmary of Edinburgh was also being looked at to manage patients differently.
- 40.5 The Board were reminded that an interim Standing Operating Procedure (SOP) had been implemented to comply with national guidance. The external Support Team were looking at this with a view to proposing changes to reflect ambulatory care and modern medical practice whilst still remaining compliant with national requirements.
- 40.6 In terms of staff and patient experience an update was provided on organisational development work that was being carried out by local sites. Key actions had been to strengthen leadership through increased general management support. At St John's Hospital the focus had been on unscheduled care with a dedicated clinical director having been identified as previously this had been a joint appointment between St John's Hospital and the Royal Infirmary of Edinburgh. The effectiveness of actions was being monitored through the governance arrangements put in place.
- 40.7 Councillor Campbell welcomed the helpful report and sought advice on the reasons for the March/ April spike in activity in the current year that had not been evident in previous years. The Board were advised that this in most part related to the impact on flow caused by the "Beast from the East" weather phenomenon.
- 40.8 Dr Donald welcomed the report which had highlighted problem areas and actions taken to address these. In particular she was pleased that consideration was being given to flow at the front door at the Royal Infirmary of Edinburgh in respect of Primary Care referrals. She advised that patients were triaged in Primary Care to be seen by another doctor and therefore did not need to go through the front door as they were different from "walk in" patients. The different approach to flow was therefore welcomed.
- 40.9 Mrs Mitchell commented that it was good to see the work that was being undertaken and that she had seen evidence of this through the Acute Hospitals Committee and the Staff Governance Committee. She felt however that there was a tendency to list actions and she was therefore unclear about the evaluation structures that were in place. In future reports there would be a need to report on outcomes rather than work in progress. The Chief Officer for Acute Services assured the Board that evaluation was undertaken through the Unscheduled Care Committee which took a

whole-system approach. She however would address the points raised by Mrs Mitchell in future iterations of the paper.

- 40.10 Ms Hirst commented that she was aware that a lot of work was ongoing. She advised that she assumed that public and patient experience was being engaged as this would be a true measure of patient satisfaction. Positive whole-system lessons could be learned from areas where things had gone well. The Chief Officer for Acute Services reported that uniquely the Royal Infirmary of Edinburgh Emergency Department had a Patient Experience process in place.
- 40.11 Mr Murray updated on his Non-Executive member role in the governance process particularly through the Access and Governance Group advising that there was much to look forward to. He felt that there was a lot to be said about IJB involvement. Mr Murray updated on discussions held at the National IJB Group where it had been suggested that there was no evidence of IJB directives allied to this area. In that regard he had initiated a workstream in East Lothian.
- 40.12 The Board noted the role of the Audit & Risk Committee in the overview process. Mr Ash felt that it was positive that the report was in the public domain. He noted that again any issues that needed to be reported to the Board should follow the agreed Board Committee assurance process with only exceptional issues being forwarded to the NHS Board.
- 40.13 The Chief Executive commented that the paper to the December Board meeting would be clearer about improvement dimensions. He provided the Board with a flavour of the discussions being held with the External Support Team. One outcome had been a suggestion that NHS Lothian was reporting poorer performance than it needed to as a result of the interim Standing Operating Procedure being too binary. The Board were reminded that the Royal Infirmary of Edinburgh was the busiest Emergency Department in Scotland and was performing well below the average and there was a need to address this.
- 40.14 The Chief Executive noted the interesting points made about GP assessment and he felt there was a need to think how best to get appropriate input from Drs Donald and Williams as there were currently different triage approaches across the 3 acute sites. He also felt that the time was correct to review the interim Standing Operating Procedure to reflect modern patient practice and ambulatory care as discussed with the external Support Group. He commented that the issue that would make the biggest difference was that Lothian took all minor injury cases through the front door and this represented 20% of activity. The Board noted that currently there was no Minor Injuries Unit outwith the Emergency Department. There was a proposition to provide a modular building adjacent to the Emergency Department as a temporary solution to free up 25% of capacity. The Chief Executive commented that there was a need to progress with this in advance of winter.
- 40.15 The Chief Executive reported that the first meeting with the External Support Team had been both interesting and challenging. He advised that he had made the point that the focus of the Support Team was on the here and now whilst the Board needed to be mindful of medium to long term issues. There was therefore a need to strike a balance between operational fire fighting and strategy. The Board noted that the Lothian population increased by more than 1% per annum and that the over

75 population would double in the future. There was therefore a need to look at demand management and getting people out of hospital quicker as currently the system was not able to discharge patients. The Chief Executive suggested that managing unscheduled care was the business of the IJBs and this would free up Board time from focus on immediate issues.

- 40.16 Mr McQueen commented that the report represented a formidable analysis and he was interested in how lessons learned would be captured. He questioned whether the depth of approach and analysis would have been undertaken had the large pivotal event not occurred. He further questioned whether there might be other areas within the organisation requiring similar focus. The Chief Executive conceded that it was always possible to do more and he had reflected upon this as part of the introduction of the Quality Improvement Programme. He advised that there were significant learning lessons that needed to be taken forward. The Chair commented that there was a need to refer such issues to the relevant committees and to build these into forward thinking.
- 40.17 Dr Donald reported that the focus of patients being seen in the right place at the right time was the correct approach. The GP view was that in respect of the increase in Emergency Department attendances that there was a need to look at when and why people were accessing the Emergency Departments as it was not always because people were experiencing difficulty getting a GP appointment. The point was made that there was also an issue about patient responsibility. The point was made that when looking at delayed discharges that IJBs had a role part of which would be to look at the provision of more nimble care packages. Dr Donald felt there was a need for further work albeit a good start had been made.
- 40.18 Councillor O'Donnell commented that in East Lothian there would be a significant increase in population over the next 10 years and this would cause a capacity and demand issue that would require to be addressed by the IJB. She questioned whether the IJB had the power to shift resources. Currently there was an issue about links with the Council planning system in terms of construction development proposals and how these got aligned into IJB directions.
- 40.19 The Chief Executive welcomed the positive discussion although he advised that resources would not shift from the Royal Infirmary of Edinburgh as there was a need for growth. There was however a need to improve current performance around delayed discharge. In addition there was a need to mitigate growth in demand in the acute sector and if a position was reached where wards were genuinely closing then at that point resource could shift. The Chief Executive provided the Board with an update on regional work and discussions around the balance of resourcing between acute services and Primary Care. The Board noted that Westminster had recently committed an extra £20bn for the NHS although the Barnett consequential of this were not yet known. In any event the Chief Executive felt that the language of shifting resources from the acute sector to Primary Care was adversarial. The point was made that given current capacity and activity issues it was extremely difficult to remove resource out of the acute sector.
- 40.20 The Director of Finance advised that the capital to funding models suggested that some areas should receive additional resource although the key issues was about planning for the future. There was also a need for more modelling around NRAC

(National Resource Allocation Committee). Councillor O'Donnell felt that there was a need to be realistic about what integration meant.

- 40.21 The Chief Quality Officer referred back to Mr McQueen's question about whether the system would have looked at issues in the same way if the significant event had not occurred. He advised that in terms of the Quality Strategy one of the eight matrixes was whether the system was open to external solutions. In the first 2 years of this programme it had been learned that this was an area where benchmarking could be done as well as looking for solutions from outwith the local system.
- 40.22 Ms Hirst questioned as a Board whether it would be appropriate to say to the public that these were the issues that needed to be addressed and provide information that GPs and Councillors could refer to in discussions with the public in terms of how they could help to inform the solution. The Chief Executive assured colleagues that moving forward that communications would be essential and that consideration was being given to running a narrative via blogs and other social media vehicles. He was happy therefore to pick up the issues raised by Ms Hirst.
- 40.23 Professor Humphrey welcomed the comprehensive nature of the report. She felt that a challenge was that currently although this was a system-wide issue that it was being looked at from an acute perspective. She advised from the viewpoint of her role as Chair of the Healthcare Governance Committee that she was seeking assurance about patients being able to access GPs in a timely way. Professor Humphrey reported that from a staffing perspective she welcomed the focus on leadership and culture. She questioned whether there was a sense of how staff had responded post-review and whether they felt supported. The Chief Officer for Acute Services reported that a spider diagram had been used to determine whether a difference had been made and this process was continuing.
- 40.24 The Chairman welcomed the detail and breadth of discussion commenting that the following 3 aspects emerged as key themes. The first was whether the process should spread and be used as a template for looking at other parts of the business. There was also a key issue about the role and relationship between IJBs and the Health Board. The final point was around GP access and the work being done by the Healthcare Governance Committee in this area.
- 40.25 The Board noted the performance detailed in paragraphs 3.1-3.9 in the circulated paper. The report was accepted as a source of significant assurance that senior management had developed an appropriate set of oversight and governance reports to oversee the improvement required in line with the overarching improvement plan. The Board further accepted the report as a source of moderate assurance that mechanisms were in place across all 3 adult acute sites to monitor performance against unscheduled care and to support staff to design and implement a comprehensive programme of improvement actions. The Board also accepted the report as a source of limited assurance that the improvement programmes developed would deliver the significant improvement in performance required within the short term. In conclusion the Board noted the actions being undertaken in collaboration with the Scottish Government External Support Team.

41. Any Other Competent Business

41.1 Paediatrics at St John's Hospital

- 41.2 The Board noted that the Paediatrics Programme Board had submitted a paper to the Acute Hospitals Committee on 21 August confirming the ongoing commitment to reinstate 24/7 inpatient services at St John's Hospital with a revised workforce and recruitment strategy which gave greater emphasis on developing the Advanced Paediatric Nurse Practitioner (APNP) workforce alongside the consultant workforce.
- 41.3 The Acute Hospitals Committee had broadly supported this approach and 3 trainee APNPs were recruited in August to start training in October this year.
- 41.4 The Board noted that following a Parliamentary Question and response from the Cabinet Secretary for Health the previous week that NHS Lothian had confirmed that they would now go out to recruit again, to recruit more trained APNPs, essentially to over recruit if possible, in order to accelerate the reopening of the inpatient service and provide enough staffing resilience.
- 41.5 The Board noted that at the same time NHS Lothian was also going out to recruitment in October, to fill the consultant vacancies at St John's Hospital and again would over recruit if there were enough suitable candidates.
- 41.6 The Board were advised that in the meantime the ward at St John's Hospital continued to function 7 days a week from 8am to 8pm as a short-stay assessment service and programmed investigation unit and St John's Hospital Emergency Department continued to see children as normal.
- 41.7 The Board noted that a more detailed report would come forward to the December 2018 meeting.

42. Date and Time of Next Meeting]

- 42.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday 5 December 2018 at the Scottish Health Services Centre, Crewe Road South, Edinburgh.

43. Invoking of Standing Order 4.8

- 43.1 The Chairman sought permission to invoke Standing Order 4.8 to allow a meeting of Lothian NHS Board to be held in Private. The Board agreed to invoke Standing Order 4.8.

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 5 December 2018 at the Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mr M Ash; Mr M Connor; Dr P Donald; Mr M Hill (Vice Chair); Ms C Hirst; Ms F Ireland; Mr A Joyce; Mr A McCann; Cllr J McGinty; Councillor D Milligan; Mrs A Mitchell; Mr P Murray; Mr W McQueen and Dr R Williams.

Executive and Corporate Directors: Mrs J Butler (Director of Human Resources and Organisational Development); Ms J Campbell (Chief Officer of Acute Services); Mr J Crombie (Deputy Chief Executive); Mr T Davison (Chief Executive); Miss T Gillies (Executive Medical Director); Mrs S Goldsmith (Director of Finance); Professor A K McCallum (Director of Public Health & Health Policy); Professor A McMahon (Executive Director, Nursing, Midwifery & AHPS – Executive Lead REAS & Prison Healthcare) and Dr S Watson (Chief Quality Officer).

In Attendance: Mrs J MacKay (Director of Communications, Engagement and Public Affairs) and Mr D Weir (Business Manager, Chair, Chief Executive & Deputy Chief Executive's Office).

Apologies for absence were received from Cllr I Campbell, Professor T Humphrey, Cllr F O'Donnell and Professor M Whyte.

Chairman's Introductory Comments

The Chairman welcomed members of the public and press to the Board meeting.

Cllr D Milligan was welcomed back following his period of ill health.

The Chairman welcomed Ms Hirst's Paired Learning Partner, Dr Nicola McCulloch who was shadowing her at the Board meeting. It was noted that Dr McCulloch was a consultant in Emergency Medicine and recently had become the Clinical Director for Emergency Medicine at St John's Hospital.

In addition Ms McDowell was shadowing Mr Joyce. Ms McDowell was the St John's Hospital / Princess Alexandra Eye Pavilion Partnership Lead.

The Chairman also welcomed four students taking the 'clinical governance and improvement in practice' module at Masters level at Edinburgh Napier University who were accompanied by Ms Campbell a former Director of Nursing at the Royal Infirmary of Edinburgh (RIE). It was noted that attending the Board meeting gave the students the opportunity to see accountability in action.

The Chairman welcomed the inspiring and diverse attendance from members of the public and others at the current meeting.

The Chairman drew Board members attention to the change of focus of the agenda advising that it coincided with the areas of Cabinet Secretary attention as well as addressing areas of particular focus for NHS Lothian in terms of improving performance.

The Chairman finally commented in respect of Admin Control that this was very much in the introductory phase and he recognised that some Board members had experienced difficulty in gaining access to their papers. He advised that work was in progress to address teething issues and he would expect the position to improve.

Declaration of Financial and Non-Financial Interest

The Chairman reminded members they should declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. There were no declarations of interest.

44. Items for Approval

- 44.1 The Chairman sought and received the agreement of the Board to approve items 1.1 – 1.15. The following were approved;
- 44.2 Minutes of Previous Board Meeting held on 3 October 2018 – Approved. Subject to the inclusion of Mr Murray in the sederunt.
- 44.3 Running Action Note – Approved.
- 44.4 Appointment of Members to Committees – The Board agreed to appoint Lorraine Cowan as the *'Registered Nurse'* non voting member of the East Lothian Integration Joint Board with immediate effect.
- 44.5 To appoint Dr Gourab Choudhury to replace Dr Andrew Flappen as the *'Registered Medical Practitioner who is not providing primary medical services'* as a non voting member of the East Lothian Integration Joint Board with immediate effect.
- 44.6 To appoint Carolyn Hirst as a voting member of Midlothian Integration Joint Board with effect from 7 January 2018, replacing Professor Alison McCallum.
- 44.7 To Appoint Carolyn Hirst as the lead NHS voting member of Midlothian Integration Joint Board with effect from 27 June 2019, taking over the role from Angus McCann.
- 44.8 To appoint Angus McCann as the lead NHS voting member of Edinburgh Integration Joint Board with effect from 27 June 2019, taking over that role from Carolyn Hirst.
- 44.9 Review of the Terms of Reference of the Audit and Risk Committee – The Board approved the revised terms of reference for the Audit and Risk Committee (as set out in appendix 1 of the circulated paper).

- 44.10 Board Development Sessions for 2019 – Approved.
- 44.11 Staff Governance Committee Minutes 24 October 2018 – Noted.
- 44.12 Acute Hospitals Committee Minutes 16 October 2018 – Noted.
- 44.13 Strategic Planning Committee Minutes 11 October 2018 – Noted.
- 44.14 Healthcare Governance Committee Minutes 10 July 2018 – Noted.
- 44.15 Finance and Resources Committee Minutes 19 September 2018 – Noted.
- 44.16 2018/19 Financial Position and 2019/20 Financial Outlook – Approved.
- 44.17 Midlothian Integration Joint Board Minutes of 23 August & 13 September 2018 – Noted.
- 44.18 East Lothian Integration Joint Board Minutes 23 August & 27 September 2018 – Noted.
- 44.19 West Lothian Integration Joint Board Minutes 14 August & 24 September 2018 – Noted.
- 44.20 Edinburgh Integration Joint Board Minutes of 15 June & 10 August 2018 – Noted.

Items for Discussion

45. Ministerial Priorities – Mental Health

- 45.1 The Board noted that mental health was one of the Scottish Governments priorities. It was also recognised in respect of integration that it was important to take stock of strategic planning and the operational delivery of mental health services. It was noted that in the past there had been a single Pan Lothian approach to mental health services although this was no longer the case following the establishment of Integration Joint Boards (IJBs). It was noted therefore that currently there was no Lothian wide mental health strategy that provided a narrative to support planning and service provision. Professor McMahon advised that the creation of a Lothian wide strategic planning forum would be discussed later on the agenda.
- 45.2 The Board were advised that new Scottish Government commitments had been released in respect of CAMHS (Child and Adolescent Mental Health Services) and that Dame Denise Coia would be leading a task force on child and young people's mental health improvement. It was noted that planning was underway in respect of the operational delivery of NHS Lothian's response.
- 45.3 The Board were advised with regards to CAMHS that the target was that 90% of children should be seen and treated within 18 weeks of referral. Performance for NHS Lothian had been 65.5% in August against this target. The Board were reminded that in the previous year a decision had been taken to clear the backlog and in doing this it had been recognised that there was danger of jeopardising

performance with this approach having been agreed through the Healthcare Governance Committee. An update on the current position was provided. The Board noted that a key issue was that non recurrent funding had been used to support the service which had resulted in negative impacts in terms of staff retention.

- 45.4 The Board noted that psychological therapies was delegated to the four IJB's and was hosted by West Lothian. Performance was currently at 70% against the target of 90%. The total cost for meeting psychological therapies targets had been referenced in the draft annual operational plan approved by the Board in June 2018 with the cost of psychological therapies being calculated at £1.2m recurring and £700k non recurring. The point was made that the position had not improved since that point and these figures could be considered to be low estimates of what would be required. The Board noted that there had to date been no Scottish Government commitment in respect of non recurrent or recurrent funding and that this would required to be dealt with separately.
- 45.5 Professor McMahon advised that phase one of the Royal Edinburgh Hospital reprovisioning had been completed in the summer of 2017 which had not led to an ideal position particularly in respect of the provision of supporting community structures. The point was made that phase 2 of the reprovisioning exercise would provide opportunities around issues like the use of adult outpatient beds and that discussions were continuing with the 4 IJBs to ensure that current planning around bed numbers and community support were robust and sustainable. The Board were advised that phase 2 of the Royal Edinburgh Hospital process had been led with IJBs and Partnerships through the strategic planning process.
- 45.6 The Board noted that robust proposals were in place to ensure that IJBs were clear on the level of capacity they wished to commission for future provision. It would be crucial for the outline business case that IJBs were clear on how plans would be implemented to genuinely shift the balance of care from acute to community and exactly how community capacity would come on stream. It was noted that the absence of a Pan Lothian strategy was causing tensions around what organisation had primacy as well as issues around the set a-side budget. There would however be opportunities around phase 2 of the Royal Edinburgh Hospital reprovisioning to take stock and learn lessons from phase 1. Further improvement opportunities would present through addressing the recommendations of the Audit Scotland Report on Health and Social Care Integration: Update and progress which required the development of a coherent delivery plan. It was anticipated that the Cabinet Secretary would seek assurance around wider mental health issues at the Annual Review meeting on 4 February 2019.
- 45.7 The Chairman questioned whether the paper before the Board had been through any other governance structure. Professor McMahon commented that the paper had not gone through any other routes and that moving forward opportunities for wider debate would be available through the planning structure with final discussion being required at both the IJBs and NHS Board.
- 45.8 Dr Donald commented that one of the worries around delegated tasks was in respect of coherence. She therefore supported the bringing together of ideas. The point was made that there was a need to expose and discuss future proposals with people working at grass root level. Professor McMahon confirmed that a robust

process was in place which would include the pulling together of expertise from people delivering services. He commented that it would be important for NHS Lothian to reach a performance position of 90% and to sustain this and that staff on the ground would be key to this process.

- 45.9 Mr Murray reported that IJBs were currently going through a revision of their 2019 / 2022 strategic plans with an output being the need to produce directions which captured the local context of what was being discussed. As part of this process there would be a need to clarify what funds sat under IJBs. Flexibility around the engagement of the third sector was discussed. Mr Murray was concerned about the timing of reports advising that the process was out of sync with what the IJBs were doing. Professor McMahon suggested the timing issues might be opportune given that the system was about to review directions and that shared conversations should provide a sense of connectivity. Professor McMahon felt that the IJB directions should be more informed and specific. He felt that moving forward that the process would benefit from the current evidence of more mature discussions.
- 45.10 Mr Murray commented that an additional element was that the IJB in its broadest context needed to be assured that conversations were taking place as it had a legitimate say and interest in proposals. Professor McMahon stressed that nothing that had been discussed was about reducing local IJB responsibilities. There was however a need to look at the totality of inpatient services across NHS Lothian and how these were used. There were a number of strategic issues that NHS Lothian needed to take action against.
- 45.11 Mrs Goldsmith reported that she felt there were issues about the financial framework that made it challenging with there being an issue about the level of resources allocated to mental health services. She felt that in the longer term there was a need for a framework that would provide IJBs with confidence around the available resource and this was being worked on.
- 45.12 Mrs Mitchell suggested that financial implications appeared to be a major factor. She felt that there was a need to develop an understanding of how the planning process worked as well as the review mechanisms particularly in respect of areas that were difficult to deliver against. In particular she would welcome an understanding of what had gone wrong and why NHS Lothian was reporting performance of 70% against the national target. Professor McMahon reminded the Board of his previous comments around the recruitment and retention implications of funding services on a non recurrent basis. He advised that the system knew what was needed to buy sustainability with financial commitment being the key issue and this might feature as part of the annual review discussions with the Cabinet Secretary on 4 February 2019. Mrs Mitchell questioned whether analysis was being done in respect of planning deficits. Professor McMahon advised that both CAMHS and Psychological Therapies looked at DCAQ (demand, capacity queue analysis) and other tools.
- 45.13 Mr Ash advised that he agreed with the need to invest in hosted services commenting that this needed to be done by all 4 IJBs. He questioned whether a strategy was in place to deliver on this aspiration. Professor McMahon advised that this would be part of ongoing work although a current tension was around what fora would agree such decisions. He advised that a paper later on the Board agenda

would provide a proposition in respect of a forum to bring people together to look at set a-side and other aspects. The Chairman commented that he and a number of other colleagues including those from IJBs and Local Authorities had attended a meeting at St John's Hospital the previous day to discuss this topic.

- 45.14 Professor McCallum commented that the papers before the current Board meeting provided an opportunity to look at levels of need with it being noted that there were increasing levels of mental health illness in the population. In particular 20% of pregnant women had been identified as having mental health issues. She commented that there was a need for a coherent strategy in respect of how to treat such patients with there being a need to consider how this fitted in with strategic planning and whether there were any opportunities around financial leverage. The Board noted that even although its own performance might improve that this still left unmet need in the population with there being opportunities to look at this on a Pan Lothian basis through good coherent and collaborative strategic planning with IJBs.
- 45.15 Dr Williams noted that the recommendations in the paper were suggesting that the Board took significant assurance that NHS Lothian and its partner IJBs were planning and delivering Ministerial commitments. He was unsure how such an assurance level could be agreed given that the paper had not been considered in any other forum. He commented there were ongoing concerns about the planning and delivery of services and in the absence of mitigation he felt that it was difficult for the Board to take significant assurance. He recognised that this was an important paper but it did not explain where else discussions around this topic had been held. Professor McMahon advised that the Healthcare Governance Committee had undertaken a deep-dive of mental health services and had taken moderate assurance. He commented therefore that the points raised by Dr Williams were fair. He advised that what the paper was asking for was support to move forward to establish a process to give the Board more assurance.
- 45.16 The Vice Chair commented that the direction of travel was correct and that the issues flagged to address the challenges were reasonable. He commented however that the IJBs had not yet had an opportunity to consider the proposal and he felt that they could add significant value in areas like governance which would strengthen the level of assurance that could be taken.
- 45.17 The Chief Executive commented that the system was trying to steer policy in a particularly complicated landscape. It was noted that psychological services were hosted in West Lothian. He felt there was a question to be addressed about whether the hosted service model was correct and whether there should be a more local focus. He pointed out that the Midlothian IJB/ Partnership had developed a third sector alternative to referrals to psychological therapies. The key issue was that the system did not provide enough psychological services and that patients were having to wait more than 40 weeks rather than 18 weeks. The Chief Executive advised that one option was to revisit levels of staffing although this was not a sustainable model. He felt that there was a need to address issues around strategic planning to include a collective and collaborative approach with IJBs and what the model of delivery was. He questioned why the Midlothian model could not be rolled out wider within the system.

- 45.18 The Chief Executive commented that similarly in CAMHS that NHS tier 3 services were overloaded with demand as a consequence of not having sufficient tier 1 and 2 support for families in distress. Therefore as a consequence of the lack of alternatives people ended up in CAMHS. The Chief Executive felt in respect of CAMHS that there was a need to focus on people with severe and enduring conditions and improve access by providing alternatives for example through the provision of more school nurses. There would be a need to understand that this approach would be about reducing demand in CAMHS rather than identifying new need.
- 45.19 In terms of inpatient bed issues the funding and commissioning of these was discussed. The Chief Executive commented that if there was a need to increase inpatient facilities then at the moment the financial risk sat with NHS Lothian as bed numbers needed to be increased with no allocated resource. The option to close beds was not available as the community provision was insufficient. The Chief Executive felt there was a need for clarity about what was commissioned locally/collectively and what the delivery model needed to look like. There was also a need to be clear over the next few months about the process and forward delivery model in respect of Ministerial priorities whilst recognising the complexity of the landscape.
- 45.20 Ms Hirst thanked the authors of the paper for setting out the issues so clearly. She suggested that the assurance levels needed to be two-fold with the first being around the planning of services and the second around operational delivery. Professor McMahon advised that the paper was not intended to be a performance report and agreed that there was a need to look at the recommendations in the paper.
- 45.21 The Chairman commented that a key issue was to develop a forum into which IJBs could be fully engaged and this would be discussed later in the meeting. He commented in respect of the recommendations that the paper provided a clear picture of a complicated landscape. He suggested that significant assurance could be taken around planning aspects but only limited assurance around the insight in to delivery. Dr Williams agreed that this would be an appropriate approach.
- 45.22 The Board received and accepted the report subject to the recommendation reflecting the comments made in the previous paragraphs.

46. Ministerial Priorities – Waiting Times

- 46.1 The Board was advised that the paper and discussions would be split in to two sections covering unscheduled care and scheduled care. Reference was made to an email communication issued by the Chief Executive advising of interim changes in the organisation and leadership of senior management capacity in the acute hospitals in order to meet the organisations current main challenges in recognition of ambitions of the Cabinet Secretary in respect of elective access.
- 46.2 Mr Crombie advised that he hoped that the paper before the Board offered assurance in respect of the approach to issues discussed which it was important to recognise were not the sole domain or responsibility of the acute division. The circulated paper characterised the whole system approach. The point was made

that IJBs were central to the strategic planning and support function. It was noted that primary care input would also be critical to the scheduled and unscheduled care components of the paper. Mr Crombie reminded the Board about previous discussions around the need to utilise the third sector to be part of the solution moving forward and future papers would reflect that position. The regional component was discussed although it was not felt it would have significant implications as this point.

- 46.3 Mr Crombie reported that he was keen for the Board to be aware of progress around a raft of issues and also the governance process. He commented that at each Board meeting in 2018 a paper had been discussed around unscheduled care performance and the detailed constraints of delivery. In particular there had been transparency around whistle blowing allegations which had been investigated by NHS Lothian's Internal Audit Service, by a review by the Significant Adverse Event process, and by an external review undertaken by The Academy of Royal Colleges and were now being progressed by an external support team. Mr Crombie was clear that the transparent approach had been the correct way to proceed. It was noted that elements of the detail of the paper were historical.
- 46.4 The Board noted that the RIE had the busiest emergency department in the UK with just under 119,000 attendances during the 2017/18 financial year. The Emergency Department at St John's Hospital had just under 55,000 attendances in the same period. In January 2018 performance against the 4 hour emergency access standard had been 71% for the RIE; 74% for the Western General Hospital and 83% for St John's Hospital. The end of November position was reporting as 81% for the RIE; 92% for the Western General Hospital and 88% for St John's Hospital.
- 46.5 The Board were advised that the circulated paper attempted to capture issues not just around the percentage performance against the standard but other issues like elements of risk that increased when the emergency department was under duress. Mr Crombie updated on the role of the External Support Team and its membership. It was felt that an appropriate governance process was in place to oversee the approach to unscheduled care. The Programme Delivery group chaired by Mr Crombie was now well established to provide leadership, strategic advice and guidance for the delivery of the 4 Hour Emergency Access (4EAS) Programme. To complement the Programme Delivery Group an Oversight and Assurance Group (OAG) chaired by the Chief Executive had been established with representation from NHS Lothian Non Executive Board Members and Clinical Leads and this continued to provide assurance to the Scottish Government. Links with the Audit and Risk Committee were explained with it being reported that a comprehensive report on the 4EAS Programme had been presented to the 26 November meeting to provide assurance on the process in place and progress to date. It was noted that a report had been prepared on behalf of the Audit and Risk Committee to confirm the level of assurance agreed by the committee.
- 46.6 The External Support Team had raised issues about governance and the circulated paper detailed work done to improve the understanding of the process from ward to Board level. Site leadership had also been identified by the Academy of Royal Colleges as an issue and additional resource had been made available to augment leadership the details of which were reflected in the paper and explained to the Board. Mr Crombie reported that engagement with staff was key as progress

developed. In addition it was important that staff were aware of issues and were able to influence the culture and values of the organisation. The Board were advised that there were opportunities to learn and develop a sustainable and deliverable outcome for patients and a better experience for staff. Progress was now supported by the available of hard data.

- 46.7 The Board noted that the quality improvement methodology had been adopted and a tabletop exercise had been scheduled for later in the week involving between 50 and 60 members of Royal Infirmary staff with a focus being on the first hour of opportunity to improve processes and reduce unwarranted variation. Similar workshop sessions would be developed for St John's Hospital and the Western General Hospital and would use data to help to understand issues.
- 46.8 Mr Crombie reported that the winter plan was appended to the Board paper. The winter planning process had started earlier in the current year with a refreshed approach to developing the winter strategy. The key principles referred to producing a fully appraised plan that was able to demonstrate safe, effective, patient centred care for patients with the best outcomes for relatives and staff while building on the learning from the previous year. The process had been delivered to specifically harness the finances available to the Board with previous experience informing this process.
- 46.9 The Board received an update on internal capital works to support the emergency departments to move to a position of sustained delivery. There had been a recognition that at the RIE that currently all activity was managed through the front door of the emergency department. Opportunities to focus on moving from the front door had been explored in both the short and medium terms. Mr Crombie advised that in the short term this had resulted in the procurement and installation of a modular prefabricated building to be located next to the main RIE emergency department from January 2019. This would provide dedicated space for a minor injuries unit. The additional capacity would be funded by NHS Lothian for the first 2 years of its operation although this fitted within the delegated services planned and commissioned by IJBs. This approach had been agreed by the Corporate Management Team including the Chief Officers of the IJBs. IJB Teams were involved in the design of pathways for this unit.
- 46.10 The Board noted that the delayed discharge challenge still existed although there was evidence of sustainable improvement. In particular a number of milestone steps had been delivered by the Edinburgh team. It was noted that although the numbers still remained high that there were opportunities around a more community based approach.
- 46.11 In primary care the opportunity existed to work on delivering sustainable solutions with actions being taken to remove areas of frustration.
- 46.12 In terms of the action plan it was noted that a thorough review of evidence was undertaken before actions could be closed down.
- 46.13 Mr Crombie commented that he felt that the circulated paper provided an increase in assurance that performance was improving with a focus on enhanced leadership and the use of data. This had also culminated in an improvement in the experience

for patients and staff. The Board were advised however that over the past few days there had been peaks in activity. This brought with it issues like overcrowding in the emergency departments and impacts on out of hours flows. Mr Crombie commented that the ongoing commitment of staff was clear.

- 46.14 Mr Crombie commented that in respect of scheduled care that Board members had been routinely briefed on performance against agreed trajectories. It was reported that currently there were around 25,000 patients waiting more than 12 weeks with a further 2500 inpatient day cases waiting over the target period. The Board were advised that this performance position should not be a surprise as it had been previously predicted. The ongoing concern was that NHS Lothian would not be able to offer access in line with government standards. As part of the previously referred to email from the Chief Executive about interim changes to leadership and senior management capacity Mrs Campbell would focus fulltime on designing the Lothian response to deliver the local part of the recently published waiting times improvement plan.
- 46.15 The Board received an update on steps and actions being taken to improve cancer performance. The detail of the circulated paper described steps being taken to move to a sustainable and fluid position.
- 46.16 Mr Crombie reported in overall terms he hoped that the Board paper detailed a series of measures being taken to improve service resilience that were being provided and led by executive and leadership teams. The unscheduled care report would be considered by other Board committees with reference being made to the role of the audit and risk committee. Mr Crombie commended the remarkable efforts of clinical teams across the system in being able to deliver high levels of care during periods of increasing demand.
- 46.17 The Chairman welcomed the detail contained in the compressive report which he felt delivered a position statement as well a clear plan of action. He was of the view that if the Board agenda in future was to continue to focus on Ministerial and organisational priorities there would be a need to expect this nature of paper with the focus being to move away from the planning phase to a detailed delivery programme with future papers focussing on what was being done to mitigate performance issues. Mr Ash reminded the Board that it had previous agreed that the Audit and Risk Committee on an exception basis be directed to monitor oversight of this important process. He advised that the Audit and Risk Committee had agreed to take significant assurance around the availability of processes but only moderate assurance that a process was in place to monitor progress.
- 46.18 Mr Murray suggested that moving forward that a performance measure would be helpful and it would be important to consider what this would look like to include a narrative. He referenced issues around festive cover in LUCS commenting that there had been no narrative explaining how the position had arose. He was concerned that it was possible for people to opt not to work in an emergency services scenario. Dr Williams stressed that LUCS was not an emergency service and was undertaken by GPs. The Board were advised that the Lothian Medical Committee and the GP Subcommittee had discussed this issue and options were being looked at to deliver the service in as many service bases as possible. Miss Gillies advised that work around LUCS was ongoing with all 4 IJBs to identify local

and community resources to avoid patient admissions. It was noted that GP practices were undertaking home visits including in care homes.

- 46.18 Mr McQueen commended the formidable work involved in the production of the Board paper and concurred with the views of Mr Ash in respect of the Audit and Risk Committee response. It was noted that the targets were ambitious with it not being clear from the paper how much of the Scottish Government allocation would be available to NHS Lothian. He questioned in light of this whether there was a need to work to expedite the production of business cases in order that these could be submitted early and quickly in order to optimise the availability of resource. The need to embrace IJBs to get aspirations agreed was important.
- 46.19 Mrs Campbell advised that an operational delivery board had been established to influence the prioritisation of bids moving forward. She advised that part of her new interim role was to expedite and bring forward business cases that were robust and reflected where the system needed to move to. A date for a prioritisation framework was not yet in place. The Board were advised that a non recurrent resourcing approach was currently being adopted with there being no knowledge at this point of the quantum of the Scottish Government allocation to NHS Lothian. Mrs Goldsmith commented that she felt that NHS Lothian should assume a degree of financial risk as it was not operationally prudent to await the detail of the Scottish Government allocation. She did not think that this represented a significant risk in terms of allocations.
- 46.20 The Vice Chair commented in respect of the winter plan that a number of actions had funding requests against them and he questioned what assurance was in place in respect of the availability of funding given that some of these actions were critical. Mr Crombie advised that non recurring allocations had been received from the Scottish Government and that these along with available internal Board funds had all been deployed. There was an ambition that further funds would become available as had happened in the previous year. The Board were advised that the system was building up a portfolio of issues that could be immediately progressed once resources became available. The Board were reminded that the winter planning process had started in May in the current year in recognition of the criticality of actions requiring to be done as early as possible.
- 46.21 Dr Donald commented in terms of triage that she agreed that it was important to get patients to the correct place as quickly as possible. She advised she was supportive of the resource hub approach to LUCS. The Board were advised that through a quality improvement initiative an exercise was being undertaken to identify a cohort of patients that could be treated differently with ongoing modernisation work continuing. A data set had been developed and processes established to allow clinical teams to be provided with information to support decision making.
- 46.22 The Board were advised that an escalation process was in place to identify when the Royal Infirmary of Edinburgh moved to a place where it was compromising the ability to deliver safe sustainable services and when the deployment of additional actions were needed. Future Board reports would provide narrative around issues like this. Mrs Goldsmith stressed that safety of patients and staff was the primary driver.

46.23 The Chief Executive advised that the focus of the external support team had been around safety with a particular need to address overcrowding and the time to first assessment. The team had also been clear that there was a need to improve performance against the 4EAS. The point was made that the conflict between safety and performance was clear and that there was a need to deliver on all 6 dimensions of quality through the development of framework objectives. The Board noted that phase 1 of the External Support Team work was drawing to a conclusion with there now being assurance in place that improvements had been made particularly in the emergency department in respect of providing a safe environment as well as addressing issues around overcrowding. This had culminated in improved performance in the emergency department albeit as previously reported there had been a spike in activity over the previous few days. The Chief Executive advised that the minor injuries unit to be located adjacent to the emergency department at the RIE would open on the 7 January 2019 and would take 25% of attendances which would result in a step change in terms of emergency department performance.

