Sandwell and West Birmingham Hospitals NHS Trust
Midland Metropolitan Hospital Project
Invitation to Participate in Competitive Dialogue
Volume Two
Design Specification
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Disclaimer

This document has been prepared for use by Sandwell and West Birmingham Hospitals NHS Trust (SWBH) in connection with the titled project or named part thereof and should not be relied upon by any other person or used for any other project without an independent check being carried out as to its suitability and prior written authority of SWBH being obtained. Neither SWBH nor its advisors accept any responsibility or liability in connection with this document being used by any other person or being used for any other purpose other than the purpose for which it was commissioned nor do they accept any duty of care to any other person in connection therewith. Any person using or relying on this document for any other purpose agrees, and will by such use or reliance be taken to confirm his agreement, to hold SWBH and its advisors harmless from any and all losses and/or damages resulting there from.
1 Introduction

1.1 General Overview

1.1.1 The Sandwell and West Birmingham Hospitals NHS Trust intends to develop a new hospital on the Grove Lane site to replace existing hospital buildings on two of its current hospital sites, which have now reached the end of their useful life. This is a brownfield site that requires full redevelopment and will be under the full control of the PFI Partner.

1.1.2 This document sets out the key design criteria that the Trust has defined for the project. It reflects the core requirements of creating a new landmark hospital that will provide 21st century healthcare services and provide a catalyst for the on-going regeneration of the immediate surroundings of this brownfield site.

1.1.3 This document is intended to capture the Trust’s aspirations for this major new development and to establish the key design objectives that are paramount to the successful development of the new Hospital.

1.1.4 In an effort to minimise costs for Bidders and in order to ensure that the project can be procured to programme, the Trust has developed an Exemplar Design which responds to the design brief. The purpose of the Exemplar Design is to provide Bidders with a very comprehensive explanation of the Trust’s requirements and expectations in this regard. The Exemplar Design, which has been developed to 1:200 layout, was produced following very extensive engagement with the Trust’s wider stakeholder group. Bidders are not required to simply accept the Exemplar Design as is and all design risk will still pass to the Contractor. However they should view it as being a very clear indication as to how the Trust would hope the final design of the hospital would progress. The Trust has undertaken a Design Review on the Exemplar Design and the resulting commentary is included at Appendix D to this ITPD 2. Bidders will be challenged during the procurement process to interpret, develop and improve the Exemplar Design wherever possible.

1.1.5 ITPD Volume 2 is to be read in conjunction with other volumes of the ITPD, the Project Agreement and associated Schedules which define the technical and performance requirements for the construction and operation of the new Hospital in order to ensure that all of the Trust’s specific requirements are satisfied.

1.1.6 Where new standards or legislation are introduced or existing standards revised during the competitive dialogue period, Bidders shall actively notify any new requirements and the likely impact to the Trust in a timely manner.

1.1.7 The headline functional content of the new hospital is shown in Table 1:

<table>
<thead>
<tr>
<th>Department</th>
<th>Functional Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency</td>
<td>Initial assessment areas, Minors, Majors, Children’s, Resuscitation and 2 plain film x-ray</td>
</tr>
<tr>
<td>Inpatients</td>
<td>14 generic 32 bed wards (including 14 Coronary Care Beds), 96 Adult Assessment Beds, 56 children’s beds, 30 level 2 / 3 Critical Care beds</td>
</tr>
<tr>
<td>Maternity Delivery Suite</td>
<td>2 theatres, delivery suite, birth centre</td>
</tr>
<tr>
<td>Neonatal</td>
<td>36 cots</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Operating Theatres</td>
<td>11 theatres, central admissions area and recovery</td>
</tr>
<tr>
<td>Outpatients</td>
<td>Bespoke Antenatal Clinic (including ultrasound), bespok Paediatric Clinic and Uro dynamics</td>
</tr>
<tr>
<td>Interventional Cardiology</td>
<td>2 cardiology catheterisation laboratories and support accommodation including day case area</td>
</tr>
<tr>
<td>Imaging</td>
<td>2 CT and MRI scanners, 2 plain film, 5 Ultrasound, Interventional radiology suite, 4 gamma cameras and radio-pharmacy</td>
</tr>
<tr>
<td>Clinical Support</td>
<td>Therapy Suites (including physiotherapy), Pathology Essential Laboratory, Pharmacy, Endoscopy, Medical Day Case Unit including Sickle Cell and Thalassemia, Cardiac Diagnostics, Cardiac Rehabilitation, Neurophysiology, Respiratory Physiology, Mortuary (No PM facilities), Medical Illustration</td>
</tr>
<tr>
<td>Administration / Non Clinical support</td>
<td>Multifaith Centre, Clinical / Corporate Administration, Education and Training, Academic Research, Medical Engineering, Facilities, Energy Centre, Relatives Overnight Stay</td>
</tr>
</tbody>
</table>

1.1.8 Our PSC design brief indicates a required gross internal floor area of 79,828m². Our Exemplar Design has a gross internal floor area of 83,050m². Whilst this has been signed off as clinically functional subject to the caveats in appendix D, there is clearly room to reduce the drawn area and produce a more space/cost effective solution. Bidders are challenged to design a more space/cost effective solution that delivers the required functional content at the required size than the Exemplar Design.

1.1.9 There have been some minor amendments to the Schedule of Accommodation since the Exemplar Design was produced. Bidders should be clear that the accommodation included in the brief/schedule of accommodation is required even though some rooms may not be in the as drawn solution.

1.1.10 The Exemplar Design has been subjected to a Design, Quality and Innovation Review and other internal checks and reviews. As a result of these the Trust has produced a commentary which should indicate to Bidders some ways they may improve on the Exemplar Design and gain points in the evaluation process. This commentary may be found at appendix D to this ITPD2.

1.1.11 In addition to Facilities that are included in the scope of this contract, the provision of a gymnasium and crèche is considered by the Trust as advantageous to support recruitment and retention of employees. The Trust is also preparing a business case for the provision of an academic research and education building on the Grove Lane site which will not be procured through PF2. Bidders are required to identify locations for these facilities on the Development Control Plan and to agree with the Trust protocols by which third party providers may be able to access these sites to commence construction of these buildings either during the construction period for MMH or during the operational period.

**Trust Approach**

1.1.12 The Trust’s design procurement strategy includes in its main principles:
- A major emphasis on use of the Exemplar Design to inform the PF2 competitive dialogue;
- A requirement for repeatable design;
- A desire to extract the maximum benefit from the competitive dialogue including innovation.

1.1.13 This strategy has several main implications for the design process:

- The Trust has issued a Project Agreement that includes a well-developed Schedule 8. This is supported by a Whole Hospital Functional Brief and a series of departmental Planning Policy and Design Description documents (PPDDs). These set out the intended functionality and specification for the building to be incorporated into the signed contract subject to any agreed amendments during competitive dialogue. This ITPD Volume (Two) is a statement of the Trust's position, to guide Bidders in understanding their expected design response to meet the Trust's requirements;
- The Trust wishes to procure a design for the hospital that includes as much repeatable space as possible. The brief therefore includes a number of standard rooms that have been discussed and tested within the Trust that account for a high percentage of the total room numbers;
- The Trust has produced 1:500 massing and 1:200 drawings for the whole hospital and 1:50 drawings, for a large proportion of the room types.

1.1.14 The Trust will demolish all above ground structures to slab level and currently intends to complete remediation of the site during the procurement period. This would mean that the Trust will hand over a fully remediated site which is under the full control of the successful Bidder to enable construction process to start immediately after Financial Close. This is expected to facilitate a construction programme of 27 months and commissioning period of 12 weeks.

1.2 Document Structure

1.2.1 This document includes the following:

- Background information for Bidders including a description of the site and its Public Sector Comparator (PSC)/Exemplar Design;
- The design aspirations of the Trust and the technical requirements specific for the new development (to be read in conjunction with Schedule 8 (part 3), the Functional Brief and the Trust's clinical and non-clinical output specifications in the form of the PPDDs, Operational Policies and the Arts Strategy);
- The Trust’s Accommodation Requirements as set out in the Schedule of Accommodation Version 10e;
- The design approach required from the Bidders;
- The strategy for incorporating art into the design of the building;
- The Grove Lane Masterplan commentary.

1.3 Data Room and Associated Documents

1.3.1 There are references in this Volume to the Trust’s electronic data room.

1.3.2 This data room is provided by Bravo.

Where documents are not suitable to be stored electronically, the Trust will support Bravo with a physical data store.
2 STRATEGIC CONTEXT

2.1 Trust's Healthcare Philosophy and the Right Care Right Here (RCRH) Programme

2.1.1 The purpose of the RCRH Programme is to deliver redesigned acute, primary, community and social care services in the Sandwell and west of Birmingham areas requiring a fundamental redesign and re-provision of the health and social care system and a new model of care.

2.1.2 This is summarised in the diagram below:

2.1.3 A full description of the service model can be found at appendix H.

2.1.4 Within the context of the RCRH model of care the Trust will provide services in its Community Facilities, other community locations including patients' homes as well as providing services within the Midland Metropolitan Hospital and supporting services in primary care.

2.1.5 Work from the RCRH Programme has been used as the basis for developing the Trust's future clinical service model including the clinical brief for the Midland Metropolitan Hospital. It has also been used as the basis for developing the clinical brief for the Trust’s Community Facilities that will be developed on the Trust’s retained estate i.e. Rowley Regis Hospital, Sandwell Treatment Centre, the Birmingham Treatment Centre, BMEC and the adjacent Sheldon Block.

2.1.6 This ITPD refers to the Midland Metropolitan Hospital facilities on the Grove Lane site only as other parts of the Right Care Right Here Programme will be procured separately.

2.2 Activity and Capacity Model

2.2.1 The RCRH Programme developed a jointly owned forecast of future activity for the local health economy in the form of an Activity and Capacity Model. The model has been used by the Trust as the basis for activity assumptions within the Trust’s Long Term Financial Model (LTFM) and for planning the Midland Metropolitan Hospital.

2.2.2 The local health economy has agreed a set of assumptions that form the basis of the modelling. These include:
- Activity demand including Population Growth;
- Planned health care changes including admission avoidance, improved productivity, shifts in location; and
- Future providers of health care services.

2.2.3 At HRG level the model covers all consultant inpatients, day cases, outpatient attendances and Emergency Department attendances. It also includes community contacts for the community services the Trust provides.

2.2.4 The model starts from the baseline actual activity in the most recent year available and produces a year by year forecast for ten years in detail but can be extended to twenty years. Further, more detailed analysis has then been undertaken to predict capacity requirements in the Midland Metropolitan Hospital (for example theatre throughput) and Community Facilities.

2.2.5 The RCRH Activity and Capacity Model was first developed in 2004 for the Programme Strategic Outline Case and has since been developed through a series of versions. The latest is described in our OBC and at appendix G to this ITPD 2.
3       Grove Lane Masterplan

3.1       The Site

3.1.1       The schedule of area required for the new hospital development and the activities laid out in the Functional Brief dictated that a substantial area of land was required for the new Midland Metropolitan Hospital. A 6.76 hectare brownfield site previously in industrial use and located just within the local authority boundary of Sandwell Metropolitan Borough Council (SMBC) and adjacent to the boundary with Birmingham City Council was identified. The site is located between Grove Lane and the Cape Arm of the Birmingham Canal Navigation at Cape Hill, Smethwick. This site was chosen through an extensive evaluation process as the Trust’s preferred site.

3.2       Planning Policy

3.2.1       Since the original outline planning permission was granted in 2008 (subsequently renewed in June 2013 see section 3.5) there have been positive changes to the planning policy context/Development Plan for Sandwell which have added further support to the Trust’s proposals. The 2008 planning application was a departure from the Sandwell Unitary Development Plan (2004) but received interim policy support as an allocation in the then draft Smethwick Area Action Plan.

3.2.2       The Development Plan for Sandwell now includes the Black Country Joint Core Strategy (February 2011), Sandwell Site Allocations and Delivery Development Plan document (December 2012), the Smethwick Area Action Plan (December 2008), Tipton Area Action Plan (2008) and the West Bromwich Area Action Plan (December 2012) – the latter two don’t mention the hospital site. In addition to this the National Planning Policy Framework (NPPF) was introduced in March 2012 which is underpinned by a ‘presumption in favour of sustainable development’.

3.2.3       The application site at Grove Lane is now an allocated site in the Development Plan with planning policy support at all tiers. There is strong strategic level planning policy support both in national policy through the NPPF and sub-regional policy through the Black Country Joint Core Strategy. Both support the location and design of the new hospital. Similarly strong planning policy support is provided locally as both the Sandwell Site Allocations and Delivery Development Plan Document and the Smethwick Area Action Plan identify the proposed development of the site in specific policies and provide support for it as an enhancement to the area. Overall it is our view that the development scheme has strong and clear planning policy support from the Development Plan for the area. We provide below an overview of the Development Plan in Sandwell together with relevant planning policies that support the development site at Grove Lane.

3.3       National Planning Policy

3.3.1       The National Planning Policy Framework (NPPF) was published by the Department for Communities and Local Government on 27 March 2012. At the heart of the NPPF is a presumption in favour of sustainable development, which is a golden thread running through both plan-making and decision-taking. The proposed development is supported by the NPPF as it offers economic growth, job creation and will improve the vitality of the town centre in Smethwick.

3.3.2       The hospital’s sustainable design, landscaping, mitigation of proposed environmental impact and construction plan complies with the NPPF’s overarching presumption in favour of sustainable development.
3.4 The Development Plan in Sandwell

Black Country Joint Core Strategy (BCCS)

3.4.1 The Black Country Joint Core Strategy (BCCS) was created by the four Black Country Local Authorities (Dudley, Sandwell, Walsall and Wolverhampton) and sets out the vision, objectives and strategy for future development in the Black Country to 2026. The BCCS refers to education and health care facilities in policy HOU5 – stating:

3.4.2 “Education and health care are fundamental to achieving the vision for sustainable communities and economic prosperity.”

3.4.3 Within Policy HOU5 it states new health care facilities should be:

3.4.4 “Well designed and well related to neighbourhood services and amenities; well related to public transport infrastructure and directed to a Centre appropriate in role and scale to the proposed development and its intended catchment area; and where possible, incorporate a mix of compatible community service uses on a single site.”

3.4.5 The proposed development fulfils these requirements within the policy.

Sandwell Site Allocations and Delivery Development Plan Document (SADDPD)

3.4.6 The SADDPD builds upon the policies identified in the BCCS, providing greater detail for Sandwell. It was adopted in December 2012 and replaces the Sandwell Unitary Development Plan 2004. It provides a series of local policies to respond to particular issues in the Borough which are not covered by the BCCS. The new hospital is mentioned as part of “Corridor 12: Oldbury/West Bromwich/Smethwick” as the main hospital allocation within the area:

3.4.7 The SADDPD clearly encourages the development of the hospital on the application site and supports its development as integral to the area becoming a hub for major health facilities.

Smethwick Area Action Plan (SAAP)

3.4.8 The SAAP sets a framework for the future development and will aid the regeneration of the North Smethwick Area. Policy SME4 – Grove lane (P38) relates to the land along Grove Lane and the hospital stating:

3.4.9 “Site identified for Employment Use to accommodate new health and ancillary uses for Sandwell and West Birmingham NHS Trust. Remainder of site to accommodate high quality B1 uses Residential and other complementary uses. This is a gateway site into the Borough therefore a landmark building is required to the Dudley Road frontage. Vehicular access to the Hospital for staff and visitors will be from Grove Lane. Access for emergency vehicles will be from Grove Lane and/or Cranford Street”.

3.5 Outline Planning

3.5.1 The Trust's initial Outline Planning Application (DC/08/49418) for the Midland Metropolitan Hospital at Grove Lane was submitted on 4th April 2008. This application included the reserved matter of access and was accompanied by an Environmental Statement and a number of other supporting documents and was prepared by GVA Grimley Ltd. The application included the redevelopment of the Grove Lane site to provide a new acute hospital (Use Class C2) and supporting education, research and administration centre (Use Class B1 (a) and (b), together with a gym (D2), crèche (D1) and car parking.
3.5.2 Extensive engagement was undertaken with officers from SMBC, the wider public, Trust employees, land owners and local MPs/Councillors to inform the 2008 planning application. In addition public exhibitions were held prior to the submission of the planning application in three venues. The application was granted outline planning permission on 13th November 2008, subject to conditions, for 6 years.

3.5.3 During the intervening years since the 2008 application the design of the proposed development scheme remained unchanged and there had been no building work undertaken and as a result the information submitted in support of the 2008 application remained extant. In addition there had been no other material changes and the suite of documentation provided with the 2008 application remained relevant.

3.5.4 Due to delays out-with the Trust’s control it was apparent that the Trust would not by November 2014 have selected a preferred bidder to deliver the scheme nor would a detailed reserved matters planning application have been submitted. In order to mitigate the risks that a lapsed planning permission would create for the procurement process an updated application was submitted by GVA to SMBC under the Extension of Time Limits legislation seeking to extend their current planning permission for a further six years.

3.5.5 This application (DC/13/55826) was validated on 24th April 2013 and was approved at SMBC Planning Committee on 19th June 2013. The Decision Notice confirmed that this consent will be for a further 6 years, up until 19th June 2019.

3.5.6 The S106 was agreed with no changes to the terms of the original Overarching Agreement entered into in June 2010. This agreement contained indexation provisions which meant that any contribution would automatically be adjusted to account for any movement in the Index between June 2010 and the date on which payment falls due. The new Agreement contains the same provisions, so that the contributions which we negotiated back in June 2010 will be adjusted for any inflation between June 2010 and the date on which payment is due.

3.6 Land Ownership

3.6.1 The Trust has made good progress in assembling the site at Grove Lane through NHS CPO powers. The site is now wholly in Trust ownership and vacant possession was achieved at the end of 2013.

3.7 Ground Conditions

3.7.1 The Trust is undertaking demolition of all structures to slab level. This is expected to complete in 2014.

3.7.2 The Trust has commissioned two sets of surveys on the land. The first in 2007 to inform the development of the PSC and the second in 2014. The second set is expected to complete in August 2014. The surveys were procured on the basis that if Project Co undertook the remediation of the land they would be able to rely on these surveys following novation from the Trust.

3.7.3 The Trust currently intends to carry out the remediation of the land on a separate contract during the procurement, although as detailed in the OJEU Notice, it reserves the right to bring the land remediation within the scope of this procurement at any stage and/or the PF2 Contract.

3.7.4 There will be early Dialogue with short listed bidders to agree a suitable scope of works for the remediation. The remediation will be warranted and the warranties and surveys will be novated across to the Preferred Bidder.

3.7.5 If the Trust does not carry out the remediation of the land during the procurement period as currently expected Project Co will then be able to rely on the 2014 surveys following novation.

3.7.6 All surveys will be available to Bidders in the data room.
3.7.7 The Project Agreement (at Clause 15 (the Site)) sets out the Trust's commercial position in respect of ground conditions and Contamination. Project Co is required to take full ground condition and all Site related risk.
4 Design Development

4.1 Design Vision

4.1.1 The design objectives reflect the core requirement of creating a hospital which reflects our Design Vision; will be an asset to the local community and support local regeneration. The design should be enduring and take account of the diverse needs of the population it serves.

4.1.2 The specific requirements are complemented by a set of objectives which set out the Trust’s design aspirations and expectations, which in themselves do not fix the form of the design, but provide a clear framework for their development to be realised in the final design solution. These objectives have been formulated with user group and external stakeholder input and reflect the experiential aspirations the Trust has for all aspects of the new facility.

4.1.3 The Trust undertook preparation of this Design Vision by means of a Design Group under the chairmanship of the Trust Design Champion (the Trust Chair). This process involved engagement with key external stakeholders, supplemented by a robust clinical engagement process which identified the Trust’s functional requirements and included the observations from DQI.

4.1.4 The Trust Design Vision has been developed into the following requirements which in turn have been developed within the Trust’s brief as design criteria. These parameters are also encapsulated in guiding principles agreed with Sandwell Metropolitan Borough Council as conditions of the outline planning consent.

4.1.5 The Trust intends these to be used by the Design Group to test the Bidders’ design proposals and have been summarised as set out below:

- **Functionality:**
  - The design proposals must fully reflect and meet all the Trust’s requirements set out in their functional brief, PPDDs, schedule of accommodation, clinical adjacency matrices and model of care;
  - The design must minimise travel distances and time between departments and across the site;
  - Wards should be designed in clusters of three served by a single common support hub containing shared facilities, FM and circulation cores and should be as close as possible to the departments whose functions they serve; and
  - Repeatable design should be maximised.

- **Flows:**
  - Separate flows for patients, visitors, staff, and good/services must be achieved in order to avoid any clashes between clinical function and operational managements and to help create a positive patient experience; and
  - Separation of flows should maximise operational efficiency, reduce risk and support clear way finding.

- **Wayfinding:**
  - The number of entry points to the hospital should be kept to an absolute minimum and the main entrance must be prominent and visible immediately upon entry to the site;
  - The way finding strategy for the building must be clear, simple and intuitive. People (public and staff) should be able to navigate without anxiety or stress; and
  - The Arts Strategy, contained in Appendix F, should be integrated into the wayfinding strategy.
• Patient, Visitor and Staff Experience:
  • The building as a whole, both internally and externally, must express the innovative aspirations of the Trust and do so in a way that reinforces the welcoming, healing environment the Trust wish to create;
  • Daylight penetration into the building must be maximised with particular emphasis on natural lighting to circulation routes;
  • Privacy and dignity must not be compromised in the pursuit of functionality;
  • Car parking provision for patients and visitors must be as close to the building as possible, but must not dominate or detract from the hospital setting; and
  • The building should be a place where staff want to come to work.

4.1.6 The vision for the hospital facility and its design, the objectives and the key driving principles are reflected in the Trust’s briefing documents.

4.1.7 The Trust has produced an Exemplar Design as a response to the brief. The Exemplar Design was produced after extensive consultation. We consider it to be a comprehensive explanation of our expectations.

4.2 The Design Vision Group

4.2.1 The Design Vision Group has continued to develop the Design Vision with particular focus on the patient, public and staff experience. This group continues to be chaired by the Design Champion (Trust Chair). The Vision is summarised by the following values which emphasise the human impact of the building which will be:
  • Inspirational, attractive and imaginative;
  • Welcoming;
  • Reassuring;
  • Light and airy;
  • Clean without being clinical;
  • Sympathetic to the environment;
  • Fully accessible;
  • Supportive to privacy and dignity; and
  • A good place to work.

4.2.2 The group has outlined criteria for achievement of the Vision to support the evaluation process.

4.3 Clinical Engagement

Clinical stakeholder engagement during exemplar design development was pivotal to ensure that the Trust’s clinical requirements (as set out in the Functional Brief and PPDDs) were incorporated (where possible) into the exemplar design solution.

4.3.1 Input has been received from the following representatives:
  • Trust Infection Control Team;
  • Trust Manual Handling Team;
• Trust Waste Management Team;
• Clinical Team representatives as required specifically for those rooms/areas under review;
• Right Care Right Here Project Team members;
• Technical Advisers;
• Security Advisor; and
• Service Redesign Team.

4.3.2 The key purpose of the meetings was to produce a fully designed planning solution illustrating the layout and adjacency requirements. By capturing the key Trust briefing requirements set out in the PPDDs and Operational Policies for the specific departments and balancing any needs as determined by the user group consultation process, the Exemplar Design clearly illustrates these priorities to Bidders. This engagement was concluded in November 2013 through the production of the current 1:500 and 1:200 layouts.

4.4 Public Engagement

4.4.1 Sandwell and West Birmingham Hospitals NHS Trust have developed a new hospital engagement and communications plan to support the design and planning of the new acute hospital in Grove Lane, Smethwick.

4.4.2 The Trust is dedicated to staff and patient involvement in developing this plan and has committed to the following:

• Improving opportunities for staff, patient and public involvement in the design process for the new hospital;
• Involving staff, patients and members of the public in planning the new hospital with the aim to engender a sense of public ownership;
• Ensuring that staff and the public are kept informed about progress of the new hospital.

4.4.3 A series of engagement events / workshops have been delivered in order to ensure that staff, patient and the general public perspectives are incorporated in the Functional Brief. They have assisted the Trust in establishing the design evaluation criteria and output based specifications for the Project.

4.4.4 Areas of engagement have included:

• PPDD Clinical Engagement;
• Outline Planning Permission;
• Art in Hospital;
• Waiting Areas;
• The Atrium;
• Civic Pride;
• Way Finding;
• Welcoming Design;
• Effective Communication;
• Transport and Access;
• Ward Configuration – single rooms vs. 4 bedded bays;
- Sickle Cell & Thalassemia (SCAT);
- Patient Journey; and
- Independent Living Group.

4.4.5 The output from these engagements produced an agreed list of queries and issues which were subsequently mediated by the development of the PPDDs.

4.4.6 There will be continuing engagement during the procurement process.

4.4.7 The Trust intends that our local community and the history of the site will be celebrated in MMH and innovative suggestions from Bidders to enable this will be welcome.
5 Functional Content and Schedule of Accommodation

5.1 Design Development

5.1.1 The design development for the Midland Metropolitan Hospital has followed a logical and robust process with the latest update concluded in November 2013. It includes:

- Development of departmental level briefs in the form of Operational Policies and PPDDs as a technical response to the departmental clinical operations policies;
- From the departmental relationships identified in the PPDD, development of the required clinical adjacencies to enable the Exemplar Design concept to be massed at a 1:500 department level;
- Development of departmental 1:200 layouts through a process of mapping key adjacencies and clinical, service and visitor flows; and development of generic rooms at 1:50; and
- The development of the 1:200 Departmental Plans in the Exemplar Design with clinical stakeholders which accurately reflect the model of care.

5.2 Functional Brief

5.2.1 The Functional Brief, version 16, contains the overarching principles of design which the Trust requires to underpin the design solution for the whole hospital.

5.2.2 It sets out the functionality to be provided and activities to be performed within the acute setting, clearly identifying how the project will meet the organisation's objectives and policies.

5.2.3 The document together with other elements of the Trust's brief contains sufficient detail to initiate the design process and establish the optimum build solution.

5.2.4 The Functional Brief is contained in Appendix A and details the following:

- Model of care, the main functional areas of the hospital and the required adjacencies
- Overview of the Design Vision to be delivered
- Site masterplan strategic context and requirements
- Access and circulation requirements for the site and the hospital
- Overview of the principles of design (Common Rules) required to underpin design development
- Overview of the requirements for the layout and content of generic / exemplar rooms

5.2.5 Bidders are expected to use the Functional Brief as the basis of their design development. It will be used to test the adequacy and evaluation of their design solutions.

5.2.6 The Functional Brief forms part of schedule 8 part 3 (Trust Construction Requirements).

5.3 Departmental Briefs

5.3.1 The Trust has developed a set of Operational Policies and Planning Policy and Design Descriptions (PPDDs) for both clinical and non-clinical services. The PPDDs comprise, with the Functional Brief and Schedule of Accommodation, a suite of inter-relating documents which should be read as a whole.

5.3.2 The process of developing the PPDDs has allowed the Trust to reflect upon current ways of working and provided an opportunity to refine, alter and improve service delivery within the overall Right Care Right Here Programme. This is based on the wider partnership engagement with staff, patients and
the public. It has provided an opportunity to embrace new ways of working and enabled reconfiguration of some services prior to the opening of the new hospital.

5.3.3 The PPDDs include how services need to be arranged as part of an overall design, for example key adjacencies and inter-departmental relationships together with an impact assessment in terms of infrastructure, staffing issues, capacity and technology.

5.3.4 The PPDDs are the Output Specifications for every individual department and will steer the design solution.

5.3.5 The PPDDs can be accessed in Appendix B which includes the following volumes:

### Table 2 Planning Policy and Design Descriptions (PPDDs)

<table>
<thead>
<tr>
<th>PPDD Number</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>02</td>
<td>Inpatient – Generic</td>
</tr>
<tr>
<td>02b</td>
<td>Inpatient – Adult Assessment Unit</td>
</tr>
<tr>
<td>03</td>
<td>Integrated Critical Care Unit</td>
</tr>
<tr>
<td>04</td>
<td>Maternity Delivery Suite</td>
</tr>
<tr>
<td>05</td>
<td>Neo Natal Unit</td>
</tr>
<tr>
<td>06</td>
<td>Operating Theatres</td>
</tr>
<tr>
<td>07</td>
<td>Medical Daycase Procedure Unit</td>
</tr>
<tr>
<td>08</td>
<td>Endoscopy</td>
</tr>
<tr>
<td>09</td>
<td>Cardiac Imaging Therapy</td>
</tr>
<tr>
<td>10</td>
<td>Not used</td>
</tr>
<tr>
<td>11</td>
<td>Imaging Department</td>
</tr>
<tr>
<td>12</td>
<td>Not used</td>
</tr>
<tr>
<td>13</td>
<td>Not used</td>
</tr>
<tr>
<td>14</td>
<td>Outpatients Department</td>
</tr>
<tr>
<td>15</td>
<td>Medical Illustration</td>
</tr>
<tr>
<td>16</td>
<td>Cardiology, Neurophysiology and Respiratory Physiology</td>
</tr>
<tr>
<td>17</td>
<td>Pathology</td>
</tr>
<tr>
<td>18</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>19</td>
<td>Administration</td>
</tr>
<tr>
<td>20</td>
<td>Multi Faith Centre</td>
</tr>
<tr>
<td>21</td>
<td>Academic Research</td>
</tr>
<tr>
<td>22</td>
<td>Education and Training</td>
</tr>
<tr>
<td>23</td>
<td>Not used</td>
</tr>
<tr>
<td>24</td>
<td>Facilities Management (Trust managed services)</td>
</tr>
<tr>
<td>25</td>
<td>Not used</td>
</tr>
<tr>
<td>26</td>
<td>Not Used</td>
</tr>
<tr>
<td>27</td>
<td>Medical Engineering</td>
</tr>
<tr>
<td>28</td>
<td>Not used</td>
</tr>
<tr>
<td>29</td>
<td>Inpatients – Paediatrics</td>
</tr>
<tr>
<td>30</td>
<td>Mortuary</td>
</tr>
<tr>
<td>32</td>
<td>Main Entrance and Concourse</td>
</tr>
<tr>
<td>33</td>
<td>Neighbourhood Hubs</td>
</tr>
<tr>
<td>34</td>
<td>Not Used</td>
</tr>
<tr>
<td>35</td>
<td>Energy Centre</td>
</tr>
<tr>
<td></td>
<td>Plant</td>
</tr>
</tbody>
</table>
5.3.6 Bidders are expected to use the PPDDs as the basis of the design functionality and they will be used to test the adequacy of their design submission.

5.3.7 The PPDDs will form part of Schedule 8 part3 (Trust Construction Requirements).

5.4 Version 10 Schedule of Accommodation

5.4.1 A schedule of accommodation (contained in Appendix C) for each department reflects the types, sizes (areas) and amounts of space considered by the Trust as being necessary to deliver the proposed volume and nature of service for that department.

5.4.2 The Trust advocates repeatable design, therefore, wherever possible, the Trust requires the layout of rooms to be standardised and the new facility should have a minimum number of different types of room.

5.4.3 During the development of repeatable rooms, the Trust has reviewed its affordability envelope and determined a series of spatial reductions based upon benchmarking similar PFI Projects. Details of which are contained in the Functional Brief.

5.4.4 Bidders should regard these derogated space sizes as the minimum acceptable size.

5.4.5 Bidders will be required to present schedules of accommodation consistent with their drawn proposals. The Trust has provided the specific format for these schedules, in excel, to enable the establishment and maintenance of audit trails linking directly to the Trust schedules and developing versions of bidder proposals.
6 Sustainability

6.1.1 It is essential that any carbon reduction or energy saving measures adopted are sustainable in the long term. Bidders will be required to demonstrate the sustainable credentials over the whole life cycle of any low carbon or renewable technology employed. The analysis shall include the supply chain and all aspects of the associated infrastructure. The Trust are keen that innovation and forward thinking form part of the overall strategy and would strongly encourage the incorporation of innovative technologies and principles as part of the overall proposals. Bidders need to provide evidence that their solution is sufficiently robust to support the future requirements of the Hospital.

6.1.2 Bidders shall be required to demonstrate sustainable proposals both in terms of the completed scheme and during the construction process. These will include the use of manufactured materials, recycled materials and the embodied energy held within these materials. Throughout the construction programme, under the requirements of BREEAM Healthcare, Bidders shall demonstrate sustainable transport options for construction traffic and illustrate suitable disposal method for both site waste and consequential waste generated by the development.

6.1.3 Bidders are required to produce:

- Competitive Dialogue, to produce a BREEAM Healthcare Target scoring matrix and supporting documentation indicating how a BREEAM Healthcare ‘Excellent’ rating will be achieved.
- Design Development – bidder to produce a revised/interim BREEAM Healthcare Target Scoring matrix and supporting documentation indicating how a ‘BREEAM’ Healthcare Excellent rating is to be achieved. Trust to “pass on” evidence required for points available only from pre-ITPD period.
- Handover of Facility – bidder to provide a BREEAM Healthcare certificate confirming a minimum BREEAM Healthcare ‘Excellent’ rating has been achieved.

6.1.4 A BREEAM Healthcare ‘Excellent’ rating is a fundamental Trust requirement and achievement of the final rating as detailed above will be part of the building acceptance procedure.

6.1.5 Bidders should note that the Trust’s BREEAM Healthcare pre-assessment is contained in Schedule 8 part 3.

6.2 Energy

6.2.1 It is a requirement of the Trust to raise the profile of operational energy and environmental management in order to improve performance in these areas. As the impact of the new facility will be influenced by both the activities of those operating the building and those occupying the building, it is recognised that the minimisation of such impacts will be as a result of partnerships.

6.2.2 Reducing the Carbon Footprint and Energy Consumption, together with the resulting emissions, of the new Hospital is of paramount importance to the Trust. The Trust requires Project Co to deliver a solution capable of achieving an energy consumption not greater than 42GJ/100m² whilst achieving a BREEAM Excellent score under ENE01.

6.2.3 All design decisions will be taken using a very simple and pragmatic basis; ensure no energy is being needlessly used before considering any low carbon technologies:

6.2.4 The Trust’s construction requirements for its energy strategy are contained within Schedule 8 Part 3.
6.3 Management

6.3.1 The effective management of delivering a sustainable facility will depend on the following factors as a minimum; the Bidders will demonstrate within their submission how they will achieve management of sustainability within their design and construction:

- Early liaison with all stakeholders to ensure that the built facility matches the end users requirements;
- Post occupation reviews with the building users and seasonal analysis of energy consumption to ensure that the building is operating as designed, with amendments incorporated where necessary to achieve the design energy consumption targets. This process shall inform the Building User Guide to ensure that it remains a live document during use of the building;
- Inclusion of passive design and energy efficient design measures within the building and building services;
- Monitor, report and set targets for:
  - CO2 emissions or energy arising from site activities and transport to/from site for operatives and deliveries;
  - Water consumption arising from site activities.
- Operate an Environmental Management System during all site operations which shall incorporate an environmental materials policy which shall be used for sourcing of construction materials;
- Provide design and construction of a facility where embodied energy is minimised and the building and building services can be easily maintained during their lifecycle;
- Undertaking adequate commissioning and setting to work of systems via a suitable commissioning management process to ensure that the building operates at its most efficient condition.

6.3.2 Bidders are required to demonstrate adherence and compliance with the principles of the Waste and Resources Action Programme (WRAP) which is a requirement within BREEAM Healthcare. This will need to show cohesive construction waste management principles and demonstrate a responsible approach to the management of resources and sourcing of selected materials.

6.4 Internal Environment

6.4.1 The Trust has set out within the Functional Brief the general expectations of the internal environment. Bidders shall consider the most applicable strategy relative to the environmental criteria prescribed within the Functional Brief and against the energy consumption targets and requirements to promote innovation.

6.4.2 The general ambience of the spaces must allow for the inclusion of natural lighting wherever applicable and must maximise on the opportunities to improve passive means to create these environments. Bidders will demonstrate daylight factors within typical ward areas (single and multi-bed) and typical offices to prove due consideration has been given to maximising daylight without exceeding solar gain and thermal limits.

6.5 Transport

6.5.1 The entire new development at Grove Lane needs a well-integrated transport infrastructure. This will include efficient private and public transport. Bidders will be required to demonstrate the sustainable credentials of their scheme proposals in terms of access to bus stops and bus routes relative to entrances and public road ways.
6.5.2 Bidders shall incorporate the conditions set out within the Outline Planning Approval, in particular the Section 106 agreement and the agreed Travel Plan as published by Halcrow Group Limited in April 2008, within their submission and provide evidence of how the objectives and conditions will be met by their proposals.

6.5.3 Bidders should be aware that they will be expected to provide a BREEAM Healthcare compliant travel plan and ensure that this has been developed as part of the feasibility and design stages which considers all types of travel relevant to the building type and user as laid out in the BREEAM Healthcare guidance notes.

6.5.4 This shall cover the minimum BREEAM Healthcare compliance requirements and the travel plan shall include a package of measures that have been used to steer the design of the development in order to meet the travel plan objectives and minimise car-based travel patterns.

6.5.5 In addition, Bidders are required to demonstrate a sustainable transport solution during the construction and concession period for all supply chain partners as part of the proposals in respect of:

- The number of deliveries; and
- The mode of transport.

6.5.6 The entire scheme will have to be developed in conjunction with the local highway authority and demonstrate provision for cycle routes and parking areas as well as dedicated transport infrastructure and tie in to the great urban area.

6.6 Water

6.6.1 It is the position of the Trust that consumption of fresh water should be minimised as much as possible given that clinical risks and requirements are to be a clear priority.

6.6.2 Minimisation will be realised by measures to promote the integration of water consumption such as those described within Schedule 8 Part 3.

6.6.3 Bidders should take steps to minimise the consumption of potable water in sanitary applications by encouraging the use of low water use fittings. In specific relation to BREEAM, Bidders must ensure that credits are achieved under Water Consumption and all those deemed mandatory for BREEAM Healthcare Excellent.

6.6.4 Bidders should also target the Innovation credits as part of the water strategy.

6.6.5 It is anticipated that Bidders would target further BREEAM Healthcare Water credits in line with the Trust’s acceptable working practices both from clinical and maintenance points of view.

6.6.6 Bidders are required to demonstrate within their submission how the design and construction of the facility will support management of water systems and reduce consumption during construction and use of the building.

6.7 Materials, Components and Employment

6.7.1 Bidders need to show evidence of responsibly sourced materials, components and employment. Bidders will need to demonstrate that local suppliers have fair access to their supply chain and that they and their supply chain have a strategy for maximising training opportunities as a result of the construction and ongoing operational maintenance of MMH.

6.7.2 In terms of sustainability, Bidders must demonstrate:
- The specification and use of responsibly sourced and accredited materials in line with the expected ratings of current Standards set out in the Green Book; and
- The long term solution by the specification and use of low maintenance materials with minimal replacement requirements.

6.8 **Land Use and Ecology**

6.8.1 The Grove Lane site is a tight urban site. The surrounding areas near the building need to be developed with landscaping, both formal and informal which provide enhanced ecological value to the site.

6.8.2 Bidders shall incorporate the conditions set out within the Outline Planning Consent relating to ecology and land use within their submission and provide evidence of how the objectives and conditions will be met by their proposals.

6.8.3 With respect to site wide Land Use and Ecology and BREEAM Healthcare, 1 credit must be achieved in respect of Mitigating Ecological Impact as this is a mandatory requirement for BREEAM Healthcare Excellent.

6.8.4 Additionally Bidders should look to maximise the number of Land Use and Ecology credits achieved under BREEAM Healthcare.

6.9 **Pollution**

6.9.1 It is a Trust requirement to reduce operational pollution through the application of good practice design of the site, buildings and services. Such impacts that are to be minimised include:

- Pollution from refrigerants;
- Emissions of nitrogen oxides;
- Emissions of carbon dioxide;
- Emissions of volatile organic compounds;
- Flooding risk;
- Surface water pollution;
- Pollution from noise, both within and external to the hospital site; and
- Pollution artificial light sources, both within and external to the hospital site.

6.9.2 The Bidders’ submissions shall incorporate evidence on how these pollutants will be minimised as part of the design and construction of the new facility which shall include anticipated quantified limits for the pollutants.

6.10 **Social**

6.10.1 The Trust is committed to the delivery of wider benefits to the local community from the hospital development than simply the provision of health care services. The hospital will form a significant potential resource for the local community. Furthermore, the Trust wishes to contribute positively to the health and well-being of the local population. Therefore the Trust wishes to see how prospective partners propose to contribute to realising these wider aims.

6.10.2 The following are examples of potential means of realising additional social benefits from the development:
• Widening the scope of use of the facilities to more than immediately health services related programmes; and
• Use of external spaces by the local population for social or health improvement purposes (the Trust has already committed to a cycle path and canal frontage improvements).

6.10.3 The above points are purely illustrative and should not be seen as definitive. Other ideas would be welcomed. All proposals must be supported by assessments of benefits, risks and impact upon affordability.

6.10.4 In addition the Trust is committed to inclusion of the local community in the development process, recognising as it does that they are key stakeholders and also are potentially impacted adversely by the construction process itself. Therefore the Trust wishes to know how prospective partners propose to directly engage with and respond to the concerns of the local community, including methods for doing so, subjects/topics to be included and timing within the development programme of any specific engagement events.

6.11 Operational Waste

6.11.1 The Trust requires that waste handling by personnel is kept to an absolute minimum in both how it directly manages this service and the transportation equipment it utilises, from the point of waste generation through to the final collection point before leaving the site. This philosophy must be taken into account when designing facilities. The Trust also wishes to retain flexibility in adapting its service philosophy in the event that more efficient or safe waste disposal methods or storage products become available.

6.11.2 Each department will have dedicated facilities for waste streams (as outlined in the schedules of accommodation). Local storage should be located as close to the point of waste generation as possible. The design should also ensure that the design for waste storage space takes account of the requirements for hazardous and non-hazardous waste streams. Reference must also be made to HTM 07:01 and 05. Further detail relating to the Waste Management services can be found in PPDD 24.
7 Trust Construction Requirements

The Trust’s Construction Requirements have been developed to set the standard for the Acute Hospital. The construction requirements are set out in Schedule 8 Part 3. This covers the following generic headings:

- Performance Specifications consisting of:
  - Architectural;
  - Mechanical and Electrical Performance Specification;
  - Landscape; and
  - Civil/Structural Engineering.
- Appendix A – Finishes Matrix;
- Appendix B – Information management and technology (IM&T) infrastructure requirements;
- Appendix C – Site Boundary;
- Appendix D - Functional Brief;
- Appendix E – PPDDs and Operational Policies;
- Appendix F – Schedule of Accommodation; and
- Appendix G – Trust Specific HTMs.

7.1 CDM

7.1.1 Project Co shall comply fully with its obligations with the CDM Regulations under the Project Agreement and shall appoint a suitably qualified and experienced CDM Co-ordinator in his role of Client.

7.1.2 A Health and Safety file will be produced by the Trust for the demolition works. This file will be made available to Bidders on completion of the Trust’s work.

7.2 Information Management and Technology Vision

7.2.1 Throughout the design Bidders will be required to take account of the Trust’s business strategy in the form of ‘The Digital Hospital’ which underpins the requirement for the future patient care to be technology based.

7.2.2 Designers should therefore provide a platform on which technology can be developed and utilised in the future without the need for physical alterations to the facility.
8 Arts Strategy

8.1.1 The Trust requires its Art Strategy, contained in Appendix D, to be incorporated into the architectural design of the hospital and environs through shape, colour and form. This will also form the basis of the wayfinding strategy.

8.1.2 Art should also form a welcome distraction to allow users to escape the ‘hospital environment’. Interactive and 3D forms should be considered.

8.1.3 All art should have a purpose and add value to the architectural design.

8.1.4 Bidders will be required to provide evidence on these principles within their design proposals and to produce an integrated art solution.
9 Reviewable Design Data

9.1.1 The Trust requires all design to be completed to the levels set out in ITPD Volume 4 Bid Deliverables, however, it is recognised that certain specific design elements cannot be completed prior to Financial Close. The quantum and review requirements of these items will be developed with the Bidders throughout the Competitive Dialogue process and listed in Schedule 8 Part 5.
10 Commissioning

10.1.1 Schedule 12 of the Project Agreement sets out the responsibilities of Project Co and the Trust in developing and executing the Commissioning Programme.

10.1.2 Bidders will be required to demonstrate how their design proposals can be commissioned to execute the Trust’s Occupation Plan which is to be completed within twelve weeks of practical completion:

- To achieve the occupation programme, the Trust will require beneficial access to undertake works identified in Schedules 12 and 13 as being the responsibility of the Trust;
- The transfer of clinical services within each phase will be as rapid as possible with the aim of completing each of these phases within 48 hours;
- Within the Commissioning Programme, the level of detail should identify the Completion Criteria, Completion Tests and Activities as detailed in Schedule 12.

10.1.3 Schedule 12 details where the Trust will retain levels of operational authorisation for certain specialist areas, for instance, Radiological Protection, Environment Agency and Medical Gases, and will therefore retain the authority to vet the design and commissioning process to ensure compliance with relevant standards, statutory or otherwise. Bidders should therefore be able to demonstrate a documented Quality Assurance system for each design and construction stage, including Trust and/or Project Co specialist advisor sign off at each stage, which has the explicit aim of achieving zero design defects and construction snagging. For such areas the design acceptance criteria will include planned maintenance schedules specific to the design. Bidders should note that within their design and construction programme, Project Co will be responsible for co-ordinating all validation processes.

10.1.4 To support the Trust’s Occupation Plan room mock-ups supporting the successful bid will be required to be left in position to enable the Trust to undertake training prior to Practical Completion. Mock-ups should therefore be constructed to a fully finished standard. The Trust will discuss early in Dialogue where the most appropriate place for the construction of the mock ups will be.
11 Equipment

11.1.1 Schedule 13 of the Project Agreement sets out the equipment procurement, transfer, installation, commissioning, maintenance and lifecycle responsibilities of Project Co and the Trust, as well as requirements for beneficial access.

11.1.2 Equipment for MMH may be purchased new by the Trust, procured through an MES, transferred from other hospital sites or provided by Project Co.

11.1.3 The Trust has developed ADB category 1 to 4 equipment groups into an Equipment responsibility Matrix (ERM) to provide a greater degree of clarity as to how equipment is managed within the project. The ERM sets out the responsibility for the procurement, transfer, installation, commissioning, maintaining and life cycling of each category of equipment.

11.1.4 The equipment schedule is contained within Schedule 13 and only refers to rooms which contain equipment. The full schedule of rooms is contained in the Schedule of Accommodation.

11.1.5 Bidders are required to provide their equipment schedules using ADB. These will then be used to produce individual 1:50 scale room layouts and elevations. Any other format will be regarded as a non-compliant by the Trust.

11.1.6 In designing the facility, Bidders will be responsible for collecting relevant equipment data direct from manufacturers to enable designs to be produced that:

- Validate the spatial areas and functionality of all room types;
- Afford the Trust vendor independence for equipment that is selected during the construction period as detailed in Schedule 13;
- Comply with the Trust’s Construction Requirements, Functional Brief and PPDDs; and
- Include a future proofing provision for equipment lifecycle replacements.
12 The PSC/Exemplar Design

12.1 Introduction

12.1.1 The Trust has worked with their Technical Advisors to develop the PSC brief in line with guidance provided within the Department of Health publication “The Design Brief Framework for PFI Public Sector Comparators at OBC Stage”.

12.1.2 It specifies the standards in design that the Trust expects Bidders to achieve as a minimum and preferably exceed.

12.1.3 The PSC is the Trust’s OBC preferred option.

12.1.4 The PSC represents a solution that is affordable and could be built where public sector capital is available.

12.1.5 Expansion space has been designed into the PSC and allows for the future addition of a three ward (96 bed) template and an operating theatre, which is a requirement regardless of the final design.

12.1.6 Bidders should note that the delivery of key clinical adjacencies should take priority in the design development, over meeting the circulation percentage allowances set out in the schedules of areas.

12.1.7 The Trust has responded to the PSC design brief with its own fully drawn solution – the Exemplar Design.

12.2 Exemplar Design Review

12.2.1 The Exemplar Design illustrates the delivery of the following key issues:

- Achievement of the Trust’s required functional relationships;
- The quantum of space included in the functional content successfully fits onto the site;
- Expansion space as clearly defined functional units;
- The absolute separation of respective flows of staff, patients, goods and services etc. from the site boundary up to the doors of the individual departments; and
- The embedding of the simplest, most readily navigable wayfinding concept possible into the complex accommodation content of the proposals.

12.2.2 The Exemplar Design is affordable, but does not necessarily illustrate the most space efficient design which achieves these objectives. Bidders are challenged to improve on this aspect.

12.2.3 The Trust has produced a commentary on the Exemplar Design which indicates to Bidders other ways in which they may improve their solution. The commentary is found at appendix D.

12.2.4 The Trust’s clinical stakeholders have appraised the Exemplar Design in line with the DQI framework. The results of this assessment are shown in Appendix E.

12.3 Architectural Design Refresh

12.3.1 The following table sets out the drawn information available to the Bidders.
Table 3 Drawn Information (available to the Bidders)

<table>
<thead>
<tr>
<th>Item</th>
<th>Whole Site Development Control Plan</th>
<th>Exemplar Design</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:500 Acute Hospital Departmental Relationships and Stacking Diagrams</td>
<td>Exemplar Design</td>
<td></td>
</tr>
<tr>
<td>1:200 Department Layouts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:50 Repeatable Rooms</td>
<td>Functional Brief</td>
<td></td>
</tr>
<tr>
<td>Repeatable Room Data Sheets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engineering Services Infrastructure</td>
<td>Data Room</td>
<td></td>
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<tr>
<td>Engineering Services Philosophy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expansion/Flexibility Strategy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12.4 PSC/ Exemplar Design Capital Cost Analysis

12.4.1 The approved OB Forms for the PSC are provided below:

12.4.2 The costs are those upon which the Trust’s financial models are based and reflect the following:

- The scheduled departmental area of 61,406m²;
- A Gross Floor Area of 79,828m² (based on 13% Communication Space and 14% plant and riser space allowance plus the atrium space);
- Standard DCAs plus enhancements to M & E services and the external envelope for the required environmental standards / energy targets;
- Contingency and Optimism Bias allowances as shown on the OB1 form; and
- A PUBSEC-based inflation allowance to the mid-point of construction.

Table 4 OBC Capital Costs

<table>
<thead>
<tr>
<th>Item</th>
<th>OBC updated 19/12/13 using SoA version 10; 79,828 m²</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Works Cost at PUBSEC 173 and 0.94 location factor</td>
<td></td>
<td>197,885,511</td>
</tr>
<tr>
<td>2 Fees</td>
<td>12.5%</td>
<td>24,735,689</td>
</tr>
<tr>
<td>3 Non Works Costs</td>
<td></td>
<td>5,370,650</td>
</tr>
<tr>
<td>4 Land</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>5 Equipment Cost Allowance</td>
<td></td>
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<td>12 Inflation to start on site</td>
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12.4.3 The anticipated capital costs reflecting the drawn area (as at business case stage) are shown in the table below. The sum of items 6 and 15 is the £285m capex used in the affordability model.

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<tr>
<td>b</td>
<td>Multi-storey car park</td>
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<td>Sub-total (at PUBSEC 173)</td>
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<td>3</td>
<td>Fees (contractor’s proportion)</td>
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<td>a</td>
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<td>b</td>
<td>Building regulations and planning fees</td>
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<td>Sub-total (at PUBSEC 173)</td>
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<td>Inflation to outturn</td>
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<td>6</td>
<td>Subtotal (at PUBSEC 200)</td>
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<td>7</td>
<td>Fees (Trust’s proportion)</td>
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<tr>
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<td>Sub-total</td>
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<tr>
<td>9</td>
<td>Non-works costs</td>
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<td>10</td>
<td>Land costs</td>
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<td>Equipment costs</td>
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<tr>
<td>12</td>
<td>Sub-total</td>
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<tr>
<td>13</td>
<td>Planning / contingency</td>
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<tr>
<td>14</td>
<td>Sub-total</td>
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<td>15</td>
<td>Optimism bias</td>
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<tr>
<td>16</td>
<td>Sub-total</td>
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</table>
### 12.4.4 The Exemplar Design has a larger footprint than the PSC however it is affordable given that the optimism bias can be reduced for a fully designed scheme.

### 12.4.5 It is anticipated that Bidders can significantly improve on the Exemplar Design in the use of circulation space and will be evaluated more highly for doing so.
13 **Design Evaluation**

13.1.1 The evaluation of the design proposals forms an integral part of the overall assessment of each bid. The Trust must be satisfied that the proposed solution offered is affordable, delivers value for money and meets satisfactorily the Trusts performance criteria as defined in the specifications.

13.1.2 The Trust has defined a clear process and timetable for design development, supported by a series of presentation and submission milestones through the bidding period. The key presentation and submission requirements illustrated in ITPD vol 4.

**Bid Deliverables**

13.1.3 The Trust has defined the deliverables required from all bidders at all stages of the competition, and for all of the presentations/submissions in the table above.

13.1.4 These are defined in full in ITPD Volume 4, including format and maximum length of response required in relation to each question.

**Bid Formats**

13.1.5 In order to best manage the evaluation process, and in particular to aid objective and fair comparison of proposals, the Trust has specified the format of each response required at each stage. Bidders are required to adhere completely with these requirements.