47. Ministerial Improvement Plan - Waiting Times Improvement Plan

47.1 Mrs Campbell advised the Board that the national waiting times improvement plan published in October 2018 outlined the Scottish Governments approach to delivering improved performance against key access standards. The plan was expected to be delivered over a 29 month period to March 2021 and included a national investment of £535m revenue and £320m capital to support the development of increased capacity on both a recurring and non recurring basis. It was noted that the £200m elective centre programme was part of that funding.

47.2.1 The Board were advised that the waiting times improvement plan included specific trajectory performance for the following standards; - new outpatient appointments – 95% of patients to be seen within 12 weeks (14,500 nationally). Treatment time guarantee – 100% of patients to be given treatment within 12 weeks. 95% delivery against cancer standards (62 day referral to treat and 31 day decision to treat standards) and performance against key diagnostic standards (6 weeks).

47.3 A separate plan was expected to be developed for improved performance against access standards related to mental health services.

47.4 The Board were advised that the waiting times improvement plan would be managed by a National Oversight Board with the following key workstreams: -

- Increased capacity across the system
- Increased clinical effectiveness and efficiency
- The design and implementation of new models of care

47.5 The key trajectory timescales and expected performance delivery requirements were reported to the Board and contained within the circulated paper.

47.6 Mrs Campbell referred Board members to table 1 in the circulated paper which provided an indication of the performance required for NHS Lothian to meet the trajectories outlined in the waiting time improvement plan. The Board were advised that although NHS Scotland performance at 21 October 2018 was in line with the

expected trajectories that, NHS Lothian's performance on outpatients was currently at 62% (national performance 70%). This position meant that Lothian would not only be required to deliver improvement beyond the overall Scottish trajectory, but would also result in a correspondingly higher degree of conversion to treatment leading to an increased TTG performance challenge.

- 47.7 The Board were advised that action plans to maintain an improved performance had been supported by additional investment of around £10m in 2018/19 and were predicated on a significant volume of internal waiting time initiative activity being undertaken outwith core capacity with this being further supported by the commissioning of additional capacity at independent sector hospitals and through the use of medical services providers to deliver increased activity on NHS facilities.
- 47.8 The Board were advised that in terms of the recurring gap that the estimated position based on initial analysis was as follows: -
- New outpatients – c38000 appointments p/a
 - Inpatients / day cases – c3700 treatments p/a
- 47.9 It was noted that the impact of conversion would not be fully reflected in the inpatient gap noted above. This meant that the current estimated gap of 3700 treatments was significantly below the actual level required to deliver sustainable balance.
- 47.10 The Board were advised that current indications of the scale of the challenge faced by NHS Lothian in delivering the national waiting times improvement plan for outpatients would result in an additional capacity in excess of 100,000 new appointments over the period to March 2021. The position in respect of TTG represented an additional treatment capacity for c22,000. The Board were advised that high level cost modelling suggested that £86m worth of resource would be required to deliver to the March 2021 standard. Mrs Campbell advised that over the next 6 months her primary focus would be to deliver and develop a response to the requirements of the waiting times improvement plan.
- 47.11 Mrs Campbell advised that a Programme Board had been established with a meeting scheduled to be held later in the day with a focus on how to manage a reduction in demand that still supported patients. Consideration would be given to current and future capacity in order to optimise efficiency. In addition consideration would be given to the use of technology to support patients and clinicians. Mrs Campbell advised that the key issue would be to look at the workforce particularly in terms of skill mix and role development to maximise the use of available technology. There would be a need to enhance work around realistic medicine in terms of how to manage demand. The Board noted that communication with the public would be key in this respect. It was noted that a whole system approach would be required although it was felt that there would be improvement opportunities within the emerging plan. The programme of work would look at high risk and high value specialties to understand demand and capacity as well as looking at improvement actions as well as sense checking this work against national aspects in terms of considering how to manage and address the recurring gap. Mrs Campbell advised that from this work business cases would be developed. Currently it was felt that the key risks were around workforce, infrastructure, independent providers and demand

with there being a need to understand the risks around these in order to put in place mitigating actions.

- 47.12 Mr Murray questioned whether the establishment of a new Public Health body could contribute to addressing the issues explained to the Board and suggested that with the Scottish Government there was a need to emphasise the need to align health ambitions and contributions with other bodies particularly in respect of prevention opportunities. He sought an update on the current position in respect of the theatre improvement plan and how this had developed and would contribute to the overall picture.
- 47.13 Mrs Campbell commented in respect of the Public Health link that the improvement plan made reference to a number of national initiatives. She commented that she would be happy to have discussions around this with Scottish Government colleagues. In terms of theatre time planning she advised that work continued albeit in a slightly different manner looking at efficiency and productivity and focussing down in to 3 / 4 areas. It was noted that a red light report was now produced. She advised that there was a need to be assured that theatres were using existing funding as effectively as possible before considering additional investment.
- 47.14 Professor McCallum commented that discussions were still ongoing in respect of a national public health body. She commented however that there were a range of public health priorities that were being taken forward although some of those extended beyond the timescale of the waiting list improvement plan. She commented that work continued behind the scenes and was being undertaken by a number of experts although this type of information did not tend to come to the Board although this could be arranged for future meetings if desired.
- 47.15 Dr Williams commented that he was delighted to see the emphasis on the all system approach to include engagement with primary care. In addition to this it was clear there were other opportunities to include public health and education etc and this was important in terms of forcing the organisation to operate outwith established silos.
- 47.16 The point was made by Mr McQueen that although the plan was expansive a key risk had been highlighted in terms of workforce. He commented that a position might emerge where despite the best efforts of colleagues that the staffing resource to build capacity might not be available. He also made reference to the use of independent providers.
- 47.17 Mrs Campbell agreed that workforce availability was a risk and for this reason a workforce group has been commissioned with part of its focus to understand and prepare for issues like turnover and develop options to deliver capacity through looking at areas like skill mix and the enhanced use of technology. Mrs Campbell reported that workforce issues would be risk assessed on an individual service basis. The Chairman commented that even after evaluation that a gap might exist and there was a need to think about alternative solutions as part of a dynamic planning responsibility and process.

- 47.18 The Chief Executive commented in terms of capacity that if this could not be achieved through a Scotland wide approach then the system might need to look elsewhere although it was important to recognise that the health system in the North of England was similarly challenged. He added there were also issues around the type of patient that could travel elsewhere for treatment as well as issues around follow up care. The Chief Executive reported that Lothian was in a reasonable position in respect of vacancies but not in terms of relative resource.
- 47.19 The Board agreed the recommendations contained in the circulated paper.

48. Ministerial Priorities – Integration

- 48.1 Professor McMahon advised that the purpose of the report was to provide an update on discussion around integration held at the previous Board meeting. He advised that the report had been prepared to summarise the progress made to date following discussion at the Strategic Planning Committee and the Corporate Management Team.
- 48.2 Professor McMahon advised that the paper alluded to previous conversations at the Board meeting particularly around mental health services, scheduled care and LUCS. He felt that these discussions had strengthened the need to provide space for collective strategic discussions about how to plan and organise services as well as clarify accountability lines. Reference was made to the set a side hospital based service as well as hosted services. It was noted that the principles and proposals in the circulated paper would be discussed in further detail at the Strategic Planning Committee the following week.
- 48.3 Professor McMahon suggested that discussion around IJB directions would be timely in terms of debate around the creation of a strategic forum. There was also a opportunity to consider whether the delegated / hosted model was the correct approach. Professor McMahon commented on the benefits of enhanced communication and better efficiency in terms of people who served on the IJB Boards.
- 48.4 The Chairman provided an update on a meeting that he and a number of other colleagues had attended that had been arranged by IJB Chief Officers and which in part had touched on integration aspects with a particular focus on the recommendations of the recent Audit Scotland report. The session had been well attended although it had been disappointing that only 1 elected local authority representative on the IJBs had attended. The meeting had been attended by 2 Local Authority Chief Executives, the 4 Chief Officers and an array of others and had been facilitated by the Kings Fund. The Chairman felt that the discussion had been helpful but not conclusive in terms of the issues raised in the Board paper. In general terms the discussion had agreed the principle to create a forum and the need to consider how to create such a mechanism and sell it to other partners.
- 48.5 The Chief Executive commented that it was difficult to corral different stakeholders together. He commented on the proposed membership of the forum and the role of Local Authorities. He felt that if the process included Local Authorities this would create a bigger canvas although it might create a distraction around operational

business issues that needed to be agreed. The approval process between the Board and IJBs for any proposal was described. The Director of Strategic Planning would provide a paper for circulation to those who had attended the previous day's event which would include proposed time points and a focus on business issues like medical staffing and business case issues. This paper would be used as a segway into wider discussion and would be considered by the Corporate Management Team the following week.

- 48.6 The point was made that progress on the proposals could not be made without the agreement of IJBs. The Chief Executive stressed that the paper would put forward the preferred solution and if this was not agreed there would be a need to deliver an alternative pragmatic infrastructure.
- 48.7 Mr Murray commented that in terms of membership whether the proposal would address comments made by one of the Local Authority Chief Executives at the meeting about the need to provide feedback to the wider Council. He commented on the importance of joining up the dots to include the community planning network. Professor McMahon advised that the structure of the strategic planning groups followed this approach and had included feedback to community planning partnerships. He was clear about the need to maximise opportunities for people to play into the process.
- 48.8 The Vice Chair commented on the need to make sure that IJBs had the strategic capacity and capability to take ownership of the agenda to address the issues that the Health Board were frustrated that they were not currently doing. He felt that it was important to address this issue upfront. The Chief Executive advised that around 50% of the budget sat with IJBs.
- 48.9 Mr McQueen advised that he supported the proposal to establish a strategic planning forum to include IJBs and if necessary the Local Authorities. He questioned the relationship this process would have with the Futures approach being driven by the Chairman. It was noted that work would progress in parallel.
- 48.10 Professor McMahon commented on the need to include communications and to reflect on discussion held the previous day. The Chief Executive advised that at the meeting the previous day it had been outlined what NHS Lothian needed from the process. Following detailed discussion it was agreed that the exploratory agreement should include Local Authorities with it being recognised that the business part of the agenda was properly between NHS Lothian and the 4 IJBs with input not required from Local Authorities.
- 48.11 Mr Ash reminded colleagues that he had previously argued that NHS Lothian had a grandparent role to bring people together. He felt that initial thinking about IJBs had been purist. He commented that there would be a requirement for the Health Board and Local Authorities to approve any financial recovery plans associated with IJBs. He was off the view that the paper signalled a way forward that should be progressed with and that the terms of reference should be clear about the nuances discussed at the Board meeting.
- 48.12 Mrs Hirst commented that a large issue moving forward was that people needed to have access to information to discharge their respective roles on IJBs and that there

might be a need to look to technology to provide this. She felt that communication needed to be enhanced as trust would be a key component to future working.

- 48.13 The Chairman commented that a further proposal would be brought forward to the Board meeting in February 2019. He felt that there was an issue about the tone and mood and the way that the recommendations were framed in a paternalistic way. He further felt that they needed to reflect the need to promote a mutual case with mutuality being a key and important part of the forward process.
- 48.14 The Board agreed the recommendations contained in the circulated paper subject to cognisance being taken of the comments made above.

49. NHS Lothian Corporate Risk Register

- 49.1 Miss Gillies advised that it had been agreed at the previous meeting that the NHS Lothian Corporate Risk Register should feature as part of the main discussion agenda.
- 49.2 The Board noted in relation to risks associated with unscheduled care that it was proposed that discussion on the paper be split to reflect standard and secondary elements of patients care and patient safety. There would also be a need to reflect on workforce in a way that described risk, measures and controls.
- 49.3 The Boards attention was drawn to the review of NHS Lothian's risk register within the context of the Boards May 2018 workshop and feedback from committee members with respect to a single system approach through the Audit and Risk Committee. A new template for the corporate risk register was being tested in collaboration with internal audit for reporting in January 2019.
- 49.4 Mr Murray thanked colleagues for the work done and commented that the challenges presented were the reason why he had requested the report be discussed as part of the main Board agenda. He felt that if risk had been ameliorated as a result of Scottish Government intervention then this should be recorded along with the recognition that previously NHS Lothian had not had the ability to influence the risk in this way. It was noted that the new framework allowed for this approach to be adopted.
- 49.5 The Board agreed the recommendations contained in the circulated paper.

50. Date and Time of Next Meeting

- 50.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday 6 February 2019 at the Scottish Health Services Centre, Crewe Road South, Edinburgh.

51. Invoking of Standing Order 4.8

- 51.1 The Chairman sought permission to invoke Standing Order 4.8 to allow a meeting of Lothian NHS Board to be held in Private. The Board agreed to invoke Standing Order 4.8.

**COMMERCIAL - IN CONFIDENCE - POTENTIALLY DISCLOSABLE UNDER THE
FREEDOM OF INFORMATION (SCOTLAND) ACT 2002****LOTHIAN NHS BOARD**

Minutes of the Private Meeting of Lothian NHS Board held at 12:30pm on Wednesday, 6 February 2019 at the Scottish Health Services Centre, Crewe Road South, Edinburgh, EH4 2LF.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mr M Ash; Mr M Connor; Ms C Hirst; Professor T Humphrey; Mr A McCann; Cllr J McGinty; Mrs A Mitchell; Mr P Murray; Mr W McQueen and Dr R Williams.

Executive and Corporate Directors: Mrs J Butler (Director of Human Resources and Organisational Development); Ms J Campbell (Chief Officer, Acute Services); Mr J Crombie (Deputy Chief Executive and Chief Officer, Acute Services); Mr T Davison (Chief Executive); Miss T Gillies (Executive Medical Director); Mrs S Goldsmith (Director of Finance); Professor A K McCallum (Director of Public Health & Health Policy); Professor A McMahon (Executive Director, Nursing, Midwifery & AHPS – Executive Lead REAS & Prison Healthcare) and Dr S Watson (Chief Quality Officer).

In Attendance: Mrs J Mackay (Director of Communications, Engagement and Public Affairs); Mr A Payne (Head of Corporate Governance) and Mr D Weir, Business Manager, Chair, Chief Executive and Deputy Chief Executive's office.

Apologies for absence were received from Cllr I Campbell, Dr P Donald, Mr M Hill, Mrs F Ireland, Cllr F O'Donnell and Professor M Whyte.

Declaration of Financial and Non-Financial Interest

The Chairman reminded members they should declare any financial and non-financial interest they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. There were no declarations of interest.

34. Invoking of Standing Order 4.8

The Chairman sought permission to invoke Standing Order 4.8 to allow a meeting of Lothian NHS Board to be held in private on the basis that the information discussed was commercially confidential/ under development. The Board agreed to invoke Standing Order 4.8.

35. Minutes of the Private Meeting held on 5 December 2018

- 35.1 The Minutes of the previous meeting held on 5 December 2018 were approved as a correct record.

36. Matters Arising

- 36.1 Regional Performance Update – it was agreed to defer discussion on this item until any other competent business.

37. Final Draft Supplementary Agreement RHSC/ DCN

- 37.1 Mrs Goldsmith advised that the issues around the RHSC/DCN were well rehearsed and she was hopeful that within a few days it would be possible to conclude the negotiations after issues around technical agreements had been resolved.
- 37.2 In terms of the recommendations in the circulated paper Board members received an update on the progress made in recent weeks on the conclusion of the settlement agreement with IHSL, and the associated commercial and technical agreements. The Board was asked to receive assurance that all negotiations on the terms of this settlement agreement had been supported by the Board's legal and technical advisers. In addition the Board approved the settlement agreement with IHSL and considered a short extension to the longstop date to allow all commercial and technical matters to be concluded. In conclusion the Board approved the terms of the following Board legal minute:

**LOTHIAN HEALTH BOARD
BOARD MEETING
RHSC & DCN PROJECT**

*Certified true copy extract from the private session of the meeting of the Lothian Health Board (the "**Board**") on 6th February 2019 at The Scottish Health Service Centre, Crewe Road South, Edinburgh (the "**Board Meeting**")*

1. PRESENT

- 1.1 **Non-Executive Board Members:** Mr B Houston (Chair); Mr M Ash; Mr M Connor; Ms C Hirst; Professor T Humphrey; Mr A McCann; Cllr J McGinty; Mrs A Mitchell; Mr P Murray; Mr W McQueen and Dr R Williams.

Executive and Corporate Directors: Mrs J Butler (Director of Human Resources and Organisational Development); Ms J Campbell (Chief Officer of Acute Services); Mr J Crombie (Deputy Chief Executive and Chief Officer, Acute Services); Mr T Davison (Chief Executive); Miss T Gillies (Executive Medical Director); Mrs S Goldsmith (Director of Finance); Professor A K McCallum (Director of Public Health & Health Policy); Professor A McMahon (Executive Director, Nursing, Midwifery &

AHPS – Executive Lead REAS & Prison Healthcare) and Dr S Watson (Chief Quality Officer).

2. APOLOGIES

- 2.1 Apologies for absence were received from Cllr I Campbell, Dr P Donald, Mr M Hill, Mrs F Ireland, Cllr F O'Donnell and Professor M Whyte.

3. QUORUM

- 3.1 Pursuant to paragraph 5.5 (*Quorum*) of NHS Lothian Standing Orders for the Proceedings and Business of Lothian NHS Board (as approved on 03.10.18) (the "**Standing Orders**") the Chairman noted that a quorum was present. Accordingly, the Chairman declared the meeting duly convened.

4. DECLARATION OF INTERESTS

- 4.1 [No declaration(s) of interests were raised in relation to any of the matters discussed.]

5. RHSC & DCN PROJECT

- 5.1 The Board Meeting was updated in connection with the progress of the project described in the project agreement between the Board and IHS Lothian Limited dated 13th and 14th February 2015 in relation to the Scottish Government's NPD initiative for the design, build, finance and maintenance of the project to re-provide the services from the Royal Hospital for Sick Children, Children and Adolescent Mental Health Service and Department for Clinical Neuroscience in a single building adjoining Royal Infirmary of Edinburgh ("the **Project Agreement**") and the proposed settlement agreement and supplemental agreement relating to the Project Agreement for the re-provision of RHSC & DCN at Little France between the Board and IHS Lothian Limited (the "**Settlement Agreement**").
- 5.2 It was noted at the Board Meeting that the Board had previously delegated its authority pursuant to paragraph 7.1 (*Delegation of Authority by the Board*) of the Standing Orders to the Finance & Resources Committee to undertake "oversight and responsibility" on behalf of the Board in respect of matters pertaining to the Settlement Agreement. In accordance with this delegated authority, the Finance & Resources Committee approved the business case for the Settlement Agreement on 25th July 2018. In terms of Scottish Government approval, the Scottish Government issued a letter to the Board on 8th August 2018 referring to the receipt of the supplementary business case and provision of the additional capital funding of £10 million from the Scottish Government to support the programme of work referred to in the Settlement Agreement. In addition, on 13th December 2018 the Finance & Resources Committee approved the execution, delivery and performance of a longstop amendment agreement between the Board and IHS Lothian Limited to extend the longstop date within the Project Agreement from 9th January 2019 to 9th February 2019 in order to prevent termination of the Project Agreement (the "**Longstop Amendment Agreement**"). Furthermore, on 23rd January 2019 the Finance & Resources Committee supported the key terms of the Settlement

Agreement and referred the Settlement Agreement to the Board for approval (with an accompanying report dated 23rd January 2019).

- 5.3 The key terms of the Settlement Agreement, as are more fully described in the Finance & Resources Committee report in relation to the Settlement Agreement dated 23rd January 2019, were noted at the Board Meeting;
- 5.4 Following the consideration of (i) the referral dated 23rd January 2019 from the Finance & Resources Committee to approve the Settlement Agreement; (ii) the key terms of the Settlement Agreement, as set out in paragraph 5.3 above; and (iii) the time constraints to approve the Settlement Agreement before 9th February 2019; the Board Meeting **FORMALLY RESOLVED** pursuant to paragraph 6.21 (*Other items of business*) of the Standing Orders to be presented with the Settlement Agreement as an item of business to be reviewed and approved by the Board as opposed to the Finance & Resources Committee.
- 5.5 Following the resolution of the Board Meeting described in paragraph 5.4 above, the Board Meeting **FORMALLY RESOLVED AS FOLLOWS:**
- 5.5.1 Approved the draft Settlement Agreement (as at 05.02.19) and accordingly the associated amendments referred to therein to the Project Agreement and approved an amended longstop date to twenty months (as opposed to nineteen months) after the Completion Date (if required), pursuant to clause 40.1.2 (Long stop) of the Project Agreement, which would mean a new longstop date in or around 9th March 2019 (“the **Longstop Amendment**”);
- 5.5.2 Authorised the Chief Executive and/or the Director of Finance to continue to negotiate and agree the final terms of the following documents on behalf of the Board:
- (a) Settlement Agreement (as at 05.02.19) including any Longstop Amendment (if required); and
 - (b) any necessary ancillary documentation in connection with the Settlement Agreement:
- 5.5.3 Pursuant to paragraph 7.1 (*Delegation of Authority by the Board*) of the Standing Orders, authorised the Chief Executive and/or the Director of Finance to approve, seal, execute, deliver and/or initial the final form of the following documents on behalf of the Board:
- (a) the Settlement Agreement (as negotiated by them pursuant to paragraph 5.5.2 above); and
 - (b) any necessary ancillary documentation in connection with the Settlement Agreement:
- 5.5.4 Authorised the Board to execute, deliver and perform the following documents:
- (a) the Settlement Agreement (as negotiated pursuant to paragraph 5.5.2 above); and

- (b) any necessary ancillary documentation in connection with the Settlement Agreement;
- 5.5.5 Authorised an officer of the Board to provide a certificate to IHS Lothian Limited setting out the names and specimen signatures of the Chief Executive and Director of Finance who are authorised to approve, seal, execute, deliver and/or initial the following documentation:
- (a) the Settlement Agreement (as negotiated by them pursuant to paragraph 5.5.2 above); and
 - (b) any necessary ancillary documentation in connection with the Amendment Agreement;
- 5.5.6 Authorised the Chief Executive and/or the Director of Finance or their nominated representative to provide IHS Lothian Limited the following certified true copies of the Board's current versions of the following documentation:
- (a) Standing Orders;
 - (b) Standing Financial Instructions; and
 - (c) Lothian NHS Board Scheme of Delegation.

The above resolution of the private session of the meeting of Lothian Health Board remains in full force and effect and has not been rescinded or varied.

- 37.3 Mr Ash questioned whether it was competent to make a judgement on the settlement agreement. The Chairman reminded him that the Board had agreed the recommendations contained in the circulated paper. Mr Ash commented that he did not expect to see a copy of the full legal and technical advice although he sought clarification on whether the Board had received assurance around the advice received. Mrs Goldsmith referred to recommendation 2.2 in the paper which recorded that all negotiations on the terms of this settlement agreement had been supported by the Board's legal and technical advisers. Dr Williams sought clarification on what the Board had agreed in respect of recommendation 2.3 and suggested that this should read and not "and/" or. Mrs Goldsmith advised that the revised Board minute extended the long step date to 9 March 2018.
- 37.4 Dr Williams commented that he was concerned that the timescale was suggesting a physical building move at the same time as new doctors came into the system in August and he suggested that this was a recipe for confusion. Mr Crombie commented that the transition process would begin in early July. Ms Gillies commented in respect of the issue around new doctors at the Children's Hospital and DCN that many people worked across these dates and she had no concern around the physical move proposals.

38. Health & Social Care Financial Framework

- 38.1 Mrs Goldsmith commented that her intention was to set out developing thinking for the financial strategy for the Board recognising that the financial position was no longer sustainable through the normal process of setting targets for business units. She reminded colleagues that the Board had previously raised concerns that in delivering financial balance issues had emerged in respect of care deficits. Mrs Goldsmith reminded the Board that the 2017 Audit Scotland Report had stated that Board's should do longer term financial planning as should the Scottish Government. Mrs Goldsmith stressed that the approach needed was about more than financial planning but about supporting sustainability and it was important not to lose sight of this. The point was made that when Board's went into deficit that there were consequences including the Scottish Government deploying support teams.
- 38.2 Mrs Goldsmith advised that the financial strategy consisted of 4 elements and explained these to the Board. A key aspect was a need to plan to address the care deficit and plan for demography. The point was made that future enablers would be around e-Health tied to innovation, capital availability and the fact that finance needed to up-skill to support the service.
- 38.3 The Board noted that the Finance and Resources Committee had received presentations around forward thinking and that something more formal would be brought back to the Board and this would hopefully inform follow-up dialogue with the Cabinet Secretary.
- 38.4 The Chief Executive provided the Board with a general update on discussions held with the Cabinet Secretary as part of the Annual Review process which he felt had been positive. He suggested that at either a future Board or Board Development session there would be benefit in writing a case to the Scottish Government around the financial position and to get this critiqued as it was now obvious that NHS Lothian could not survive on a funding level of 89 pence in the pound. There was now a need to move to a proper population funding basis.
- 38.5 The Chief Executive stressed that the fundamental problem was that the funding settlement was not sufficient to meet population growth and the only way of resolving this was to remove funding from other Boards with there being no appetite at Government level to do this. The Cabinet Secretary had provided an opportunity to engage through the Waiting List Improvement Target process and had invited details of what a sustainable position looked like. This process would need to be done across the whole system.
- 38.6 The Board held a full discussion on the regional approach to support services, the UK Government's pre-devolution look at different ways of investing in the public sector on a floors and ceilings basis, NRAC weightings, the fact that NHS Lothian was a net importer of patients and the impact of this in respect of only receiving funding of 89p in the pound.
- 38.7 The Chief Executive commented that the WTIP question had been how much NHS Lothian could spend before the end of March 2019 given the limited access to the private sector. NHS Lothian had received £2.7m of funding whilst another large Board had received £10m because they had capacity they could turn on. The point

was made that the system did not want short-term funding but needed to move to a position of sustainability.

- 38.8 The Board agreed that at the next Private session discussion should be held to try and get into the issues in more detail given that the system had been invited to engage with the Scottish Government.
- 38.9 Mr McCann questioned whether there would be benefit in reinstating meetings with MSPs in order to aid understanding of concerns. The Chief Executive commented that the previous attempt to do this had secured very low attendance by MSPs with Researchers sometimes deputising. He commented that he would rather the focus was around obtaining a fair share for the population of Lothian. The Chairman commented that over the previous 6 years NHS Lothian had not been silent on this issue and it was incumbent on the Board to continue with this approach.
- 38.10 It was agreed that further discussions would need to provide an increased focus around IJBs and health inequalities.
- 38.11 The Board agreed the recommendations in the circulated paper subject to the second bullet point under 2.1 reading “approve” rather than “consider”.

39. Improving the Focus of our System of Governance

- 39.1 The Chairman apologised that he had not discussed the possible implications of the Board paper with 2 Board Committee Chairs who were most likely to be impacted upon if the proposals progressed. He advised however that he would still support the recommendations contained in the paper.
- 39.2 Ms Gillies reported that a nationally led exercise was underway to develop a Blueprint for Good Governance for NHS Scotland. The Scottish Government would be publishing this shortly as part of a wider programme of work to develop the systems of governance in NHS Scotland which included the Scottish Government and individual Boards. The Scottish Government had established a steering group which included the NHS Lothian Head of Corporate Governance to progress the implementation of the Blueprint.
- 39.3 The Board noted an immediate action would be the undertaking of a baseline assessment of where Boards were when compared to the Blueprint. In early February survey forms would be issued to Board members. Each Board would be asked to complete a Self-Assessment against the Blueprint which would include the results of the Members survey. Thereafter each Board would be required to carry out a Workshop event to consider the issues in March. The Board would consider the final report on this work at its April meeting.
- 39.4 It was noted that there was an imperative to share and embed best practice. The scope of the National work included the attraction, appointment and retention of Board members, induction, training and development, the development of assurance information systems, and the development of *Once for Scotland* model governance material (e.g. Standing Orders, SFIs, committed terms of reference etc). It was

noted that work was actively underway to have some model material ready by March 2019.

- 39.5 It was noted that these developments were timely as they linked with some of the issues that had been uncovered and discussed as part of the External Support Team engagement around the 4 Hour Emergency Access Standard where it had been noted that some people had not been as clear as they should have been in terms of how governance works. This issue had also been discussed at the Patient Experience Action Group where a process was now in place to actively identify the Board Governance Committee that issues of concern should be referred to for assurance purposes. The Board noted that the Executive Cohort recognised that there needed to be an improvement in the approach to determining what needed to be escalated to the system of governance and where it should go. It was noted that going forward the Patient Safety Experience Action Group would be the forum where this took place. The Executive cohort had also acknowledged that the management system within Acute services should routinely and actively identify when there were patient safety or other issues relating to the quality of care.
- 39.6 The Board noted that the Patient Experience Action Group had also considered how the system of governance oversaw the quality of care. This had led to a conclusion that the Acute Hospitals Committee created duplication and confusion within the system of governance particularly with regard to the quality and safety of care which was the remit of the Healthcare Governance Committee. It was also recognised that the Acute Hospitals Committee had considered the detailed oversight of performance management which in the first instance was the role of Executive Management and the Acute Services Management Team.
- 39.7 It was pointed out that in the absence of an Acute Hospitals Committee that the scope of the Healthcare Governance Committees remit would revert back to seeking assurance of acute hospital services and Health and Social Care Partnerships across NHS Lothian and this would extend an already extensive remit and as such would require a clear focus on the framework and reporting requirements.
- 39.8 Professor Humphrey commented that she was concerned that the agenda for the Healthcare Governance Committee might grow to the point that it was unmanageable. She questioned whether a mapping exercise had been undertaken to ensure that issues would not fall through gaps. It was noted that such an exercise had not as yet been undertaken.
- 39.9 The Chairman commented that he had been party to various discussions in this area and felt that these had led to valid conclusions. He commented however that it would be important to respond to the questions raised by Professor Humphrey. He suggested therefore that the recommendations should be approved in principle whilst further work was undertaken to address the issues raised by Professor Humphrey in order to make sure that the work of her Committee was not compromised. The Chief Executive commented that there would be a need to keep issues around governance under general review and that if it became evident that any committee could not function then this would need to be addressed.

- 39.10 The Chief Executive commented that discussions with the External Support Team had highlighted the fact that there needed to be a clearer understanding of governance arrangements to ensure that there was no confusion about what the Board Committee structure undertook with there being a specific requirement for focus on significant patient risk.
- 39.11 The Chief Executive commented that performance against targets was a management function and responsibility with a need to bring solutions to the Board. The Scheme of Delegation described this. Proposals around the Healthcare Governance Committee were in respect of the need to address patient safety concerns that could not be mitigated through the management process. He advised that one of the most challenging questions raised by the External Support Team had been that NHS Lothian did not know how unsafe the Emergency Department and the Royal Infirmary of Edinburgh had been. The position of having 90 patients in the Emergency Department which only had 33 cubicles was not safe. He commented that he felt to a certain extent that staff might have become normalised to dealing with 90 patients. The External Support Team had commented that the system had lost sense of perspective around this position. The Chief Executive commented that it was not possible to accept that 90 patients should be regarded as normal. He commented that the current practice of reporting percentage performance to the Board was meaningless in terms of the impact on safety. He felt that moving forward there was a need to discuss issues like time to first assessment and overcrowding etc and that the Board needed to be clear about these issues. He commented that the engagement of the External Support Team had rocked the organisation and that there were other areas over and above the 4 Hour Emergency Access Standard that would require to be looked at.
- 39.12 The National Blueprint process was suggesting that governance was not fit for purpose across Scotland. Lothian was fortunate in that the External Support Team had provided prompts on how governance could be improved. It was noted that some other Health Boards had a process in place where Committee Chairs reported concerns direct to the Board. It was noted that Self-Assessment paperwork had not yet been issued and would be circulated as soon as available. The Chief Executive advised that he had asked the Internal Audit Department to help with completion of the Self-Assessment and thereafter to scrutinise the validation of the assessment. It was noted that there was a need for a paper to come back to the April Board for discussion. The March Development session would not be available as it was already fully booked.
- 39.13 Mrs Hirst advised that she was concerned about the haste of the decisions in respect of the Healthcare Governance Committee and the Acute Hospitals Committee. The Board discussed this issue in detail including issues around Secretariat support and the length and quality of papers coming before the Committee.
- 39.14 Dr Williams advised as Chair of the Acute Hospitals Committee that he had felt that it undertook a hybrid role and that he had always had concerns about the terms of reference of the Committee. He commented however that he was comfortable with the proposal to dissolve the Committee subject to an appropriate home being found for any residual issues. The Chief Executive commented that it would be possible to

sign-off the recommendations in principle subject to further work being undertaken around how to manage the residual agenda.

- 39.15 Mr Ash reminded colleagues that in June 2019 there would be a requirement to produce assurance statements as part of the Annual Accounts process and he questioned whether this function would now fall to the Healthcare Governance Committee. The Chief Executive reminded colleagues that the assurance statements related to the period to the end of March and that the process should reflect this position.
- 39.16 Mrs Mitchell commented that she shared Dr Williams concerns about the agenda and terms of reference of the Acute Hospitals Committee. It was noted that the Acute Hospitals Committee had held a Workshop to look at issues around output. The outcome of this process had identified issues that still need to be considered in that forum. Mrs Mitchell felt there should be a root and branch review of Committees. She had been surprised to see the paper being presented to the Board at this point. In addition Mrs Mitchell felt that the Board needed to fully understand what was being described.
- 39.17 Mr Payne commented in respect of the Board Committee Structure that the Committee Structure was largely prescribed and there was therefore no need to review the whole structure. Going forward work was needed in relation to the quality of papers being submitted to the Board and its Committees. Mr Payne advised that he was working with the Chair of the Scottish Ambulance Service around assurance information systems. It was suggested that in future governance committees should focus on outcomes and data with there being an effort to reduce the number and length of papers that committees received.
- 39.18 The Chief Executive commented that the bigger governance review process would be brought back to the Board in April 2019. A specific slot would be generated to undertake the Self-Assessment Workshop and this would be arranged through Mr Payne's office. It was hoped that this would allow for further discussions of the issues raised at the current meetings.
- 39.19 The Board agreed the recommendations contained in the circulated paper subject to 2.2 being agreed in principle and for forward work to reflect the concerns raised during the meeting about how to manage the residual agenda.

40 Any Other Competent Business

- 40.1 Regional Planning – the Chief Executive advised that within the course of the meeting a paper on Regional Planning had been emailed to Board members. The Board received a detailed update on the change in emphasis of Regional Planning over recent months. It was noted that moving forward Regional Planning would only be undertaken if this added value that this had led to a more consolidated approach to Regional work with the details of this being explained. The Chief Executive commented that there still remained a lot of good work underway and where appropriate he would continue to bring Regional updates to the Private Board session.

- 40.2 Significant Adverse Event – TTG Patient Letters – Dr Watson provided the Board with details of an administrative error that had resulted in letters not having been sent to patients between July and December of last year. It was noted that 5,000 letters had been issued in January 2019. As a consequence of this a number of letters had been issued to patients who had subsequently died.
- 40.3 The Board noted that this process was now subject to a Significant Adverse Event review process the outcomes of which would be reported to the Patient Safety Experience Action Group. Dr Watson apologised to Executive colleagues and the Board for this issue having occurred in the first place.

41. Date and Time of Next Meeting

- 41.1 If required the next meeting of NHS Lothian Board in Private would held immediately following the Public Board meeting scheduled for Wednesday 3 April 2019 at the Scottish Health Services Centre, Crewe Road South, Edinburgh.

NSS Health Facilities Scotland & Health Protection Scotland

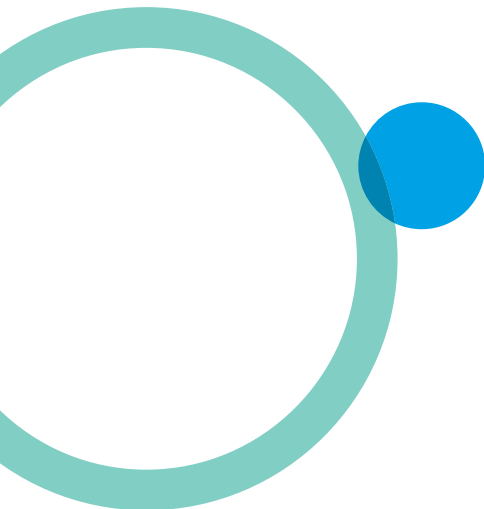


NHS Lothian RHCYP&DCN Review

Health Facilities Scotland and Health Protection
Scotland

CONFIDENTIAL DRAFT

August 2019
Version D0.8



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NHS Lothian commentary on NSS second Draft Report into RHCYP and DCN.

Collated comments from Project Team (Brian Currie, Janice Mackenzie and Ronnie Henderson), Iain Graham and Tracey Gillies.

A. General

- 1. Important that the title of RHCYP & DCN is used throughout and that it is not abbreviated to only RHCYP. The approach is currently inconsistent but for presentation should not be shortened.*
- 2. The NPD contract arrangements mean that NHSL is contracted with an Special Purpose Vehicle, IHSL, who are Multiplex, the Construction Contractor's client, not NHSL. The same applies for the services contractor, Bouygues.*
- 3. NHSL are referred in the Project Agreement, etc, as the Board, not Authority.*
- 4. Statements in the draft report are made which are general and negative. There is a need to make those more specific and proportional. (see p8)*

1. Executive Summary

1.1 Overview

A decision was taken on 2 July 2019 to delay moving to the new Royal Hospital for Children and Young People & DCN (RHCYP) on 9 July. This followed an inspection of the facility which raised concerns regarding the ventilation arrangements for critical care beds and other areas of the hospital. NHS National Services Scotland (NSS) received a commission from Scottish Government to undertake an external series of checks, led by Health Facilities Scotland (HFS) and Health Protection Scotland (HPS), to ensure that the relevant technical specifications and guidance applicable to the new hospital are being followed and implemented.

The objective of the review in relation to RHCYP was to:

- Provide a report to Scottish Government on whether the relevant technical specifications and guidance applicable to the RHCYP are being followed and implemented by September 2019.
- Where relevant technical specifications and guidance have not been followed, identify necessary remedial actions

Given the specific focus on the control of Health Acquired Infections (HAI), the review concentrated on a system wide approach for Ventilation, Water and Drainage systems. The process involved site visits, sample inspections and a review of available documentation.

From early stage of the review process it was apparent that the Critical Care Unit (CCU) ventilation system required redesign and modification to ensure compliance with guidance. As a result the review focused predominantly on the other areas of the hospital. (Advice was provided relating to the design instruction for the CCU)

Commented [IG1]: typo

Commented [IG2]: Use of "CCU" here not helpful and accurate

The review commenced during July 2019 with this final report published in September 2019 for consideration by the established RHCYP Oversight Board.

1.2 Summary of findings

The findings have been collated based on information provided, on-site reviews of the RHCYP & DCN. Expert advice was sought within the key focus areas of Ventilation, Water and Drainage systems and their overarching management and governance processes. (A detailed RAG status report is contained within Appendix 6.2)

The following table outlines the status of key findings:

Category	Red	Amber	Green
Management and Governance	1	2	0
Water Systems	3	1	0
Drainage	0	1	0

Ventilation	2 (1)*	1	0
Total	6 (1)	5	0

* It was already recognised that the Critical Care Unit required a redesign of the ventilation systems to comply with guidance requirements.

The following definitions were used to categorise the findings:

Red: Material non-adherence to published guidance and standards, having safety or service provision implications that should be resolved prior to occupation of the building.

Amber: Non-adherence to published guidance and standards which should preferably be resolved prior to occupation.

Green: Observation and improvement activity

Overall remedial action is required to be undertaken within the Ventilation and Water systems prior to the occupation. Following acceptance of this report the review team are ready to assist the NHS Lothian team in developing a programme of activity and clarification of remedial descriptions to allow a timeline to be constructed which could inform the decision to migrate towards occupancy on a phased basis.

2. Analysis of information provided

The support of the NHS Lothian project team in responding to questions and accessing data is gratefully acknowledged.

- 2.1 At the time of writing draft 0.08 the majority of the information required has been received and whilst the timescale for the review means a selective targeted review of documentation is necessary, the main themes are emerging. Some important information remains outstanding, particularly information requested from Multiplex and NHSL colleagues continue to prioritise a response.
- 2.2 The Special Purpose Vehicle (SPV), Contractor, sub-contractors, Facilities Management Contractor and Independent Tester were not directly involved in the production of this report, nor were they requested to verify its contents and they may have additional information not considered here. It is acknowledged that some of the information provided by NHSL came directly from these sources.
- 2.3 It was recognised by NHSL that critical care ventilation was not designed to current guidance. As a result this report focuses on other systems, however, we have provided advice on the contractor design intent for a new CCU system.
- 2.4 Key outstanding information includes the design intent for the natural ventilation component we have been advised is intended to make up the difference between 4 and 6 air changes per hour in general ward areas. Also awaited is the explanation and validation of the ventilation strategy whereby areas with air handling units out of service for whatever reason are served by an adjacent air handling unit, which also continues to serve its own area.
- 2.5 The theatre ventilation has not been installed in accordance with current guidance in a number of respects, entailing the loss of two theatres at a time for maintenance, rather than one and poor removal of contaminants from scrub areas.
- 2.6 Some of the water testing results, due to the time taken to process, are not yet available however it was found that there were certain fungi in the water, mainly at the taps as well as higher than anticipated total viable counts. In augmented care areas there is evidence of *Pseudomonas aeruginosa* found in the taps. While elements of the testing are not detailed in current guidance, lessons learned across health systems strongly suggest that this should be eradicated before patients and staff move in. There would appear to be no systemic contamination of the hot and cold water systems.
- 2.7 The drainage for the hospital utilises one gravity system and two pumped systems. The pumped systems are used to overcome gravity as they are installed below the local water table and level of the external drains. The main concern is the pumped system in the basement in the location of the kitchen. This system has multiple pump backups as well as alternative power supplies. The risk is that if these fail the kitchen drains will back up causing it to close, which would have an impact on the services to the hospital. At this stage in the process there appears to be no alternative to locating the drainage system sump in the basement, at least without major structural alterations to the basement and courtyard. Work on the review of drainage arrangements is ongoing and is focussing on mitigation of the risks. We await an

Commented [IG3]: Assumption. Explanation of SHTM 03-01 application being sought from Multiplex. Paragraph generally needs greater clarity.

Commented [IG4]: Demonstration outstanding from Multiplex to NHSL (HFS to witness too?)

Commented [IG5]: "it" does comply. Specificity needed of both which guidance applies (eg fungi reference) and which part of the facility this refers to (e.g. *pseudomonas* not found in all taps). BOARD CHANGE REQUIRED?

explanation of what foul waste and other sources drain into the basement sump. If suitable mitigation measures are in place, the drainage should not be an obstacle to occupation of the building.

- 2.8 We have included suggested action plans in the appendices for ventilation, water and plumbing & drainage. It is intended that NHS Lothian and their supply chain take ownership of these and add to them as necessary so that there is a co-ordinated agreed path to resolve the issues. We would further suggest that a consolidated action plan is reviewed and monitored by the established Oversight Board.

Commented [IG6]: over simplifies (misses) the complexity of the contract arrangements.

CONFIDENTIAL DRAFT

3. Review methodology

- 3.1 The review process initially took place between 8th July and 19th August 2019. For this interim report no further information has been considered after 19th August 2019
- 3.1.1 The brief for the review is in Appendix 6.1. The approach taken was to gather information relating to the services detailed in section 1.2 in drawing, specification, report and oral form and compare these to the standards and guidance appropriate for the building type and draw conclusions on whether what is provided matches the requirements. The specifics in relation to each aspect of the systems considered are detailed in a RAG (Red/Amber/Green) report for ease of reference. In addition to existing standards and guidance, learning generated from recent experience health care systems was brought into the review. This learning will inform future guidance.
- 3.2 The review has included
- Establishing a brief.
 - Establishing the baseline data to allow the brief to be met.
 - Preparation of several question sets to get a greater understanding of the project.
 - Preparation and management of detailed question sets and information requests.
 - Commissioning UK topic experts to review certain aspects of the project.
 - Several site visits
 - Several meetings
 - Analysis of data
 - Analysis of microbiology related to the hot and cold water systems.
 - Collation of expert reports
- 3.3 Standards and Guidance
- 3.3.1 HFS currently provides a range of advisory and delivery services across a wide variety of topics from a portfolio which covers, the built estate, engineering and environment and facilities management. With some exceptions these services are largely advisory in nature, identifying best practice and developing national guidance and standards.
- 3.3.2 HPS current provides advice and guidance on Health Associated Infections within the built environment. It produces a practice guide (National Infection Prevention and Control Manual – NIPCM) as well as the HAI Compendium. Like HFS, with some exceptions these services are largely advisory in nature, identifying best practice and developing national guidance and standards

The authority of the guidance produced is best described in the context below:

Regulations are law, approved by Parliament. These are usually made under the Health and Safety at Work etc Act following proposals from the Health & Safety Commission. Regulations identify certain risks and set out specific actions which must be taken.

Approved Codes of Practice give advice on how to comply with the law by offering practical examples of best practice. If employers follow the advice, they will be doing enough to comply with the law.

Approved Codes of Practice have a special legal status. If employers are prosecuted for a breach of health and safety law, and it is proved that they did not follow the relevant provisions of an Approved Code of Practice, they will need to show that they have complied with the law in some other way, or a court will find them at fault.

Standards (British or European), institutional guides and industry best practice play a large part in how things should be done. They have no direct legal status (unless specified by Regulations). However, should there be an accident; the applied safety practices at the place of work would be examined against existing British or European Standards. It would be difficult to argue in favour of an organisation where safety was not to the described level.

Guidance is issued in some cases to indicate the best way to comply with Regulations, but the guidance has no legal enforcement status.

3.3.3 Whilst following guidance is deemed not compulsory by HSE, where compliance with it is specified in a contract, it becomes a contractual requirement and any deviation from it would be expected to follow a formal process with input from all relevant parties and clarity around how the outcome was reached, with risk assessments where appropriate and sign off by those authorised to approve it.

3.3.4 The term standards and guidance is used throughout the report to refer to the publications setting the expectations about the level of service to be provided, including legislation, approved codes of practice and guidance. Compliance with guidance is reported on, regardless of whether this implies a contractual requirement, as contract compliance is out with the scope of this report.

Commented [IG7]: Are these interchangeable or different. Explanatory note needed as they should be different.

3.3.5 The contract model for this project is known as an NPD, which amongst other things is intended to deliver benefits such as:

- Single delivery mechanism
- Whole life costing
- Design efficiencies
- Lifecycle maintenance
- Improved service provision.

Based on the Authorities' construction requirements (including which guidance to be followed and other parameters such as an environmental matrix), Project Co develops the design and agrees the design with the Authority before implementation. There may be certain elements left to the Project Co to design, however, these should in compliance with Authorities construction requirements. It is usual to have an Independent Tester involved in the project who is a joint appointment from the Project Co and the Authority. Their role is certify the completion of building as referenced in the project agreement and completion criteria of the contract.

Commented [IG8]: Typos throughout paragraph: "authorities" but also should be "Board's". Also the explanation of the process is flawed as the Board does not agree the design (except for operational functional suitability). We have struggled to get IHSL and Multiplex to understand this; HFS need to recognise the implications for risk transfer, etc.

3.4 RAG reporting methodology

3.4.1 For clarity the report organises issues with each of the systems considered into a RAG (Red, Amber, Green) report, identifying the importance of deviations from what would be expected based on the standards and guidance. The distinction between the categories is based on our judgement of the degree of non-compliance and the implications of that non-compliance. The criteria used are described below.

Red: Material non-adherence to published guidance and standards, having safety or service provision implications that should be resolved prior to occupation of the building.

Amber: Non-adherence to published guidance and standards which should preferably be resolved prior to occupation.

Green: Observation and improvement activity

3.4.2 Aspects of the services known to be compliant at the outset do not form part of this report.

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4. Findings

The following findings should be read in conjunction with the RAG report that is contained within Appendix 6.2

4.1 Management and governance

- 4.1.1 Healthcare organisations have a duty of care to patients, their workforce and the general public. This is to ensure a safe and appropriate environment for healthcare. This requirement is identified in a wide range of legislation. At the most senior level within an organisation, the appointed person should have access to a robust structure which delivers governance, assurance and compliance through a formal reporting mechanism.
- 4.1.2 The review identified that for both the contractor and NHSL, there were omissions in the identification appointment and role definition of key roles in an effective management structure. Additionally, records which are necessary to demonstrate compliance with appropriate standards and guidance were not provided.
- 4.1.3 The Board cannot pass its responsibilities under health and safety law to a contractor. It can pass duties, but the responsibility for ensuring the safety of those accessing its premises remains with the Health Board. To discharge its duties, the Board should ensure appropriate structures, processes and personnel are in place to ensure that those responsible for operating the facility are doing so in compliance. The structures and processes in the SHTM suite of guidance, SCART¹ and HAI_SCRIBE² should form the core of this. These arrangements should be in place as soon as practicable and prior to occupation in any case.

Commented [IG9]: Roles – explanation needed? E.g. AE competency? Or NHSL Designated person? Or something else? Use of contractor, for example, not clear.

Commented [IG10]: SCART – [usually undertaken by Hard FM one year into operations] TBC

Commented [IG11]: has been done including services supplier

4.2 Ventilation

- 4.2.1 The ventilation systems at RHCYP & DCN were considered in relation to legislation, guidance and the lessons learned from other recent similar projects which may have an impact on the patient group.
- 4.2.2 The legislation which is relevant to the ventilation systems are The Control of Substances Hazardous to Health Regulations 2002 (COSHH).
- 4.2.3 The guidance which is relevant to the ventilation systems includes; Scottish Hospital Technical Memorandum (SHTM) 03-01: Ventilation for healthcare and Scottish Health Planning Note 04 Inpatient Accommodation, Supplement 1 Isolation Facilities in Acute Settings.
- 4.2.4 The lessons learned from previous projects are noted where relevant.

¹ SCART is a risk based tool used by Boards in NHS Scotland to measure their compliance against statutory and non-statutory position

² HAI_SCRIBE provides Built Environment Infection Prevention and Control information for Design Teams, Construction Teams, Infection Prevention and Control Teams and Estates & Facilities Teams, as well as an assessment process allowing the identification and management of infection control risks in the built environment.

4.2.5 The ventilation within Critical Care was identified by NHSL's validation contractor, and verified in this review, to be not in accordance with the requirements of SHTM 03-01. At the time of writing NHSL is working with its contractor to design a suitable solution to provide the conditions required within CCU. HFS has been asked by Scottish Government to support NHSL to ensure that the system delivered is compliant with requirements.

Commented [IG12]: Not NHSL's contractor – IHSL's contractor is Multiplex

4.2.6 The general ventilation for non-specialist applications such as general wards was identified as having lower air change rates than specified in SHTM 03-01, i.e. 4 air changes per hour as opposed to 6, however it has been asserted that the system designed includes a component of natural ventilation to provide six air changes overall. This remains to be verified at the time of writing. HFS visited the site with a specialist ventilation consultant from Turner Professional Engineering Services who produced a report on the general ventilation systems and noted non-compliances with air handling unit provision and installation and pressure regimens. In addition a literature review is underway by HPS with a summary of initial findings included in Appendix 6.4

4.2.7 Theatre ventilation was identified by NHSL validation contractor as having significant deficiencies. HFS visited site with a specialist contractor, Malcolm Thomas Consultant Engineer, who was lead author on the last three iterations of the ventilation guidance. This identified and confirmed several deficiencies, including lack of evidence about the efficacy of the ventilation in the scrub rooms, the design of theatre ventilation systems such that maintenance might entail loss of two theatres rather than one, and overuse of flexible ductwork potentially causing problems with balancing theatre ventilation. All issues identified are in the action plan in RAG report and all are achievable, and as such should not prevent the theatres being put into use upon rectification.

Commented [IG13]: the language used suggests findings were by Turner Professional Engineering Services or Malcolm Thomas Consultant Engineer. However, these were in part [mainly?] confirmatory of work already undertaken by NHSL.

4.2.8 The building contains a number of Positive Pressure Ventilated Lobby (PPVL) isolation rooms for which the guidance, SHPN4 supplement 1 recommends that each isolation room should ideally have its own air handling unit, such that if an air handling unit fails, or is offline for maintenance, only one isolation room is out of commission.

The building, as built, has an air handling unit serving each area of the building, including any contained isolation rooms. This means that up to five out of 18 isolation rooms may be out of action in the event of an air handling unit failure. We have been advised that the strategy for maintenance is that a bypass duct will be used to feed an area from an adjacent air handling unit. This mode has not yet been proven and the successful operation of isolation rooms and other spaces in the event of use of this bypass strategy seems unlikely. NHSL needs to consider in its clinical service model how each area will function in the event of loss of an air handling unit. This will require full design and validation air change rates for each area in this mode and predicted times to rectify any failure mode.

Commented [IG14]: Correction – 19 Isolation Rooms

4.2.9 The Contractor has advised that the design of the isolation rooms is as per Scottish Health Planning Note (SHPN) 04-01 Supplement 1: In-patient Accommodation: Options for Choice Supplement 1: Isolation Facilities in Acute Settings. This guidance notes that isolation rooms ideally should have its own air handling unit (AHU) and the ventilation systems should be as robust as possible so that standby fans are not required. The guidance acknowledges that in high rise buildings a common supply

and extract may be the only feasible solution with duct branches fitted with spring close gas tight dampers in the event of failure. The height of the building is less than that normally defined for high rise (18m) and the solution at RHCYP & DCN does not include the gas tight dampers at ward level but also includes non-isolation rooms as part of the design.

4.3 Water

- 4.3.1 The domestic hot and cold water services (DHCWS) at RHCYP & DCN were considered in relation to legislation, guidance and the lessons learned from other recent similar projects which may have an impact on the patient group.
- 4.3.2 The legislation which is relevant to the water system are The Water Supply (Water Quality) (Scotland) Regulations 2001 and The Control of Substances Hazardous to Health Regulations 2002 (COSHH). In relation to COSHH, the Health and Safety Executive (HSE) note that *“Micro-organisms are covered in COSHH by the term biological agents. These are defined as any micro-organism, cell culture, prion or human endoparasite whether or not genetically modified which may cause infection, allergy, toxicity or otherwise create a hazard to human health.”*
- 4.3.3 The guidance which is relevant to the water system are HSE Approved Code of Practice L8: Legionnaires' disease. The control of legionella bacteria in water systems; HSE 274: Legionnaires' disease: Technical guidance; Scottish Healthcare Technical Memorandum (SHTM) 04-01: Water safety for healthcare premises and HPS document: Pseudomonas aeruginosa routine water sampling in augmented care areas for NHS Scotland (*published in draft*).
- 4.3.4 The lessons learned from previous projects are noted where relevant.
- 4.3.5 From initial inspection of the Independent Tester's reports, there is evidence of areas of the pipe work systems were installed without end protection. This allows dust and organic material to enter the pipe system and this may not be eradicated by the disinfection process.
- 4.3.6 From the construction commissioning records contained within the electronic operating and maintenance document repository (ZUTEC) it is noted that: -
- There is no record of leachate flushing of the system.
 - The original test certificates and re-test certificates are not available on ZUTEC. This would allow us to comment on the condition of the system during commissioning and handover.
 - Technical commentary on the test certificates and the chemicals used for disinfection will be provided in the final report (if made available).
- 4.3.7 The Facilities Management (FM) contractor Bouygues FM (BFM) commissioned a legionella risk assessment when they took possession of the site from the construction contractor. This report has yet to be provided and we will review and assess when presented.
- 4.3.8 NHS Lothian commissioned [Calladus](#) in May 2019 to conduct an overall safety audit of the RHCYP & DCN. Contained within their report is a section on the water system

Commented [IG15]: Callidus (spelling) – IHSL information available. [team suggest a follow up to close off: Stuart Davidson to arrange?]

and they assessed the risk condition of the system as “high” mainly as a result of BFM’s L8 risk assessment, the lack of evidence of flushing across the system, the lack of maintenance on shower heads and outstanding information on the water management responsibilities by BFM.

- 4.3.9 NHS Lothian separately commissioned water testing from their preferred provider (Westfield Caledonia), on 12th July 2019 which indicated that certain tap outlets within the augmented care areas were positive for *pseudomonas aeruginosa*. This report also noted high Total Viable Counts (TVC). In addition, *Pseudomonas aeruginosa* was recorded in the hot water boilers and the rise and fall baths. The company concluded that there was no evidence of wide spread contamination of the water system.
- 4.3.10 As part of the HFS review, Water Solutions Group (WSG) carried out some water tests around the facility on 18th July 2019 to determine if there were any significant issues.
- 4.3.11 In summary WSG concluded from their investigations and as a result of the microbiological samples taken by them and others that: -
- There was no indication that the water system (as a whole) was cause for concern referenced to existing guidance.
 - Concern was expressed regarding the management of the water system given the lack of occupancy and turnover of the water system.
 - The management aspects of the water system from an FM perspective were not satisfactorily demonstrated.
 - The system showed signs of biofilm and swarf contamination, particularly at the taps.
 - Shower heads and hoses do not meet the required standards with respect to length.
 - During the site investigation it was noted on the second day that the cold water temperatures were rising and the hot water temperatures decreasing. In discussions with BFM it was discovered that a boiler had tripped together with the circulating pumps and the other boilers did not come on as they should have. The result of this is that the temperature of the water for both hot and cold domestic water systems fell into the legionella growth band for a significant period of time.
- 4.3.12 Results for fungi and atypical mycobacteria are still awaited and these should be available by 28th August 2019. These are not required to be tested as part of the current guidance, however, based on the experiences at other sites it was considered prudent to have these test done. The results and any recommendations will be included within the final report.
- 4.3.13 As a direct result of previous lessons learned, it is recommended that samples of certain parts of the water system are replaced and the originals tested by WSG, particularly those which have proven to be problematic.
- 4.3.14 Whilst not preventing the facility to open, it is noted that the system controlling the cold water permits a large volume of water to be dumped.

Commented [IG16]: Hydro taps (not hot water boilers).
“Some” not “all”.

Commented [IG17]: this statement here suggests tests results are still awaited; but it seems to have been incorporated as a finding of fact into the summary at the beginning of the draft report.

Commented [IG18]: the sentence suggests a knowledge of outcomes or actions not covered in the draft report (“previous lessons”, “particularly those that have proven to be problematic”)

Commented [IG19]: needs clarification and be clear on whether the statement is positive or negative.

4.4 Plumbing and drainage

- 4.4.1 The range of clinical and non-clinical wash hand basins chosen by the contractor are manufactured by Armitage Shanks from their Contour 21 healthcare range. There is no facility to connect the tap on the sink as the taps are panel mounted. The drain connection is at the rear of the sink bowl and there is no overflow, all as per guidance.
- 4.4.2 The connection on to the wash hand basin from the drain has proven to be an area where water does not drain freely as the connection reduces the diameter of the drainage outlet and creates a dam effect. Lessons learned have shown that various organisms were grown from this area.
- 4.4.3 The waste connection from the sink to the main above ground drainage system is via “bottle trap” rather than a conventional “U-bend”. This has become an industry standard due to ease of installation and cost, but again can be a harbour for adverse microbiological activity in healthcare installations.
- 4.4.4 The plumbing system is connected to the main sewage system via three drainage systems. The first is a gravity fed system. The second is a sump pump arrangement in the external courtyard. The third is a sump in the basement area of the hospital. The rationale behind the use of the sumps is that the basement areas are below the water table and any waste material has to be pumped up and out to the sewer.
- 4.4.5 The independent tester has noted in their report of 30th June 2017 that an issue had been raised regarding the capacity of the basement sump. In further investigation this appears to be related to the fact that more areas/floors were connected to this system than NHS Lothian had originally been made aware of. We have not yet observed the mitigation from the contractor with this resect.
- 4.4.6 The project team has confirmed that the basement sump has never flooded since being operational although the building is not yet fully occupied.
- 4.4.7 The main risk lies with the basement sump. It has a resilience system of back-up power supplies, multiple pumps and alarm systems to three different locations. There is however only one discharge line to the sewer and if this is blocked then the risk exists, however small, of the kitchen (which is in the proximity of the basement) may become contaminated. In addition, if a failure occurred or a maintenance activity was to take place, the location of this sump chamber would mean that all traffic flow through the basement corridor would be halted to permit a safe operating procedure to be implemented.
- 4.4.8 The external courtyard sump has a duty/standby pump as well as a spare submersible pump and also has similar alarm arrangements to the basement pumps. In the event of a catastrophic blockage and spillage the court yard would be impacted.
- 4.4.9 Further investigative work is being carried out on the sump and pumping arrangements at this time.

Commented [IG20]: in order to be meaningful and potentially actionable, this needs to be more precise. For example, lessons learned by whom? where? when? What organisms?

Commented [IG21]: references industry standard approach taken in the installation; but then raises a potential risk. Is this contrary to guidance and standards; or just not liked by the author?

Commented [IG22]: 4.4.4To 4.4.8 are the descriptions of the installation in order; premature transfer of working notes into statements pending the outcome of further investigations identified at 4.4.9?

Commented [IG23]: typo?

Commented [IG24]: there are two discharge lines for the drainage

5. Recommendations

- 5.1 To discharge its duties under Health and Safety law, the contractor monitored by NHSL should have appropriate structures, processes and personnel in place to ensure that those responsible for operating the facility are doing so in compliance. The structures and processes in the SHTM suite of guidance, SCART and HAI_SCRIBE should form the core of this. These arrangements should be in place as soon as practicable and prior to occupation in any case.
- 5.2 NHSL should adopt and implement, modifying as appropriate, the action plans for the various services detailed in Appendix 6.3
- 5.3 NHSL should report on progress with implementation of the action plans to the establish Oversight Board
- 5.4 NHSL needs to consider in its clinical service model how each area will function in the event of loss of an air handling unit. This will require full design and validation air change rates for each area in this mode and predicted times to rectify any failure mode.
- 5.5 NHSL should consider its clinical service model in light of the ventilation arrangements in place for general wards and other non-critical areas (incorporating literature review and design information not yet available)

Commented [IG25]: The contractor works to IHSL not NHSL. IHSL (and their management company, HCP, should monitor first

Commented [IG26]: Typo?

Commented [IG27]: •[there are tactical action cards for [some] services such as HV. These may extend to resilience actions for emergencies; not necessarily specific to AHU] TBC – Ronnie?

6. Appendices

6.1 Commission Brief



Commission Brief
v0.4.pdf

6.2 RAG Status Report

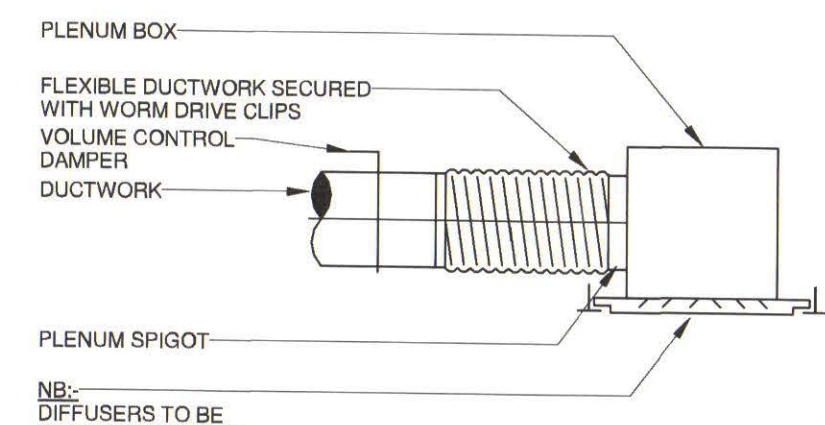
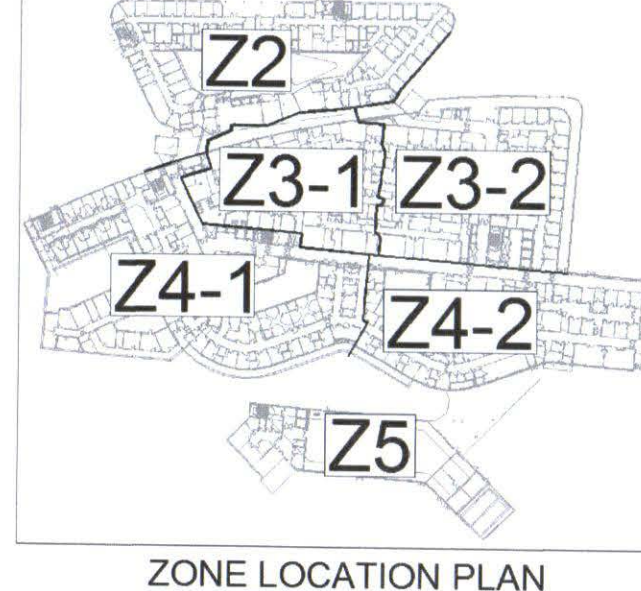
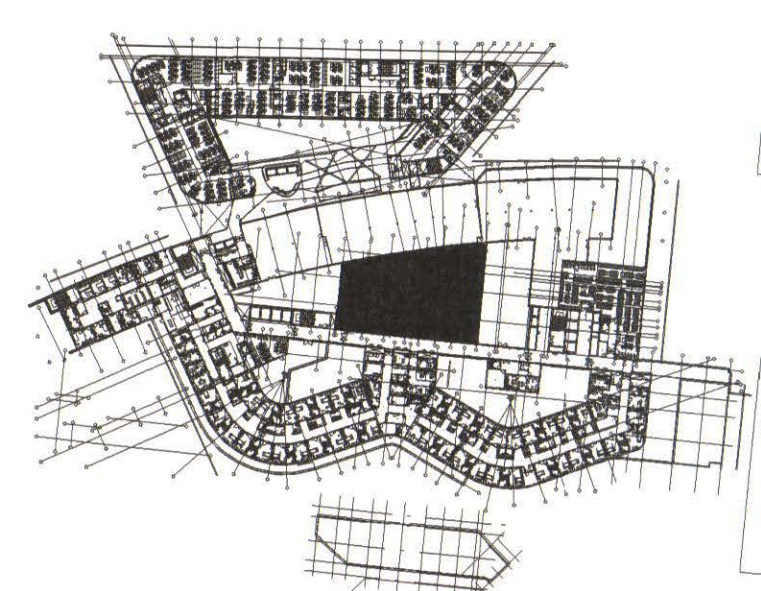


RAG Status Report
for RHCYP v0.11.pdf

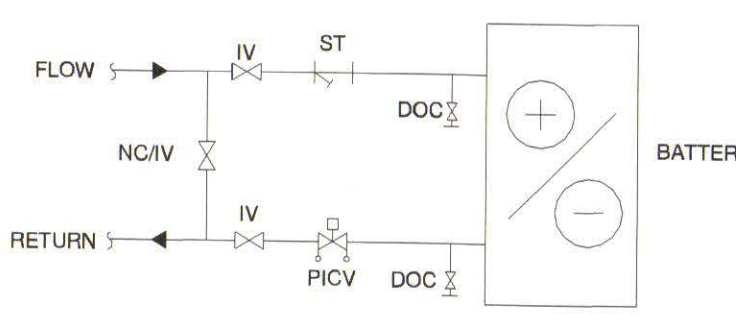
6.3 Detailed Action Plan

6.4 Literature Review

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TYPICAL DETAIL 1 FLEXIBLE CONNECTION TO GRILLE PLENUM BOX



TYPICAL AIR HANDLING UNIT HEATING & CHILLED WATER BATTERY CONNECTION

RDD COMMENTS

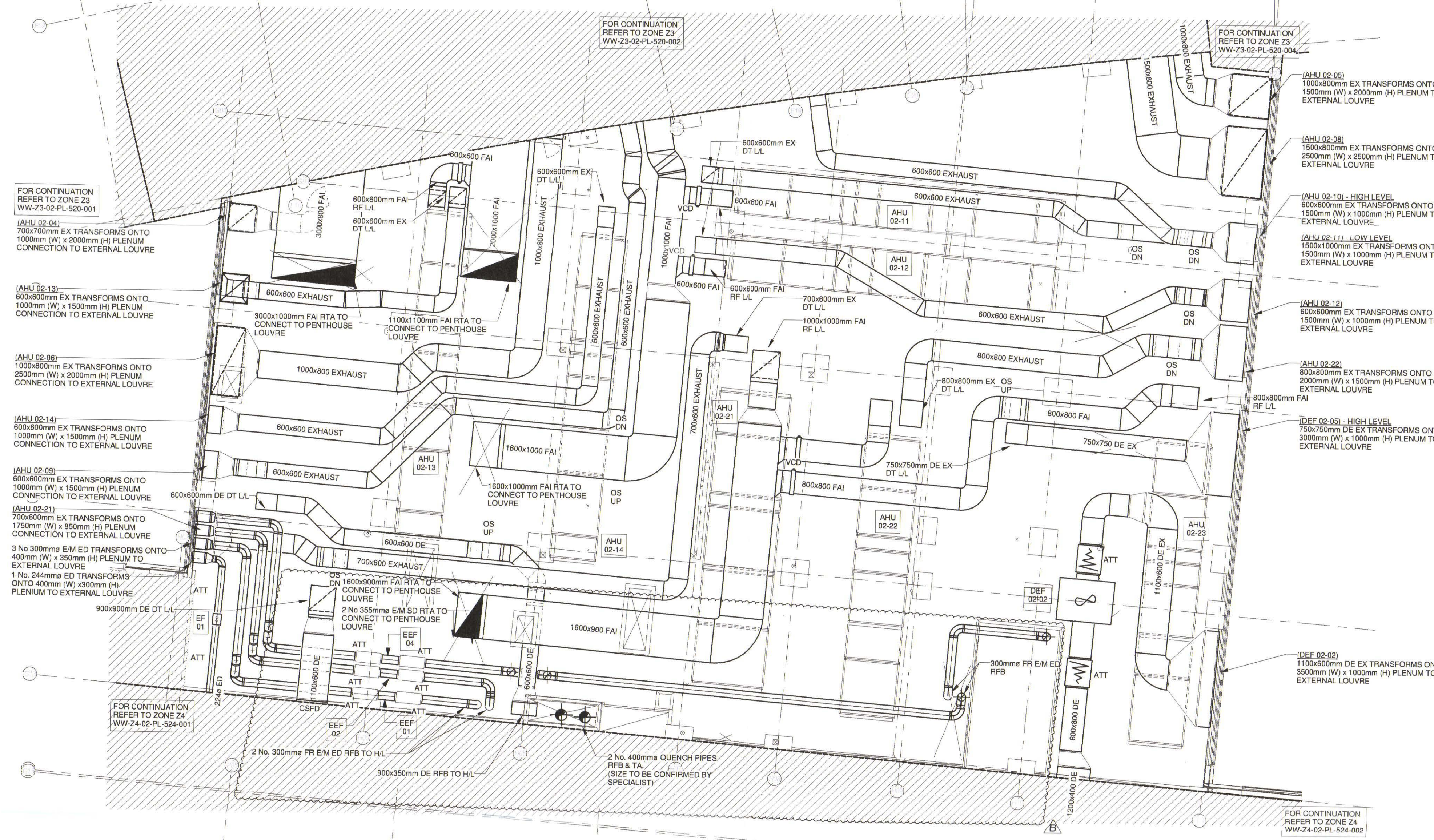
ITEM	COMMENT	RESPONSE
1.	REVIEW FD ARRANGEMENT TO ENSURE THEY ARE IN PLACE WHERE REQUIRED.	FIRE DAMPER ARRANGEMENTS HAVE BEEN UPDATED IN LINE WITH CURRENT FIRE STRATEGY DRAWINGS.

* COMMENTS BASED ON WW-23-02-PL-520-003 Rev A - STATUS B.