**Mock-Ups**

13.1.6 The Trust requires Project Co to construct mock-ups of the following rooms at Design Deliverable Stages 3 and 4:

- Single bedroom with en-suite;
- 4 bed bay with en-suite;
- Staff base;
- One Size Fits All wc (OSFA);
- Treatment room;
- Clean utility;
- Dirty utility; and
- Neonatal level 3 cot space.

13.1.7 These mock-ups should be constructed to a standard set out in the table below to enable the Trust to evaluate Bidders’ proposals in that the design standards are acceptable, fully coordinated and product selection meets the brief. This is to be carried out in accordance with the programme set out in ITPD Volume 4. Bidders are to allow sufficient time to construct and complete these mock ups.
<table>
<thead>
<tr>
<th>Mock Up Room Type</th>
<th>Required Level at Stage 3, Design Deliverables</th>
<th>Required Level at Stage 4, Design Deliverables</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 4 bed bay with en-suite</td>
<td>Space sizes; internal and external window locations; ceiling &amp; finishes and bed head and IPS location with dummy medical gas, power and data outlet locations.</td>
<td>Completely fitted out rooms with doors, cubicle curtains; bed head services outlets, IPS, sink and tapware, and loose furniture.</td>
</tr>
<tr>
<td>• Staff base</td>
<td>Template size boxed out using plywood or dry lining with dummy power and data outlet locations.</td>
<td>Sample desk with services provided as part of colour/review.</td>
</tr>
<tr>
<td>• One Size Fits All wc (OSFA)</td>
<td>Size and dummy sanitary fixtures in place to show grab rails etc.</td>
<td>Completed with grab rails and ceilings.</td>
</tr>
<tr>
<td>• Isolation Single bedroom with en-suite and lobby</td>
<td>Space sizes.</td>
<td>Complete with typical internal and external window location, privacy arrangements; ceiling and finishes; bed head services outlets, sanitary ware, shower, IPS, sinks and tapware, and loose furniture.</td>
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<tr>
<td>• Treatment room</td>
<td>Space Standard.</td>
<td>Space Standard with privacy arrangements, dummy workstation, examination space, data and power services outlets, IPS, sink and tapware, and loose furniture.</td>
</tr>
<tr>
<td>• Clean utility</td>
<td>Space Standard.</td>
<td>Space Standard with dummy storage units, data and power services outlets, IPS, sink and tapware, and loose furniture. Space standard with dummy surgeons panel &amp; pendants with dummy medical gas, power and data outlet locations.</td>
</tr>
<tr>
<td>• Dirty utility</td>
<td>Space Standard</td>
<td>Space Standard with dummy storage units, data and power services outlets, IPS, sink and tapware, and loose furniture</td>
</tr>
<tr>
<td>• Neonatal Level 3 cot space</td>
<td>Template size boxed out using plywood or dry lining with dummy power and data outlet locations.</td>
<td>Space standard with dummy pendants with dummy medical gas, power and data outlet locations, fixed and loose furniture</td>
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ITPD Volume 2

Appendix A – Functional Brief
Sandwell & West Birmingham Hospitals NHS Trust
Midlands Metropolitan Hospital
Functional Brief
07 August 2014
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<td>Heirarchy of Documentation informing MMH Design Requirements</td>
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<td>17</td>
<td>Clean Utility</td>
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<tr>
<td>18</td>
<td>Dirty Utility</td>
<td>117</td>
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</table>
Disclaimer

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1 Purpose of the document

1.1.1 The Functional Brief document is intended to provide bidders with information to facilitate understanding of the Trust's requirements for the planning and design of the new Midland Metropolitan Hospital (MMH). This document covers the following areas of information:

- Model of care, the main functional areas of the hospital and the required adjacencies
- Overview of the Design Vision to be delivered
- Site master plan strategic context and requirements
- Access and circulation requirements for the site and the hospital
- Overview of the principles of design (Common Rules) required to underpin design development
- Overview of the requirements for the layout and content of generic/repeatable rooms

1.1.2 The Functional Brief forms part of a suite of documents that should be read and considered in combination to fully understand the Trust's requirements in relation to the design of the new MMH.

Figure 1 Heirarchy of Documentation informing MMH Design Requirements
1.1.3 The Functional Brief provides key, cross cutting information that is relevant to all departmental PPDDs. The document also provides specific references to Schedule 8 Part 3, PPDDs, and Operational Policies.

1.1.4 These documents define the Trust’s requirements and ultimate outcomes for the new single acute hospital that:

- Provides flexible high quality clinical space
- Achieves high patient satisfaction
- Is a building in which staff want to work
- Delivers the Trust Design Vision statements
- Assists in the regeneration of the local area
- Is sustainable
- Opens in October 2018
- Has a best value Hard FM solution
- Is affordable
2 Approach

2.1 In developing the service delivery strategy for the future the Trust is seeking to ensure that from the perception of the patient, healthcare delivery is consistent and seamless in terms of location and care provider. The Trust has therefore established a philosophy of “zoning” services. This philosophy enables the providers to develop the principles of co-ordinated strategic development of associated services, whilst ensuring that physical adjacency is driven by the patient journey, staff movement and goods flows.

2.2 Model of care

The model, which the Trust wishes the design solution to embody is summarised in the diagram below:

Figure 2 Area Model
2.2.1 Although the Education Block, Creche and Gymnasium will not be provided as part of the New Acute Hospital, provision should be made to allow later additions to be functionally integrated within the hospital site DCP.

2.3 Key functional areas and required adjacencies

2.3.1 The key functional areas comprising the new hospital and the required adjacencies to facilitate effective and efficient functioning of the facility are listed in Table 1 below.

2.3.2 Within each of the departmental PPDDs, the key departmental and inter-departmental relationships have been described both verbally and diagrammatically. The matrix below provides an initial analysis of the essential adjacencies developed by maximum time for patient transfers.

Table 1 Adjacent Matrix

<table>
<thead>
<tr>
<th>ESSENTIAL ADJACENCY</th>
<th>Emergency Centre</th>
<th>Surgical Beds</th>
<th>ICU</th>
<th>Maternity delivery Suite</th>
<th>Neonatal care Unit</th>
<th>Operating Theatres</th>
<th>Medical Day Case</th>
<th>Endoscopy</th>
<th>Paediatric Inpatients</th>
<th>Cardiac Imaging and Therapy</th>
<th>Imaging</th>
<th>Adult Assessment beds</th>
<th>Cardio Diagnostics Neuro &amp; Resp Physiology</th>
<th>Pathology</th>
<th>Pharmacy</th>
<th>Mortuary</th>
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</table>

2.4 Schedule of accommodation

2.4.1 The detailed room requirement for the MMH scheme is provided within the Schedule of Accommodation Version 10 (contained within Schedule 8 Part 3).
2.4.2 The schedules of accommodation for each functional area have been developed from operational policies, and have been used to underpin the capital costs within the OBC.

2.5 **Specific Exclusions**

2.5.1 This Functional Brief is solely in respect of the Midland Metropolitan Hospital Project to be delivered under the PF2 protocol; as such it does not describe facilities currently located within the Trust’s Estate which are not to be transferred to the new facilities.

2.5.2 SWBH Facilities (provided elsewhere)

- Rowley Regis Hospital;
- Sandwell Hospital;
- City Hospital;
- Birmingham Midland Eye Centre (BMEC);
- Birmingham Treatment Centre (BTC).

**Staff Residences and On Call**

- Staff residences and on call rooms have been omitted from the Midlands Metropolitan Hospital.

**Project Co Accommodation**

- Project Co accommodation has been omitted from this document, PPDDs and operational policies.
3 Design Vision

3.1.1 The Design Vision to be delivered by bidders in their proposals is specified within ITPD Volume 2 and appendices (Art Strategy, Trust Visits and Research, and the Design Review report).

3.1.2 The Design Vision Group has developed the required Design Vision Values and a brief description of the Design Vision for each of these elements. An overview of these is presented in the table below.

Table 2 Design Vision Values

<table>
<thead>
<tr>
<th>Design Vision Values</th>
<th>Design Vision Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspirational, attractive and imaginative</td>
<td>A modern, iconic building that creates a sense of pride and looks to the future as a leader in healthcare design. Form and function are complementary and design adds value throughout the building.</td>
</tr>
<tr>
<td>Welcoming</td>
<td>The building provides welcoming spaces, a homely feel and human scale. Art is integral to the design, promotes wellbeing and supports wayfinding. Receptions and waiting areas are easy to find and wayfinding is clear and intuitive.</td>
</tr>
<tr>
<td>Reassuring</td>
<td>The environment feels calm and professional. High quality design and materials create expectation of high quality health services. Users of the building will feel safe and confident in the care they will receive.</td>
</tr>
<tr>
<td>Light and airy</td>
<td>The building will convey a sense of space and light and will provide outside views. The design of the building will maximise use of natural light. Provision of lighting will promote the 'light and airy' impact without glare and will be easy to control.</td>
</tr>
<tr>
<td>Clean without being clinical</td>
<td>The building will facilitate cleaning in a way that is obvious to patients and staff, so that it looks clean and tidy. This will be achieved without presenting a harsh clinical feel. Pleasant colours, finishes, shapes and designs will make users feel comfortable in the environment and will support wellbeing.</td>
</tr>
<tr>
<td>Sympathetic to the environment</td>
<td>The building will be a catalyst for regeneration of the local area. It will be an asset to the local community both in its outward appearance and in the provision of facilities for local people. Sustainability is fundamentally integral to the design.</td>
</tr>
<tr>
<td>Fully accessible</td>
<td>The building will meet the needs of all users whatever their level of physical ability and mode of transport. Independence will be promoted in accessing and moving around the building.</td>
</tr>
<tr>
<td>Supports privacy and Dignity</td>
<td>The building design will support privacy and dignity throughout the patient pathway.</td>
</tr>
<tr>
<td>A good place to work</td>
<td>The building needs to stimulate the senses of the individuals working in it. The design should inspire and empower staff.</td>
</tr>
</tbody>
</table>
3.1.3 Art proposals should build on the Design Vision Values in the delivery of the Art Strategy. The Vision is for the provision of arts in the Midland Metropolitan Hospital to:

- Enhance and humanise the environment
- Promote patient and staff well being
- Provide meaningful art work creating civic pride through community engagement
4 Master Plan

4.1 Grove Lane: Strategic Context

4.1.1 The key strategic drivers are as set out below:

- Integrated solution into fabric of wider site;
- Maximised potential for development of commercial and residential areas;
- Facilitates functioning hospital;
- Attractive and flexible setting for the hospital;
- Surrounding developments have the opportunity to respond positively to the hospital scale;
- Clear and positive routes through the site for pedestrians;
- New opportunities for bringing public transport into the heart of the whole site as well as direct to hospital front door;
- Clear and legible access points to hospital from highway assisting flows;
- Setting, scale and vistas ensure the creation of a landmark destination and gateway development.

4.1.2 The Enhanced Supporting Information as submitted in respect to the Outline Planning Application is included for guidance. It has been presented to Sandwell Metropolitan Borough Council as supporting information to the OPA. It does not represent a definitive masterplan but a general approach that could be adapted and developed accordingly.

Figure 3 Masterplan
4.1.3 The number of entrances to the site should be strictly limited and entrances secured by automatically controlled gates of similar construction or security rating to the boundary treatment. There shall be no unobserved access or escape routes to or from the hospital. The site should be arranged to maximise natural surveillance of all external spaces including entrances, car parks, cycle storage and main circulation routes. Buildings should be arranged in an efficient manner in such a way as to avoid long distances between buildings and isolated buildings remote to the centre. Buildings should also be arranged on the site to avoid creation of unobserved areas and recesses and complicated plan shapes that can conceal criminal activity from surveillance should be avoided.

4.1.4 To counter the potential threat from terrorism and mass public disorder bidders should refer to the Security and Safety section.

4.1.5 External lighting and landscaping proposals should be integrated to maximise natural surveillance and avoid hidden, shaded areas. Landscaping materials and external furniture i.e. litter bins and seating, should be robust so as not contribute to the crime risk. Climbing features that provide unauthorised access to roofs or vulnerable windows should be avoided. Bin store areas should be secure and located away from buildings.

4.1.6 Low or flat roofs should be avoided. Use simple roof shapes that do not provide hiding places as seen from the ground and are not accessible to unauthorised persons. Roof materials and construction should provide a robust and secure construction with roof glazing, service openings and plant rooms protected. There should be no climbing aids e.g. rainwater down pipe design, low canopies over entrances etc. Simple plan shape is without recesses.

4.2 Flexibility & Expansion

4.2.1 To achieve the Trust's design vision and brief the scheme should be adaptable and able to support changes in the model of care, technological developments and quantum of activity. Therefore the Bidder’s design must identify the level of potential flexibility in terms of expansion, diversification and contraction of the services delivered.

4.2.2 The design response must provide a fully co-ordinated multi professional response to the following:

**Micro Flexibility/Adaptability and Expansion**

4.2.3 The design, layouts and environmental control must be versatile to allow everyday changes in use, activity and space. The overall design must be capable of accommodating therapeutic, organisational and formal innovations whilst retaining design coherence. The structural design must enable adaptability and expansion with limited disruption and the future change and expansion should be an integral part of the building services design.

**Macro Flexibility and Expansion**

- +/- 96 Beds;
- +/- 1 OPD Cluster;
- +/- 1 Delivery Suite;
- +/- 1 Plain Film Imaging Suite;
- +/- 1 Specialist Imaging Suite;
- +/- 1 Operating Theatre Suites.
4.2.4 The Trust has provided illustration of one strategy to deliver the required level of expansion within its PSC solution. “Expansion Space” has been indicated on the 1:500, measured within the Schedule of Accommodation and costed to illustrate delivery. Furthermore, the Trust has illustrated within its PSC solution the ability to provide structural shell space for future development.

4.3 Sustainability

4.3.1 Bidder’s attention is drawn to the Grove Lane- Concept Design Development Building Form – Energy Strategy and Sustainability Report.

4.3.2 Other sustainable items:

- Environmental Policy;
- Building Thermal insulation;
- Transport Plan;
- Car Parking;
- Green transport proposals;
- Sanitary ware specification;
- Recycling Water;
- Use of rain water;
- Construction materials;
- Envelop materials;
- Ecology Water run off control;
- Hazardous substance list;
- Noise pollution;
- Signage and wayfinding;
- Local Agenda 21 scheme;
- Public consultation;
- Recycling facilities.

4.3.3 The basic principles of sustainability for buildings as defined by the Building Research Establishment (BRE) are as follows:

- Orientation of the building;
- Minimise artificial lighting, heating and mechanical ventilation;
- Avoid air-conditioning;
- Conserve water;
- Use the site and materials wisely and recycle where possible.
4.3.4 The Trust rates sustainability targets as important as style, image and aesthetics.

4.3.5 Substantial savings in the cost of building services equipment can be achieved by intelligent façade design by:

- Optimising the use of free cooling;
- Air tightness of the envelope;
- Limiting summer-time overheating;
- Maximising daylight and useful solar heating in the winter.

**Management**

4.3.6 It is the aspiration of the Trust to raise the profile of operational energy and environmental management in order to improve performance in these areas. As the impact of the new facility will be influenced by both the activities of those operating the building and those occupying the building, it is recognised that the minimisation of such impacts will be as a result of partnerships.

4.3.7 The facilities and services to be provided by those operating the building are to facilitate the monitoring and management of environmental impacts resulting from the operation of the facility.

4.3.8 On site construction activities should be procured and managed in such a way as to minimise any adverse impact on the local population and environment, such as planning safe access/egress to the site, minimising nuisance and maintaining security, whilst encouraging positive impacts through locally sourced materials and labour.

4.3.9 Therefore it is additionally anticipated that the operation of the building will be required to comply with the requirements of a formal environmental management system consistent with Trust objectives and the requirements for maintenance access required by statutory regulations.

**Internal Environment**

4.3.10 It is the Trust's intention that the internal environment of the new facility should ensure that occupants and users experience a welcoming and pleasant environment that facilitates a feeling of health and well-being.

4.3.11 In order to achieve this it is a Trust objective that the new facility should benefit wherever possible from the provision of good natural light levels. However it is also recognised that measures must be taken in order to limit excessive solar heat gain.

4.3.12 The Trust intends to reduce energy consumption to both reduce carbon dioxide emissions and minimise operational revenue costs over the life of the building.

4.3.13 This will be achieved by setting a minimum energy performance target.
Transport

4.3.14 The Trust has a Green Travel plan that has investigated the potential for providing alternative means of transport to and from the site in order to reduce reliance upon the car and sets actions and targets for the minimisation of pollution and congestion. To achieve this aim the Trust has liaised with local public transport providers and the Local Authority as part of the OPA.

4.3.15 It is also a requirement of the Trust to ensure that the site is designed to ensure that pedestrians, both ambulant non-ambulant persons, and cyclists can safely travel around the site whilst minimising the need to cross traffic.

4.3.16 The Trust will provide some on-site amenities possibly including shops, banking, crèche, and gymnasium which will reduce the need for transport.

Water

4.3.17 It is the position of the Trust that water consumption should be minimised as much as possible given that Clinical risks and requirements are to be a clear priority.

4.3.18 Minimisation will be realised by the integration of water consumption saving strategies.

4.3.19 These being:

- Rainwater harvesting;
- No touch technology
- Grey water reclaim from non-clinical areas for use in non-clinical areas.

4.3.20 The Trust would welcome consideration of recycled water being used for WC and urinal flushing. In addition water saving devices and low volume use terminal fittings will be widespread to assist in the water conservation policy.

4.3.21 Tap and shower outlets will utilise no touch technology.

4.3.22 Water utilisation will be monitored and targeted and operational maintenance established.

4.3.23 The grounds should be developed using planting that requires no watering wherever possible with alternatives to grass being sought.

4.3.24 Drinking water fountains are to be specified in order to prevent the need to import bottled water onto site.

Materials

4.3.25 The Trust wishes to use materials and construction techniques that are classified as “A-rated” in the “Green Guide to Specification”.

4.3.26 Use of recycled ‘aggregate’ materials (crushed masonry for example) for use in foundations and under road surfaces is also to be incorporated where possible and where such materials can be found within a sensible distance for transport.
4.3.27 The Trust wishes to ensure that Project Co offers fair access to its supply chain to local suppliers.

4.3.28 The Trust also wishes the design of the building to be robust, such that it is appropriate to the use of a given area and limits the potential for impact damage (internally and externally) and excessive wear and tear. This should be with reference to life cycle costs given that it is expected to be in service beyond the term of the PF2 contract.

4.3.29 Suitable maintenance access will prolong the sustainable life of the building.

**Land Use and Ecology**

4.3.30 Whilst the Trust recognises that the current use of the proposed site is urban / industrial it is a Trust aspiration that the site should be developed to benefit the people, environment and ecology in the locality.

4.3.31 The design solution should seek to minimize the environmental impact of the hospital buildings by accommodating local ground conditions and constraints.

4.3.32 There is potential to link the site to a number of local amenities in order to improve access to them by pedestrians or cyclists.

4.3.33 These include a number of local parks and the canal to the north of the site. The time scale for the regeneration of the canal area will be a reference when providing the appropriate links.

4.3.34 Maintaining the access to the park bordering the south-east of the site will be a priority, whilst routes across site to other amenities will be considered.

4.3.35 It is a Trust aspiration that the grounds should provide where possible a degree of therapeutic benefit. Such areas will be planted in order to benefit site ecology with use of native species and species to attract wildlife.

**Pollution**

4.3.36 It is a Trust requirement to limit the emission of carbon dioxide through the significant use of low/zero-carbon energy technologies (LZC).

4.3.37 It is a Trust requirement to reduce operational pollution through the application of good practice design of the site, buildings and services. Such impacts that are to be minimised include:

- Pollution from refrigerants;
- Emissions of nitrogen oxides;
- Emissions of volatile organic compounds;
- Flooding risk;
- Surface water pollution;
- Noise;
- Light pollution.
Social

4.3.38 It is the intention of the Trust to provide facilities that will benefit the local people in addition to those traditionally associated with a healthcare facility. It is most appropriate that such facilities should focus on education, illness prevention and health improvements.

4.3.39 Examples could include:

- Provision of amenities that the local community could use including facilities such as a gym, crèche, community rooms, areas for community activities or shops and which could provide additional opportunity for employment;
- Consultation of the local population and interested groups and incorporation of feedback into the design;
- Publication of building information and site progress concerning the new development via the internet, newsletters, site visits, presentations for example.

Operational Waste

4.3.40 The minimisation of waste and maximum recycling will be a significant factor with regard to waste produced by the development.

4.3.41 Dedicated facilities will be incorporated for storage and collection of recyclable material in conjunction with adequate segregation. This will include local non-clinical area storage, subsequent centralised storage and collection provisions.

4.3.42 The waste streams will be subject to the following management procedures:

- Waste policy and strategy including Local Authority;
- Waste monitoring and auditing;
- The environmental management system required in the management section.
Hospital Access & Environment

5.1.1 This section sets out the access and circulation requirements, as part of the proposed hospital redevelopment. It includes vehicular access and circulation, servicing and public transport access, together with hospital entrance, communication and public spaces.

5.2 Site Access and Circulation

5.2.1 Internal site circulation routes shall be established to link external access points, car parks, hospital entrances and service areas, supported by a clear and simple way finding system. The internal network must satisfy the requirements of the following:

- Separation of flows;
- General vehicular traffic (staff, visitors and patients);
- Drop off facilities;
- Facilities Management activity;
- Receipts and distribution activity;
- Discrete activity;
- Pedestrians;
- Cyclists;
- Public transport and taxis;
- Patient transport;
- Hospital related vehicles;
- Service and delivery vehicles;
- Emergency service vehicles (police, fire and ambulance).

5.2.2 In terms of access and circulation arrangements, the design solution should consider an approach to that listed below:

- Design and capacity assessment of all new or modified accesses onto the public highway;
- Design must take into account patient, staff and visitor safety and to ensure that there is adequate provision for segregation of vehicular and pedestrian movement;
- Plan of the proposed internal circulation loop road, including details of the restriction between the visitor car park and the loop road, and details of measures to restrict rat run along the road;
- Details of design features to achieve a ten miles per hour speed limit.
- All car parks should be accessible to patient transport and emergency vehicles.
Routing arrangements shall be established for emergency vehicles, such as fire engines. Routes shall be developed which allow access into the Site from all the key access points. Details shall be provided on how emergency vehicles are proposed to circulate around the Site.

All access points to the site must be obvious, uncluttered and clearly identified with a gate number or other suitable means of identification.

**General Vehicular Traffic (Staff, Visitors and Patients)**

Car parks shall incorporate the appropriate design feature to meet the standard of the Association of Chief Police Officers ‘Safer Parking scheme’. Reference must also be made to “Resilience planning for healthcare estate - car parking”.

Car parks shall also be designed to reduce the need for vehicular movements around the site. It is envisaged that the main visitor and staff car park areas will be separate and will be barrier controlled. Visitors will pay on foot before returning to their cars. All car parking shall be part of controlled parking regime.

In the event of the visitor car park being full there should be a clear route, avoiding the main highway to overflow parking.

It is expected that the parking regime will include identified space for staff and visitor cars, shared cars for staff, motor bikes, cycles, drop offs, Trust car pool vehicles, ambulances, loading bays and include:

- The location of each entrance and exit to the car parks;
- Emergency vehicle access;
- The method of control;
- The design layout and operation of the car parks which must not impede the flow of traffic on either the hospital’s internal circulation road or the external public highway;
- The internal layout and details of circulation.

Dedicated car parking spaces will be provided for staff who car share, it is proposed that 50 parking spaces are reserved as priority spaces for car sharers: this would accommodate approximately 1.13% of the staff at the new site. These spaces must be in a more convenient location to other parking spaces on the site (except for disabled spaces) in order for other drivers to feel disadvantaged, and possibly look into car sharing themselves. This will be achieved either through allocating a separate access controlled car park or by providing a number of spaces in the general staff car park. The car park design will be flexible to enable future reallocation of spaces should the demand for car sharing increase.

Car parking spaces for disabled drivers will be provided across the site in close proximity to the building accesses to achieve accessibility for the mobility impaired drivers. All spaces will be required to be sized on a minimum of 3.6m wide bays.

The car park design will be flexible to enable future reallocation of spaces between staff and visitors should this be required through the Travel Plan. All parking areas will be adequately lit and CCTV must be provided at all entrances, barrier positions, car park levels, pay stations and both vehicular and pedestrian exit points including automatic number plate recognition (ANPR). Pay stations must be positioned at optimum locations on each floor level and in sufficient quantum to avoid congestion at pay or exit.
5.2.12 Electric charging points will be required on each public and staff car park as designated in Table 3.

5.2.13 SWBH currently manages 3025 car parking spaces, the car parks are made up of public and staff parking and with some combined usage.

5.2.14 The required car parking for the Midland Metropolitan Hospital, based upon the patient travel survey on model choice within the Towards 2010 New Smethwick Hospital Transport Assessment and Towards 2010 New Smethwick Hospital Travel Plan is set out in the Table 3 below:

**Table 3 Car Park Numbers Overall**

<table>
<thead>
<tr>
<th></th>
<th>Ambulant</th>
<th>Car Share</th>
<th>Disabled</th>
<th>Priority</th>
<th>Drop off</th>
<th>TOTAL</th>
<th>Electric Charging Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>1270</td>
<td>50</td>
<td>53</td>
<td>82</td>
<td>Nil</td>
<td>1455</td>
<td>6</td>
</tr>
<tr>
<td>Visitors</td>
<td>319</td>
<td>Nil</td>
<td>54</td>
<td>Nil</td>
<td>Nil</td>
<td>373</td>
<td>6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1589</td>
<td>50</td>
<td>107</td>
<td>82</td>
<td>Nil</td>
<td>1828</td>
<td>12</td>
</tr>
</tbody>
</table>

5.2.15 The total provision for car parking has been based upon the following:

- One space for every 2.6 staff on site;
- One space for every 1.4 bed.

5.2.16 The table below includes the following dedicated requirement.

**Table 4 Car Parking/Vehicle Numbers - Dedicated**

<table>
<thead>
<tr>
<th>Department</th>
<th>PPDD</th>
<th>Vehicles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortuary</td>
<td>30</td>
<td>1 vehicle</td>
</tr>
<tr>
<td>Facilities Management (TRS)</td>
<td>24</td>
<td>10 Vehicles</td>
</tr>
<tr>
<td>Facilities Management (PFI)</td>
<td>26</td>
<td>2 Vehicles</td>
</tr>
<tr>
<td>Mobile Medical Vehicles</td>
<td>11</td>
<td>2 Vehicles</td>
</tr>
<tr>
<td>Patient Transport (ambulances)</td>
<td>32</td>
<td>8 Vehicles</td>
</tr>
<tr>
<td>Emergency Department (Blue Light)</td>
<td>01</td>
<td>20 Vehicles</td>
</tr>
<tr>
<td>Emergency Department (Security)</td>
<td>01</td>
<td>1 Vehicle</td>
</tr>
</tbody>
</table>

5.2.17 To allow flexibility between staff and visitor numbers, an on-site vehicular access route is required between the undercroft and multi storey car parks. The route is to be controlled by the use of openable/lockable barriers and signage.
Drop Off Facilities

5.2.18 Drop off and pick up facilities shall be provided at each of the main entrances to the hospital buildings. These shall be designed and controlled so to avoid congestion at the main entrances and a maximum wait time shall be specified. These must be located at the Emergency Department, Maternity Delivery Suite and main entrance.

Pedestrians

5.2.19 Pedestrian routes must be provided across the site from all junctions with the public highway, to buildings, public spaces and bus stops. Safe and obvious routes for pedestrians will be provided through car parks and from car parks and public transport locations to buildings and public spaces. Routes may be adjacent to vehicle routes, combined with cycle routes or segregated from both. Additionally, all routes must be accessible by wheelchair, powered wheelchair and mobility scooters whilst maintaining the safety of pedestrians. All routes must be appropriately defined with clear signage and lit promoting a feeling of a secure environment.

5.2.20 Crossings must be provided at key locations of potential conflicts between pedestrians, cyclists and vehicles. The design of the pedestrian routes must encourage staff and visitors to travel to the hospital on foot, consistent with the aims of the Travel Plan to reduce car journeys. All pedestrian routes will ensure provision for the mobility impaired. Dropped kerbs must be provided to negotiate wheelchair access onto the road, consistent use of tactile paving to provide information for the visually impaired and safe and direct access to public transport and car parks to aid modal interchange at locations of high pedestrian demand.

Cyclists

5.2.21 The Trust require cycle storage spaces for staff, visitors and patients and provide suitable safe and secure covered storage with adequate lighting and signage close to the main entrances to the Facilities. Staff will have access to secure changing and shower facilities, located within the Neighbourhood Hubs. Patients and visitors will have access to shower facilities located within the main entrance. The design solution should ensure that proposals for cycle stores are in keeping with the overall design aesthetic for the buildings and external works, both existing and proposed.

Table 5 Sets out the Trust's Requirements in Respect of Cycles

<table>
<thead>
<tr>
<th>Location</th>
<th>Secure Covered Storage</th>
<th>Secure Exposed Storage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Near the main entrance to the hospital and adjacent to the main staff car parks</td>
<td>213</td>
<td>Nil</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>213</strong></td>
<td><strong>Nil</strong></td>
</tr>
</tbody>
</table>

5.2.22 Safe cycle routes must be provided to give direct access to cycle parking facilities. The design of the cycle routes must encourage staff and visitors to travel to the hospital by cycle, consistent with the aims of the Travel Plan to reduce car journeys.
5.2.23 Cycle parking areas will be provided near to the main entrance to the building where there are substantial flows of people, thereby providing surveillance and a deterrent to theft. Cycle routes will be provided off-road where possible, and provision made for dropped kerbs and /or ramp to allow for a smooth transition from the road. The routes will be well-lit and provide direct links to any existing external cycle facilities on the public highway.

Public Transport and Taxis

5.2.24 Bus services need to penetrate into the site, serving the main entrances of the hospital site. The Trust has consulted with the relevant bus operators and Local Authority to ensure suitable routing through the hospital site. The bus route must be free from congestion and delays. Proposals shall fall in line with guidance given in the Institute of Highways and Transportation ‘Planning for Public Transport in Developments’ and their suitability, which must be confirmed by Local Authority.

5.2.25 The design of the internal road network will facilitate ‘through running’ by public service vehicles. The design solution must explore the use of bus lanes as a means of providing priority, bus only access onto or through the site.

5.2.26 Taxi drop off and pick up (taxi stands) spaces will be situated at main entrances, but not emergency blue light locations and they must not obscure the view or route to and from the entrance. Drop off spaces shall be at each public entrance. A rationale for the proposed provision and how they will be marked out on site should be provided.

Patient Transport

5.2.27 Provision shall be made at the main ambulatory entrance - (away from but adjacent to) for patient transport ambulances to pick up and drop off patients, and provision shall be made for convenient short-term parking. Patient transport vehicles must not obscure the view or route to or from the entrance.

Health Related Vehicles

5.2.28 The Trust require access, manoeuvring, parking and docking facilities for a number of Health related vehicles the functionality for which is described within individual PPDDs.

Service and Delivery Vehicles

5.2.29 The Trust require access, manoeuvring, parking and docking facilities for a number of Service and Delivery related vehicles the functionality for which is described within individual PPDDs. The flows for these vehicles must be separated from that of visitors, staff and patients.

Emergency Service Vehicles (Police, Fire and Ambulance)

5.2.30 In addition to the requirements for Hospital emergency care access set out in the emergency care access section below, the Trust requires clearly defined external access points for Emergency Service Vehicles which will be required on a 24/7 basis. Access spaces must be provided in agreed locations with the Emergency Services and kept clear of parked vehicles and obstructions at all times.
5.3 **Access and Egress to the Building**

5.3.1 The Trust would wish to limit the number of access or egress points from the building whilst still meeting its functional requirements. Audio-visual communication is required to all entrances. Due to the high volume of traffic, automatic doors are required, the design of which should take due regard to resolving the conflicting requirements of unimpeded access and the maintenance of an appropriate environment i.e. the elimination of draughts, sudden heat loss and maintenance of security.

5.3.2 All external entrances should meet the requirements of Equality Act 2010 and Building Regulations Approved Document M, and require draught lobbies and protection from weather. Bidders must consider warm air curtains at main access points to the internal environs. In addition, two no. large diameter (4800mm) revolving doors, meeting the requirements of Equality Act 2010, are anticipated at the main entrance. All external entrances must be obvious, and uncluttered to maximise pedestrian flow and avoid congestion at the entrance. The congregation of people, waste material or deliveries at the entrances to the hospital must be discouraged.

5.3.3 All access, egress and fire escapes should be secured against unauthorised access and should be controlled and monitored electronically.

- Lighting should be provided to all entrances, recesses, movement routes and car parks;
- Security lighting should be designed to promote a feeling of safety, discourage criminal activity and provide light for surveillance purposes;
- All emergency fire exit doors/stairwells leading to the external environs should be secure and alarmed. The alarm should activate both locally at the door and in the Security Base. Fire/stairwell doors should automatically unlock upon the activation of the local fire alarm and automatically lock when the relevant fire alarm panel has been reset.

**Access Control Systems**

5.3.4 The Trust requires an Access Control System. The system should ensure that only authorised persons enter or leave the premises and that they do so under controlled conditions to preserve security. This would include the Lock Down provision.

5.3.5 The access control system should use a means of identifying an individual and then refer to a database to check the times and doors through which access is permitted and subsequently recorded. Having identified and accepted individuals the system should trigger the release of the door lock. Staff access will be gained via proximity reader access control system and access by non-authorised persons to controlled areas should be via remote door releases activated from staff bases which include a call push, CCTV identification and a voice audio link

5.3.6 The system should be integrated with other security systems within the Security Base. Access to service and other non-public lifts should be controlled by utilising the staff identification system.

5.3.7 Attention must be given to the design of the system to ensure that the legal rights of patients wishing to leave are not compromised whilst ensuring confused patients cannot accidently leave e.g. provision of emergency over-rides

5.3.8 The access points must be capable of accommodating the infrastructure necessary to allow the monitoring of staff movement (Time and Attendance System).
5.3.9 There is a requirement for dedicated 24/7 entrance to the Emergency Department for emergency and urgent care and direct admissions to the Delivery Suite.

5.3.10 24-hour access will be required to the library and undergraduate facilities within the Education and Training Department (PPDD 22).

5.3.11 Out-of-Hours access to inpatient wards and critical care for receiving family members and transfers of patients, often by ambulance, will be achieved via the Emergency Department (PPDD 01).

5.3.12 Visitor access to all areas will be via the hospital’s main entrance during core hours and via the Emergency Department out of hours (PPDD 01).

5.4 Whole Hospital Flows

5.4.1 In order to protect the privacy, dignity and respect of individuals who may be distressed or in a state of undress, in developing the design solution it is essential that the movement of patients, staff and goods is managed safely and efficiently maximising the separation of these flows both vertically and horizontally. In addition the design shall separate inpatient from ambulatory flows and emergency from elective. Bidders should refer to the Trust’s Privacy, Dignity and Respect Policy.

5.4.2 The patient experience shall be central to the development of flows within the facility and the wider external environment with the establishment of identifiable entrance areas for the Emergency, Ambulatory and Main Hospital, supported by an appropriate concourse facility. As a principle, journey length and complexity shall be minimised. A core principle adopted within the Design Brief and subsequent development of the schedules of accommodation, was the establishment of high footfall and patient volume departments and services close to the access points to avoid unnecessary journeys into the high acuity care areas of the building. It is recognised that balancing the management of flows and establishment of required adjacencies may require the use of vertical and horizontal flows. Should this be the case the design solution must include details on how the proposals deliver the required relationships and journey length.

5.4.3 A series of diagrams have been developed to describe the patient flows within and between departments and these are incorporated within each of the departmental Planning Policies and Design Descriptions (PPDDs). In order to fulfil the potentially conflicting requirements of the hospital flows described within each individual PPDD and provide for the co-location of operational specialities a three-dimensional approach should be considered.

5.5 Emergency Care Access

5.5.1 The Trust is seeking to establish a single point of entry to the emergency and urgent care services for all unscheduled patients, and this must be highly visible, and support the appropriate flow of patients, dependent upon their clinical need.

5.5.2 A clearly defined external access for Emergency ambulances is required. This will need to be used on a continual basis and shall be kept clear of parked vehicles and obstructions at all times. This will be used for:

- Dedicated emergency vehicle entrance for Emergency Department;
- 24/7 access and drop off for the Delivery Suite.

5.5.3 Parking for emergency vehicles as set out in Table 4 is required.
5.5.4 The Trust does not require a helicopter landing facility.

5.6 Service Access

5.6.1 There will be a single point for receipt and distribution of all goods and services to all functional areas. The flow of goods and services should be clearly separate from those of patients and visitors. Dedicated lifts should be provided to facilitate access to floors and neighbourhood hubs and these should be able to accommodate tugs and/or AGVs. A direct continual linkage will provide vehicle access from receipts and distribution stores to all floor levels and neighbourhood hubs. Patients should not generally be able to access the FM facilities and should not pass through any key support functions in order to access clinical facilities.

5.6.2 The Trust is actively considering the use of Automated Guided Vehicles (AGVs) for the delivery of materials and goods between primary FM service zones e.g. central catering and Receipts and Distribution to all Neighbourhood Hubs. This reinforces the requirement for separation of goods flows within the hospital. Design of goods routes should take account of turning circles, set down and pick up zones, charging and parking spaces.

5.6.3 A service and delivery strategy for the site will need to be developed in agreement with the Trust who will be directly operating the full range of soft facilities management services. Particular note should be paid to the Facilities (Trust Managed Services) PPDD No 24. Details shall be provided of the proposed service routes throughout the hospital, both internally and externally.

5.7 Pneumatic Tube System

5.7.1 The Trust requires that the design solution provide the following functionality or equivalent in respect of a pneumatic tube system (150mm diameter), which delivers between the following functional areas as set out in Table 6 below and within individual departmental PPDDs:

- Connectivity to and from pathology;
- Connectivity to and from pharmacy;
- Connectivity between other departments.

5.7.2 The Trust does not anticipate that the pneumatic tube system will be used for the transportation of blood or blood components although pathology blood samples will be transported using this system.

5.7.3 The pneumatic tube system should have the facility to set priorities, being capable of diverting lower priority samples until the higher priority samples have passed through, and must be fully compatible with the requirements of HTM 2009.

5.7.4 The majority of transactions will be to and from pathology and pharmacy. There will therefore be the need to be adequate stations to service the need. Both pathology (specimen reception) and pharmacy (dispensary) require a twin pneumatic tube issue / receipt station together with a separate empty return station in addition to the connectivity identified within the other clinical departments in Table 6 below.

5.7.5 The transporting “Pods” to include ‘chipped’ transponders so that they are allocated to a particular department.

5.7.6 The pharmacy and pathology pods must be different to ensure specimens and drugs will never be in the same pod.
5.7.7 There should be a visible and audible alarm remote from the pathology and pharmacy stations for times when there is a lone worker in these departments.

5.7.8 Capacity / volume expressed as anticipated “pods” per day (excluding the return of empty pods which equates to a further 650 transactions) is included in Table 6 below. It is further anticipated that 50% of this activity will take place within a three-hour session (09.00-12.00).

Table 6 Pneumatic Tube Requirements

<table>
<thead>
<tr>
<th>Department</th>
<th>PPDD</th>
<th>Connectivity (to / from)</th>
<th>Local requirement</th>
<th>Capacity / Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathology</td>
<td>Pharmacy</td>
<td>Other</td>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Emergency Department</td>
<td>PPDD 01</td>
<td>Y</td>
<td>Y</td>
<td>n/a</td>
</tr>
<tr>
<td>Inpatients - Generic</td>
<td>PPDD 02</td>
<td>Y</td>
<td>Y</td>
<td>n/a</td>
</tr>
<tr>
<td>Integrated Critical Care Unit</td>
<td>PPDD 03</td>
<td>Y</td>
<td>Y</td>
<td>n/a</td>
</tr>
<tr>
<td>Maternity Delivery Suite</td>
<td>PPDD 04</td>
<td>Y</td>
<td>Y</td>
<td>n/a</td>
</tr>
<tr>
<td>Neonatal Unit</td>
<td>PPDD 05</td>
<td>Y</td>
<td>Y</td>
<td>n/a</td>
</tr>
<tr>
<td>Operating Theatres</td>
<td>PPDD 06</td>
<td>Y</td>
<td>Y</td>
<td>n/a</td>
</tr>
<tr>
<td>Medical Day Procedures</td>
<td>PPDD 07</td>
<td>Y</td>
<td>Y</td>
<td>n/a</td>
</tr>
<tr>
<td>Endoscopy Unit</td>
<td>PPDD 08</td>
<td>Y</td>
<td>Y</td>
<td>n/a</td>
</tr>
<tr>
<td>Cardiac Imaging &amp; Therapy</td>
<td>PPDD 09</td>
<td>Y</td>
<td>Y</td>
<td>n/a</td>
</tr>
<tr>
<td>Imaging Department</td>
<td>PPDD 11</td>
<td>n/a</td>
<td>Y</td>
<td>n/a</td>
</tr>
<tr>
<td>Outpatients Department</td>
<td>PPDD 14</td>
<td>Y</td>
<td>Y</td>
<td>n/a</td>
</tr>
<tr>
<td>Cardiology, Neurophysiology &amp; Respiratory Physiology</td>
<td>PPDD 16</td>
<td>Y</td>
<td>Y</td>
<td>n/a</td>
</tr>
<tr>
<td>Inpatients - Paediatric</td>
<td>PPDD 29</td>
<td>Y</td>
<td>Y</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>49 stations</strong></td>
</tr>
</tbody>
</table>
5.8 Public Spaces

Landscaping

5.8.1 The new hospital site has excellent opportunity for a landscaping solution to exploit its canal side setting. The form of the external space and landscape should relate to the Site context, and provide an integrated approach with the architecture and whole Hospital design which sits within an overall site master plan. The whole site masterplan must complement regeneration of the local environment and consider the potential visual and physical impact that the hospital development will have on adjoining developments. Landscaping will be an integral part of the positive impression the Trust wishes to create as the first impression of its flagship state of the art acute hospital facility.

5.8.2 All external space should be landscaped, including courtyards, and should be accessible by all designated hospital users. Landscaped designed roofs should also be considered within the landscape solution.

5.8.3 External space should allow for a coordinated mix of art, planting, street furniture and seating to create functional spaces to compliment the hospital environment and aid wayfinding. These spaces should be therapeutic and create a positive healing environment in order to support the physical and emotional needs of both patients and staff. The external landscape should be a welcoming, accessible, open but secure environment with a distinct visual identity that incorporates the “Secured by Design” principals in a holistic way, and addresses anti-social behaviour issues.

5.8.4 The Trust wishes for Project Co to transfer an existing art sculpture from its City Site and therefore an appropriate location should be identified in the landscape solution. The Grove Lane site will be completely redeveloped and to provide some links back to its former use, a commemorative stone panel which was installed in one of the existing boundary walls has been recovered by the Trust. Project Co is requested to reinstall it within the landscape solution.

Connecting the Inside to the Outside

5.8.5 The inside of the hospital should be connected with the outside both visually and physically with access to the landscaped grounds and courtyards. This can be achieved by sympathetic glazing, open and interesting circulation, and non-institutional patient and staff areas.

5.8.6 The Trust subscribes to the idea that successful environments cannot be fully achieved by the use of a series of isolated “features”. The site should include gardens and external seating areas that are linked with the internal spaces in the building so as to create an overall integrated design. The overall impression of the site should be of a green and verdant environment connected to the inside of the hospital through visual links, focal points and the creation of views to that aim to bring the outside into the buildings through use of courtyards and ‘garden’ walkways.

Landscaping design principles

5.8.7 The following principles should be adopted in developing the landscape design:

5.8.8 The design should create a landscape with genuine “all year round accessibility and interest”, which is responsive to seasonal weather conditions and should include covered areas to provide external amenity space. Provision should be made for the inclusion of seating and furniture in these areas. The
design should balance the needs of landscape setting and interest, with optimum security and crime reduction, access, personal safety and long-term management and maintenance.

5.8.9 The hard and soft landscape around the building should be appropriate in their quality to promote sustainable initiatives and require minimal maintenance and provide clarity between true public domain and areas where access is restricted to staff and patients. All landscaped surfaces and changes of levels must be safe and clear. Hard landscape should be provided where pedestrian routes are likely, but this should be considered as part of a landscape design rather than straight edged paths. Designs should keep people away from the immediate vicinity of windows to prevent nuisance and to maintain visual and acoustic privacy of those inside the building.

5.8.10 Optimum access and circulation is required to promote pedestrian movement around the site for health, through exercise, recreation, and quiet contemplation. Access for disabled people will be required throughout.

5.8.11 The planting selection must enhance the wildlife ecological value of the site using native species where possible to encourage nature (berries for birds, flowers for butterflies etc).

5.8.12 Lighting must be used to maximum effect, but it should be noted that designs should be equally as effective in daylight. External artificial illumination will be essential as the hospital is operational at all times. Design solutions must also address light pollution and privacy for patients in the hours of darkness.

Concourse and Waiting Areas

5.8.13 All main entrances shall be easily identified, obvious, uncluttered, highly visible and suitable and sufficient to accommodate the volume of staff, visitors and patients using the area and will allow ease of access and egress for all.

5.8.14 The Concourse entrances provide the main public access and egress point to the Hospital. The entrances need to provide an environment, which makes clear its function and the specialities it serves with its own philosophy and identity. The Concourse entrances will be used every day (Refer PPDD 32). The main entrance and concourse must be designed to promote intuitive flows into and around the building and avoid congestion or confusion. (See Trust requirements with respect of wayfinding strategy)

5.8.15 For a number of people the Concourse(s) will be their first exposure to the hospital environment. Therefore it is important that the entrance must be functionally suitable for purpose but also makes a strong statement and provides an excellent first impression to visitors. It must be spacious, welcoming, maximise vision and calming to those who are anxious and distressed and must allow for people to congregate in groups in relative privacy. The way finding must be clear and concise and allow people to quickly identify where they should go, reference should be made to section 6.13 of this document in respect of wayfinding.

5.8.16 The Concourse and each waiting area shall have ready access to a reception point. These facilities shall be designed to both act as a focal point and maintain both privacy and dignity, particularly when people are expected to divulge personal or sensitive information e.g. computer screens not visible to the public and chairs for waiting should not be situated within earshot of reception. Reception facilities should be visible from visitor lifts and staircase exits and will provide the full range of counter heights together with facilities to cater for people with auditory and visual impairment. Induction loops shall be provided in all receptions in addition to main control points. The waiting and reception areas situated on the neighbourhood hubs are unlikely to be manned and automated check-in facilities are to be
provided. The seating should be fixed and arranged in such a way as to avoid eye contact with other patients/visitors. Queuing arrangements at reception desks should be designed to ensure patients’ details are not overheard.

5.8.17 The various elements of the Concourse must be designed as a coordinated whole, without segregation from the main waiting elements. There shall be the provision of public telephones, car park pay stations, change machines, mobility scooter docking stations, wheelchair bays, ATMs and public information displays within the main Concourse (Refer PPDD 32).

5.8.18 The Concourse is to be designed to allow for a central space to be used flexibly for performance/stalls/stands. This area should be provided with access to power, data, water and storage facilities (Refer PPDD 32).

5.8.19 The Trust wishes to facilitate a hierarchy of waiting space with a transition from the Concourse through to neighbourhood hub, main waiting and sub waiting areas. Each waiting area shall incorporate a range of seating, reflect the anticipated population in terms of age, gender and clinical specialty, be equipped with facilities for health education and be in close proximity to public toilets, including facilities for the disabled. In the case of main waiting areas the use of large public screens for public information and health education is required, as highlighted in Table 7 below:

Table 7 Waiting Spaces

<table>
<thead>
<tr>
<th>Size</th>
<th>Typical Location</th>
<th>Seating Type</th>
<th>Patient Entertainment</th>
<th>Patient Information</th>
<th>Patient Welfare</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Sub Wait - dressed</td>
<td>Mobile</td>
<td>32” screen</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>5</td>
<td>Sub Wait - gowned</td>
<td>Mobile</td>
<td>32” screen</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>15</td>
<td>Waiting Dressed</td>
<td>Fixed</td>
<td>42” screen</td>
<td>Leaflet Racks</td>
<td>Piped Water</td>
</tr>
<tr>
<td>30</td>
<td>Waiting Dressed</td>
<td>Fixed</td>
<td>42” screen</td>
<td>Leaflet Racks</td>
<td></td>
</tr>
<tr>
<td>60</td>
<td>Waiting Dressed</td>
<td>Fixed</td>
<td>42” screen</td>
<td>Leaflet Racks</td>
<td></td>
</tr>
<tr>
<td>90</td>
<td>Waiting Dressed</td>
<td>Fixed</td>
<td>42” screen</td>
<td>Leaflet Racks</td>
<td></td>
</tr>
</tbody>
</table>

5.8.20 NB. Size to include a minimum of 1 (or 5% of the capacity) for wheelchair users.

5.8.21 It should be noted that a number of the sub wait areas are to be specifically provided for patients who are no longer in normal clothing and therefore the issues of vulnerability, privacy and dignity are of significant importance. Refer to individual departmental PPDDs for quantum and location.

5.8.22 Furniture design should prevent patients, their friends or family from stretching out and sleeping, therefore smaller grouping of seats is preferable.

5.8.23 The Trust has identified a number of dedicated children’s waiting and play areas these are described within individual PPDDs.

5.8.24 The Trust anticipates the use of atriums and balconies both within the main entrance concourse and areas of vertical circulation. The design, whilst meeting the objectives of HBN 00-04 section 7, must incorporate measures to mitigate against any potential for confused persons to jump from these
spaces, therefore, such measures as storey height glazing of balconies and full enclosure for suspended walkways must be used.

**Retail Space**

5.8.25 The functionality of the retail areas are described in PPDD 32. These areas will be designed to integrate with, and should not detract from, the functionality of the concourse as a whole. There should be an external entrance provided.

**Internal Communications**

5.8.26 The Trust requires that all the accommodation is linked via an internal communication route network allowing for the uninterrupted movement of patients, visitors and staff between departments. These circulation routes should not form part of any departmental circulation. The Trust requires that the design solution addresses the capacity of both horizontal and vertical communication routes.

5.8.27 Patients are routinely transferred between clinical areas utilising a range of transport including beds with full orthopaedic and critical care accessories, trolleys and hospital wheelchairs. Bidders should also incorporate within their proposals the increased use of motorised wheelchairs and scooters. The Trust will be seeking solutions, which provide appropriate circulation routes and access routes to departments and individual rooms. The design solution should separate clean and dirty service support traffic from the clinical and public flows and achieve the maintenance of patient privacy and dignity at all times. Further details regarding the separation of flows are described within *PPDD 24 Facilities Management - TMS*. Dimensions of corridors are specified in the Trust’s Construction Requirements.

5.8.28 Where doors within circulation routes are solely fire doors then they shall incorporate automatic hold open devices facilities. Where doors are required to define departments and deter inappropriate access these shall normally be in the closed position with facilities for their safe operation to allow both patient and goods traffic through, although these doors are security controlled they must be powered opening and closing. The provision of delayed action door closers must be incorporated within the design solution.

5.8.29 Internal screens to clinical areas must be clear glazing with interstitial blinds for ease of operation, privacy and dignity and cleaning.

5.8.30 Rooms with single door access, which require access by bariatric wheelchair users (47 and 60 stone thresholds) may not be possible through an HTM compliant 1000 door set, where such access is required (as set out within individual departmental PPDDs) the door set size should to be increased to a non-standard 1100 set.

5.8.31 Reference should be made to *HBN 00-04 Circulation and communication spaces* in developing design proposals for this project. In order to assist in traversing corners particularly in areas of heavy trolley / bed movement the Trust would wish the use of curved and angled corners to be incorporated within the design proposals.

5.8.32 The following table sets out the departmental circulation allowances utilised within the Trust Requirements.
Table 8 Departmental Circulation Allowances

<table>
<thead>
<tr>
<th>Department / Speciality</th>
<th>PPDD</th>
<th>Used in the Schedule of Accommodation V10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Entrance</td>
<td>PPDD 32</td>
<td>(incl. in Atrium)</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>PPDD 01</td>
<td>33.0%</td>
</tr>
<tr>
<td>Generic Wards</td>
<td>PPDD 02</td>
<td>30.0%</td>
</tr>
<tr>
<td>Paediatric Inpatients</td>
<td>PPDD 29</td>
<td>30.0%</td>
</tr>
<tr>
<td>Integrated Critical Care</td>
<td>PPDD 03</td>
<td>27.0%</td>
</tr>
<tr>
<td>Maternity Delivery Suite</td>
<td>PPDD 04</td>
<td>30.0%</td>
</tr>
<tr>
<td>Neonatal Unit</td>
<td>PPDD 05</td>
<td>30.0%</td>
</tr>
<tr>
<td>Operating Theatres - Generic, Maternity &amp; Emergency</td>
<td>PPDD 06</td>
<td>32.0%</td>
</tr>
<tr>
<td>Medical Day Case Procedures Unit</td>
<td>PPDD 07</td>
<td>25.0%</td>
</tr>
<tr>
<td>Endoscopy Unit</td>
<td>PPDD 08</td>
<td>25.0%</td>
</tr>
<tr>
<td>Cardiac Imaging and Therapy</td>
<td>PPDD 09</td>
<td>25.0%</td>
</tr>
<tr>
<td>Interventional Radiology</td>
<td>PPDD 11</td>
<td>27.0%</td>
</tr>
<tr>
<td>Imaging Department</td>
<td>PPDD 11</td>
<td>27.0%</td>
</tr>
<tr>
<td>MRI &amp; CT Scanning Department</td>
<td>PPDD 11</td>
<td>27.0%</td>
</tr>
<tr>
<td>Physics and Nuclear Medicine</td>
<td>PPDD 11</td>
<td>27.0%</td>
</tr>
<tr>
<td>Outpatients Department</td>
<td>PPDD 14</td>
<td>28.0%</td>
</tr>
<tr>
<td>Medical Illustration</td>
<td>PPDD 15</td>
<td>20.0%</td>
</tr>
<tr>
<td>Cardiology, Neurophysiology and Respiratory Physiology</td>
<td>PPDD 16</td>
<td>25.0%</td>
</tr>
<tr>
<td>Pathology</td>
<td>PPDD 17</td>
<td>17.5%</td>
</tr>
<tr>
<td>Mortuary</td>
<td>PPDD 30</td>
<td>15.0%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>PPDD 18</td>
<td>20.0%</td>
</tr>
<tr>
<td>Radiopharmacy</td>
<td>PPDD 11</td>
<td>27.0%</td>
</tr>
<tr>
<td>Therapies</td>
<td>PPDD 02</td>
<td>25.0%</td>
</tr>
<tr>
<td>Administration</td>
<td>PPDD 19</td>
<td>10.0%</td>
</tr>
<tr>
<td>Multi Faith Centre</td>
<td>PPDD 20</td>
<td>25.0%</td>
</tr>
<tr>
<td>Academic Research</td>
<td>PPDD 21</td>
<td>25.0%</td>
</tr>
<tr>
<td>Education and Training</td>
<td>PPDD 22</td>
<td>25.0%</td>
</tr>
<tr>
<td>Facilities Management (TMS)</td>
<td>PPDD 24</td>
<td>15.0%</td>
</tr>
<tr>
<td>Medical Engineering</td>
<td>PPDD 27</td>
<td>15.0%</td>
</tr>
<tr>
<td>Neighbourhood hub</td>
<td>PPDD 33</td>
<td>15.0%</td>
</tr>
<tr>
<td>Energy Centre</td>
<td>PPDD 35</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

Departmental Interface with Public Spaces

**5.8.33** Controlled access/egress with audio-visual communication linked and remotely controlled from the departmental reception or staff base is required to all departments. An over-ride switch at the staff base should be provided to de-activate controlled egress should this be required.
5.8.34 The design solution must identify effective, technology based, timely means of communicating with patients attending for extended Outpatient episodes to confirm the availability of their next treatment episode slot.

5.9 Use of Natural and Artificial Light

5.9.1 The effective use of light is an essential component of the hospital design. Light shall be used both innovatively and creatively within the building, and externally to light the building and create a sense of presence, making the building interesting to move around in and look at. External lighting is to be designed to illuminate main entrances to the building, for way finding, security and to promote external design features.

5.9.2 The use of both natural daylight and artificial light shall contribute towards a high quality environment and also be efficient and support the protection of the environment.

5.9.3 Staff shall be able to adjust lighting, both for clinical work and to suit the patient's condition. The introduction of natural light into 'high-tech' areas, such as theatres is strongly welcomed.

5.9.4 Patients shall be able to control lighting around their bed.

Natural Light

5.9.5 Natural light shall be provided in public spaces and in occupied private and staff spaces within the building as far as is practicable. Natural and artificial light sources shall be designed to avoid glare and not exacerbate thermal gain. Changes in floor level should be well lit and abrupt changes in illumination shall be avoided, unless specified as a clinical requirement. Lighting glare at reception desks and onto signs and notice boards must be avoided. Artificial lighting layouts particularly, but not exclusively, along areas of circulation shall be designed to avoid stroboscopic lighting effects.

5.9.6 'Deep plan' spaces may prove necessary in certain circumstances. In such cases, the internal appearance shall be 'relieved' by the penetration of daylight and sunlight, from adjacent courtyards, or through roof lights and light shafts. The choice of materials and fabrics for elevational treatments to the courtyard spaces must be considered to promote total internal reflection and therefore light shedding into internal environs.

5.9.7 Design solutions must achieve high levels of natural lighting in the primary horizontal and vertical circulation routes.

5.9.8 The design of window glazing shall be such that, whether a bright or overcast day, the provision of natural light within the hospital is maximised to light the interior to the appropriate standards for healthcare while maintaining comfortable illumination and thermal conditions for the users.

5.9.9 Lighting should be used to guide visitors to key locations such as waiting areas or information desks.

5.9.10 The Trust would wish to encourage the use of internal glazing from cellular rooms to corridors and public spaces, the design solution must achieve the balance between observation and transparency with that of maintaining patient privacy (both visual and acoustic) and dignity.

5.9.11 Natural light should be provided in public spaces and in occupied private and staff spaces within the building as far as is practical. Natural and artificial light sources should be designed to avoid glare and
thermal gain. Changes in level should be well lit and abrupt changes in illumination should be avoided, unless specified as a clinical requirement.

5.9.12 The Trust recognise that physiologically and psychologically it is important to admit daylight into buildings and that natural light is a far more efficient (though non-uniform) source of illumination than artificial lighting.

5.9.13 Natural light is superior in quality compared with artificial and the Trust is seeking design solutions that maximise natural light, direct or diffuse, without compromising comfort (solar gain and glare) and safety (impact and fire rated elements of building structure) in order to promote a sense of wellbeing, including practical advantages of vitamin D production and the avoidance of seasonal affective disorders.

5.9.14 The design of window glazing should be such that, whether a bright or overcast day, the provision of natural light within the hospital is maximised to light the interior to the appropriate standard specified while maintaining comfortable light and thermal conditions for the users.

5.9.15 Table 9 below shows the Trust’s requirements with regard to natural light for Generic and Repeatable rooms. Details of requirements for Bespoke rooms can be found within the individual PPDDs.

### Table 9 Natural Light Matrix

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Essential</th>
<th>Desirable or None</th>
<th>External Wall</th>
<th>Atrium</th>
<th>Borrowed Light</th>
<th>Roof Light / Tube</th>
<th>Allowable Derogation reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-patient Beds</td>
<td>Essential</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Level 2/3 Beds</td>
<td>Essential</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Recovery Beds – Stage 1</td>
<td>Essential</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Recovery Stage 2</td>
<td>Essential</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Consulting / Exam Rooms</td>
<td>Essential</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>I</td>
</tr>
<tr>
<td>Treatment</td>
<td>Desirable</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>I</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>None</td>
<td></td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Procedure Rooms</td>
<td>None</td>
<td></td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Interview / Counselling</td>
<td>Desirable</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>ii</td>
</tr>
<tr>
<td>Reception / Staff Base</td>
<td>Desirable</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Main Waiting</td>
<td>Essential</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Sub Waiting (&gt; 6 people)</td>
<td>Desirable</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>iii</td>
</tr>
<tr>
<td>Offices</td>
<td>Desirable</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>ii</td>
</tr>
<tr>
<td>Operating Theatres</td>
<td>Essential</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Day Rooms</td>
<td>Essential</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Overnight Stay (Visitors &amp; Staff)</td>
<td>Essential</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>
### Natural Light Matrix

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Essential</th>
<th>Desirable</th>
<th>Optional</th>
<th>External Wall</th>
<th>Atrium</th>
<th>Light</th>
<th>Borrowed Light</th>
<th>Roof Light / Tube</th>
<th>Allowable Derogation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilities</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Dept. Circulation</td>
<td>Desirable</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Seminar / Training</td>
<td>Desirable</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Stores</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Hospital Street</td>
<td>Essential</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Sanitary Facilities</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Staff Changing</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Concourse</td>
<td>Essential</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Facilities Room</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>

5.9.16 Symbols in **BOLD** represent the Trust’s preferred solution.

#### Table 10 Natural Light Matrix: Minimum Level of Mitigation in respect of Allowable Derogations

<table>
<thead>
<tr>
<th>Natural Light Matrix: Minimum Level of Mitigation in respect of allowable Derogations</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Glazed over-panel required to door</td>
</tr>
<tr>
<td>ii. Glazed side screen with integral blind to circulation screen</td>
</tr>
<tr>
<td>iii. Lighting enhancement</td>
</tr>
<tr>
<td>iv. A maximum of 10 metres allowed to corridors without access to natural light</td>
</tr>
</tbody>
</table>

### Artificial Lighting

5.9.17 The effective use of light is an essential component of the hospital design. Light shall be used both innovatively and creatively within the building, and externally to light the building and create a sense of presence, making the building interesting to move around in and look at. The external lighting is to be designed to illuminate main entrances to the building, for way finding in the dark and to promote external design features.

5.9.18 The levels of natural daylight and artificial light for public and clinical spaces are defined in output specifications, codes of practice such as *CIBSE Lighting Guide LG2 “Hospitals & Healthcare Buildings and LG 7 “Office Lighting”,* other relevant regulations, policies and national guidance. The use of both natural daylight and artificial light should contribute towards a high quality environment and also be efficient and support the protection of the environment.

5.9.19 It should be possible to adjust lighting for reading, close and clinical work, to suit the mood and condition of the patient, etc. The use of natural light in high-technology areas, such as theatres is strongly welcomed. Emergency lighting provision is required in appropriate areas throughout the site.
5.9.20 Artificial lighting layouts particularly, but not exclusively, along areas of circulation, should be designed to avoid the creation of a stroboscopic lighting effect.

5.9.21 Lighting should be used to ‘guide’ users such as in the direction of the waiting area or the information desk.

5.9.22 Lighting control should be designed to make optimum use of natural daylight so that artificial lighting only operates when required and that it does so in the required manner. Lighting control devices such as photocells, time clocks, occupancy sensors, dimming and day light linking systems should be considered and selected for appropriate areas.

5.9.23 High output, low energy light sources such as T5 lamps coupled with high frequency control gear and LED lighting systems should be used in appropriate areas to help reduce the overall energy use contributed by the lighting load.

5.9.24 Use of external lighting to enhance security arrangements is essential and should be designed to work in conjunction with the CCTV and door access systems around the site.

5.9.25 The use of external lighting to enhance security arrangements for buildings, paths, open areas and car parks is essential. The Trust acknowledges the complex balance, which needs to be achieved between the desire for a natural environment and external aspect with that of providing the most cost effective functional relationship.

5.9.26 The selection and location of luminaries and controls should be such that they afford appropriate access for maintenance and also minimise disruption to the environment when maintenance work is being undertaken.

5.9.27 Rooms requiring daylight control for the operation of projection facilities and teaching aids shall be provided with effective means of reducing daylight levels to allow clear visualization of projected material from all viewing locations within the room. These facilities shall provide users with simple operation/regulation facilities and not compromise the functionality and environmental parameters of the space.

Table 11 Task Lighting Requirements

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Task lighting</th>
<th>Fixed / Mobile</th>
<th>Type</th>
<th>Illumination Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-patient Beds</td>
<td>Y</td>
<td>Fixed</td>
<td>Bed head Light</td>
<td>150 lux</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y Mobile</td>
<td>Examination Light</td>
<td>1000 lux</td>
</tr>
<tr>
<td>Level 2/3 Beds</td>
<td>Y</td>
<td>Fixed</td>
<td>Examination Light</td>
<td>150 lux</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y Fixed</td>
<td>Bed head Light</td>
<td>1000 lux</td>
</tr>
<tr>
<td>Recovery Beds – Stage</td>
<td>Y</td>
<td>Fixed</td>
<td>Bed head Light</td>
<td>150 lux</td>
</tr>
<tr>
<td>1 &amp; POR</td>
<td></td>
<td>Mobile</td>
<td>Examination Light</td>
<td>1000 lux</td>
</tr>
<tr>
<td>C/E Rooms</td>
<td>Y</td>
<td>Mobile</td>
<td>Examination Light</td>
<td>1000 lux</td>
</tr>
<tr>
<td>Treatment Room</td>
<td>Y</td>
<td>Mobile</td>
<td>Examination Light</td>
<td>1000 lux</td>
</tr>
<tr>
<td>Procedures Rooms</td>
<td>Y</td>
<td>Fixed</td>
<td>Procedures Light - ceiling</td>
<td>1000 lux</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>Y</td>
<td>Fixed</td>
<td>Examination Light</td>
<td>1000 lux</td>
</tr>
<tr>
<td>Treatment Room</td>
<td>Y</td>
<td>Fixed</td>
<td>Procedures Light - ceiling</td>
<td>1000 lux</td>
</tr>
<tr>
<td>Interview / Counselling</td>
<td>N</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Main Waiting</td>
<td>Y</td>
<td>Fixed</td>
<td>Artwork display lighting</td>
<td>500 lux</td>
</tr>
</tbody>
</table>
5.10 Environmental Criteria

5.10.1 Table 12 below sets out the Trust’s requirements in respect of the use of ventilation systems and the maximum / minimum temperatures to be achieved for Generic and Repeatable rooms. Details of Bespoke rooms can be found within the individual PPDDs. For details of codes / utilised refer to HTM 03-01 Specialist ventilation for healthcare premises: Part A Design & Validation.

5.10.2 The maximum acceptable summertime temperatures outlined below addresses a number conflicting criteria, i.e. the need to minimise costs, capital and revenue, reduce energy and CO₂ emissions, whilst providing acceptable internal conditions from which patient care can be delivered.

5.10.3 The Trust would wish to maximise natural ventilation where this does not affect functionality taking into consideration the temperature requirements and ventilation rates. Calculations and thermal modelling should be undertaken to ensure, during summertime, internal temperatures in patient bedded areas will not exceed 25°C dry bulb based on an external ambient temperature of 35°C dry bulb.

5.10.4 There is a requirement to provide local controls to meet the requirements of consumerism and to allow for users to exercise local control for clinical or operational reasons; for example. Operating theatre, time and temperature and departmental override facilities to extended normal hours and usage. Such facilities shall be provided via local control panels located within the rooms/departments.
## Table 12 Environmental Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Temperature</th>
<th>Minimum ac/hr</th>
<th>Pressure &amp; filtration</th>
<th>Notes in respect of permissible derogations as per Table 13</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>min</td>
<td>max</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-patient Beds – multi bed</td>
<td>20°C</td>
<td>25°C</td>
<td>10</td>
<td>F7</td>
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<tr>
<td>In-patient – single</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-patient – single isolation</td>
<td></td>
<td></td>
<td>10</td>
<td>PPVL H12</td>
</tr>
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<td>In –patient – isolation lobby</td>
<td></td>
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<td>PPVL H12</td>
</tr>
<tr>
<td>Beverage room</td>
<td>18°C</td>
<td>25°C</td>
<td>2</td>
<td>-ve</td>
</tr>
<tr>
<td>Food trolley Bay</td>
<td>18°C</td>
<td>25°C</td>
<td>2</td>
<td>-ve</td>
</tr>
<tr>
<td>Level 2/3 Beds</td>
<td>18°C</td>
<td>25°C</td>
<td>10</td>
<td>+ve F7</td>
</tr>
<tr>
<td>Recovery Stage 1</td>
<td>18°C</td>
<td>25°C</td>
<td>15</td>
<td>-ve F7</td>
</tr>
<tr>
<td>Recovery Stage 2</td>
<td>18°C</td>
<td>25°C</td>
<td>7</td>
<td>-ve F7</td>
</tr>
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<td>Bed trolley wait</td>
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<td>25°C</td>
<td>2</td>
<td>-ve</td>
</tr>
<tr>
<td>Consulting / Examination</td>
<td>18°C</td>
<td>25°C</td>
<td>7</td>
<td>iii</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>18°C</td>
<td>25°C</td>
<td>15</td>
<td>F7</td>
</tr>
<tr>
<td>Treatment Room</td>
<td>18°C</td>
<td>25°C</td>
<td>10</td>
<td>+ve F7</td>
</tr>
<tr>
<td>Procedures Rooms</td>
<td>18°C</td>
<td>25°C</td>
<td>15</td>
<td>+ve F7</td>
</tr>
<tr>
<td>Near Patient testing</td>
<td>18°C</td>
<td>25°C</td>
<td>15</td>
<td>+ve F7</td>
</tr>
<tr>
<td>Interview / Counselling</td>
<td>18°C</td>
<td>28°C</td>
<td></td>
<td>iii</td>
</tr>
<tr>
<td>Reception/Staff Base</td>
<td>18°C</td>
<td>28°C</td>
<td></td>
<td>iii</td>
</tr>
<tr>
<td>Main Waiting</td>
<td>18°C</td>
<td>28°C</td>
<td></td>
<td>iii</td>
</tr>
<tr>
<td>Sub Waiting (&gt;6 people)</td>
<td>18°C</td>
<td>28°C</td>
<td></td>
<td>iii</td>
</tr>
<tr>
<td>Offices – multi</td>
<td>18°C</td>
<td>28°C</td>
<td></td>
<td>iv</td>
</tr>
<tr>
<td>Office – cellular</td>
<td>18°C</td>
<td>28°C</td>
<td></td>
<td>iv</td>
</tr>
<tr>
<td>Reporting</td>
<td>18°C</td>
<td>25°C</td>
<td></td>
<td>F7</td>
</tr>
<tr>
<td>Operating Theatres</td>
<td>18°C</td>
<td>25°C</td>
<td>25°C</td>
<td>HTM03 H12</td>
</tr>
<tr>
<td>Anaesthetic Room</td>
<td>18°C</td>
<td>25°C</td>
<td>25°C</td>
<td>HTM03 H12</td>
</tr>
<tr>
<td>Scrub up</td>
<td>18°C</td>
<td>25°C</td>
<td>25°C</td>
<td>HTM03 H12</td>
</tr>
<tr>
<td>Preparation Room</td>
<td>18°C</td>
<td>25°C</td>
<td>30°C</td>
<td>HTM03 H12</td>
</tr>
<tr>
<td>Dirty Utility (Theatre)</td>
<td>18°C</td>
<td>25°C</td>
<td>25°C</td>
<td>-ve H12</td>
</tr>
<tr>
<td>Day Rooms</td>
<td>18°C</td>
<td>25°C</td>
<td>6</td>
<td>F7</td>
</tr>
<tr>
<td>Overnight Stay (Visitors)</td>
<td>18°C</td>
<td>28°C</td>
<td></td>
<td>iv</td>
</tr>
<tr>
<td>Utilities – Clean</td>
<td>18°C</td>
<td>28°C</td>
<td>10</td>
<td>+ve F7</td>
</tr>
<tr>
<td>Utilities – Dirty (all)</td>
<td>18°C</td>
<td>28°C</td>
<td>10</td>
<td>-ve</td>
</tr>
<tr>
<td>Department Circulation</td>
<td>18°C</td>
<td>28°C</td>
<td></td>
<td>iii</td>
</tr>
<tr>
<td>Seminar / Training</td>
<td>18°C</td>
<td>25°C</td>
<td></td>
<td>F7</td>
</tr>
<tr>
<td>Stores</td>
<td>18°C</td>
<td>28°C</td>
<td>2</td>
<td>iii</td>
</tr>
</tbody>
</table>
### Functional Brief

#### Functional Space

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Temperature</th>
<th>Minimum ac/hr</th>
<th>Pressure &amp; filtration</th>
<th>Notes in respect of permissible derogations as per Table 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sterile supplies/IV fluids</td>
<td>18°C-25°C</td>
<td>6</td>
<td>+ve F7</td>
<td>iii</td>
</tr>
<tr>
<td>Hospital Street</td>
<td>18°C-28°C</td>
<td>-ve</td>
<td></td>
<td>i</td>
</tr>
<tr>
<td>Sanitary Facilities (all)</td>
<td>18°C-28°C</td>
<td>10</td>
<td>-ve</td>
<td>iii</td>
</tr>
<tr>
<td>Sanitary – ensuite (all)</td>
<td>18°C-28°C</td>
<td>15</td>
<td>-ve</td>
<td>iii</td>
</tr>
<tr>
<td>Shower</td>
<td>18°C-28°C</td>
<td>20</td>
<td>-ve</td>
<td>iii</td>
</tr>
<tr>
<td>Staff Changing</td>
<td>18°C-28°C</td>
<td>10</td>
<td>-ve</td>
<td>iii</td>
</tr>
<tr>
<td>Facilities Room</td>
<td>18°C-28°C</td>
<td>6</td>
<td>-ve</td>
<td>iii</td>
</tr>
<tr>
<td>Regeneration Kitchen</td>
<td>18°C-28°C</td>
<td>20</td>
<td>-ve</td>
<td>iii</td>
</tr>
<tr>
<td>Concourse</td>
<td>18°C-28°C</td>
<td>-ve</td>
<td></td>
<td>iv</td>
</tr>
<tr>
<td>WHB/PPE Station</td>
<td>18°C-28°C</td>
<td>2</td>
<td>-ve</td>
<td>iv</td>
</tr>
<tr>
<td>Baby Change/Feed</td>
<td>18°C-28°C</td>
<td>10</td>
<td>-ve</td>
<td>iii</td>
</tr>
<tr>
<td>Patient Change</td>
<td>18°C-28°C</td>
<td>6</td>
<td>-ve</td>
<td>iii</td>
</tr>
<tr>
<td>Domestic Service room (all)</td>
<td>18°C-28°C</td>
<td>10</td>
<td>-ve</td>
<td>iii</td>
</tr>
<tr>
<td>Reprographics</td>
<td>18°C-28°C</td>
<td>5</td>
<td></td>
<td>iii</td>
</tr>
<tr>
<td>Disposal Hold</td>
<td>18°C-28°C</td>
<td>10</td>
<td>-ve</td>
<td>iii</td>
</tr>
<tr>
<td>UPS &amp; IT hub room</td>
<td>18°C-25°C†(1)</td>
<td>2</td>
<td></td>
<td>i</td>
</tr>
<tr>
<td>Switchgear</td>
<td>18°C-28°C</td>
<td></td>
<td></td>
<td>iv</td>
</tr>
<tr>
<td>Medical Gas Store and Manifold</td>
<td>18°C-25°C</td>
<td>15</td>
<td>-ve</td>
<td>iii</td>
</tr>
</tbody>
</table>

#### Environmental Criteria: Notes

1. In line with Manufacturers Recommendations in respect of Temperature limits for equipment
2. Pressure regimes shall be in accordance with HTM
3. The overall design of the clean rooms must be based upon the principles contained within BS5295 / BS EN ISO 14644-1:1999.
4. The design must comply with Medicines and Healthcare Products Agency (MHRA) requirements and ensure the finished unit will be granted a Manufacturers ‘Specials’ Licence. Where grades of rooms are referred to, this is taken from the Rules and Guidance for Manufacturers 2007 Annex 1 (‘Orange Guide’).

#### Table 13 Environmental Criteria: Minimum Level of Mitigation in respect of Allowable Derogations

<table>
<thead>
<tr>
<th>Environmental Control Criteria:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>i</strong></td>
</tr>
<tr>
<td><strong>ii</strong></td>
</tr>
<tr>
<td><strong>iii</strong></td>
</tr>
<tr>
<td><strong>iv</strong></td>
</tr>
</tbody>
</table>
5.11 Acoustic Criteria

5.11.1 Privacy is a complex issue, which is a function of several parameters. The most obvious of these is the sound insulation of the intervening partition between the two spaces. Equally as important is the level of background sound in the ‘listening’ room, as this masks the incoming speech. As a consequence, even with very high performing partitions, a room with very low background sound levels can have poor privacy. Privacy is clearly a function of the nature of the speech being listened to. If someone knows the topic of conversation, research has shown, they can interpolate missing words and understand a sentence that would otherwise be unintelligible. Similarly, the levels of voice used will affect how much is audible in an adjoining room. Raised voices would clearly be more audible than low level speech, if all other parameters are equal.

5.11.2 Table 14 below shows the subjective ratings often used for speech privacy for ‘normal’ speech and raised voices.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Raised Voices</th>
<th>Continuous background noise level at the listener</th>
<th>Room to room sound level difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>30</td>
<td>35</td>
</tr>
<tr>
<td>A</td>
<td>Just Audible</td>
<td>&gt;55</td>
<td>&gt;50</td>
</tr>
<tr>
<td>B</td>
<td>Audible but not intelligible</td>
<td>45-55</td>
<td>40-50</td>
</tr>
<tr>
<td>C</td>
<td>Audible, could be intelligible if speaker and / or subject is well known</td>
<td>40-45</td>
<td>35-40</td>
</tr>
<tr>
<td>D</td>
<td>Intelligible</td>
<td>35-40</td>
<td>30-35</td>
</tr>
<tr>
<td>E</td>
<td>Clearly intelligible and possibly disturbing</td>
<td>&lt;35</td>
<td>&lt;30</td>
</tr>
</tbody>
</table>

5.11.3 The levels of privacy between rooms, is a function of the sound insulation and the level of background sound. The table below sets out the Trust’s Requirements in respect of the acoustic criteria for Generic and Exemplar rooms. Details of Bespoke room requirements can be found within the individual PPDDs.

5.11.4 Bidders should refer to the Trust’s Privacy and Dignity policy in respect to this subject.
Table 15 Acoustic Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Rating to be achieved as per Table 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-patient Beds - multi</td>
<td>E</td>
</tr>
<tr>
<td>In-patient Beds - single</td>
<td>C</td>
</tr>
<tr>
<td>Level 2/3 Beds</td>
<td>E</td>
</tr>
<tr>
<td>Recovery Beds – Stage 1</td>
<td>D</td>
</tr>
<tr>
<td>Recovery Stage 2</td>
<td>B</td>
</tr>
<tr>
<td>Consulting/ Examination</td>
<td>B</td>
</tr>
<tr>
<td>Treatment Room</td>
<td>B</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>B</td>
</tr>
<tr>
<td>Procedures Rooms</td>
<td>B</td>
</tr>
<tr>
<td>Universal Treatment Room</td>
<td>B</td>
</tr>
<tr>
<td>Interview / Counselling</td>
<td>A</td>
</tr>
<tr>
<td>Reception/Staff Base</td>
<td>D</td>
</tr>
<tr>
<td>Main Waiting</td>
<td>E</td>
</tr>
<tr>
<td>Sub Waiting (&gt; 6 people)</td>
<td>E</td>
</tr>
<tr>
<td>Offices - multi</td>
<td>D</td>
</tr>
<tr>
<td>Office - cellular</td>
<td>B</td>
</tr>
<tr>
<td>Reporting</td>
<td>C</td>
</tr>
<tr>
<td>Operating Theatres</td>
<td>B</td>
</tr>
<tr>
<td>Day Rooms</td>
<td>D</td>
</tr>
<tr>
<td>Overnight Stay (Visitors &amp; Staff)</td>
<td>C</td>
</tr>
<tr>
<td>Utilities</td>
<td>E</td>
</tr>
<tr>
<td>Dept. Circulation</td>
<td>E</td>
</tr>
<tr>
<td>Seminar / Training</td>
<td>B</td>
</tr>
<tr>
<td>Functional Space</td>
<td>Rating to be achieved as per Table 14</td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Stores</td>
<td>E</td>
</tr>
<tr>
<td>Hospital Street</td>
<td>E</td>
</tr>
<tr>
<td>Sanitary Facilities</td>
<td>C</td>
</tr>
<tr>
<td>Sanitary Facilities – en-suite</td>
<td>C</td>
</tr>
<tr>
<td>Staff Changing</td>
<td>C</td>
</tr>
<tr>
<td>Concourse</td>
<td>E</td>
</tr>
<tr>
<td>Facilities Room</td>
<td>E</td>
</tr>
</tbody>
</table>
6  Common Rules

6.1.1 The following section provides an overview to the principles of design (Common Rules), which the Trust requires to underpin the design development. This has been subdivided into the following headings:

- Planning Principles;
- Diversity;
- Control of infection;
- Telecom Data and Call Systems;
- Storage;
- Patient and Visitor Welfare;
- Staff Welfare;
- Security and safety;
- Fire Precautions;
- Way finding;
- Manual Handling;
- Public Art;
- Sterile Services
- Facilities Management Services

6.1.2 In addition, the Bidder’s attention is drawn to the Trust requirement in respect of:

- Flexibility and Expansion;
- Hospital Access and Environment;
- Generic Room Requirements;
- Adjacency Matrix;
- Schedule of Accommodation.

6.2 Planning Principles

6.2.1 The design solution must address the following Planning Principles:

Standardisation of Design

6.2.2 The Trust would wish to ensure a level of standardisation across rooms of comparable functionality irrespective of the proposed location. These generic requirements are outlined in Section 7.0 of this document.
6.3 Diversity

- Equality & Diversity Strategy
- Equality Delivery System

6.3.1 The Trust serves a total population of circa 500,000 people living in Sandwell, western Birmingham and the surrounding areas. This includes most of the borough of Sandwell and the areas of Handsworth, Ladywood, Aston, Lozells and Nechells along with parts of Perry Barr and Kingstanding in Birmingham. The catchment includes high levels of deprivation and poor health compared with the rest of England. Many of the individual electoral wards within the core catchment area have particularly concentrated individual ethnic communities especially in western Birmingham and Oldbury and Smethwick.

Socio-economic

6.3.2 The Trust serves some of the most deprived areas in England. Many of the electoral wards in western Birmingham are mainly within the 25% most deprived in England. Almost all of the electoral wards within Sandwell are within the 25% most deprived in England, with the remainder in the second most deprived 25%. The link between deprivation and ill health is well established. Health indicators in Birmingham and Sandwell are generally poor when compared with England. Particular issues identified by the Department of Health include:

- Life expectancy levels significantly lower than average;
- Exceptionally high levels of infant deaths in Birmingham;
- High levels of heart disease, stroke, diabetes and cancer;
- High proportion of people with unhealthy lifestyles (e.g. smoking, unhealthy eating, obesity, drugs);
- Higher than average admissions to hospital caused by alcohol;
- High rates of teenage pregnancy.

Cultural Diversity

6.3.3 The Trust serves an area with a highly diverse population. Many of the wards in western Birmingham are home to largely minority ethnic communities with people from Black and Minority Ethnic groups comprising over 70% of the population in some areas and including larger Afro-Caribbean communities as well as communities originating in India, Pakistan and Bangladesh. Within Sandwell, black and minority ethnic groups account for large proportions (over 60%) of the population in some areas.

Mental Health

6.3.4 Patients who have mental health conditions will be supported in terms of the diagnosis and treatment of their physical condition, but the ongoing psychological care and support will remain with the mental health Trusts.
HM Prisoners

6.3.5 Sandwell and West Birmingham Hospitals NHS Trust (SWBH) are the local acute Trust, which serves HM Prison Service. As such the Trust will provide medical care only as prisoners are invariably accompanied by a Prison Officer. The safety and security of the prisoner rests with the prison service.

Bariatric Care

6.3.6 Obesity rates are increasing (quadrupled in the UK in the past 25 years) and as such the Trust must recognise the impact of this trend and the increase in larger (bariatric) patients. The Trust’s policy is that all facilities must be able to cope with patients of up to and including 25 stone. Special requirements, for patients between 25 – 47 stone, 47 – 60 stone and over 60 stone are described in the Manual Handling section and as set out in Table 23.

6.3.7 Patients above 60 stone are unlikely to be treated within the Trust, but in the seldom cases where they may be, specialist equipment will be leased and there will be no additional requirement for Trust facilities and equipment to cater for this group of patients.

Discrimination and Equality

6.3.8 In developing the design solution it is essential to comply with the law with regard to discrimination and equality including but not limited to the Equality Act 2010. Guidance can be gained from The Building Regulations 2000 Part M access to and use of buildings and BS 8300: design of buildings and their approaches to meet the needs of disabled people.

6.3.9 It is the Law to ensure that all people are treated fairly and given the same opportunity ensuring that a disabled person is not put at a substantial disadvantage in comparison with persons who are not disabled, this could be due to a physical feature arising from the design or construction of a building, physical feature of an approach, exit or access to a building or physical fixture, fittings, furniture, furnishings, materials or equipment.

6.3.10 The needs of disabled people (both temporary and long-term) must be taken fully into account and reasonable adjustments made including, wheelchair users, frail people, those with poor mobility, those who are hearing or sight impaired and those with mental illness. These requirements shall be built into the design at the outset so that modifications such as ramps will not be required. The design must anticipate, within reason, the needs of potential future users of the facilities, and be sensitive to the needs of children.

6.3.11 Barrier free horizontal and vertical access in compliance with the standards of HBN 00-04 (Circulation and Communication Spaces) and HTM 08-02 (Lifts: Design Considerations) is a requirement for all areas.

6.3.12 Whilst animals are not allowed to enter the Trust’s facilities, an exception will be made in respect of assistance dogs (accompanying staff, visitors or patients) which will be allowed limited access to the ambulatory areas.

6.3.13 Facilities in the form of “dog relief” areas should be provided at all entrances for use by assistance dogs.
6.3.14 Further information on assistance dogs can be referenced at [www.dogsforthedisabled.org](http://www.dogsforthedisabled.org).

6.3.15 Secure wheelchair parking is required in the design of the facilities. The Design should cater for those attendees who do not normally need a wheelchair but will do for their visit. Bidders must take into account the evolving use of motorised wheelchairs/scooters including recharging facilities within the clinical facilities. Additionally, secure covered mobility scooter parking is required close to building entrances with charging and associated facilities.

6.3.16 Wayfinding shall be accessible to all, including those with disabilities and special needs. For example, colour schemes should be thoughtfully developed so that they aid, not hinder, access around the hospital, lifts should incorporate voice annunciation and aids for the sight impaired.

6.3.17 Reference should be made to the whole hospital Privacy, Dignity and Respect and Access Policies which underpin the principles of the Trust’s management of equal opportunities and diversity.

6.3.18 Accessible WCs will be provided at strategic locations to meet the requirements of Part M of the Building Regulations. The Trust anticipates that this requirement will be met at departmental level utilising One Size Fits All (OSFA) toilets.

6.3.19 Bidders should include technology for disabled people for example, induction loops at entrance and reception areas.

6.3.20 The Designers attention is drawn to the publication “Cause and Cures: deaf blind people’s experience of the NHS”.

6.4 Privacy, Dignity and Dementia

6.4.1 Privacy and dignity is a priority for the NHS and our Trust.

6.4.2 “Privacy is freedom from intrusion; this refers to all information and practice that is personal or sensitive to the individual. Dignity is being worthy of respect.”

6.4.3 The Trust is committed to ensuring that when delivering high quality care all service users are treated with privacy, dignity and respect. The intimate nature of healthcare interventions requires all staff to practice in a sensitive, kind and respectful, timely and safe manner. The physical environment should wherever possible support this concept.

6.4.4 In order to achieve this concept reference should be made to the following whole hospital policies:

- Privacy, Dignity and Respect; in particular the patient flow matrix included within this policy. This policy outlines practical steps that will be adopted by staff to ensure the privacy and dignity of all service users
- Access Policy

6.4.5 The NHS Constitution states that all patients have the right to privacy and to be treated with dignity and respect and therefore recognition of different needs of all individuals must be considered; it will be necessary in addition to considering whole hospital policies to refer to individual schedules of accommodation outlined in relevant PPDDs and the relevant ward/department operational policies so that defined services can be delivered in the appropriate way; achieving required/expected standards of care.
6.4.6 The policies apply to all patients irrespective of age, ethnicity, social, cultural background, gender, psychological and physical requirements. They also define the requirements for how acute care is delivered to identifiable patient groups, such as, those suffering with dementia, chronic alcohol abuse and mental illness.

6.4.7 A fundamental principle in any building design is that the design should compensate for impairments which may be physical, visual, aural or cognitive. Although dementia is primarily a condition associated with the elderly there are also a significant number of people who develop dementia in early life and so patients with physical and cognitive impairments may be admitted to any ward or clinical environment within the hospital. For further information on building recommendations see matrix (Appendix A) in Privacy, Dignity and Respect whole hospital policy.

6.5 Control of Infection

Design

6.5.1 The use of design to assist the effective control of infection is essential. The design team’s attention is drawn to the publication HBN 00-09 *Infection Control in the Built Environment*, which shall be complied with:

- The Trust requires the use of plastic/vinyl blinds as opposed to curtains for privacy control to all external fenestration. In the case of any clinical environment these must be wipeable and capable of cleaning in-situ. All internal fenestration into patient areas should have internal blinds fully enclosed within glazing.
- Finishes shall be of a standard that does not allow micro-organisms to harbour and should allow for ease of cleaning for example Microban, copper, plastic sheet wall cladding;
- Finishes must be smooth, washable, impervious, disinfectant resistant materials and promote ease of cleaning;
- Equipment shall be of a standard that does not allow micro-organisms to harbour and should allow for ease of cleaning. Additionally, floor standing equipment should generally be mobile to facilitate cleaning;
- Storage units should generally be of a HTM closed design;
- Lighting shall be designed so as to minimise ledges or ridges where dust can build up and then be dispersed;
- Where ledges are unavoidable, these should be sloped to facilitate cleaning;
- All furnishings, finishes and artwork need to withstand cleaning with disinfectant to include; chlorine releasing agents (10,000 ppm) and hydrogen peroxide. All soft furnishings need to be waterproof and washable;
- Service outlets shall be designed to be flush mounted or in trunking systems to prevent the build up of dust. Particular attention is required to the interface between adjoining finishes, for example, wall and floor junctions, wall to ceiling junctions, floor joints, window sill and wall junctions to promote ease of cleaning;
- All external canopies should be sloped to facilitate cleaning.

6.5.2 The following notes and clarifications support Tables 16A, 16B and 17:
A WHB / PPE station is required in all Neighbourhood Hubs serving clinical areas, this should be at the departmental interface;

A WHB is required at the entrance to each clinical area, including access points to each nursing unit. All areas in which clinical activity is undertaken require the provision of WHB and hand rub solutions, positioned at the point of care and within all staff utility rooms. Antibacterial gels should be contained in lockable brackets;

Hand washing facilities must be provided within ALL clinical areas;

All hot water utilized for personal hygiene must be delivered within safe working temperatures and comply with Safe Hot Water, Surface Temperature Health Guidance Note (“HGN”) and Cat 5 requirements;

The Trust does not provide either staff or patients with tablet soap but provision must be made for it to be safely “stored / used” in bathrooms and shower areas to prevent accidents etc;

The requirements for patient and nurse call are set out within section 6.6.

All rooms used for personal hygiene must be provided with doors capable of release from the outside in case of collapse behind the door (i.e. not just external lock release);

All Wash Hand Basins used for personal washing to be equipped with shaver sockets;

Antibacterial gels are required at the entrance to any clinical department / area;

Glove, apron and antibacterial solutions dispensers are required immediately outside any room, which accommodates any patient bed, trolley or reclining chair;

Antibacterial gels outside all other clinical areas;

Nailbrushes must be either single use items or fully comply with ISO 17664 and in addition they are classed as “difficult to clean” and as such fail the Control Assurance Standards for Medical Devices criteria 11;

The Trust Policies are based upon technologies currently utilised within the Trust e.g. RADA no touch sensor taps must be used at each hand washing facility. No touch flush is required in all WC facilities;

In respect of WHB the Trust advocates the use of both ceramic sanitary ware pre-plumbed units (“IPS”) mounted or inset sanitary ware, in the case of the latter these must be moulded and of the same material as the adjoining worktop to ensure no joints;

The use of spray taps does not comply with the Trust requirements in respect of Infection Control;

All required consumables utilised for washing, hand rub, drying and protective clothing together with the Trust's requirement in respect of holdings for Trust supplied consumables including flammables cabinets for alcohol based products;

All generic sanitary ware to utilise pre-plumbed units;

The detailing of sanitary ware (floor and wall interface) should be such to provide access for cleaning and should not promote ponding of water or create crevices to promote bacteria growth.

Specific rooms and areas:

A separate WHB is required in all areas where beverages or food are prepared;

All catering facilities must comply with the Food Safety Act 1990;
Combined bucket sink and WHB assemblies (Janitorial Units) are considered appropriate in Domestic Services areas. Refer section 13.3 in respect of the Trust's additional ergonomic requirements for janitorial units.

6.5.3 Facilities described within the PPDDs:

- Aids to Daily Living ("ADL") facilities;
- Multi faith – Personal ablutions area.

6.5.4 The following tables have been developed from the Trust's Infection Control Policies. Table 16A describes the functionality required by the Trust for people (staff, visitors and patients) to wash regardless of location. Table 16B describes the functionality required within toilets, bathrooms and showers in respect of personal hygiene.

### Table 16A Control of Infection: Personal Hygiene – Washing

<table>
<thead>
<tr>
<th>Type</th>
<th>Scrub Trough</th>
<th>WHB – IPS mounted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>&quot;Surgical&quot; wash</td>
<td>&quot;Hygiene&quot; wash</td>
</tr>
<tr>
<td>Typical Location</td>
<td>Operating Theatres</td>
<td>Single Bedrooms</td>
</tr>
<tr>
<td></td>
<td>Interventional Radiology</td>
<td>Clinical Hubs</td>
</tr>
<tr>
<td></td>
<td>and Cardiac rooms</td>
<td>Isolation Lobbies</td>
</tr>
<tr>
<td></td>
<td>Procedure rooms</td>
<td>PPE/Hygiene station</td>
</tr>
<tr>
<td></td>
<td>ICCU</td>
<td>Treatment and Clinic Rooms</td>
</tr>
<tr>
<td>Typical User</td>
<td>Staff</td>
<td>Staff</td>
</tr>
<tr>
<td>Water Delivery</td>
<td>Running water, i.e. no plug</td>
<td>Running water, i.e. no plug</td>
</tr>
<tr>
<td>Tap Type</td>
<td>Mixer – No Touch</td>
<td>Mixer – No Touch</td>
</tr>
<tr>
<td>Tap Operation</td>
<td>Hands free</td>
<td>Hands free</td>
</tr>
<tr>
<td>Soap</td>
<td>Liquid soap Nailbrush</td>
<td>Liquid soap</td>
</tr>
<tr>
<td></td>
<td>Hand cream</td>
<td>Hand cream</td>
</tr>
<tr>
<td>Antibacterial Solutions</td>
<td>Chlorhexidine Iodine</td>
<td>Alcohol</td>
</tr>
<tr>
<td></td>
<td>Alcohol Aquasept</td>
<td></td>
</tr>
<tr>
<td>Mirror</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Drying</td>
<td>Sterile Towel</td>
<td>Paper Towel</td>
</tr>
<tr>
<td>Protective Equipment</td>
<td>Surgical gloves</td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td>Surgical mask &amp; visor</td>
<td>Disposable apron</td>
</tr>
<tr>
<td>Disposal containers</td>
<td></td>
<td>Foot operated</td>
</tr>
</tbody>
</table>

### Table 16B Control of Infection: Personal Hygiene - Showers and Bathing

<table>
<thead>
<tr>
<th>Type</th>
<th>Shower</th>
<th>Assisted Shower</th>
<th>Assisted Bath</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>&quot;Social&quot; shower</td>
<td>&quot;Social&quot; shower</td>
<td>Bathing inc. hair washing.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hydraulic bath</td>
</tr>
<tr>
<td>Typical Location</td>
<td>Patient En-suites</td>
<td>Inpatient areas</td>
<td>Selected Inpatient areas</td>
</tr>
<tr>
<td></td>
<td>Staff change area</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Functional Brief

<table>
<thead>
<tr>
<th>Type</th>
<th>Shower</th>
<th>Assisted Shower</th>
<th>Assisted Bath</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Typical User</strong></td>
<td>Staff, patient</td>
<td>Patient</td>
<td>Patient</td>
</tr>
<tr>
<td><strong>Water Delivery</strong></td>
<td>Running water, i.e. no plug</td>
<td>Running water, i.e. no plug</td>
<td>Full immersion, i.e. with plug</td>
</tr>
<tr>
<td><strong>Tap Type</strong></td>
<td>Mixer: cat 5 compliant</td>
<td>Mixer: cat 5 compliant</td>
<td>Mixer: cat 5 compliant</td>
</tr>
<tr>
<td><strong>Tap Operation</strong></td>
<td>No touch</td>
<td>No touch</td>
<td>No touch</td>
</tr>
<tr>
<td><strong>Soap</strong></td>
<td>Liquid and tablet soap</td>
<td>Liquid and tablet soap</td>
<td>Liquid and tablet soap</td>
</tr>
<tr>
<td><strong>Hand rub solutions</strong></td>
<td>N/a</td>
<td>N/a</td>
<td>N/a</td>
</tr>
<tr>
<td><strong>Mirror</strong></td>
<td>Full height</td>
<td>Full Height</td>
<td>Full height</td>
</tr>
<tr>
<td><strong>Drying</strong></td>
<td>Cotton towels</td>
<td>Paper towels</td>
<td>Paper towels</td>
</tr>
<tr>
<td><strong>Protective Equipment</strong></td>
<td>N/a</td>
<td>Gloves Disposable apron</td>
<td>Gloves Disposable apron</td>
</tr>
<tr>
<td><strong>Shower Tray</strong></td>
<td>Level Access</td>
<td>Level Access</td>
<td>Level Access</td>
</tr>
<tr>
<td><strong>Shower Screen</strong></td>
<td>Solid screen to separate dry area from wet area</td>
<td>Part height folding screen to allow partial assistance by “dry” Nurse</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Disposal containers</strong></td>
<td></td>
<td></td>
<td>Foot operated</td>
</tr>
</tbody>
</table>

### Table 17 Control of Infection: Sanitary Facilities

<table>
<thead>
<tr>
<th>Type</th>
<th>Ambulant</th>
<th>Independent Disabled</th>
<th>Assisted Toilet</th>
<th>OSFA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td></td>
<td></td>
<td></td>
<td>Assisted and non-assisted use of WC &amp; WHB transfer from both sides, assistance including non-weight bearing patients</td>
</tr>
<tr>
<td><strong>Typical Location</strong></td>
<td>Universal</td>
<td>Concourse, remote departments and Inpatient Areas</td>
<td>Inpatient Areas</td>
<td>Clinical departments and Inpatient Areas</td>
</tr>
<tr>
<td><strong>Typical User</strong></td>
<td>Staff, Patient, Visitor</td>
<td>Staff, Patient, Visitor</td>
<td>Patient and Carer</td>
<td>Patient and Visitor plus staff / carer</td>
</tr>
<tr>
<td><strong>Ergonomics</strong></td>
<td>HBN 00-02</td>
<td>Building Regulations part M</td>
<td>HBN 00-02</td>
<td>Building Regulations part M</td>
</tr>
<tr>
<td><strong>WC Pan</strong></td>
<td>WC pan &amp; concealed cistern (PPU).No touch flush</td>
<td>WC pan with extension piece &amp; concealed cistern (PPU).No touch flush</td>
<td>WC pan and concealed cistern (PPU). No touch flush</td>
<td>WC pan &amp; concealed cistern (PPU).No touch flush</td>
</tr>
<tr>
<td><strong>Toilet Paper</strong></td>
<td>1 No wall dispenser</td>
<td>1 No wall dispenser</td>
<td>1 No. wall dispenser</td>
<td>1 No wall dispenser</td>
</tr>
<tr>
<td><strong>Grab Rails</strong></td>
<td>HBN 00-02</td>
<td>HBN 00-02</td>
<td>1 No. wall</td>
<td>HBN 00-02</td>
</tr>
</tbody>
</table>

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### Functional Brief

<table>
<thead>
<tr>
<th>Type</th>
<th>Ambulant</th>
<th>Independent Disabled</th>
<th>Assisted Toilet</th>
<th>OSFA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Building Regulations part M</td>
<td>1 No hinged rail</td>
<td>Building Regulations part M</td>
</tr>
<tr>
<td>Shaver Point</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Disposal Containers</td>
<td></td>
<td>Foot operated and Sanibin</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 6.5.5

The Trust will adopt the principles set out in *(HTM 07-01) - Safe Management of Healthcare Waste* in respect of the segregation of waste at source - refer to PPDD 24 Facilities (TMS) for details of all waste streams.

### Isolation Facilities

#### 6.5.6

Barrier nursing will take place in all single rooms which accommodate a patient but specific isolation requirements are set out in Table 18 below.

#### 6.5.7

The Trust requires that the isolation rooms have an interlock between the doors and the lobby operated by the wash hand basin prohibiting anyone from entering or leaving the room without having washed their hands. All isolation rooms will be designed to HBN 04 Supplement 1 Appendix I Sheet 2 - Enhanced single room with en-suite facilities and ventilated lobby (isolation suite). The ventilated lobby ensures that:

- Air entering the bedroom is the clean ventilation supply from the lobby and air from the corridor is blocked by the ventilation supply in the lobby so that the patient in the bedroom is protected from air from the corridor;
- Potentially contaminated air from the bedroom is prevented from escaping into the corridor by the ventilated lobby, so the patient will not present a risk of infection to others.

#### 6.5.8

Because the lobby simultaneously prevents unfiltered air entering the room and potentially contaminated air escaping from it, the room can be used by both infectious patients and those at risk of being infected by others.

### Table 18 Patient Isolation Requirements

<table>
<thead>
<tr>
<th>Department</th>
<th>PPDD</th>
<th>Functional Requirement</th>
<th>Quantum (rooms)</th>
<th>Technical Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Entrance / Concourse</td>
<td>PPDD 32</td>
<td>None Required</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>PPDD 01</td>
<td>Minors</td>
<td>N/A</td>
<td>HBN 04 supp 1 HBN 22 A&amp;E</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Majors</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Inpatients - Generic</td>
<td>PPDD 02</td>
<td>Single bedroom within Stroke Neuro Rehab</td>
<td>2</td>
<td>HBN4 supp 1</td>
</tr>
<tr>
<td></td>
<td>PPDD 02</td>
<td>Single bedroom within Haematology Oncology</td>
<td>8</td>
<td>HBN 4 supp 1</td>
</tr>
<tr>
<td>Department</td>
<td>PPDD</td>
<td>Functional Requirement</td>
<td>Quantum (rooms)</td>
<td>Technical Requirement</td>
</tr>
<tr>
<td>------------</td>
<td>--------</td>
<td>-------------------------------------------------</td>
<td>----------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>PPDD 02</td>
<td>Single bedroom within Respiratory</td>
<td>10</td>
<td>HBN4 supp 1</td>
<td></td>
</tr>
<tr>
<td>PPDD 02</td>
<td>Cardiology inc CCU</td>
<td>1</td>
<td>HBN4 supp 1</td>
<td></td>
</tr>
<tr>
<td>PPDD 02</td>
<td>Long stay surgery, colorectal</td>
<td>1</td>
<td>HBN4 supp 1</td>
<td></td>
</tr>
<tr>
<td>PPDD 02</td>
<td>Short stay surgery</td>
<td>1</td>
<td>HBN4 supp 1</td>
<td></td>
</tr>
<tr>
<td>PPDD 02</td>
<td>Specialist surgery</td>
<td>1</td>
<td>HBN4 supp 1</td>
<td></td>
</tr>
<tr>
<td>PPDD 02</td>
<td>Maternity</td>
<td>2 (1 per ward)</td>
<td>HBN4 supp 1</td>
<td></td>
</tr>
<tr>
<td>PPDD 02</td>
<td>Women</td>
<td>1</td>
<td>HBN4 supp 1</td>
<td></td>
</tr>
<tr>
<td>PPDD 02</td>
<td>Acute elderly</td>
<td>2</td>
<td>HBN4 supp 1</td>
<td></td>
</tr>
<tr>
<td>PPDD 02</td>
<td>Musculoskeletal</td>
<td>2 (1 per ward)</td>
<td>HBN4 supp 1</td>
<td></td>
</tr>
<tr>
<td>PPDD 02</td>
<td>Gastroenterology</td>
<td>2</td>
<td>HBN4 supp 1</td>
<td></td>
</tr>
<tr>
<td>Adult Acute Assessment</td>
<td>PPDD 02b</td>
<td>Single bedroom</td>
<td>4</td>
<td>HBN4 supp 1</td>
</tr>
<tr>
<td>Integrated Critical Care Unit</td>
<td>PPDD 03</td>
<td>Single bedroom</td>
<td>6</td>
<td>HBN 04 supp 1 Bidders should also note the bespoke arrangements required for ICCU contained within PPDD03 and HBN57</td>
</tr>
<tr>
<td>Maternity Delivery Suite</td>
<td>PPDD 04</td>
<td>Single Delivery Room</td>
<td>1</td>
<td>HBN 04 supp 1</td>
</tr>
<tr>
<td>Inpatients - Paediatric</td>
<td>PPDD 29</td>
<td>Single bedroom</td>
<td>4</td>
<td>HBN 04 supp 1 (3 in paed ward, 1 in adjacent area)</td>
</tr>
<tr>
<td>Neonatal Unit</td>
<td>PPDD 05</td>
<td>Single cot</td>
<td>4</td>
<td>HBN 21 &amp; HBN 04 supp 1</td>
</tr>
<tr>
<td>Endoscopy Unit</td>
<td>PPDD 08</td>
<td>None Required</td>
<td>2</td>
<td>HBN 04 supp 1</td>
</tr>
</tbody>
</table>

### 6.6 Telecom, Data Points and Call System Requirements

#### 6.6.1
The Trust intends to move towards a single communications network structure for IM&T, telephony, patient and facilities support systems. The network structure will provide diverse routing, resilience and future expansion.

#### 6.6.2
Table 19 below outlines a typical schedule of network provision for each area
The single communications structure should support other data communications including the following support systems; however, this is not an exhaustive list:

- Nurse call;
- Car park barriers;
- CCTV;
- Swipe access controls;
- Patient information displays;
- Baby tagging;
- Facilities support and monitoring systems;
- Panic Alarms.

Connectivity of support systems as listed above are not included in Table 19.

A specific exclusion to the above will be local stand-alone patient monitoring systems. Bidders should refer to Schedule 13 for specific locations of monitored beds etc.

The following notes and clarifications support Tables 19 and 20.