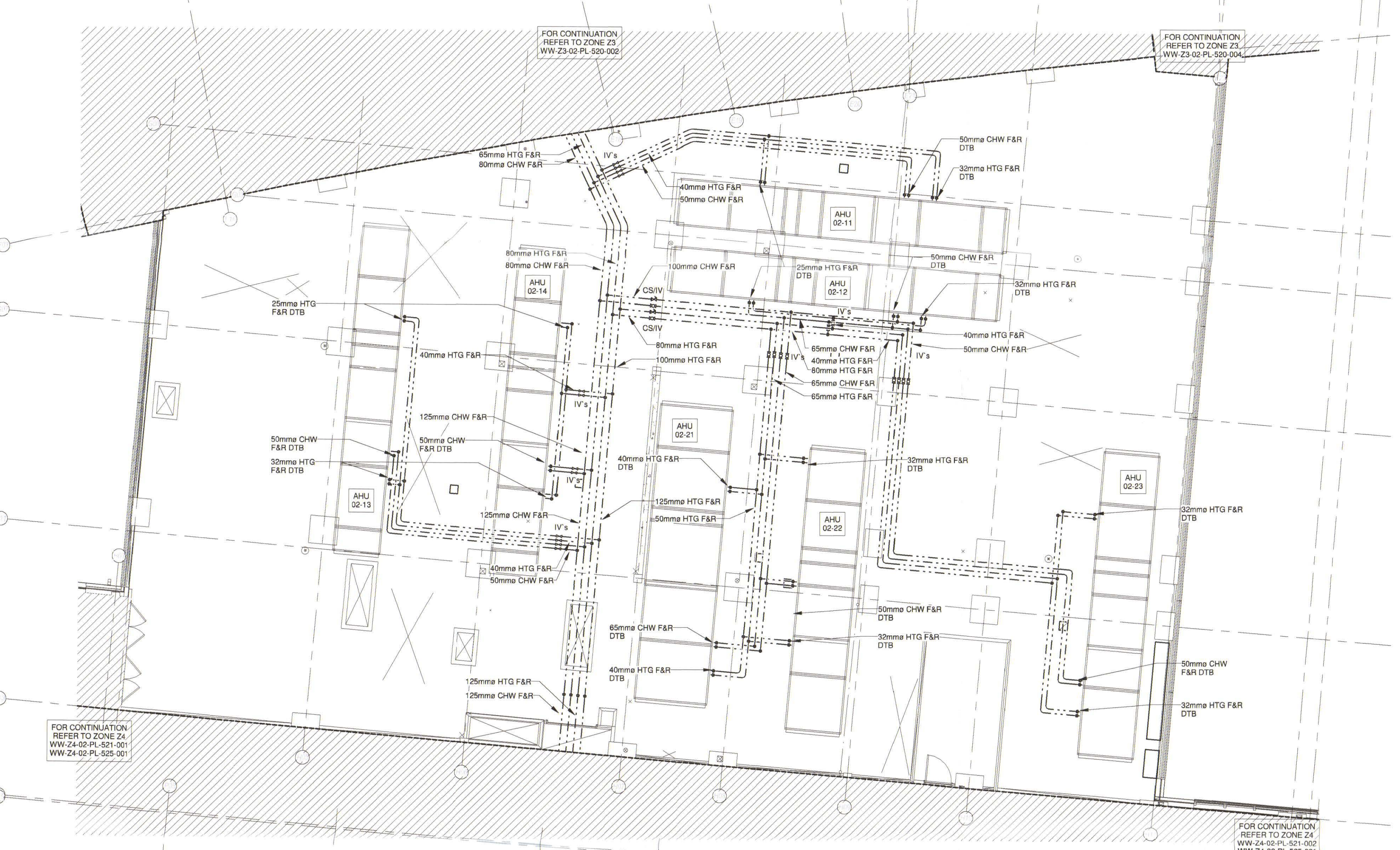
Notes
Check all dimensions on site. Do not scale from this drawing.
Report any discrepancies and omissions to drawing supervisor.
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Design Identification of Hazard Risk

- Indicates a Residual Risk requiring a Compulsory Action
- Indicates a Residual Risk for Information
- Indicates a Residual Risk requiring a Prohibitive Action
- Indicates a Residual Risk as a Warning



LEVEL 02 PLANTROOM - HIGH LEVEL VENTILATION
1:100



LEVEL 02 PLANTROOM - HEATING & CHILLED WATER PIPEWORK LAYOUT
1:100

LEGEND

- SG - SUPPLY GRILLE
- EG - EXTRACT GRILLE
- DEG - DIRTY EXTRACT GRILLE
- VCD - VOLUME CONTROL DAMPER
- APS - AIR PRESSURE STABILISER
- MCD - MOTOR CONTROL DAMPER
- CSFD - COMBINED SMOKE & FIRE DAMPER
- FD - FIRE DAMPER
- ED - EXTRACT DUCT
- SD - SUPPLY DUCT
- ISO DE - DIRTY EXTRACT DUCT
- DE - DIRTY SOLATION EXTRACT DUCT
- DEF - DIRTY EXTRACT FAN
- KED - KITCHEN EXTRACT DUCT
- FAI - FRESH AIR INTAKE
- EX - EXHAUST
- AHU - AIR HANDLING UNIT
- DFA - DROP FROM ABOVE
- DTB - DROP TO BELOW
- DTL - DROP TO LOW LEVEL
- RTHL - RISE TO HIGH LEVEL
- RFB - RISE FROM BELOW
- RTA - RISE TO ABOVE
- OS - OFFSET (UP OR DOWN)
- ATT - ATTENUATOR
- CTA - CROSS TALK ATTENUATOR
- HB - HEATING BATTERY
- CVD - CONSTANT VOLUME DAMPER
- DTG - DOOR TRANSFER GRILLE
- FDW - FIRE RATED DUCTWORK
- HTG - HEATING
- CHW - CHILLED WATER
- FAIR - FLOW & RETURN
- IV - ISOLATION VALVE
- CS - COMMISSIONING SET
- DOC - DOOR OFF COOK
- PICV - PRESSURE INDEPENDENT CONTROL VALVE
- CAV - AUTOMATIC BALANCING VALVE WITH TAPPING POINTS
- ST - STRAINER
- NCV - NORMALLY CLOSED ISOLATING VALVE

- NOTES**
- GENERAL DUCTWORK INSTALLATION TO COMPLY WITH DW14.
 - KITCHEN DUCTWORK INSTALLATION TO COMPLY WITH DW17.
 - COMBINED SMOKE & FIRE DAMPERS TO BE LOCATED AS SHOWN. ALL DUCTWORK PENETRATIONS PASSING THROUGH FLOOR LEVEL STRUCTURAL SLABS SHALL ALSO BE PROVIDED WITH A COMBINED SMOKE & FIRE DAMPER.
 - ALL NEW GRILLES TO BE INSTALLED COMPLETE WITH PLENUM BOX WITH SIDE ENTRY SPOUT.
 - ALL GRILLES TO BE POLYESTER POWDER COATED TO BE ORRAL COLOUR APPROVED BY ARCHITECT.
 - ALL DIMENSIONS SHOWN ARE IN MILLIMETRES.
 - ALL WORKS & COMMISSIONING TO BE CARRIED OUT IN ACCORDANCE WITH THE SPECIFICATION.
 - PROPOSED VENTILATION WORKS HAVE BEEN DESIGNED AND WILL BE INSTALLED TAKING CONSIDERATION OF THE EFFICIENCY REQUIREMENTS OF SECTION 6 OF THE TECHNICAL STANDARDS.
 - ALL FINAL CONNECTIONS TO GRILLES TO BE FLEXIBLE CONNECTION.
 - ALL DUCT MOUNTED FANS MUST BE INSTALLED WITH ANTI VIBRATION MOUNTS.
 - FLEXIBLE DUCTING SHALL NOT EXCEED 1 METRE IN LENGTH IN ACCORDANCE WITH DW14.
 - SYSTEM LTHW TEMPERATURES TO BE 80°C FLOW & 60°C RETURN FOR CT CIRCUIT SERVING AHUs.
 - AUTOMATIC AIR VENTS TO BE FITTED AT ALL HIGH POINTS IN THE SYSTEM & DRAIN COOKS AT ALL LOW POINTS IN THE SYSTEM.
 - ALL WORKS & COMMISSIONING TO BE CARRIED OUT IN ACCORDANCE WITH THE SPECIFICATION.
 - CONTRACTOR TO MAKE ADEQUATE PROVISION FOR EXPANSION & CONTRACTION OF PIPEWORK.

RDD

Section 6 of Schedule 6 Part 1

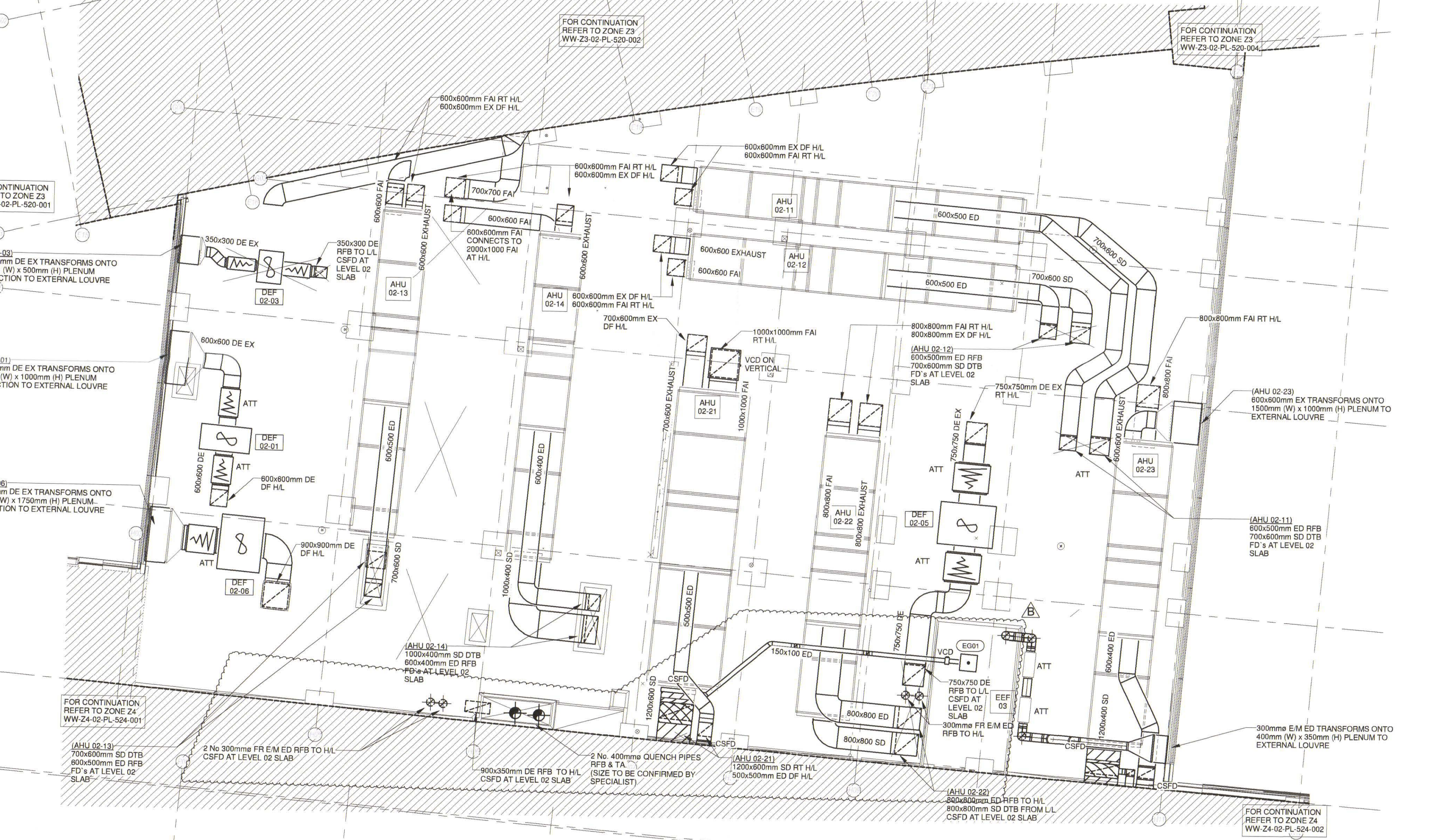
Name: B. CUREN

Date: 9/6/19

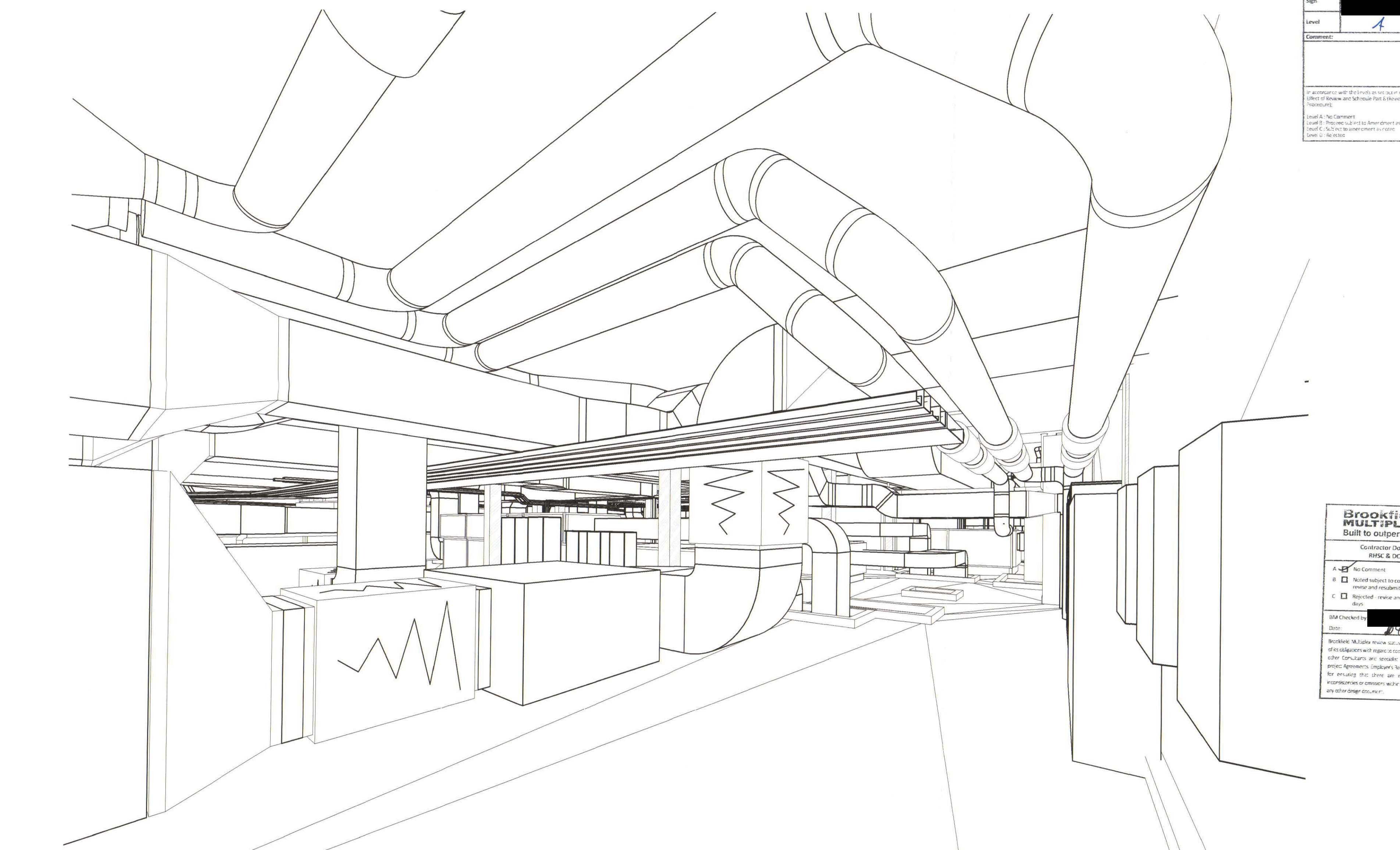
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Level: [REDACTED]

Comment: [REDACTED]



LEVEL 02 PLANTROOM - LOW LEVEL VENTILATION
1:100



3D VIEW

Revisions

Rev	Date	Description	AW	LS	SR
0	03/03	RDD STATUS B COMMENTS	DW	JS	BR
1	2017	INCORPORATED DRAWING UPDATES TO REFLECT CHANGES TO RADIOLOGY DEPT. DEF'S REMOVED. LEFTS ALTERED TO REFLECT NEW ROUTES. ED ADDED TO IT NODE ROOM.	DW	JS	BR
2	2018	DRAWING UPDATED TO REFLECT CHANGING OF THE EFFICIENCY REQUIREMENTS OF SECTION 6 OF THE TECHNICAL STANDARDS.	AW	LW	SR
3	2018	PLANTROOM CD, OPERATIONAL EXTRACT FAN AND EMERGENCY EXTRACT DUCTWORK ADDED. CSFD TO AND FIRE RATED DUCTWORK UPDATED.	AW	LS	SR
1	2018	T1 R0 ISSUE	AW	LS	SR

Re-provision of RHSC and DCN at Little France

Client: NHS Lothian

Title: ZONE 3 - LEVEL 02 VENTILATION PLANTROOM LAYOUT SHEET 3

Project: WW-23-02-PL-520-003

Scale: As Indicated Date: DEC 2015

Status: CONSTRUCTION

IHS Lothian INTEGRATED HEALTH SOLUTIONS

Royal Hospital for Sick Children and Department for Clinical Neurosciences - Edinburgh

RHSC / DCN RDS Environmental Matrix

Dept Code	Index
~	Cover
~	Guidance Notes
~	Room Function Reference Sheet
~	Occupancy & Equipment Load Allowances
A1 - A4	Front Door - A&E / Assessment Ward
B1	Critical Care / HDU / Neonatal Surgery
C1- C5	RHSC In Patient Pathway / Ward Care
D1 - D10	RHSC Ambulatory Care
E1	Pod
F1	Child and Adolescent Mental Health
G2 - G3	Clinical Support
H1 - H3	Academic
I1 - I2	Facilities / Infrastructure Support Services
J1 - J2	Patient / Family Support
K1 - K2	Family Facilities
L1 - L2	DCN In Patient Pathway / Ward Care
M1- M4	DCN Support Space
N1	DCN Out Patient Departments
P1	Combined Theatres
Q1	Combined Radiology
R1 - R2	Office / Admin Support Services
S1 - S7	Combined Facilities / Infrastructure Support Services
T1	Plant
U1	Shelled Space

Document highlighted items amended inline with NHS comments.

26th November 2015

WW-XX-XX-DC-XXX-001

RDD	
<small>Reviewable Design Data Section 5 of Schedule Part 6</small>	
Design	
Name:	B. CURIE
Date:	09/02/16
Ref:	[REDACTED]
Level:	C
Comments:	
PLEASE REFER TO ACONEX: MM-AC-001184	
<small>in accordance with the Levels set out in Table C of the Code of Practice and Schedule Part 6 of the Regulations.</small>	
<small>Level A: No Comment Level B: Noted subject to Amendment as noted Level C: Subject to Amendment as noted Level D: Rejected</small>	

FORWARDED TO JOHN BUSHFIELD 10/02/16.

Brookfield MULTIPLEX BM Built to outperform.	
Contractor Document Review RHSC & DCN Edinburgh:	
A	<input type="checkbox"/> No Comment
B	<input type="checkbox"/> Noted subject to comments - revise and resubmit within 7 business days
C	<input checked="" type="checkbox"/> Rejected - revise and resubmit within 7 business days
BM Checked by:	[REDACTED]
Date:	10/2/16
<small>Brookfield Multiplex review (BM) does not absolve the consultant of its obligations with regard to coordination and conformity with the other Consultants and specialist Subcontractors design and the project Agreements, Employer's Requirements and the IFC plan and for ensuring that there are no ambiguities, discrepancies, inconsistencies or omissions with the documents or between it and any other design documents.</small>	

The following table indicates Board Comments, initial response together with the Environmental Matrix to reflect the following Board comments

Item	Initial Response	Feed back	Reconciliation	
1	Update the Environmental Matrix shall be updated by Project Co to reflect all the rooms and room types in the proposed Facility, this should be based on an updated Schedule of Accommodation that has been commented on separately by the Board. This also needs to reflect the names and room numbers in the GSU table.	Individual room numbering being applied.	OK	Agreed
2	Include the requirements contained in the Clinical Output Specification including but not limited to the requirement that theatre temperatures are to be able to be raised to 31°C for certain operations.'	We have made reference to the figure of 31°C in the Guidance Notes. 'Theatre temperatures are to be able to be raised to 31°C for certain operations.'	Temperature control in theatres is covered in the Operational Design Notes V5 14th Oct2014 for RHSC Theatres 1 & 2. Operating theatres 1-P1-032 and 1-P1-044 shall operate normally as detailed in the Environmental Matrix. These rooms shall be provided with a manual control to raise the temperature to 31°C within a period of 2 hours. This manual control function shall be logged in the BMS and the temperature requirements of the Environmental Matrix shall not apply for the duration of the elevated temperature operation. THIS HOWEVER IS NOT NOTED ANYWHERE	This statement is now incorporated within the guidance notes of the matrix
3	Measures shall be assessed, modelled and implemented to demonstrate that the internal air temperature of the following room types to reduce the temperature control from 28°C to 25°C- Treatment Rooms, Consulting Rooms; Laboratory; Physiotherapy Studio, Recovery. These room shall not exceed the maximum acceptable level of 25°C for more than 50 hours per annum	The Temp (max) column within the table has been updated to 25°C for the agreed rooms 3.1- 3.5 above.	OK	Agreed
4	Detailed proposal awaited on bedroom ventilation to achieve balanced/ negative pressure relative to corridor.,	The single bedrooms have had their ensuite extract increased to achieve a balance within the room, this has been noted within the matrix.	NOTE 26 AND VENTILATION TYPE HAVE NOT BEEN ALTERED.	Refer to Matrix
5	Colour rendering all stated as 80 where certain areas should be 90	Amended.	NEEDS TO BE CHECKED FOR ALL	Refer to Matrix
6	There also need to have a consistent approach e.g. guidance notes and ED body view room stated as 28 - 8, bereavement suite body view room stated as 25 - 8.	The figure of 25-8 is now reflected within the matrix.	OK	Matrix now amended. See item 7 below.
7	Further discussion is required on the minimum temperate requirement for the Body View Room.	Awaiting confirmation on this one from the client, however discussion at the meeting on the 11/11/14 was that rather than take the room temperature down to 8°C which would require specialist cooling they would look at providing a cold blanket for the body and room temperatures would be retained as a normal room.	NHSL confirm following discussion with users that the use of a cooling blanket or cooling cot for the body is appropriate and therefore there is no requirement to have the room at 8 degrees and 25°C is acceptable	Matrix amended to minimum temperature of 18°C in place of 8°C.

Environmental Matrix - Guidance Notes

- 1 This workbook is prepared for the Financial Close Stage as an easier reference tool to replace ADB RDS M&E Sheets for the Environmental Criteria elements as described on these sheets.
- 2 The services matrices are produced from the Schedule of Accommodation Sheets.
- 3 The design of the HVAC systems to the theatres shall be in accordance with SHTM 03-01.
- 4 Where radiant panels are indicated in any room in these matrices, detailed design development may remove the need for these without detriment to environmental temperature. This design development is dependant on actual room layout - i.e. whether a room is located adjacent to an external wall, ground bearing floor, roof surface or is internal.
- 5 Ventilation air change rates and the use of natural ventilation in Patient Areas shall be reviewed throughout the detail design process to ensure a maximum internal temperature of 25°C (dry bulb) is not exceeded during normal occupancy. This criteria shall also apply to cellular and open plan office spaces.
- 6 Maximum internal temperatures listed relate to normal occupancy and Summer Design Conditions ; External Summer Conditions for Cooling Plant Selection as per SHTM2025.Enthalpy 54kJ/kgda.26deg°Cdb,19deg°C wb. External Winter Conditions as per CIBSE Guide A Table A 2.2 for locality = - 6°C for Heat Losses, and as SHTM 2025 for locality = -10°C for AHU Ventilation Plant design.
- 7 Examination lamp notes where listed are provisional. Detailed requirements (fixed, mobile, illumination) will be detailed on C sheets as agreed from signed off 1:50 RDS, which shall take precedence over this schedule.
- 8 All lighting levels are derived from CIBSE Lighting Guide LG2.
- 9 Colour rendering refers to CIBSE Lighting Design Guide and will be applied throughout.
 80 - Normal
 90 - Enhanced to provide close as possible match to natural light for clinical purposes
- 10 Thermostatic Mixing Devices - SHTM 04-01 Guidance shall be employed for specific TRV Type versus listed Area/Activity.
- 11 Standby Lighting to be Grade A throughout .
- 12 The internal temperature in naturally or mechanically ventilated rooms shall not exceed the maximum temperature as listed on these Environmental Matrices provided external summer design criteria is not exceeded .
- 13 Local Radiant Panel PICV's shall have adjustable sensors.
- 14 Local Control BMS Temperature Sensors for ducted reheat zones and chilled water cassettes for hotspots shall be provided with local range adjustment to +/- 2°C of BMS Set Point. BMS set point shall be adjustable via operator/user dialogue through formal FM
- 15 **Typical bedroom** - Design Criteria - SHTM 03-01 Clause 2.11 - internal temperatures in patient areas should not exceed 28°C db for more than 50 hrs per year. Appendix 1 SHTM 03-01 gives 18°C to 28°C float range. NHSL however require that the maximum internal design temperature should not exceed 25°C for more than 50 hrs per year.
HDU bed areas - Design Criteria - HBN 5/ gives specific guidance as well as SH1M 03-01 - Appendix 1 for air change rates - 10ac/hr Supply, 18°C to 25°C control range. (Capability shall be provided but not at the summer and winter external ambient design extremes against the internal maximum and minimum range conditions).
 The department will be comfort cooled and controlled on a zonal basis.
 Central AHU to be provided with blank section for future provision of humidification.
Post theatre recovery areas - Design Criteria - SHTM 03-01 - Appendix 1 for air change rates - 15ac/hr S&E , 18°C to 25°C control range.(Capability shall be provided but not at the summer and winter external ambient design extremes against the maximum and minimum range conditions).
Critical Care areas - Design Criteria - SHTM 03-01 - Appendix 1 for air change rates - 10ac/hr Supply for isolation cubicles , 18°C to 25°C control range.(Capability shall be provided but not at the summer and winter external ambient design extremes against the maximum and minimum range conditions). NHSL may require specific rooms to have a control range up to 28°C.
 Central AHU to be provided with blank section for future provision of humidification.
- 16 **Corridor** ventilation may be either mechanical or where the opportunity exists natural. To be determined during detailed design with due regard to clinical functionality.
- 17 **Single Room WC** - SHTM 03-01 Appendix 1 suggests 3ac/hr extract air change rate only. We have applied 10ac/hr extract rate to provide a more robust rate of extract.
- 18 **Diagnostic Rooms** - (X Ray, CT Scanner, MRI Scanners, Gamma Camera) - air change rates listed at 8ac/hr. Actual air change rate must be derived through room heat gain analysis and actual equipment guidance.
- 19 **Operating Theatre Laminar Flow/UCV Requirements** - Refer to Operational Policy Documents for specific theatres which require Laminar Flow/UCV canopy style ventilation solution.
 Central AHU to be provided with blank section for future provision of humidification.
 Operating Theatres 1-P1-032 and 1-P1-044 shall operate normally as detailed in the Environmental Matrix. These rooms shall be provided with a manual control to raise the temperature to 31°C within a period of 2 hours. This manual control function shall be logged on the BMS and the temperature requirements of the Environmental Matrix shall not apply for the duration of the elevated temperature operation.
- 20 **Small workshop Areas** - Local Extract Ventilation (LEV) unit requirement to be determined from room equipment schedules.
- 21 **Note that Isolation Suite ventilation solutions for this project shall follow HBN 4 Supplement 1 Section 4 Item 4.8 Guidance i.e.**
 A common departmental AHU shall be employed to provide supply air ventilation (and shall therefore employ duty & standby fans).
 Isolation Rooms En Suite Extracts shall be provided with an independent Isolation Room toilet extract ventilation system.
 Isolation Rooms En Suite Extracts shall be provided with either externally located 3 mtr high discharge stack in a safe location or with extract filters (H14) within a safe change housing outside the building on the suction side of the fan.
 Heating & Cooling the Isolation Suites shall be provided via the ventilation system.
- 22 **Retail Provision** - Service provisions listed are Infrastructure only for future fit-out by retailer. (Fire detection shall be provided to assist completion).
- 23 **Comfort Cooled Fresh Air** - Where noted as such on the matrix, these are provided via departmental air handling plant via chilled water cooling coils.
- 24 **Body View Room** - A cooling blanket or cooling cot shall be used in this room.
- 25 Anti ligature rooms (17/no. off) will be treated as sealed rooms with Supply at 6ac/hr and Extract to match to achieve a balanced pressure.
- 26 **Single Bedroom** - The design philosophy for ventilation is for a mixed mode operation where natural vent is encouraged which has benefits both physiological with users being partly in control, and from an energy stand point where mechanical vent loading is partly reduced (2/3rds). This strategy results in zero pressure differential regime within the room where supply and extract is balanced.
 En suite dirty extract volume flow rate has been increased to achieve a balanced ventilation system.

RHSC / DCN Environmental Matrix

Room No	Dept	Room Name	Qty	SOA	Room Function	ADB Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling (type)	Ventilation (type)	Supply (ach)	Extract (ach)	Relative Humidity	Min. Imitation	Surface Temp	Water Temp	Safety Notes	Normal lux	Night lux	Local lux	Standby grade	Colour render	Control	Plano	Medical Location
G-A1-002		Disposal Hood	1	10.0	Disposal Hood	Y0646	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a	100	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-003		Store - Medical Gas Cylinders	1	3.0	Storage Area Med Gas	W1585-77	28	16	Frost protection	Thermostat	No	None	Natural ventilation	0	0	n/a	None	n/a	n/a	200	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-004		Processing Room	1	10.0	Diagnostic room	M0251	25	16	Warm Air - Reheat Battery	BMS Adjustable Sensor	Yes	Chilled Water	Central Supply and Extract	4	3	Positive	F7	43	41	300	n/a	1000	A	80	Presence detector	General working plane 1m	See Guidance Notes	1
G-A1-006		Changing Cubicles	1	4.0	Changing Facilities	Y0726	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	10	Negative to control	G4	43	41	100	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-006		General X-Ray Room	1	33.0	Diagnostic room	E0128	25	18	Warm Air - Reheat Battery	BMS Adjustable Sensor	Yes	Chilled Water	Central Supply and Extract	to suit location	to suit location	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1
G-A1-007		Dirty Utility	1	11.0	Dirty utility	Y0431	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-008		Washdown Room	1	16.0	Dirty utility	Y0431	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-009		WC - Wheelchair accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-010		Laboratory - Near Patient Testing / Status	1	8.0	Laboratory	L1308	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Water	Central Supply and Extract	6	6	Balanced	F7	43	60	500	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-A1-011		Linen Bay (1 Trolley)	1	1.5	Linen Bay	W1584-01	28	16	Adjacent Space Transfer Air	None	No	None	Central Extract	0	3	Negative	None	43	n/a	None	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-012		Treatment Room 5: Dual Access	1	16.0	Treatment Room	X0242-04	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Water	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
G-A1-013		Treatment Room 10: Dual Access	1	16.0	Treatment Room	X0242-04	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Water	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
G-A1-014		Treatment Room 6: Dual Access	1	16.0	Treatment Room	X0242-04	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Water	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
G-A1-015		Treatment Room 11: Dual Access (Mental Health)	1	16.0	Treatment Room	X0242-04	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Water	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
G-A1-016		Staff & Communication Bay	1	16.0	Reception	J0132-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply Air	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-A1-017		Store - Dispensing Drugs	1	8.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-018		Treatment Room 7: Dual Access	1	16.0	Treatment Room	X0242-04	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Water	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
G-A1-019		Treatment Room 12: Dual Access	1	16.0	Treatment Room	X0242-04	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Water	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
G-A1-020		Treatment Room 8: Dual Access	1	16.0	Treatment Room	X0242-04	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Water	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
G-A1-021		Treatment Room 13: Dual Access	1	16.0	Treatment Room	X0242-04	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Water	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
G-A1-022		Treatment Room 9: Dual Access	1	16.0	Treatment Room	X0242-04	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Water	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
G-A1-023		Supplies Base	1	10.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-024		Treatment Room 14: Dual Access	1	16.0	Treatment Room	X0242-04	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Water	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
G-A1-026		Main Entrance Draught Lobby	1	10.0	Circulation Areas - Entrance Lobby	G0800-01	28	Not Controlled	Warm Air Door Curtain	BMS Adjustable Sensor	None	None	None	0	0	Balanced	None	n/a	n/a	200	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-028		Resuscitation Room: 2 places	1	50.0	Resuscitation Bay	X0242-06	25	18	Radiant Panels	None	Yes	Chilled Water	Central General Extract	10	6	Positive	None	43	n/a	200	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-029		Resuscitation Room: 2 places	1	50.0	Resuscitation Bay	X0242-06	25	18	Radiant Panels	None	Yes	Chilled Water	Central General Extract	10	6	Positive	None	43	n/a	200	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-030		IPB Room	1	1.1	IPB Room	Manufacture/Engineering	Manufacturer Dependent	None	None	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	0	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-031		Body Viewing Room	1	10.0	Body View	S0027-01	25	16	Radiant Panels	Remote Sensor Adj	Yes	Chilled Water	Central Supply and Extract	4	6	Negative	G4	43	n/a	300	n/a	None	A	80	Switch / Dimmer	Floor 0m	See Guidance Notes	n/a
G-A1-032		Sting Room	1	16.0	Common room/staff lounge	J0120	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
G-A1-033		WC - Wheelchair accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-034		Store - Major Incident / Ambulance Equipment	1	6.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-035		Triage Room	1	16.0	Consulting Room	X0242-03	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Water	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
G-A1-037		Reception 2 staff	1	16.0	Reception	J0132-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Water	Central Supply Air	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-A1-037		Parking Bay 6 wheelchairs	1	4.0	Circulation Equipment Storage Bays	G0180-02	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-038		Main Entrance Draught Lobby	1	10.0	Circulation Areas - Entrance Lobby	G0800-01	28	Not Controlled	Warm Air Door Curtain	BMS Adjustable Sensor	None	None	None	0	0	Balanced	None	n/a	n/a	200	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-039		Parking Bay 3 accident trolleys & 3 wheelchairs	1	12.0	Circulation Equipment Storage Bays	G0180-02	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-040		Store - Equipment & Supplies	1	18.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-041		WC - Wheelchair accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-042		WC - Wheelchair accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-043		Female Staff Changing and Lockers 30 places	1	16.0	Changing Facilities	Y0726	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	10	Negative to control	G4	43	41	100	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-044		Staff Shower - ambulant	1	2.5	Bathroom	V1736	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-045		Waiting Area Inc Play Area	1	63.0	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	5	6	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
G-A1-047		Baby Infant / Feeding Room	1	4.0	Baby Feeding	S0012	28	18	Radiant Panels	Remote Sensor Adj	No	None	Central Supply Air	5	0	Positive	G4	43	41	100	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-048		Nappy Change	1	4.0	Nappy Change	V1131	28	18	Radiant Panels	Remote Sensor Adj	No	None	Central Dirty Extract	0	10	Negative	None	43	41	100	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-048		Male Staff Changing Room and Lockers 20 places	1	11.5	Changing Facilities	Y0726	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	10	Negative to control	G4	43	41	100	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-049		Staff Shower - ambulant	1	2.5	Bathroom	V1736	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detector	Floor 0m	See Guidance Notes	n/a
G-A1-050		Consultant Office (6 persons)	1	24.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-A1-052		Ward Manager's Office	1	9.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-A1-053		Interview/Meeting Room: 6 persons	1																									

RHSC / DCN Environmental Matrix

Room No	Dept	Room Name	Qty	SOA	Room Function	ADB Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling (type)	Ventilation (type)	Supply (ach)	Extract (ach)	Relative pressure	Min Stratification	Surface Temp	Water Temp	Safety Notes	Normal bar	Night bar	Local bar	Standby grade	Colour render	Control	Plane	Medical Location
G-A1-066		Rester Suite (2 bays)	1	24.0	Consulting Room	XZ06	20	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	60	Switch / Presence detection	Bed / Trolley 1.45m	See Guidance Notes	
G-A1-067		WC - Wheelchair accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	4	10	Negative	None	43	41	200	n/a	None	A	80	Switch / Presence detection	Floor 0m	See Guidance Notes	
G-A2-002		Single Bedroom 15 (RHSC)	1	17.0	Bedroom	B0305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	
G-A2-003		En-suite wheelchair-accessible WC, Shower & wash	14	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
G-A2-004		Single Bedroom 19 (RHSC)	1	17.0	Bedroom	B0305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	
G-A2-005		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
G-A2-006		Single Bedroom 16 (RHSC)	1	17.0	Bedroom	B0305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	
G-A2-007		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
G-A2-008		Reception/Staff Base	1	6.0	Reception	J9132-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply Air	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	
G-A2-009		Single Bedroom 20 (RHSC)	1	17.0	Bedroom	B0305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	
G-A2-010		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
G-A2-011		Touchdown Base 4	4	2.0	staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj	No	None	Central Supply and Extract	10W/1per person	10W/1per person	Balanced	G4	n/a	n/a	200/300	n/a	None	A	80	Switch / Dimmer	Floor 0m	See Guidance Notes	
G-A2-012		Single Bedroom 17 (RHSC)	1	17.0	Bedroom	B0305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	
G-A2-013		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
G-A2-014		Single Bedroom 21 (RHSC)	1	17.0	Bedroom	B0305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	
G-A2-015		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
G-A2-016		Resuscitation Trolley Bay	1	1.0	Rescue Trolley bay	O0160-01	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
G-A2-017		Single Bedroom 18 (RHSC)	1	17.0	Bedroom	B0305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	
G-A2-018		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
G-A2-019		Single Bedroom 22 (RHSC)	1	17.0	Bedroom	B0305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	
G-A2-020		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
G-A2-021		Clean Utility	1	12.0	Clean Utility	T0101	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply Air	6	0	Positive	G4	43	41	150	n/a	None	A	80	Presence detection	General working plane 1m	See Guidance Notes	
G-A2-022		Dirty Utility	1	14.0	Dirty utility	Y0431	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
G-A2-023		WC - Staff	1	3.0	Toilet	V1010-03	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
G-A2-025		WC - Visitors	1	3.0	Toilet	V1010-02	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
G-A2-026		Linen Bay (1 Trolley)	1	1.5	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
G-A2-028		Touchdown Base 3	1	2.0	staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10W/1per person	10W/1per person	Balanced	G4	n/a	n/a	200/200	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	
G-A2-027		Host Bay	1	3.0	Circulation Equipment Storage Bays	O0160-03	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
G-A2-028		4 Bed Room	1	58.5	Multi-bed Wards	B0405	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Natural and Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	switch / dimmer	Bed / Trolley 1.45m	See Guidance Notes	
G-A2-029		En-suite wheelchair-accessible WC, Shower & wash	1	6.0	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
G-A2-030		WC Accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
G-A2-031		Single Bedroom 14 (RHSC)	1	17.0	Bedroom	B0305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	
G-A2-032		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
G-A2-033		Single Bedroom 13 (RHSC)	1	17.0	Bedroom	B0305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	
G-A2-034		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
G-A2-035		Single Bedroom 12 (RHSC)	1	17.0	Bedroom	B0305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	
G-A2-036		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
G-A2-037		Single Bedroom 11 (RHSC)	1	17.0	Bedroom	B0305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	
G-A2-038		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
G-A2-039		Treatment Room	1	16.0	Treatment Room	X0105	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	
G-A2-040		Dining / Play Room	1	30.0	Common room/staff room/bouge	D0609-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	
G-A2-041		Ward Kitchen	1	12.0	Ward Kitchen	P0627-01	28	18	Adjacent Space Transfer Air	None	Yes	Ceiling Cassette - Chilled Water	Central General Extract	0	6	Negative	G4	n/a	80	500	n/a	None	A	80	Switch	General working plane 1m	See Guidance Notes	
G-A2-042		Single Bedroom 10 (RHSC)	1	17.0	Bedroom	B0305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	
G-A2-043		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
G-A2-044		Single Bedroom 9 (RHSC)	1	17.0	Bedroom	B0305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	
G-A2-045		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
G-A2-046		4 Bed Room	1	58.5	Multi-bed Wards	B0405	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Natural and Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	switch / dimmer	Bed / Trolley 1.45m	See Guidance Notes	
G-A2-047		WC Accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
G-A2-048		En-suite wheelchair-accessible WC, Shower & wash	1	6.0	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	1													

RHSC / DCN Environmental Matrix

Room No	Dept	Room Name	Qty	SOA	Room Function	ADB Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling (type)	Ventilation (type)	Supply (ach/hr)	Extract (ach/hr)	Relative pressure	Min filtration	Surface temp	Water temp	Safety Notes	Normal lux	Night lux	Local lux	Standby grade	Colour render	Control	Plane	Medical Location	
G-A2-062		WC - Staff	1	3.0	Toilet	V1010-03	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-A2-063		linen Bay (1 Trolley)	1	1.5	Storage Area Equipment	W1885-77	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-A2-064		Store - Equipment	1	6.0	Storage Area Equipment	W1885	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-A2-065		Single Bedroom 4 (RHSC)	1	17.0	Bedroom	80305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41		100	5	300	A	80	Switch / Dimmer	Bed / Tray / 1.45m	See Guidance Notes	1
G-A2-066		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41		200	n/a	None	A	80	Switch / Dimmer	Floor 0m	See Guidance Notes	n/a
G-A2-067		Single Bedroom 2 (RHSC)	1	17.0	Bedroom	80305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41		100	5	300	A	80	Switch / Dimmer	Bed / Tray / 1.45m	See Guidance Notes	1
G-A2-068		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-A2-069		Touchdown Bede	1	2.0	stiff base	T0151	28	18	Radiant Panels	Remote Sensor Adj	No	None	Central Supply and Extract	10liters/person	10liters/person	Balanced	G4	n/a	n/a		200/300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-A2-070		Single Bedroom 2 (RHSC)	1	17.0	Bedroom	80305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41		100	5	300	A	80	Switch / Dimmer	Bed / Tray / 1.45m	See Guidance Notes	1
G-A2-071		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-A2-072		Single Bedroom 1 (RHSC)	1	17.0	Bedroom	80305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41		100	5	300	A	80	Switch / Dimmer	Bed / Tray / 1.45m	See Guidance Notes	1
G-A2-073		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	To match total bedroom air volume	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-A2-074		Isolation Bedroom Entrance Lobby	1	4.0	Isolation Lobby	G2010	28	18	Warm Air - Reheat Battery	Adjustable Sensor	Yes	Comfort Cooked Fresh Air	Central Supply	In line with SHPN 04	0	Positive	F7	43	n/a		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-A2-075 AAB		Store - General	1	12.0	Storage Area Equipment	W1885	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-A2-076		Patients' Assisted Bathroom	1	14.0	Bathroom	V1736	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-A2-077		Multi-Disciplinary Office	1	26.0	Multi Disciplinary Work Areas	M0254	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	4	Balanced	G4	43	n/a		300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-A2-078		Ward Management Office	1	9.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a		300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-A2-079		On-Call Consultant Office (2 Person)	1	10.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a		300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-A2-080		DSR	1	8.0	DSR	V1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60		100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-A2-081		Clinical Coordination Office (2 Person)	1	10.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a		300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-A2-082		Disposal Hold	1	1.0	Disposal Hold	Y0646	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a		100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-A2-083		Patient Interview Room	1	9.0	Meeting Room	M0274	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a		300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-A2-084		Dirty Utility	1	14.0	Dirty utility	Y0431	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-A3-001		Staff Training	1	80.0	Common room/staff roomounge	D0906-03	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	8	Negative	G4	43	41		300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
G-A3-002		Seminar & Training Room	1	32.0	Meeting Room	H1313-03	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a		300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-A3-003		Meeting / Case Conference Room	1	32.0	Meeting Room	H1313-03	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a		300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-B1-002		Retrieval Equipment Store	1	14.0	Storage Area Equipment	W1885-77	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1-B1-003		Staff Room	1	32.0	Common room/staff roomounge	D0906-03	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	8	Negative	G4	43	41		300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
1-B1-004		Senior Nursing Office	1	10.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a		300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-B1-005		WC - Staff	1	3.0	Toilet	V1010-03	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1-B1-006		WC - Staff	1	3.0	Toilet	V1010-03	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1-B1-007		Equipment Service Room	1	24.0	Small Workshop	L1804	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	6	Negative	G4	43	41		300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-B1-008		IPS Room	1	3.0	IPS Room	Engineering	Manufacturer Dependent	Manufacturer Dependent	None	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	0	n/a	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1-B1-009		Open Plan Bay (4 beds)	1	104.0	Multi-bed Wards	B1609-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural and Central Supply Air	4	via ensuite	Positive to ensuite	G4	43	41		100	5	300	A	80	Switch / Dimmer	Bed / Tray / 1.45m	See Guidance Notes	n/a
1-B1-010		Gas Cylinder Store	1	2.0	Storage Area Med Gas	W1885-77	28	16	Frost protection	Thermostat	No	None	Natural ventilation	0	0	n/a	None	n/a	n/a		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1-B1-011		Multi-disciplinary Work Area ICU	1	15.0	Multi Disciplinary Work Areas	M0254	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	4	Balanced	G4	43	n/a		300	n/a	1000	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-B1-012		Staff Base	1	12.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a		300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-B1-014		Resuscitation Trolley Bay	1	1.0	Circulation Equipment Storage Bays	G0180-01	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1-B1-015		Governing Lobby	1	6.0	Isolation Lobby	G0510	28	18	Warm Air - Reheat Battery	Adjustable Sensor	Yes	Comfort Cooked Fresh Air	Central Supply	In line with SHPN 04	To match total bedroom air volume	Positive	F7	43	n/a		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1-B1-016		Single Bed Isolation Cubicle	1	26.0	Isolation Bedroom	B1401-01	28	21	Adjacent Space Transfer Air	BMS Adjustable Sensor	Yes	Comfort Cooked Fresh Air	Supply via lobby	10	0	Balanced	F7	43	41		100	5	300	A	80	Switch / Dimmer	Bed / Tray / 1.45m	See Guidance Notes	1
1-B1-017		Single Bed Isolation Cubicle	1	26.0	Isolation Bedroom	B1401-01	28	21	Adjacent Space Transfer Air	BMS Adjustable Sensor	Yes	Comfort Cooked Fresh Air	Supply via lobby	10	0	Balanced	F7	43	41		100	5	300	A	80	Switch / Dimmer	Bed / Tray / 1.45m	See Guidance Notes	1
1-B1-018		Governing Lobby	1	6.0	Isolation Lobby	G0510	28	18	Warm Air - Reheat Battery	Adjustable Sensor	Yes	Comfort Cooked Fresh Air	Central Supply	In line with SHPN 04	0	Positive	F7	43	n/a		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1-B1-019		Single Bed Cubicle	1	26.0	Bedroom	B1401	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41		100	5	300	A	80	Switch / Dimmer	Bed / Tray / 1.45m	See Guidance Notes	1
1-B1-020		Single Bed Cubicle	1	26.0	Bedroom	B1401	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41		100	5	300	A	80	Switch / Dimmer	Bed / Tray / 1.45m	See Guidance Notes	1
1-B1-021		Single Bed Cubicle	1	26.0	Bedroom	B1401	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41		100	5	300	A	80	Switch / Dimmer	Bed / Tray / 1.45m	See Guidance Notes	1
1-B1-023		Staff Base	1	4.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a		300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-B1-024		Resuscitation Trolley Bay	1	1.0	Circulation Equipment Storage Bays	G0180-01	28	16																					

RHSC / DCN Environmental Matrix

Room No	Dept	Room Name	Qty	SOA	Room Function	ADB Code	Temp (min)	Temp (max)	Heating Type	Heating Control	Control (present)	Control (type)	Ventilation (type)	Supply (m3/hr)	Extract (m3/hr)	Relative pressure	Min filtration	Surface temp	Water temp	Safety Notes	Normal lux	Night lux	Local lux	Staircase grade	Colour render	Controls	Plans	Medical Location	
1-B1-039	B1	Reactivation Trolley Bay	1	1.0	Circulation/Equipment Storage Bays	D0180-01	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-B1-041		Clean Utility	1	8.0	Clean Utility	T0101	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Central Supply Air	6	0	Positive	G4	43	41	150	n/a	None	A	80	Presence detection	General working plane 1m	See Guidance Notes	n/a	
1-B1-042		Multidisciplinary Work Area HDU	1	15.0	Multi-Disciplinary Work Areas	M0254	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	4	Balanced	G4	43	n/a	300	n/a	1000	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
1-B1-043		Laboratory	1	10.0	Laboratory	L1804	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	6	6	Balanced	F7	43	60	500	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
1-B1-044		IPS Room	1	2.0	IPS Room	Engineering	Manufacturer Dependant	Manufacturer Dependant	None	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	0	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-B1-045		Quiet / Interview Room	1	9.0	Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj.	No	None	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 to 16 per person	0	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-B1-046		Store - Equipment	1	40.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-B1-047		Family Interview Room	1	12.0	Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 to 16 per person	0	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
1-B1-048		On call consultant	1	10.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
1-B1-049		Retention Team	1	12.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
1-B1-050		Bulk Supplies Store	1	55.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
1-B1-051		Data Manager & Secretarial Office (3 person)	1	22.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
1-B1-055		Waiting Area (Visitors)	1	18.5	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
1-B1-056		WC - Wheelchair accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-B1-057		X-Ray Processing	1	8.0	Diagnostic room	L1804	25	18	Warm Air - Reheat Battery	BMS Adjustable Sensor	Yes	Comfort Cooked	Central Supply and Extract	to suit location	to suit location	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1	
1-B1-058		Mobile X-Ray / Ultrasound Bay	1	4.0	Circulation/Equipment Storage Bays	D0180-06	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-B1-059		Cardiac Echo/EKG Bay	1	4.0	Circulation/Equipment Storage Bays	D0180-06	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-B1-060		Seminor Room	1	34.0	Meeting Room	H1313-03	25	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 to 16 per person	10 to 16 per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
1-B1-061		Disposal Unit	1	10.0	Disposal Hold	V0646	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-B1-062		WC - Staff	1	3.0	Toilet	V110-03	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-B1-063		Open Plan Bay (4 beds)	1	80.0	Multi-bed Wards	B1609-01	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural and Central Supply Air	4	via ensuite	positive to ensuite	G4	43	41	100	5	300	A	80	switch / dimmer	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-B1-064		Dirty Utility	1	14.0	Dirty Utility	V0431	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-B1-065		Open Plan Bay (3 cots)	1	45.0	Multi-bed Wards	B1407-01	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural and Central Supply Air	4	via ensuite	positive to ensuite	G4	43	41	100	5	300	A	80	switch / dimmer	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-B1-066		Clean Utility (Neo-Natal)	1	8.0	Clean Utility	T0101	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Central Supply Air	6	0	Positive	G4	43	41	150	n/a	None	A	80	Presence detection	General working plane 1m	See Guidance Notes	n/a	
1-B1-067		Gas Cylinder Store	1	2.0	Storage Area Med Gas	W1585-77	28	16	Front production	Room Thermostat	None	None	Natural ventilation	0	0	n/a	None	n/a	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-B1-068		Baby Infant / Feeding Room	1	5.0	Baby Feeding	S0012	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply Air	5	0	Positive	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-B1-069		Staff Base	1	6.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
1-B1-071		Reactivation Trolley Bay	1	1.0	Circulation/Equipment Storage Bays	D0180-01	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-B1-072		Play Specialist Base & Store	1	8.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-B1-073		Parity / Milk Store	1	10.0	Parity	P0627	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
1-B1-074		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-B1-075		Single Cot Cubicle	1	26.0	Bedroom	B1421	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1	
1-B1-077		DSR	1	8.0	DSR	V1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-B1-078		Relative Overnight Stay Room	1	10.0	Relative Overnight Stay	D1311	28	20	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	0	Positive	G4	43	41	100	n/a	None	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-B1-079		En-suite wheelchair-accessible WC, Shower & wash	1	6.0	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-B1-080		WC - Relatives	1	3.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-B1-082		Relative Overnight Stay Room	1	10.0	Relative Overnight Stay	D1311	28	20	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	0	Positive	G4	43	41	100	n/a	None	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-B1-083		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-B1-084		Relative / Sitting Room	1	18.5	Common room/staff room/lounge	J1120	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
1-B1-090		Equipment Clearing	1	DSR	DSR	V1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3-C1-1002		IPS Room	1	1.8	IPS Room	Engineering	Manufacturer Dependant	Manufacturer Dependant	None	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	0	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3-C1-1003		Ward Management Office	1	9.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
3-C1-1004		Single Isolator Bedroom (RHSC)	1	19.0	Isolation Bedroom	B0308	28	21	Adjacent Space Transfer Air	BMS Adjustable Sensor	Yes	Comfort Cooked Fresh Air	Supply via lobby	10	0	Balanced	F7	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1	
3-C1-1005		En-suite trolley shower	1	8.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3-C1-1006	Isolation Bedroom Entrance Lobby	1	4.0	Isolation Lobby	S0510	28	18	Warm Air - Reheat Battery	Adjustable Sensor	Yes	Comfort Cooked Fresh Air	Central Supply	in line with SHPN 04	0	Positive	F7	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
3-C1-1007	Host Bay	1	3.0	Circulation/Equipment Storage Bays	D0180-03	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
3-C1-1008	Sitting Room / Lounge	1	16.0	Common room/staff room/lounge	D1120	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	6	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a		
3-C1-1009	Single Bedroom (RHSC)	1	19.0	Bedroom	B0305-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	switch / dimmer	Bed / Trolley 1.45m	See Guidance Notes	1		
3-C1-1010	En-suite trolley shower	1	8.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80						

Room NO	Dept	Room Name	Qty	SOA	Room Function	AQB Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling (type)	Ventilation (type)	Supply (ach/hr)	Extract (ach/hr)	Relative pressure	Min filtration	Surface temp	Water temp	Safety Notes	Normal lux	Night lux	Local lux	Standby grade	Colour render	Control	Plane	Medical Location	See Guidance Notes
3-C1-1023		Ward Kitchen	1	12.0	Ward Kitchen	P0627-01	28	18	Adjacent Space Transfer Air	None	Yes	Adjacent Casette - Chilled Water	Central General Extract	0	6	Negative	G4	n/a	60		500	n/a	None	A	80	Switch	General working plane 1m	See Guidance Notes	n/a
3-C1-1024		Linen Bay (1 Trolley)	1	3.0	Linen Bay	W1594-01	28	16	Adjacent Space Transfer Air	None	No	None	Central Extract	0	3	Negative	None	43	n/a		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1025		Store - General	1	18.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1026		WC - Staff	1	3.0	Toilet	V1010-03	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1027		WC - Staff	1	3.0	Toilet	V1010-02	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1028		Disposal Heat	1	10.0	Disposal Heat	V0646	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a		100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1030		Mobile X-Ray/UltraSound Bay	1	4.0	Circulation Equipment Storage Bays	D0180-06	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1031		Multi-disciplinary Office	1	18.0	Multi Disciplinary Work Areas	M0254	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	4	Balanced	G4	43	n/a		300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3-C1-1031		Reception / Staff Base	1	3.0	Reception	J0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Calling Luggage - Chilled Water	Central Supply Air	4	4	Balanced	G4	43	n/a		300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3-C1-1032		Isolation Bedroom Entrance Lobby	1	4.0	Isolation Lobby	G0510	28	18	Warm Air - Reheat Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	In line with SHPN 04	0	0	Positive	F7	43	n/a		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1033		Single Isolation Bedroom	1	17.0	Isolation Bedroom	80308	28	21	Adjacent Space Transfer Air	BMS Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Supply via lobby	10	0	Balanced	F7	43	41		100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
3-C1-1034		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1035		Isolation Bedroom Entrance Lobby	1	4.0	Isolation Lobby	G0510	28	18	Warm Air - Reheat Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	In line with SHPN 04	0	0	Positive	F7	43	n/a		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1036		Single Isolation Bedroom	1	17.0	Isolation Bedroom	80308	28	21	Adjacent Space Transfer Air	BMS Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Supply via lobby	10	0	Balanced	F7	43	41		100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
3-C1-1037		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1038		Touchdown Base	1	2.0	staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj.	No	None	Central Supply and Extract	100/100 person	100/100 person	Balanced	G4	n/a	n/a		200/300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3-C1-1039		Isolation Bedroom Entrance Lobby	1	4.0	Isolation Lobby	G0510	28	18	Warm Air - Reheat Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	In line with SHPN 04	0	0	Positive	F7	43	n/a		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1040		Single Isolation Bedroom	1	17.0	Isolation Bedroom	80308	28	21	Adjacent Space Transfer Air	BMS Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Supply via lobby	10	0	Balanced	F7	43	41		100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
3-C1-1041		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1042		Clean Utility	1	12.0	Clean Utility	T0101	28	20	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Dirty Extract	6	0	Positive	G4	43	41		500	n/a	1000	A	80	Switch	General working plane 1m	See Guidance Notes	n/a
3-C1-1043		Treatment Room	1	16.0	Treatment Room	K0105	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply Air	10	0	Positive	F7	43	41		500	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
3-C1-1044		Dirty Utility	1	14.0	Dirty Utility	Y0431	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1045		Treatment Room	1	2.0	Treatment Room	K0105	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply Air	10	0	Positive	F7	43	41		500	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
3-C1-1046		4 Bed Room	1	58.5	Multi-bed Wards	D0405	28	18	Adjacent Space Transfer Air	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural and Central Supply Air	4	via ensuite	Balanced	G4	43	41		100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	n/a
3-C1-1047		WC Accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1048		En-suite wheelchair-accessible WC, Shower & wash	1	6.0	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1049		Patients' Assisted Bedroom	1	14.0	Bedroom	V1736	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1050		Patients' Interview Room	1	9.0	Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj.	Yes	Calling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a		300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3-C1-1051		Touchdown Base	1	2.0	staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj.	No	None	Central Supply and Extract	100/100 person	100/100 person	Balanced	G4	n/a	n/a		200/300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3-C1-1052		Single Bedroom	1	17.0	Bedroom	80305-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41		100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
3-C1-1053		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1054		Single Bedroom	1	17.0	Bedroom	80305-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41		100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
3-C1-1055		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1056		Single Bedroom	1	17.0	Bedroom	80305-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41		100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
3-C1-1057		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1058		Single Bedroom	1	17.0	Bedroom	80305-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41		100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
3-C1-1059		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1060		Single Bedroom	1	17.0	Bedroom	80305-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41		100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
3-C1-1061		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1062		Touchdown Base	1	2.0	staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj.	No	None	Central Supply and Extract	100/100 person	100/100 person	Balanced	G4	n/a	n/a		200/300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3-C1-1063		Single Bedroom	1	17.0	Bedroom	80305-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41		100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
3-C1-1064		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1065		Single Bedroom	1	17.0	Bedroom	80305-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41		100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
3-C1-1066		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1067		Single Bedroom	1	17.0	Bedroom	80305-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41		100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
3-C1-1068		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41		200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-1070		WC - Visitors	1	3.0	Toilet	V1010-02	28</																						

RHSC / DCN Environmental Matrix

Room No	Dept	Room Name	Qty	SOA	Room Function	ADB Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling (type)	Ventilation (type)	Supply (ach/hr)	Extract (ach/hr)	Relative pressure	Min. filtration	Surface temp	Water temp	Safety Note	Normal bar	Night bar	Local bar	Standby Zebra	Colour number	Control	Plane	Medical Location
3-C1-2016		Host Bay	1	3.0	Circulation Equipment Storage Bays	D5180-03	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-2017		Patients' Assisted Bathroom	1	14.0	Bathroom	V1736	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-2018		Single Bedroom	1	17.0	Bedroom	B0305-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	1	See Guidance Notes	
3-C1-2019		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-2020		Single Bedroom	1	17.0	Bedroom	B0305-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	1	See Guidance Notes	
3-C1-2021		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-2022		Touchdown Base	1	2.0	staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj.	No	None	Central Supply and Extract	100/3 per person	100/3 per person	Balanced	G4	n/a	n/a	200/300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	
3-C1-2023		4 Bed Room	1	58.5	Multi-bed Wards	B0405	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	4	via ensuite	positive to ensuite	G4	43	41	100	5	300	A	80	switch / dimmer	Bed / Trolley 1.45m	1	See Guidance Notes	
3-C1-2024		WC Accessible	1	4.5	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-2025		Wetroom	1	14.0	Bathroom	V1736	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-2026		4 Bed Room	1	58.5	Multi-bed Wards	B0405	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	4	via ensuite	positive to ensuite	G4	43	41	100	5	300	A	80	switch / dimmer	Bed / Trolley 1.45m	1	See Guidance Notes	
3-C1-2027		WC Accessible	2	4.5	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-2028		Ward Management Office	1	9.0	Celexar / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes		
3-C1-2029		Resuscitation Trolley Bay	1	1.0	Resus Trolley Bay	D0180-01	28	18	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-2030		Store - Equipment	1	10.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-2031		Clean Utility	1	12.0	Clean Utility	T0101	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	4	0	Positive	G4	43	41	150	n/a	None	A	80	Presence detection	General working plane 1m	See Guidance Notes		
3-C1-2032		Treatment Room	1	16.0	Treatment Room	X0105	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	6	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes		
3-C1-2033		Dinning / Play Room	1	13.0	Eating/Drinking	D0650-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	10 l/s per person	10 l/s per person	Balanced	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes		
3-C1-2035		Ward Kitchen	1	12.0	Ward Kitchen	P0627-01	28	18	Adjacent Space Transfer Air	None	Yes	Ceiling Cassette - Chilled Water	Central General Extract	0	6	Negative	G4	n/a	60	500	n/a	None	A	80	Switch	General working plane 1m	See Guidance Notes	
3-C1-2036		Patient Interview Room	1	9.0	Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	
3-C1-2038		Reception / Staff Base	1	3.0	Reception	J0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply Air	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	
3-C1-2039		Disposal Hood	1	10.0	Disposal Hood	Y0646	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-2040		Store - General	1	12.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-2041		WC - Staff	1	3.0	Toilet	V1010-03	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-2042		WC - Visitors	1	3.0	Toilet	V1010-02	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-2043		Touchdown Base	1	2.0	staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj.	No	None	Central Supply and Extract	100/3 per person	100/3 per person	Balanced	G4	n/a	n/a	200/300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	
3-C1-2044		Multi-Disciplinary Office	1	18.0	Multi Disciplinary Work Areas	M0254	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	
3-C1-2045		WC - Staff	1	3.0	Toilet	V1010-03	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-3002		Waiting Area	1	10.0	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	
3-C1-3003		Reception / Staff Base	1	3.0	Reception	J0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply Air	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	
3-C1-3004		WC Accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-3005		Store - Equipment	1	10.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-3006		Touchdown Base	1	2.0	staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj.	No	None	Central Supply and Extract	100/3 per person	100/3 per person	Balanced	G4	n/a	n/a	200/300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	
3-C1-3007		Isolation Bedroom Entrance Lobby	1	4.0	Isolation Lobby	D0510	28	18	Warm Air - Reheat Battery	Adjustable	Yes	Comfort Cooled Fresh Air	Central Supply	0	0	Positive	F7	43	n/a	200	n/a	None	A	80	Presence detection	Desk 0.75 to 0.85m	See Guidance Notes	
3-C1-3008		Single Isolation Bedroom (RHSC)	1	17.0	Isolation Bedroom	B0308	28	21	Adjacent Space Transfer Air	BMS Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Supply via lobby	10	0	Balanced	F7	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	
3-C1-3009		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	To match total bedroom air volume	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-3010		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-3011		4 Bed Room	1	58.5	Multi-bed Wards	B0405	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Natural and Central Supply Air	4	via ensuite	positive to ensuite	G4	43	41	100	5	300	A	80	switch / dimmer	Bed / Trolley 1.45m	1	See Guidance Notes
3-C1-3012		Wetroom	1	14.0	Bathroom	V1736	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-3013		4 Bed Room	1	58.5	Multi-bed Wards	B0405	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Natural and Central Supply Air	4	via ensuite	positive to ensuite	G4	43	41	100	5	300	A	80	switch / dimmer	Bed / Trolley 1.45m	1	See Guidance Notes
3-C1-3014		En-suite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-3015		Resuscitation Trolley Bay	1	1.0	Resus Trolley Bay	D0180-01	28	18	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-3016		Linen Bay	1	1.5	Linen Bay	W1594-01	28	16	Adjacent Space Transfer Air	None	No	None	Central Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-3017		Store - General	1	16.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-3018		Multi-Disciplinary Office	1	18.0	Multi Disciplinary Work Areas	M0254	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	
3-C1-3019		Patient Interview Room	1	9.0	Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	
3-C1-3020		Ward Management Office	1	9.0	Celexar / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	
3-C1-3021		WC - Staff	1	3.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-3022		WC - Staff	1	3.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
3-C1-3023		WC - Visitors	1	3.0	Toilet	V1010</																						

RHSC / D/N Environmental Matrix

Room No	Dept	Room Name	Qty	SOA	Room Function	ADB Code	Temp (max)	Temp (min)	Heating (type)	Heating Control	Cooling (present)	Cooling (type)	Ventilation (type)	Supply (ach/hr)	Extract (ach/hr)	Relative pressure	Min filtration	Surface temp	Water temp	Safety Notes	Normal lux	Night lux	Local lux	Standby grade	Colour render	Control	Plane	Medical Location
3-C1-3-034		Ward Kitchen	1	12.0	Ward Kitchen	0627-01	28	16	Adjacent Space Transfer Air	None	Yes	Ceiling Cassette - Chilled Water	Central General Extract	0	6	Negative	G4	n/a	60	500	n/a	None	A	80	Switch	General working plane 1m	See Guidance Notes	n/a
3-C1-3-035		Patients' Assisted Bathroom	1	14.0	Bathroom	V1736	28	20	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-3-036		Dirty Utility	1	14.0	Dirty utility	YD431	28	18	Adjacent Space Transfer Air	Remote Sensor Adj	No	None	Central Dry Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-3-037		Treatment Room	1	18.0	Treatment Room	XD105	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
3-C1-3-038		Clean Utility	1	12.0	Clean Utility	T0101	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply Air	6	0	Positive	F4	43	41	150	n/a	None	A	80	Presence detection	General working plane 1m	See Guidance Notes	n/a
3-C1-3-039		Dining / Play Room	1	18.0	Eating/Drinking	20068-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	10 1/2 per person	10 1/2 per person	Balanced	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
3-C1-3-040		DSR	1	8.0	DSR	Y1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-3-041		Disposal Hold	1	10.0	Disposal Hold	Y0646	28	18	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	6	Negative	None	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-002		Quiet Study Room	1	10.0	Callular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3-C1-4-003		Disposal Hold	1	10.0	Disposal Hold	Y0646	28	18	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	6	Negative	None	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-005		DSR	1	8.0	DSR	Y1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-006		Store - General	1	10.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-007		Patient Interview Room	1	9.0	Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-008		Complementary Therapy Room	1	10.0	Consulting Room	X0613	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 1/2 per person	10 1/2 per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3-C1-4-009		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-010		Single Bedroom (RHSC)	1	17.0	Bedroom	80305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
3-C1-4-011		Patients' Assisted Bathroom	1	14.0	Bathroom	V1736	28	20	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-012		Touchdown Base	1	2.0	staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj	No	None	Central Supply and Extract	10 1/2 per person	10 1/2 per person	Balanced	G4	n/a	n/a	200/300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3-C1-4-013		Single Bedroom (RHSC)	1	17.0	Bedroom	80305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
3-C1-4-014		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-015		Kitchen/Lounge/Social Space	1	25.0	Common room/staff lounge	01120-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
3-C1-4-016		Single Bedroom (RHSC)	1	17.0	Bedroom	80305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
3-C1-4-017		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-018		Single Bedroom (RHSC)	1	17.0	Bedroom	80305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
3-C1-4-019		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-021		WC - Staff	1	3.0	Circulation Equipment Storage Bays	00180-03	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-022		Dirty Utility	1	14.0	Dirty Utility	YD431	28	18	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-023		Pharmacy Base	1	9.0	Consulting Room	T0151	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
3-C1-4-024		Multi Disciplinary Office	1	18.0	Multi Disciplinary Work Areas	M0254	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3-C1-4-025		Medical Staff Office	1	20.0	Callular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3-C1-4-026		Consultant Office (5 person)	1	24.6	Callular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3-C1-4-027		Store - Equipment	1	10.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-028		Research Staff Office	1	18.0	Callular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3-C1-4-029		Nursing Staff Office	1	15.0	Callular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3-C1-4-030		Ward Management Office	1	10.0	Callular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3-C1-4-032		Single Bedroom (RHSC)	1	17.0	Bedroom	80305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
3-C1-4-033		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-034		Touchdown Base	1	2.0	staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj	No	None	Central Supply and Extract	10 1/2 per person	10 1/2 per person	Balanced	G4	n/a	n/a	200/300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3-C1-4-035		Linen Bay (1 Trolley)	1	1.5	Linen Bay	W1594-01	28	16	Adjacent Space Transfer Air	None	No	None	Central Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-037	C14 Haematology / Oncology Inpatients & Daycases - 11 Beds & 3 Chairs	WC - Staff	1	3.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-038		WC - Staff	1	3.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-039		Treatment / Clean Utility	1	18.0	Treatment Room	X0105-77	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
3-C1-4-040		Isolation Bedroom Entrance Lobby	1	4.0	Isolation Lobby	05910	28	18	Warm Air - Reheat Battery	Adjustable Sensor	Yes	Comfort Cooked Fresh Air	Central Supply	in line with SHPN 04	0	Positive	F7	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-041		Single Isolation Bedroom (RHSC)	1	17.0	Isolation Bedroom	80308	28	21	Adjacent Space Transfer Air	BMS Adjustable Sensor	Yes	Comfort Cooked Fresh Air	Supply via lobby	10	0	Balanced	F7	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
3-C1-4-042		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	To match total bedroom air volume	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-043		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	To match total bedroom air volume	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-044		Single Isolation Bedroom (RHSC)	1	17.0	Isolation Bedroom	80308	28	21	Adjacent Space Transfer Air	BMS Adjustable Sensor	Yes	Comfort Cooked Fresh Air	Supply via lobby	10	0	Balanced	F7	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
3-C1-4-044		Isolation Bedroom Entrance Lobby	1	4.0	Isolation Lobby	05910																						

RHSC / DCN Environmental Matrix

Room No	Dept	Room Name	Qty	Room Function	ADB Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooking (present)	Cooking (type)	Ventilation (Type)	Supply (ach/hr)	Extract (ach/hr)	Relative pressure	Min filtration	Surface Temp	Water Temp	Safety Notes	Normal lux	Night lux	Local lux	Standby grade	Colour render	Control	Panel	Medical Location
3-C1-4-058		En-suite wheelchair-accessible WC, Shower & wash	1	4.5 Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-059		Single Bedroom	1	17.0 Bedroom	80305-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Floor 0m	See Guidance Notes	1
3-C1-4-060		En-suite wheelchair-accessible WC, Shower & wash	1	4.5 Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-061		Multi-Bed Room, day care, 4 beds & 2 chairs	1	72.5 Multi-bed Wards	80405-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural and Central Supply Air	4	via ensuite	positive to ensuite	G4	43	41	100	5	300	A	80	switch / dimmer	Bed / Trolley 1.45m	See Guidance Notes	n/a
3-C1-4-062		En-Suite Multi Bedroom	1	4.5 Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-063		Play Room	1	25.0 Common room/staff room/lounge	H1322-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply Air	6	8	Negative	None	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
3-C1-4-064		Ward Kitchen	1	12.0 Ward Kitchen	P0627-01	28	18	Adjacent Space Transfer Air	None	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	0	6	Negative	G4	43	41	500	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
3-C1-4-065		Treatment Room	1	12.0 Treatment Room	X0105	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
3-C1-4-066		Clean Utility	1	12.0 Clean Utility	T0101	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply Air	6	0	Positive	G4	43	41	150	n/a	None	A	80	Switch	General working plane 1m	See Guidance Notes	n/a
3-C1-4-067		WC - Visitors	1	3.0 Toilet	V1710	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-4-068		Waiting Area	1	12.0 Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
3-C1-4-069		Reception / Staff Base	1	3.0 Reception	J0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply Air	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3-C1-5-002		Store - back up clothing	1	4.0 Storage Area Equipment	W1585-77	28	18	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-5-003		Family Sitting Room	1	27.0 Common room/staff room/lounge	D1120	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
3-C1-5-004		Baby Infant / Feeding Room	1	4.0 Baby Feeding	S0012	28	18	Radiant Panels	Remote Sensor Adj.	No	None	Central Supply Air	5	0	Positive	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-5-005		Nappy Change	1	4.0 Nappy Change	V1131	28	18	Radiant Panels	Remote Sensor Adj.	No	None	Central Dirty Extract	0	10	Negative	None	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-5-006		Breast Pump Room	1	4.0 Baby Feeding	S0012	28	18	Radiant Panels	Remote Sensor Adj.	No	None	Central Supply Air	5	0	Positive	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-5-007		WC-Wheelchair Accessible	1	4.5 Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-5-008		WC-Wheelchair Accessible	1	4.5 Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-6-001		Dining / Recreation Room	1	20.0 Common room/staff room/lounge	D0628-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
3-C1-6-002		Quiet Room / Study	1	10.0 Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3-C1-7-002		EEG Review Room	1	3.0 Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3-C1-7-003		EEG Recording Room	1	16.0 Diagnostic room	X0125	25	18	Warm Air - Rehab Battery	BMS Adjustable Sensor	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	to suit location	to suit location	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1
3-C1-7-004		EEG Recording Room	1	16.0 Diagnostic room	X0125	25	18	Warm Air - Rehab Battery	BMS Adjustable Sensor	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	to suit location	to suit location	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1
3-C1-7-005		Evoked Potential Recording Room	1	16.0 Diagnostic room	C0900	25	18	Warm Air - Rehab Battery	BMS Adjustable Sensor	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	to suit location	to suit location	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1
3-C1-8-002		Potential Hood	1	10.0 Disposal Hood	V0646	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-8-003		Dirty Utility	1	14.0 Dirty Utility	V1631	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-8-005		Single Bedroom (RHSC)	1	17.0 Bedroom	80305-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	n/a
3-C1-8-006		En-suite wheelchair-accessible WC, Shower & wash	1	4.5 Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-8-007		Staff WC	1	3.0 Toilet	V1710	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-8-008		WC - Visitors	1	3.0 Toilet	V1710	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-8-009		Dining / Play Room	1	15.0 Eating/Drinking	D0608-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
3-C1-8-010		Ward Kitchen	1	12.0 Ward Kitchen	P0627-01	28	18	Adjacent Space Transfer Air	None	Yes	Ceiling Cassette - Chilled Water	Central General Extract	0	6	Negative	G4	n/a	500	n/a	None	A	80	Switch	General working plane 1m	See Guidance Notes	n/a	
3-C1-8-012		Reception/Desk/Staff Base	1	3.0 Reception	J0132-01	28	18	Adjacent Space Transfer Air	None	Yes	Ceiling Cassette - Chilled Water	Central Supply Air	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3-C1-8-013		DSR	1	8.0 DSR	V1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-8-013		Store - General	1	10.0 Storage Area Equipment	W1585	28	18	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-8-014		Clean Utility	1	12.0 Clean Utility	T0101	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply Air	6	0	Positive	G4	43	41	150	n/a	None	A	80	Switch	General working plane 1m	See Guidance Notes	n/a
3-C1-8-015		Treatment Room	1	16.0 Treatment Room	X0105	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
3-C1-8-016		4 Bed Room	1	58.5 Multi-bed Wards	80405	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural and Central Supply Air	4	via ensuite	positive to ensuite	G4	43	41	100	5	300	A	80	switch / dimmer	Bed / Trolley 1.45m	See Guidance Notes	n/a
3-C1-8-017		En-suite Shower / WC / WHB	1	6.0 Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-8-018		WC Wheelchair Accessible	1	4.5 Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-8-019		Touchdown Base	1	2.0 staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj.	No	None	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	n/a	n/a	200/300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3-C1-8-020		Resuscitation Trolley Bay	1	1.0 Circulation Equipment Storage Bays	Q2180-01	28	18	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-8-021		Single Bedroom (RHSC)	1	17.0 Bedroom	80305-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
3-C1-8-022		En-suite Shower / WC / WHB	1	4.5 Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-8-023		Single Bedroom	1	17.0 Bedroom	80305-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
3-C1-8-024		En-suite Shower / WC / WHB	1	4.5 Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3-C1-8-025		Single Bedroom	1	17.0 Bedroom	80305-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
3-C1-8-026		En-suite Shower / WC / WHB	1	4.5 Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None</						