- A function is any single activity within any room utilised by the Trust and its Agents in undertaking its activities. It is not a total generic room requirement, i.e. if multiple functions take place then the tables describe the facilities required for each function;
- The term “bed head” includes beds i.e. at the point of intervention, trolleys and reclining chairs (excluding Stage 1 Recovery), wherever the location;
- It should be noted that patient entertainment systems will be connected via the wireless network.

The following are specific notes for Table 19

- The currency of this table is based upon the technologies currently in use within the Trust and is intended solely to give a guide to the quantum and range of functionality required and assumes the use of double RJ45 sockets;
- The design team must evaluate the suitability of the design of the Infrastructure to ensure that it supports the latest technology and functionality including WIFI;
- The Trust require access for Information Technology (“IT”) and telephony to the locations in this table;
- The design team must provide details of their proposed IT/Telephony schematic together with their evaluation;
- The quantum of points identified is based upon an average across the estate.
- This schedule excludes the functionality requirements for the answering of “bleeps etc”;
- Public telephones will be located within all neighbourhood hubs, public entrances and concourse areas.
- All bed heads require a USB outlet in addition to the RJ45 outlet requirements.
- The table excludes connectivity for wireless network coverage
- Refer to room data sheets for specialist locations and connectivity of specialist equipment
Table 19 Information Technology - Network Points

<table>
<thead>
<tr>
<th>Function</th>
<th>Currency</th>
<th>Minimum Total Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient examination</td>
<td>Per patient</td>
<td>3</td>
</tr>
<tr>
<td>Patient intervention</td>
<td>Per patient</td>
<td>3</td>
</tr>
<tr>
<td>Patient consultation</td>
<td>Per patient</td>
<td>3</td>
</tr>
<tr>
<td>Patient “bedhead”</td>
<td>Per patient</td>
<td>3</td>
</tr>
<tr>
<td>ICCU</td>
<td>Per patient</td>
<td>6</td>
</tr>
<tr>
<td>Patient Recovery</td>
<td>Per bed</td>
<td>3</td>
</tr>
<tr>
<td>Stage 1 Recovery</td>
<td>Per bed</td>
<td>3</td>
</tr>
<tr>
<td>Interview</td>
<td>Per room</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Reporting</td>
<td>Per position</td>
<td>4</td>
</tr>
<tr>
<td>Reception / Staff Base</td>
<td>Per position</td>
<td>3</td>
</tr>
<tr>
<td>Administration</td>
<td>Per person</td>
<td>2</td>
</tr>
<tr>
<td>Seminar Rooms</td>
<td>Per room</td>
<td>6</td>
</tr>
<tr>
<td>Public Telephones</td>
<td>Per Location</td>
<td>1</td>
</tr>
<tr>
<td>Corridor Telephones</td>
<td>Per Location</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 20 Information Technology: Call Systems

<table>
<thead>
<tr>
<th>Location</th>
<th>Currency</th>
<th>Patient to Staff Call</th>
<th>Staff to Staff Call</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceiling Pull</td>
<td>Wall Push</td>
</tr>
<tr>
<td>Patient Sanitary Facilities</td>
<td>Per Function</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Accessible Part M</td>
<td>Per Function</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>OSFA Toilet</td>
<td>Per Function</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Patient Changing</td>
<td>Per patient</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Patient Consultation/ Examination</td>
<td>Per patient</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Patient Intervention – Local</td>
<td>Per patient</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Patient intervention – GA</td>
<td>Per patient</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Patient Recovery (Stage 2)</td>
<td>Per patient</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Patient Recovery (Stage 1)</td>
<td>Per patient</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Patient “bedhead”</td>
<td>Per patient</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>
### Functional Brief

#### Location

<table>
<thead>
<tr>
<th>Location</th>
<th>Currency</th>
<th>Patient to Staff Call</th>
<th>Staff to Staff Call</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview Counselling</td>
<td>Per room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dining / Day / Quiet</td>
<td>Per room</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Staff Base / Reception</td>
<td>Per position</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 6.6.8

Patient to Staff call buttons within clinical departments must sound at the appropriate reception / staff base. *Part M* in public areas to sound to nearest reception. In addition call facilities within bespoke rooms are itemised within the appropriate PPDD.

#### 6.7 Storage

**6.7.1** Medical inventory is a major investment for any hospital – second only to staff costs – and key to high-quality patient care. Supply chain management, healthcare storage and mobility solutions will enable the Trust to organise and optimise its inventory.

**6.7.2** The Trust will utilise real-time inventory tracking systems; specialised procedure carts; (this may include the use of AGVs) secure storage for high-value items, bulk storage for volume materials and integrated solutions with tools to manage inventory from the loading bay to use for a specific patient.

**6.7.3** These may include customised storage solutions for every part of the hospital, including modular casework, mobile procedure carts, open storage, inventory management systems to give unprecedented control of our inventory and optimise stock levels and eliminate expired items.

**6.7.4** The objective is to rationalise storage and inventory management to deliver improved financial performance. The Trust will use solutions to give greater control over our inventory for easier compliance reporting and increased patient safety.

**6.7.5** Installation of storage products that deliver optimal storage solutions throughout every room of the hospital is essential.

**6.7.6** Storage linked to IT solutions to manage supply chain logistics, combining barcode technology and/or RFID to capture complete inventory information, is required. The Trust currently uses an NHSSC electronic system called SOLO for stock items. Other systems are being considered for non-stock items.

**6.7.7** The hospital’s supply-strategy ensures delivery of goods based on the actual need. The advantages include complete automation of the hospital storage replenishment process utilising RFID and/or barcode technologies. This will:

- Improve overall service level and replenishment response times
- Reduce number of replenishments
- Compile consumption data for optimisation reports

**6.7.8** Full control of materials from central supplies is required to the individual department or operating room.
The schedules of accommodation and the PPDDs have been based upon the principle that all goods will be facilitated through the receipts and distribution centre; as such, the departmental space allocated is to be sufficient only for working supplies to be topped up.

**Consumables**

Provision is made within the schedules of accommodation for limited local secure storage of consumables. It is anticipated that larger stocks will be held at accessible, but consolidated, storage areas primarily located on the neighbourhood hubs. Bulk deliveries will be made via the Receipts and Distribution Centre, cage deliveries will be made to the bulk storage area in the neighbourhood hubs and trolley deliveries from the Neighbourhood Hub to the departmental stores.

**Clean Supplies**

As with Consumables the Trust anticipates the “Clean Supplies” (Medical, Sterile & Pharmaceutical) will be held in three locations, the latter two holding a working supply only.

- Centrally (Either within the Receipts and Distribution Centre – PPDD 24 or Pharmacy – PPDD 18);
- Departmentally (within storage rooms and clean utility rooms)
- At the point of care

**Table 21 Clean Supplies**

<table>
<thead>
<tr>
<th>Department</th>
<th>PPDD</th>
<th>Medical supplies</th>
<th>Sterile Supplies</th>
<th>Medicines</th>
<th>Controlled Drugs</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Entrance / Concourse</td>
<td>PPDD 32</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>PPDD 01</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Staff Base/ Supplies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Urgent Care)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Staff Base/ Supplies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Minors)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Clean Utility (Ambulatory</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>/Pediatrics)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Staff Base/ Supplies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Paediatrics)</td>
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<tr>
<td></td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Clean Utility (Majors /</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Resuscitation)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Staff Base/ Supplies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Majors)</td>
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<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Staff Base/ Supplies</td>
</tr>
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<td></td>
<td></td>
<td>(Resuscitation)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Pharmacy (Local Provision)</td>
</tr>
<tr>
<td>Inpatients - Generic</td>
<td>PPDD 02</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Clean Utility (Generic)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Clean Supplies</td>
</tr>
<tr>
<td>Integrated Critical Care Unit</td>
<td>PPDD 03</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Clean Utility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Staff Base/Clean Supplies</td>
</tr>
<tr>
<td>Maternity Delivery Suite</td>
<td>PPDD 04</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Clean Utility</td>
</tr>
</tbody>
</table>
### Functional Brief

<table>
<thead>
<tr>
<th>Department</th>
<th>PPDD</th>
<th>Medical supplies</th>
<th>Sterile Supplies</th>
<th>Medicines</th>
<th>Controlled Drugs</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatients - Paediatric</td>
<td>PPDD 29</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Clean Utility</td>
</tr>
<tr>
<td>Neonatal Unit</td>
<td>PPDD 05</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Clean Utility</td>
</tr>
<tr>
<td>Operating Theatres</td>
<td>PPDD 06</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Clean Utility (admissions)</td>
</tr>
<tr>
<td>Imaging Department</td>
<td>PPDD 11</td>
<td>[n/a]</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Clean Utility (Plain Film/ Ultrasound)</td>
</tr>
<tr>
<td>Pathology</td>
<td>PPDD 17</td>
<td>[n/a]</td>
<td>Y</td>
<td>Y</td>
<td>[n/a]</td>
<td>C/E</td>
</tr>
<tr>
<td>Mortuary</td>
<td>PPDD 30</td>
<td>Y</td>
<td>Y</td>
<td>n/a</td>
<td>n/a</td>
<td>PM Room</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>PPDD 18</td>
<td>[n/a]</td>
<td>[n/a]</td>
<td>Y</td>
<td>[n/a]</td>
<td>Refer PPDD 18</td>
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<tr>
<td>Medical Day Procedures</td>
<td>PPDD 07</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Clean Utility</td>
</tr>
<tr>
<td>Endoscopy Unit</td>
<td>PPDD 08</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Clean Utility</td>
</tr>
<tr>
<td>Cardiac Imaging and Therapy</td>
<td>PPDD 09</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Staff Base/ Utility (Recovery)</td>
</tr>
<tr>
<td>Outpatients Department</td>
<td>PPDD 14</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Clean Utilities</td>
</tr>
<tr>
<td>Cardiology, Neurophysiology and Respiratory Physiology</td>
<td>PPDD 16</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Clean Utility (Cardiology)</td>
</tr>
<tr>
<td>Neighbourhood Hubs</td>
<td>PPDD 33</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>n/a</td>
<td>Clinical Supplies Store</td>
</tr>
</tbody>
</table>

6.7.12 The Trust does not wish to see blood refrigerators generally dispersed throughout the acute facilities but require a centralised position as part of the pathology department. As such the proximity of Pathology with the clinical areas is of paramount importance. The only exceptions to this requirement are within the Emergency Department and Operating Theatres.
Health Records

6.7.13 The Trust is currently moving towards the use of Electronic Patient Records as such no onsite facilities are anticipated for the storage and processing of paper records or imaging films with the exception of Outpatient areas, as described in PPDD 14.

Equipment

6.7.14 Provision is made for local storage of equipment within wards and departments. These areas shall provide storage with appropriate facilities for the charging of electrical equipment.

6.7.15 In addition, secure storage facilities shall be provided for holding equipment such as mobile imaging equipment and wheelchairs at strategic locations in close proximity to the clinical areas they serve. This provision shall be clearly identified within the design proposals. The parking of equipment and trolleys within circulation areas and spaces is considered wholly inappropriate.

6.7.16 Storage is to be provided within neighbourhood hubs for surplus and/or broken furniture and equipment which will be moved to a central bed store/decontamination area or Medical Engineering at regular intervals.

6.7.17 The philosophy of Neighbourhood Hubs for FM accommodation, including storage is described within the FM PPDD 33 and PPDD 24.

6.8 Patient and Visitor Welfare Provision

6.8.1 In addition to the patients whose requirements are specifically detailed within the individual policies, there are a range of patients treated within the hospitals whose medical condition ranges from the critically ill to the fully ambulant. The Trust is required to assist patients in moving or transferring, and provision and use of hoists is an integral component of any clinical activity. The minimum requirements for the location of static ceiling hoists are described in section 6.14. The design must take account of the Trust’s Manual Handling policy on this issue. This provision is in addition to the specific requirements highlighted within the departmental PPDDs.

Visitors’ Toilets

6.8.2 The toilet provision at Entrance and Concourse level and neighbourhood hubs must be within single sex areas and include Equality Act 2010 facilities. In addition, toilet provision for independent disabled users must be readily available in accordance with Approved Document M of the Building Regulations. These must be separate from general toilet provision with a separate entrance.

Visitors Catering

6.8.3 Visitors will utilise the catering facilities within the main entrance concourse PPDD 32.
Patient Toilets

6.8.4 Ambulant patients in an outpatient or main waiting room environment will use the visitors toilets described above unless in a state of undress / gowned in which case specific provision is included within the individual PPDDs. Toilets are provided in all clinical areas for patients who require assistance.

Patient Changing

6.8.5 The Trust requires secure locker provision and associated changing cubicles for those patients attending for a diagnostic test, investigation or procedure, who are required to change out of their “day clothes”. Patients’ privacy and dignity and security of valuables must be maintained at all times. These requirements include:

- Patients who remain within the examination / intervention room throughout the episode and change within the room;
- Single destination clinics where local change and locker are to be provided;
- Multi destination clinics – local change and storage facilities for clothes and valuables;
- Patients who are required to change for a longer period before an interventional procedure, as either a day case or inpatient, will be provided with a secure storage container suitable to be taken with them as they move through their pathway.

6.8.6 Bidders should refer to the Trust Privacy, Dignity and Respect Policy.

Patient and Carer Education

6.8.7 There is a key requirement to provide access to appropriate facilities where carers and patients are able to access information in either hard or soft copy form including via the Internet. The area will accommodate literature on a shelving system and a mix of workstations and less formal seating, and shall appear as a non-clinical quality public space. In addition, provision should be made within waiting areas for the display of fixed, and audio-visual health education materials.

Patient Catering

6.8.8 Patients’ food will be sourced from an off-site central food production unit and delivered, via the loading bay into the Catering Department. Food will be loaded into suitable trolleys and delivered by Facilities staff to regeneration kitchens situated on the neighbourhood hubs. Food will be heated in the regeneration kitchen and delivered to the wards in hot food trolleys where it will be served by the Facilities staff.

Patient Entertainment

6.8.9 The Trust will allocate space on the wireless network to facilitate patients and visitors to use their own devices. Facilities will not be provided for patient entertainment at the bed head.

6.8.10 Audio-visual entertainment is required in all day rooms and waiting areas controllable from the relevant reception or staff base.
Voluntary Services

6.8.11 A volunteer base will be provided within the main entrance / concourse for the provision of voluntary services.

Bereavement Services

6.8.12 Facilities will be provided for the counselling of bereaved relatives via dedicated interview/counselling rooms adjacent the main reception desk situated in the main concourse. Specific reference can be found in PPDD 24.

Visitor Overnight Accommodation

6.8.13 A suite of five single en-suite room plus rest/beverage area will be provided for use by visitors who, in exceptional circumstances, need to remain within the hospital overnight.

Baby Change and Feed Facilities

6.8.14 A suite of two rooms will be provided in the main concourse area.

6.9 Staff Welfare

Staff Toilets

6.9.1 Departmental staff toilets will only be provided in Departments as specified in the PPDDs.

Staff Rest

6.9.2 The Trust wishes to encourage staff to move away from their immediate work area whilst taking breaks. Therefore a secure shared provision is required adjacent to the main clinical areas (generally located within the Neighbourhood Hub PPDD 33). However within Closed Departments, for example, operating theatres, additional provision has been identified due to their specific environmental needs.

Staff Changing

6.9.3 The Trust wishes secure staff changing to be provided at Neighbourhood Hub level (other than those Closed Departments scheduled in the departmental PPDDs), including provision of showers and lockers. The number of lockers to be provided will be determined by the number of staff on duty at any one time, rather than the establishment of a department (Refer to the individual PPDDs for a summary of the staffing numbers and profile). The lockers will operate on a key retention system. This provision must be secure and is required adjacent to the main clinical areas and shall be readily accessible from all departments.

6.9.4 Changing facilities will also be utilised by those staff that wish to cycle, walk or exercise whilst at work.
Mandatory Obligations

6.9.5 The Trust’s requirement for mandatory obligations in respect of Doctors in Training will be provided through the shared use of generic accommodation plus the provision of a student common room with changing facilities and locker space, a library with e-learning facilities and a lecture theatre. This accommodation is to be located within the Education Centre.

Staff Catering

6.9.6 Provision has been made within the schedules of accommodation for staff to prepare and consume their own beverages in staff rooms in both the Neighbourhood Hubs and Closed Departments.

6.9.7 It is envisaged that there will be a single location for dining facilities on site. It is anticipated that visitors will also use these facilities. Staff must also have access to hot and cold food and beverages 24 hours per day and it is envisaged this will be provided through a Trust managed vending machine service.

6.10 Security and Safety

6.10.1 The Security of staff, patients and visitors is of paramount importance. There will be Security Base within the Emergency Department (PPDD 01) on the hospital site on a 24 hour, seven days per week basis.

6.10.2 Security involves the protection of all assets of the Trust, not just physical assets. It should include protection for staff, patients and visitors, equipment, premises and information (especially intellectual property). While the Trust needs to be welcoming it also needs to be secure as both internal and external threats need to be addressed. The Trust is keen to ensure therefore that appropriate security measures are embedded throughout the design of the hospital, maximising the benefits of technological solutions operating in conjunction with the physical presence of security officers across the site and strategically located within high profile departments. Security design should take account of the requirements of ACPO Secured by Design – Hospitals and ACPO Safer Car Parks. Further specific requirements are detailed within the departmental Planning Policies and Design Descriptions (specific reference can be found in PPDD 24) and the Trust’s Technical Specifications.

Security Base

6.10.3 Details in respect of the Security Base facilities can be found in PPDD 01 Emergency Department.

Access Control Systems

6.10.4 Details of the Trust requirements are outlined in Section [5.2] of this document.

Security Alarms

6.10.5 The building(s) intruder alarm(s) should be installed. The following areas shall be provided with an intruder alarm:

- All buildings isolated from the main building;
Electronic Baby Monitoring

6.10.6 An electronic baby monitoring system is required that sounds an alarm when the device on the infant is detected leaving the Delivery Suite (PPDD 04), The Neonatal unit (PPDD 05) or the Maternity Wards (PPDD 02), a fire exit or an external entrance/exit. An alarm should activate both locally and at the Security Base. The system should be able to identify a particular infant, the specific location of an infant within the protected zone by use of triangulation and the ability to lock all doors/lifts upon activation of an alarm from the security base. Nearby CCTV cameras should automatically focus on the building/area in which the alarms have activated.

Hospital Security Lock Down

6.10.7 The Trust requires that appropriate security measures are embedded throughout the design of the hospital, maximising the benefits of technological solutions e.g. Access Control Systems operating in conjunction with the physical presence of security officers across the site and strategically located within high profile departments. Incorporating security measures during the hospital design reduces crime, the fear of crime and disorder.

6.10.8 In the event of a Major Incident, terrorist threat or other incident where the security of the hospital is at risk it will be necessary to prevent access/egress from all public/staff/service entrances and exits associated both with buildings and the site perimeter. This should be achieved remotely from the Security Base.

6.10.9 Grounds and external areas “open” to walking / cycling but NOT motor vehicles i.e. controllable barriers to all access roads. There may be locations where an unobtrusive fence or defensive planting may be required for security reasons but also for health and safety reasons to ensure that pedestrian
and vehicular movement is segregated. Particular consideration must be given to the treatment on the canal elevation and any topographical hazards.

6.10.10 In addition, the Trust require specific “Lock Down Measures in the following departments details of which are described within the individual PPDD each nursing section has controlled access/egress.

Table 22 Hospital Security Lockdown

<table>
<thead>
<tr>
<th>PPDD</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPDD 01</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>PPDD 02</td>
<td>In-patients Generic</td>
</tr>
<tr>
<td>PPDD 29</td>
<td>In-patients Paediatrics</td>
</tr>
<tr>
<td>PPDD 03</td>
<td>Integrated Critical Care Unit</td>
</tr>
<tr>
<td>PPDD 04</td>
<td>Maternity Delivery Suite</td>
</tr>
<tr>
<td>PPDD 05</td>
<td>Neonatal Care Unit</td>
</tr>
</tbody>
</table>

6.10.11 This is not an exhaustive list as the lockdown arrangements must be adaptable and flexible to meet future security requirements and should include all departments, internal and external communication routes.

CCTV (Security)

6.10.12 The CCTV system has four purposes:

- To monitor access/egress to buildings, departments and wards for the prevention and detection of crime and to ensure public and staff safety and security;
- To monitor internal departments and areas for the prevention and detection of crime and to ensure public and staff safety and security;
- To monitor the external environs for the prevention and detection of crime and to ensure public and staff safety and security;
- Traffic management.

6.10.13 The CCTV System, operable 24/7 should be designed in coordination with internal/external lighting and landscaping. The system shall achieve both Automatic Number Plate and Facial Recognition with surveillance linked to central control and recorded activity.

6.10.14 The CCTV is to provide 100% coverage of the following areas:

- All public and staff entrances to the building with fixed cameras giving facial views on both entrance and exit
- All internal circulation routes, corridors, stairs, lift lobbies and concourse with moveable tilt/pan cameras
- All public and staff entrances to all individual departments with fixed cameras giving facial views on both entrance and exit – these cameras are in addition to those covering the circulation routes

6.10.15 All areas of external grounds, roads and car parks with moveable tilt/pan cameras plus additional cameras to cover site entrances, bus stops, car park barriers/entrances
6.11 Major Incident

6.11.1 In the event of a major incident being declared, areas within the hospital, as described in the Major Incident Policy, will be used to manage and control the incident. These areas will be made available for use on a 24/7 basis by displacing elective and non-urgent activity. In addition to an expected large number of patients accessing Emergency Department services there will be a need to accommodate, manage and control relatives and other persons associated with these patients. Additional functionality is required within all Seminar rooms in terms of furnishing, equipment and IM&T as described in the Major Incident Policy.

Major Incident Plan

6.11.2 The Emergency Care Department, Post Room and Pathology will require independent ventilation systems with local emergency shut-off capability from within the Department to prevent the spread of nuclear, biological or chemical contamination in the event of a Major Incident.

6.12 Fire Precautions

6.12.1 Any departure from *HTM Firecode* must be supported by a full engineering appraisal and should not impose any operational restrictions or revenue costs upon the Trust.

6.12.2 The design solution should address the conflicting need for unimpeded egress and the prevention of un-authorised access of doors the sole purpose of which is escape in the event of fire.

6.12.3 A clear Fire planning strategy shall be incorporated into the design, which includes the following:

- Fire alarm and detection system;
- Fire compartmentalisation including sub-compartmentalisation;
- Fire suppression sprinkler system;
- Interface and isolation of plant systems;
- Means of escape based upon horizontal evacuation with a vertical final solution;
- Water supplies for the fire brigade use;
- Fire fighting equipment including wet and dry risers;
- Fire fighting stairs and lifts;
- Emergency lighting;
- Arson prevention;
- Access for fire appliances;
- Storage of flammable substances;
- External fire fighting access;
- Fire Engineered Solutions (in respect of any derogations from *HTM Firecode*);
- Separation of life risk and fire risk departments.
6.13 **Wayfinding**

6.13.1 Many factors affect how people orientate themselves and find their way, but wayfinding is essentially a series of interrelated decisions influenced by personal and environmental factors and also the availability and understandability of information.

6.13.2 People with disabilities should be able to find their way around an environment, along the same routes as everyone else, as easily as people without disabilities.

6.13.3 Effective navigation for people is aided by providing external views from within to help people orientate themselves. In hospitals, disorientation is reduced by creating natural progression from public to treatment rooms supported by clear way-finding.

6.13.4 Most factors that influence how easily people with physical, sensory or cognitive impairments find their way are important for all users. There are some wayfinding aids specifically designed for people with particular impairments, but often non-impaired people would also find these aids helpful. An environment developed with the needs of people with physical, sensory or cognitive impairments in mind will also be a much easier environment for all users to find their way around.

6.13.5 The Trust will be looking for innovative solutions to promote an efficient and intuitive way-finding solution for patients and visitors. Clear signage is required on the approach to the hospital, at main entrances and at the entrance point, with account being taken for those with disabilities and special needs. Multi-cultural needs and multi-language signage should be taken account of. Consideration shall be given to the use of colour as an underlying principle of wayfinding such that colour is used as a wayfinding aid from the moment a patient receives an appointment letter. The use of colour should co-ordinate different levels, departments or destinations complimented by the use of articles and objects of local civic pride thus integrating art as an integral part of the wayfinding strategy. The approach must be continued throughout the whole building from arrival point to destination. When considering colour, reference to contrast and spectrum should be made to ensure compliance with DDA and dementia requirements. The wayfinding strategy must include external approach signage on public highways, to be agreed with Local Authority. Attention is drawn to The NHS Publication; Wayfinding, 2005 second edition on this issue.

6.14 **Manual Handling**

**Bariatric Care**

6.14.1 The Trust’s policy and requirements for accessibility by bariatric patients is set out in section 6.4 Diversity. Any patient over 25stone or with a BMI greater than 40 is deemed to be bariatric. As equipment can be up to 33% wider, the overall floor space, in areas where bariatric patients are scheduled within the individual PPDDs. All Bariatric facilities require a tracked hoist system to support safe lifting and handling of patients within each of the bariatric thresholds as set out in Table 23 indicating which departmental PPDD has special requirements.

**Patient Handling**

6.14.2 To support safe lifting and handling of patients, an integral part of the design should be the provision of electrically operated and remote controlled ceiling mounted H tracked hoists to all adult inpatient
beds. These are described in detail within each individuals departmental PPDD.

Table 16 Patient Hoist Locations

<table>
<thead>
<tr>
<th>Department</th>
<th>PPDD</th>
<th>Up to 25 stone 160kg</th>
<th>25-47 stone Bariatric 1 Up to 300kg</th>
<th>47-60 stone Bariatric 2 Up to 380kg</th>
<th>Over 60 stone Morbidly Obese</th>
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</thead>
<tbody>
<tr>
<td>Emergency Department</td>
<td>PPDD 01</td>
<td>Nil</td>
<td>1 room</td>
<td>1 room</td>
<td>Nil</td>
</tr>
<tr>
<td>Inpatients – Generic</td>
<td>PPDD 02</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke Neuro Rehab</td>
<td></td>
<td>30 beds</td>
<td>2 beds</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>Haematology Oncology</td>
<td></td>
<td>30 beds</td>
<td>2 beds</td>
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<td>Nil</td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
<td>30 beds</td>
<td>2 beds</td>
<td>1 bed</td>
<td>Nil</td>
</tr>
<tr>
<td>Cardiology including CCU</td>
<td></td>
<td>30 beds</td>
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</tr>
<tr>
<td>Long stay surgery, colorectal</td>
<td></td>
<td>30 beds</td>
<td>2 beds</td>
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</tr>
<tr>
<td>Short stay surgery</td>
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<td>2 beds</td>
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<td>Nil</td>
</tr>
<tr>
<td>Specialist surgery</td>
<td></td>
<td>30 beds</td>
<td>2 beds</td>
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<td>Nil</td>
</tr>
<tr>
<td>Maternity</td>
<td></td>
<td>60 beds (30 per ward)</td>
<td>4 beds (2 per ward)</td>
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<td>Nil</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td>30 beds</td>
<td>2 beds</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>Acute elderly</td>
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<td>30 beds</td>
<td>2 beds</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>Musculoskeletal</td>
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<td>60 beds (30 per ward)</td>
<td>4 beds (2 per ward)</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td></td>
<td>30 beds</td>
<td>2 beds</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>Adult Acute Assessment</td>
<td></td>
<td>60 beds*</td>
<td>6 beds</td>
<td>2 beds</td>
<td>Nil</td>
</tr>
<tr>
<td>Integrated Critical Care Unit</td>
<td>PPDD 03</td>
<td>Nil</td>
<td>29 beds</td>
<td>1 bed</td>
<td>Nil</td>
</tr>
<tr>
<td>Maternity Delivery Suite</td>
<td>PPDD 04</td>
<td>Nil</td>
<td>Nil</td>
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<td>Nil</td>
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<tr>
<td>Inpatients – Paediatric</td>
<td>PPDD 29</td>
<td>Nil</td>
<td>1 bed</td>
<td>Nil</td>
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<tr>
<td>Operating Theatres</td>
<td>PPDD 06</td>
<td>Nil</td>
<td>Nil</td>
<td>1 patient journey</td>
<td>Nil</td>
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<tr>
<td>Mortuary</td>
<td>PPDD 30</td>
<td>Nil</td>
<td>Nil</td>
<td>1 location</td>
<td>Nil</td>
</tr>
<tr>
<td>Endoscopy Unit</td>
<td>PPDD 08</td>
<td>Nil</td>
<td>1 room</td>
<td>Nil</td>
<td>Nil</td>
</tr>
</tbody>
</table>

* Excludes trolley and chair spaces

6.15 Public Art

6.15.1 In addition to the general requirements set to enhance the Quality of the Environment, the Trust will consider the provision of art (including ‘multimedia’ paintings, sculptures and prints and performing arts). The design solution should make provision for appropriate lighting, power, water and security in all public areas and selected clinical areas.

6.15.2 The extensive use of themed wall murals is encouraged within all areas.

6.15.3 The provision of art works should also be considered for all areas.
6.15.4 The Trust anticipates the use of display mounting systems, which should be provided in all public spaces (Concourse, Hospital Streets and Waiting Areas).

6.15.5 Through consultation with the local community, the Trust has identified West Midlands/civic pride themes to integrate within the way finding strategy.

6.16 Sterile Services

6.16.1 The main Sterile Services facility will be off site. The receipt and distribution element of sterile services for both clean receipts and dirty returns is described within the FM PPDD 24.

6.16.2 Details of the Trust’s requirement for the storage of “clean supplies” are described within Section 6.7.11 of this document.

6.17 Facilities Management Services

Servicing and Deliveries

6.17.1 Please refer to the information provided within section 5.6.

Facilities Management (Trust Managed Services)

6.17.2 Soft facilities management refers to areas relating to the services provided for a building:

6.17.3 The detailed specification for each soft FM service is contained within PPDD 24.
7 Repeatable and Generic Room Requirements

7.1.1 The Trust’s requirements in respect of the layout and content of individual rooms are described in two locations:

- Bespoke Rooms - Described within section 7.0 of the individual PPDDs;
- Repeatable Rooms - Described within this Functional Brief;

7.1.2 The specific requirements for the Control of Infection and Information Technology are covered within section 6.5 respectively:

- For IM&T systems refer to Table 19 “IT: “Telephone, Data Points and Call System Requirements”;
- For call system requirements refer to Table 20 “IT: Call Systems”.

7.1.3 The following notes refer to all rooms:

- Where clinical spaces are repeated within a different orientation, the Trust requires that the location of patient bedhead services is located on the entrance side of the bed space to ensure easy access for nursing staff. For example, the relationship between the room entrance door and medical gases/nurse call always remains on the door side of the bed space unless specifically noted in the departmental Planning Policies and Design Descriptions.
- Blinds and curtains to internal and external fenestrations within patient areas should be operable from the patient side only;
- The design solution will need to identify how the access and egress arrangements to each clinical space will work, including patient transfers.
- Rooms are to be designed so that the clinician is nearest the room access/egress point to enable rapid exit in the event of a serious security incident
- Discrete egress arrangements should be provided for rooms where patients have received bad news;
- The power requirements for patient care (reference Table [7.16]) exclude the provision for data/telecoms (reference Table 19) and cleaning and maintenance which must be incorporated within the design solution;
- In compliance with the Trust’s Infection Control Policies and desire for maximum flexibility it is anticipated that enclosed storage systems will be utilised for clean supplies (refer section 6.5);
- It is anticipated that medical equipment will, where practicable, be fixed on "Medirail" type brackets, particularly in areas utilising beds or trolleys and areas of patient examination/intervention. As such the space requirements do not accommodate any additional space for floor or trolley mounted equipment;
- The Trust's requirements in terms of the use of natural and artificial light are set out within section 5.9 of the Functional Brief;
- The Trust's requirements in terms of the use of natural and artificial heating and ventilation are set out within section 5.10 of the Functional Brief;
- The Trust's Requirements in terms of the acoustic criteria are set out within section 5.11 of the Functional brief.
7.1.4 Room Data Sheet information relating to the equipment requirements within rooms is contained within Schedule 13.

7.1.5 The following repeatable room specifications describe the size required by the Trust to enable people (patients, staff, and visitors) to utilise rooms and deliver the required Trust service.

Table 24 Repeatable Room Requirements

<table>
<thead>
<tr>
<th>Type</th>
<th>Room</th>
<th>SoA Net Area</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bedroom – single</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Acute – Inpatient</td>
<td>17.0</td>
<td></td>
</tr>
<tr>
<td>Adult Acute with Isolation lobby</td>
<td>17.0 + 4.5</td>
<td></td>
</tr>
<tr>
<td>Critical Care</td>
<td>26.0</td>
<td></td>
</tr>
<tr>
<td><strong>Multi bedrooms</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Acute Multi (4) Bed – inpatients</td>
<td>56.0</td>
<td></td>
</tr>
<tr>
<td>Critical care 6 bedded</td>
<td>185.0</td>
<td></td>
</tr>
<tr>
<td><strong>Theatre Suite</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Theatre</td>
<td>55.0</td>
<td></td>
</tr>
<tr>
<td>Scrub Up &amp; Gowning-shared</td>
<td>16.0</td>
<td></td>
</tr>
<tr>
<td>Preparation - shared</td>
<td>20.0</td>
<td></td>
</tr>
<tr>
<td>Utility</td>
<td>12.0</td>
<td></td>
</tr>
<tr>
<td>Anaesthetic Room</td>
<td>19.0</td>
<td></td>
</tr>
<tr>
<td><strong>Clinic rooms</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview/ Counselling</td>
<td>9.0</td>
<td></td>
</tr>
<tr>
<td>Consult / Exam – Dual Access</td>
<td>14.0</td>
<td></td>
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<tr>
<td>Consult / Exam – Single Access</td>
<td>12.0</td>
<td></td>
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<tr>
<td>Treatment Room</td>
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<td></td>
</tr>
<tr>
<td>Procedure Room</td>
<td>14.0</td>
<td></td>
</tr>
<tr>
<td>Ultrasound Room</td>
<td>16.0</td>
<td></td>
</tr>
<tr>
<td>Assessment / Triage</td>
<td>14.0</td>
<td></td>
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<tr>
<td>Examination/Treatment Bay</td>
<td>9.0</td>
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</tr>
<tr>
<td>Bed/Trolley Wait</td>
<td>6.5 per space</td>
<td></td>
</tr>
<tr>
<td>Bed/Trolley Treatment Bay</td>
<td>9.0 per space</td>
<td></td>
</tr>
<tr>
<td>Recovery Stage 1</td>
<td>13.5 per space</td>
<td></td>
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<tr>
<td><strong>Utilities</strong></td>
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<td></td>
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<tr>
<td>Clean Utility</td>
<td>13.0</td>
<td></td>
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<tr>
<td>Dirty Utility – Macerator</td>
<td>11.0</td>
<td></td>
</tr>
<tr>
<td>Dirty Utility – No macerator</td>
<td>9.0</td>
<td></td>
</tr>
<tr>
<td>Supplies Base</td>
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<td></td>
</tr>
<tr>
<td>Near Patient Testing</td>
<td>8.0</td>
<td></td>
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<tr>
<td><strong>Reception and control</strong></td>
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<td></td>
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<tr>
<td>Reception (2)</td>
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</tr>
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<td>Reception (3)</td>
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<tr>
<td>Reception (4)</td>
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<tr>
<td>Staff Base (2)</td>
<td>6.5</td>
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<td>Staff Base (4)</td>
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<tr>
<td><strong>Sanitary and Welfare</strong></td>
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<td>Lobby - isolation</td>
<td>4.5</td>
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<tr>
<td>Toilet – ambulant</td>
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<tr>
<td>Toilet - OSFA</td>
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<tr>
<td>Toilet – Accessible</td>
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<td></td>
</tr>
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<td>Shower – ambulant</td>
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<tr>
<td>Shower / toilet fully assisted</td>
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</tr>
<tr>
<td>ES shower / toilet partial assist</td>
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<td>Type</td>
<td>Room</td>
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<tr>
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<tr>
<td>Changing Cubicle (1) Accessible</td>
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<td>WHB/PPE Station</td>
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<tr>
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<td>Baby Feed</td>
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<td>Baby Change</td>
<td>4.0</td>
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<td>Beverage Room – Hub</td>
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<td>Quiet Day Space</td>
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<td>Transfer/Change Point</td>
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<tr>
<td>Adult Sub Wait</td>
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<tr>
<td>Children’s Waiting</td>
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<tr>
<td>Children’s Sub Wait</td>
<td>Various</td>
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<tr>
<td>Storage</td>
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<td>Store General - small</td>
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<tr>
<td>Store General - medium</td>
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</tr>
<tr>
<td>Store General- large</td>
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</tr>
<tr>
<td>Store Linen</td>
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<td>Equipment Bay</td>
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<tr>
<td>Food Trolley Bay</td>
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<td></td>
</tr>
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<td>Store Wheelchair – Hub</td>
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<td>Store Clinical Supplies</td>
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<td>Administration</td>
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</tr>
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</tr>
<tr>
<td>Office (2)</td>
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</tr>
<tr>
<td>Office - multi allocated</td>
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<td></td>
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<tr>
<td>Office - multi mobile</td>
<td>4.0 pp</td>
<td></td>
</tr>
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<td>Office / resource base</td>
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<td>Reprographics</td>
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<td>Switchgear</td>
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<tr>
<td>Disposal/Hold – Hub</td>
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<tr>
<td>IT Room – Hub</td>
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<td>Domestic Services Room – Hub</td>
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<td>Domestic Services Store – Hub</td>
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<tr>
<td>Store Medical Gases</td>
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<td>Regeneration Kitchen</td>
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</tr>
<tr>
<td>Furniture Store</td>
<td>24.0</td>
<td></td>
</tr>
</tbody>
</table>
7.2 **Bedrooms Single**

**Bedroom - Adult Acute – Inpatient with en-suite**

7.2.1 The requirements for this room are described in section 9.1.

**Bedroom – Adult Acute – Inpatient with en-suite and Isolation lobby**

7.2.2 The requirements for this room are described in section 9.2.

**Bedroom – Critical Care (with or without isolation lobby)**

7.2.3 The single bedrooms within Critical Care are to HBN standards with minor Trust requirements. Where possible, single bedrooms should be arranged in pairs and internal fenestration is provided to both the circulation and adjoining single bedroom to facilitate clinical observation. Innovative internal glazing design solutions to maximise observation whilst maintaining privacy are sought by the Trust for these rooms.

7.2.4 In addition to the isolation rooms, the Trust has specified single rooms within Critical Care. These rooms are as described above minus the isolation lobby and with an observation base covering two rooms.

7.2.5 For details of the Trust's Requirements in respect of the isolation lobby refer section 9.2.

7.3 **Bedrooms Multi**

**Multi Bedroom (4) - Adult Acute – In Patient**

7.3.1 The requirements for the Adult Acute Inpatient multi bed bedroom are described in section 10.1

**Multi Bed Spaces – Critical Care**

7.3.2 The requirements for this space are described in section 10.2.

7.4 **Operating Theatre Suite**

**Operating Theatre**

7.4.1 The Operating Theatre suite is based on HBN standards. A representative design has been developed to express the preferred configuration. PPDD 06 Table [7.3.1] sets out all variants of the general operating theatre.
Scrub Room

7.4.2 A shared scrub room per pair of operating theatres in accordance with HBN standards. No door is required to the Operating theatre. PPE storage must be contained within a proprietary storage system ie Systemed. Details of the Trust’s requirements regarding the control of infection can be referenced in Table 16A.

Preparation – Theatre

7.4.3 A shared preparation room per pair of operating theatres in accordance with HBN standards. Storage will be facilitated through the use of trolleys except for a heated lotions cabinet. In addition 1800mm of work surface 750mm deep is required for opening packs and laying up instrument trolleys.

Utility – Theatre

7.4.4 A dedicated dirty utility room per operating theatre in accordance with HBN standards.

Anaesthetic Room

7.4.5 An Anaesthetic Room per operating theatre in accordance with HBN standards.

7.5 Clinic Rooms

Interview / Counselling

7.5.1 The Trust have included within their requirements a number of four place HBN standard Interview / Counselling rooms to be used by patients, family members and staff some of whom may well be in a distressed state. These rooms need to achieve the following;

- None threatening Environment;
- Maintain Privacy & Dignity;
- Access to IT.

7.5.2 To achieve this it is assumed there will be;

- Non-clinical finishes;
- No fixed furniture or storage or equipment;
- No WHB assembly.

7.5.3 The ergonomic parameter must include;

- Single door with ‘vistomatic type’ vision panel
- Loose furniture consisting of semi-easy chairs and a circular table;
Access to IM&T (end devices, telephones and computers to be brought in as required).

7.5.4 Detail of the Trust’s Requirements in respect of Environmental and IM&T Criteria can be referenced as follows:

- Natural light – Functional Brief section 5.8
- Task lighting – Functional Brief section 5.8;
- Heating & Ventilation – Functional Brief section 5.9;
- Acoustic parameters – Functional Brief section 5.10.

**Consulting Examination – Dual Access**

7.5.5 The requirements for this space are described in section 11.1

**Consulting Examination – Single Access**

7.5.6 The requirements for this space are described in section 11.2

**Treatment Room**

7.5.7 The requirements for this space are described in section 11.3

**Procedure Room**

7.5.8 The Procedure room is identical to the Treatment room described above but with enhanced ventilation and hygiene washing. The Trust requires the room for undertaking investigations and interventions which are not appropriate to be undertaken within a consulting / examination or treatment room. It is anticipated the clinical and storage and administration zones will consist of movable / mobile facilities whilst the PPE zone only would be permanent installations.

7.5.9 Details of the Trust’s Requirements in respect of the Control of Infection can be referenced as follows:

- Hygiene Washing Table 16A

7.5.10 Details of the Trust’s Requirements in respect of IM&T can be referenced as follows:

- Telecom & Data: Table 19 (intervention & administration);
- Call Systems: Table 20

7.5.11 Detail of the Trust’s Requirement’s in respect of Environmental Criteria can be referenced as follows:

- Natural light – Functional Brief Table 9
- Task lighting – Functional Brief Table 11
- Heating & Ventilation – Functional Brief Table 12
7.5.12 Details of the patient “bed head” functionality are included on Functional Brief Table 26.

Ultrasound Room

7.5.13 The Trust requires dual access ultrasound rooms to HBN standards with minor Trust requirements for undertaking routine examinations and minor investigations and interventional procedures which are not appropriate to be undertaken within a consulting examination or treatment room.

7.5.14 It is anticipated the clinical and storage zones will consist of movable / mobile facilities whilst the PPE and administration zones would be permanent installations including a RIS workstation to enable immediate reporting of scans. Sonographers do not usually need access to PACS images but rooms used by radiologists for general scanning need workstations with one high resolution monitor (for viewing plain “films”).

7.5.15 Details of the Trust’s Requirements in respect of the Control of Infection can be referenced as follows:

- Hygiene Washing Table 16A

7.5.16 Details of the Trust’s Requirements in respect of IM&T can be referenced as follows:

- Telecom & Data: Table 19 (intervention & administration);
- Call Systems: Table 20

7.5.17 Details of the Trust’s Requirements in respect of Environmental Criteria can be referenced as follows:

- Natural light – Functional Brief Table 9
- Task lighting – Functional Brief Table 11
- Heating & Ventilation – Functional Brief Table 12
- Acoustic parameters – Functional Brief Table 15

7.5.18 The room lighting will require dimming to 1%.

7.5.19 Details of the patient “bed head” functionality are included on Functional Brief Table 26.

7.5.20 Privacy and dignity is required to be maintained throughout the investigation. Door and half access is required to enable bed transfer.

Assessment / Triage

7.5.21 The Trust requires an assessment / triage room, based on a dual access consulting/examination room described above for undertaking clinical examinations and assessments. This will be performed by 1-2 staff, which may need to work from both sides of the couch. It is anticipated the clinical zone will consist of movable / mobile facilities whilst the storage, PPE and administration zones would be permanent installations.
7.5.22 Details of the Trust’s Requirements in respect of the control of infection can be referenced as follows:

- Hygiene Washing Table 16A

7.5.23 Details of the Trust’s Requirements in respect of IM&T can be referenced as follows;

- Telecom & Data Functional Brief Table 19 (patient examination & administration);
- Call systems Functional Brief Table 20 (intervention - local).

7.5.24 Detail of the Trust’s Requirement’s in respect of Environmental Criteria can be referenced as follows:

- Natural light – Functional Brief Table 9 (as a procedures room);
- Task lighting – Functional Brief Table 11 (as consulting / examination);
- Heating & Ventilation – Functional Brief Table 12 (as a treatment room);
- Acoustic parameters – Functional Brief Table 15 (as a treatment room).

7.5.25 Details of the patient “bed head” functionality are included on FUNCTIONAL BRIEF Table 26 (as a consulting / examination room.

7.5.26 Door and half access is required to both entry and exit doors enable occasional trolley transfer.

**Examination/Treatment Bay**

7.5.27 The Trust requires an examination/treatment area for undertaking clinical examinations and treatments. These will generally be configured in multiple cubicised bays, which should be enclosed for privacy and dignity, and based on bed centres of 2400mm

7.5.28 This will be performed by 1-2 staff, which may need to work from both sides of the couch. It is anticipated the clinical zone will consist of movable / mobile facilities including the storage.

7.5.29 The following functionality diagram has been utilised to develop the Trust schedule of accommodation.
7.5.30 Details of the Trust’s Requirements in respect of the control of infection can be referenced as follows:
- Hygiene Washing Functional Brief Table 16A

7.5.31 Details of the Trust’s Requirements in respect of IM&T can be referenced as follows:
- Telecom & Data Functional Brief Table 19 (patient intervention);
- Call systems Functional Brief Table 20 (patient intervention - local).

7.5.32 Detail of the Trust’s Requirement’s in respect of Environmental Criteria can be referenced as follows:
- Natural light – Functional Brief Table 9 (as a procedures room);
- Task lighting – Functional Brief Table 11 (as a treatment room);
- Heating & Ventilation – Functional Brief Table 12 (as a treatment room);
- Acoustic parameters – Functional Brief Table 15 (as a recovery bay).

7.5.33 Details of the patient “bed head” functionality are included in Functional Brief Table 26 as a treatment room.

**Bed/Trolley Wait**

7.5.34 The Trust requires a bed/trolley wait for patients awaiting transportation to other clinical zones within a department or to other areas of the hospital. These will generally be configured in multiple cubicles.
based on bed centres of 2100mm. Bidders are required to be mindful of the need to achieve single sex compliance within the facility.

7.5.35 The Trust has developed the following zoning diagram which underpins the schedule of accommodation:

Figure 6 Zoning Diagram

7.5.36 Details of the Trust’s Requirements in respect of the control of infection can be referenced as follows;

- Hygiene Washing Functional Brief Table 16A

7.5.37 Details of the Trust’s Requirements in respect of IM&T can be referenced as follows;

- Telecom & Data Functional Brief Table 19 (patient intervention);
- Call systems Functional Brief Table 20 (patient intervention - local).

7.5.38 Detail of the Trust’s Requirement’s in respect of Environmental Criteria can be referenced as follows:

- Natural light – Functional Brief Table 9 (as a procedures room);
- Task lighting – Functional Brief Table 11 (as a treatment room);
- Heating & Ventilation – Functional Brief Table 12 (as a treatment room);
- Acoustic parameters – Functional Brief Table 15 (as a recovery bay).

7.5.39 Details of the patient “bed head” functionality are included in Functional Brief Table 26 as a treatment room.
Trolley/Chair Treatment Bay

7.5.40 The Trust requires a trolley/chair treatment area for undertaking clinical treatments. These will be configured singularly or in multiple 4 or 6 bays which will accommodate a patient either on a chair or trolley within each individual cubicle and based on bed centres of 2400mm. Bidders are required to be mindful of the need to achieve privacy and dignity and single sex compliance within the facility.

7.5.41 Each room must contain:

- A minimum of 2400mm bed centres;
- WHB Station;
- Administration Station;
- Clean supplies zone.

7.5.42 The Trust has developed the following zoning diagram which underpins the schedule of accommodation.

**Figure 7 Treatment Zoning Diagram**

7.5.43 Details of the Trust’s Requirements in respect of the control of infection can be referenced as follows:

- Hygiene Washing Table 16A

7.5.44 Details of the Trust’s Requirements in respect of IM&T can be referenced as follows:

- Telecom & Data Table 19 (patient bed head);
Call systems Table 20 (patient bed head).

7.5.45 Detail of the Trust’s Requirement’s in respect of Environmental Criteria can be referenced as follows:

- Natural light – Functional Brief Table 9 (as an inpatient bed);
- Task lighting – Functional Brief Table 11 (as an inpatient bed);
- Heating & Ventilation – Functional Brief Table 12 (as a treatment room);
- Acoustic parameters – Functional Brief Table 15 (as a recovery bay).

7.5.46 Details of the patient “bed head” functionality are included in FUNCTIONAL BRIEF Table 26 as a treatment room.

Recovery Stage 1

7.5.47 The Trust requires a pre discharge recovery area for patients recovering from a clinical procedure and will generally be configured in multiple cubicles to maintain privacy and dignity, and based on bed centres of 2700mm.

7.5.48 This space will also serve as a bed/trolley wait for patients prior to their procedure within another clinical zone within the department. Within the space the patient will dress with privacy before moving to a stage 2 recovery area. Bidders are required to be mindful of the need to achieve single sex compliance within the facility.

7.5.49 The following functionality diagram has been utilised to develop the Trust schedule of accommodation.

Figure 8 Stage 1 Recovery
Details of the Trust’s Requirements in respect of the control of infection can be referenced as follows:

- Hygiene Washing Functional Brief Table 16A

Details of the Trust’s Requirements in respect of IM&T can be referenced as follows:

- Telecom & Data Functional Brief Table 19 (patient intervention);
- Call systems Functional Brief Table 20 (stage 1 recovery).

Details of the Trust’s Requirement’s in respect of Environmental Criteria can be referenced as follows:

- Natural light – Functional Brief Table 9 (stage 1 recovery);
- Task lighting – Functional Brief Table 11 (stage 1 recovery);
- Heating & Ventilation – Functional Brief Table 12 (stage 1 recovery);
- Acoustic parameters – Functional Brief Table 15 (stage 1 recovery).

Details of the patient “bed head” functionality are included in Functional Brief Table 19 stage 1 recovery.

Utilities

Clean Utility

The requirements for this room are described in section 12.1

Dirty Utility without macerator

The principles set out for the requirements for the dirty utility with macerator are to be adopted for the dirty utility - clinic. With the following omissions:

- Macerator assembly;
- Storage – bulk paper products.

Near Patient Testing

The Trust requires rooms to accommodate various analysers which are required to be located in the vicinity of the patient to provide immediate test results. Such analysers will include blood gas, urinalysis, haematology and various other bench top equipment. The pneumatic tube station will generally be located within this room.

Details of the Trust’s Requirements in respect of the control of infection can be referenced as follows:

- Hygiene Washing Functional Brief Table 16A
- Segregated Disposal Containers Functional Brief Table 16A
7.6.5 Details of the Trust’s Requirements in respect of IM&T can be referenced as follows;
- Telecom & Data Functional Brief Table 19 (clinical reporting);
- Call systems Functional Brief Table 20 (none).

7.6.6 Details of the Trust’s Requirements in respect of Environmental Criteria can be referenced as follows:
- Natural light – Functional Brief Table 9 (utilities);
- Task lighting – Functional Brief Table 11 (utilities);
- Heating & Ventilation – Functional Brief Table 12 (utilities - dirty);
- Acoustic parameters – Functional Brief Table 15 (reporting).

7.7 Reception and Control

Receptions

7.7.1 The Trust has developed particular spatial parameters in respect of receptions, which underpin the areas in the Trust’s Requirements. It is anticipated that the reception will be planned in 3 distinct zones:
- Space for reception staff to sit and interface with patients (including DDA);
- Space for staff to work away from the reception desk including limited storage (NB additional IM&T functionality required to facilitate this function over and above Table 19).
- A zone for alarms and notices specific to each reception.

7.7.2 The Trust would wish to receive alternative proposals from Designers, which reflect their Interior Design and Wayfinding solutions. It is anticipated that all reception areas will be utilised by children.

7.7.3 Bidders should refer to ITPD V2 section 12 for the Trust’s research.

7.7.4 The Trust’s environmental parameters can be referenced within section [5.0] of this Functional Brief.

7.7.5 Details of the Trust’s Requirements in respect of IM&T can be referenced as follows:
- Telecom & Data: Functional Brief Table 19 (Each occupant plus 1 - administration);
- Call Systems: Functional Brief Table 20.

Staff Base

7.7.6 The Trust has developed particular spatial parameters in respect of staff bases, which underpin the areas in the Trust’s Requirements. A number of staff bases call for integrated clean supplies. These two spaces must be co-located. ICCU require storage for a small supply of essential drugs at this base.

7.7.7 It is anticipated that the staff base will be planned in 3 distinct zones:
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- Space for staff to sit and interface with patients and visitors (including DDA);
- Space for staff to work away from the reception desk including limited storage (NB additional IM&T functionality required to facilitate this function over and above Table 19. A zone for alarms and notices specific to each staff base.

7.7.8 The Trust requires proposals from Designers, which integrate with their Interior Design and Wayfinding solutions. The Trust has made reference to these in the ITPD V2. The design of staff bases must give consideration to all groups of patient, staff and visitors.

7.7.9 The Trust’s environmental parameters can be referenced within section [5.0] of this Functional Brief.

7.7.10 Details of the Trust’s Requirements in respect of IM&T can be referenced as follows:
- Telecom & Data: Functional Brief Table 19 (Each occupant plus 1 - administration);
- Call Systems: Functional Brief Table 20

7.7.11 The following functionality diagram has been utilised to develop the Trust Schedule of Accommodation:
7.8 Sanitary and Welfare

7.8.1 Lobby – Isolation Rooms

The requirements for this room are described in section 13.1.