Room No	Dept	Room Name	Qty	BOA	Room Function	ADR Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling Type	Ventilation Type	Supply (ach/hr)	Extract (ach/hr)	Relative Humidity	Min. Irradiation	Surface Temp	Water Temp	Safety Notes	Normal lux	Night lux	Local lux	Standby grade	Colour order	Control	Plane	Medical Location	
3-C2-002	C2	Grab & Go	1	10.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3-C2-003		DSR	1	8.0	DSR	Y1150	28	18	Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3-C2-004		Seminar Room	1	25.0	Meeting Room	H113-03	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
3-C2-005	Staff Room	1	48.0	Common room/staff lounge	02068-03	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	6	6	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a		
3-C3-002	C3	Food Prep Area	1	24.0	Ward Kitchen	P0627-01	28	18	Adjacent Space Transfer Air	None	Yes	Ceiling Cassette - Chilled Water	Central General Extract	0	6	Negative	G4	n/a	60	500	n/a	None	A	80	Switch	General working plane 1m	See Guidance Notes	n/a	
3-C3-003		Wash Room	1	5.0	Bedroom	V1736	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3-C3-004		Office Ante Room	1	9.0	Cellular / Ward Office	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
3-C3-005		Store - Feeds	1	8.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3-C4-002	C4	Store	1	6.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3-C4-003		En-suite wheelchair-accessible WC, Shower & wash	1	6.0	Bedroom	V1843	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3-C4-005		Sleep Room	1	15.0	Bedroom	B0704	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1	
3-C4-006		Parents Room	1	10.0	Bedroom	D1311	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1	
3-C4-007		Control Room	1	15.0	Cellular / Ward Office	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
3-C4-008		Sleep Room	1	15.0	Bedroom	B0704	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1	
3-C4-009		Parents Room	1	10.0	Bedroom	D1311	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1	
3-C4-010		En-suite wheelchair-accessible WC, Shower & wash	1	6.0	Bedroom	V1843	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
4-C5-002		C5	WC - Wheelchair accessible	1	4.5	Toilet	V0622	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
4-C5-003			Store	1	3.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
4-C5-004	Primary Classroom		1	18.0	Classroom	H113-03	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	41	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
4-C5-005	Upper Primary Classroom		1	18.0	Classroom	H113-03	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	41	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
4-C5-006	Secondary Classroom		1	18.0	Classroom	H113-03	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	41	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
4-C5-007	Administration Area		1	15.0	Cellular / Ward Office	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
4-C5-008	Resource Storage		1	10.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
4-C5-009	WC Ambulant	1	3.0	Toilet	V1910	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
1-D1-001	D1	DSR	1	8.0	DSR	Y1150	28	18	Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-D1-002		Consult/Examination	1	15.5	Consulting Room	C0224-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
1-D1-003		Treatment Room (with prep area)	1	16.0	Treatment Room	X0105-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-D1-004		Linen Bay	1	1.5	Linen Bay	W1584-01	28	16	Adjacent Space Transfer Air	None	No	None	Central Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-D1-005		Consult/Examination	1	15.5	Consulting Room	C0224-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
1-D1-006		Treatment Room (with prep area)	1	16.0	Treatment Room	X0105-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-D1-009		Resuscitation Trolley Bay	1	1.0	Resus Trolley bay	S0190-01	28	18	Adjacent Space Transfer Air	None	No	None	None	0	0	n/a	None	43	n/a	200	n/a	None	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-D1-010		Dirty Utility	1	11.0	Dirty utility	Y0431	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-D1-011		WC wheelchair accessible	1	4.5	Toilet	V0622	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-D1-012		Showers Room	1	5.0	Bedroom	V1843	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-D1-013		Clean Utility	1	8.0	Clean Utility	T0101	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Dirty Extract	6	0	Positive	G4	43	41	150	n/a	None	A	80	Presence detection	General working plane 1m	See Guidance Notes	n/a	
1-D1-014		Consult/Examination	1	15.5	Consulting Room	C0224-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
1-D1-015		Play Therapy (in messy play) Room	1	18.0	Common room/staff lounge	H1122-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	6	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
1-D1-016		Consult/Multi-Disciplinary	1	24.0	Consulting Room	C0217	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
1-D1-017		Consult/Examination	1	15.5	Consulting Room	C0224-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
1-D1-018		Consult/Examination (Ophthalmology)	1	15.5	Consulting Room	C0224-7	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
1-D1-019		Consult/Examination (ENT)	1	17.0	Consulting Room	C0224-7	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
1-D1-020		Consult/Examination (Clift)	1	18.0	Consulting Room	C0224-7	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
1-D1-021		Consult/Examination (Clift)	1	18.0	Consulting Room	C0224-7	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
1-D1-022		Consult/Examination (ENT)	1	17.0	Consulting Room	C0224-7	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
1-D1-023		Consult/Examination (ENT)	1	17.0	Consulting Room	C0224-7	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
1-D1-025		Physical Measurement	1	3.5	Consulting Room	C0622-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
1-D1-026		Infant Measuring Room	1	6.0	Consulting Room	C0622-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
1-D1-027		Sub Waiting Area (not supervised Bay) with Nurse Base	1	46	Waiting Room	J0132-02	28	18	Underfloor Heating	BMS Adjustable Sensor	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
1-D1-028		Sub Waiting Area	1	3.5																									

RHSC / DCN Environmental Matrix

Room No	Dept	Room Name	Qty	SOA	Room Function	AQB Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling (Type)	Ventilation (Type)	Supply (ach/hr)	Extract (ach/hr)	Relative pressure	Min Vibration	Surface Temp	Water Temp	Safety Notes	Normal lux	Night lux	Local lux	Standby grade	Colour render	Control	Plane	Medical Location			
G-01-002	D1	RHSC Main Outpatients Department	Baby Infant / Feeding Room	1	4.0	Baby Feeding	30012	28	18	Radiant Panels	Remote Sensor (As)	No	None	Central Supply Air	5	0	Positive	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
G-01-003			WC wheelchair accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
G-01-004			Staff WC	1	3.0	Toilet	V1610	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
G-01-005			Store Room	1	8.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor (As)	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
G-01-006			Disposal Hxd	1	10.0	Disposal Hxd	Y0646	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
G-01-007			DSR	1	8.0	DSR	V1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
G-01-008			Plaster Suite (3 bays)	1	40.0	Consulting Room	X0306	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-009			Store: Plaster	1	6.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor (As)	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
G-01-010			Orthotics Workshop	1	16.0	Small Workshop	Y0420	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	6	Negative	G4	43	41	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-01-011			Consult/Examination	1	15.5	Consulting Room	C0224-01	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-012			Consult/Examination	1	15.5	Consulting Room	C0224-01	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-013			Consult/Examination	1	15.5	Consulting Room	C0224-01	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-014			Consult/Examination	1	15.5	Consulting Room	C0224-01	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-015			Physical Measurement	1	3.5	Consulting Room	C0522-02	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-016			Consult/Examination (Child Protection)	1	15.5	Consulting Room	C0224-7	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-019			Equipment / General Store	1	6.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor (As)	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
G-01-020			Pharmacy Room	1	8.0	Consulting Room	C0224-77	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-021			Child Protection Room	1	24.0	Consulting Room	C0224-77	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-022			Mobile Host Bay	1	3.0	Circulation Equipment Storage Bays	Q0180-03	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
G-01-023			Dirty Utility	1	11.0	Dirty utility	Y0431	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
G-01-024			Beverage Bay	1	3.0	Tea Making	Y0625	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
G-01-025			Physical Measurement	1	3.5	Consulting Room	C0522-02	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-026			Specimen/ Disabled WC	1	4.8	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
G-01-027			Resuscitation Trolley Bay	1	1.0	Circulation Equipment Storage Bays	Q0180-01	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
G-01-028			Infant Measuring Room	1	6.0	Consulting Room	C0522-02	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-029			Staff WC	1	3.0	Toilet	V1610	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
G-01-030			Linen Bay (1 Trolley)	1	1.5	Linen Bay	W1594-01	28	16	Adjacent Space Transfer Air	None	No	None	Central Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
G-01-031			Clean Utility	1	8.0	Clean Utility	T0101	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply Air	6	0	Positive	G4	43	41	150	n/a	None	A	80	Presence detection	General working plane 1m	See Guidance Notes	n/a
G-01-032			Consult/Examination	1	15.5	Consulting Room	C0224-01	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-033			Treatment Room (with prep area)	1	16.0	Treatment Room	X0105-01	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
G-01-034			Consult/Examination	1	15.5	Consulting Room	C0224-01	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-035			Consult/Examination	1	15.5	Consulting Room	C0224-01	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-036			Consult/Examination	1	15.5	Consulting Room	C0224-01	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-037			Meeting Room	1	15.0	Meeting Room	H1133-03	25	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-01-038			Consult/Examination	1	15.5	Consulting Room	C0224-01	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-039			Consult/Examination	1	15.5	Consulting Room	C0224-01	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-040			Consult/Mult-Disciplinary	1	24.0	Consulting Room	C0217	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-041			Outpatients Management Office	1	9.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-01-042			Shower Room	1	5.0	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
G-02-001			Waiting Area	1	9.0	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	5	6	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
G-02-003			Admin Office	1	12.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-02-004			WC Staff	1	4.5	Toilet	V1010-03	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
G-02-005			Evonote Room/Lung Function Laboratory	1	22.0	Treatment Room	C0215	28	18	Radiant Panels - Warm Air - Refurb	Remote Sensor (As)	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
G-02-006			Echocardiography Room	1	20.0	Diagnostic room	C0212	25	18	BMS Adjustable Battery	Yes	Comfort Cooled Fresh Air	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	10	10	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1	
G-02-007			DSR	1	8.0	DSR	V1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
G-02-008			Store/ Equipment	1	9.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor (As)	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
G-02-009			ECG Procedure Room	1	12.0	Consulting Room	C0218-77	28	18	Radiant Panels	Remote Sensor (As)	No	None	Central General Extract	0	3	Negative	None	43												

RHSC / DCN Environmental Matrix

Room No	Dept	Room Name	Qty	BOA	Room Function	ADB Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling (type)	Ventilation (type)	Supply (l/s)	Extract (l/s)	Relative Humidity	Min. Radiation	Surface Temp	Water Temp	Safety Notes	Normal Use	Night Use	Local Use	Standby grade	Colour factor	Control	Plane	Medical Location
1-D4-001		Waiting Area	1	13.5	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
1-D4-002		ABR Room	1	16.0	Treatment Room	C0517	28	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
1-D4-003		Test Room	1	16.0	Treatment Room	C0617-01	28	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
1-D4-004		Shared Staff Office	1	12.8	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-D4-005		Testing/Clinic Rooms	1	21.0	Consulting Room	C0615	28	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	0	Negative	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-D4-006		Obs/Control	1	8.0	Diagnostic room	C0616	25	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	0	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1
1-D4-007		Testing/Clinic Rooms	1	21.0	Consulting Room	C0615	28	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	0	Negative	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-D4-008		Obs/Control	1	8.0	Diagnostic room	C0616	25	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	0	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1
1-D4-009		Waiting Area	1	3.5	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
1-D4-010		Work Room	1	12.0	Small Workshop	L1804	28	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	6	Negative	G4	43	41	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-D4-012		Store	1	15.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor AsJ	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-D4-013		Mould Room	1	9.0	Small Workshop	L1804	28	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	6	Negative	G4	43	41	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-D5-002		Laboratory	1	10.0	Laboratory	L1804	28	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	6	Balanced	F7	43	60	500	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-D5-003		Clean Utility / Dental Store	1	23.0	Clean Utility	T0101	28	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply Air	6	0	Positive	G4	43	41	150	n/a	None	A	80	Switch	General working plane 1m	See Guidance Notes	n/a
G-D5-004		Surgey (multidisciplinary)	1	20.0	Operating Theatre Suite	N0106-01	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
G-D5-005		Dirty Utility	1	11.0	Dirty Utility	Y0431	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	3	Negative	None	43	41	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
G-D5-006		Mobile Inter-oral Storage	1	6.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor AsJ	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
G-D5-007		Recovery	1	10.0	Recovery Bay / Recovery Room	C0622-04	28	20	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	15	15	Balanced	G4	43	41	500	n/a	1000	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	n/a
G-D5-008		Surgey (standard)	1	18.0	Operating Theatre Suite	C0903	25	18	Adjustable Sensor	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
G-D5-009		Surgey (standard)	1	18.0	Operating Theatre Suite	C0903	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
G-D5-010		Surgey (standard)	1	18.0	Operating Theatre Suite	C0903	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-D6-001		Dictator / 1 iPhone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-D6-002		Staff Office - All specialties (30 persons)	1	15.0	Open Plan Office	M0132-01	28	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	4	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-D6-003		Meeting Room - 6 person	1	9.0	Meeting Room	H1131-02	25	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-D6-004		Dictator / 1 iPhone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-D6-005		Meeting Room - 4 person	1	6.0	Meeting Room	H1131-01	25	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-D6-006		WC - Staff	1	3.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
1-D6-007		WC - Staff	1	3.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
1-D6-009		Dictator / 1 iPhone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-D6-010		Dictator / 1 iPhone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-D6-011		Store - TIP	1	4.5	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor AsJ	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-D6-013		Store - Detetic	1	8.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor AsJ	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
1-D6-014		Store - Physio	1	32.5	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor AsJ	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
1-D6-015		Store - Physio	1	13.5	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor AsJ	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
1-D6-016		Management office	1	20.5	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-D6-017		A&C Staff Office/Appliance Officer	1	36.9	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-D6-018		DSR	1	8.0	DSR	Y1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
1-D6-019		Equipment Decontamination	1	10.0	Equipment Decontamination	Y0235	28	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	7	10	Negative	G4	43	41	200	n/a	None	A	80	Switch	General working plane 1m	See Guidance Notes	n/a
1-D6-020		Diabetic Clinic Room	1	12.0	Diagnostic room	C0224-02	25	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	8	8	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-D6-021		Diabetic Clinic Room	1	12.0	Diagnostic room	C0224-02	25	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	8	8	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-D6-022		Waiting Play Area	1	33.0	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
1-D6-023		Reception	1	6.0	Reception	J0132-01	28	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply Air	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-D6-024		WC - Wheelchair accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
1-D6-025		Infant Measuring Room	1	6.0	Consulting Room	C0622-02	25	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
1-D6-026		Janin Bay	1	1.5	Janin Bay	W1594-01	28	16	Adjacent Space Transfer Air	None	No	None	Central Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
1-D6-027		Standard Treatment Room	1	15.0	Treatment Room	X0105	28	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
1-D6-028		Standard Treatment Room	1	15.0	Treatment Room	X0105	28	18	Radiant Panels	Remote Sensor AsJ	Yes	Comfort Cooled Fresh Air	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m</		

RHSC / DCN Environmental Matrix

Room No	Dept	Room Name	Gty	SOA	Room Function	ADB Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling (Type)	Ventilation (Type)	Supply (ach/hr)	Extract (ach/hr)	Relative pressure	Min Filtration	Surface Temp	Water Temp	Safety Notes	Normal lux	Night lux	Local lux	Standby grade	Colour render	Control	Plans	Medical Location	
1-06-045		Store - SALT	1	8.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-06-046		Rehabilitation Room	1	30.0	Treatment Room	X0208-01	28	16	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-06-047		Store - OT	1	2.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-06-048		Rehabilitation Room	1	30.0	Treatment Room	X0208-01	28	16	Radiant Panels	Remote Sensor Adj	Yes	None	Comfort Cooled Fresh Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-06-049		Changing Cubicles	1	4.0	Changing Facilities	V0726	28	18	Radiant Panels	Remote Sensor Adj	Yes	None	Comfort Cooled Fresh Air	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-06-050		Store - Physio	1	3.5	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-06-052		Store - Physio	1	4.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-06-053		Rehabilitation Room	1	30.0	Treatment Room	X0208-01	28	16	Radiant Panels	Remote Sensor Adj	Yes	None	Comfort Cooled Fresh Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-06-054		Rehabilitation Room (inc CV equip)	1	39.0	Treatment Room	X0208-02	28	16	Radiant Panels	Remote Sensor Adj	Yes	None	Comfort Cooled Fresh Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-06-057		WC - assisted (large-changing)	1	12.3	Toilet	V0922-01	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-06-059		Reus Bay	1	1.0	Resuscitation Bay	X0242-06	28	16	Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-06-061		Hot Bay	1	3.0	Circulation Equipment Storage Bays	G0180-03	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-07-001		Assisted Bathroom	1	14.0	Bathroom	V1738	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-07-002		Dressing / Doppie/Store	1	4.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-07-003		Dressing Room (Burns)	1	16.0	Consulting Room	X0242	28	16	Radiant Panels	Remote Sensor Adj	Yes	None	Comfort Cooled Fresh Air	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
1-07-004		Sluice	1	6.0	Dirty utility	V0431	28	16	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-07-005		Single Telephone Booth	1	4.0	Circulation Areas	C0710	28	16	Radiant Panels	Remote Sensor Adj	No	None	to suit location	4	3	Balanced	G4	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-07-006		Dressing Room (Burns)	1	16.0	Consulting Room	X0242	28	16	Radiant Panels	Remote Sensor Adj	Yes	None	Comfort Cooled Fresh Air	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
1-07-007		Disposal Hnd	1	10.0	Disposal Hnd	V0646	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
0-08-001		Open Plan Area	1	45.1	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	None	Comfort Cooled Fresh Air	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
0-08-002		Interview Room	1	9.0	Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
3-09-002		Waiting Area	1	12.0	Waiting Room	J0132-02	28	16	Radiant Panels	Remote Sensor Adj	Yes	None	Comfort Cooled Fresh Air	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
3-09-003		Reception 1 staff	1	3.0	Reception	J0132-01	28	16	Radiant Panels	Remote Sensor Adj	Yes	None	Comfort Cooled Fresh Air	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
3-09-004		WC - Wheelchair accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3-09-005		Disposal Hnd	1	10.0	Disposal Hnd	V0646	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3-09-006		Interview, Counseling & Quiet Room	1	9.0	Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
3-09-007		Office and Storage 2 staff	1	12.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
3-09-008		Resuscitation Trolley Bay	1	1.0	Resus Trolley bay	G0180-01	28	16	Adjacent Space Transfer Air	None	No	None	None	0	10	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3-09-009		Physical Measurement	1	3.5	Consulting Room	C0222-02	28	16	Radiant Panels	Remote Sensor Adj	Yes	None	Comfort Cooled Fresh Air	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
3-09-010		Waiting Play Area	1	20.0	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	None	Comfort Cooled Fresh Air	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
3-09-011		Consult/Examination	1	15.5	Consulting Room	C0224	28	16	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
3-09-012		Clean Utility	1	12.0	Clean Utility	T0101	28	18	Radiant Panels	Remote Sensor Adj	Yes	None	Comfort Cooled Fresh Air	6	0	Positive	G4	43	41	150	n/a	None	A	80	Presence detection	General working plane 1m	See Guidance Notes	n/a	
3-09-013		Treatment Room	1	16.0	Treatment Room	X0105	28	16	Radiant Panels	Remote Sensor Adj	Yes	None	Comfort Cooled Fresh Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
3-09-014		Pantry	1	8.0	Pantry	P0627	28	18	Radiant Panels	Remote Sensor Adj	Yes	None	Comfort Cooled Fresh Air	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
3-09-015		Ward Management Office	1	9.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	None	Comfort Cooled Fresh Air	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
3-09-016		Patient Treatment Lounge	1	32.4	Treatment Room	X1504	28	16	Radiant Panels	Remote Sensor Adj	Yes	None	Comfort Cooled Fresh Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
3-09-017		Dirty Utility	1	11.0	Dirty utility	V0431	28	16	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3-09-018		Touchdown Base	1	2.0	staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj	No	None	Central Supply and Extract	10l/s per person	10l/s per person	Balanced	G4	n/a	n/a	200/300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
3-09-019		Single Bedroom	1	17.0	Bedroom	B0305	28	18	Radiant Panels	Remote Sensor Adj	Yes	None	Comfort Cooled Fresh Air	4	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
3-09-020		En-suite WC / WHB	1	4.5	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3-09-021		Parking Bay: 1 patient trolley/whc	1	5.0	Circulation Equipment Storage Bays	G0180-03	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3-09-022		Multi-Bed Room: day care, 3 beds	1	40.5	Multi-bed Wards	B0405-01	28	16	Radiant Panels	Remote Sensor Adj	Yes	None	Comfort Cooled Fresh Air	4	4	via ensuite	positive to ensuite	G4	43	41	100	5	300	A	90	switch / dimmer	Bed / Trolley 1.45m	See Guidance Notes	n/a
3-09-023		En-suite wheelchair-accessible WC, Shower & wash Multi	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3-09-024		Single Bedroom	1	17.0	Bedroom	B0305	28	18	Radiant Panels	Remote Sensor Adj	Yes	None	Comfort Cooled Fresh Air	4	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
3-09-025		En-suite WC / WHB	1	4.5	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3-09-026		Linex Bay	1	1.5	Linex Bay	W1584-01	28	16	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3-09-027		Store - General	1	8.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3-09-028		WC - Staff	1	3.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	

Room No	Dept	Room Name	Qty	SOA	Room Function	ADR Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling (type)	Ventilation (type)	Supply (ach/h)	Extract (ach/h)	Relative Humidity	Min. filtration	Surface temp	Water temp	Safety Notes	Normal lux	Night lux	Local lux	Standby grade	Colour render	Control	Plane	Medical Location
G-EI-009		WC - Ambulant	1	3.0	Toilet	V1910	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-EI-010		Wheelchair Accessible	1	4.5	Toilet	V1910	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-EI-011		RHSC OPD Main Waiting	1	15.0	Waiting Room	J1255	28	18	Underfloor Heating	BMS Adjustable Sensor	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
G-F1-002		Consultant Psychiatrist / Psychologist	1	20.5	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-003		Storage (Testing)	1	6.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-F1-004		Ward Manager Office	1	18.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-005		Interview Room	1	9.0	Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-006		Reception	1	6.0	Reception	J0132-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply Air	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-007		Interview Room	1	9.0	Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-008		Interview Room	1	9.0	Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-009		Interview Room	1	9.0	Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-010		Octaloon 1:1Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-011		Waiting Area	1	3.5	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
G-F1-013		Storage / Photography	1	10.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-F1-014		Secretary/IT Office	1	18	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-016		Multi-Disciplinary Office	1	28.7	Multi Disciplinary Work Areas	M0254	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-017		Shower / WC / WHB assisted	1	6.0	Bedroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-018		WC - Wheelchair accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-F1-019		Play Room	1	24.0	Common room/staff room/lounge	H1322-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
G-F1-020		Group Room	1	24.0	Meeting Room	H1107	25	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-021		Control / Viewing	1	10.0	Diagnostic room	E904-06	25	18	Warm Air - Radiant Battery	BMS Adjustable Sensor	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1
G-F1-022		Time Out Room	1	6.0	Common room/staff room/lounge	H1107-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
G-F1-023		Family Interview Room	1	12.0	Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-024		Large Group Room	1	30.0	Meeting Room	H1107	25	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-026		Large Family Interview Room	1	14.0	Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-027		Sitting Room	1	15.0	Common room/staff room/lounge	H1120	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
G-F1-028		Multi-Disciplinary Office	1	24.6	Multi Disciplinary Work Areas	M0254	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	4	Balanced	G4	43	n/a	300	n/a	1000	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-030		Multi-Disciplinary Office	1	28.7	Multi Disciplinary Work Areas	M0254	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	4	Balanced	G4	43	n/a	300	n/a	1000	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-031		Sitting Room	1	15.0	Common room/staff room/lounge	H1120	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
G-F1-032		Group Room	1	24.0	Common room/staff room/lounge	H1107	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-033		Art Room	1	24.0	Classroom	H1313-03	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	41	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-034		Therapy / Play Therapy Room	1	15.0	Common room/staff room/lounge	H0322-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
G-F1-036		Dining Room (Inpatients & Day Prog)	1	62.0	Eating/Drinking	D0608-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
G-F1-037		Therapeutic Kitchen	1	22.0	Ward Kitchen	D0911	28	18	Adjacent Space Transfer Air	None	Yes	Chilled Cassette - Chilled Water	Central General Extract	0	6	Negative	G4	n/a	60	500	n/a	None	A	80	Switch	General working plane 1m	See Guidance Notes	n/a
G-F1-038		WC - Wheelchair accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-F1-039		Ward Kitchen	1	12.0	Ward Kitchen	PK627-01	28	18	Adjacent Space Transfer Air	None	Yes	Chilled Cassette - Chilled Water	Central General Extract	0	6	Negative	G4	n/a	60	500	n/a	None	A	80	Switch	General working plane 1m	See Guidance Notes	n/a
G-F1-040		WC - Wheelchair accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-F1-041		Waiting Area	1	15.8	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
G-F1-042		DSR	1	8.0	DSR	V1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-F1-043		WC - Staff	1	3.0	Toilet	V1910	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-F1-044		Octaloon 1:1Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-045		Multi-disciplinary Office - ITS	1	24.6	Multi Disciplinary Work Areas	M0254	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	4	4	Balanced	G4	43	n/a	300	n/a	1000	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-047		Recreation Room	1	45.0	Common room/staff room/lounge	H0322-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
G-F1-048		Group Room	1	24.0	Meeting Room	H1107	25	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-049	F1	Octaloon 1:1Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Chilled Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-050		Physical Measurement	1	3.5	Consulting Room	C0622-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	n/a	300	n/a	1000	A	80	Switch	Desk / Trolley 1.45m	See Guidance Notes	1
G-F1-051		Treatment Room	1	16.0	Treatment Room	X0105	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply Air	10	0	Positive	F7	43	41	1500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
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RHSC / DCN Environmental Matrix

Room No	Dept	Room Name	Qty	SOA	Room Function	ADB Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling (Type)	Ventilation (Type)	Supply (ach/hr)	Extract (ach/hr)	Relative pressure	Min Mitration	Surface temp	Water temp	Safety Notes	Normal lux	Night lux	Local lux	Standby grade	Colour render	Control	Plane	Medical Location
G-F1-070		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1610	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-F1-071		Single Bed Room	1	10.0	Bedroom	B0510	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	6	via bedroom & ensuite	Balanced	G4	43	41	100	5	300	A	80	Presence detection	Bed / Trolley 1.45m	See Guidance Notes	1
G-F1-072		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1610	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-F1-073		Single Bed Room	1	10.0	Bedroom	B0510	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	6	via bedroom & ensuite	Balanced	G4	43	41	100	5	300	A	80	Presence detection	Bed / Trolley 1.45m	See Guidance Notes	1
G-F1-074		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1610	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-F1-075		Single Bed Room	1	10.0	Bedroom	B0510	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	6	via bedroom & ensuite	Balanced	G4	43	41	100	5	300	A	80	Presence detection	Bed / Trolley 1.45m	See Guidance Notes	1
G-F1-076		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1610	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-F1-077		Single Bed Room	1	10.0	Bedroom	B0510	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	6	via bedroom & ensuite	Balanced	G4	43	41	100	5	300	A	80	Presence detection	Bed / Trolley 1.45m	See Guidance Notes	1
G-F1-078		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1610	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-F1-079		Single Bed Room	1	10.0	Bedroom	B0510	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	6	via bedroom & ensuite	Balanced	G4	43	41	100	5	300	A	80	Presence detection	Bed / Trolley 1.45m	See Guidance Notes	1
G-F1-080		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1610	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-F1-081		Single Bed Room	1	10.0	Bedroom	B0510	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	6	via bedroom & ensuite	Balanced	G4	43	41	100	5	300	A	80	Presence detection	Bed / Trolley 1.45m	See Guidance Notes	1
G-F1-082		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1610	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-F1-083		Single Bed Room	1	10.0	Bedroom	B0510	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	6	via bedroom & ensuite	Balanced	G4	43	41	100	5	300	A	80	Presence detection	Bed / Trolley 1.45m	See Guidance Notes	1
G-F1-084		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1610	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-F1-085		Single Bed Room	1	10.0	Bedroom	B0510	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	6	via bedroom & ensuite	Balanced	G4	43	41	100	5	300	A	80	Presence detection	Bed / Trolley 1.45m	See Guidance Notes	1
G-F1-086		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1610	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-F1-087		Single Bed Room (large)	1	11.5	Bedroom	B0510	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	6	via bedroom & ensuite	Balanced	G4	43	41	100	5	300	A	80	Presence detection	Bed / Trolley 1.45m	See Guidance Notes	1
G-F1-088		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1610	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-F1-089		Single Bed Room (large)	1	11.5	Bedroom	B0510	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	6	via bedroom & ensuite	Balanced	G4	43	41	100	5	300	A	80	Presence detection	Bed / Trolley 1.45m	See Guidance Notes	1
G-F1-091		En-suite wheelchair-accessible WC, Shower & wash	1	4.5	Bathroom	V1610	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-F1-092		Quiet Room	1	12	Cellular / Ward Office	M0251	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-F1-096		Store	1	1	Storage Area Equipment	W1565	28	16	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-F1-099		Store	1	1	Storage Area Equipment	W1565	28	16	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G2-002		DSR	1	8.0	DSR	V1510	28	16	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G2-003		Clean Equipment	1	50.0	Storage Area Equipment	W1565-77	28	16	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G2-004		Dry Equipment	1	10.0	Storage Area Equipment	W1565-77	28	16	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G2-005		Disposal Hdd	1	10.0	Disposal Hdd	V0646	28	16	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G3-002		On-Call Bedroom	1	10.0	Bedroom	D1311	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
G3-003		En-suite Shower / WC / WHB	1	4.5	Bathroom	V1643	28	16	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G3-004		On-Call Bedroom	1	10.0	Bedroom	D1311	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
G3-005		En-suite Shower / WC / WHB	1	4.5	Bathroom	V1643	28	16	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G3-006		On-Call Bedroom	1	10.0	Bedroom	D1311	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Presence detection	Bed / Trolley 1.45m	See Guidance Notes	1
G3-007		En-suite Shower / WC / WHB	1	4.5	Bathroom	V1643	28	16	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G3-008		Mini Kitchen	1	3.6	Eating/Drinking	D0608-01	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
G3-009		DSR	1	8.0	DSR	V1510	28	16	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
4H1-002		Conference / Meeting Room	1	25.0	Meeting Room	H1313-03	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4H1-003		Seminar / Tutorial Room	1	40.0	Classroom	H1313-03	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	41	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4H1-004		Seminar / Tutorial Room	1	40.0	Classroom	H1313-03	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	41	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4H1-005		WC - Accessible	1	4.5	Toilet	V0922	28	16	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
4H1-006		Disposal Hdd	1	10.0	Disposal Hdd	V0646	28	16	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
4H1-007		Waiting Area	1	10.0	Waiting Room	J0132-02	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	5	6	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
4H1-008		Lockers	1	12.0	Changing Facilities	V0726	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	10	positive to wc	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
4H1-009		WC - Ambulant	1	3.0	Toilet	V1510	28	16	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
4H1-010		WC - Ambulant	1	3.0	Toilet	V1510	28	16	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
4H1-011		DSR	1	8.0	DSR	V1510	28	16	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
4H1-012		16 Person Office	1	8.0	Open Plan Office	M0132-01	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	4	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4H1-013		Admin Office	1	20.5	Cellular / Ward Offices	M0251	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m		

Room No	Dept	Room Name	Qty	BOA	Room Function	ADB Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling (type)	Ventilation (type)	Supply (ach/hr)	Extract (ach/hr)	Relative Humidity	Min Infiltration	Surface Temp	Water Temp	Safety Notes	Normal Use	Night Use	Local Use	Standby grade	Colour render	Control	Plane	Medical Location
4H1-027		Physiological Laboratory	1	45.0	Laboratory	L0102-02		18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	6	6	Balanced	F7	43	60	500	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4H1-028		Senior Academic Staff	1	11	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4H1-029		Head of Department	1	16	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4H1-030		Senior Academic Staff	1	11	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4H1-031		Senior Academic Staff	1	11	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4H1-032		Senior Academic Staff	1	11	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4H1-033		WC - Accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
4H1-035		Stationery / Photocopying	1	8.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4H1-036		Gas Store	1		Storage Area Med Gas	W1585-77	28	16	Frost protection	None	No	Natural Ventilation	0	0	n/a	None	n/a	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1H2-001		Disposal Hold	1	10.0	Disposal Hold	Y0646	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1H2-002		Waiting Play Area	1	9.5	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
1H2-004		Reception	1	3.0	Reception	J0132-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply Air	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1H2-005		WC Accessible Patients	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1H2-006		DSR	1	8.0	DSR	V1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1H2-007		Office - 4 person	1	20	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1H2-008		Luncheon Bay	1	1.5	Luncheon Bay	W1694-01	28	16	Adjacent Space Transfer Air	None	No	None	Central Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1H2-009		Consult / Assessment	1	12.0	Consulting Room	C0224	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
1H2-010		Consult/Examination	1	15.5	Consulting Room	C0224	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
1H2-011		WC Staff	1	3.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1H2-012		Sanity	1	6.0	Sanity	P0627	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	6	Negative	G4	43	41	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
1H2-013		Store - Equipment	1	24.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1H2-014		Clinical Study Room	1	6.0	Consulting Room	B0406-01	28	18	Adjacent Space Transfer Air	None	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
1H2-015		En-suite Shower / WC / WHB	1	6.0	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1H2-016		Sample Processing	1	15.0	Diagnostic room	L1804	25	18	Warm Air - Reheat Battery	BMS Adjustable Sensor	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	8	8	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1
1H2-017		Dirty Utility	1	6.0	Dirty Utility	Y0431	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1H2-018		En-suite Shower / WC / WHB	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1H2-020		Clean Utility	1	8.0	Clean Utility	T0101	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply Air	6	0	Positive	G4	43	41	150	n/a	None	A	80	Presence detection	General working plane 1m	See Guidance Notes	n/a
1H2-021		Single Bed Room	1	15.0	Bedroom	B0305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
1H2-022		En-suite Shower / WC / WHB	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1H2-023		Isolation Bedroom Entrance Lobby	1	4.0	Isolation Lobby	G0510	28	18	Warm Air - Reheat Battery	Adjustable Sensor	Yes	Comfort Cooked Fresh Air	Central Supply	In the with DAPN 04	0	Positive	F7	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1H2-024		Single Bed Room	1	15.0	Bedroom	B0305-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
1H2-028		Touch Down Base	1	2.0	staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj	No	None	Central Supply and Extract	10%/per person	10%/per person	Balanced	G4	n/a	n/a	200/300	n/a	None	A	80	Dimmer	See Guidance Notes	n/a	
3H3-001		Workshop / Tutorial Room	1	20.0	Classroom	H0202-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	41	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3H3-002		Control Room	1	8.0	Diagnostic room	C0616	25	18	Warm Air - Reheat Battery	BMS Adjustable Sensor	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	to suit location	to suit location	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1
3H3-003		Storage	1	15.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3H3-004		Workshop / Tutorial Room	1	20.0	Classroom	H0202-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	41	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3H3-005		Scenario Room	1	20.5	Meeting Room	H1313-03	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3H3-006		WC / WHB disabled	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3H3-007		WC Ambulant	1	3.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3H3-008		WC Ambulant	1	3.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3H3-010		Workshop / Tutorial Room	1	20.0	Classroom	H0202-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	41	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3H3-011		Beverage Bay	1	3.0	Tea Making	P0625	28	18	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	switch	Floor 0m	See Guidance Notes	n/a
3H3-012		DSR	1	8.0	DSR	V1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
3H3-013		Manual Handling, Health & Safety	1	15.0	Classroom	H1313-03	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	6	4	Positive	G4	43	41	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3H3-014		Practice Based Educators Office	1	20	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3H3-015		Meeting Room	1	25.0	Meeting Room	H1313-03	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3H3-016		Seminar Room	1	40.0	Meeting Room	H1313-03	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
3H3-018		Management / Admin Office	1	15	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A					

RHSC / DCN Environmental Matrix

Room NO	Dept	Room Name	Qty	SOA	Room Function	ADB Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooking (present)	Cooking (Type)	Ventilation (Type)	Supply (ach)	Extract (ach)	Relative pressure	Min filtration	Surface prep	Water temp	Safety Notes	Normal lux	Night lux	Local lux	Standby grade	Colour render	Control	Plans	Medical Location	
G11-012		Assisted Change/Nappy Change	1	7.0	Nappy Change	V1131	28	18	Radiant Panels	Remote Sensor Adj	No	None	Central Dirty Extract	0	10	Negative	None	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G11-013		DRR	1	8.0	DRR	V1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G11-014		Fire Control room	1	12.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
B12-002		DRR	1	8.0	DRR	V1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
B12-004		Store - Beds	1	96.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
B12-005		Store - Toys	1	12.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
I11-001		Lobby	1	3.0	Circulation Areas - Entrance Lobby	G2600	28	Not Controlled	Warm Air Door Control	BMS Adjustable Sensor	No	None	None	0	0	0	0	0	n/a	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
I11-002		WC - Wheelchair accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
I11-003		Body Viewing Room	1	18.0	Body View	S0027-01	25	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	8	Negative	G4	43	n/a	300	n/a	None	A	80	Switch / Dimmer	Floor 0m	See Guidance Notes	n/a	
I11-004		Sitting Room with Beverage Bay	1	20.0	Common room/staff room/lounge	D1120	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
G12-002		Interview Room	1	9.0	Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	8	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
G12-003		Prayer / Meditation / Reflection Area	1	40.0	Common room/staff room/lounge	D0434-04	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
G12-004		WC - wheelchair accessible / Ritual Washing Area	1	6.0	Toilet	V0922-02	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G12-005		Store	1	6.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G12-006		Office	1	12.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
GK1-001		Meeting Rooms (family size)	1	15.0	Meeting Room	H1131-03	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
GK1-002		Meeting Rooms (family size)	1	15.0	Meeting Room	H1131-03	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
GK1-003		Office 1	1	15.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
GK1-004		Office 6	1	20.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
GK1-005		Office 2	1	15.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
GK1-006		Waiting	1	8.0	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
GK1-007		Nappy Changing Room	1	4.0	Nappy Change	V1131	28	18	Radiant Panels	Remote Sensor Adj	No	None	Central Dirty Extract	0	10	Negative	None	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
GK1-008		WC - Wheelchair accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
GK1-010		Interview Room	1	9.0	Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
GK1-011		Office 3	1	10	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
GK1-012		Office 5	1	19.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
GK1-013		Store	1	24.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
GK1-016		Interview Room	1	9.0	Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
GK1-017		Drop-In Lounge / Beverage Bay	1	35.0	Common room/staff room/lounge	D1120-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
GK1-017		Drop-In Multi-Purpose Room	1	30.0	Meeting Room	H1131-03	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
GK1-018		WC - Staff	1	3.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
GK1-019		Beverage Bay	1	3.0	Tea Making	P0625	28	18	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	5	Negative	None	43	41	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
GK1-021		Complementary Therapy Room	1	15.0	Consulting Room	K0613	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Tray 1.45m	See Guidance Notes	1	
GK1-022		Radio Logistics Broadcasting Studio, Lobby	1	20.0	Circulation Areas	C0516-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	None	to suit location	to suit location	Balanced	G4	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
GK1-023		Wheelchair Bay	1	6.0	Circulation Equipment Storage Bays	G0180-02	28	18	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
GK1-024		Office 4	1	10.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
GK1-025		WC - Wheelchair accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
GK1-026		DRR	1	7.0	DRR	V1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
GK1-029		Disposal Hold	1	4.0	Disposal Hold	V0646	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3K2-002		Reception/Waiting	1	6.0	Waiting Room	J0232-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
3K2-003		Office - 1 person	1	6.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
3K2-004		WC - Female	1	3.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3K2-005		WC - Male	1	3.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3K2-006		Lounge - non residents	1	30.0	Common room/staff room/lounge	D1120-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
3K2-007		WC - Wheelchair accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3K2-008		Family Room for 4 persons inc ensuite	1	19.0	Bedroom	D1311-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	4	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Tray 1.45m	See Guidance Notes	1	
3K2-009		En-suite Shower / WC / WHB	1	6.0	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
3K2-010		Family Room for 4 persons inc ensuite	1	19.0	Bedroom	D1311-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	4	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Tray 1.45m	See Guidance Notes	1	
3K2-011		En-suite Shower / WC / WHB	1</																										