7.8.2 Toilet – Ambulant

The Trust requires ambulant toilets primarily for staff. The layout should be based upon HBN 00-02. For the avoidance of doubt the Trust does NOT require the following:

- Assistance by an escort / staff member;
- Nurse (assistance) call.
7.8.3 Details of the Trust’s Requirements in respect of the Control of Infection can be referenced as follows:
- Hygiene Washing Functional Brief Table 16A
- Segregated Disposal Containers Functional Brief Table 17

**Toilet – One Size Fits All (OSFA)**

7.8.4 A ‘OSFA’ toilet has been developed by the Trust. This facility is intended to be utilised in situations where the Trust require to give assistance including none weight bearing patients and accessible facilities. The layout below has been based upon the use of a wall mounted bariatric changing table.

7.8.5 It is not anticipated that all the OSFA toilets will have the full equipment to cater for none weight bearing patients although the infrastructure must be capable of accommodating this requirement at a later date. For the purposes of the PSC and for the Trust’s Brief, 10% of the total will accommodate non weight bearing patients.

A representative design example is shown below:

**Figure 10 Toilet OFSA**
Toilet – Accessible

7.8.6 The Trust require unisex accessible facilities which fully comply with The Building Regulations Approved Document M: Access to and Use of Buildings 2004 section M1/M3: 5.10 and diagram 18.

7.8.7 Details of the Trust’s Requirements in respect of the Control of Infection can be referenced as follows:
   - Hygiene Washing Functional Brief Tables 16A & 16B

7.8.8 Details of the Trust’s Requirements in respect of IM&T can be referenced as follows:
   - Call Systems: Functional Brief Table 20

7.8.9 Bidders should refer to the Trust’s Privacy and Dignity policy with regard to provision of accessible staff WCs.

Shower– Ambulant

7.8.10 The Trust requires ambulant showers primarily for staff set out to HBN standard. For the avoidance of doubt:
   - Flat Floor access;
   - A tip up seat is NOT required although the zoning of the drying area must be maintained.

7.8.11 Details of the Trust’s Requirements in respect of the Control of Infection can be referenced as follows:
   - Hygiene Washing Functional Brief Tables 16A & 16B

Assisted Shower/WC/Wash hand basin

7.8.12 This room is based upon the principles adopted in the Trust’s Exemplar OSFA toilet 7.8.4 with an additional 1200 mm for a shower zone.

En-suite Shower / Toilet Partial Assisted

7.8.13 The requirements for this room are described in section 13.2

Public Toilets

7.8.14 The Trust does NOT consider it appropriate that the public including visitors use patient sanitary facilities, primarily for infection control purposes.

7.8.15 As such the Trust requires public toilets both on entry to the building (concourse) and outside each department (within each Neighbourhood Hub). These are based upon a module of three positions per sex.
The Trust requires disabled WCs to be separate from multi-position public toilets. These should comply with the Building Regulations approved document M and a choice of layouts for both right and left hand transfer are to be provided at each floor level.

**Changing Cubicle (1) - Ambulant**

The Trust requires ambulant changing facilities as listed within the schedule of accommodation these should include the following:

- Door access (not curtain - toilet cubicle type);
- Lock with indicator & emergency release;
- Fixed bench seating 1200 long;
- Coat hooks;
- Mirror;
- Call Systems (Table 20)

**Changing Cubicle (1) Accessible**

The Trust requires unisex accessible facilities which fully comply with The Building Regulations Approved Document M: Access to and Use of Buildings 2004 section M1/M3: 5.17 diagram 22.

Details of the Trust’s Requirements in respect of IM&T can be referenced as follows:

- Call Systems: Functional Brief Table 20

**Staff Change**

The Trust has developed a range of staff change which underpins the schedules of accommodation. The spatial standards have been based upon half height 300mm x 450mm captive key lockers. The Trust would however seek to develop more innovative solutions with the bidders.

The underlying principles is the access to toilets (where specified) is from the entrance area, whilst access to showers is from within the locker areas. In addition to the lockers the Trust would wish to accommodate the following:

- Full height Mirror;
- Coat hooks with captive rail for secure storage of outdoor coats;
- Notice Board;
- Socket outlets for cleaning;
- Storage for an emergency supply of uniforms /towels;
- Waste container - 42 litre capacity.

Detail of the Trust’s Requirements in respect of Environmental and IT Criteria can be referenced as follows:
Natural light – Functional Brief Table 9
Task lighting – Functional Brief Table 11
Heating & Ventilation – Functional Brief Table 12
Acoustic parameters – Functional Brief Table 15

7.8.23 There are no IM&T requirements within the staff changing rooms.

7.8.24 In addition changing rooms within “Closed Departments” require a uniform issue/exchange point.

Table 25 Staff Changing

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Multiplier</th>
<th>Entrance</th>
<th>TOTAL</th>
<th>Uniform supplement</th>
<th>Toilets</th>
<th>Showers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M²</td>
<td>M²</td>
<td>M²</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 lockers</td>
<td>1.5 x 2.75</td>
<td>4.5</td>
<td>3.5</td>
<td>7.5</td>
<td>0.5</td>
<td>1*</td>
</tr>
<tr>
<td>20 lockers</td>
<td>1 x 2.25 x 2.75</td>
<td>6.5</td>
<td>3.5</td>
<td>10.0</td>
<td>0.5</td>
<td>2</td>
</tr>
<tr>
<td>40 lockers</td>
<td>2 x 2.25 x 2.75</td>
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<td>3.5</td>
<td>16.0</td>
<td>1.0</td>
<td>3</td>
</tr>
<tr>
<td>60 lockers</td>
<td>3 x 2.25 x 2.75</td>
<td>18.5</td>
<td>3.5</td>
<td>22.0</td>
<td>1.0</td>
<td>3</td>
</tr>
</tbody>
</table>
**Capacity | Multiplier | Entrance | TOTAL | Uniform supplement | Toilets | Showers**

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
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<td>5 x 2.25 x 2.75</td>
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<td>1.25 x 2.75</td>
<td>3.5</td>
<td>34.5</td>
<td>2.0</td>
</tr>
</tbody>
</table>

*Sanitary facilities not required in all instances or amended refer individual departmental PPDDs.*

**WHB/PPE Station**

*The Trust requires areas where visitors to the clinical departments can wash / gel their hands and don appropriate PPE. It is anticipated that this station will be in a prominent location to serve all the neighbourhood clinical departments as a bay off the general circulation. The functionality required is an integrated supplies and clinical hand-wash assembly:*

- Clinical WHB (2no.)
- Paper towels;
- Worktop;
- Base cupboards storage (locked);
- Waste containers (2no. 42 litre – (black).)

**Vending Machine Bay**

*The Trust requires spaces to accommodate a range of vending machines which are to be located in the Neighbourhood Hubs for use by staff, patients and visitors.*

*In addition provision must be made for disposing of packaging and discarded consumables.*

**Staff Rest Room**

*The Trust requires a room configured for seating multiple staff who are taking rest and meal breaks. A restful ambience should be provided whilst creating an easily cleanable and environment.*

*Food and drink preparation will be undertaken from adjacent beverage.*

*Room sizes will vary depending on numbers of seating required.*

*Detail of the Trust's Requirement's in respect of Environmental Criteria can be referenced as follows:*

- **Natural light** – Functional Brief Table 9 (office);
- **Heating & Ventilation** – Functional Brief Table 12 section [5.9] (office);
- **Acoustic parameters** – Functional Brief Table 15 (office).*
Baby Feed

7.8.33 The Trust requires a room for all mothers who need to feed their babies or express milk in privacy.

7.8.34 The room will be simply furnished with a chair and should be decorated to provide a non-institutional environment.

7.8.35 Doors should be lockable from inside the room but have an external override facility.

Baby Change

7.8.36 The Trust requires a room for parents who need to change their babies in privacy.

7.8.37 The room will contain a fixed baby change shelf and clinical WHB and should be decorated to provide a non-institutional but easily cleanable environment.

7.8.38 Doors should be lockable from inside the room but have an external override facility.

Beverage Bay - Hub

7.8.39 The Trust requires a beverage room where staff can prepare beverages and limited snacks for patients. The facilities are required to facilitate the following functions:

- Preparation Zone;
- Storage Zone;
- Trolley Zone;
- WHB & PPE Zone
- Space for a 42 litre waste container.

7.8.40 The preparation zone should consist of stainless steel (Not HTM) commercial catering casework and include a double sink integrated into a full length worktop and splash-back assembly which should accommodate:

- Water boiler;
- Microwave

7.8.41 In addition to both under and wall mounted casework within the worktop assembly a 3-5°C 140 litres 605 x 630 x 830mm commercial refrigerator is required.

7.8.42 The room finishes should be compliant with Environmental Health catering hygiene standards and the trolley zone should have wall protection to 1100mm ffl, and accommodate up to three trolleys.

7.8.43 In addition to the power supplies for the equipment, two twin socket outlets are required above the worktop, one twin socket outlet in the trolley zone and one socket outlet for cleaning.

7.8.44 There is no requirement for IM&T.
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Quiet Space

7.8.45 A quiet space intended to provide a change of environment and a place where patients, who will be out of their beds for as much of the day as possible, can relax, talk with visitors or other patients and take part in therapeutic activities.

7.8.46 Within areas other than wards the space may be used by other client groups.

7.8.47 Bidders should note that this room has been highlighted for flexibility as part of the Trust contingency planning:
- As back up staff restroom when an isolation outbreak has been declared;
- As an additional patient discharge holding area.

7.8.48 Details of the Trust’s Requirements in respect of IM&T can be referenced as follows:
- Telecom & Data Functional Brief Table 19 (administration – for dual functionality);
- Call systems Functional Brief Table 20 (Day Room).

7.8.49 Detail of the Trust’s Requirement’s in respect of Environmental Criteria can be referenced as follows:
- Natural light – Functional Brief Table 9 (quiet space);
- Task lighting – Functional Brief Table 11 (none);
- Heating & Ventilation – Functional Brief Table 12 (quiet space);
- Acoustic parameters – Functional Brief Table 15 (quiet space).

Transfer/Change Point

7.8.50 A changing point is required where patients can acquire a gown and personal belonging container prior to accessing a changing cubicle.

7.9 Waiting Adult

Adult Waiting

7.9.1 A waiting area is required to accommodate and seat up to 90 people including patients and escorts. This area has a functional adjacency with a reception and should be observable by administrative/clinical staff. Waiting areas may be supplemented by the use of the concourse areas for overflow seating during periods of peak demand.

7.9.2 Section 5.8 of this Functional Brief sets out the functional requirements and standard capacities for waiting areas.

7.9.3 Detail of the Trust’s Requirement’s in respect of Environmental Criteria can be referenced as follows:
- Natural light – Functional Brief Table 9 (main waiting);
- Heating & Ventilation – Functional Brief Table 12 (main waiting);
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- Acoustic parameters – Functional Brief Table 15 (main waiting).

### Adult Sub Wait

7.9.4 Sub wait spaces are required for patients who have been registered for their appointment and have been escorted to a waiting area adjacent to their place of clinical treatment. Patients in this area will have essential escorts only and may be required to be changed into a gown. Gowned patients must be segregated between sexes.

7.9.5 Section 5.8 of this PPDD sets out the functional requirements for sub wait areas.

7.9.6 Detail of the Trust’s Requirement’s in respect of Environmental Criteria can be referenced as follows:
- Natural light – Functional Brief Table 9 (sub waiting);
- Heating & Ventilation – Functional Brief Table 12 (sub waiting);
- Acoustic parameters – Functional Brief Table 15 (sub waiting).

### Waiting Children

#### Children’s Waiting

7.10.1 A discreet children’s waiting and play area is required to accommodate up to 25 people for dedicated Paediatric clinics and will provide for children to be supervised by patients and/or their escorts. The area should include provision for parents to park pushchairs and prams whilst attending the Paediatric clinics.

7.10.2 This area has a functional adjacency with a reception and should be observable by administrative/clinical staff.

7.10.3 This area must be totally separate from the adult waiting area.

7.10.4 Section 5.8 of this document sets out the functional requirements for waiting areas.

7.10.5 Detail of the Trust’s Requirement’s in respect of Environmental Criteria can be referenced as follows:
- Natural light – Functional Brief Table 9 (main waiting);
- Heating & Ventilation – Functional Brief Table 12 (main waiting);
- Acoustic parameters – Functional Brief Table 15 (main waiting).

#### Children’s Sub Wait

7.10.6 To enable children to be separated within main waiting areas a discreet, children’s sub wait and play area will be provided for children to be supervised by patients and/or their escorts which is required to be separated or screened from the main waiting.

7.10.7 Section 5.8 of this document sets out the functional requirements for waiting areas.
7.10.8 Detail of the Trust's Requirement's in respect of Environmental Criteria can be referenced as follows:

- Natural light – Functional Brief Table 9 (sub waiting);
- Heating & Ventilation – Functional Brief Table 12 (sub waiting);
- Acoustic parameters – Functional Brief Table 15 (sub waiting).

7.11 Storage

Store – General (small)

7.11.1 A store room is required. The following parameters have been adopted in developing proposals for this room:

- 900 door open in lockable;
- Racking full width 450 deep 5 shelves to 1 wall;
- Wall protection to floor standing zone;
- 2 No double SSO for charging behind racking;
- 1 No double SSO for charging floor standing zone.

Store – General (medium)

7.11.2 A store room is required. The following parameters have been adopted in developing proposals for this room:

- 1500 door and half open in lockable;
- Racking full width 450 deep 5 shelves to 1 wall;
- Wall protection to floor standing zone;
- 3 No double SSO for charging behind racking;
- 2 No double SSO for charging floor standing zone.

Store – General (large)

7.11.3 A store room is required. The following parameters have been adopted in developing proposals for this room:

- 1500 door and half open in lockable;
- Racking full width 600 deep 5 shelves to 1 wall;
- Wall protection to floor standing zone;
- 3 No double SSO for charging behind racking;
- 2 No double SSO for charging floor standing zone.
Store – Linen

7.11.4 A linen store is required with the following functionality:
- Room accessed from the departmental circulation;
- 1,200 deep 2,200 wide;
- 1800 double doors open out full180° lockable;
- Wire coated mesh adjustable full width shelving 600 deep 5 high.

Equipment Bay

7.11.5 An equipment bay is required with the following functionality:
- Bay open to the departmental circulation;
- 1,200 deep 2,200 wide;
- Wall protection at 900 ffl;
- 2 No double SSO for charging

Food Trolley Bay

7.11.6 A food trolley bay is required with the following functionality:
- Bay open to the departmental circulation;
- 1,200 deep 2,200 wide;
- Full height Wall from finished floor
- 2 No. power points for charging food trolley

Store Wheelchair - Hub

7.11.7 A space is required for the storage and ready use by patients of six static wheelchairs for. All wheelchairs should be capable of being secured to allow the use of a payment/deposit for use system and charging provisions should be provided for electric wheelchairs.

Store Clinical Supplies

7.11.8 Rooms are required for the storage of clinical supplies based on the functionality of a standard store but with enhanced Heating and Ventilation – Functional Brief Table 12 (utility clean).

7.11.9 Typically, each Inpatient Hub requires a store with 48 linear metres shelving for IV fluids.

7.11.10 Room sizes will vary depending on the precise storage requirements within each store, details of these variants are described within the relevant departmental PPDD.
7.11.11 Provision will be required for security alarms with audible and visual indication at local staff bases to allow for the storage of pharmaceuticals and medicines.

7.12 **Administration**

**Office (Single Person)**

7.12.1 The Trust has included within its requirements a number of single person offices to be used essentially by departmental managers within clinical departments.

7.12.2 The ergonomic parameter must include:

- Single Door, vision panel, lockable;
- Desk assembly for 1 person;
- Discussions with up to 3 others;
- Access to IM&T;
- Coat hanging & secure personal storage;
- Display (notice & white board).

7.12.3 Detail of the Trust's Requirements in respect of Environmental and IM&T Criteria can be referenced as follows:

- Natural light – Functional Brief Table 9
- Task lighting – Functional Brief Table 11
- Heating & Ventilation – Functional Brief Table 12
- Acoustic parameters – Functional Brief Table 15
- Information Technology – Functional Brief Section 6.6 (Administration).

**Office (2 Person)**

7.12.4 The 2 person office based on 1 person office described above

**Office / Resource Base (4)**

7.12.5 This layout is based upon the same footprint and IM&T requirements as a two person office with the addition of a fixed worktop and shelves together with eight pedestal units. In addition a single x-ray viewer assembly is required. Refer to ERM for clarification of locations.

**Office Multi Workplace**

7.12.6 The Trust has determined a number of allocated and mobile working spaces within each multi person office (administration zone). The schedules of accommodation incorporate a different area allowance for these work spaces
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- Detail of the Trust's Requirements in respect of Environmental and IT Criteria can be referenced as follows:
  - Natural light – Functional Brief Table 9
  - Heating & Ventilation – Functional Brief Table 11
  - Acoustic parameters – Functional Brief Table 15
  - Telephone and Network access – Functional Brief Section 6.6

**Reporting Base (4)**

7.12.7 The Trust has developed a 4/8 position shared imaging reporting area.

7.12.8 The essential uses for this facility are as follows:

- Primary reporting;
- Viewing images in response to queries from clinicians;
- Needs of registrars/others who are learning;
- Review while vetting requests for further imaging or interventional procedures;
- Reviewing images for MDTs;
- Audit and research;
- Complaints.

7.12.9 Detail of the Trust's Requirements in respect of Environmental and IT Criteria can be referenced as follows:

- Natural light – Functional Brief Table 9 (Offices)
- Heating & Ventilation – Functional Brief Table 12
- Acoustic parameters – Functional Brief Table 15
- Telephone and Network access – Functional Brief Section 6.6 (clinical reporting).

**Seminar Room**

7.12.10 It is anticipated that each seminar room will accommodate the following:

7.12.11 Ability to use differing layouts, in particular:

- Central table with chairs surrounding (meeting style);
- Seating in rows with presenter (seminar style).

7.12.12 It is anticipated that all furniture to be stackable and retained within the room for both layouts and that the following equipment is included:

- High definition ceiling mounted projector;
- Large widescreen projection screen;
Tracking on two walls to house moveable full height whiteboards, flipcharts et al;
Video conferencing capability with other departments;
Functionality for presenters to bring their own laptops;
Functionality for PACS images to be shown;
Wall mounted telephone outside the room.

7.12.13 All seminar rooms are required to have additional functionality in the form of additional IT and telephone points with the ability to fit 42” television screens as described in PPDD 01. The Major Incident Policy requires Gold Silver and Bronze command rooms. The Gold command room is located in The Emergency Department, PPDD 01, and all other locations of Seminar rooms will be capable of serving as Silver or Bronze rooms, reference Schedule 5, Disaster Planning.

7.12.14 Detail of the Trust’s Requirements in respect of Environmental and IT Criteria can be referenced as follows:
- Natural light – Functional Brief Table 9
- Task lighting – Functional Brief Table 11
- Heating & Ventilation – Functional Brief Table 12
- Acoustic parameters – Functional Brief Table 15
- Telephone and Network access – Functional Brief Section 6.6

Reprographics

7.12.15 The Trust require a series of reprographic rooms to be integrated with or located in close proximity to the administrative areas as described within the individual PPDD’s. The room must include several functions namely:
- Housing a floor standing photocopier / printer;
- Housing table top printers, shredders and laminators;
- Storage of stationary requisites;
- Holding used paper prior to recycling.

7.12.16 The end devices, both floor standing and desk mounted, will require access to the Trust’s IM&T network.

7.12.17 It is anticipated that the room will contain a full width worktop with casework under and shelves over to house the desktop printers, together with full power and network capability for both the floor standing and desktop devices.
7.13 Facilities Management

Switchgear

7.13.1 The Trust’s PSC has allocated switchgear cupboards on the basis of one per department with an additional provision for departments over 750m².

7.13.2 This is to ensure that any FM access is minimised and limited to the department in which any fault emanates. It is assumed that access will be from the adjoining circulation space and as such the following parameters have been adopted:

- Doors 1200 double open out 180°
- Flush ironmongery locked
- Space 1350mm wide 750mm Deep

Departmental Domestic Services Room

7.13.3 The Trust’s room requirements are detailed in section 13.3.

Disposal/Hold - Hub

7.13.4 A dedicated secure disposal holding (including re-cycling) room is required which must be located on the interface between the public and service corridor. Doors should be a minimum of 2 leaves opening outwards. The room must be mechanically ventilated. The key components are for a Janitorial (combined bucket sink & WHB assembly) unit, floor drain and impervious wall finish (PVC sheet).

7.13.5 The room must provide space to house the following:

- 2 x General Waste Containers (1100 litres);
- 2 x Clinical Waste Carts (1100 litres);
- 1 x Recycling Waste Cart (1100 litres);
- 1 x Sharps Cart (770 litres);
- 1 x CSSD Cart (770 litres);
- 2 x Soiled Linen Cages (Roll Cage 750 x 750 x 1800h).

7.13.6 Detail of the Trust’s Requirement’s in respect of Environmental Criteria can be referenced as follows:

- Natural light – Functional Brief Table 9 (facilities room)
- Heating & Ventilation – Functional Brief Table 12 (utilities - dirty);
- Acoustic parameters – Functional Brief Table 15 (facilities room).
IT Hub Room

7.13.7 The Information Technology “hub” room must be compliant with ISO17799 and must be supplied with separate, diversely routed services. The area must have restricted access and access control. There will be a requirement for external network suppliers to provide services from the public network. The location of the hub rooms will be such that the SWS cabling will be a maximum distance of 90 metres from the terminating point within a cabinet to the terminating point at the module end. The hub rooms must accommodate five cabinets (all cabinets to be treated as single sided units) with a minimum of 1000mm circulating space around and be sized to allow for the total SWS cabling requirements.

7.13.8 It is anticipated that the cabinets will be fed from ceiling containment.

7.13.9 The hub rooms must be provided with UPS provision within the Trust’s technical requirements.

7.13.10 Detail of the Trust’s Requirement’s in respect of Environmental Criteria can be referenced as follows:

- Natural light – Functional Brief Table 9 (facilities room);
- Heating & Ventilation – Functional Brief Table 12 (facilities room);
- Acoustic parameters – Functional Brief Table 15 (facilities room).

Domestic Services Room - Hub

7.13.11 A domestic services room is required to serve the Hubs based on the functionality of a departmental domestic services room but with the additional space requirement for:

- Space to house the floor cleaning “Chariots”;
- Space to clean DSR equipment.

7.13.12 The layout should be based upon the HTM standard but with a derogated space standard

Domestic Services Store - Hub

7.13.13 This central facility will accommodate items for use by Team Cleaners including bulky items for ‘deep cleaning’ such as the sit on scrubbing and carpet cleaners; items used infrequently and replacement items to replace departmental equipment requiring servicing or repair.

Store Medical Gas

7.14.1 The Trust require a local medical gas bottle store as part of the FM area of all clinical hubs, this will serve two functions:

- Provision of limited emergency back up in the event of a total infrastructure failure (Full cylinders only);
- Holding of both full and empty cylinders used to support mobile equipment.

7.14.2 The room should have a double door opening out to the FM circulation route.
7.14.3 The room should be clearly zoned to separate full and empty cylinders and accommodate six “J” size cylinders (vertically) and six empty and 12 full “G” size cylinders stored horizontally.

7.14.4 All bottles are to be securely retained within a proprietary storage system.

7.14.5 Detail of the Trust’s Requirement’s in respect of Environmental Criteria can be referenced as follows:
- Natural light – Functional Brief Table 9 (facilities room);
- Heating & Ventilation – Functional Brief Table 12 (facilities room);
- Acoustic parameters – Functional Brief Table 15 (facilities room).

7.15 Regeneration Kitchen

7.15.1 A dedicated and secure regeneration kitchen is required, which must be located on the interface between the public and service corridor. Doors should be a minimum of 1.5 leaves. All fixtures and fitting must be of a “commercial” stainless steel catering standard (i.e. not HTM fixtures and fittings) hand wash facility, utensil wash facility, Insectocutor and storage shelving.

7.15.2 The room must also accommodate the following equipment including power supplies and isolators:
- Storage for regeneration trolleys (75 x 120 x 135 high – 4 number);
- Storage for crockery trolleys (x 4);
- Microwave
- Large refrigerator or refrigerator units;
- Dishwasher.

Detail of the Trust's Requirement's in respect of Environmental Criteria can be referenced as follows:
- Natural light – Functional Brief Table 9 (facilities room);
- Heating & Ventilation – Functional Brief Table 12 (facilities room);
- Acoustic parameters – Functional Brief Table 15 (facilities room).

7.16 Medical gases and associated power supply requirements

7.16.1 The room type and medical gas and associated power supply requirements are shown in Table [7.16; this is based upon HTM 08-03 Bedhead Services and HTM 06-01 Electrical services supply & distribution Part A – Design Considerations.

7.16.2 NB. This table is in respect of “bedhead services” and pendant only i.e. services at the point of intervention.
### Table 26 Medical Gas and Associated power and Alarm Supply Requirements

<table>
<thead>
<tr>
<th>Room Type</th>
<th>O₂</th>
<th>N₂O</th>
<th>N₂O₂</th>
<th>MA₄</th>
<th>SAT</th>
<th>Vac</th>
<th>AGS</th>
<th>He/O₂</th>
<th>AVSU</th>
<th>Alarm</th>
<th>IPS</th>
<th>UPS</th>
<th>No of Twin Sockets</th>
<th>Clinical Risk Category</th>
<th>Medical Gas Requirements</th>
<th>Associated Power and Alarm Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-patient Beds – multi bed</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1 set</td>
<td></td>
<td></td>
<td></td>
<td>1 set per AVSU</td>
<td></td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>In-patient – single</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1 set</td>
<td></td>
<td></td>
<td></td>
<td>1 set per AVSU</td>
<td></td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>In-patient – single isolation</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1 set</td>
<td></td>
<td></td>
<td></td>
<td>1 set per AVSU</td>
<td></td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>In –patient – isolation lobby</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICCU single, multi and isolation (AGS required in 2 single rooms)</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>-</td>
<td>4</td>
<td>-</td>
<td>2</td>
<td>2 sets</td>
<td>1 set</td>
<td></td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>Coronary Care all</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>-</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>2 sets</td>
<td>1 set</td>
<td></td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>Recovery Stage 1</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>1 set</td>
<td></td>
<td></td>
<td></td>
<td>1 set per AVSU</td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Recovery Stage 2</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1 set</td>
<td></td>
<td></td>
<td></td>
<td>1 set per AVSU</td>
<td></td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Bed trolley wait</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1 set</td>
<td></td>
<td></td>
<td></td>
<td>1 set per AVSU</td>
<td></td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Consulting / Examination all</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1 set</td>
<td></td>
<td></td>
<td></td>
<td>1 set per AVSU</td>
<td></td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1 set</td>
<td></td>
<td></td>
<td></td>
<td>1 set per AVSU</td>
<td></td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Treatment Room (all types except Neo Natal)</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1 set</td>
<td></td>
<td></td>
<td></td>
<td>1 set per AVSU</td>
<td></td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Procedure Rooms</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1 set</td>
<td></td>
<td></td>
<td></td>
<td>1 set per AVSU</td>
<td></td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Operating Theatres</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1 set</td>
<td></td>
<td></td>
<td></td>
<td>1 set per suite</td>
<td>Y</td>
<td>Y</td>
<td>8</td>
</tr>
<tr>
<td>Anaesthetic Room</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1 per suite</td>
<td>1 set</td>
<td></td>
<td></td>
<td>1 set per suite</td>
<td>Y</td>
<td>Y</td>
<td>8</td>
</tr>
</tbody>
</table>

7.16.3 Departmental AVSUs shall be installed at the hospital street side of the entrance doors to a department and will reflect the method of horizontal evacuation in the event of an emergency. In large departments, the clean-service corridor may cross one or more fire compartment walls therefore, the medical gas design will be required to reflect the evacuation route.
7.16.4 AVSUs for zones within the Clinical Level 2 and 3 patient areas should be located where they can be seen by staff.

7.16.5 Local alarms within Level 2 and 3 patient areas should be provided for the individual space; that is there should be one alarm for each space.

7.16.6 Within non critical areas, reference shall be made to HTM 06-01 (Electrical Services Supply and Distribution) for specialist power requirements. Notwithstanding, all safety, security, IT and Medical Support Services shall be provided with back up UPS for not less than 120 minutes.

7.16.7 Notes:

- Alarms within inpatient areas to be located at the main nurse base and within intervention room on the main room panel or control room if provided;
- All AVSU’s to inpatient areas to be located in the public side of any departmental fire compartment doors. AVSU’s to interventional room to be located immediately adjacent to the room it serves.

7.17 Room Data Sheets

7.17.1 The Trust requires the design solution to include the production of ADB sheets for every room and space, which reflects the Trust’s requirements as interpreted through the brief. The Trust has provided example Room Sheets for reference (see Schedule 13).

7.18 Departmental Clinical Room Loaded Plans

7.18.1 The Trust requires the design solution to include Departmental Clinical Room Loaded Plans for every space, which reflects the Trust’s requirements as interpreted through the brief.
8 Room Derogations

8.1.1 Since developing the repeatable rooms, as set out in section 7, the Trust has reviewed the scheme affordability envelope and through clinical engagement has determined a series of acceptable spatial reductions, based upon benchmarking similar PFI Projects. These areas now represent the Trust’s Requirements and are included within Table 27 below.

Table 27 Room Derogations

<table>
<thead>
<tr>
<th>Type</th>
<th>Room</th>
<th>SoA Net m²</th>
<th>HBN m²</th>
<th>HBN ref</th>
<th>Mitigation Comments for sign off by teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedroom – single</td>
<td>Adult Acute Inpatient with en-suite</td>
<td>17.0 + 4.5</td>
<td>19.0 + 4.5</td>
<td>04-01</td>
<td>No issue mock up accepted by Trust staff</td>
</tr>
<tr>
<td></td>
<td>Adult Acute - Inpatient with en-suite and Isolation lobby</td>
<td>17.0 + 4.5 + 4.5</td>
<td>19.0 + 4.5 +5.0</td>
<td>04-01</td>
<td>No issue mock up accepted by Trust staff</td>
</tr>
<tr>
<td>Multi bedrooms</td>
<td>Adult Acute Multi (4) Bed – inpatients</td>
<td>56.0</td>
<td>61.0</td>
<td>04-01</td>
<td>No issue mock up accepted by Trust staff</td>
</tr>
<tr>
<td></td>
<td>Critical care - multi-bed space</td>
<td>31.0 per space</td>
<td>35.0 per space</td>
<td>57</td>
<td>No issue size accepted by Trust staff</td>
</tr>
<tr>
<td></td>
<td>Neonatal unit – multi-cot space</td>
<td>107.0 for 6 cots (17.8 per cot space)</td>
<td>20.0 per cot space</td>
<td>09-03</td>
<td>Level of support space required within the bay is not equivalent to that recommended in HBN.</td>
</tr>
<tr>
<td>Clinic rooms</td>
<td>Consult / Exam – Dual Access</td>
<td>14.0</td>
<td>16.5</td>
<td>12</td>
<td>No issue mock up accepted by Trust staff</td>
</tr>
<tr>
<td></td>
<td>Consult / Exam – Single Access</td>
<td>12.0</td>
<td>13.0</td>
<td>00-03</td>
<td>No issue</td>
</tr>
<tr>
<td></td>
<td>Treatment Room</td>
<td>14.0</td>
<td>16.5</td>
<td></td>
<td>No issue mock up accepted by Trust staff</td>
</tr>
<tr>
<td>Utilities</td>
<td>Clean Utility</td>
<td>13.0</td>
<td>16.0</td>
<td>04-01</td>
<td>No issue mock up accepted by Trust staff</td>
</tr>
<tr>
<td></td>
<td>Dirty Utility – with Macerator</td>
<td>11.0</td>
<td>12</td>
<td>04-01</td>
<td>No issue mock up accepted by Trust staff</td>
</tr>
<tr>
<td>Sanitary &amp; Welfare</td>
<td>Lobby - isolation room</td>
<td>4.5</td>
<td>5</td>
<td>04-01</td>
<td>No issue</td>
</tr>
<tr>
<td>Facilities Management</td>
<td>Departmental Domestic Services Room</td>
<td>7.0</td>
<td>8.0</td>
<td>04-01</td>
<td>No issue</td>
</tr>
</tbody>
</table>
9 Bedrooms Single

9.1 Bedroom - Adult Acute – Inpatient with en-suite

9.1.1 The Adult Acute Inpatient single bedroom is based on the HBN standard with a nested en-suite configuration but with a bedroom space reduction of 2m$^2$. A representative design has been developed to prove this is feasible.

9.1.2 In addition an increased spatial allowance has been made within the Trust’s Requirements for those single bedrooms allocated to the independent wheelchair user or bariatric (25 to 47 stones and 47 to 60 stones) accommodation.

9.1.3 Staff must be able to observe the entrances to eight single rooms from each staff base location.

9.1.4 A representative design example is shown below.

9.2 Bedroom – Adult Acute – Inpatient with en-suite and Isolation lobby

9.2.1 The brief set out within section 1.1. for the Bedroom - Adult Acute - Inpatient with en-suite is to be adopted for the isolation bedrooms. The isolation lobby is based on the HBN standard but with a space reduction of 0.5m$^2$. A representative design has been developed to prove this is feasible.

9.2.2 The enhancements required to the single bedroom suite are described within HBN 4 supplement 1 isolation facilities in acute settings 2005.

9.2.3 Details of the Trust’s Requirements isolation are quantified in Table 18 Patient Isolation Requirements.

9.2.4 The Trust requires that the universal isolation rooms have an interlock (with override function) between the doors and the lobby Wash Hand Basin prohibiting anyone from entering the room or leaving the lobby without having washed their hands.

9.2.5 Please refer to the representative design example shown in 9.1 above.
10 **Bedrooms Multi**

10.1 **Multi Bedroom (4) - Adult Acute – In Patient**

10.1.1 The Adult Acute Inpatient multi bed bedroom is based on the HBN standard with a traditional layout configuration but with a space reduction of 5m². A representative design has been developed to prove this is feasible.

10.1.2 Staff must be able to observe multi-bed areas from outside the room at observation points.

10.1.3 A representative design example is shown below.

*Figure 13 Adult Acute - Multi Bedroom (Pair of Rooms)*
10.2 Multi Bed Spaces – Critical Care

10.2.1 The multi bed spaces within Critical Care are to HBN standards with minor Trust requirements but with a space reduction of 5m². A representative design has been developed to prove this is feasible.

10.2.2 A representative design example is shown below.

Figure 14 Multi Bed Spaces - Critical Care

10.3 Multi Cot Space (level 2/3) – Neonatal Unit

10.3.1 The requirements for this space are described within PPDD 05 Neonatal Unit, Section 7.2.
11 Clinic Rooms

11.1 Consulting Examination – Dual Access

11.1.1 The Consultation/Examination room giving access to both sides of the patient examination couch is based on the HBN standard but with a space reduction of 2m². A representative design has been developed to prove this is feasible.

11.1.2 The preferred Trust layout will be the option whereby the consultation zone will be located at the entrance to the room and the patient zone at the rear.

11.1.3 A representative design example is shown below.

Figure 15 Consulting Examination - Dual Access
11.2 Consulting Examination – Single Access

11.2.1 The Consultation/Examination room giving access to a single side of the patient examination couch is based on the HBN standard but with a space reduction of 1m². The preferred Trust layout locates the consultation zone at the entrance to the room and the patient zone at the rear.

11.2.2 The room (single sided access) should be based upon the principles and zoning set out for the Consulting / Examination (dual access) set out above however the 2400mm examination width to be reduced to 1500mm.

11.3 Treatment Room

11.3.1 The Treatment room is based on the HBN standard but with a space reduction of 2.5m². A representative design has been developed to prove this is feasible. The Trust requires a generic Treatment room for investigations and treatments which are not appropriate to be undertaken within a consulting examination room. It is anticipated the clinical and storage zones will consist of movable / mobile facilities whilst the PPE and administration zones would be permanent installations.

11.3.2 Details of the Trust’s Requirements in respect of the Control of Infection can be referenced as follows:

- Hygiene Washing Tables 16A & 16B

11.3.3 Details of the Trust’s Requirements in respect of IM&T can be referenced as follows:

- Telecom & Data: Table 19 (Intervention & administration);
- Call Systems: Table 20

11.3.4 Detail of the Trust’s Requirement’s in respect of Environmental Criteria can be referenced as follows:

- Natural light – Functional Brief Table 9
- Task lighting – Functional Brief section Table 11
- Heating & Ventilation – Functional Brief Table 12
- Acoustic parameters – Functional Brief Table 15

11.3.5 Details of the patient “bed head” functionality are included on Functional Brief Table 26.

11.3.6 Privacy and dignity is required to be maintained throughout the investigation. Door and half access is required to enable bed transfer.

11.3.7 A representative design example is shown below.
Figure 16 Treatment Room

Treatment room

Scale Bar (m)

0 0.5 1
12 Utilities

12.1 Clean Utility

12.1.1 The Clean Utility is based on the HBN standard but with a space reduction of 3m$^2$. A representative design has been developed to prove this is feasible.

12.1.2 The precise storage requirements within each Clean Utility vary; details of these variants are included within Table 21 of this document. The Trust is planning to roll out Pharmacy dispensing robots to contain controlled and non-controlled drugs and medicines prior to the completion of the facility. Changes to the requirements of Table 21 will be identified in the room data sheets issued as part of Schedule 13. All clean utility rooms will require 4 No. socket outlets and a data point to for the robots.

12.1.3 A representative design example is shown below.

Figure 17 Clean Utility
12.2 **Dirty Utility – with macerator**

12.2.1 The Dirty Utility is based on the HBN standard but with a space reduction of 2m². A representative design has been developed to prove this is feasible.

12.2.2 A representative design example is shown below.

**Figure 18 Dirty Utility**
13 Sanitary and Welfare

13.1 Lobby – Isolation Rooms
13.1.1 To support the isolation rooms (inpatient and ICCU), the Trust requires ventilated lobbies, refer HBN 04 supplement 1 but with a space derogation.

13.1.2 The Trust requires that the universal isolation rooms have an interlock between the doors and the lobby Wash Hand Basin prohibiting anyone from entering the room or leaving the lobby without having washed their hands. This must be fitted with a manual over ride.

13.1.3 The facilities required include:

- Clinical Hand-wash Station (Functional Brief Table 16A)
- Local Cleaning Equipment;
- Visual indication of room status (isolation on or off).

13.1.4 Please refer to the representative design example shown in 9.2 above.

13.2 En-suite Shower / Toilet Partial Assisted
13.2.1 The en-suite WC, WHB and shower (partial assisted) principally to serve the single bedrooms is based on the HBN standard with as a nested en-suite configuration but with a space standard of 4.5m². A representative design has been developed to prove this is feasible.

13.2.2 In addition, an increased spatial allowance has been made within the Trust’s Requirements for those en-suite rooms allocated to the independent wheelchair and bariatric user accommodation.

13.2.3 Please refer to the representative design example shown in 1.1 above.

13.3 Departmental Domestic Services Room
13.3.1 The domestic services room, based on HTM standards with minor Trust requirements and a space derogation, will accommodate the regular cleaning equipment and materials to support the department in which it is located.

13.3.2 The room must include a bucket sink and hand wash basin together with area sink and drainer for washing equipment and an area of storage for immediate use.

13.3.3 The Janitorial Unit as described in HTM 64 does not meet this requirement in that the rim of the bucket sink at 450mm FFL is too high for safe handling of filled buckets a maximum height of 200 mm FFL is required.

13.3.4 The room must be accessible for the management of ad-hoc spillages out of hours. The layout must allow segregation of storage and cleaning activities in order to mitigate against cross infection. It is assumed that access will be from the adjoining circulation space and as such the following parameters have been adopted:

- 1500 door & half open out 180°
- Janitorial Unit (WHB & Bucket sink);
COSSH cupboard.

13.3.5 Each room must accommodate the following equipment:

- Domestic Services Trolley;
- Floor machine;
- Vacuum Cleaner;
- Selection of hand tools.
ITPD Volume 2

Appendix B – PPDDs
Policy No: 01

Emergency Department

Department / Service: Emergency Department
Originator: Estates and Technical Team
Approved by: Version 10
Designation: Consultant (Emergency Medicine)
Date of approval:

Name: G. Seager        Post: Project Director     Signature:
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Disclaimer

This document has been prepared for use by Sandwell and West Birmingham Hospitals NHS Trust (SWBH) in connection with the titled project or named part thereof and should not be relied upon by any other person or used for any other project without an independent check being carried out as to its suitability and prior written authority of SWBH being obtained. Neither SWBH nor its advisors accept any responsibility or liability in connection with this document being used by any other person or being used for any other purpose other than the purpose for which it was commissioned nor do they accept any duty of care to any other person in connection therewith. Any person using or relying on this document for any other purpose agrees, and will by such use or reliance be taken to confirm his agreement, to hold SWBH and its advisors harmless from any and all losses and/or damages resulting there from.
1.0 Philosophy of Service

Clinical leads and management representatives within the Sandwell and West Birmingham Health Economy have developed an *Emergency and Urgent Care Strategy (December 2005)*. This identifies the requirement for facilities on acute and community sites. An Emergency Department will be one element of a whole Health Economy approach to the provision of emergency/urgent/out of hours care facilities for the local population. The Emergency Department on the Midland Metropolitan Hospital (acute) site will be the only facility accepting ‘blue light’ Resuscitation and Major cases, together with minors and unscheduled GP care. The Department will be supported by other community facilities providing walk-in, unscheduled GP care, including out of hours care and also by the Ophthalmology Accident and Emergency Department in the Birmingham Midlands Eye Centre (BMEC) which will be open up to 12 hours a day (but not 24 hours).

The ability of patients to access appropriate, high quality, responsive healthcare provision quickly is a key objective identified within the *NHS Plan* issued in 2000. The need to modernise healthcare in terms of facilities and processes has led to a range of new initiatives and models of care delivery, and the key function of the Emergency Department is to ensure access to high quality healthcare, provided within a modern, patient friendly environment. The development will provide accommodation, which will enable the Trust to, in the main, operate within repeatable clinical and non-clinical accommodation. The emphasis must be on ensuring that the patient journey is as seamless as possible in a patient-friendly, calm and supportive environment.

The facilities to ensure capacity to manage the activity are listed in section [2.4]. It is essential that the design of the accommodation provide maximum flexibility allowing services to adapt in response to peaks and troughs in demand and to changes in service models. The anticipated Sandwell and West Birmingham activity quantum has been documented in the table below.

The model of care within the Emergency Department will provide major emergency assessment and treatment services and local urgent care services which will be accessed by adults and children in Sandwell and West Birmingham who are self-referred and may arrive by ambulance or other means. The local urgent care service will accept self-referrals, urgent GP referrals including out of hours, some non-blue-light ambulance referrals, and other primary care referrals. Emergency GP referrals will also present to the Adult and Paediatric Acute Assessment Units. This is in line with the agreed model of care for the acute site within the Health Economy. It will meet the majority of the local population’s emergency and urgent care needs, including Ophthalmology emergency assessment and treatment.

The Adult Acute Assessment Unit, which forms part of the repeatable bed base (PPDD 02), will provide a rapid and comprehensive assessment, diagnostic and early treatment service for new medical, surgical, trauma and gynaecological emergency adult patients who present to the Emergency Department.

Paediatric care will be directed to a dedicated area within the Emergency Department and Paediatric GP referrals will be directed to Paediatric Assessment Unit located within the Paediatric inpatient facility (PPDD 29).
2.0 Scope of the Planning Policy

2.1 Specific Exclusions

In developing the model of care a number of services have been identified as not core to the Emergency services and have therefore been specifically excluded from development within the Emergency Department.

These can be summarised as:

- Expected tertiary referrals (for example ophthalmology) will be seen by the receiving specialty in their own wards;
- Ophthalmology - in hours which will be seen in BMEC;
- Maternity patients will be seen by maternity services (PPDD 04);
- Major burns and Plastics;
- Helicopter Landing Facilities;
- Paediatric GP referrals.

Notwithstanding the exceptions noted above, self-referrals from any speciality, including 999s, may attend the Emergency Department (for example maternity, renal failure).

2.2 Activity Figures

The Trust expects the activity rate to be circa **137,000 per annum**.

2.3 Hours of Operation

The department will be operational for 24 hours of every day.

2.4 Functional Content

A summary of the main Emergency Department functional areas is provided here but reference should be made to the detailed schedule of accommodation. The accommodation and facilities required to support the above will consist of the following:

2.4.1 Dedicated use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to support the clinical departments. In the case of Emergency Department the Neighbourhood Hub will provide:

- Wheelchair bay;
- Staff changing;
- Staff showers;
- Staff toilets;
- Reprographics (as part of main reception);
- Seminar room;
- Disposal hold;
2.4.2 Security Suite

- Control room;
- Beverage bay;
- Staff changing;
- Staff shower;
- Staff toilets;
- Store: security;
- Store: automated key;
- Police evidence room;
- Domestic services room
- Security Base/control room for Major Incidents.

2.4.3 Main ED entrance (walk in)

- Reception;
- Main waiting including Children’s play area;
- Sanitary facilities;
- WHB and PPE Station;
- Vending;
- Staff rest room;
- Beverage bay;

2.4.4 Initial Assessment/Triage

- Rapid Assessment Cubicles;
- Triage Rooms;
- Ambulance Triage.

2.4.4 Ambulatory Zone – Urgent Care

- Staff base/supplies;
- Waiting Area
- Consult/Examination rooms
- Treatment rooms
- Sanitary Facilities;
- Store: urgent care

2.4.5 Ambulatory Zone - Minors

- Staff base/supplies;
2.4.6 Paediatrics

- Children’s play and wait;
- Staff base/supplies;
- Sanitary Facilities;
- Baby Feed;
- Baby Change;
- Interview/counselling room;
- Assessment / Triage;
- Treatment Rooms;
- Store: Paediatrics;
- Clean Utility;
- Dirty Utility.

2.4.7 Shared Support for Triage & Ambulatory

- Sanitary Facilities;
- Office;
- Domestic services;
- Switchgear.

2.4.8 Majors (non ambulant / non-critically ill)

- Treatment rooms with one having an isolation lobby and ensuite sanitary facilities;
- Mental Health Treatment rooms
- Interview/counselling rooms
- Staff Base/Clean Supplies;
- Mobile equipment bay;
- Store: majors;
- Sanitary Facilities.

2.4.9 Resuscitation (for critically ill / injured)

- Staff base/supplies;
- Adult Resuscitation;
- Paediatric Resuscitation;
- Sitting room/interview counselling;
- Viewing room;
2.4.10 Diagnostics

- Staff base;
- Bed/Trolley wait;
- Sub-waiting;
- General RD;
- Central reporting area;

2.4.11 Shared Support for Majors, Resuscitation and Diagnostics

- Clean utility;
- Dirty utility with macerator;
- Patient cleansing room;
- Interview / counselling room;
- Sanitary Facilities;
- Office;
- Domestic services;
- Switchgear;
- Near patient testing;
- Pharmacy – local provision;
- Store.

2.4.12 Shared Storage

- Store: fluids;
- Store: decontamination;
- Store: equipment;
- Store: appliance;
- Store: linen;
- Store: major incident equipment
- Store: ambulance service.

2.4.13 Administration Zone

The Trust advocates the use of Administration Zone (PPDD 19), which will be co-located with the clinical areas they support.

2.4.14 External Facilities: Security

- Storage: Security.

2.4.15 External Facilities: Decontamination

- Patient holding;
- Disrobing area;
2.4.16 External Facilities: Canopy

- Canopy over ambulance drop off zone and covering ambulance entrance to the Emergency Department

2.5 Common Planning Policies

This planning policy has been developed to be read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wish to ensure consistency of approach within the facilities and as such:

- Advocate the use of repeatable rooms, as such only bespoke rooms and exceptions will be described in detail within this departmental PPDD;
- The Trust proposes the use of Neighbourhood Hubs each of which will serve a number of departments and accommodate facilities shared between departments including Facilities Management. The Emergency Department hub will be a dedicated hub for emergency services.

3.0 Staffing

3.1 Staff Development, Education and Welfare

Staff welfare facilities in the form of separate sex toilets showers and change are provided within the dedicated Neighbourhood Hub. Secure lockable storage is provided for personnel property whilst staff are on duty.

There will be a variety of training taking place within the Emergency Department, requiring a variety of shared and bespoke facilities.

4.0 Key Relationships

4.1 Departmental Relationships

The key objective of the service development is the provision of a comprehensive emergency service and therefore the following adjacencies will be key:

- Direct access from ambulance entrance into resuscitation, majors, paediatrics, ambulatory and assessment cubicles;
- There will be a patient assessment area close to the ambulance entrance to allow the team to complete a rapid initial assessment and stream the patients to appropriate location;
- The Imaging Area (Plain film, mobile ultrasound), plaster room, procedure rooms, interview rooms and psychiatric assessment rooms will be sited so that they are readily accessible from all areas in the department;
- Direct access to Decontamination facilities is required (external Mass Decontamination area);
- Major Incident Room – access to a seminar / teaching room with additional phone lines / IT etc.; – everyone triaged via ambulance entrance (lock down ambulatory entrance) so need direct access from ambulance entrance into ambulatory clinical facilities;
- The Paediatric Area must be easily accessible from Urgent Care as GPs will also be seeing the children in this area;
- Need direct access from ambulatory into majors;
- Direct access from paediatric emergency area to resuscitation;
- Direct access from blue light into resuscitation and majors;
- Direct access from majors into resuscitation.
- Direct access from the resuscitation area of ED (and quick access from the majors area of ED) to the CT and MRI suites in the adjacent Imaging Department.

It is anticipated that there will be two discrete entrances to the Emergency Department; both entrances will require lock down facilities, one entrance for ambulatory patients and one for those who arrive by ambulance. The ambulatory entrance area will contain a reception, main waiting and refreshment facilities, toilets and family friendly facilities.

Baby changing and baby feeding facilities must be readily available.

There are three types of direct admissions to the hospital which will enter the acute facilities either 24/7 or out of hours via the Emergency Department as set out in the Functional Brief.

- Ambulance (Blue light) for example G.P referrals;
- Ambulant patients for example expectant mothers accessing the Delivery Suite;
- Ambulant self-referral.

Ready access is required to receive all ambulance borne emergency and urgent care patients to provide a swift receiving service, enabling prompt assessment and treatment of patients and timely turnaround of ambulances.

**DIAGRAM [4.1] Key Adjacencies**
To maintain patient flows and maximise the benefits of the Emergency Department, there will be close interaction with the following clinical services:

- Imaging;
- Pharmacy;
- Psychiatric Liaison;
- Therapies;
- Intermediate Care;
- Pathology;
- Urgent Care Centre;
- Multi-Faith facilities;
- Social Services;
- Ambulance Service;
- Bed Management.

The department will require support from all non-clinical services:

- Catering;
- Portering;
- Linen;
- Domestic services;
- Receipt & Distribution Centre.

4.2 Workflow

4.2.1 Patient Flows

Patients of all ages will attend the Emergency Department. They will attend with a broad range of emergency and urgent problems. Patients attending the Minor Injuries facilities or GP unscheduled (urgent) care facilities will be self-referred. Patients must be able to access
the Emergency Department via a dedicated entrance. They should not have to pass through any other patient area in order to do this. It is essential that the entrance is adjacent to a patient drop off, including capacity for ambulance transfers and movements. Access to the Department will be required at all times for patients and staff.

Patients attending the Emergency Department will be assessed for up to 4 hours whilst a diagnosis is made, treatment is initiated and/or, the patient is stabilised. Patients will then either be discharged home from the Emergency Department, transferred within the hospital to an Assessment Unit or specialist inpatient unit or transferred to a specialist centre in another hospital in line with agreed clinical pathways. The Department will only continue to function efficiently if the patient flow is maintained. It is essential that appropriate discharge or transfer of patients to an inpatient area is achieved.

The reception functions must be located at the front of the Department. The reception area must be welcoming, yet secure for staff, non-institutional, and provide seating and visitors toilets.

Vending facilities are required within the Emergency Department. Access to drinking water dispensers adjacent to relative’s rooms are also required.

Waiting areas should balance safety with a pleasant environment. Design principles known to reduce stress and the potential for violence and aggression should be incorporated. The majority of the waiting area will be provided as a central facility adjacent to reception with minimal sub waiting.

Sub waiting areas have been identified for GP unscheduled (Urgent) care, diagnostics and Paediatrics.

The Paediatric waiting area must be physically separate from other waiting areas.

After assessment and treatment, patients will be either discharged, with appropriate communication for the Patient’s GP or transferred to another service within the Trust.

Typical patient flows are indicated in diagram [4.2.1].

Diagram [4.2.1] Patient Flows
Midland Metropolitan Hospital

Description

Sandwell & West Birmingham Hospitals NHS Trust

Emergency Department Code: Issue.

Health Quality Service reference: Version No. 10.0

01 Emergency Department

Code: Issue. 1

Implementation Date: Sep 2014

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4.2.2 Staff Flows

In the main, staff will be based in the Emergency Department. Typical staff flows are shown in diagram [4.2.2].

Diagram [4.2.2] Staff flows

4.2.3 Goods Flows

Goods flows must be kept as separate from patient flows. The services within the Department will draw on the Hospital for various supporting services including diagnostic services, domestic, catering and portering services, plus supplies and waste disposal (further details provided within the Facilities Management PPDD 24). Provision should enable the clinical staff to access support facilities without leaving the clinical areas. Typical goods flows are shown in diagram [4.2.3].
4.3 Interdepartmental Relationships

Easy access must be provided via a service corridor for the delivery of bulk items such as linen and removal of waste. The design should facilitate the separate flows of patients, visitors, staff and goods wherever possible. This is particularly important where there is the potential for patients to be in a state of undress and or distress. There is also a requirement for a direct private and dignified route to the Mortuary.

- The Emergency Department will need immediate access to general X-ray, CT, ultrasound, and MRI on site, and have rapid access to the Integrated Critical Care Unit and Coronary Care Unit, Cardiac Catheterisation Laboratory, emergency theatres, and the Adult Acute Assessment Unit. Rapid access to the pneumatic tube system (for Pathology and Pharmacy) and blood bank are essential;
- The Department will require rapid access to the outputs of the Pathology Department, specifically haematology, biochemistry and transfusion.
- Patients requiring tertiary advice or admission will be referred directly to the respective tertiary specialty;
- Access will be required to the Mortuary at all times which must include a direct private and dignified route via the service corridor;
- Close relationships will be maintained with GPs referring patients into the Adult Acute Assessment Unit from Primary Care, and with community services that provide alternatives to admission and those services that facilitate rapid discharge;
- Children with minor injuries or illnesses will be treated and if appropriate, discharged home. Children with major clinical problems will be stabilised if required before transfer to the Paediatric inpatient facilities or the Children’s Hospital, if required;
- Proximity to the blood bank.

An adjacency matrix can be referenced within the Functional Brief document, which provides an initial analysis of the required linkages developed by maximum time for patient transfers. For those departments for whom an adjacency is vital a prioritisation table has been developed which summarises the reason for the relationship in terms of volumes, patient acuity and method of access. These are summarised in table [4.3].

**Table [4.3] Essential adjacencies**

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<td>PPDD 03</td>
<td>Patient Transfer</td>
<td>Essential</td>
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<td>PPDD 11</td>
<td>Immediate Staff/Patient Transfer</td>
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<td>PPDD 29</td>
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<td>Patient Transfer</td>
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<tr>
<td>Mortuary</td>
<td>PPDD 30</td>
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<td>Important</td>
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**5.0 Planning and Design Principles**

**5.1 Ambience and Decoration**

The facility is to be family-friendly, and non-institutional with particular emphasis on the use of colour, art, contrast and texture to provide a stimulating, non-threatening environment for all patients regardless of ability or impairment.

The design should access the research available on hospital environments. Waiting areas should be designed to balance safety with a pleasant environment, using principles known to reduce stress and the potential for violence and aggression. Opportunities should be taken to maximise natural ventilation and natural light in the inpatient areas. Special consideration should be given to the means of temperature control and fresh air in the clinical areas.
The design of the Department should take account of Home Office recommendations (2005) *ACPO Secure by Design: Hospitals* to prevent/reduce levels of violence and aggression. Also reference to Design Council – Reducing Violence and Aggression in A&E.

### 5.2 Wayfinding

Signage in the Emergency Department should clearly demarcate and indicate the direction of the different areas. Due consideration will be given to intuitive wayfinding as described in the Functional Brief.

### 5.3 Security and Observation

Security involves the protection of all assets of the Trust, not just physical assets - this is achieved through a process of deterrence, prevention and detection. Security therefore includes protection for staff, patients and visitors; equipment; premises; and information to include intellectual property and patient information.

There will be Security staff based at reception/waiting area on a 24 hour, 7 days per week basis. The Security of staff, patients and visitors is of paramount importance. The presence of a security base within the Emergency Department entrance will facilitate this. CCTV will be installed throughout the Department. It is essential staff can observe patients and that patients can see recognisable staff in order to feel reassured and safe.

Security will be arranged on a zoned basis to secure discreet areas, whilst retaining access to the associated support facilities (for example, Plaster room) for the Emergency Department.

CCTV will monitor those entering and leaving the security suite, the automated key facility and lobby together with all areas within the security suite with the exception of toilets and changing areas.

The Emergency Department requires provision of a remote department total lock-down facility specifically separating the clinical area from the public waiting area by locking all external perimeter doors to prevent intrusion in the event of Major Incident, deployment of armed police etc. This should be achieved remotely from the Security Base and also from within the Emergency Department itself.

To prevent potential confrontations between police and mass numbers that may have been involved in riot or subjected to Chemical Biological Radiological or Nuclear (CBRN) attack it is essential that the environs of the Emergency Department can be secured by a secure boundary through which people and vehicles can be controlled. The area contained within the perimeter treatment should incorporate:

- The building perimeter of the Emergency Department;
- Public and emergency access doors to the Emergency Department;
- Emergency vehicle access routes to the Emergency Department;
- The Major Incident Plan external de-contamination facilities.

Grounds and external areas “open” to walking / cycling but NOT motor vehicles i.e. controllable barriers to all access roads. There may be locations where an unobtrusive fence may be required for security reasons but also for health and safety reasons to ensure that pedestrian and
vehicular movement is segregated. Particular consideration must be given to the treatment on the canal elevation and any topographical hazards.

The Trust’s Requirements in respect of Patient/Staff call systems is set out within the Functional Brief.

The Trust’s Requirements in respect of the communications and network structure to support the Security and Call system is set out within Functional Brief.

5.4 **Control of Infection**

The approach to control of infection within the Department can be referenced within the Functional Brief and operational policy.

The Functional Brief sets out the Trust requirement for isolation in accordance with *HBN 04 Supp 1*. One room within Majors and one in Resus will be to this standard i.e. pressurised lobbies.

5.5 **Manual Handling**

The approach to Manual Handling can be referenced within the Functional Brief. The following areas however require H-track hoists as set out in table [5.5] below.

**Table [5.5] Manual Handling H-Track Requirements**

<table>
<thead>
<tr>
<th>Zone</th>
<th>Location</th>
<th>H-Track Hoist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Triage</td>
<td>All areas</td>
<td>n/a</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>All areas</td>
<td>n/a</td>
</tr>
<tr>
<td>Ambulatory Zone - Minors</td>
<td>Treatment areas</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td>Plaster Room</td>
<td>n/a</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>All areas</td>
<td>n/a</td>
</tr>
<tr>
<td>Majors</td>
<td>Treatment (1 room)</td>
<td>47 stone</td>
</tr>
<tr>
<td>Resuscitation</td>
<td>Resuscitation bays (1 place)</td>
<td>60 stone</td>
</tr>
<tr>
<td>Diagnostics</td>
<td>All areas</td>
<td>n/a</td>
</tr>
</tbody>
</table>

5.6 **Fire and Safety**

5.6.1 **Fire**

Precautions against fire will be taken, by staff working within the area. The Trust’s *Fire Safety Management Policy* will be adhered to and can be referenced within the Functional Brief.

5.6.2 **Safety**

There are no specific issues in the Emergency Department.
5.6.3 Radiological Protection

Mobile imaging will be used extensively within the Department together with the static provision within:

- Imaging Rooms;
- Resuscitation.

5.7 Privacy

The design of the Emergency Department needs to support patients and relatives in times of crisis, providing an environment which respects the needs of all patients, in terms of privacy and dignity as well as facilitating the delivery of confidential communication and good clinical practice and care.

5.8 Environmental Parameters

The Bidders’ proposals shall ensure that temperature and humidity control are in accordance with the NHS agenda for consumerism, for patients to be able to control, within limits, the temperature of their environment. There is also a requirement for the temperature in certain areas to be adjusted outside of the parameters laid down in *HTM 03-01 Specialist Ventilation for Healthcare Premises: Part A: Design and Validation*.

Generally, all public areas, concourses, seminar meeting rooms, offices and areas not occupied by patients will be controlled by a Building Management System (BMS) to the requirements of *HTM 03-01 Specialist Ventilation for Healthcare Premises: Part A: Design and Validation*.

5.9 Environmental Criteria

5.9.1 Natural Light

The Design Brief developed by the Trust advocates the use of both natural light and natural ventilation. The Functional Brief sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the bespoke requirements for natural light within the Emergency Department.
Table [5.9.1] Natural Light Matrix

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Essential or Desirable</th>
<th>Wall</th>
<th>Atrium</th>
<th>Borrowed Light</th>
<th>Roof Light / Tube</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security Base</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Store Automated Keys</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Police Evidence Room</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Plaster Room</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Plaster Room Store</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Resuscitation</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Viewing Room</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

5.9.2 Ventilation

The Design Brief developed by the Trust advocates the use of both natural light and natural ventilation. The Functional Brief sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke environmental criteria within the Emergency Department.

Table [5.9.2] Environmental Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Temperature</th>
<th>ac/hr</th>
<th>Pressure &amp; filtration</th>
<th>Notes in respect of permissible derogations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Min °C</td>
<td>Max °C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security Base</td>
<td>18</td>
<td>28</td>
<td></td>
<td>i</td>
</tr>
<tr>
<td>Store Automated Keys</td>
<td>18</td>
<td>28</td>
<td></td>
<td>i</td>
</tr>
<tr>
<td>Police Room</td>
<td>18</td>
<td>28</td>
<td>6</td>
<td>i</td>
</tr>
<tr>
<td>Plaster Room</td>
<td>18</td>
<td>25</td>
<td>15</td>
<td>-ve F7</td>
</tr>
<tr>
<td>Store Plaster</td>
<td>18</td>
<td>28</td>
<td>5</td>
<td>-ve F7</td>
</tr>
<tr>
<td>Treatment Room (Majors)</td>
<td>18</td>
<td>25</td>
<td>15</td>
<td>F7</td>
</tr>
<tr>
<td>Procedure Room (Majors)</td>
<td>18</td>
<td>25</td>
<td>15</td>
<td>F7</td>
</tr>
<tr>
<td>Resuscitation</td>
<td>18</td>
<td>25</td>
<td>15</td>
<td>F7</td>
</tr>
<tr>
<td>Viewing Room</td>
<td>18</td>
<td>25</td>
<td>15</td>
<td>F7</td>
</tr>
</tbody>
</table>

5.9.3 Acoustic Criteria

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.
The following table sets out the requirements for bespoke acoustic criteria within the Emergency Department.

**Table [5.9.3] Acoustic Criteria**

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Rating to be achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security Base</td>
<td>D</td>
</tr>
<tr>
<td>Store Automated Keys</td>
<td>E</td>
</tr>
<tr>
<td>Police Evidence Room</td>
<td>A</td>
</tr>
<tr>
<td>Plaster Room</td>
<td>B</td>
</tr>
<tr>
<td>Plaster Room Store</td>
<td>E</td>
</tr>
<tr>
<td>Resuscitation</td>
<td>C</td>
</tr>
<tr>
<td>Viewing Room</td>
<td>A</td>
</tr>
</tbody>
</table>

### 5.9.4 Medical Gas and Associated Power Supply Requirements

The Design Brief developed by the Trust and the Functional Brief sets out the Repeatable “bed head” service requirements. Table 5.9.4 sets out the bespoke requirements within the Emergency Department. Refer Functional Brief for legend/key.

**Table [5.9.4] Medical Gas and Associated Power supply requirements**

<table>
<thead>
<tr>
<th>Room Type</th>
<th>O₂</th>
<th>N₂O</th>
<th>N₂O/O₂</th>
<th>MA₄</th>
<th>SA7</th>
<th>Vac</th>
<th>AGS</th>
<th>He/O₂</th>
<th>AVSU</th>
<th>Alarm</th>
<th>IPS</th>
<th>UPS</th>
<th>No. of Twin Sockets</th>
<th>Clinical Risk Category Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security Base</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Store Automated Keys</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Police Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plaster Room</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>1 set</td>
<td>1 per AVSU</td>
<td>N</td>
<td>N</td>
<td>6</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Store Plaster</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Room / Cubicles</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>1 set</td>
<td>1 per AVSU</td>
<td>Y</td>
<td>Y</td>
<td>8</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Procedure Room</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>1 set</td>
<td>1 per AVSU</td>
<td>Y</td>
<td>Y</td>
<td>8</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Resuscitation (per patient)</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>2</td>
<td>2 sets</td>
<td>1 per AVSU</td>
<td>Y</td>
<td>Y</td>
<td>9</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Viewing Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**01 Emergency Department**

<table>
<thead>
<tr>
<th>Health Quality Service reference:</th>
<th>Code:</th>
<th>Issue:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.0</td>
<td>Page 24 of 46</td>
<td>Draft No. 10</td>
</tr>
</tbody>
</table>

**Implementation Date:** July 2014
5.10 Flexibility

The design needs to support staff in managing:

- The fluctuating demand for services;
- Any aggression from patients and relatives;
- Future changes in model of care.

5.11 IM & T

Details of the active components associated with IM&T can be found in the Functional Brief and Schedule 8 part 3 Appendix B.

The specifics for Emergency Department should be considered:

- Telemedicine links with Minor Injuries Units;
- Individual Telemedicine links within Emergency Zone including Imaging Department (CT and MRI suites);
- Major Incident phone capabilities;
- Ambulance Receiving Station;
- Intercom System between all clinical rooms, staff rest room, changing areas and administration areas within Emergency Department.

It is assumed that all patient records will be electronic and note entry and note review will take place at or close to the patient point of treatment.

5.12 External Space and Courtyards

Access to outside spaces (balconies, courtyards and gardens) is highly desirable for staff, patients and relatives.

The Emergency Department has a direct relationship with the outside as it is the main 24/7 access to the acute facilities. The specific functional requirements are outlined in Section [7.0].

6.0 Equipment

The specific requirements for this zone will be addressed through the equipment selection in accordance with the Equipment Responsibility Matrix in Schedule 13.

The ADB Component sheets schedule out the equipment list for the Emergency Department in accord with Schedule 13.

7.0 Proposed Accommodation

In describing the accommodation and its functional relationships the facilities have been separated into their basic functionalities. The operational functionality of the areas listed below is specific to the requirements of the hospital. Where areas of accommodation to be provided within different elements of the project are deemed to have the same repeatable functionality, these are outlined in the Functional Brief. For repeatable rooms refer to the Functional Brief. Reference...
should also be made to *HBN 15-01 – Accident and Emergency Department Planning and Design Guidance June 2013*.

**7.1 Dedicated Use of a Neighbourhood Hub**

On arrival in the Emergency Department all patients will be registered at a central reception point and directed to the relevant service area. The reception desk must therefore be readily visible from the entrance. It is essential that there is immediate adjacency to waiting areas, Minor and Major areas and Paediatric area. The design must enable staff to move between clinical areas without passing through the central reception and waiting areas. There will be multiple patients registering simultaneously and as such patients and carer privacy must be maintained.

As set out within Section [4.1] of this PPDD and the Functional Brief the dedicated Neighbourhood Hub serving the Emergency Department will also serve as the receiving point for out of hour’s access to other clinical departments.

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to support the clinical departments. This bespoke space should be based upon the ergonomic principles set out in the Functional Brief.

In the case of the Emergency department the Neighbourhood Hub will provide.

**7.1.7 Wheelchair Bay**

Repeatable facilities are required as set out within the Functional Brief.

**7.1.8 Staff Changing**

Separate staff changing is required for 40 male lockers and 60 female lockers. The functionality required is based on the repeatable facilities set out within the Functional Brief.

**7.1.9 Staff Showers**

Separate repeatable male and female ambulant showers to be provided, accessed from the corresponding changing area as set out in the Functional Brief.

**7.1.10 Staff Toilets**

Separate repeatable male and female ambulant toilets required to be located out with the changing areas as set out in the Functional Brief.

**7.1.11 Staff Rest**

A repeatable 12 place staff rest facility is required to serve the Emergency Department. Details of the functionality required are set out within the Functional Brief.

**7.1.12 Beverage Bay**
A repeatable beverage facility is required co-located with the staff rest room as set out in the Functional Brief.

7.1.13 Reprographics

A repeatable reprographics facility is required as set out in the Functional Brief.

7.1.14 Seminar Room

A repeatable 20 place Seminar room is required as set out in the Functional Brief. This must be capable of being used as the Major Incident Room.

The additional functionality required for this room to fulfil the requirements as part of the Trust Major Incident Policy accommodation includes the following:

- Plasma screen – 42"
- Additional IT points
- Additional phone points

7.1.15 Disposal Hold

A repeatable Disposal Hold is required. Details of the functionality required are set out within the Functional Brief.

7.1.16 UPS and IT Hub

A repeatable hub is required to accommodate UPS and IT. Details of the functionality required are set out within the Functional Brief.

7.1.17 Domestic Services Room

A repeatable Domestic Services room is required. Details of the functionality required are set out within the Functional Brief.

7.1.18 Domestic Services Store

A repeatable domestic services storage facility is required. Details of the functionality required are set out within the Functional Brief.

7.1.19 Medical Gas – Local Storage

A repeatable local store is required for medical gas cylinders. Details of the functionality required are set out within the Functional Brief.

7.1.20 Switchgear

A repeatable switchgear facility is required to serve the dedicated Emergency Department hub as set out in the Functional Brief.
7.2 Security Suite

Access to the security suite from the Emergency Department must be via a lobby. This should give access to both the Emergency Department main waiting and the 24/7 hospital access route, thus permitting security staff to control access and egress.

7.2.1 Control Room

A bespoke control room, which will accommodate 3 security officers based in the Emergency Department, is required. This base shall be secure with restricted access and automated access control access control. The security personnel will perform the following duties from this Security base:

- Responding to planned, routine and emergency call outs;
- Processing of staff/visitor identity badges including photographing personnel;
- Processing of staff vehicle parking permits;
- Central location of car park management;
- Central location of key management;
- Car park management systems (e.g., permit system, barrier control, Pay on Foot machines, intercoms / car park Help Points).

The following control systems, to be fully integrated and monitored / operated from security base:

- Security management, (low level operational control of the security function);
- Communications systems, (for the control room (base) to communicate with security officers out on patrol);
- Access control, (With the ability to grant and revoke assess to all personnel);
- Fire alarms;
- Intruder alarms;
- Panic alarms;
- Baby Tagging;
- CCTV;
- BMS (Central location for monitoring critical electrical / mechanical functions, fire, and energy / environmental management systems (Total Building Management).

There are operational benefits in co-locating the central control room with switchboard to enable all alarms to go to a central location.

Electronic security management is a fundamental part of any modern hospital development, and these systems ensure both patients and staff are provided with a secure and relaxed environment.

The Security Suite will comprise of a base with a central monitoring and control station where:

- Various security systems shall be linked back to one location, and;
- Security Officers are monitored and controlled and maintain communication via radio and telephone communication.

Operators will monitor the systems and review logs and images for various events, effortlessly and seamlessly. The control room shall be equipped with ergonomically designed desks and
individual workstations to house desk monitors and joystick controls to enable the operators to independently view CCTV or control systems through a PC based integrated Security Management System (SMS).

The Security Suite will be provided with an uninterruptible power supply and will be able to view the various hospital CCTV systems to provide monitoring and tracking of locations, events and individuals. In addition, the control room will have two-way audio links to the various car park help points so that assistance can be offered as required. The control will also have the capability to monitor intruder alarm systems and individual devices across the various hospital sites. Upon activation the details of the alarm activation will be displayed on the SMS.

The integrated SMS graphic interface will prompt for user intervention or can be programmed to carry out appropriate actions to the event e.g., picture pull, presets, monitor wall configurations etc. These actions will be in the form of serial communication with the other systems and the SMS system.

Integration of the SMS with the CCTV, access control, intercom and intruder detection allows for an event in each system to trigger an action within another system so providing integration of picture pull presets, different screen layouts on monitor wall etc.

The access control system shall be used to operate doors, traffic barriers and loading bay gates as appropriate to the site. The access control system will enable a desktop escalating automated lockdown facility from which individual doors, to department(s) to a site wide hospital lockdown can be rapidly enabled.

The quantity of cameras to be installed means that not all images can be simultaneously reviewed within the control room. As a result there is a need for the CCTV system to integrate with the other security systems to draw operators to the appropriate camera views during an alarm or other type of event.

Digital storage will be used on a large-scale basis. It is important that the system is both scalable and flexible. Access to the recorded images for archiving shall be by means of dedicated playback client PCs. There is however, also the need for fast access to relevant recorded images during and immediately after an alarm condition. It is a requirement that by interrogating the security management system for details of an alarm, the system can automatically and almost instantly retrieves and display an appropriate video clip.

The CCTV system, operable 24/7 should operate to BS7958 (2005). The digital recording facility will enable top quality recording for 31 days. The system would also have a (500GB) evidence locker to store incidents for a longer period of time if required. Depending on their location some cameras would record in real time for 72 hours while others would record at real time for 24 hours as follows:

**Table [7.2.1] CCTV Camera Real Time requirements**

<table>
<thead>
<tr>
<th>Department</th>
<th>Live Time 72 hours</th>
<th>Live Time 24 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department (all internal and external)</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

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Health Quality Service reference: 0.0

**01 Emergency Department**

**Code:**

**Issue:** 1

**Draft No.:** 10

**Implementation Date:** July 2014
Intercoms will be required at specified entrance points throughout the hospital to enable verification of individuals prior to entry. These will where necessary automatically select appropriate cameras to display without intervention from the security staff. There is a requirement for a site wide intruder detection system to collect alarm inputs from a variety of sources including PIRs, door contact, personal attack alarms etc., and report this information into both a dedicated alarm keypad and into the SMS.

The integrated SMS is the point where all systems join. Without this system all of the separate component parts will operate but maximum functionality will only be achieved by integration. The SMS enables automated responses to alarm situations and guides operators to the location of trouble as quickly as possible. This system will also enable a range of management functions to be carried out from the control room. Detailed statistical information about the alarms shall be possible enabling management to pinpoint areas of concern. A detailed log of all operations and users will be held on this system.

Security Suite requirements:

- Access controlled air lock controlling entry and exit from the control room;
- Audio visual verification within the airlock to control entry and exit from the control room;
- CCTV coverage of the entrance to the control room within and outside the airlock and any external walls;
- Operator and supervisor panic attack buttons linked to a third party monitoring centre.

Details of the environmental requirements are set out within Section 5 of this PPDD.

### 7.2.2 Beverage Bay

A repeatable beverage bay is required to serve the Security Suite as set out in the Functional Brief.

### 7.2.3 Staff Changing

Separate male and female changing rooms are required to accommodate 15 males and 5 females changing within the Security Suite. Each locker should be 300x450, single height to accommodate stab vests and other similar equipment.

The functionality should be based upon the repeatable provision which can be referenced with Functional Brief.

### 7.2.4 Staff Shower

Separate repeatable showers are required each accessed from the appropriate changing area as set out in the Functional Brief.

<table>
<thead>
<tr>
<th>Department</th>
<th>Live Time (72 hours)</th>
<th>Live Time (24 hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Entrance</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Concourse</td>
<td>Y</td>
<td></td>
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7.2.5 Staff Toilets

Separate male and female toilets are required as set out in the Functional Brief these should be located outside the changing areas.

7.2.6 Store: Security

A repeatable store is required within the Security Suite for the storage of equipment as set out in the Functional Brief.

7.2.7 Store: Automated Key

Security keys should be held in a secure bespoke automated key storage and distribution facility, for example Morse Watchman (3 number 96 key cabinets), that staff can gain access to without entering the Security Base. It is anticipated that these cabinets will be located within a widening of a staff only secure lobby. The schedule of accommodation has been developed on this basis.

Details of the environmental requirements are set out within Section 5 of this PPDD.

7.2.8 Police Evidence Room

The Police evidence room will be utilised to conduct formal interviews under PACE via either Trust officers or the Police. It will also be used as the Police base for major incidents and by the Trust to prepare CCTV digital evidence and statements in privacy (i.e. out with the control room).

A bespoke room is required which will accommodate 4 people around a table.

Details of the environmental requirements are set out within Section 5 of this PPDD.

7.2.9 Domestic Services Room

A repeatable domestic services room is required to serve the security suite as set out in Functional Brief.

7.3 Main Entrance (walk in) to Department

7.3.1 Reception

A screened six-position reception is required to accommodate workspace for two nurse practitioners, three administration staff and one security member of staff to deal with enquiries, book patients into the Emergency Department and signpost to areas within the Department – Paediatrics, Urgent Care, Majors for example. The reception desk must achieve direct observation of the waiting area. The functionality should be based upon that for a repeatable reception as set out within the Functional Brief with the following modifications:

- Screening between individual reception positions.

7.3.2 Main Waiting
A repeatable waiting area is required to accommodate 75 people including patients and escorts. This area should be observable by clinical staff. This waiting area may be supplemented by the use of the concourse for overflow seating during periods of peak demand.

Details of the functionality required are set out within the Functional Brief.

A repeatable children’s play area is required as part of the main waiting area for use by children accompanying adults attending the Emergency Department.

Details of the functionality required are set out within the Functional Brief.

7.3.4 Public Toilets

Separate repeatable male and female visitor toilets are required. It must be noted that sanitary facilities are not generally available within the clinical areas. These facilities must incorporate accessible facilities as set out in the Functional Brief.

7.3.5 WHB / PPE Station

A repeatable area is required where visitors to the Emergency Department can wash / gel their hands and don appropriate PPE. Details of the functionality required are set out within the Functional Brief.

7.3.6 Vending

Repeatable facilities are required within the main waiting area as set out within the Functional Brief.

7.3.7 Baby Feed

A repeatable baby feeding room is required to be located within the main waiting area.

Details of the functionality required are set out within the Functional Brief.

This provision serves the totality of the Emergency Department.

7.3.8 Baby Change

A repeatable baby changing room is required to be located within the main waiting area.

This provision serves the totality of the Emergency Department.

Details of the functionality required are set out within the Functional Brief Table [7.2].
7.4 Ambulatory Assessment

This area will act as the transition between the public and clinical areas. Patients will be assessed and directed to the appropriate area within the Emergency Department. This will also operate a see and treat principle, with patients being seen by the most appropriate practitioner, such as a Doctor, an Extended Nurse Practitioner and GP or specialist physiotherapist.

7.4.1 Triage Room

Two repeatable rooms are required for this function. The Trust has developed an ergonomic layout diagram which can be referenced within the Functional Brief.

7.5 Rapid Assessment

7.5.1 Rapid Assessment Cubicles

Ten repeatable cubicles are required for this function. Each space will be separated by walls on three sides with curtain fronts.

Two of the rapid assessment cubicles will contain wireless telemetry to support the management of unstable patients who require a high level of observation.

7.6 Urgent Care

The GP unscheduled care service will be delivered within this facility.

7.6.1 Waiting Area – 10 places

A repeatable waiting area is required to accommodate 10 people including patients and escorts. This area should be observable by clinical staff. This waiting area may be supplemented by the use of the concourse for overflow seating during periods of peak demand.

Details of which are set out within the Functional Brief.

7.6.2 Staff Base/Supplies

A two person island staff base with supplies area with observation of the waiting area. This should be based on the functionality described for a repeatable 2 person staff base as set out within the Functional Brief.

7.6.3 Consult/Examination Room

Two repeatable consult/examination rooms with single sided access as set out within the Functional Brief.
7.6.4 Treatment Room
The Trust has developed an ergonomic exemplar for the Emergency Department Treatment Room details of which can be referenced within Functional Brief.

One Emergency Department Treatment Room is required to enable clinicians in the Urgent Care area to treat minor illnesses and injuries including wound care, dressings, administration of drugs and medications, including injections and inhalers/nebulisers. The Treatment Room will require multi-directional lighting and will have a door to support patient privacy and dignity.

7.6.5 Store
A small repeatable store room is required as set out within the Functional Brief.

7.6.6 WC
A repeatable OSFA WC is required as set out within the Functional Brief.

7.7 Ambulatory Zone – Minors
This area will accommodate the Minor Injuries and Illness service.

7.7.1 Staff Base / Supplies
One repeatable island staff base with supplies areas is required with direct observation over the examination/treatment areas. This should be based upon the functionality described for a two number repeatable 2 person staff base as per within the Functional Brief.

7.7.2 Examination / Treatment
The Trust has developed an ergonomic exemplar for the Emergency Department Treatment Room details of which can be referenced within Functional Brief.

Seven open and one enclosed Emergency Department Treatment Rooms are required. The enclosed cubicle will be equipped to provide Ophthalmology and ENT examination and treatment.

All of the Emergency Department Treatment Room should be equipped with multi-directional lighting for the purpose of suturing patients.

Details of the functionality required are set out within the Functional Brief.

7.7.3 Procedures Room
A repeatable procedure room is required. Details of the functionality can be referenced within Functional Brief.

7.7.4 Plaster Room

The Trust's functional requirements are based upon HTM 12 Outpatients Department section 4.62 modified to accommodate a single patient. Reference should be made to HBN 12 Outpatients 2004, Section 4.62 – guidance on dust extraction and HTM Ventilation 2025.

The layout should be based upon the clinical room zoning diagram set out within the Functional Brief appendix [3] Section [23.1] including:

- WHB and PPE assembly;
- Cubicle curtain track.

The following adjustments are required:

- **Procedures Room**
  - Ceiling suspension system;
  - Plaster application trolley;
  - Wall mounted full height mirror.

- **Storage Zone**
  - Plaster sink assembly;
  - Casework with worktop &
  - Integrated storage.

- **Administration Zone**
  - Single X-ray viewer.

In addition bed / trolley access from the general circulation together with direct access to the En-Suite storage room is required.

Details of the Trust's Environmental requirements can be referenced within Section 5 of this PPDD.

7.7.5 Store: Plaster

A bespoke store access directly from the plaster room is required this should be based upon the principles set out in HTM 12 Outpatients department Section 4.62. A single store is required zoned to allow for the segregation of materials including heat sensitive components.

Details of the Trust's Environmental requirements can be referenced within Section 5 of this PPDD.

7.7.6 Clean Utility
An individual repeatable clean utility room is required to serve the Minors area as set out in the Functional Brief.

7.7.7 Dirty Utility

An individual repeatable dirty utility (without macerator) is required to serve the Minors area as set out in the Functional Brief.

7.8 Paediatrics

A bespoke paediatric secure area is required. The Treatment areas must have a direct route to the Resuscitation area for children who become very poorly and require the additional support provided within Resuscitation.

Children who require ophthalmic assessment or treatment will be received and wait within the Paediatric section and be escorted to the ophthalmic room (within Minors area) by a staff member. Refer to PPDD Section 5.3 for specific security provision to paediatric areas.

7.8.1 Children’s Waiting

A secure play/waiting area, which will accommodate up to 25 people, is required. This area must be totally separate from the adult waiting area. Details of the functionality required are based on a repeatable facility as set out within the Functional Brief.

7.8.2 Staff Base

A repeatable 2 person staff base is required together with clean supplies storage and preparation zone and pneumatic tube station as set out in the Functional Brief with direct observation of the waiting and treatment areas.

7.8.3 Toilet – Ambulant

Two repeatable ambulant toilets are to be provided within the Paediatric area. These should be based upon the functionality set out with the Functional Brief.

7.8.4 Toilet – Ensuite

A repeatable OSFA toilet to be provided as set out in the Functional Brief within the Paediatric area, to be collocated with one treatment room.

7.8.5 Toilet – OSFA

A repeatable OSFA toilets is required to serve the Paediatric area as set out in the Functional Brief.

7.8.6 Assessment/Triage
The Trust has developed an ergonomic layout diagram which can be referenced within the Functional Brief.

7.8.7 Treatment Rooms

A suite of ten co-located repeatable Emergency Department Treatment Rooms are required as set out in the Functional Brief. Each of the treatment rooms will contain wireless telemetry to support the management of unstable patients who require a high level of observation. Rooms must include an area for the preparation and administration of drugs.

One room requires an ensuite toilet, refer section [7.7.4] above.

7.8.8 Interview / Counselling Room

The room requires two entry points, anti-ligature fixings in addition to the repeatable specification as set out in the Functional Brief for an interview counselling room.

7.8.9 Baby Feed

A repeatable baby feeding room is required to be located within the Paediatric area.

Details of the functionality required are set out within the Functional Brief.

7.8.10 Baby Change

A repeatable baby changing room is required to be located within the Paediatric area. Details of the functionality required are set out within the Functional Brief.

7.8.11 Store: Paediatrics

A repeatable store is required within the security suite for the storage of equipment as set out in the Functional Brief.

7.8.12 Clean Utility

An individual repeatable clean utility room is required to serve the Paediatric area as set out in the Functional Brief.

7.8.13 Dirty Utility

An individual repeatable dirty utility (with macerator) is required to serve the Paediatric area as set out in the Functional Brief.
### 7.9 Shared Support for Initial Assessment, Minors & Majors Areas

#### 7.9.1 Patient Toilets

Separate male and female repeatable OSFA toilets are required to serve the Initial Assessment/Triage, Minors and Majors areas as set out in the Functional Brief.

#### 7.9.2 Office

A repeatable one-person office is required as set out in the Functional Brief.

#### 7.9.3 Domestic Services

A repeatable domestic services room is required to serve the ambulatory and paediatric areas as set out in the Functional Brief.

#### 7.9.4 Switchgear

A repeatable switchgear room is required to serve the Ambulatory and Paediatric areas as set out in the Functional Brief.

### 7.10 Majors

#### 7.10.1 Treatment Rooms

The suite of 25 repeatable Emergency Department Treatment Rooms should be located close to the Initial Assessment Areas (triage and Rapid Assessment), with immediate access to diagnostic facilities. Patients in these rooms may be critical and will require high medical input and constant monitoring observation. Each of the Treatment Rooms will require wireless telemetry to support the management of unstable patients who require a high level of observation.

All of the Treatment Rooms will require multi-directional lighting. A number will have doors to support the management of gynaecological examination.

To promote easy observation, the Treatment Rooms should be designed in a horseshoe pattern with the staff base workspace in a central position. The Trust has developed an ergonomic exemplar for the Emergency Department (Universal) Treatment Room details of which can be referenced within Functional Brief.

One Treatment Room requires a 40 stone H-track hoist as set out in Section [5.5] of this PPDD.

One Treatment Room (Majors Isolation Room) requires a repeatable isolation lobby. In addition an audio system must be provided outside the isolation room to enable communication with patient without having to enter the room. A gowning lobby must be located at the entrance to the isolation room as part of an integrated suite.
7.10.2 Isolation Lobby

One repeatable isolation lobbies is required to serve the universal treatment room (Majors Isolation Room) as set out in the Functional Brief.

The isolation lobby will be equipped with an interlock linked between the WHB and the door on entry to the patient area and the door on exit into the circulation space.

7.10.3 Mental Health Rooms

Two mental health assessment and treatment rooms are required. Each room requires two entry points, minimal fixtures, and anti-ligature.

7.10.4 Staff Base / Clean Supplies

A large island staff base with supplies area is required with direct observation over the examination/treatment areas. This should be based upon the functionality described for a two number repeatable 8 person staff base as per within the Functional Brief and incorporate a central console for those universal treatment rooms equipped with wireless telemetry.

7.10.5 Mobile Equipment Bay

A repeatable mobile equipment bay will contain mobile imaging equipment as set out in the Functional Brief.

7.10.6 Store: Majors

A repeatable store is required to serve majors as set out in the Functional Brief.

7.10.7 Interview / Counselling Room

A repeatable interview/counselling provision is required as set out in the Functional Brief for relatives attending with patients being cared for within the Majors area. This room may be used as a ‘breaking bad news’ room.

7.11 Resuscitation (for Critically Ill / Injured)

Acutely unwell patients with an immediately life threatening condition will be stabilised before transfer to the appropriate area. It is anticipated that two adult resuscitation bays each containing 4 spaces, and one paediatric resuscitation bay containing 2 spaces (Total 10 bays) will be provided. Alternative arrangements will be anticipated, the key parameters is a case of access between all resuscitation bays.

The access to this area may be direct from the outside, giving ease of access with the ability to by pass reception. This may be required as patients are likely to have suffered major trauma.

At the entrance to Resus there should be a weighing facility integrated within the floor. Details of the Trusts environmental parameters can be referenced within Section [5] of this PPDD.
7.11.1 Staff Base / Clean Supplies

A large island staff base with supplies area is required with direct observation over the examination/treatment areas. This should be based upon the functionality described for a repeatable 4 person staff base as per within the Functional Brief but should include a dedicated telephone for direct calls to the department from the ambulance service to inform them of patients arriving under blue light alert. Sounders are required throughout the department including the Staff Rest Room, to alert members of the response team that a patient is expected to arrive in the Resuscitation Area.

7.11.2 Adult Resuscitation (4 place)

Two bespoke areas each with four places, need to have “island” bed bases for access around the head, ceiling mounted Imaging facilities and have immediate access to blood gas analysers. Up to fifteen staff may be attending to a patient in a bay at any one time. There should be overhead gantries for imaging in the resuscitation bays.

NB: Storage to include fluid warmer.

One bay will have the facility for active isolation (for chemical, biological, nuclear or radiological incidents) and will require the ability to be totally separate from the rest of the area, for example by the use of glass walls, door and isolation lobby. The cubicles must have the capability to be screened from each other so that when a patient is being x-rayed, the other patients (and staff) in the area will not be exposed to radiation.

7.11.3 Paediatric Resuscitation (2 place)

Each bespoke bay needs to have island bed bases for access around the head, ceiling mounted Imaging facilities and have immediate access to blood gas analysers. Up to fifteen staff may be attending to a patient in a bay at any one time. In addition a space for storage of one neonatal Resuscitaire is required. The cubicles must have the capability to be screened from each other so that when a patient is being x-rayed, the other patients (and staff) in the area will not be exposed to radiation.

7.11.4 Sitting Rooms

Facilities will be provided for relatives/friends to see a patient’s body after death has been confirmed. This will consist of two repeatable counselling/interview (with dual access/egress) rooms as set out in the Functional Brief Table [7.2] for use as sitting rooms, one of which will have direct access to a viewing room, where the patient’s body will be placed for viewing by the family. These rooms need to be located close to the Resuscitation Area. Access to drinking water dispensing machine is required. These rooms may be used as a ‘breaking bad news’ room.

7.11.5 Viewing Room

A bespoke room is required for families to view bodies of patients who have passed away within the Emergency Department. Furnishings and fixtures in this room will be minimal and the functionality should be based upon the principles for a bier room within HBN 20 Facilities for
Mortuary and Post-Mortem Room Services Sections 5.11 and 5.12 and HBN 22 Accident & Emergency Section 3.98.

In addition a staff to staff panic alarm is required.

Details of the Trusts environmental parameters can be referenced within Section [5] of this PPDD.

7.11.6 Store: Resuscitation

A repeatable store is required as set out in the Functional Brief to serve the resuscitation area.

7.12 Diagnostics

7.12.1 Staff Base

A repeatable two place staff base is required as set out in the Functional Brief.

7.12.2 Zoning Bed / Trolley Wait

A repeatable trolley waiting area is required with a minimum of 2100mm “bed centres”. This should be a cubiced bay adjacent to the general RD room.

Details of the functionality required are set out within the Functional Brief.

The Trust has developed the following zoning diagram which underpins the schedule of accommodation:

Diagram [7.11.2] Zoning Diagram
NB. This functional description has been cross referenced from other departmental PPDDs.

7.12.3 Sub-waiting

A repeatable five person sub waiting area is required. Details of the functionality required are set out within the Functional Brief.

7.12.4 General RD

Two bespoke general RD imaging rooms are required within the Emergency Department, details of the provision to be referenced within the Imaging PPDD 11 Section [7.2.7].

7.12.5 Central Reporting Area

A repeatable four place imaging reporting room is required as set out in the Functional Brief.

7.13 Shared Support for Majors, Resuscitation and Diagnostics

7.13.1 Clean Utility

A repeatable clean utility is required to serve Majors, Resuscitation and Diagnostics as set out in the Functional Brief.

7.13.2 Dirty Utility

A repeatable dirty utility with macerator is required to serve Majors, Resuscitation and Diagnostics as set out in the Functional Brief.

7.13.3 Patient Cleansing Room

This is a repeatable shower room which should be adjacent to the ambulance entrance, with access to the Majors area of the Emergency Department. The functionality should be based upon a repeatable assisted shower as described within the Functional Brief. Refer to the ‘NHS Emergency Planning Guidance 2005 (DOH).
7.13.4 Office

A repeatable one-person office is required within the majors, resuscitation and diagnostics areas as set out in the Functional Brief.

7.13.5 Near Patient Testing

This repeatable room should be adjacent to the resuscitation area and will accommodate a blood gas analyser, small bench top/portable clinical analyser, urinalysis and pregnancy strip reader and haematology analyser. The pneumatic tube station will be located within this room.

Details of the functionality required are set out within the Functional Brief.

7.13.6 Pharmacy – Local Provision

A repeatable room is required for local storage and preparation of pharmaceuticals for use within the Emergency Department. Details of the functionality required are based on a repeatable clean supplies store as set out within the Functional Brief.

7.13.7 Store: Diagnostics

A repeatable store is required as set out in the Functional Brief to serve the diagnostics area.

7.13.8 Domestic Services

A repeatable domestic services room is required to serve the Majors, Resuscitation and Diagnostics areas as set out in the Functional Brief.

7.13.9 Switchgear

A repeatable switchgear room is required to serve the Majors, Resuscitation and Diagnostic areas as set out in the Functional Brief.

7.14 Shared Storage

The storage facilities must be accessible from all the areas at all times, and accommodate up to three days requirements within appropriate storage system.

7.14.1 Store: Fluids

A large repeatable store is required for the bulk storage of fluids. Details for the functionality for which can be referenced within the Functional Brief.

7.14.2 Store: Decontamination

A repeatable store is required for the decontamination equipment e.g. suits. This room should be located near the decontamination hut. Details for the functionality for which can be referenced within the Functional Brief.
7.14.3 Store: Equipment

A repeatable equipment store is required to serve the totality of the Emergency Department as set out in the Functional Brief.

7.14.4 Store: Appliance

A repeatable store is required for appliances such as crutches/walking sticks as set out in the Functional Brief.

7.14.5 Store: Linen

Two repeatable linen stores are required to serve the totality of the Emergency Department as set out in the Functional Brief.

7.14.6 Store: Major Incident Equipment

A repeatable room is required for the storage of major incident clinical and communications equipment as set out in the Functional Brief. This should be located near to the decontamination hut.

7.14.7 Store: Ambulance

A repeatable store is required for cleaning materials and replenishing ambulance stock located at the ambulance entrance.

7.15 Shared Use of an Administration Zone

The Emergency Department will make use of an Administration Zone.

In respect of the Emergency Department the following staff will be based within the shared Administration Zone, however unallocated resource bases are included within this PPDD for immediate reporting:

- Consultants (4 no.);
- Middle grades (4no.);
- Senior nursing staff (4no.);
- Medical secretariat (4no.).

The functional requirements are fully described within PPDD 19 Administration and are summarised below:

- Reprographics;
- Social area;
- Beverage bay;
- Office – open plan;
- Store – small;
- Library;
- Quiet rooms (for breakout);

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7.16 **External Facilities: Security**

Details of the external access requirements for the Emergency Department are referenced in the Functional Brief.

7.16.1 Storage: Security

A large security storage facility with external access will be required for the storage of traffic management equipment e.g. barriers, traffic cones, signs, and other large pieces of equipment that cannot be stored within the Security Base.

7.17 **External Facilities: Decontamination**

These facilities should comprise of the following accommodation:

- Patient Holding Area;
- Disrobing Area;
- Dirty Processing;
- Clean Processing;
- Re-robing Area;
- Staff Changing;
- Staff Shower.

Reference should be made to the ‘NHS Emergency Planning Guidance 2005 (DOH).

7.18 **External Facilities: Canopy**

A Canopy is required over the ambulance drop off zone immediately outside the ambulance entrance to the Emergency Department and extending across this entrance. This is to allow patients to be transferred from the ambulance into the Department with protection from the weather and maintaining their privacy and dignity.

8.0 **Schedule of Accommodation**

The Schedule of Accommodation version 10 has been developed for the totality of the scheme as a series of tables. This schedule is appended to Schedule 8 part 3.

9.0 **Glossary and Definitions**

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
MIDLAND METROPOLITAN HOSPITAL
No 1
EMERGENCY DEPARTMENT
OPERATIONAL POLICY

Policy authors
Paul Hazle Service Redesign Manager

Accountable Executive Lead
Chief Nurse

Approving body

Policy reference
SWBH/XXX/NNN [Assigned by Trust policy-Co-ordinator]

ESSENTIAL READING FOR THE FOLLOWING STAFF GROUPS:

1 – Nursing Staff
2 – Corporate Nursing
3 – Therapies
4 – Allied Health Professionals
5 – Facilities
6 – Operational Clinical Group Management Teams

STAFF GROUPS WHICH SHOULD BE AWARE OF THE POLICY FOR REFERENCE PURPOSES:

1 – Medical Staff
2 – Corporate Divisions

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Month and Year

POLICY IMPLEMENTATION
DATE:
Month and Year

DATE POLICY TO BE REVIEWED:
Month and Year
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## APPENDICES
MIDLAND METROPOLITAN HOSPITAL
EMERGENCY DEPARTMENT
OPERATIONAL POLICY

KEY POINTS

1. Ensure seamless management of the patient journey maintaining the highest levels of safety, clinical care, patient privacy and dignity.

2. Provision of an environment to enable rapid assessment, treatment and complex patient interventions.

3. Provision of high quality emergency care with seamless links to adult assessment, ambulatory care and urgent care areas.

4. Provide a direct physical link to the Internal Hospital Street Network thus ensuring ease of access to diagnostics, Operating Theatres, Critical Care, Assessment Units and other inpatient areas whilst also receiving patients from external sources directly into the Department.

5. Provision will be made within the Department to accommodate patients requiring tertiary centre care (e.g. burns, neurosurgery, paediatric intensive care for stabilisation and then transfer to an appropriate centre.

6. This policy applies to all Trust staff in all locations including temporary employees, locums, agency staff, contractors and visiting clinicians.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
1. INTRODUCTION

1.1 The Emergency Department (referred to as ED or the Department) in the Midland Metropolitan Hospital will deliver high quality, safe, efficient and effective care.

1.2 The Department will be staffed by a multi-disciplinary team who will be trained and skilled to deal with all categories of patients that will attend.

This policy is designed to:

- Assist all healthcare professionals involved in the provision of emergency care services.
- Outline the purpose and function of the clinical services provided in the ED.
- Ensure that all staff using the facility understand the philosophy of the service and work as a team.
- Describe the service flow through the Department.
- Describe the services as they will be delivered for the future.
- Describe the purpose and function of the accommodation required.
- Identify adjacencies/co-locations required for the service delivery.
- Outline requirements for business continuity.
- Outline legislative and mandatory requirements for the delivery of services.

2. OTHER POLICIES TO WHICH THIS POLICY RELATES

2.1 To maintain the efficiency of the ED it is vital that support services and systems are in place, please refer to:

- Clinical Policies
- Whole Hospital policies
- ED handbook
- Emergency Department Standards Nov 2012
- Internal Professional Standards Nov 2012
- Capacity and Patient Flow Escalation Standard Nov 2012

3. GLOSSARY AND DEFINITIONS

- ED – Emergency Department
- AAU-Adult Assessment Unit
- SAU-Surgical Assessment Unit
- AMU-Acute Medical Unit
- RAM-Rapid Assessment Model
- RAT-Rapid Assessment Team
- ENP-Emergency Nurse Practitioner
- ANP-Advanced Nurse Practitioner
- TU-Trauma Unit

3.1 Clinical Destination Definitions

- Resuscitation - all patients who require immediate resuscitation/continuous monitoring.
- Majors - all adult patients who require assessment of trunkal complaints – excluding children and ophthalmic patients.
- Minors – all adult patients with minor injuries and illnesses– excluding children.
• Paediatrics - all children under the age of 16 (apart from those requiring resuscitation who will go to the Resuscitation area)
• Adult Assessment Units - pre-determined categories of patients will go directly to either the Acute Medical Unit or Surgical Assessment Unit unless immediate resuscitation is required. Patients referred from the ED will also go directly to adult assessment beds.
• Urgent Care- patients presenting to the ED who require primary care will be directed to the co-located urgent care facility.

4. PRINCIPLES

4.1 Principles of Care
• Provision of timely safe, high quality evidence based interventions.
• Privacy and dignity as identified within Essence of Care guidance will be adhered to at all times.
• Patient confidentiality will be respected.
• Patients will be streamed appropriately and efficiently and kept informed of their care throughout their journey.

4.2 Philosophy
• To ensure the effective and efficient use of all of the department’s resources to deliver appropriate care to meet the needs of all patients who attend the Emergency Department (ED).

• Patients will be seen and treated in the most appropriate area of the Department dependant upon their individual needs, by a suitably qualified health care professional. All members of the multi-disciplinary team will work together towards the same aim.

• Greater critical mass of services within larger clinical teams.

• 24hr senior presence.

• Improved patient pathways including direct admission to specialist beds

• Improved processes i.e. GP referrals direct to Assessment Units, admission avoidance initiatives with CCG partners and co-located urgent care to ensure patients are seen in the right place by the right person.

• Adoption of HBN 15-01 guidance to deliver new ways of working, enhanced patient experience and ensure a future proof facility i.e.
  a) Clinician/ end-user involvement
  b) Plan for increasing attendances but efficient use of space, Eliminate waste
  c) Sustainability/environmentally friendly
  d) Ability meet needs wider of the wider population i.e. Mental health, acuity streaming. Sensitive to increasing elderly population and increasing obesity
  e) Standardised rooms- acuity adaptability. The ability for the facility and workforce to step up/down. Ability to flex and respond to changes in demand. Therefore all treatment rooms will be generic in size and bed head services.
  f) Chair centric zone to maintain flows, maximise use of cubicles, reduce waiting
  g) Facility which accommodates changes in processes and technology advances.
  h) Minimal wait concept – physician directed queuing, RAT, shortened registration/mobile receptionist, horizontal v vertical stream.
4.3 Key elements of Design

- Standardised rooms- acuity adaptability.
- Co located Urgent care
- Imaging -located centrally, accessible to all areas
- Entrances & reception – 2 spaces for clinician triage/navigation
- Rapid Assessment – includes dedicated ECG rooms for rapid chest pain assessment
- Majors – includes mental health rooms x2, isolation rooms x1
- Resus – includes isolation lobby to one of the bays. Adjacent to CT/MRI with direct access to these.
- Paediatrics – dedicated area with direct access from waiting and ambulance entrance. Adjacent to Resus

5. ROLES AND RESPONSIBILITIES

Principle responsibilities of named individuals in the ED;

5.1 Medical
An ED Consultant will be on duty 0800-0000h daily and on call 0000-0800h. Medical staff will be allocated to Resuscitation, Majors and Minors 24/7. This is allocation only and these staff will be expected to move to other areas in response to patient flows.
A Middle Grade Doctor will be dedicated to Minors between 0800 and 0000h as appropriate.

5.2 Nursing
Each shift will be led by an experienced, skilled and competent nurse who will also be responsible for ensuring that the < 4 hour wait target for A+E is achieved.

There needs to be qualified Children’s nurses in post to provide cover 24 hours per day within the Paediatric area and play workers to provide cover, 12 hours per day, 7 days a week.

5.3 Role of the Nurse in Charge
The principle role is to facilitate and ensure the efficiency and effectiveness of all nursing staff dealing with patients in the ED, to minimise delays and to ensure that patients are seen, treated and discharged, admitted or transferred safely and promptly.
This may not be the most senior nurse on duty.
A requirement of the role incorporates all of following:

- Ensure the appropriate allocation of nursing staff and optimum skill mix to all areas of the ED.
- Reallocate nursing staff as appropriate to deal with variations in workload throughout the department.
- Facilitate patients being seen promptly and following assessment to ensure that their clinical needs are rapidly addressed.
- Ensure that all patients are placed appropriately within the department.
- Notify senior medical staff (consultant; middle grade when consultant not on duty) of all critically ill and injured patients.
- Ensure that all Trust procedures with regard to complaints are complied with.
- Invoke when appropriate the ED’s Escalation Policy.
- Act as main point of contact for adult acute assessment.
5.6 **Initial Assessment Nurse** (Triage, Ambulance Triage, Rapid Assessment)
This key role requires the nurse to: -
- Respond promptly to deal with changes to the health care needs of patients in the waiting area.
- Assess patients and place in an appropriate stream
- Administer analgesia as appropriate
- Request x-rays as per protocol
- Control patient flow within the ED in consultation with the Charge Nurse.

5.7 **Designated Lead Nurse Majors, Minors and the Paediatric area**
It is expected that all staff taking on the designated lead nurse role within the Majors, Minors and Paediatric area will: -
- Communicate regularly with Charge Nurse regarding priorities and patient flow.
- Ensure patients are placed appropriately and are seen by medical staff in an appropriate.
- Supervise nursing staff to ensure patients receive prompt and appropriate nursing care.
- Ensure medical supplies and disposables are restocked at the beginning of the shift and during the shift as necessary.
- Work with multi-disciplinary team to ensure there are no avoidable delays to patient treatment.
- Ensure communication with patients and their relatives is timely, accurate and courteous.
- Liaise with Initial assessment nurse to identify priorities.
- Ensure patients referred to the AAU ward are transferred safely with an appropriate escort.
- Ensure that all patient assessments/interventions are documented and signed in accordance with Trust policy.
- Receive and stream ambulance patients appropriately in the absence of the Charge Nurse. Exception – Named nurse for Paediatric area.
- Be responsible for the health and safety of patients in this area.
- Identify patients who can be moved to another area of the ED when the resources in this area are required by another patient. Exception – Named nurse for Paediatric area.
- An ENP will undertake the lead nurse role within Minors

5.8 **Lead Nurse Resuscitation Room**
This nurse will hold the minimum of an Advanced Life Support Provider Certificate and the Paediatric Life Support Certificate and be responsible for the following: -
- Ensure that all equipment and medical supplies are checked and stocked at the beginning of the shift and after every patient.
- Ensure that communication with patients and relatives is timely, accurate and courteous.
- Alert other colleagues when appropriate, that resuscitation is expected.
- When transfer to another hospital is required ensure transfer procedure is followed.
- Communicate with Nurse In Charge and other members of the MDT regarding patients’ condition.