RHSC / DCN Environmental Matrix

Room NO	Dept	Room Name	Qty	SOA	Room Function	ADB Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling (type)	Ventilation (type)	Supply (ach/hr)	Extract (ach/hr)	Relative pressure	Min W/ation	Surface temp	Water temp	Safety Notes	Normal lux	Night lux	Local lux	Standby grade	Colour render	Control	Plans	Medical Location
14-015		Single Bed Room	1	19.0	Bedroom	B0305	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
14-016		En-suite Shower/WC/WHB	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Pressure detection	Floor 0m	See Guidance Notes	n/a
14-017		Single Bed Room	1	19.0	Bedroom	B0305	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
14-018		En-suite Shower/WC/WHB	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Pressure detection	Floor 0m	See Guidance Notes	n/a
14-019		Linens Bay	1	1.5	Linens Bay	W1594-01	28	16	Adjacent Space Transfer Air	None	No	None	Central Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Pressure detection	Floor 0m	See Guidance Notes	n/a
14-020		Host Bay	1	3.0	Circulation Equipment Storage Bays	Q0180-03	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Pressure detection	Floor 0m	See Guidance Notes	n/a
14-021		Single Bed Room	1	19.0	Bedroom	B0305	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
14-022		En-suite Shower/WC/WHB	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Pressure detection	Floor 0m	See Guidance Notes	n/a
14-023		Staff Base	1	6.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
14-024		Single Bed Room	1	19.0	Bedroom	B0305	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
14-025		En-suite Shower/WC/WHB	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Pressure detection	Floor 0m	See Guidance Notes	n/a
14-026		WC - Wheelchair accessible (Visitors)	1	4.5	Toilet	V0522	28	16	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Pressure detection	Floor 0m	See Guidance Notes	n/a
14-027		Patient Waiting	1	20.0	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
14-028		Multi Disciplinary Office / Reception	1	18.0	Multi Disciplinary Work Areas	M0254	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	4	Balanced	G4	43	n/a	300	n/a	1000	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
14-029		Consulting/Examination Room	1	15.5	Consulting Room	C0224	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
14-030		Consulting/Examination Room	1	15.5	Consulting Room	C0224	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
14-031		Consulting/Examination Room	1	15.5	Consulting Room	C0224	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
14-032		Consulting/Examination Room	1	15.5	Consulting Room	C0224	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
14-033		Dirty Utility	1	14.0	Dirty utility	Y0431	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Pressure detection	Floor 0m	See Guidance Notes	n/a
14-034		Single Bed Room	1	19.0	Bedroom	B0305	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
14-035		En-suite Shower/WC/WHB	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Pressure detection	Floor 0m	See Guidance Notes	n/a
14-036		Touchdown Base	1	2.0	staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj	No	None	Central Supply and Extract	1000/50 person	1000/50 person	Balanced	G4	n/a	n/a	200/300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a
14-037		Interview/Relative Quiet Room	1	9.0	Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 i/s per person	10 i/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
14-038		Single Bed Room	1	19.0	Bedroom	B0305	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
14-039		En-suite Shower/WC/WHB	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Pressure detection	Floor 0m	See Guidance Notes	n/a
14-040		En-suite Shower/WC/WHB	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Pressure detection	Floor 0m	See Guidance Notes	n/a
14-041		Single Bed Room	1	19.0	Bedroom	B0305	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
14-042		Ward Management Office	1	10.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
14-043		Clean Utility	1	12.0	Clean Utility	T0101	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply Air	6	0	Positive	G4	43	41	150	n/a	None	A	80	Switch	General working plane 1m	See Guidance Notes	n/a
14-052		Staff Room	1	9.0	Common room/staff lounge	C0608-03	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	6	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
14-053		Multi-disciplinary Office	1	18.0	Multi Disciplinary Work Areas	M0254	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
14-054		Ward Kitchen	1	12.0	Ward Kitchen	P0627-01	28	18	Adjacent Space Transfer Air	None	No	Ceiling Cassette - Chilled Water	Central General Extract	0	6	Negative	G4	n/a	60	500	n/a	None	A	80	Switch	General working plane 1m	See Guidance Notes	n/a
14-055		Touchdown Base	1	2.0	staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj	No	None	Central Supply and Extract	1000/50 person	1000/50 person	Balanced	G4	n/a	n/a	200/300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a
14-060		Teaching Room	1	20.0	Classroom	H1313-03	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 i/s per person	10 i/s per person	Balanced	G4	43	41	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
14-061		Dirty Utility	1	14.0	Dirty utility	Y0431	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Pressure detection	Floor 0m	See Guidance Notes	n/a
14-066		Single Bed Room	1	19.0	Bedroom	B0305	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
14-067		Shower Room en-suite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Pressure detection	Floor 0m	See Guidance Notes	n/a
14-068		Single Bed Room	1	19.0	Bedroom	B0305	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
14-069		Shower Room en-suite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Pressure detection	Floor 0m	See Guidance Notes	n/a
14-070		Interview/Relative Quiet Room	1	9.0	Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 i/s per person	10 i/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
14-071		Linens Bay	1	1.5	Linens Bay	W1594-01	28	16	Adjacent Space Transfer Air	None	No	None	Central Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Pressure detection	Floor 0m	See Guidance Notes	n/a
14-072		WC Staff	1	3.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Pressure detection	Floor 0m	See Guidance Notes	n/a
14-073		WC Staff	1	3.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Pressure detection	Floor 0m	See Guidance Notes	n/a
14-074		Resuscitation Trolley Bay	1	1.0	Resus Trolley bay	Q0180-01	28	16	Adjacent Space Transfer Air	None	No	None	None	0	0	n/a	None	43	n/a	200	n/a	None	A	80	Pressure detection	Floor 0m	See Guidance Notes	n/a
14-075		Staff Base	1	6.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
14-076		Storage Consumables	1	18.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Pressure detection	Floor 0m	See Guidance Notes	n/a
14-077		En-suite Accessible Shower/WC/WHB	1	6.0	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Pressure detection	Floor 0m	See Guidance Notes	n/a
14-078		Host Bay	1	3.0	Circulation Equipment Storage Bays	Q0180-03	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A					

Room No	Dept	Room Name	Qty	BOA	Room Function	ADB Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling (type)	Ventilation (type)	Supply (ach/hr)	Extract (ach/hr)	Relative Humidity	Min Humidity	Surface Temp	Water Temp	Safety Notes	Normal Use	Night Use	Local Use	Standby grade	Colour	Control	Plane	Medical Location
141-092		Shower Room-en-suite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
141-093		Single Bedroom (level 1)	1	19.0	Bedroom	B0305	28	18	Adjacent Space Transfer Air	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Presence detection	Bed / Trayley 1.45m	See Guidance Notes	1
141-094		Shower Room-en-suite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
141-095		DSR	1	8.0	DSR	V1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
141-096		Disposal Hold	1	10.0	Disposal Hold	Y0646	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
141-097		4 Bed Room	1	64.0	Multi-bed Wards	B0405	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural and Central Supply Air	4	via ensuite	N/A	G4	43	41	100	5	300	A	80	Presence detection	Bed / Trayley 1.45m	See Guidance Notes	n/a
141-099		En-suite	1	6.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
141-100		4 Bed Room	1	64.0	Multi-bed Wards	B0405	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural and Central Supply Air	4	via ensuite	positive to ensuite	G4	43	41	100	5	300	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
141-101		En-suite	1	6.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
141-103		Treatment Room	1	16	Treatment Room	X0105	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply Air	10	0	Positive	F7	43	n/a	500	n/a	1000	A	90	Switch	Bed / Trayley 1.45m	See Guidance Notes	n/a
141-104		Isolation Lobby	1	4.0	Isolation Lobby	G0510-02	28	18	Warm Air - Reheat Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply	In line with SHPN 04	0	Positive	F7	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
141-108		Physical Measure	1	2.0	Consulting Room	C0522-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trayley 1.45m	See Guidance Notes	1
141-109		Touchdown Base	1	2.0	staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj	No	None	Central Supply and Extract	1000/300 person	1000/300 person	Balanced	G4	n/a	n/a	200/300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a
242-002		Disposal Hold	1	10.0	Disposal Hold	Y0646	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
242-003		Unien Bay	1	1.5	Unien Bay	W1594-01	28	18	Adjacent Space Transfer Air	None	No	None	Central Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
242-004		Single Bedroom	1	19.0	Bedroom	B0305	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trayley 1.45m	See Guidance Notes	1
242-005		Shower Room-en-suite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
242-006		Single Bedroom	1	19.0	Bedroom	B0305	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trayley 1.45m	See Guidance Notes	1
242-007		Shower Room-en-suite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
242-008		Host Bay	1	3.0	Circulation Equipment Storage Bays	G0180-03	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
242-009		Touchdown Base	1	2.0	staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj	No	None	Central Supply and Extract	1000/300 person	1000/300 person	Balanced	G4	n/a	n/a	200/300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a
242-010		Single Bedroom	1	19.0	Bedroom	B0305	28	18	Adjacent Space Transfer Air	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trayley 1.45m	See Guidance Notes	1
242-011		Shower Room-en-suite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
242-012		Store	1	12.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
242-013		Single Bedroom	1	19.0	Bedroom	B0305	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trayley 1.45m	See Guidance Notes	1
242-014		Shower Room-en-suite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
242-015		Single Bedroom	1	19.0	Bedroom	B0305	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trayley 1.45m	See Guidance Notes	1
242-016		Shower Room-en-suite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
242-017		Shower Room-en-suite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trayley 1.45m	See Guidance Notes	1
242-018		Touchdown Base	1	2.0	staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj	No	None	Central Supply and Extract	1000/300 person	1000/300 person	Balanced	G4	n/a	n/a	200/300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a
242-018		Single Bedroom	1	19.0	Bedroom	B0305	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trayley 1.45m	See Guidance Notes	1
242-019		Shower Room-en-suite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
242-020		Resuscitation Trolley Bay	1	1.0	Resus Trolley bay	G0180-01	28	16	Adjacent Space Transfer Air	None	No	None	None	0	0	n/a	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
242-021		Single Bedroom	1	19.0	Bedroom	B0305	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trayley 1.45m	See Guidance Notes	1
242-022		Shower Room-en-suite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
242-023		Single Bedroom	1	19.0	Bedroom	B0305	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trayley 1.45m	See Guidance Notes	1
242-024		Shower Room-en-suite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
242-025		Touchdown Base	1	2.0	staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj	No	None	Central Supply and Extract	1000/300 person	1000/300 person	Balanced	G4	n/a	n/a	200/300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a
242-026		Single Bedroom	1	19.0	Bedroom	B0305	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trayley 1.45m	See Guidance Notes	1
242-027		Shower Room-en-suite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
242-028		Single Bedroom	1	19.0	Bedroom	B0305	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trayley 1.45m	See Guidance Notes	1
242-029		Shower Room-en-suite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
242-030		Dirty Utility	1	14.0	Dirty utility	Y0431	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
242-031		DSR	1	8.0	DSR	V1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
242-032		Single Bedroom	1	19.0	Bedroom	B0305	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trayley 1.45m	See Guidance Notes	1
242-033		Shower Room-en-suite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
242-034		Single Bedroom	1	19.0	Bedroom	B0305	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trayley 1.45m	See Guidance Notes	1
242-035		Shower Room-en-suite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
242-036																												

RHSC / DCN Environmental Matrix

Room No	Dept	Room Name	Qty	Room Function	ADB Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling (Type)	Ventilation (Type)	Supply (ach/r)	Extract (ach/r)	Relative pressure	Min Nitration	Surface Temp	Water Temp	Safety Notes	Normal lux	Night lux	Local lux	Standby grade	Colour render	Control	Alarm	Medical Location
212-050		Single Bedroom	1	19.0 Bedroom	B9305	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
212-051		Shower Room en-suite	1	4.5 Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-052		Clean Utility	1	12.0 Clean Utility	T0101	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Central Supply Air	6	0	Positive	G4	43	41	150	n/a	None	A	80	Presence detection	General working plane 1m	See Guidance Notes	n/a
212-053		Interview Room	1	9.0 Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
212-054		Dirty Utility	1	14.0 Dirty utility	Y0431	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-055		Sitting Room	1	12.0 Common room/staff room/lounge	D1120	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
212-056		Ward Management Office	1	9.0 Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
212-057		Multi-disciplinary Office	1	18.0 Multi Disciplinary Work Areas	M0254	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
212-058		Store	1	12.0 Storage Area Equipment	W1585	28	18	Radiant Panels	Remote Sensor Adj.	Yes	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-059		Host Bay	3	3.0 Circulation Equipment Storage Bays	G0180-03	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-060		WC: Staff	1	3.0 Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-061		WC: Staff	1	3.0 Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-062		Ward Kitchen	1	16.0 Ward Kitchen	P0627-01	28	18	Adjacent Space Transfer Air	None	Yes	Ceiling Cassette - Chilled Water	Central General Extract	0	6	Negative	G4	n/a	60	500	n/a	None	A	80	Switch	General working plane 1m	See Guidance Notes	n/a
212-063		Touchdown Base	7	2.0 staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj.	No	None	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	n/a	n/a	200/300	n/a	None	A	80	Presence detection	Desk 0.75 to 0.85m	See Guidance Notes	n/a
212-064		Mobile X-Ray Bay	1	4.0 Circulation Equipment Storage Bays	G0180-06	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-065		WC: Staff	1	3.0 Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-066		WC: Staff	1	3.0 Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-067		Clinical Supplies Store	1	16.0 Storage Area Equipment	W1585	28	18	Radiant Panels	Remote Sensor Adj.	No	None	Central Dirty Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-068		WC: Independent Wheelchair	1	4.5 Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-069		Teaching Room	1	20.0 Classroom	H1313-03	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	41	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
212-070		Disposal Hold	1	10.0 Disposal Hold	Y0646	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-071		WC: Ambulant	1	3.0 Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-072		WC: Ambulant	1	3.0 Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-073		Reception	1	3.0 Reception	J0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply Air	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
212-074		Waiting Area	1	16.5 Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
212-075		Multi-disciplinary Office	1	18.0 Multi Disciplinary Work Areas	M0254	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
212-076		Ward Management Office	1	9.0 Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
212-077		Interview Room	1	9.0 Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
212-078		Ward Kitchen	1	16.0 Ward Kitchen	P0627-01	28	18	Adjacent Space Transfer Air	None	Yes	Ceiling Cassette - Chilled Water	Central General Extract	0	6	Negative	G4	n/a	60	500	n/a	None	A	80	Switch	General working plane 1m	See Guidance Notes	n/a
212-079		Clean Utility	1	12.0 Clean Utility	T0101	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Central General Supply Air	6	0	Positive	G4	43	41	150	n/a	None	A	80	Presence detection	General working plane 1m	See Guidance Notes	n/a
212-080		Assisted Bathroom	1	14.0 Bathroom	V1736	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-081		Sitting Room	1	12.0 Common room/staff room/lounge	D1120	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
212-082		Single Bedroom	1	19.0 Bedroom	B9305	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
212-083		Shower Room en-suite	1	4.5 Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-084		Single Bedroom	1	19.0 Bedroom	B9305	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
212-085		Shower Room en-suite	1	4.5 Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-086		Touchdown Base	6	2.0 staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj.	No	None	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	n/a	n/a	200/300	n/a	None	A	80	Presence detection	Desk 0.75 to 0.85m	See Guidance Notes	n/a
212-087		Single Bedroom	1	19.0 Bedroom	B9305	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
212-088		Shower Room en-suite	1	4.5 Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-089		Host Bay	1	3.0 Circulation Equipment Storage Bays	G0180-03	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-090		Single Bedroom	1	19.0 Bedroom	B9305	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
212-091		Shower Room en-suite	1	4.5 Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-092		Single Bedroom	1	19.0 Bedroom	B9305	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
212-093		Shower Room en-suite	1	4.5 Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-094		Single Bedroom	1	19.0 Bedroom	B9305	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
212-095		Shower Room en-suite	1	4.5 Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-096		Single Bedroom	1	19.0 Bedroom	B9305	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooked Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
212-097		Shower Room en-suite	1	4.5 Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-098		Host Bay	1	3.0 Circulation Equipment Storage Bays	G0180-03	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
212-099		Resuscitation Trolley Bay	1	1.0 Resus Trolley bay	G2180-01	28	16	Adjacent Space Transfer Air	None	No	None																

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Room No	Dept	Room Name	Qty	SOA	Room Function	ADR Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling (type)	Ventilation (type)	Supply (ach/hr)	Extract (ach/hr)	Relative Humidity	Min fluctuation	Surface Temp	Water Temp	Safety Notes	Normal lux	Night lux	Local lux	Standby grade	Colour render	Control	Plane	Medical Location	
2-L2-111		Single Bedroom	1	19.0	Bedroom	80305	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1	
2-L2-112		Host Bay	1	3.0	Circulation/Equipment Storage Bays	G0180-03	28	16	Adjacent Space Transfer Air	None	No	None	Central & General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
2-L2-113		Single Bedroom	1	19.0	Bedroom	80305	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1	
2-L2-114		Shower Room-ensuite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
2-L2-115		Touchdown Base	1	2.0	staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj.	No	None	Central Supply and Extract	10%/per person	10%/per person	Balanced	G4	n/a	n/a	200/300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
2-L2-117		Single Bedroom	1	19.0	Bedroom	80305	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1	
2-L2-118		Shower Room-ensuite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
2-L2-119		Single Bedroom	1	19.0	Bedroom	80305	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1	
2-L2-120		Shower Room-ensuite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
2-L2-121		Single Bedroom	1	19.0	Bedroom	80305	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1	
2-L2-122		Shower Room-ensuite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
2-L2-123		Single Bedroom	1	19.0	Bedroom	80305	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1	
2-L2-124		Shower Room-ensuite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
2-L2-125		Single Bedroom	1	19.0	Bedroom	80305	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1	
2-L2-126		Shower Room-ensuite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
2-L2-127		Single Bedroom	1	19.0	Bedroom	80305	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1	
2-L2-127		Dirty Utility	1	14.0	Dirty Utility	Y0431	28	18	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
2-L2-128		OSR	1	8.0	OSR	V1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
2-L2-129		Touchdown Base	1	2.0	staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj.	No	None	Central Supply and Extract	10%/per person	10%/per person	Balanced	G4	n/a	n/a	200/300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
2-L2-130		Single Bedroom	1	19.0	Bedroom	80305	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1	
2-L2-131		Shower Room-ensuite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
2-L2-132		Single Bedroom	1	19.0	Bedroom	80305	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1	
2-L2-133		Shower Room-ensuite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
2-L2-134		Isolation Bedroom-Entrance Lobby	1	4.0	Isolation Lobby	G0510-02	28	18	Warm Air - Rehab Battery	Adjustable Battery	Yes	Comfort Cooled Fresh Air	Central Supply	In line with SHPM 04	0	0	Positive	F7	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-L2-135		Single Isolation Bedroom	1	18.0	Isolation Bedroom	G0306-77	28	21	Adjacent Space Transfer Air	BMS Adjustable	Yes	Comfort Cooled Fresh Air	Supply via lobby	10	0	Balanced	F7	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1	
2-L2-136		Isolation Shower Room	1	4.5	Isolation Shower Room Ensuite		28	20	Adjacent Space Transfer Air	None	No	None	Dirty Extract	0	0	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
2-L2-137		Touchdown Base	1	2.0	staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj.	No	None	Central Supply and Extract	10%/per person	10%/per person	Balanced	G4	n/a	n/a	200/300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
2-L2-138		Shower Room-ensuite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
2-L2-139		Single Bedroom	1	19.0	Bedroom	80305	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1	
2-L2-140		Single Bedroom	1	19.0	Bedroom	80305	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1	
2-L2-141		Shower Room-ensuite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
2-L2-142		Single Bedroom	1	19.0	Bedroom	80305	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Natural & Central Supply Air	4	via ensuite	Balanced	G4	43	41	100	5	300	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1	
2-L2-143		Shower Room-ensuite	1	4.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
2-L2-144		Urban Bay	1	1.5	Urban Bay	W1594-01	28	16	Adjacent Space Transfer Air	None	No	None	Central Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
2-L2-152		Physical Measure	1	3.0	Consulting Room	G0522-02	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1	
2-L2-153		Touchdown Base	1	2.0	staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj.	No	None	Central Supply and Extract	10%/per person	10%/per person	Balanced	G4	n/a	n/a	200/300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
G-M1-002		Consult/Examination	1	15.5	Consulting Room	G0224	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
G-M1-004		Consult/Examination	1	15.5	Consulting Room	G0224	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
G-M1-005		Nurse Base	1	2.0	staff base	T0151	28	18	Radiant Panels	Remote Sensor Adj.	No	None	Central Supply and Extract	10%/per person	10%/per person	Balanced	G4	n/a	n/a	200/300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
G-M1-006		WC - Wheelchair accessible	1	4.5	Toilet	V0522	28	18	Adjacent Space Transfer Air	None	No	None	Central Dry Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-M1-006		Urban Bay	1	1.5	Urban Bay	W1594-01	28	16	Adjacent Space Transfer Air	None	No	None	Central Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-M1-007		Consult/Examination	1	15.5	Consulting Room	G0224	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
G-M1-008		Physical Measurement	1	3.5	Consulting Room	G0522-02	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
G-M1-009		Consult/Examination	1	15.5	Consulting Room	G0224	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
G-M1-010		Pre Op Clinic Team Office (2 person)	1	3.5	Casualty / Ward Office	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
G-M1-011		Consult/Examination	1	15.5	Consulting Room	G0224	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
G-M1-012		Consult/Multi-Disciplinary	1	24.0	Consulting Room	G0207-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1	
G-M1-013		Consult/Examination	1	15.5	Consulting Room	G0224	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling																	

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Room No	Dept	Room Name	Qty	Room Function	ADB Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling (type)	Ventilation (type)	Supply (ach/hr)	Extract (ach/hr)	Relative pressure	Mn filtration	Surface temp	Water temp	Safety Notes	Normal lux	Night lux	Local lux	Standby grade	Colour render	Control	Phone	Medical Location
G-M1-029		Outpatients Management Office	1	9.0 Cellular / Ward Offices	M0251	26	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-M1-031		Nurse Base	1	2.0 Staff base	T0151	26	18	Radiant Panels	Remote Sensor Adj	No	None	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	n/a	n/a	200/500	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-M1-032		Main Waiting	1	39.0 Waiting Room	J0132-02	26	18	Radiant Panels	Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
G-M1-034		WC - Staff	1	3.0 Toilet	V1010	26	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-M1-035		WC - Staff	1	3.0 Toilet	V1010	26	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-M1-036		Staff Room	1	12.0 Common room/staff room/lounge	D0658-03	26	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
G-M1-037		Store - Clinical Supplies, Equipment & Stationery	1	15.0 Storage Area Equipment	W1585	26	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-M1-038		Disposal Hold	1	10.0 Disposal Hold	Y0646	26	16	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-M1-039		WC Fully Accessible Changing Room	1	7.0 Changing Facilities	V0726	26	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-M1-040		Physical Measurement	1	3.5 Consulting Room	C0522-02	26	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trayley 1.45m	See Guidance Notes	1
G-M1-041		Store - Equipment / General	1	6.0 Storage Area Equipment	W1585-77	26	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-M1-042		Phlebology Room	1	8.0 Consulting Room	C0224-77	26	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trayley 1.45m	See Guidance Notes	1
G-M1-043		Public Telephone Booth	1	1.5 Circulation Phone Booth	G0710	26	18	Adjacent Space Transfer Air	None	No	None	n/a	0	0	n/a	n/a	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-M1-045		WC - Wheelchair accessible	1	4.5 Toilet	V0922	26	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-M1-046		Medical Records Store	1	8.0 Cellular / Ward Offices	M0251	26	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-M1-047		Enquiry / Information Desk - 2 staff	1	12.0 Reception	J0132-01	26	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply Air	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-M1-049		Patient Interview Room	1	9.0 Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-M1-050		DSR	1	7.0 DSR	Y1510	26	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-M1-051		Sub Waiting Area	1	16.5 Waiting Room	J0132-02	26	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
2-M2-002		Staff Office	1	65.6 Cellular / Ward Offices	M0251	26	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-M2-003		Reception	1	8.0 Reception	J0132-01	26	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply Air	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-M2-004		Interview Room	1	9.0 Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-M2-005		Interview Room	1	9.0 Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-M2-006		Waiting	1	18.0 Waiting Room	J0132-02	26	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
2-M2-007		ADL Bathroom, Shower, WC with Booth	1	13.0 Toilet	V1736-01	26	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-M2-008		Physio Treatment Room	1	15.0 Physiotherapy Studio	X0105-02	26	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	5	6	Negative	G4	43	41	300	n/a	None	A	80	Switch / Dimmer	Floor 0m	See Guidance Notes	n/a
2-M2-009		ADL Kitchen	1	22.0 Pantry	Q0120	26	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
2-M2-010		Consult/Examination	1	15.5 Consulting Room	C0224	26	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trayley 1.45m	See Guidance Notes	1
2-M2-011		Distraction Free Treatment Room	1	15.0 Treatment Room	X0105	26	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trayley 1.45m	See Guidance Notes	n/a
2-M2-012		Distraction Free Treatment Room	1	15.0 Treatment Room	X0105	26	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trayley 1.45m	See Guidance Notes	n/a
2-M2-013		Staff Lockers	1	4.5 Changing Facilities	V0726	26	18	Adjacent Space Transfer Air	None	No	None	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-M2-014		WC Accessible	1	4.5 Toilet	V0922	26	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-M2-015		Staff Toilet	1	3.0 Toilet	V1010	26	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-M2-016		Staff Toilet	1	3.0 Toilet	V1010	26	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-M2-017		Changing Cubicles	1	4.0 Changing Facilities	V0726	26	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-M2-018		Changing Cubicles	1	4.0 Changing Facilities	V0726	26	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-M2-019		Changing Cubicles	1	4.0 Changing Facilities	V0726	26	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-M2-020		Changing Cubicles	1	4.0 Changing Facilities	V0726	26	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-M2-021		Store - General/Equipment	1	25.0 Storage Area Equipment	W1585	26	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-M2-022		Patient Toilet	1	5.0 Toilet	V1010	26	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-M2-023		Multi-Purpose Rehabilitation Room	1	80.0 Physiotherapy Studio	X0318	26	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	5	6	Negative	G4	43	41	300	n/a	None	A	80	Switch / Dimmer	Floor 0m	See Guidance Notes	n/a
2-M2-024		Store - General/Equipment	1	5.0 Storage Area Equipment	W1585	26	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-M2-025		Store - General/Equipment	1	20.0 Storage Area Equipment	W1585	26	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-M3-002		Treatment Room	1	16.0 Treatment Room	X0105	26	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	80	Switch	Bed / Trayley 1.45m	See Guidance Notes	n/a
2-M3-003		Treatment Area	1	45.0 Treatment Room	X0111	26	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	80	Switch	Bed / Trayley 1.45m	See Guidance Notes	n/a
2-M3-004		Waiting area, 4 & 2 wheelchairs	1	17.0 Waiting Room	J0132-02	26	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
2-M4-002		Waiting Area (DCN)	1	15.0 Waiting Room	J0132-02	26	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
2-M4-003		Secretarial Office	1	9.0 Cellular / Ward Offices	M0251	26	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-M4-004		Reporting Room	1	20.0 Cellular / Ward Offices	M0251	26	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-M4-005		WOD Office	1	10.0 Cellular / Ward Offices	M0251	26	18	Radiant Panels																			

Room No	Dept	Room Name	Qty	SOA	Room Function	ADB Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling Type	Ventilation (type)	Supply (ach)	Extract (ach)	Relative (pressure)	Mn (rotation)	Surface temp	Water temp	Safety Notes	Normal lux	Night lux	Local lux	Standby grade	Colour render	Control	Plane	Medical Location
2-M4-019		EEG Recording Room	1	16.0	Diagnostic	X0125	25	18	Warm Air - Radiant Panels	BMS Adjustable Sensor	Yes	Chilled Water	Central Supply and Extract	8	8	Balanced	F7	43	41	300	n/a	1000	A	80	Dimmer	General working plane 1m	See Guidance Notes	1
G-N1-031		Reception / Information Desk	1	6.0	Reception	J0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply Air	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-N1-002		Drught Lobby	1	9.0	Circulation Areas - Entrance Lobby	D0600-01	28	Not Controlled	Warm Air Door Curtain	BMS Adjustable Sensor	No	None	None	0	0	Balanced	None	n/a	n/a	300	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-N1-003		WC - Wheelchair accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-N1-004		WC - Visitors	1	3.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-N1-005		Wheelchair Bay	1	6.0	Circulation Equipment Storage Bays	G0180-02	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-N1-006		Vending Machine	1	3.0	Circulation Areas	P0808	28	18	underfloor heating / none to suit location	BMS Adjustable Sensor	No	None	to suit location	to suit location	to suit location	Balanced	G4	43	41	200	n/a	None	A	80	presence detection	Floor 0m	See Guidance Notes	n/a
C-N1-007		Waiting Area	1	8.0	Waiting Room	H1155	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
2-N2-002		Staff Room	1	34.0	Common room/staff room/lounge	D0608-03	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	6	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
2-N2-003		Grab & Go	1	20.0	Storage Area Equipment	W1585	28	18	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-N2-004		Disposal Hold (small)	1	4.0	Disposal Hold	V0646	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-N2-005		DSR	1	8.0	DSR	V1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1-F1-002		Physical Measurement Bay	1	3.5	Consulting Room	C0522-02	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	1
1-F1-003		Single Rooms ensuite	1	15.0	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	Yes	Ceiling Cassette - Chilled Water	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1-F1-004		En-suite WC / WHB	1	4.5	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1-F1-005		Single Rooms ensuite	1	15.0	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	Yes	Ceiling Cassette - Chilled Water	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1-F1-006		En-suite WC / WHB	1	4.5	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1-F1-007		Clinic Room	1	12.0	Treatment Room	X0105	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
1-F1-008		Clinic Room	1	12.0	Treatment Room	X0105	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
1-F1-009		Interview Room - DCU	1	9.0	Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-F1-010		Single Rooms ensuite	1	15.0	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	Yes	Ceiling Cassette - Chilled Water	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1-F1-011		En-suite WC / WHB	1	4.5	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1-F1-012		SDCU Discharge Lounge	1	40.0	Common room/staff room/lounge	D10135	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
1-F1-013		WC - Wheelchair accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1-F1-014		Interview Room - DCU	1	9.0	Meeting Room	M0724	25	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-F1-015		SDCU Dispensary	1	8.0	Clean Utility	T0526-1	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply Air	6	0	Positive	G4	43	41	150	n/a	None	A	80	Presence detection	General working plane 1m	See Guidance Notes	n/a
1-F1-016		Pantry (DCU)	1	8.0	Pantry	P0627	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
1-F1-017		Wheelchair Parking Bay	1	1.5	Circulation Equipment Storage Bays	G0180-02	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1-F1-018		Linon Bay	1	1.5	Linon Bay	W1594-01	28	16	Adjacent Space Transfer Air	None	No	None	Central Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1-F1-020		WC - Patients	1	3.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1-F1-021		SDCU Post Op Staff Bay/Utility	1	10.0	staff base	T0151-77	28	18	Radiant Panels	Remote Sensor Adj.	No	None	Central Supply and Extract	10l/s per person	10l/s per person	Balanced	G4	n/a	n/a	200/300	n/a	None	A	80	Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-F1-022		Recovery Clean Utility	1	12.0	Clean Utility	T0101	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply Air	6	0	Positive	G4	43	41	150	n/a	None	A	80	Presence detection	General working plane 1m	See Guidance Notes	n/a
1-F1-023		Recovery Dirty Utility	1	14.0	Dirty utility	Y0431	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1-F1-024		SDCU Recovery	1	88.0	Recovery Bay / Recovery Room	B2517	28	20	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	15	15	Balanced	G4	43	41	500	n/a	1000	A	80	Dimmer	Bed / Trolley 1.45m	See Guidance Notes	n/a
1-F1-025		SDCU Recovery Room	1	11	Recovery Bay / Recovery Room	B2517	28	20	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	15	15	Balanced	G4	43	41	500	n/a	1000	A	80	Switch/Dimmer	Bed / Trolley 1.45m	See Guidance Notes	n/a
1-F1-026		SDCU Recovery Room	1	11	Recovery Bay / Recovery Room	B2417	28	20	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	15	15	Balanced	G4	43	41	500	n/a	1000	A	80	Switch/Dimmer	Bed / Trolley 1.45m	See Guidance Notes	n/a
1-F1-027		Linon Bay	1	1.5	Linon Bay	W1594-01	28	16	Adjacent Space Transfer Air	None	No	None	Central Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1-F1-028		Recovery Staff Base	1	12.0	Cellular / Ward Offices	M0254	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-F1-029		Post Anaesthetic Recovery	1	93.8	Recovery Bay / Recovery Room	B2417	28	20	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	15	15	Balanced	G4	43	41	500	n/a	1000	A	80	Switch/Dimmer	Bed / Trolley 1.45m	See Guidance Notes	n/a
1-F1-030		Recovery room: post anaesthetic, 1 stage	1	26.0	Recovery Bay / Recovery Room	B2417-01	28	20	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	15	15	Balanced	G4	43	41	500	n/a	1000	A	80	Switch/Dimmer	Bed / Trolley 1.45m	See Guidance Notes	n/a
1-F1-031		Recovery room: post anaesthetic, 1 stage	1	26.0	Recovery Bay / Recovery Room	B2417-01	28	20	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	15	15	Balanced	G4	43	41	500	n/a	1000	A	80	Switch/Dimmer	Bed / Trolley 1.45m	See Guidance Notes	n/a
1-F1-032		Operating Theatre	1	55.0	Operating Theatre Suite	N0106-01	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
1-F1-033		Anaesthetic Room	1	19.0	Operating Theatre Suite	N0305	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
1-F1-034		Scrub-up (single)	1	11.0	Operating Theatre Suite	N0224	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a
1-F1-035		Operation 1: 1Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Adjacent Space Transfer Air	None	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
1-F1-036		Image Intensifier Bay	1	4.0	Circulation Equipment Storage Bays	G0180-06	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1-F1-038		Satellite Pharmacy Store	1	6.0	Clean Utility	T0526-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply Air	6	0	Positive	G4	43	41	150	n/a	None	A	80	Presence detection	General working plane 1m	See Guidance Notes	n/a
1-F1-039		Preparation Room	1	12.0	Operating Theatre Suite	T0526	25	18	warm air via AHU Battery																			