5.9 **Senior Doctor in charge**
The principle role is to ensure the efficiency and effectiveness of all medical staff dealing with patients in the ED, to minimise delays and to ensure that patients are seen, treated and discharged or admitted appropriately. A requirement of the role incorporates all of following:

- Ensure the appropriate allocation of medical staff to the different areas of the department
- Reallocate medical staff as appropriate to deal with variations in workload throughout the department
- Ensure patients are seen as promptly as possible following initial assessment to ensure that their clinical needs are rapidly addressed.
- Lead the management of all critically ill and injured patients.
- Supervise the management of patients seen by the ED junior medical staff.
- Administer to sickness amongst the medical staff
- Liaise with colleague speciality consultants, On Call Managers and On Call Executives as issues arise
- Invoke when appropriate the ED’s Escalation Policy.

5.10 Rapid Assessment Team

- They will rapidly assess and treat and signpost patients along the appropriate pathways. The team will be mobile and will work in all areas of the department.

5.11 Administrative Coordinator/Progress Chaser

This role incorporates the need to:

- Facilitate communication within the department - and with members of the MDT with regard to the patient’s journey through the emergency department
- Manage the admission process for all emergency admissions through the department.
- Deal with non-clinical queries from members of the public in an appropriate manner.
- Liaise with the Nurse in Charge of the emergency department - Emergency Assessment and Bed Manager in all aspects of the patients admission in accordance with the admission procedure.
- Coordinate all patient movement from the emergency department as required to ensure effective use of site services officers.
- Will liaise where necessary with the Paediatric Discharge Planner when referrals are received with regard to discharge from the emergency department.

6 SERVICE DESCRIPTION

6.1 Department zonal layout
6.2 Access

Access to the Emergency Department will be via:

- Ambulance
- Walk in
- GP referred or NHS call handling service using standardised algorithms

Patients will arrive at the Department and be seen and greeted by a health care professional. Where practical, registration demographics will be taken immediately and the patient taken into a cubicle for initial assessment where streaming as well as analgesia and tests such as urinalysis and x-rays may be requested. Paediatric patients will be directed to the Paediatric Area for their initial assessment.

6.2.1 Patient Flow

Patients of all ages will attend the ED. They will attend with a broad range of emergency and urgent problems. Patients attending the Minors facility will be predominately self-referred. Patients must be able to access the ED via a dedicated entrance. They should not have to pass through any other patient area in order to do this. It is essential that the entrance is adjacent to a patient drop off, including capacity for ambulance transfers and movements. Access to the Department will be required at all times for patients and staff.
6.2.2 **Ambulance Patients**

Ambulances arriving at the Department will park and drop off patients in a designated sheltered secure area immediately adjacent to the dedicated ambulance entrance. The entrance will be covered by a canopy with access to the Department via a secure lobby. Patient privacy and dignity will be protected at all times and they will not be exposed to any inclement weather. Ambulance parking bays will also be provided. Dedicated blue light/alert parking will be designated and nearest proximity to the entrance.

6.2.3 **Non blue light**

Non blue light ambulances will enter the ED via the dedicated ambulance entrance and take patients directly to the initial assessment area. Patient hand over is the priority and the registering of patients will occur as a secondary function. In the event of multiple ambulance arrivals there may be a need for ambulances to wait in the vicinity of the initial assessment area prior to the hand-over of their patient. There may be a requirement to transfer patients into Minors or main waiting area if their condition is assessed on arrival as being non-urgent and it is appropriate and safe to do.

6.2.4 **Blue light**

Blue light ambulances will enter the Department via the dedicated entrance and access the Resuscitation area. There will be a weighing bridge at the entrance.

6.2.5 **Alerts**

Ambulance alerts are communicated and cascaded throughout the Department. A dedicated telephone system located in the Majors area will receive notification of severe trauma on route to the hospital. The alert phone will be situated on the staff base in Majors. The alert ‘sounders’ should be audible within any area where staff will have a rest or where they undertake administration duties. I.e. departmental office, administration zone, staff rest room within the neighbourhood hub, beverage bay, seminar room.

6.2.6 **Adult Assessment Unit (AAU)**

Ambulance staff will take GP referred non-emergency patients directly to the appropriate areas of AAU.

6.3 **Patients Journey**

6.3.1 **Adults**

Patients are referred to the ED from a variety of other health care providers to be seen and treated by the ED. Those patients who have been referred to be seen by a specialist on call team will be seen and treated on the Adult Assessment Unit.

Patients will arrive at the department via their own transport, or that arranged by the referring agency or by emergency (999) ambulance. Emergency vehicle drop off point adjacent to the walk in entrance for patients arriving by vehicle is required. Route must be separate to emergency ambulance access and away from the ambulance parking bays and entrance.

All patients will be seen on arrival by an ED professional that has experience in all areas of emergency care. This individual will place patients in the most appropriate stream to address their presenting problem and meet their care needs.
The service will operate 24 hours a day. Self-presenting patients to ED will be directed to the emergency services professional based at the main Reception who will place the patient in the appropriate stream to meet individual care needs.

Patients arriving by ambulance will be placed in a treatment room according to observation needs. Registration will take place after.

6.3.2 **Paediatrics**
All children under the age of 16 will go directly to the Paediatric area, with the exception of those who require immediate resuscitation (who will go directly to the Resuscitation area).

All Paediatric GP referrals will go directly to the Paediatric Assessment Unit.

6.3.3 **Patient Placement**
Emergency care is a dynamic process and initial pathways will be altered if the patients’ condition changes or examination and investigations indicate the need for further assessment. Patients will be placed in an area of the Department where they can be looked after and or observed in a manner appropriate to their individual needs and the requirements of their presenting condition.

6.4 **Initial Assessment at Patient Registration**
At patient registration a nurse navigator within the Reception area will stream patients according to their presentation.

6.4.1 **Streaming Protocol**
Patients will be streamed as quickly as possible. Patients may have to wait to receive treatment. However there are exceptions where patients should be treated immediately. All staff including reception should be aware of those patients who should not wait:

- signs of stroke
- chemical splashes to the eye
- chest pains
- head injuries –NICE guidance 2007
- deliberate self-harm – NICE guidance 2004
- eye conditions that the ophthalmologist want fast-tracked

Patients will be discharged, admitted or transferred within 4 hours from arrival. Patients who have been streamed will fall into a number of categories:

- **Resuscitation stream** – requiring transfers to other departments and other hospitals e.g. Major Trauma Centre.
- **Majors stream** which may result in admission to Adult Assessment Unit (AAU including AMU, SAU, EGAU) or to a specialty ward (e.g. stroke, fractured neck of femur) possibly via the Imaging Department (e.g. stroke)
- **Minors stream** where they may need access to plaster room or the procedure. Patients may be seen by a member of the primary care team. Patients may require access to diagnostics (blood tests and/or x-ray) before discharge
- **Paediatric stream** which may result in discharge or transfer to paediatric assessment beds/paediatric ward/ assessment unit
- **Ophthalmology stream** - out of hours patients to be seen by the ophthalmic team; may require access to diagnostics (blood tests and/or x-ray) and/ or referral or transfer to the Birmingham Midlands Eye Centre (BMEC) for diagnostic or treatment purposes; some patients may be discharged or admitted to the
ophthalmic inpatient beds (on a surgical ward) or paediatric inpatient beds (if a child) in Midland Metropolitan Hospital.

- **Urgent care stream** – patients who require non emergency intervention and would be more appropriately treated in a primary care setting.

All self presenting patients with trunkal complaints assessed in initial assessment will be streamed to the Majors areas and will not be directed to Minors. For example patients with abdominal pain and shortness of breath.

The Rapid Assessment Model will be delivered by the nursing and medical team to all ambulant and non ambulant patients on arrival at the Initial Assessment area. The Rapid Assessment Team will comprise of a consultant supported by a senior nurse and HCA. They will rapidly assess and treat and signpost patients along the appropriate pathways. The team will be mobile and will work in all areas of the Department.

The objective is to minimise the risk of any patient presenting with a possible major organ injury or complaint being subjected to delayed treatment or misdiagnosis by being placed in a minor’s area and seen by less experienced personnel.

It is anticipated that health care professionals from both primary and secondary care will undertake the streaming process. However, all staff will be senior members of the medical or nursing teams with recognised qualifications in managing emergency patients across all assessment categories.

### 6.5 Resuscitation

Any patient whose condition is unstable on arrival at the E D will be taken directly to the Resuscitation area.

This will also apply to those GP referred patients whose condition may have deteriorated during their journey and who would otherwise have been taken directly to the Adult Assessment Unit.

All ambulance service “alerts” will also be taken directly to this area.

Resuscitation and stabilisation of all current triage category 1 patients will be undertaken in this area e.g. cardiac arrest, significant trauma, and life threatening medical and surgical conditions.

Once patients have been stabilised they may be moved to an appropriate ward within the hospital (includes ICCU, theatres, CCU, paediatric ward) or the AAU or transferred to another area within the ED or a specialist centre in another hospital.

### 6.6 Majors

The following categories of adult patients will be streamed to the Majors area:

- Require non invasive monitoring but not intensive intervention
- Require a significant level of nursing care
- Require trunkal undressing
- Require a full set of vital signs recorded regularly

If a patient’s condition deteriorates whilst in this area they may be moved to the Resuscitation area. It is therefore essential that the Resuscitation area is easily
accessible from the Majors’ area.

Once a patient has been assessed in the Majors area and been deemed as requiring admission, they will be moved to the AAU. It will be in this area that further diagnostic tests are undertaken; the patient will be fully clerked and if necessary will wait for a bed to become available on the ward. In this way it can be ensured that the ED is able to continue to operate as an ED and does not become congested with patients awaiting admission or in depth assessment. Some patients will bypass AAU and be admitted directly to wards in the hospital in line with agreed pathways. These patients are likely to be patients with infectious diseases and patients on specific pathways e.g. fracture neck of femur.

See appendix B for Majors Flowchart

6.7 Minors

Patients will be directed to this area by the streaming function at initial assessment. ED staff will lead treatment in the minor injuries stream, the majority of minor injuries and some minor illnesses will be dealt with in the Minors stream supported by primary care specialists. Many of the patients with minor injury and illness will be dealt with and discharged at the Minors (see, diagnose and treat) stage and will therefore not need to pass into the main Department.

One cubicle will be used primarily to assess ophthalmology patients (out of hours) and ENT patients.

The Minors area will also contain an area where follow up clinics can be held. This will be a small area as follow ups will be kept to a minimum. These cubicles will have a dual purpose in that when they are not being utilised for follow up clinics they will be used for patients who can be fast tracked through the Department.

In order to ensure that patients have the shortest possible wait it is anticipated that extended nurse prescribing, nurse requested x rays, phlebotomy/domestic/top-up/plaster personnel and nurse discharge will be in operation.

The Minors area will be in close proximity to the dedicated Imaging facility. Patients requiring x-rays will wait in the imaging sub wait area before their x rays are taken if they cannot be immediately processed. This will allow staff in both Minors and Imaging to manage patient flows. After x-ray, the patient gives the x-ray form to a Minors nurse who directs them to the Main Waiting Room or to a Minors cubicle as space allows. Patients will return to the Minors (possibly via the main waiting area) to receive further treatment or discharge advice. Patients may be streamed to other departments for further treatment investigations e.g. main Imaging Department or other areas within the Department for further treatment e.g. Plaster Room.

6.7.1 Urgent Care – to see and treat the primary care stream of patients in an appropriate facility separate to the Minors stream. Ensure patients are managed to agreed pathways and away from the acute areas of the Department. Facilitate efficient patient flows, emphasise the primary care pathway and influence future behaviour/choices.

See appendix C for Minors Flowchart

6.8 Adult Assessment Units (AAU) and Ambulatory Care
AAU is a multi-specialty service and will be delivered within the AMU. Ambulatory zone of AAU, SAU (surgical assessment unit) and Emergency Gynaecology Assessment Unit (EGAU).

Its role will be:
- To assess patients for their need for admission
- To assess patients for their suitability for alternatives to acute care
- To identify and assess patients likely to be suitable for early discharge
- To provide a facility where rapid access to diagnostic tests can be organised
- To deal with patients complaining of chest pain in a chest pain assessment area, with appropriate interventional diagnostic facility.
- To provide a short stay environment (up to 48 hours) for patients who cannot be discharged home immediately e.g. frail elderly patients who can go home but not in the middle of the night.
- To provide a flexible observation facility for the ED outside of the main ED environment.

All GP referred patients will go direct to the AAU on arrival at the hospital unless they require active resuscitation, in which case they would be routed via ED Resuscitation area. Patients that arrive in the ED i.e. 999’s or self-referrals, will be stabilised and have a presumptive diagnosis made there before being moved to the appropriate AAU for further assessment.

Some patients may not go to the AAU before being admitted to a ward especially those where specialist units are involved e.g. ICCU, operating theatre, CCU and Cardiac Catheterisation.

6.9 Paediatrics

The Trust is required to provide dedicated emergency paediatric facilities.

The paediatric model is based on initial assessment to denote clinical priority and identify early interventions required.

There is a dedicated Paediatric (Children’s) area within the ED where all of these functions are carried out. After registration, all children under 16 years will be directed to the Paediatrics area (as per national guidance) where they will have their initial assessment. All GP referrals will be directed to the Paediatric Assessment Unit (collocated with the Paediatric inpatient unit).

In the ED Paediatric area, the children are assessed, investigated, diagnosed and treatment commenced. This may result in a discharge home with appropriate community support or an admission. Children deemed as requiring Urgent Care will remain in the area to be seen by the Primary Care team.

The facilities within the ED are set up to deal with children and adolescents and include:
- Separate paediatric initial assessment area
- Separate waiting and play area
- Exam /treatment rooms
- A room set up to deal with adolescents in close proximity to adult wc.
- Designated Paediatric Resuscitation bays
- Security doors on the facility with restricted access and exit facility.

Paediatric patients requiring resuscitation will be taken to the Resuscitation area where two bays are set up to manage paediatric patients. The Resuscitation area
is easily and quickly accessible from the paediatric facilities.

Children that do not require resuscitation but are very ill will be stabilised and treated in the E D Resuscitation area (paediatric bays), before being moved to either the dedicated Paediatric area in ED or the PAU for further diagnosis and treatment. This will be managed by both the ED and Paediatric team.

Children with minor injuries/illnesses will be fast tracked (seen, diagnosed & treated) and discharged from the paediatric examination/treatment rooms within the dedicated Paediatric area. The process will be undertaken by suitably experienced primary and secondary care clinicians who will discharge many of the patients presenting with paediatric minor illnesses or minor injuries.

There will be a Paediatric Discharge Planner who will visit the E D on a daily basis and will act as the liaison between primary and secondary care. This will ensure the primary care team i.e. Health Visitors, school health nurses, GPs, social workers etc will be aware of significant attendees and their treatment plans.

This area will be staffed with an RSCN/RNCB for 24 hours each day.

See appendix D for Paediatric Flowchart

6.10 Hours of Service

6.10.1 Operating Hours
The ED will be operational for 24 hours of every day.

Adult Assessment Units will be operational for 24hrs of every day with a maximum stay of 48 hours; average occupancy of 84%

The Paediatric Assessment Unit located within the paediatric wards will be open 24 hours a day with an average occupancy of 75%

Patients presenting with eye emergency complaints will be seen in the Department between the hours of 19:00hrs-9:00hrs. An on call team of junior and senior ophthalmologists will be available.

6.11 Activity/Workload
Refer to activity and capacity projections.

6.12 Proposed Accommodation
The dedicated use of a neighbourhood hub will provide access and support for patients and staff via separate facilities. A summary of the main E D - functional areas is provided here but reference should be made to the detailed schedule of accommodation.

6.12.1 Reception/Patient Registration (6 person)
The primary function of the Reception area is to undertake all patient registration.

The Reception area is accessible off the main hospital street and via an external entrance, co located with the main waiting area. The reception staff will book in all patients including paediatric emergencies. Children will be signposted immediately to the dedicated Paediatric area where registration will be completed. They will not wait in the main waiting area.
Patients will then be streamed to the Initial Assessment area with the exception of those who are deemed urgent. The Reception area will provide a secure environment for reception staff to carry out all their administration duties. All patients’ demographics will be processed at the reception regardless of their route into the Department. Reception will therefore be accessible to ambulant patients as well as ambulance patients transferred by wheelchair or stretcher. The area should not be isolated from the clinical areas of the Department.

The reception desk will have a section that is ‘child friendly’ with appropriate décor and of the appropriate height. The reception staff will be able to observe all the waiting areas from the reception desk. Support administrative staff will work closely with the reception staff and access archive records and perform tasks to process patients through the department. These will include photocopying, scanning records and searching files. They will need to be in close proximity to the reception area.

The reception area should be comfortably warm, well lit create a friendly open reception space that is also a place where staff feel secure.

A reception service that establishes rapport between staff and patients and provides many different sources of information can help to manage patient and visitor expectations of how their time in E D will be spent. The reception will provide clear and relevant information about the patient journey and manage the expectations of patients so that frustrations are prevented from occurring in the first place.

If people aren't confused they may be less likely to become violent or aggressive.

_Safety must be provided to reception staff without putting up a divisive and alienating barrier. “Grilles and screens can cause greater stress in patients who are already feeling vulnerable.” Department of Health: Intelligent Space Partnership (2002)_

The primary function of the reception area is to undertake registration of patients who self present or are designated for the minor injuries stream.

The secondary function will be a navigation role undertaken by nurse practitioners to ensure non emergency patients are directed to the urgent care facility.

Privacy and dignity including confidentiality and information governance requirements must be adhered to when patients are communicating with reception staff.

“Able, approachable and experienced staff located at the reception desk - rather than inside an office or behind glass - will be able to welcome, direct and give general information. For hesitant, anxious, vulnerable patients - some of whom may have difficulties with mobility, language, vision or hearing - this is the most important element of their arrival.” Department of Health. NHS Estates, Improving the patient experience: welcoming entrances and reception areas.

Routes by which visitors enter and leave the Department will be controlled at reception so that privacy and dignity of patients is not compromised and to ensure that visitors do not access sensitive areas.

Controlled access to sensitive parts of the ED can help reduce feelings of stress or worry for patients and for staff because they maintain each patient’s privacy during diagnosis and treatment and they allow staff to feel secure that only people...
they have let in are in the treatment areas.

Reception will be accessible to ambulant patients as well as ambulance patients transferred by wheelchair. The area must be DDA compliant. The area should not be isolated from the clinical areas of the Department. Patients with mobility impediments who may not physically be able to stand whilst checking-in should be able to interact at eye level with the receptionist, thus establishing a culture of respect.

6.12.2 **Main Waiting Area (seating for 75)**
The main waiting area will accommodate all non critical patients awaiting assessment, all ambulant patients awaiting/following diagnostics and relatives and escorts waiting, with the exception of Paediatric patients and their families. Patients will be communicated with and informed of waiting times electronically and sometimes verbally.

There is a play area for children accompanying adults in the main waiting area which must be supervised.

Space will be provided for wheelchairs/pram parks. Access to male and female wc’s, baby change and vending.

6.13 **Security**

6.13.1 **Security Suite**
See functional brief and refer to Whole Hospital Security Policy.

Security staff will be readily accessible to all staff within the ED. There will be direct access to security via telephone link, intercom, panic buttons and close circuit TV.

6.13.4 **Access to the Hospital at Night**
Access via ED reception then via a secure corridor from ED reception that bypasses the clinical areas and leads to public lifts on the appropriate level concourse.

The position of the Security Base is immediately adjacent to the ED and the Concourse with an external entry/exit that they could control once a family reports to the Security Base. Access to this controlled door could be internal or external and would need to be signposted, illuminated etc.

For operational purposes the Security Base would need to be informed that relatives have been called in and where they are required to report to and Security Base/ED Reception would need to call the Ward/Mortuary to let them know that they have arrived and are on their way. The Ward/Mortuary would then need to direct the relatives to leave by the same route that they entered.

6.13.7 **Internal Locking of Doors**
There will need to be an external lock down separating the clinical area from the public area and that this should be permanent i.e. the ED should be in a state of permanent lockdown with access controlled from ED Reception. There should be an internal lock down to minimise contact by patients / relatives / staff with armed police in areas such as the Resuscitation area.

6.14 **Initial Assessment**
6.14.1 **Triage Rooms (2)**

These initial assessment rooms located immediately adjacent to the Reception will enable the streaming of patients with regards to their degree of emergency and to the area where they will be seen. For children this assessment will be undertaken in the Paediatric area. Clinical staff will assess patients in a private space. The individual cubicles are accessible from both the waiting area and the Minors area. Patients may arrive and be seen in a wheelchair and may need to transfer from the area on a trolley. Further patient data will be recorded tests may be requested and treatment may be administered. Patients will then be streamed through to Minors or through to Majors or back to the Waiting Room if there is no space to accommodate them immediately.

6.14.2 **Rapid Assessment Treatment Rooms- (10)**

Some patients will arrive via ambulance on a trolley and will be signposted to this area from ambulance triage. Each room will need to accommodate the transfer of a patient from one trolley to another and then support the assessment of the patient on the hospital trolley. The Rapid Assessment Model will be delivered by the nursing and/or medical team to all ambulant and non ambulant patients on arrival at the triage areas. Ambulance staff will hand over the patient in this area at a staff base and the patient will be registered onto the hospital data system. Close proximity to the entrance and to Majors is required.

The objective is to minimise the risk of any patient presenting with a possible major organ injury or complaint being subjected to delayed treatment or misdiagnosis by being placed in a minor’s area and seen by less experienced personnel.

Two cubicles will be dedicated to chest pain assessment.

It is anticipated that health care professionals from both primary and secondary care will undertake the streaming process. However, all staff will be senior members of the medical and nursing teams with recognised qualifications in managing emergency patients across all assessment categories.

Each space will be equipped with a clinical wash hand basin and PPE protection.

6.14.3 **Ambulance Navigation**

An ambulance navigator will signpost patients arriving by ambulance to the appropriate area.

6.14 **Minors- Ambulatory Zone**

6.14.1 **Treatment cubicles (8)**

The examination treatment cubicles will enable clinicians to treat minor illnesses and injuries. Wound care, dressings and minor suturing will take place in this area. Drugs and medications including injections will also be administered by clinical staff. They will be equipped to deal with minor injuries and illnesses. This area of the department is designated for patients who are generally ambulant but will require accommodation that meets with their rights to privacy and dignity. Lighting will need to be of a high intensity to enable detailed intricate work e.g. simple suturing. Clinicians will treat patients who are positioned on a height adjustable treatment trolley. There will be a supply of clean medical supplies and personal protection equipment and a clinical wash hand sink and a writing surface is required. Each room will be equipped with a clinical wash hand basin and PPE protection.
6.15  **Plaster Room**  
This area is will be used by members of the ED and plaster technician team as and when required and is for the application of emergency plaster casts.

Patients will be treated in an area which is most appropriate to meet their individual needs. Therefore ambulant patients with fractures and dislocations will be escorted to the plaster room from Minors or Majors. Medically stable patients in wheelchairs and trolleys may be transferred to the plaster room if it is deemed appropriate or be treated in their existing location.

Children will be transferred immediately before treatment. Child friendly area with distraction equipment will be required. Complicated manipulations will be performed in the Resuscitation area. If a plaster cast is required post procedure it will be applied in the same location.

Emergency casts can be applied by nursing staff who have been trained and assessed in the application of specific casts (below elbow, below and above knee back slabs and scaphoid plasters) and are on duty at all times.

Plaster casts will be applied to patients who are either seated or positioned on a trolley. Privacy and dignity must be maintained. Limbs may require ceiling suspension support. Waste plaster will be disposed of in this room. A ventilated environment with dust extraction facility is required. Variable height equipment is required to include couches and stools.

6.15.1  **Plaster store**  
Plaster products will be stored along with limb support aids adjacent to the plaster room.

6.16  **Staff base (2 person)**  
A two person staff base with clean supplies storage is required to undertake clinical administration by medical and nursing staff. A drug cupboard to hold drugs to be dispensed for patients to take home will be located at the staff base.

6.17  **Ophthalmology/ENT**  
The Department will be equipped to deal with all patients who present with eye conditions and injuries out of hours. Patients will be seen by ED staff and if specialist advice or intervention is required a doctor to doctor referral to the Ophthalmology team will be required.

Patients who present with Ear Nose and Throat (ENT) complaints will need to be treated in an area specified to manage their condition.

One of the eight treatment cubicles in the Minors area will be of a bespoke specification and be equipped to enable ED staff to manage patients who present with an eye or ENT emergency. It will be used to undertake eye and ENT examinations and administer treatments. The room will be equipped with and accommodate a full range eye and ENT examination and treatment equipment.

There will be a chair for a clinician to use at the Slit Lamp to examine patients and a chair for a relative to sit on. Their will be a height adjustable reclining chair for the patient. The furniture will enable clinicians in a seated position to treat patients and be compatible with all the equipment. Additional equipment will include; vision chart - three metre or mirrored, direct and indirect ophthalmoscopes, variety of
lens, colour charts, disposable prisms and trolley. A cupboard is required to store equipment when not in use. The use of this Minors cubicle will be flexible and not be dedicated for ophthalmology/ent emergencies.

The room requires a hand wash basin, alcohol gel dispenser, sharps box, nurse call/emergency call bell, lockable wall mounted cupboard, shelf for stationary (or appropriate racking). The room lighting must be dimmable and the flooring must be non slip. The cubicle will be child friendly and have distraction aids. If any specialist equipment is required it will be retrieved from the ophthalmology departments by clinical staff.

6.18 **Store**
A store is required to hold essential equipment/supplies that must be readily accessible to the Minors area.

6.19 **Paediatrics**
A dedicated secure area within the Emergency Department will comprise of:

6.19.1 **Staff Base (4 person)**
A four person staff base is required to undertake clinical administration by medical and nursing staff. Confidential conversations will take place here both face to face and by telephone. Access to the area will be controlled from the base. There will be a requirement to communicate between the main reception and the other clinical areas of the ED. Observation of the entrance, waiting area and treatment rooms from the base is critical.

6.19.2 **Initial Assessment Room**
A dedicated assessment room is required within the Paediatric area.

6.19.3 **Children’s Waiting (25)**
This area comprises of a dedicated children’s waiting area, which is observable from the designated staff base. It will be decorated in a child-orientated style and following approved safety guidelines. It will be equipped with a variety of ‘toys’ to suit children of all ages. There will be secure doors on the facility providing a restricted entrance and exit.

6.19.4 **Treatment Rooms (10)**
There are ten clinical treatment rooms which are private and enclosed. These treatment rooms will be equipped to deal with all non-resuscitation injuries/illnesses with non-invasive monitors and wireless telemetry. They will be equipped to deal with all paediatric minor and major illnesses and injuries. **One of these treatment rooms has an en-suite facility** and will be primarily for the use of adolescents or potentially infectious ambulant children.

The paediatric treatment rooms are for the use of children and young people only. All children and young people will be seen here with the exception of those children and young people who need resuscitation, who will be placed in a paediatric bay in the Resuscitation area. **Children and young people with Ophthalmic conditions will be seen in the Ophthalmology treatment room in the Minors Area.**

6.19.6 **Clean Utility**
The treatment rooms will have direct access to a clean utility room where clinical staff can prepare medication in a separate facility prior to administrating it to the child. There will be access to medical supplies, drugs and equipment.
6.19.7 **Dirty Utility**  
A dirty utility with macerator is required

6.19.8 **Baby Change and Feed**  
The Paediatric area will have functional access control; therefore the baby change and feed will be within the Paediatric Area so that patients/parents don’t have to leave the area to use these facilities. The rooms will enable parents to care for the needs of their children in a secure and private environment.

6.19.9 **Store**  
A store is required to hold essential equipment/supplies that must be readily accessible in the event of an emergency.

6.19.10 **WC (1 adult and 1 child)**  
An adult one size fits all and one child friendly wc are required within the Paediatric area.

6.19.11 **Interview Counselling**  
To be used when discussing private and sensitive issues. For example in circumstances which involve the child protection team.

There will be a Registered Sick Children’s Nurse on duty based in the Paediatric area within the Emergency department 24/7.

There will be direct access to the Resuscitation area.

6.20 **Majors (Non Ambulant / Non-Critically Ill)**

6.20.1 **Treatment Cubicles (25)**  
This area has individual treatment cubicles, all of which will have wireless telemetry monitoring capability and be equipped to deal with all non-life or limb threatening injuries and illnesses. This area of the ED is designated for patients who require greater level of medical intervention than those in the Minors area. Wound care and dressings will be applied and suturing performed. Drugs and medications including injections will also be administered by clinical staff. Infusions using pumps and diagnostic and monitoring equipment will be used by clinical staff. A proportion of the cubicles will have doors but full observation into the room will be requirement.

Patients will:
- Require non-invasive monitoring with on going nursing observation and appropriate treatment if required.
- Require medical or nursing intervention for a period of time, but not exceeding 4 hours from their arrival to discharge, admission or transfer.
- Would be inappropriate to place in the main waiting area and would need to be cared for on a trolley.
- Need to undress to be examined and/or treated.
- Require investigations where it is inappropriate to place in minors
- Require accommodation that meets with their rights to privacy and dignity.

6.20.3 **Isolation Room**  
One of the treatment cubicles will be an isolation room with doors, pressurised lobby, ensuite wc, for infectious patients suspected to have a communicable disease or be of high infectious risk.

6.20.4 **Gynaecological Room**
One of the treatment cubicles will be an enclosed room with a door equipped with lighting and equipment to enable the examination and treatment of gynaecological patients but will not be dedicated for that use.

The lighting required will enable the clinician to undertake vaginal/cervical examination of patients who are in supine position. The lighting will need to be located at the foot of the patient and not cause an obstruction during the examination procedure and not create a hazard when not in use. The room should be equipped with an examination couch fitted with adjustable lithotomy stirrups which can be used when examining female patients, and folded under the couch when not in use. A colposcope may also be required.

This room will be used for patients who are suspected, at assessment, as having gynaecological or genito-urinary problems that require an intimate or internal examination. It should be located adjacent to a WC.

For maximum flexibility this room can also be used as a general treatment room.

6.20.5 Mental Health Psychiatric Room (2)
There will also need to be a provision to manage patients presenting with signs of mental illness. Two private, safe and secure rooms are required with two available exits from each room. Observation into these rooms is of paramount importance.

6.20.6 Interview Counselling Room
To be used when discussing private and sensitive issues. The interview room are for the use of Trust staff and allied agencies who may need to interview patients and/or their relatives in a private and safe environment.

6.20.7 Staff Base (8 person)
Two eight person staff bases are required to undertake clinical administration by medical and nursing staff. These can be collocated to provide a central base but need to provide observation to all the major and rapid assessment cubicles.

6.20.8 Wireless Telemetry
Wireless telemetry is required to all exam/treatment rooms in Majors. The telemetry does need to go beyond the immediate clinical area i.e. resus telemetry will be on the Resus console, majors on the Majors console etc. The consoles will be on the staff base for each area. Two of the rapid assessment cubicles will also require this provision.

Patients may be haemodynamically unstable and/or require close, continuous monitoring and recording of clinical data. If patients vital signs fall outside of set parameters telemetry will increase the likelihood of clinical staff not in the immediate vicinity being alerted immediately to a crisis and provide additional support. This will increase the likelihood of an aversion of a catastrophe.

6.20.9 Store
A store is required to hold essential equipment/supplies that must be readily accessible in the event of an emergency.

6.21 Resuscitation (For Critically Ill / Injured)
6.21.1 Adult and Paediatric bays (10)
Patients who require invasive monitoring and/or resuscitation with intensive medical and nursing intervention. It is equipped to carry out all invasive procedures and investigations that may be required to resuscitate and stabilise a patient. There will be 8 adult bays and 2 bays equipped to manage children. All of which will have wireless telemetry monitoring capability.
The paediatric bays will be designated for children but not exclusively for their use. In the event of multiple child casualties they will overflow into the adult bays (space permitting) and visa versa.

Patients will be transferred into this area on trolleys either by ambulance crew immediately on entering the Department or from the Major area. It is possible that patients can be transferred from any area of the ED.

The environment will be fully equipped with up to date specialised medical equipment. Highly skilled and qualified staff will deliver emergency care under stressful highly intense pressurised conditions. The availability of medical/diagnostic equipment and supplies must be within reach and readily accessible. Clear communication is paramount within the area and to the rest of the ED. Each area must allow clinicians to move freely and access the patient from all sides in a safe environment.

One of the resuscitation bays will be an enclosed room with pressurised isolation lobby.

6.21.2 Staff Base
Central staff base required or staff base provision within each individual bay.

6.21.3 Relatives Interview/Counselling/Sitting Rooms (2)
These rooms are located adjacent to the Resuscitation area and will provide a private and quiet area to be used by relatives of those patients who are critically ill whilst in the ED. Clinical staff will counsel relatives and may need to impart distressing information. There should be an additional entry/exit door in each room for the safety of staff. Access to drinking water dispensing machines is also required.

6.21.4 Viewing Room
This room will enable relatives to see deceased patients in quiet, private and dignified environment. Its location should be adjacent to the resuscitation area and next to the 'blue light' ambulance entrance.

6.22 Shared Support

6.22.1 Offices
Two single person offices are required. One will be used by the senior nursing staff to perform staff management duties, storage of departmental files, conduct interviews in private, access IT and telephone communications. The second will be used by the consult in charge of department.

6.22.2 Clean Utility (2)
One is required to support the ambulatory areas of Minors, Initial Assessment, Plaster Room and Imaging. One is required to support the Majors and Resuscitation area.

6.22.3 Dirty Utility with macerator (2)
One is required to support the ambulatory areas of Minors, Initial Assessment, Plaster Room and Imaging. One is required to support the Majors and Resuscitation area.

6.22.4 Cleansing Room
A patient cleansing room situated at the ambulance entrance. External and internal doors to a wet room with a single shower.

6.22.5 **Ambulance Service Room**
A small store to house replacement stock, cleaning equipment and essential equipment i.e. slides scoop boards neck braces.

6.22.5 **Storage**
Four large storage rooms are required to accommodate fluids, equipment and Appliances. Two small Linen stores. Total storage must be at least 100m2. These store rooms must be strategically located within the department within easy access of the clinical areas and there bespoke store rooms. Storage for medical gases.

6.23 **Urgent Care**

6.23.1 **Waiting Area and Staff Base**
There will be a waiting area for up to 10 people (including 1 wheelchair) to accommodate non critical patients and relatives streamed to Urgent Care awaiting assessment and treatment with the exception of Paediatric patients and their families who will wait and be seen in the Paediatric area. Patients will be communicated with and informed of waiting times electronically and sometimes verbally.

The waiting area will be overseen by a staff base for 2 with clean supplies storage. This is required to undertake clinical administration by medical and nursing staff. A drug cupboard to hold drugs to be dispensed for patients to take home will be located at the staff base.

There will be easy access to a w.c. (osfa).

6.23.2 **Consulting/Examination Rooms (2)**
The consulting/examination rooms will enable clinicians to examine patients with minor illnesses and injuries. Drugs and medications including injections may also be administered by clinical staff. The rooms will be equipped to deal with minor injuries and illnesses. This area of the Department is designated for patients who are generally ambulant but will require accommodation that meets with their rights to privacy and dignity. Clinicians will examine patients who are positioned on a height adjustable couch. There will be a supply of clean medical supplies and personal protection equipment and a writing surface. Each room will be equipped with a clinical wash hand basin and PPE protection. There will also be a chair for patients who do not require examination on a couch.

6.23.3 **Treatment Room (1)**
The examination treatment room will enable clinicians to treat minor illnesses and injuries. Wound care, dressings and minor suturing will take place in this area. Drugs and medications including injections will also be administered by clinical staff. They will be equipped to deal with minor injuries and illnesses. This area of the department is designated for patients who are generally ambulant but will require accommodation that meets with their rights to privacy and dignity. Lighting will need to be of a high intensity to enable detailed intricate work e.g. simple suturing. Clinicians will treat patients who are positioned on a height adjustable treatment trolley. There will be a supply of clean medical supplies and personal protection equipment and a clinical wash hand sink and a writing surface is required. Each room will be equipped with a clinical wash hand basin and PPE protection.
6.23.4 **Store (small)**
A store is required to hold essential equipment/supplies that must be readily accessible in the event of an emergency.

6.24 **Major Incident**
6.24.1 **Storage - Major Incident Equipment**
The storage areas will be accessed by authorised staff only.

6.24.2 **External Decontamination Area**
This suite is located adjacent to the Ambulance entrance to the ED and will be used for patients who require decontamination in the event of a chemical, nuclear and biological incident. It provides designated clean and dirty areas, dis-robe and re-robe areas.

6.24.3 Separation of ‘clean’ and ‘dirty’ routes must be strictly adhered to.
In operation there must be highly visible and secure cordoned areas to direct patients and staff at each stage of the process. There should be a designated area within the department for ‘clean’ patients to be received into the department. Within the Decontamination area, there will be separate staff change with dirty and clean areas and shower facilities. Ensured privacy for all is required in this area.

6.24.4 This area will be used as defined in the Trust’s Major Incident Plan.

6.24.5 **Storage - Decontamination**
An internal decontamination storage area will house all the decontamination equipment and will be accessible from the decontamination area.

6.25 **Staffing Requirements**
The Department will be staffed by a multi-disciplinary team who will be trained and skilled to deal with all categories of patients that will attend. Nursing and medical establishments will ensure the efficient delivery of care of activity over a 24hr period.

6.25.1 Staff will arrive for their shift and change in the hub changing rooms. This complies with the Trust uniform policy. Staff will have a facility to store valuable items whilst at work and items of uniform such as shoes when they leave work. In addition, a facility to store larger outdoor items such as coats will be available for use. Staff showers will be available for staff. Staff will then proceed to their clinical area. Rest breaks and lunch breaks will be taken either within a staff designated area within the clinical area or the restaurant facilities of the main hospital.

6.25.2 **Clinical Administration**
Clinical administration is to be co-located with the clinical departments and described within the administration zones (PPDD 19).

6.25.3 **Staff Bases**
Clinical staff will work predominately within the clinical cubicles and treatment areas of the ED Therefore the staff bases must be within the clinical zones. There will be a requirement to move between support areas and administrations areas.
and the relevant staff base. Patient areas must be visible from the staff bases to maintain observation at all times. The base will be an area from which to communicate with other areas. Clinical and admin supplies will be available. Propriety storage systems will be utilised including mobile units. Staff will undertake patient administration functions and access IT for blood results etc.

6.25.4 Patient information will be exchanged and recorded between the multidisciplinary team.

6.25.6 There will also be access to general drugs and treatment protocols and guidelines must be visible and accessible from this area.

6.25.7 The staff base in the resuscitation area will enable staff to observe telemetry monitoring.

6.25.8 Seminar Room
Clinical staff of all grades and from all the specialities based within the ED will participate in clinical education sessions. This will be in the form of group tuition as well as individual sessions. Training may involve a mixed group of clinicians, for example doctors, nurses and therapists and include both qualified and unqualified staff. The induction of junior and visiting staff will also be undertaken this area which will include students and training grades. Audio visual aids will be used.

6.25.9 In the event of a major incident the seminar room will be used as the local control centre. Additional telephone and IT communications will support the major incident team.

6.26 Business Continuity
In the event of imaging failure, emergency patients will be directed to the main imaging department for diagnostics.

6.26.1 In the event of power failure the ED would anticipate the intervention of back up generators.

6.26.2 If the Department patient lifts fail, the maternity lift could be utilised to transfer patients up to the hub on the above floor.

6.26.3 In the event of IT failure, patient data will be recorded manually. Blood test results will be reported verbally and recorded manually. X-rays will be reported on hard film for review.

6.26.4 Escalation
- SWBH Capacity and Patient Flow Escalation Standard Nov 2012
- Ambulance escalation policy
- Paediatric Escalation policy for acute shortage of beds.

6.27.1 Major Equipment
Equipment requirements for the generic ward are detailed within the equipment responsibility matrix within the Functional Brief.

Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at
the conclusion of each visit.

If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure.

A loan of equipment is provided if repairs cannot be rectified immediately.

In the event of serious systems failure and immediate repair or loan equipment not being possible, then the department manager will consult with the medical staff and Clinical Group Director to cancel clinics accordingly.

Specialist equipment required by patients i.e. pumps, bed rails, Syringe Drivers (PCA), (definitive equipment list to be compiled) will be available from a central equipment library. Access to the equipment library will be available 24 hours a day, 7 days per week.

Equipment will be requested by ward staff by telephone and delivered by equipment library staff. Nursing staff will be responsible for surface cleaning during use and ensuring that equipment is returned to the library on discharge of the patient. Staff at the equipment library will be responsible for decontamination in a central decontamination unit.

Specialist equipment for prevention and treatment of Pressure Ulcers and wound care will also be available from the centralised equipment store following advice from a Specialist Tissue Viability Nurse. To obtain this equipment it will be necessary for a wound/pressure ulcer assessment to be completed and details of the patient's risks and requirements passed to the clinical Tissue Viability Team.

Equipment required will be prescribed and delivered to the patient whereupon staff will be responsible for surface cleaning during use and promptly advising the Tissue Viability team of any changes in the patients' condition which may necessitate reissuing new equipment or collection of equipment on the discharge of the patient.

All equipment must be surface cleaned, bagged and sealed before returning to the central equipment library.

Equipment used in a contaminated area or with an infected patient, must be surface cleaned, bagged, sealed and clearly labelled with hazard source prior to return or collection to the appropriate store.

a) Cleaning and Storage of Equipment

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Cleaned</th>
<th>Stored</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed and mattress</td>
<td>FM</td>
<td>Bed store</td>
</tr>
<tr>
<td>Other mattress</td>
<td>External Contract</td>
<td>Bed store</td>
</tr>
<tr>
<td>Pumps</td>
<td>MED ENG</td>
<td>Mobile e.g. bay</td>
</tr>
<tr>
<td>Portable lighting</td>
<td>FM</td>
<td>By bed</td>
</tr>
<tr>
<td>Wardrobe/locker with integrated locking self medication drawer</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Patient tables / Bed table</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Secure Drugs cupboards</td>
<td>Nursing</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### 6.27.2 Equipment Replacement
A formal rolling programme of replacing equipment

### 6.28 Medical Equipment
Refer to equipment responsibility matrix and the functional brief.

#### 6.28.1
It is vital that when equipment is required it is available and in working order. All medical equipment will be stored in the Equipment Room. Items must be fully charged at all times. Faulty equipment must be reported to the medical engineers by the Nurse-in-Charge Nurse as soon as a fault is discovered. If out of hours, this must be done the next working day.

#### 6.28.2
Manual handling equipment will be stored in the Equipment Room located in the Majors and Minors area of the ED.

### 6.29 Major Incident
The Department will act in accordance to the Trust wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card. Allocation of areas in the ED to facilitate the implementation of the major incident scheme to be determined by the type of incident.

### 6.30 Clinical Support Services

#### 6.30.1 Pharmacy
Refer to Pharmacy PPDD18 and operational policy. There will be a pharmacy technician allocated to the emergency department who will check stock drugs and ‘out of hours’ pre-packed drugs daily, Mon-Fri to ensure appropriate levels. The main stock for the department will be stored in the Pharmacy store which will include automated drug dispensing machines. In addition to this:

#### 6.30.2
Drugs will be stored in the following areas of the department in compliance with Trust policy and legislation:
- Clean Utility Rooms.
- Procedures Room.
- Resuscitation Room
- Staff bases - Majors and Minors
- Clean Utility Rooms- Majors and Minors
- Paediatric Area
6.30.3 Drugs covered under the ‘Control of Dangerous Drugs Act’ will be stored within the Staff Base situated in Majors and Minors, and in the Resuscitation Room. These will be checked in compliance with Trust policy.

There needs to be a storage area for drugs which we give patients to take home, post-exposure prophylaxis for HIV, etc.

6.30.4 Infection Control

It is likely that patients will present to the ED with undiagnosed infections. Therefore patients will be treated in individual cubicles. Staff will adhere to infection control guidelines and polices with regards to minimising the risk of cross contamination. Personal protection will be available at all cubicle spaces and hand wash facilities within close proximity.

In the event of a known infection or suspected infection the patient will be nursed where possible in isolation. Staff will ensure that departments are notified prior to the transfer of the patient internally (e.g. imaging rooms) and externally (to another ward or department). The movement of these patients will be minimised and will only be moved on clinical need, i.e. requiring resuscitation.

Patient trolleys and cubicles will be cleaned thoroughly between patients and linen changed. A trolley storage/cleaning area will enable staff to perform this task. Clinical waste will be disposed of in designated bins. Patient care system will be updated. Staff will be informed by verbal handover on transfer. Infection notification labels will be used appropriately and discreetly.

Ambulance services and community teams will be informed of confirmed infectious cases they have had recent contact with.

ED staff will follow the Trust guidelines to manage the control of Infection as set out in Trust Policy.

Emergency department staff will notify receiving staff i.e. imaging at the point of referral so appropriate arrangements can be made. The IT system needs to incorporate this functionality.

Infection control will be managed by clear communication through the use of alerts on patient healthcare records in written records and within Electronic Patient records. Equipment used will be decontaminated using approved methods and only in designated areas.

6.31 Sterile Supplies

These will be delivered to the department on a daily Mon-Fri basis to maintain agreed stock levels. These will be stored in a designated area of the Central Store.

Supply levels will be reviewed every six months to ensure adequate and appropriate stock levels.

6.32 General Medical Supplies

Medical supplies will be delivered on a weekly basis and be received by the department housekeeper. They will be stored in a designated area of the department general store room. Non-stock ordered supplies will be received by the Nurse in Charge who will ensure that they are stored in the appropriate area.

6.32 Manual Handling

All cubicles with adequate space to enable clinical staff to access all sides of the
patient. A bariatric cubicle with ceiling track hoist within the Major cubicles and one Resuscitation space to accommodate patients of 47 and 60 stone respectively. Patients who are obese and above the bariatric thresholds will remain in the Department until facilities are found.

1 mobile hoist will be housed within the ED for flexible use. A H track hoist will be available within a central area for use across the whole department. Each area will have the use of moving and handling aids such as sliding sheets and boards.

All equipment within the ED will be height adjustable where possible.

Storage systems to be ergonomically designed to minimise injury to staff, these must be of reachable height or have specially designed ladders to access high shelves safely. There must be sufficient space minimum 2.5 m to allow for circular movement of goods if mechanised systems are required.

Trust manual handling guidelines will be followed by staff. Where possible distances for moving goods will be minimised. Doors and corridors will be sufficiently wide with automatically opening doors to allow ease of movement of beds and loads. Floors within the service will be level to allow for ease of movement. Floor mounted weighing scales on entry to the department via the ambulance entrance will enable clinicians to accurately assess patients manual handling risk at point of entry.

Reference should also be made to the appropriate table in the Functional Brief.

6.35 Healthcare Records
It is envisaged that ED records will be produced electronically. Patient hospital notes will be requested on arrival and assumed to be primarily electronic.

6.36 Emergency Imaging
The Emergency clinical model relies on fast access to diagnostic tests and results. One of the key elements in minimising the length of time patients spend in the ED is access to imaging facilities. For this reason a dedicated emergency imaging facility is an integral part of the ED.

There will be a requirement for patients with major trauma or severe illness to have speedy access to the full range of diagnostics such as ultrasound, MRI or CT scan. Therefore direct adjacency and accessibility from the Majors and Resuscitation areas to the main Imaging department will be a requirement. Patients will be on trolleys or wheelchairs and will be escorted to the area by clinical staff.

ED staff will be trained in the use of ultrasound for specific conditions such as detecting blood in the abdomen following blunt abdominal trauma and will have access to a dedicated ultrasound machine for this purpose.

Imaging results will be available digitally and viewable in all locations within the ED. This service needs to be sensitive to the child and family. There needs to be provision of distraction toys and other gadgets and also sensitive to separation both visibly and audibly from adult patients.

6.36.1 Imaging
Two dedicated plain film x-ray rooms, reporting room, staff base and a small store are required. The area will be staffed by 2 radiographers for the emergency
department 24 hours a day. Patients from Minors and will be directed to the Imaging area as and when slots become vacant. A sub-wait within the area will enable efficient patient flows.

Ambulant patients and those in wheelchairs will be directed to the Imaging area and will return to the respective areas following their x-ray. If appropriate, they will be directed back to the main waiting area after imaging is completed to await further review assessment or treatment.

If the patient is on a trolley, the x-ray request form will be taken to the Imaging area and the patient called through when the radiographer is ready. Patients will wait in the trolley wait area (for 2) if they cannot go directly into the x-ray room. Single sex, privacy and dignity guidance to be adhered to.

Patients in resuscitation will remain in resus if their condition is deemed too unstable to leave the department for diagnostics tests such as x-ray. They will be x-rayed using ceiling mounted imaging facilities. Staff and adjacent patients will need to receive radiation protection.

Paediatric patients will be called when a slot is vacant and will be escorted to the Imaging area by a member of the nursing staff or a play worker if the child is assessed as stable.

Patients who require specialist imaging e.g. CT scan will be escorted by a member of staff to and from the main Imaging department.

In peak activity a contingency will be the use of a xray room in the main Imaging department for appropriate patients within Majors.

### 6.37 Near Patient Testing

Fast access to pathology tests and results is also a key element of the clinical model. Facilities for near patient testing are therefore available in the E D. In order to ensure specimens reach Pathology with the minimum delay, a pneumatic tube system is available in different locations from the ED to Pathology. The tube from the Resuscitation area to Pathology must be a direct tube. The near testing facility is easily accessible to Paediatrics, Majors, Minors and Resuscitation.

Samples requiring transport to the laboratory should be sent via the air tube system except blood cultures and toxicology samples. All staff using the air tube system must follow the agreed procedure, a copy of which will be located at the air tube station.

The role of Pathology staff within the ED will be to ensure maintenance and servicing of POCT equipment along with adequate and timely training of staff. There will be 24 hour availability to ED staff.

Only staff trained and authorised to use and maintain the analysers should have access to the room. Laboratory staff will require access to the analysers at all times in case of malfunction. Laboratory staff reserve the right to withdraw the analysers from use at any time and for any reason.

Near patient testing should include FBC, U+E, BM, Blood gas, Amylase, INR, LFTs, Cardiac enzymes/Troponin, Paracetamol, Urine for drugs of abuse.
Results will be available electronically via a web-based view or via individual patient electronic records in the main hospital computer system and the ED computer system.

A blood bank fridge located within the resuscitation area with a tracker link to the main pathology will enable fast access to blood products in emergencies.

**Phlebotomy**
There will be no dedicated phlebotomy service. It is anticipated that multi-skilled clinic staff will take all blood specimens.

### 6.38 Satellite Blood Product Fridge
This will be located in the resuscitation area and provide blood products for patients who have been grouped and do not have any antibodies can have blood dispensed from the fridge (like chocolate machines) and a label/form produced by the dedicated PC at the side. Emergency blood would also be available in this way. Access to the fridge will need to be carefully controlled and the blood track system will take control of some of this. Physical security of the area that the fridge is located in will be essential. The blood transfusion department will take full responsibility for managing the fridge, stocking it with blood, alarms, maintenance contracts etc. The emergency department staff must ensure that it is only used using agreed procedures.

### 6.39 Non Clinical Support Services

#### 6.39.1 IT
The department will use a clinical information system, which all staff will have a duty to contribute to. Standard and ad-hoc reports will be available from this system for audit purposes. Senior staff will be able to interrogate the system for departmental analyses.

A telemedicine link will between the resuscitation area and the seminar room will enable live feedback for education purposes. This will need to cover an adult and a paediatric bay.

Imaging results are available digitally and will be viewable at all staff bases and clinical areas.

#### 6.39.2 Transport
Refer to facilities support services operational policy

#### 6.39.3 Portering Service
Refer to facilities support services operational policy

#### 6.39.4 Catering
Refer to facilities support services operational policy

#### 6.39.5 Linen
Refer to facilities support services operational policy

#### 6.39.6 Domestic Service
Refer to facilities support services operational policy

#### 6.39.7 Maintenance
Refer to facilities support services operational policy
6.39.8 Security
The safety and security of visitors, patients and staff is of paramount importance.

The ED is a permanently secure environment and control of access 24/7 is the function of the ED reception.

Access to the ED and the Paediatrics area contained within will be restricted by an automated access control system, as well as being covered by CCTV; panic alarms will be established throughout the department. The Paediatrics area will also have higher door handles to offer enhanced security.

If a situation arises whereby the attendance of security is required, the Charge Nurse must be informed and the Security team informed via telephone. The responding security officer will require the following information:

- General description of the situation
- Location within the department
- Who is involved?

In an emergency security situation, the Security team must be contacted by telephoning 2222 by any member of staff and the Nurse In Charge informed of the situation immediately.

A ‘lock-down’ facility will enable the clinical areas to be separated from the public waiting area by means of electronic access control systems to prevent casual access into the ED. An internal lockdown within the Emergency Department may be instituted to further assist armed police in the protection of patients and staff.

Please refer to the whole hospital’s policy statement for security and car park services.

6.39.9 Intercom
An intercom facility will enable two way communication between all clinical rooms, administration areas and staff rest/change facilities. It will enable emergency department staff to make announcements to all locations, as well as point to point communications between specific locations. The purpose is to enable staff to quickly alert colleagues when their exact location is known or unknown and where there is a need to alert security staff or several members of staff at one time in response to an emergency.