RHSC / DCN Environmental Matrix

Room NO	Dept	Room Name	Qty	SOA	Room Function	AQB Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling (Type)	Ventilation (Type)	Supply (ach/hr)	Extract (ach/hr)	Relative pressure	Min Filtration	Surface Temp	Water Temp	Safety Notes	Normal lux	Night lux	Local lux	Standby grade	Colour render	Control	Panel	Medical Location	
I-P1-053		Staff Room	1	6.0	Common room/staff room/lounge	D0608-03	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	5	5	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
I-P1-054		Sub-Wat Area	1	4.5	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
I-P1-055		Implant Holding Bays	1	8.0	Circulation Equipment Storage Bays	J0132-02	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
I-P1-056		Implant Holding Bays	1	8.0	Circulation Equipment Storage Bays	J0132-02	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
I-P1-057		Trolley Bay	1	4.0	Circulation Equipment Storage Bays	J1264	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
I-P1-058		Angiography Procedures Machine Room	1	16.0	Operating Theatre Suite	E0311	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
I-P1-059		Preparation Room	1	12.0	Operating Theatre Suite	T0526	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
I-P1-060		Trolley Bay	1	4.0	Circulation Equipment Storage Bays	J1264	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
I-P1-061		WC - Wheelchair accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
I-P1-063		Preparation Room	1	14.0	Operating Theatre Suite	T0526	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
I-P1-064		MRI Room	1	45.0	Diagnostic room	E0601-02	25	18	Warm Air - Remote Battery	BMS Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	to suit location	to suit location	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1	
I-P1-065		Control Room - MRI	1	16.0	Cellular / Ward Offices	E0604-03	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
I-P1-066		Anaesthetic Room	1	19.0	Operating Theatre Suite	N0305	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
I-P1-067		Exit Bay	1	12.0	Operating Theatre Suite	D0407	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
I-P1-068		Equipment Room - MRI	1	14.5	Storage Area Equipment	E0311	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
I-P1-069		Anaesthetic Room	1	19.0	Operating Theatre Suite	N0305	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
I-P1-070		Operating Theatre	1	50.0	Operating Theatre Suite	N0106-01	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
I-P1-071		Scrub-up (single)	1	11.0	Operating Theatre Suite	N0224	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
I-P1-072		Preparation Room	1	12.0	Operating Theatre Suite	T0526	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
I-P1-073		Scrub-up (single)	1	11.0	Operating Theatre Suite	N0224	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
I-P1-074		Anaesthetic Room	1	19.0	Operating Theatre Suite	N0305	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
I-P1-075		Preparation Room	1	12.0	Operating Theatre Suite	T0526	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
I-P1-076		Exit Bay	1	12.0	Operating Theatre Suite	D0407	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
I-P1-077		Utility Room	1	14.0	Operating Theatre Suite	R0431-01	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
I-P1-078		Operating Theatre	1	50.0	Operating Theatre Suite	N0106-01	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
I-P1-079		Preparation Room	1	12.0	Operating Theatre Suite	T0526	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
I-P1-080		Scrub-up (single)	1	11.0	Operating Theatre Suite	N0224	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
I-P1-083		Doctors' 1:1/Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
I-P1-084		Image Intensifier Bay	1	4.0	Circulation Equipment Storage Bays	G0180-06	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
I-P1-085		Doctors' 1:1/Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
I-P1-086		Medical Gas Cylinder Store	1	4.0	Storage Area Med Gas	W1585-77	28	16	Room Thermostat	None	No	None	Natural ventilation	0	0	n/a	None	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a		
I-P1-087		Clinical Equipment Store	1	6.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
I-P1-088		IPS Room	1	1.5	IPS Room	Engineering	Manufacturer Dependant	Manufacturer Dependant	None	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	0	n/a	n/a	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
I-P1-089		DCN Nurse Management Office	1	9.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
I-P1-090		Dirty Utility - bedpan disposal & urine test	1	14.0	Dirty utility	T0431	28	16	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Switch	Presence detection	Floor 0m	See Guidance Notes	n/a
I-P1-091		Operating Theatre	1	50.0	Operating Theatre Suite	N0106-01	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
I-P1-092		Utility Room	1	14.0	Operating Theatre Suite	T0431-01	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
I-P1-093		Angiography Procedures Room	1	50.0	Operating Theatre Suite	E0311	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
I-P1-094		Angiography Procedures Control Room	1	16.0	Operating Theatre Suite	K0216	25	18	warm air via AHU Battery	Adjustable Sensor	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	41	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
I-P1-096		Slavie Supplies Store	1	12.0	Clean Utility	T0101	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply Air	6	0	Positive	G4	43	41	150	n/a	None	A	80	Presence detection	General working plane 1m	See Guidance Notes	n/a	
I-P1-097		Image Intensifier Bay	1	4.0	Circulation Equipment Storage Bays	G0180-06	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
I-P1-098		WC-Staff	1	3.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
I-P1-099		Slavie Supplies Store	1	8.0	Clean Utility	T0526-7	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply Air	6	0	Positive	G4	43	41	150	n/a	None	A	80	Presence detection	General working plane 1m	See Guidance Notes	n/a	
I-P1-100		Female Staff Changing and Lockers	1	7.0	Changing Facilities	V0726	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	150	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
I-P1-101		Clean Trays	1	12.0	DBR	V1510	28	16	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
I-P1-102																													

Room No	Dept	Room Name	Qty	SOA	Room Function	ADB Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling Type	Ventilation Type	Supply (ach)	Extract (ach)	Relative pressure	Min Infiltration	Surface Temp	Water Temp	Safety Notes	Normal lux	Night lux	Local lux	Standby grade	Colour sector	Control	Plane	Medical Location	
1-P1-123		WC - Wheelchair accessible	1	4.8	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	G4	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
1-P1-124		Duty Room: 2 porters	1	5.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
1-P1-127		Changing Cubicles	1	4.0	Changing Facilities	V0726	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-P1-128		Admissions Lounge	1	36.0	Common nonstaff room/ lounge	D2155	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	8	8	Negative	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
1-P1-129		Operating Theatre	1	55.0	Operating Theatre Suite	N0106-01	25	18	Warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	n/a	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-P1-130		Utility Room	1	14.0	Operating Theatre Suite	Y0431-01	25	18	Warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	n/a	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-P1-131		Operating Theatre	1	55.0	Operating Theatre Suite	N0106-01	25	18	Warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	n/a	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-P1-132		Anaesthetic Room	1	19.0	Operating Theatre Suite	N0305	25	18	Warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	n/a	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-P1-133		Scrub-up (single)	1	11.0	Operating Theatre Suite	N0224	25	18	Warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	n/a	500	n/a	10,000 - 100,000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-P1-134		Preparation Room	1	12.0	Operating Theatre Suite	T0626	25	18	Warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	n/a	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-P1-135		Exit Bay	1	12.0	Operating Theatre Suite	G0407	25	18	Warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	n/a	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-P1-136		Preparation Room	1	12.0	Operating Theatre Suite	T0626	25	18	Warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	n/a	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-P1-137		Scrub-up (single)	1	11.0	Operating Theatre Suite	N0224	25	18	Warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	n/a	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-P1-138		Anaesthetic Room	1	19.0	Operating Theatre Suite	N0305	25	18	Warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	n/a	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-P1-141		Operating Theatre	1	55.0	Operating Theatre Suite	N0106-01	25	18	Warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	n/a	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-P1-141		Anaesthetic Room	1	19.0	Operating Theatre Suite	N0305	25	18	Warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	n/a	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-P1-143		Office Senior Nurse Theatres	1	9.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
1-P1-144		Image Intensifier Bay	1	4.0	Scrub-up Equipment Storage Bays	G0180-06	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	G4	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-P1-145		Dilution / 1/1Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
1-P1-146		Clinical Equipment Store	1	28.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor Adj.	Yes	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-P1-147		Office Staff	1	16.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
1-P1-148		Scrub-up (single)	1	11.0	Operating Theatre Suite	N0224	25	18	Warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	n/a	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-P1-149		Preparation Room	1	12.0	Operating Theatre Suite	T0626	25	18	Warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	n/a	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-P1-151		Exit Bay	1	12.0	Operating Theatre Suite	G0407	25	18	Warm air via AHU Battery	Adjustable Sensor	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	n/a	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-P1-152		Utility Room	1	14.0	Operating Theatre Suite	Y0431-01	25	18	Warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	n/a	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-P1-153		Preparation Room	1	12.0	Operating Theatre Suite	T0626	25	18	Warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	n/a	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-P1-154		Scrub-up (single)	1	11.0	Operating Theatre Suite	N0224	25	18	Warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	n/a	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-P1-155		Operating Theatre	1	55.0	Operating Theatre Suite	N0106-01	25	18	Warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	n/a	500	n/a	10,000 - 100,000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-P1-156		Anaesthetic Room	1	19.0	Operating Theatre Suite	N0305	25	18	Warm air via AHU Battery	Adjustable Sensor	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	In line with SHTM 03-01	In line with SHTM 03-01	-	F7	43	n/a	500	n/a	10,000 - 100,000	A	80	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
1-P1-158		Dirty Scopes Store	1	6.0	Dirty Utility	Y0431	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-P1-159		Store - Plaster	1	6.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	TRV Remote Head Adj.	Yes	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-P1-161		Disposal Hold	1	15.0	Disposal Hold	Y0646	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-P1-162		Staff Reception / Office / Control Base	1	20.0	Reception	J0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply Air	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
1-P1-163		DSR	1	8.0	DSR	Y1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-P1-164		Changing Cubicles	1	4.0	Changing Facilities	V0726	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-P1-165		Changing Cubicles	1	4.0	Changing Facilities	V0726	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-P1-167		Changing Cubicles	1	4.0	Changing Facilities	V0726	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-P1-168		WC - Wheelchair accessible	1	4.8	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-P1-170		WC - Wheelchair accessible	1	4.8	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-P1-171		Immediate Pre Theatre Wat	1	51.8	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
1-P1-173		WC-Staff	1	3.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-P1-172		Charge Nurse Office	1	9.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
1-P1-173		Locker Bay	1	13.0	Changing Facilities	V0726	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
1-P1-174		General Office	1	14.5	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
1-P1-175		Reception	1	8.0	Reception	J0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply Air	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
1-P1-176																													

RHSC / DCN Environmental Matrix

Room No	Dept	Room Name	Qty	SOA	Room Function	ADB Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling Type	Ventilation Type	Supply (ach)	Extract (ach)	Relative Humidity	Min. filtration	Surface temp	Water temp	Safety Notes	Normal lux	Night lux	Local lux	Standby grade	Colour render	Control	Plane	Medical Location
G-01-003		Nappy Change Room with handwash	1	4.0	Toilet	V1131	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-01-004		General X-Ray Room	1	33.0	Diagnostic room	E0128	25	18	Warm Air - Reheat Battery	BMS Adjustable Sensor	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	to suit location	to suit location	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1
G-01-005		Charging Cubicles	1	4.0	Charging Facilities	V0726	28	18	Radiant Panels	Remote Sensor AS	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-01-006		Charging Cubicles	1	4.0	Charging Facilities	V0726	28	18	Radiant Panels	Remote Sensor AS	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-01-007		Trolley Bay	1	4.0	Circulation Equipment Storage Bays	V1624	28	16	Radiant Panels	Remote Sensor AS	No	Comfort Cooked Fresh Air	Supply Only	to suit location	to suit location	Positive	G4	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-01-008		Processing Area	1	30.0	Diagnostic room	M0251	25	18	Warm Air - Reheat Battery	BMS Adjustable Sensor	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	to suit location	to suit location	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1
G-01-009		Acute Reporting	1	10.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor AS	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-01-010		Ultrasound Room	1	16.0	Diagnostic room	E0115	25	18	Warm Air - Reheat Battery	BMS Adjustable Sensor	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	to suit location	to suit location	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1
G-01-011		Charging Cubicles	1	4.0	Charging Facilities	V0726	28	18	Radiant Panels	Remote Sensor AS	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-01-012		General X-Ray Room	1	33.0	Diagnostic room	E0128	25	18	Warm Air - Reheat Battery	BMS Adjustable Sensor	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	to suit location	to suit location	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1
G-01-013		Charging Cubicles	1	4.0	Charging Facilities	V0726	28	18	Radiant Panels	Remote Sensor AS	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-01-014		Ultrasound Room	1	16.0	Diagnostic room	E0115	25	18	Warm Air - Reheat Battery	BMS Adjustable Sensor	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	to suit location	to suit location	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1
G-01-015		Charging Cubicles	1	4.0	Charging Facilities	V0726	28	18	Radiant Panels	Remote Sensor AS	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-01-016		Screening Room (fluoroscopy)	1	30.0	Diagnostic room	E018-01	25	18	Warm Air - Reheat Battery	BMS Adjustable Sensor	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	to suit location	to suit location	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1
G-01-017		Preparation Room	1	10.0	Consulting Room	T026-7	25	18	Radiant Panels	Remote Sensor AS	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-018		Ultrasound Sub Wall	1	10.0	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor AS	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch / Dimmer	Floor 0m	See Guidance Notes	n/a
G-01-019		WC - Wheelchair accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-01-020		Patient Interview Room	1	9.0	Meeting Room	M0724	28	18	Radiant Panels	Remote Sensor AS	No	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 to per person	10 to per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-01-021		Baby Infant / Feeding Room	1	4.0	Baby Feeding	B0012	28	18	Radiant Panels	Remote Sensor AS	No	None	Central Supply Air	5	0	Positive	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-01-022		WC - Wheelchair accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-01-023		Registers Office (5 desks)	1	20.5	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor AS	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-01-024		Dirty Utility	1	9.0	Dirty area	Y0431	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-01-025		Radioactive Waste Store	1	2.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor AS	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-01-027		Cold Waiting Area	1	10.0	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor AS	No	Comfort Cooked Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch / Dimmer	Floor 0m	See Guidance Notes	n/a
G-01-028		Preparation Room	1	14.0	Consulting Room	T026-7	25	18	Radiant Panels	Remote Sensor AS	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-029		WC - Wheelchair accessible (hot)	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-01-030		Gamma Camera Admin Office	1	10.0	Cellular / Ward Offices	M0254	28	18	Radiant Panels	Remote Sensor AS	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-01-031		Medical Physics Office	1	10.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor AS	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-01-032		Gamma Camera Reporting	1	10.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor AS	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-01-033		Emergency Shower	1	2.5	Bathroom	V1643-01	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-01-034		Hot Waiting Area	1	10.0	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor AS	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch / Dimmer	Floor 0m	See Guidance Notes	n/a
G-01-035		Injection Room	1	8.0	Consulting Room	E0715	28	18	Radiant Panels	Remote Sensor AS	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-036		Recovery Area	1	15.0	Recovery Bay / Recovery Room	C0222-04	28	20	Radiant Panels	Remote Sensor AS	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	15	15	Balanced	G4	43	41	500	n/a	1000	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-037		Charging Cubicles	1	4.0	Charging Facilities	V0726	28	18	Radiant Panels	Remote Sensor AS	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-01-039		Gamma Camera	1	40.0	Diagnostic room	E0176	25	18	Warm Air - Reheat Battery	BMS Adjustable Sensor	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	to suit location	to suit location	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1
G-01-041		Beverage Bay	1	3.0	Tea Making	P0625	28	18	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	5	Negative	None	43	41	200	n/a	None	A	80	Switch / Dimmer	Floor 0m	See Guidance Notes	n/a
G-01-042		Gamma Camera Control Area	1	17.0	Consulting Room	E0604-04	28	18	Radiant Panels	Remote Sensor AS	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-043		Charging Cubicles	1	4.0	Charging Facilities	V0726	28	18	Radiant Panels	Remote Sensor AS	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-01-044		Gamma Camera	1	40.0	Diagnostic room	E0176	25	18	Warm Air - Reheat Battery	BMS Adjustable Sensor	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	to suit location	to suit location	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1
G-01-045		Injection Room	1	8.0	Consulting Room	E0715	28	18	Radiant Panels	Remote Sensor AS	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-046		Stress Room (myocardial work)	1	14.0	Consulting Room	C0224-04	28	18	Radiant Panels	Remote Sensor AS	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	3	3	Balanced	G4	43	41	300	n/a	1000	A	80	Switch / Dimmer	Bed / Trolley 1.45m	See Guidance Notes	1
G-01-047		Hot Waiting Area	1	10.0	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor AS	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch / Dimmer	Floor 0m	See Guidance Notes	n/a
G-01-048		WC - Wheelchair accessible (hot)	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-01-049		WC - Wheelchair accessible (cold)	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-01-050		Cold Waiting Area	1	10.0	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor AS	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch / Dimmer	Floor 0m	See Guidance Notes	n/a
G-01-052		Counting Laboratory	1	14.0	Laboratory	L1804	28	18	Radiant Panels	Remote Sensor AS	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	6	6	Balanced	F7	43	60	500	n/a	None	A	80	Switch / Dimmer	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-01-053		DSR	1	8.0	DSR	V1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-01-054		Meeting Room - 4 person	1	6.0	Meeting Room	H1313-01																						

RHSC / DCN Environmental Matrix

Room No	Dept	Room Name	Qty	SOA	Room Function	ADB Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling (type)	Ventilation (type)	Supply (ach/hr)	Extract (ach/hr)	Relative pressure	Min filtration	Surface temp	Water temp	Safety Notes	Normal lux	Night lux	Local lux	Standby grade	Colour render	Control	Plane	Medical Location	
G-Q1-071		Control Room - CT	1	16.0	Cellular / Ward Offices	E0604-02	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
G-Q1-072		Telediagnostic Reporting	1	12.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
G-Q1-073		Quiet Reporting	1	20.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
G-Q1-074		Consultant Office (5 person)	1	20.5	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
G-Q1-075		Consultant Office (5 person)	1	20.5	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
G-Q1-076		Ultrasound Admin Office	1	15.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
G-Q1-077		Admin Office	1	28.7	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
G-Q1-078		Waiting Area - Main Dept	1	40.0	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
G-Q1-079		Reception	1	8.0	Reception	J0132-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply Air	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
G-Q1-080		Waiting Area	1	35.0	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
G-Q1-081		Doppler Ultrasound	1	16.0	Diagnostic room	E0113	25	18	Warm Air - Reheat Battery	BMS Adjustable Sensor	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	5	5	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1	
G-Q1-082		Meeting Room - 4 person	1	6.0	Meeting Room	H1133-01	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10	10	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
G-Q1-083		Photocopy Room	1	6	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
G-Q1-084		Disposal Hold	1	10.0	Disposal Hold	Y0646	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-Q1-086		Control Room - MRI	1	24.0	Cellular / Ward Offices	E0604-03	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
G-Q1-092		Impatient Holding Bays	1	43.2	Circulation Equipment Storage Bays	J0132-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10	6	Positive	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-Q1-093		MRI Room	1	45.0	Diagnostic room	E0601	25	18	Warm Air - Reheat Battery	BMS Adjustable Sensor	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	to suit location	to suit location	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1	
G-Q1-094		Sub Wait	1	6.0	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
G-Q1-095		Changing Cubicles	1	4.0	Changing Facilities	Y0726	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-Q1-096		Changing Cubicles	1	4.0	Changing Facilities	Y0726	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-Q1-097		WC - Wheelchair accessible	1	4.5	Toilet	Y0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-Q1-098		Recovery Bays	1	8.0	Circulation Equipment Storage Bays	B2417-01	28	18	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-Q1-099		Equipment Room	1	16.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-Q1-100		Equipment Room	1	16.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-Q1-102		DR	1	8.0	DR	Y1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-Q1-103		Changing Cubicles	1	4.0	Changing Facilities	Y0726	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-Q1-104		Changing Cubicles	1	4.0	Changing Facilities	Y0726	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-Q1-105		Changing Cubicles	1	4.0	Changing Facilities	Y0726	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-Q1-106		Changing Cubicles	1	4.0	Changing Facilities	Y0726	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-Q1-108		Injection Room	1	12.0	Treatment Room	E0715	25	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
G-Q1-109		Toilets	1	3.0	Toilet	Y1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-Q1-110		MRI Room	1	45.0	Diagnostic room	E0601-01	25	18	Warm Air - Reheat Battery	BMS Adjustable Sensor	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	to suit location	to suit location	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1	
G-Q1-111		Control Room - MRI	1	24.0	Cellular / Ward Offices	E0604-03	25	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
G-Q1-112		Clean Utility	1	10.0	Clean Utility	T0101	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply Air	6	0	Positive	G4	43	41	150	n/a	None	A	80	Presence detection	General working plane 1m	See Guidance Notes	n/a	
G-Q1-113		Dirty Utility	1	8.0	Dirty Utility	Y0431	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-Q1-114		Store Room	1	20.0	Storage Area Equipment	W1585-17	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-Q1-115		Adult Waiting Area	1	6.0	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
G-Q1-119		Waiting Area	1	12.0	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a	
G-Q1-120		MRI Reporting	1	10.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a	
G-Q1-121		Baby Infant / Feeding Room	1	4.0	Baby Feeding	B0012	28	18	Radiant Panels	Remote Sensor Adj	No	None	Central Supply Air	5	0	Positive	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-Q1-123		MRI Room	1	45.0	Diagnostic room	E0601-01	25	18	Warm Air - Reheat Battery	BMS Adjustable Sensor	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	to suit location	to suit location	Balanced	F7	43	41	300	n/a	1000	A	80	Switch / Dimmer	General working plane 1m	See Guidance Notes	1	
G-Q1-124		Equipment Room	1	16.0	Storage Area Equipment	B2417-01	28	16	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-Q1-126		WC - Wheelchair accessible	1	4.5	Toilet	Y0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-Q1-127		WC - Wheelchair accessible & change	1	7.0	Toilet	Y0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-Q1-129		Accessible Changing Cubicles	1	6.0	Changing Facilities	Y0726	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-Q1-130		Accessible Changing Cubicles	1	6.0	Changing Facilities	Y0726	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooked Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a	
G-Q1-131		Instruction Area - 1 place	1	18.0	Treatment Room	X0145-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply Air	10	0	Positive	F7	43	41	500	n/a	1000	A	90	Switch	Bed / Trolley 1.45m	See Guidance Notes	n/a	
G-Q1-132		Staff WC	1	3.0	Toilet	Y1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80					

RHSC / DCN Environmental Matrix

Room No	Dept	Room Name	Qty	SOA	Room Function	ADB Code	Temp (min)	Temp (max)	Heating Type	Heating Control	Cooling (present)	Cooling Type	Ventilation (type)	Supply (ach)	Extract (ach)	Relative pressure	Min. Irradiation	Surface Temp	Water Temp	Safety Notes	Normal bar	Night bar	Low bar	Standby grade	Colour Index	Control	Plane	Medical Location
G-Q1-144		Female Staff Changing and Lockers	1	65.0	Changing Facilities	V0726	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-Q1-145		Trolley Bay	1	4.0	Circulation Equipment Storage Bays	J1624	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative to room	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-Q1-146		Staff WC	1	3.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-Q1-148		Store Room	1	20.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-Q1-149		Resource Room / Library	1	36.0	Open Plan Office	H1131-03	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	6	4	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-Q1-150		Male Staff Changing and Lockers	1	27.0	Changing Facilities	V0726	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	10	Negative to room	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
G-Q1-151		Consultant Office (5 person)	1	20.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-Q1-152		Admin Office	1	20.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-Q1-153		Reception Area	1	8.0	Reception	J0132-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Central Supply	Central Supply and Extract	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
G-Q1-154		Waiting Play Area	1	10.0	Waiting Room	J0132-02	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	5	5	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
G-Q1-160		Shaded Space	1	28.0			28	18	Radiant Panels	Remote Sensor Adj	No	None	Central Supply and Extract	3	3	Balanced	None	43	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
G-Q1-161		Trolley Bay	1	4.0	Circulation Equipment Storage Bays	J1624	28	16	Adjacent Space Transfer Air	None	No	None	Central General Supply	0	3	Positive	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-R1-001		Staff Room	1	24.0	Common room/staff room/lounge	D0608-03	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
2-R1-002		Dictator 1 1/2Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-003		Meeting Room - 4 person	1	6.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-004		Dictator 1 1/2Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-005		Beverage Bay	1	3.0	Tea Making	PK625	28	18	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	5	Negative	None	43	41	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
2-R1-006		Meeting Room - 6 person	1	9.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-007		DSR	1	8.0	DSR	Y1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-R1-008		Store Clinical	1	6.0	Storage Area Equipment	W1585	28	16	Radiant Panels	Remote Sensor Adj	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-R1-009		Printer/Photocopier Room	1	6.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-010		Dictator 1 1/2Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-011		Dictator 1 1/2Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-012		Dictator 1 1/2Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-013		WC - Staff (Female)	1	16.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-R1-014		WC - Staff (Male)	1	17.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-R1-015		Meeting Room - 6 person	1	9.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-016		WC - Wheelchair Accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-R1-017		Dictator 1 1/2Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-018		Dictator 1 1/2Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-019		Dictator 1 1/2Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-020		Printer/Photocopier Room	1	6.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-021		Beverage Bay	1	3.0	Tea Making	PK625	28	18	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	5	Negative	None	43	41	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
2-R1-022		Disposal Hold (small)	1	4.0	Disposal Hold	Y0646	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	n/a	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-R1-023		Meeting Room - 4 person	1	6.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-024		Dictator 1 1/2Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-025		Dictator 1 1/2Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-026		Beverage Bay	1	3.0	Tea Making	PK625	28	18	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	5	Negative	None	43	41	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
2-R1-027		Meeting Room - 4 person	1	6.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-028		Meeting Room - 4 person	1	6.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-029		Dictator 1 1/2Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-030		Dictator 1 1/2Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-031		Dictator 1 1/2Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-032		WC - Wheelchair Accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-R1-033		WC - Staff (Male)	1	11.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-R1-034		DSR	1	8.0	DSR	Y1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	n/a
2-R1-035		Printer/Photocopier Room	1	6.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-036		Meeting Room - 4 person	1	6.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4														

Room No	Dept	Room Name	Qty	SOA	Room Function	ADB Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling (type)	Ventilation (type)	Supply (ach/hr)	Extract (ach/hr)	Relative humidity	Min. filtration	Surface temp.	Water temp.	Safety Notes	Normal Lux	Night Lux	Local Lux	Standby grade	Colour-render	Control	Plane	Medical Location
2-R1-048B		2nd Floor Desks	1	76.7	Open Plan Office	M0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	4	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-050		2nd Floor Desks	1	147.6	Open Plan Office	M0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Fresh Air	Central Supply and Extract	6	4	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-051A		2nd Floor Desks	1	87.3	Open Plan Office	M0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	4	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-051B		2nd Floor Desks	1	55.1	Open Plan Office	M0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	4	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-051C		2nd Floor Desks	1	38.0	Open Plan Office	M0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	4	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-052A		2nd Floor Desks	1	59.5	Open Plan Office	M0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	4	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-052B		2nd Floor Desks	1	41.3	Open Plan Office	M0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	4	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-052C		2nd Floor Desks	1	79.6	Open Plan Office	M0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	4	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-053		2nd Floor Desks	1	69.7	Open Plan Office	M0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	4	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-054		2nd Floor Desks	1	143.8	Open Plan Office	M0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	4	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-055A		2nd Floor Desks	1	28.0	Open Plan Office	M0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	4	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-056B		2nd Floor Desks	1	92.4	Open Plan Office	M0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	4	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-056C		2nd Floor Desks	1	40.0	Open Plan Office	M0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	4	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
2-R1-055C		2nd Floor Desks	1	60.0	Open Plan Office	M0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	4	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4-R1-001		Management Conference Room	1	26.0	Meeting Room	H1313-03	25	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4-R1-002		Management Conference Room	1	26.0	Meeting Room	H1313-03	25	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4-R1-003		Meeting Room - 6 person	1	9.0	Meeting Room	H1313-02	25	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	10 l/s per person	10 l/s per person	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4-R1-004		Beverage Bay	1	3.0	Tea Making	P0625	28	18	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
4-R1-005		WC - Staff (Male)	1	8.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
4-R1-006		WC - Wheelchair Accessible	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
4-R1-007		Meeting Room - 4 person	1	6.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4-R1-008		WC - Staff (Female)	1	11.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
4-R1-009		Staff Room	1	12.0	Common room/staff room/lounge	D0608-03	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	8	Negative	G4	43	41	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
4-R1-010		4th Floor Desks	1	213.0	Open Plan Office	M0132-02	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	6	4	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4-R1-011		Dictator / 1/Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4-R1-012		Dictator / 1/Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4-R1-013		Dictator / 1/Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4-R1-014		Dictator / 1/Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4-R1-015		Store Management	1	6.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4-R1-016		Store Management	1	10.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4-R1-017		DSR	1	7.0	DSR	V1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
4-R1-018		Disposal Hold (small)	1	4.0	Disposal Hold	V0646	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
4-R1-019		Printer/Photocopier Room	1	6.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4-R2-002		RHSC Office	1	12.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4-R2-003		Assistant Health Records Manager / Supervisors	1	16.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4-R2-004		RHSC / DCN Office 17 Person	1	69.7	Open Plan Office	M0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	6	4	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4-R2-005		WC Staff	1	3.0	Toilet	V1010	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
4-R2-006		Receipt / Dispatch Counter	1	6.0	Reception	D0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
4-R2-007		Trolley Area	1	6.0	Circulation Equipment Storage Bays	J1624	28	16	Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
4-R2-008		RHSC & DCN Records Library (160,000 records)	1	388.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
4-R2-010		Accessible WC	1	4.5	Toilet	V0922	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
4-R2-011		Dictator / 1/Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	n/a
B-S1-001		Preparation/Cooking Area	1	84.0	CDS	056	28	18	None	None	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	DW172 Dependant	DW172 Dependant	Negative	G4	43	60	500	n/a	None	A	80	Switch	General working plane 1m	See Guidance Notes	n/a
B-S1-002		Preparation/Cooking Area	1	16.0	CDS	056	28	18	None	None	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	DW172 Dependant	DW172 Dependant	Negative	G4	43	60	500	n/a	None	A	80	Switch	General working plane 1m	See Guidance Notes	n/a
B-S1-003		Diet Prep Area	1	12.0	CDS	056	28	18	None	None	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	DW172 Dependant	DW172 Dependant	Negative	G4	43	60	500	n/a	None	A	80	Switch	General working plane 1m	See Guidance Notes	n/a
B-S1-004		Diet Store	1	5.0	CDS	W1585-77	28	18	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	n/a	n/a	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	n/a
B-S1-005		Temperature Controlled Sandwich Prep	1	16.0	CDS	056	12	10	None	None	Yes	Ceiling Cassette - Chilled Water	General Supply and Extract	4	4	Balanced	G4	43	41	500	n/a	None	A	80	Switch	General working plane 1m	See Guidance Notes	n/a

RHSC / DCN Environmental Matrix

Room NO	Dept	Room Name	Qty	SOA	Room Function	ADB Code	Temp (min)	Temp (max)	Heating Type	Heating Control	Cooking (present)	Cooling (Type)	Ventilation (Type)	Supply (ach/hr)	Extract (ach/hr)	Relative pressure	Min filtration	Surface temp	Water temp	Safety Notes	Normal lux	Night lux	Local lux	Standby grade	Colour render	Control	Plane	Medical Location
B-31-020		Veg Store	1	6.0	CDS	05h	28	18	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	n/a	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
B-31-021		Freezer	1	5.0	CDS	05h	-18	-20	None	None	Yes	By Specialist	None	0	0	n/a	None	n/a	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	
B-31-022		Freezer	1	5.0	CDS	05h	-18	-20	None	None	Yes	By Specialist	None	0	0	n/a	None	n/a	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	
B-31-023		Receipt Bay	1	3.0	Circulation Areas	05h	28	18	Radiant Panels	Remote Sensor Adj.	No	None	General Extract	6	6	Negative	G4	43	41	200	n/a	None	A	80	presence detection	Floor 0m	See Guidance Notes	
B-31-025		Dairy Store	1	9.0	CDS	05h	5	2	None	None	Yes	By Specialist	None	0	0	n/a	None	n/a	n/a	200	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	
B-31-026		Weighing	1	7.0	CDS	05h	28	18	None	None	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	DW172 Dependant	DW172 Dependant	Negative	G4	43	60	300	n/a	None	A	80	Switch	General working plane 1m	See Guidance Notes	
B-31-027		Dry Goods	1	9.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
B-31-031		Pick and Pack	1	4.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
2-32-001	S2	Core Server Room	1	40.0	IT equipment (comms server)	Engineering	25	18	None	None	Yes	Under Cabinet - Chilled Water	Central General Extract	0	2	Negative	None	n/a	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	
B-53-002		Linen Pool (Clean)	1	80.0	Linen Bay	W1594-01	28	16	Adjacent Space Transfer Air	None	No	None	Central Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
B-53-003		Supplies Store	1	20.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
B-53-004		Laundry (microfibre)	1	15.0	Laundry	Y0521	28	18	Adjacent Space Transfer Air	None	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	6	10	Negative	G4	43	60	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	
B-53-005		Linen Pool (Dirty)	1	32.0	Dirty utility	Y0431	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
B-53-007		Cleaning Equipment Store	1	10.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
B-53-008		Sanitary Bins Store	1	6.0	Dirty utility	Y0431	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
B-53-009		DSR	1	7.0	DSR	Y1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
B-53-010		Bulk Equipment Store	1	10.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
B-53-011		Dictation / 1:1 Phone Booth	1	4.2	Cellular / Ward Offices	M0251-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	
B-53-012		Domestic Services Office	1	20.5	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	
B-53-013		Curtain Store	1	7.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
B-54-001		Storage/Holding Area	1	100.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
B-54-003		Matroom	1	20.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	
B-54-004		Office	1	10.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central General Extract	0	3	Negative	None	43	41	200	n/a	None	A	80	switch	Floor 0m	See Guidance Notes	
B-54-005		Parties Office	1	12.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	
B-54-006		Cloaking In	1	1.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Control Cooled Fresh Air	Central Supply and Extract	3	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	
2-55-002		Bay for Trolley-Machine	1	5.0	Circulation Equipment Storage Bays	P0408	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
2-55-003		DSR	1	8.0	DSR	Y1510	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	6	Negative	None	43	60	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
2-55-004		Male Staff Changing - Shower, WC & Lockers	1	100.0	Changing Facilities	V0554-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
2-55-005		Female Staff Changing - Shower, WC & Lockers	1	240.0	Changing Facilities	V0554	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
B-56-003		BMS Room	1	10.0	IT equipment (comms server)	query	25	18	None	None	Yes	Ceiling Cassette - Chilled Water	Central General Extract	0	2	Negative	None	n/a	n/a	300	n/a	None	A	80	Switch	Floor 0m	See Guidance Notes	
B-56-004		Workshop (NFC)	1	45.0	Small Workshop	M0421	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	6	Negative	G4	43	41	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	
B-56-006		Staff Change	1	15.0	Changing Facilities	V0726	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply and Extract	6	10	Negative to corridor	G4	43	41	100	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
B-56-007		Shower	1	2.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
B-56-008		Shower	1	2.5	Bathroom	V1643	28	20	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
B-56-009		Workshop (NHSL)	1	30.0	Small Workshop	M0421	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	6	Negative	G4	43	41	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	
B-56-010		Staff WC	1	3.0	Toilet	V1610	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
B-56-011		Supervisors	1	1.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	
B-56-012		Estates Library	1	1.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	
B-56-013		Office	1	1.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	
B-56-014		Store	1	25.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	
B-56-015		Contract Manager	1	1.0	Cellular / Ward Offices	M0251	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Ceiling Cassette - Chilled Water	Central Supply and Extract	4	3	Positive	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	
0-90-016		Office/Reception	1	1.0	Reception	J0132-01	28	18	Radiant Panels	Remote Sensor Adj.	Yes	Comfort Cooled Fresh Air	Central Supply Air	4	4	Balanced	G4	43	n/a	300	n/a	None	A	80	Switch	Desk 0.75 to 0.85m	See Guidance Notes	
0-90-019		Staff WC	1	3.0	Toilet	V1610	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
0-90-020		Attum Cleaning Equipment	1	1.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
B-96-021		Staff WC	1	3.0	Toilet	V1610	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
0-96-022		Staff WC	1	3.0	Toilet	V1610	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
0-96-023		Staff WC	1	3.0	Toilet	V1610	28	18	Adjacent Space Transfer Air	None	No	None	Central Dirty Extract	0	10	Negative	None	43	41	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
0-96-024		Chemical Store	1	1.0	Storage Area Equipment	W1585-77	28	16	Radiant Panels	Remote Sensor Adj.	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
B-96-025		Trolley Holding Bay	1	1.0	Circulation Equipment Storage Bays	J1624	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
B-96-026		Trolley Holding Bay	1	1.0	Circulation Equipment Storage Bays	J1624	28	16	Adjacent Space Transfer Air	None	No	None	Central General Extract	0	3	Negative	None	43	n/a	200	n/a	None	A	80	Presence detection	Floor 0m	See Guidance Notes	
B-96-050		Staff Welfare	1	1.0	Common room/staff lounge																							

RHSC / DCN Environmental Matrix

Room NO	Dept	Room Name	Qty	SDA	Room Function	ADB Code	Temp (max)	Temp (min)	Heating Type	Heating Control	Cooling (present)	Cooling (type)	Ventilation (type)	Supply (ac/hr)	Extract (ac/hr)	Relative pressure	Min filtration	Surface temp	Water temp	Safety Notes	Normal lux	Night lux	Local lux	Standby grade	Colour render	Control	Phone	Medical Location		
G-Y1-004		Kitchen Waste	1		Storage Area Equipment	W1585	n/a	n/a	n/a	None	No	None	Natural	0	0	n/a	None	n/a	n/a		200	n/a	None	A	80	Presence detection		Floor 0m	See Guidance Notes	n/a
G-Y1-005		Clinical Waste - Clean	1		Storage Area Equipment	W1585	n/a	n/a	n/a	None	No	None	Natural	0	0	n/a	None	n/a	n/a		200	n/a	None	A	80	Presence detection		Floor 0m	See Guidance Notes	n/a
G-Y1-006		Wash Area	1		Storage Area Equipment	W1585	n/a	n/a	n/a	None	No	None	Natural	0	0	n/a	None	n/a	n/a		200	n/a	None	A	80	Presence detection		Floor 0m	See Guidance Notes	n/a



SCOTTISH HOSPITALS INQUIRY

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