An intercom facility to be in all clinical rooms (to include ophthalmology), administration areas (assume this means all staff bases, reception etc.) staff rest and changing facilities.

6.40 Fire Procedure
The department will adhere to the trust wide policy and local procedure.

6.41 Waste Management
General waste will follow the procedures outlined within the waste management section of the facilities support services Operational policy which includes the collecting of waste by Facilities Staff to the secure holding area on the hub, this will then be taken to the waste disposal area identified within the above policy.

All clinical waste will be disposed of in approved clinical waste bags. These will require incineration. All used sharps to be placed in the ‘sharps’ bin.

Soiled instruments should be returned the HSDU for cleaning and re-sterilisation
as per the current working policy available within the department reference.

Non clinical waste to be placed in black rubbish bags.

The Spillage Protocol will be adhered to regarding disposal of items used for dealing with any spillages

Any confidential paperwork for disposal must go in the Hessian type bag identified for shredding material

Other paper waste relating to non confidential material can go in a black bag or the cardboard paper recycling boxes

7. CONSULTATION
An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to the ED management team and capital projects team for comments. The outcome of this consultation has been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS
Compliance with the requirements of the policy will be monitored by the Clinical Group Director of Operations. Evidence would be that the policy was included in the Emergency Department Quality manual with compliance audited as part of the clinical governance audit activity including monitoring of mandatory reading forms.

9. TRAINING AND AWARENESS
The policy will be issued to critical care staff as part of a local induction package and incorporate into the existing quality manual that is mandatory reading for all critical care staff. Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the emergency department and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY
The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. REVIEW
This policy will be reviewed in three years time. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY
- SWBH Emergency Department Standards Nov 2012
- SWBH Internal Professional Standards Nov 2012
- SWBH Capacity and Patient Flow Escalation Standard Nov 2012
- SWBH ED Clinical Policies
- Health & Safety Policy
- COSHH
- Essence of Care
- Fire Regulations

13 FURTHER ENQUIRIES

Managers must inform new employees and remind existing employees of the requirements of the detail of this policy.

Copies of the policy are available on the trust intranet.

The ED team will provide advice and support on the implementation of this policy.
Appendix B - Patient Transfer Flow - Majors

Patient arrival in ED

Ambulance patients to be escorted by crew

Own Transport - Reception Desk. Own transport patients escorted by carer

MAJORS Initial assessment Area

demographic details obtained by receptionist staff from ambulance crew or carers

MAJORS EXAM/TREATMENT ROOMS
Patient greeted by nurse & directed to exam/treatment room & transferred onto on trolley

Full history obtained from patient & outer clothing removed if required prior to medical examination

Medical staff notified patient ready for examination

Patient condition stabilised (If patient’s condition deteriorates transfer to Resuscitation)

Investigations
Bloods/ECG performed By HCA

Diagnostic tests
Electronic request for x-ray from computer terminal

Investigation results obtained

X-ray inform named nurse when ready for patient

Patient escorted on trolley with request form Diagnostics performed and patient returned to cubicle

Reassessed by medical staff

Mental Health Team

Discharge with appropriate support or transfer (follow SWBH/EC/S005 policy)

Refer to primary /community care Social services

Discharge home

Discharge/transfer with appropriate care package

Admit

Follow patient transfer flow pathway to AAAU or Gynaecology
Appendix C - Patient Transfer Flow - Minors

Reception desk

Main Wait

Initial Assessment

Urgent Care

Minor Trauma/ Minor Illness

MINORS

Full history obtained from patient & outer clothing removed if required prior to examination

Diagnostic tests
x-ray contacted via telephone & notified of patient

Investigations
Bloods/ECG performed by HCA

Patient directed to imaging sub wait area with request form

x-ray performed patient redirected to imaging sub wait area & minor’s co-ordinator notified

Patient re-directed to minors area and meet by health care professional

Diagnosis confirmed & treatment initiated

Documentation completed

Discharged

TTO’s Required?

Follow up appointment

Admit

Bed Management notified & bed allocated on ward

Site Services contacted

Patient transferred to ward with escort & notes
Appendix D - Paediatric Flow

Child & carer(s) arrival in A/E
Reception desk

Child & carer(s) directed to paediatric waiting area immediately

Paediatric Initial Assessment

Minors/Trauma

Exam/ Treatment bays

Escorted to cubicle assessed by nurse & medical staff notified

Demographic details obtained by receptionist from care(s) in cubicle

Diagnosis & treatment initiated

Fit for discharge

Documentation & GP letter completed and given to carer(s)

Discharged with appropriate care package

TTO’s

Follow up appointment

Major Illness/Trauma

Adolescent

Infectious

Treatment Rooms

Condition stabilised

Diagnosis & treatment initiated

Demographic details obtained by receptionist from carer(s) in cubicle

Transferred to paediatric ward/assessment area for further diagnosis & treatment/Admission

Fit for discharge

Documentation & GP letter completed and given to carer(s)

Discharged with appropriate care package

TTO’s

Follow up appointment

Paediatric Arrives via Ambulance

Resuscitation

Follow Resuscitation Pathway
Appendix F - Patient flow – Ophthalmology – Paediatric

1. Child patient arrives in ED Reception desk

2. Ophthalmology Alerted of child's arrival

   - Child friendly exam room available
     - YES
     - NO
     - Child Wait In Paediatric Area

   - Ophthalmology Initial assessment in child friendly exam room

3. Ophthalmology Examination or and Treatment in child friendly exam room

4. Discharge within 4 hours of arrival with appropriate treatment

5. Paediatrics Unit
Appendix G - Patient Transfer Flow from ED to AAAU

ED Dept

Patient assessed for referral by medical staff or emergency services professional -> ED nurse-in-charge liaises with nurse-in-charge of AAAU to inform of patient transfer

AAAU bed available and patient transfer accepted

Ensure the following documentation is completed:
- Nursing documentation
- Copy of casualty card
- KMR (between 22.00-08.00 hours)

Contact Site Services to request porter and transfer patient to AAAU immediately

Patient transfer accepted

AAAU bed not available

Anticipated transfer delay assessed and bed management notified

Ensure the following documentation is completed whilst awaiting patient transfer:
- Nursing documentation
- KMR (between 22.00-08.00 hours)

If transfer delay in excess of 3 hours transfer patient to bed

Hourly reassessment made following liaison between nurse-in-charge and AAAU
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### 7.4.2 Office Resource Base

- Description

### 7.4.3 Welcome Point

- Description

### 7.5 Accommodation to support the Therapies Services Nursing Sections

#### 7.5.1 Accommodation supporting Stroke, Neuro and Rehab

- Description

#### 7.5.2 Accommodation supporting Musculoskeletal

- Description

#### 7.5.3 Accommodation supporting Acute Elderly

- Description

#### 7.5.4 Accommodation supporting Cardiac Rehab

- Description

#### 7.5.5 Accommodation supporting Adult Assessment Unit (AAU) (refer to PPDD 02B for details of the AAU accommodation)

- Description

### 7.6 Accommodation to support the Nursing Sections: Coronary Care

- Description

### 7.7 Accommodation to support the Nursing Sections: Haematology and Oncology

#### 7.7.1 Procedure Room

- Description

#### 7.7.2 Isolation Lobby

- Description

### 7.8 Accommodation to support the Nursing Sections: Surgical Specialties ENT

#### 7.8.1 Treatment Room

- Description

#### 7.8.2 Store – Pacing Room

- Description

### 7.9 Accommodation to support the Nursing Sections: GI

#### 7.9.1 Office (2)

- Description

### 7.10 Accommodation to support the Nursing Sections: Surgical Specialties Ophthalmology

#### 7.10.1 Examination - Ophthalmology

- Description

### 7.11 Accommodation to support the Nursing Sections: Long Stay Surgery and GI..

#### 7.11.1 Procedure Room

- Description

### 7.12 Accommodation to support the Nursing Sections: Women’s and Maternity

#### 7.12.1 Staff Base (one to support ADAU, one to support EPAU/EGAU)

- Description

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- Description

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- Description

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- Description

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- Description

#### 7.12.6 Consultation/Examination – EPAU/EGAU

- Description

#### 7.12.7 Patient Sanitary Facilities (one for ADAU and one for EPAU/EGAU)

- Description

#### 7.12.8 Clean Utility

- Description

#### 7.12.9 Dirty Utility

- Description

#### 7.12.10 Treatment Room

- Description

#### 7.12.11 Interview Counselling Room

- Description
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Disclaimer

This document has been prepared for use by Sandwell and West Birmingham Hospitals NHS Trust (SWBH) in connection with the titled project or named part thereof and should not be relied upon by any other person or used for any other project without an independent check being carried out as to it suitability and prior written authority of SWBH being obtained. Neither SWBH nor its advisors accept any responsibility or liability in connection with this document being used by any other person or being used for any other purpose other than the purpose for which it was commissioned nor do they accept any duty of care to any other person in connection therewith. Any person using or relying on this document for any other purpose agrees, and will by such use or reliance be taken to confirm his agreement, to hold SWBH and its advisors harmless from any and all losses and/or damages resulting there from.
1.0 Philosophy of Service

This policy details the facilities which the Sandwell and West Birmingham Hospitals NHS Trust require within the Inpatient area. Clinical accommodation within this area will be used by adult patients, who require an overnight stay whilst diagnostic investigations and treatment are undertaken. Exceptions to this include admitted patients found to be not fit for their procedures, who require overnight admission whilst specialist equipment is obtained.

This policy should be read in conjunction with the schedule of accommodation outlined within the Functional Brief.

In order to support the model of care, which the Trust seeks to deliver, the size of the nursing unit has been set at thirty-two beds. However, a fundamental requirement of the Trust will be the need to flex the size of the cluster to reflect patient dependency levels during any given time. For example, should the patient dependency within a cluster be significantly higher than normal, the number of beds to be supported by a group of nurses may be reduced to ensure sufficient patient care is available. The consequent effect on adjacent units is to increase the scope of care to incorporate the lesser dependent patients. It is anticipated that clusters will link three nursing units (ninety six beds) variations to this will be:

- Maternity wards
- Gynaecology.

Account must be taken of the requirement for consistency between the repeatable nursing sections identified within this PPDD including those within the Adult Acute Assessment. The ability to operate all of these facilities flexibly over time is of paramount importance.

The facilities within this area are required to offer:

- Integration across primary and secondary care to ensure seamless management of the patient journey
- An environment conducive to the rapid recovery of patients with complex needs
- Improved communication regarding patient interventions
- Opportunities for multi-professional skills training
- Increased scope for collaborative inter-disciplinary and interagency working.

The facilities should have a direct physical link with the internal hospital street network, thus ensuring ease of access with the Emergency Department and the clinical support areas.

Within the Inpatient area the facilities to be provided include:

- Repeatable acute adult inpatient nursing sections (all specialties) including integrated therapy provision within easy reach of the nursing units
• Provision of a Coronary Care Unit. This will be provided as part of one of the repeatable acute nursing sections, with a ‘pod’ for rooms delivering specialist care; one nurse base will require a central console for patient monitoring. All beds on the Coronary Care Unit will require wireless telemetry
• Level 1 care will be provided within the Repeatable Inpatients
• EPAU service within the Repeatable Inpatients
• Maternity Discharge Lounge, Early Pregnancy Assessment Unit (EPAU), Emergency Gynae Assessment Unit (EGAU) and Ante-Natal Day Assessment Unit will be provided within the Repeatable Inpatients.

The functions of the repeatable acute nursing sections are:

• To provide assessment, treatment and care for patients of any medical or surgical specialty
• To provide a knowledge and training focus for the Trust in the care of acute patients.

The Trust has identified a number of key strategic design principles, which underpin the content of this policy:

• Avoidance of the clustering of clinical support services to support individual specialties
• Repeatable design for inpatient facilities based upon nursing units of thirty-two beds grouped in up to three nursing units to provide ninety-six bedded clusters; a minimum of 50% of these must be single bedrooms
• Maximisation of centralised distribution and storage facilities with top up systems to support the nursing units
• The provision of rooms for isolation of patients
• The provision of a Neighbourhood Hub (PPDD 33) linked to the service corridor.

The Trust is conscious that in developing a repeatable facility for the management of acute patients it must be mindful of the increasing elderly population and therefore at the centre of its philosophy of care delivery is the guidance and standards identified by the National Service Framework for Older People and the need for all adult wards except maternity to have a dementia friendly environment. It is also acknowledged that there is a requirement for clinical services to access key diagnostic and treatment facilities. Requirements for essential technical standards will be highlighted within this PPDD.

Services will be provided in a manner that facilitates multidisciplinary team working and encourages a nursing team model.

The models of care will change in response to the needs of patients and their expectations. Services must therefore be provided in a manner that can respond to future requirements, particularly with respect to the proportion of single rooms.
2.0 Scope of the Planning Policy

2.1 Specific Exclusions

In developing the model of care a number of services have been identified as not being core to the Inpatient area and have therefore been specifically excluded from development within the Inpatient area.

These can be summarised as:

- Adult Assessment Unit (PPDD 02b)
- Integrated Critical Care – All level 2 and 3 care will be provided within a single Integrated Critical Care Unit (PPDD 03)
- Integrated Critical Care – Level 1 care will be provided within the inpatient nursing sections
- Maternity Delivery Suite (PPDD 04)
- Neonatal Care Unit (PPDD 05);
- Paediatric inpatient care (PPDD 29): paediatric care includes children and adolescents below the age of 16
- Long stay and rehabilitation – it is not anticipated that the average periods of admission to hospital for patients within the area will exceed five days although there will be individual exceptions. The focus for longer term less acute care will be in a community setting
- The majority of patients arriving for an elective admission / treatment will go straight to the appropriate theatre / procedures area for registration and preparation for their treatment or investigation. They will not go to the inpatient nursing sections before their procedure.

2.2 Activity Figures

The RCRH Activity and Capacity Model has been developed to inform the projected activity levels across the health economy, and the associated facility requirements that derive from this. This is intended to provide the activity and capacity planning assumptions for use in the Acute OBC.

Key parameters assessed in the inpatient model include:

- Growth – demography, elective and emergency growth
- Admission avoidance
- Productivity – Daycase rates, excess bed days, best practice and step down care
- Catchment – ISTC choice impact, emergency catchment model
- Bed occupancy – assumed at 85% for general nursing sections.

The approach to bed allocation is based on case mix groupings, for which the repeatable bed requirements include:
Table [2.2] Bed Requirements by speciality

<table>
<thead>
<tr>
<th>Speciality</th>
<th>Bed Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory</td>
<td>32</td>
</tr>
<tr>
<td>Cardiology/CCU</td>
<td>32</td>
</tr>
<tr>
<td>Stroke Neurology &amp; Rehab</td>
<td>32</td>
</tr>
<tr>
<td>GI and Endoscopy</td>
<td>32</td>
</tr>
<tr>
<td>Short Stay Medical</td>
<td>32</td>
</tr>
<tr>
<td>Short Stay Surgery</td>
<td>32</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>64</td>
</tr>
<tr>
<td>Acute Elderly</td>
<td>32</td>
</tr>
<tr>
<td>Surgical Specialties (Urology, ENT, Interventional Radiology, Vascular)</td>
<td>32</td>
</tr>
<tr>
<td>Long Stay Surgery</td>
<td>32</td>
</tr>
<tr>
<td>Oncology and Rheumatology</td>
<td>32</td>
</tr>
<tr>
<td>Women's and Maternity</td>
<td>96</td>
</tr>
</tbody>
</table>

The above table represents an analytical response to the Trust’s requirements and identifies the precise bed mix. This mix has been adjusted in section 2.4 below, Functional Content to reflect the 32 bed Cluster Model.

2.3 Hours of Operation

All areas within the inpatient area will be operational (or require access) 24 hours, 7 days a week, and the nursing units must be capable of receiving new admissions throughout that time period.

2.4 Functional Content

The inpatient area will comprise the following key facilities. Although a summary of the main functional areas is provided here reference should be made to the detailed schedule of accommodation. The inpatient area will not have a dedicated concourse.

Each Nursing Section is based upon a repeatable model. The bed requirements set out in tables [2.2] above & [2.4B] below may vary over time and as such the numbers of Repeatable 32/96 bed Nursing Sections allocated to each speciality is set out in table [2.4]:

Table [2.4A] Total Repeatable Inpatient Bed Requirements by speciality

<table>
<thead>
<tr>
<th>Speciality</th>
<th>Floor</th>
<th>Block No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory</td>
<td>5</td>
<td>B</td>
</tr>
<tr>
<td>Cardiology/CCU</td>
<td>2</td>
<td>A</td>
</tr>
<tr>
<td>Stroke Neurology &amp; Rehab</td>
<td>2</td>
<td>A</td>
</tr>
<tr>
<td>GI and Endoscopy</td>
<td>5</td>
<td>B</td>
</tr>
<tr>
<td>Short Stay Surgery</td>
<td>3</td>
<td>A</td>
</tr>
</tbody>
</table>

02 Inpatients - Repeatable
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Version No.: 10.0
Implementation Date: July 2014
The inpatient bed compliment is based upon the cluster arrangement of 32 repeatable beds. The Trust would wish to utilise the bed areas within the following specialties differently.

**Table [2.4B] Bed Base: Alternative Utilisation**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Repeatable Provision</th>
<th>Proposed Utilisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women’s &amp; Maternity</td>
<td>Single Bedroom: 3 No</td>
<td>Treatment Room</td>
</tr>
<tr>
<td></td>
<td>Multi-bed (4): 1 No</td>
<td>EGAU</td>
</tr>
<tr>
<td></td>
<td>Multi-bed (4): 1 No</td>
<td>Discharge Area (8)</td>
</tr>
<tr>
<td></td>
<td>Multi-bed (4): 1 No</td>
<td>ADAU</td>
</tr>
</tbody>
</table>

Refer section [7.0] of this PPDD for a detailed description.

The accommodation and facilities required to support the above will consist of the following:

**2.4.1 Nursing Unit – 32 Beds**

- Mix of single rooms (50% minimum) and multi bed four rooms – all with en suite facilities.

**2.4.2 Clinical Support Areas**

- Staff base facilities
- Quiet Day space
- Patient sanitary
- Procedure room
- Counselling/interview room
- Utilities.

**2.4.3 Support and Storage Areas**

- Beverage room
- Store: linen
- Store: 2 small, 1 medium
- Mobile equipment bay
- Food trolley bay
- Domestic services room
- Switchgear
2.4.4 Administration

- Office – Sister Charge Nurse
- Resource Base
- Welcome Point.

2.4.5 Accommodation to support the Nursing Sections – Therapy Services

- Therapy Rooms both large and small
- ADL Suites
- Stores
- Patient Toilets
- Cognitive Therapy
- Education and Training
- Offices
- Resource Bases
- Orthoptic Rooms
- Dark Room
- Cardiac Gym
- ECG Room
- Domestic Services Room.

2.4.6 Accommodation to support the Nursing Sections – Coronary Care

- Pacing Room
- Pacing Room Store.

2.4.7 Accommodation to support the Nursing Sections – Haematology and Oncology

- Procedure Room for intrathecal chemotherapy
- Isolation Lobbies
- Treatment Room for Dermatology Special Bath.

2.4.8 Accommodation to support the Nursing Sections – Surgical Specialities (ENT)

- Treatment room
- Procedure room.

2.4.9 Accommodation to support the Nursing Sections – GI

- The National Poisons Information Service requires an office for 2 people in the inpatient hub serving this nursing section.
2.4.10 Accommodation to support the Nursing Sections – Surgical Specialities (Ophthalmology)

- Ophthalmology examination rooms.

2.4.11 Accommodation Unallocated

- 2 Procedure rooms have been allowed for; 1 in Long Stay Surgery and 1 in Gastroenterology.

2.4.12 Accommodation to support the Nursing Sections – Women’s and Maternity

- Staff Bases
- Waiting
- Ultrasound Room
- Consulting / Examination
- Sanitary Facilities
- Clean Utility
- Dirty Utility with macerator
- Milk kitchen
- Baby feed
- Store medium
- Treatment Room
- Interview Counselling.

2.4.13 Poisons Unit

- Office.

2.4.14 Shared Use of Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to support the clinical departments. In the case on Inpatient Clusters the Neighbourhood Hub will provide:

- Facilities Management Support
- Staff Welfare
- Visitor Welfare.

2.4.15 Administration

The Trust advocates the use of Administration Zones (PPDD 19), which will be co-located with the clinical areas they support.
2.5 Common Planning Policies

This planning policy has been developed to be read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wish to ensure consistency of approach within the facilities and as such:

- Advocate the use of repeatable rooms, as such only bespoke rooms and exceptions will be described in detail within this departmental PPDD
- The Trust proposes the use of Neighbourhood Hubs each of which will serve a number of departments and accommodate facilities shared between departments.

3.0 Staff Development, Education and Welfare

Staff welfare facilities in the form of separate sex toilets showers and change are provided within the Neighbourhood Hub located at cluster level. Secure lockable storage is provided for personal property whilst staff are on duty.

There will be a variety of training taking place within the Inpatient area. A variety of shared facilities in the form of interview and multidisciplinary rooms, will be provided for education and training at Neighbourhood Hub levels. These will be in line with the Functional Brief and will supplement the facilities described in the Education and Training PPDD (PPDD 22).

Training requirements have been identified and the facility requirements are included within the Neighbourhood Hubs (PPDD 33).

4.0 Key Relationships

4.1 Departmental Relationships

The key objective is to provide a fully integrated area of inpatient beds with supporting facilities, which can be utilised by any acute specialty for patients remaining in hospital overnight whether that admission is pre-planned or following appropriate investigation/stabilisation within the Emergency Department.

Although each of the nursing units should be designed for repeatable use, it is recognised that there are key adjacencies required by a number of specialties, which may be horizontal or vertical. These are shown in diagram [4.1]:

<table>
<thead>
<tr>
<th>02 Inpatients - Repeatable</th>
<th>Code:</th>
<th>Issue:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Quality Service reference:</td>
<td>0.0</td>
<td>Version No.</td>
<td>10.0</td>
</tr>
<tr>
<td>Implementation Date:</td>
<td>Page 14 of 44</td>
<td>Implementation Date:</td>
<td>July 2014</td>
</tr>
</tbody>
</table>
Diagram [4.1] Key Adjacencies

Diagram [4.2] Zoning

Each nursing section comprises 3 bedded areas with shared support as shown in the diagram below:
4.2 Workflow

4.2.1 Patient Flows

Patients having undergone procedures will be transferred to the nursing section from the operating theatres, diagnostic departments or Integrated Critical Care Unit. Those patients admitted via the Adult Assessment Unit will have undergone initial investigation and stabilisation with treatment plans identified. Patients having undergone procedures will also be transferred from Endoscopy, Cardiac Imaging.

All patients admitted to the inpatient area will be categorised as level 0 or 1. The main patient groups are:

- Complex or multiple needs (For example, disease in 2 or more systems)
- Post-acute illness, trauma or surgery
- In need of assessment and extended investigation or crisis avoidance.

These patients will fall into one of the following types:

- Intensive medically. These patients require:
  - Frequent and intensive attendance by nurses
  - Frequent (more than once daily) attendance by specialist doctors
  - Require acute input from Therapists including 24 hour access.

- Moderate intensity. Medically these patients require:
  - Frequent attendance by nurse
  - At least once daily attendance by specialist doctors
  - Regular or daily Therapy sessions
  - Intensified approaches to 24-hour rehabilitation need to be adopted with easy access to toilets for patients and social or therapeutic day services.

- Stable medically. Medical or nursing interventions and observations not yet completed.
  - Routine observation by nurses plus any continuing interventions, For example, wound dressings
  - Daily medical review
  - Daily Therapy input.
4.2.2 Relatives, Carers and Visitors

Relatives and carers may frequently visit patients during the period of their stay. Provision must be made for these visits to take place both at the bedside and elsewhere in the nursing unit. The design should include informal seating areas within the circulation allowances for each cluster to permit relatives/visitors to sit with patients or wait whilst staff interventions are completed.

Relatives and carers will be encouraged where appropriate to participate in and support the treatment, care or patient’s rehabilitation programme. The design must therefore bear in mind the health and safety issues associate with this practice.

The access and security arrangements will need careful consideration as visitors will often be present at all hours particularly when visiting seriously ill patients. Access must be controllable whilst ensuring visitors are welcomed and feel able to arrive/ leave as they wish.

Separate overnight stay facilities will be provided within the inpatient area.

4.2.3 Staff Flows

Staffing levels have been shown in section [3.1] above. The flow diagram below highlights typical staff flows between areas other than bed area, during a shift in the inpatient area.
4.2.4 Goods Flows

The Trust requires that goods flows are kept as separate as possible from patient flows. The services within the inpatient area will draw on the hospital for various supporting services including domestic, catering and portering services, together with supplies and waste disposal. Provision should enable the clinical staff to access support facilities without leaving the clinical areas. Typical goods flows are shown in diagram [4.2.4].

4.3 Interdepartmental Relationships

Inpatient accommodation will be provided with direct linkages to the internal hospital street to ensure rapid and/or appropriate access, with no requirement for external transport/movement, to the following key departments:

- Imaging – for routine and complex imaging (including intervention) at any time including overnight and at weekends with a maximum of three minutes journey time
- Imaging - CT/MRI/Physical Medicine – access will be required for routine and complex diagnostics. The maximum journey time from any nursing unit should not exceed three minutes
- Integrated Critical Care Unit – it will be essential that the timely transfer of patients can occur between the nursing units and the ICCU. The maximum journey time from any nursing unit must not exceed three minutes
- Adult Assessment beds – Patients entering the hospital as an emergency will generally be stabilised and receive their initial diagnosis or treatment within this unit. A key relationship within this area will be access to the Emergency Department, Coronary Care and Integrated Critical Care Unit beds, with a maximum journey time of one minute;
- Diagnostic laboratory services – for rapid turnaround of results and therefore timely decisions in terms of treatment planning and delivery. The provision is required of a pneumatic tube for this purpose
- Endoscopy – Intervention and diagnosis will be required for patients within the inpatient area on a planned or emergency basis including overnight and at weekends. The maximum journey time from any nursing unit should not exceed three minutes for the GI nursing unit, and five minutes for other nursing units
- Operating Theatres – in order to ensure that the beds can be truly repeatable in terms of their use by the full range of specialties the ability to access all of the operating theatres will be a fundamental requirement. In view of the frequency of movement of patients between the operating theatres and the nursing units, an immediate adjacency of a number of clusters and the theatres would be a significant advantage. Where vertical adjacency is to be considered, this would be acceptable with the provision of appropriate dedicated lifts
- Mortuary – transfers to the mortuary must be undertaken in such a way that the dignity of the deceased is maintained at all times, whilst ensuring that the needs of the living are managed sensitively. It must be recognised that should relatives wish to view the deceased access to the viewing area must be sensitively and appropriately located;
- The Multi Faith Centre will be accessed by persons from all areas on site, with significant activity coming from in-patient areas and common spaces. Therefore, a central location would be a significant advantage with direct access from the internal hospital street network, with easy access to and from the nursing section
- Blood Bank – there is a regular requirement to access blood and blood products, some of which may not be appropriate for transportation via the pneumatic tube system. Staff from the inpatient area must therefore have ease of access to the Pathology Department. The maximum journey time from any nursing unit must not exceed three minutes
- Cardiac Imaging and Therapy -. It will be essential that the timely transfer of patients can occur between the nursing units and the Cardiac Imaging and Therapy Department. In view of the primary nature of this relationship to some specialties, for example, the Coronary care nursing section the co-location of at least one inpatient cluster at the same level as the Cardiac Imaging and Therapy Department would be a significant advantage. The maximum journey time from Coronary Care must not exceed one minute.

In the event that patients within the inpatient area require access to services located elsewhere on the hospital site, it is essential that privacy and dignity is maintained at all times.

The table below summarises key issues and categorises level of requirement into a hierarchy of Essential, Important or Desirable in descending order.

**Table [4.3] Key adjacencies: Inpatient area**

<table>
<thead>
<tr>
<th>Close to</th>
<th>PPDD</th>
<th>Reasons</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department</td>
<td>PPDD 01</td>
<td>Patient transfer</td>
<td>Essential</td>
</tr>
<tr>
<td>Imaging</td>
<td>PPDD 11</td>
<td>Patient transfer</td>
<td>Essential</td>
</tr>
<tr>
<td>Integrated Critical Care Unit</td>
<td>PPDD 03</td>
<td>Patient Transfer</td>
<td>Essential</td>
</tr>
<tr>
<td>Maternity/Delivery</td>
<td>PPDD 04</td>
<td>Patient &amp; Staff Transfer</td>
<td>Important</td>
</tr>
<tr>
<td>Endoscopy</td>
<td>PPDD 08</td>
<td>Patient transfer</td>
<td>Essential</td>
</tr>
<tr>
<td>Pathology Services</td>
<td>PPDD 17</td>
<td>Specimen transfer</td>
<td>Important</td>
</tr>
<tr>
<td>Operating Theatres</td>
<td>PPDD 06</td>
<td>Patient Transfer</td>
<td>Important</td>
</tr>
<tr>
<td>Mortuary</td>
<td>PPDD 30</td>
<td>Body transfer</td>
<td>Desirable</td>
</tr>
<tr>
<td>Blood Bank</td>
<td>PPDD 17</td>
<td>Staff transfer</td>
<td>Desirable</td>
</tr>
<tr>
<td>Multi Faith Centre</td>
<td>PPDD 20</td>
<td>Patient and visitor access</td>
<td>Desirable</td>
</tr>
<tr>
<td>Adult Assessment Unit</td>
<td>PPDD 2B</td>
<td>Patient Transfer</td>
<td>Essential</td>
</tr>
</tbody>
</table>

In respect of Coronary Care it is imperative that the unit is close to the following cardiac facilities:

**Table [4.3A] Key adjacencies: Coronary Care area**

<table>
<thead>
<tr>
<th>Close to</th>
<th>PPDD</th>
<th>Reasons</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department</td>
<td>PPDD 01</td>
<td>Patient Transfer</td>
<td>Essential</td>
</tr>
<tr>
<td>Cardiac Imaging and Therapy</td>
<td>PPDD 09</td>
<td>Patient transfer</td>
<td>Essential</td>
</tr>
<tr>
<td>Physiological Measurement</td>
<td>PPDD 16</td>
<td>Patient Transfer</td>
<td>Desirable</td>
</tr>
<tr>
<td>Adult Assessment Unit</td>
<td>PPDD 2B</td>
<td>Patient Transfer</td>
<td>Essential</td>
</tr>
</tbody>
</table>
5.0 Planning and Design Principles

5.1 Ambience and Decoration

The facility is to be family-friendly, homely and non-institutional with particular emphasis on the use of colour, art, contrast and texture to provide a stimulating, non-threatening environment for all patients regardless of ability or impairment.

The design should access the research available conductive with treatment and recovery on hospital environments, particularly for older people including those with dementia: for example, all toilet doors the same colour, contrasted with other doors; colour coding of bed areas to allow patients to identify “their” area. Consideration must be given to the clear differentiation of each cluster.

Although intensive clinical care will be delivered in these units, from a patient perspective an environment which appears as non-clinical as possible is desired with a pleasant outlook and it is important that an attractive and stimulating environment is provided by the appropriate use of colour, art, textures and finishes. Windows should be low level to allow patients to look out while sitting down or reclining in bed.

5.2 Wayfinding

Signage in the inpatients area should clearly demarcate and indicate the direction of the different areas. Due consideration will be given to wayfinding as described in the Functional Brief.

5.3 Security and Observation

Entrance and exit control is required on all nursing units which must be secured to prevent unauthorised access whilst ensuring easy exit by use of an automated access control system. Fire exits will be secure and alarmed to notify of potential unauthorised exit.

The approach to access control within the Inpatient area can be referenced in detail within the Functional Brief.

Observation into all of the rooms from the circulation space requires careful consideration. It is anticipated that to maximize patient support and staff flexibility there will be no central staff base but a workstation will be provided to support clusters of beds. Within the inpatient areas a direct line of sight from a staff base to the entrance doors of eight single side rooms must be provided.

The bed areas nearest the workstation require maximum observation and layout arrangements should maximise through-vision, with capability of maintaining privacy and dignity. It is anticipated that in order to maximise this visibility the en-suite facilities will be located on the external wall (outboard) or “in between”, the design team are however expected to undertake detailed evaluations for alternative locations for the en-suite facilities for discussion with the Trust.
It is essential that staff can observe patients, and that patients can see recognisable staff in order to feel reassured and safe. It is also imperative that the need for staff to be visible by patients is addressed appropriately.

It is essential that each Nursing Section can be Locked down in the event of a security incident this will be achieved by controlled access/egress with audio-visual communication, linked and remotely controlled from the staff base. An over-ride switch at the staff base must be provided to deactivate controlled egress should this be required.

Within the Maternity nursing section there is the possibility of unauthorised removal of infants and of infant abduction. The Trust requires a baby tagging system for this reason. Refer Functional Brief.

Throughout the accommodation, window openings should be restricted to 100mm for reason of security and to discourage intruders.

The Trust’s Requirements in respect of Patient/Staff call systems is set out within the Functional Brief.

The Trust’s Requirements in respect of the communications network structure to support the security system is set out within the Functional Brief.

5.4 Control of Infection

The approach to control of infection within the Inpatient area can be referenced in detail within the Functional Brief.

The functional brief Table [18] sets out the Trust’s requirements to meet HBN 4 Supplement 1 in respect of isolation. In addition all other single rooms may be utilised for barrier nursing.

5.5 Manual Handling

The inpatient areas will have a tracked hoist system to support safe lifting and handling of patients as described within the Functional Brief.

In addition to supporting the safe lifting and handling of patients the Trust requires the specific requirements in respect of bariatric patients as described within the Functional Brief.

Reference should be made to the Functional Brief Table [23] on this issue.
5.6 Fire and Safety

5.6.1 Fire

Precautions against fire will be taken, by staff working within the area. The Trust’s Fire Safety Management Policy will be adhered to and can be referenced within the Functional Brief.

5.6.2 Safety

There are no specific safety issues other than those described within HBN04 Inpatient Accommodation and the Functional Brief.

5.6.3 Radiological Protection

Mobile imaging will be undertaken within repeatable nursing sections and provision should be made in accordance with the Trust RPA.

5.7 Privacy

The design should provide an environment, which respects the needs of all patients in terms of privacy and dignity as well as facilitating the delivery of good clinical practice and care.

The design must achieve an environment in which those patients who may be distressed and or disruptive can be nursed without disturbing others.

Bidders should also make reference to the Trust’s Privacy and Dignity Policy.

5.8 Environmental Parameters

The design shall ensure that temperature and humidity control are in accordance with HBN 04 Inpatient Accommodation: options for choice and the HBN 04 Supplement 1 relating to Isolation facilities.

However there are requirements under the NHS agenda for consumerism, for patients to be able to control within limits, the temperature of their environment. There is also a requirement for the temperature as listed below to be adjusted outside of the parameters laid down in HTM 03-01 Specialist Ventilation for Healthcare Premises: Part A: Design & Validation. Generally, all public areas, concourses, seminar meeting rooms, offices and areas not occupied by patients will be controlled by a Building Management System (BMS) to the requirements of HTM 03-01 Specialist Ventilation for Healthcare Premises: Part A Design & Validation and Improving Outcomes Guidance in respect of temperature and humidity; the following rooms will require a degree of local control:

- Patient single rooms +/- 2°C Adjust at the patient bed head
- Multi bedded rooms +/- 2°C Adjust at the bay entrance
Midland Metropolitan Hospital
Planning Policy & Design Description
Sandwell & West Birmingham Hospitals NHS Trust

- Procedures Room +/- 2°C Adjust at the room entrance
- Isolation rooms +/- 2°C Adjust at the room entrance.

5.9 Environmental Criteria

5.9.1 Natural Light

The Design Brief developed by the Trust advocates the use of both natural light and natural ventilation. The Functional Brief Table [9] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions and these apply to the repeatable nursing sections.

The following table sets out the bespoke requirements for natural light within the Repeatable Nursing Sections.

Table [5.9.1] Natural Light Matrix

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Essential Desirable or None</th>
<th>External Wall</th>
<th>Atrium</th>
<th>Borrowed light</th>
<th>Roof Light / Tube Light</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy Rooms</td>
<td>Desirable</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>ADL Bathroom</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>ADL Bedroom</td>
<td>Desirable</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>ADL Kitchen</td>
<td>Desirable</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Pacing Room</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

5.9.2 Ventilation

The Design Brief developed by the Trust advocates the use of both natural light and natural ventilation. The Functional Brief Table [12] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions and these apply to the repeatable nursing sections.

The following table sets out the requirements for bespoke environmental criteria within the Repeatable Nursing Sections.
Table [5.9.2] Environmental Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Temperature</th>
<th>ac/hr</th>
<th>Pressure &amp; filtration</th>
<th>Notes in respect of permissible derogations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Min °C</td>
<td>Max °C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy Room</td>
<td>18</td>
<td>25</td>
<td>10</td>
<td>+ve F7</td>
</tr>
<tr>
<td>ADL Bathroom</td>
<td>18</td>
<td>28</td>
<td>10</td>
<td>-ve F7</td>
</tr>
<tr>
<td>ADL Bedroom</td>
<td>18</td>
<td>28</td>
<td>6</td>
<td>F7</td>
</tr>
<tr>
<td>ADL Kitchen</td>
<td>18</td>
<td>28</td>
<td>5</td>
<td>-ve F7</td>
</tr>
<tr>
<td>Pacing Room</td>
<td>18</td>
<td>25</td>
<td>15</td>
<td>-ve F7</td>
</tr>
</tbody>
</table>

Refer to Functional Brief Table [12] for environmental criteria notes and control criteria.

5.9.3 Acoustic Criteria

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief Section 5.8 sets out measurable requirements for each of the Repeatable and Bespoke Rooms, and Repeatable Functions.

The following table sets out the requirements for bespoke acoustic criteria within the Repeatable Nursing Sections.

Table [5.9.3] Acoustic Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Rating to be achieved Functional Brief Table 5.8.A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy room</td>
<td>C</td>
</tr>
<tr>
<td>ADL Bathroom</td>
<td>C</td>
</tr>
<tr>
<td>ADL Bedroom</td>
<td>C</td>
</tr>
<tr>
<td>ADL Kitchen</td>
<td>C</td>
</tr>
<tr>
<td>Pacing Room</td>
<td>B</td>
</tr>
</tbody>
</table>

5.9.4 Medical Gas and Associated Power Supply Requirements

The Design Brief developed by the Trust, Functional Brief Section 7.2.1 sets out the Repeatable and Bespoke “bed head” service requirements, the table below sets out the bespoke requirements within the repeatable inpatients. In addition natural gas is required within the ADL Kitchens.
### Medical Gas & Associated Power Supply Requirements

<table>
<thead>
<tr>
<th>Room Type</th>
<th>O2</th>
<th>N2O</th>
<th>N2O/O2</th>
<th>MA4</th>
<th>SA7</th>
<th>Vac</th>
<th>AGS</th>
<th>He/O2</th>
<th>AVSU</th>
<th>Alarm</th>
<th>IPS</th>
<th>UPS</th>
<th>No. of Twin Sockets</th>
<th>Clinical Risk Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy Room (per patient)</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1 set</td>
<td>1 set for each AVSU</td>
<td>N</td>
<td>N</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>ADL Bathroom</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>ADL Bedroom</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>ADL Kitchen</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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</tr>
<tr>
<td>Pacing Room</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>1 set</td>
<td>1 set for each AVSU</td>
<td>N</td>
<td>N</td>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>

#### Table 5.9.4

<table>
<thead>
<tr>
<th>Medical Gas Requirements</th>
<th>Associated Power and Alarm Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 5.10 Flexibility

In addition to the macro flexibility set out in the Functional Brief each unit of the thirty-two beds will comprise a mixture of single and multiple occupancy bedrooms. The design must allow the multi occupancy bedrooms to easily convert to single side rooms to meet any change in demand. The design must respect the ethos of a cluster based model, i.e. beds provided flexibly in groups of 32 beds with supporting facilities shared between nursing units clusters as appropriate. This will enable the best use of personnel, maximise opportunities for sharing facilities whilst ensuring patients are cared for within a homely and discrete environment.

The design conducive to treatment and recovery needs to ensure that beds can be reallocated between nursing units and clusters according to changing needs. In varying nursing unit and/or cluster sizes consideration must therefore be given to the impact of this flexibility on key infrastructure including emergency call.

#### 5.11 IM & T

Details of the active components associated with IM&T can be found in Schedule 8 part 3 and the Functional Brief. It is assumed that all patient records will be electronic and note entry and note review will take place at the patient bedside.

Telemedicine links are required between the Coronary Care Unit and the Emergency Department, the Adult Assessment Unit and the Catheterisation Laboratory.
5.12 External Space and Courtyards

There are significant therapeutic benefits to providing patients with access physically and/or visually to external areas, as such access to external areas providing fresh air and both social and therapeutic facilities are essential to the recovery process for patients remaining in hospital for extended periods. Where nursing units are to be located other than ground level, means of accessing direct, safe, secure and therapeutically designed external space from clusters must be provided. Nursing sections must be able to access safe secure, external areas, which will be used for individual and group therapy in addition to a regular social facility for patients and visitors. The areas should provide a range of ground surfaces and ground levels including some steps. There should also be suitable seating. The scheme must achieve the provision of sensory and textual stimulation in terms of landscape design.

6.0 Equipment

The specific requirements for this zone will be addressed through the equipment selection in accordance with the Equipment Responsibility Matrix in Schedule 13.

The ADB Component sheets schedules out the equipment list for the repeatable inpatient nursing sections in accord with Schedule 13.

7.0 Proposed Accommodation

In developing proposals for the repeatable inpatient facilities reference must be made to HBN 04 Inpatient Accommodation Options for Choice and the following publications:

- A policy framework for Commissioning Cancer Services
- Ward Layouts with single rooms and space for flexibility
- National Institute for Clinical Excellence Guidance on Cancer Services Improving Outcomes in Haematological Cancers
- Guidance on Commissioning Cancer Services Improving Outcomes in Gynaecological Cancers.

The inpatient accommodation will comprise 32-bedded Nursing Sections arranged in Clusters of 96 beds. In describing the accommodation and its functional relationships the facilities have been separated into their basic functionalities; nursing, bespoke accommodation and shared accommodation. Where areas of accommodation to be provided within different elements of the project are deemed to have the same repeatable functionality, these are outlined in the Functional Brief document.

The accommodation must be provided in a manner that allows patients with varying levels of intensity of care and dependency levels to be treated within the same area. Additionally, flexible accommodation must be provided which will allow any patient group specialty to be treated in any of the nursing sections.
The accommodation must enable flexible use and allow for:

- Changes in medical, nursing and therapy needs of patients
- Changes in models of care and service delivery
- Future reconfiguration and expansion.

The patients will have varying types and degrees of disability and therefore it is essential that space is allowed for wheelchair access throughout the whole building and that the design incorporates features which enables all patients to be as independent as possible.

The rooms described below are solely in respect of bespoke rooms or repeatable rooms, which require modification or have bespoke adjacency requirements. For repeatable rooms refer to the Functional Brief.

The Entrance, Reception and Waiting / Visitor Welfare facilities for each cluster of three nursing sections will be located in the Neighbourhood Hub (PPDD 33).

### 7.1 Nursing Unit – 32 Beds

#### 7.1.1 Single Bed

An exemplar single bedroom is required (50% of the bed compliment, however, bidders are requested to illustrate how they could improve upon this). Refer Functional Brief Table [24].

In addition, within the single bed compliment, one single bedroom in each Nursing Section should be specifically designed to accommodate the needs of independent wheelchair users (*part M of the building regulations compliant*), two single bedrooms in each Nursing Section should be specifically designed to accommodate the needs of bariatric (1) patients (one of these will be an isolation room) and rooms to accommodate the needs of bariatric (2) patients are located throughout the clusters as described within Functional Brief Table [23]. The area allocated within the schedules of accommodation has been increased from the repeatable for these rooms. The bariatric room must also have double door access.

Section [5.8] and Functional Brief Table [18] outlines the Trust’s environmental requirements in respect of isolation. In addition an audio system must be provided outside each isolation room to enable communication with patient without having to enter the room. A gownsing lobby must be located at the entrance to each isolation room as part of an integrated suite. The lobby doors must be fitted with an interlock with the lobby WHB which restricts entry to the patient area or exit to general circulation and promotes hand washing.

A number of repeatable beds are designated Level 1, these will be identical to the Repeatable beds save for bedhead services and monitoring requirements.

The quantum of beds is based upon the repeatable functionality and does not include the alternative utilisation described in table [2.4B] and below.
The schedule of accommodation has been based upon each bed variant being undertaken in a separate room, the Trust would however be willing to consider single rooms’ accommodation more than one variant.

The isolation facilities should not be located at the first point of entry to the Nursing Section or conflict with the ability to flex beds between adjacent nursing sections as set out in section [5.10].

7.1.2 En-suite to Single Bedroom

Repeatable en-suite facilities are required for each single room, which will accommodate the following facilities:

- WC with concealed cistern
- Wash Basin
- Shower (level access).

Details of the Trust’s requirement are set out in the Functional Brief Table [24].

In addition the facilities serving the independent wheelchair user bedroom must be fully compliant with part M of the Building Regulations.

An increased area has been included for the en suite to the bariatric bedroom details of which should be as the exemplar shower / fully assisted toilet set out in the Functional Brief Table [24] with all fixtures and fittings accommodating patients of 47 stone / 60 stone as set out within Table [23].

7.1.3 Isolation Lobby

Repeatable isolation lobbies are required to access each isolation bedroom as described within the Functional Brief Table [24].

The isolation lobbies will be equipped with an interlock linked between the WHB and the door on entry to the patient area and the door on exit into the circulation space.

7.1.4 Multi-bed - Four

A repeatable multi bed area accommodating four patients as specified in the Functional Brief Table [24].

7.1.5 Multi-bed – Four: Utilised for Ante Natal Day Assessment Unit (ADAU)

The Trust would wish to utilise a repeatable Multi-bed – Four to accommodate six ante natal day assessment trolleys. The functionality described within the Functional Brief table [7.2] will therefore require the following modifications:
The four bed assemblies at 3600mm centres to be replaced by six trolley/or chair assemblies at 2400mm
CTG monitor next to trolley space.

7.1.6 Multi-bed – Four: Utilised for Obstetric Discharge

The Trust would wish to utilise a repeatable Multi-bed – Four to accommodate ten patients awaiting obstetric discharge on reclining chairs. The functionality described within the Functional Brief table [24] will therefore require the following modifications:

- The four bed assemblies at 3600mm centres to be replaced by ten reclining chair assemblies and baby bassinette.

Each multi bedded area will require two separate repeatable en-suite facilities as described below:

7.1.7 En-suite Multi-bed – WC, WHB and Shower

One room is required, as described within the Functional Brief Table [24] to accommodate a WC, wash basin and shower. This has the same functionality as the ensuite to single bedroom as described in Section 7.1.2.

7.2 Clinical Support Areas

7.2.1 Staff Base

Patient observation is of paramount importance. The requirement is for two co-located 2-person staff bases in each nursing section (one for ward clerks and one for clinicians). A pneumatic tube station is required at the clinician base, all as set out within the Functional Brief Table [7.2] In addition further shared staff observation stations are described as part of room [7.1.4].

In addition to the two-person staff bases above, there are integral nurse bases set into the observation screen of the 4 bed bays- a touchdown base as identified in HBN 4. One base will provide observation into two adjacent 4 bed bays.

7.2.2 Quiet Day Space

A repeatable Quiet Day Space (one per Nursing Section) accommodating six chairs is intended to provide a change of environment and a place where patients, who will be out of their beds for as much of the day as possible, can relax, talk with visitors or other patients and take part in therapeutic activities.

7.2.3 Patient Sanitary Facilities

In addition to the en-suite facilities described previously a repeatable assisted shower room and a repeatable OSFA toilet as set out in the Functional Brief Table [24] are required.
It must be noted that the patient sanitary facilities are not to be utilised by either staff or visitors for which facilities are included within the Neighbourhood Hubs.

Bidders should note that this room has been highlighted for flexibility as part of the Trust contingency planning:

- As back up staff change / sanitary facilities when an isolation outbreak has been declared.

### 7.2.4 Procedure Room

A repeatable procedure room is required, to accommodate a range of minor procedures and assessments as set out in the Functional Brief Table [24].

### 7.2.5 Interview / Counselling Room

A repeatable interview room will be provided in line with the Functional Brief Table [24].

### 7.2.6 Clean Utility

A repeatable clean utility room is required as set out in the Functional Brief Table [24].

Within the Haematology Nursing Section an additional fridge is required for intrathecal injections.

### 7.2.7 Dirty Utility

A repeatable dirty utility with macerator is required as set out in the Functional Brief Table [24].

### 7.3 Support & Storage Areas

#### 7.3.1 Beverage Room

The Trust require a repeatable beverage room where staff can prepare beverages and limited snacks for patients. The facilities are required to facilitate the following functions:

- Preparation Zone
- Storage Zone
- Trolley Zone
- WHB & PPE Zone
- The preparation zone should consist of stainless steel (Not HTM) commercial catering casework and include a double sink integrated into a full length worktop and splash-back assembly which should accommodate:
  - Water boiler
  - Commercial built in microwave
  - Large toaster.
In addition to both under and wall mounted casework within the worktop assembly a 3-5°C 140 litres 605 x 630 x 830mm commercial refrigerator is required.

- The trolley zone should have wall protection to 1100mm ffl, and accommodate up to three trolleys
- A hand washing assembly and associated PPE as set out in Functional Brief together with a 42 litre waste container.

In addition to the power supplies for the equipment, two twin socket outlets are required above the workshop, one twin socket outlet in the trolley zone and one socket outlet for cleaning. There is no requirement for IM&T.

NB. This functional description has been cross referenced from other departmental PPDDs.

The Trust’s functional requirements can be referenced in section [24] of Functional Brief.

7.3.2 Store – Linen

A repeatable linen store is required as set out in the Functional Brief Table [24].

7.3.3 Store – Small and Medium

Two small and one medium repeatable store is required as set out in the Functional Brief Table [24].

7.3.4 Mobile Equipment

A repeatable equipment bay for mobile Imaging equipment is required in each nursing unit as set out in the Functional Brief Table [24].

7.3.5 Food Trolley Bay

A repeatable food trolley bay as set out in the Functional Brief Table [24] is required for each nursing unit of 32 beds, in addition 2 plug in points are required within the circulation space on each 32 bed nursing units for serving meals.

7.3.6 Domestic Services Room

A repeatable domestic services room as set out in the Functional Brief Table [24] will be provided for each nursing unit of 32 beds.

7.3.7 Switchgear

A repeatable switchgear room will be provided for each nursing unit of 32 beds as set out in the Functional Brief Table [24].
7.3.8 Entertainment Switchgear

A repeatable facility is required for the provision of a local entertainment switch room the design for which should be based upon the repeatable electrical switchgear, which can be referenced within the functional brief Table [24].

7.4 Administration

In addition to the clinical administration co-located with the clinical departments and described within the administration hubs (PPDD 19) the following facilities are required within each 32 bed Nursing Section:

7.4.1 Sister / Charge Nurse

A repeatable single person office is required as set out in the Functional Brief Table [24]. This room should be in a location away from the Nursing Section entrance and central staff base.

7.4.2 Office Resource Base

A repeatable non-allocated base for up to 4 staff to work at any one time on a sessional / ad-hoc basis as set out in the Functional Brief Table [24]. This room should be located adjacent to the central staff base.

7.4.3 Welcome Point

A standard two person reception positioned at the entrance to the wards to act as a dual purpose clerks and welcome desk.

7.5 Accommodation to support the Therapies Services Nursing Sections

The Therapy facilities will vary within the inpatient hubs the details of which are documented.

The aim during the patient’s stay is to reduce dependency and regain functional ability by enabling them to regain skills of daily living and encourage mobility. In the early stages, rehabilitation may take place at the bedside or surrounding area but as the patient progresses treatment may take place in designated therapy areas. The Trust is seeking to provide therapy facilities within easy reach of the nursing units, enabling provision of treatment and rehabilitation for inpatients, who are medically unstable to leave the inpatient area. Patients will transfer to and from the Therapy room by wheelchair or bed, unless it is within short walking distance.

The Trust requires therapy rooms as described below. These areas will be predominantly used for physiotherapy and occupational therapy, although other therapists will have access as required. The work carried out in the different clusters will vary depending on the specialties supported, but in summary these areas will provide support to patients requiring any form of rehabilitation prior to transfer to a community or step-down facility.
The aim during the patient’s stay is to reduce dependency and regain functional ability by enabling them to regain skills of daily living and encourage mobility. In the early stages, rehabilitation may take place at the bedside or surrounding area but as the patient progresses treatment may take place in designated therapy areas. The Trust is seeking to provide therapy facilities within easy reach of the nursing units, enabling provision of treatment and rehabilitation for inpatients, who are medically unstable to leave the inpatient area hence the need for the provision of medical gas facilities. Patients will transfer to and from the Therapy room by wheelchair or bed, unless it is within short walking distance.

The ADL suite consists of the following facilities which must be co-located as an integrated suite:

- ADL Kitchen
- ADL Bathroom
- ADL Bedroom.

The Trust’s environmental criteria can be referenced in section [5.0] of this PPDD.

7.5.1 Accommodation supporting Stroke, Neuro and Rehab

7.5.1.1 Therapy Room Large

Therapy Rooms must be capable of accommodating a range of activities including both rehabilitation assessment and treatment and hearing loop system.

This room should include:

- Workstation Assembly
- WHB & PPE station
- Cubicle curtain track.

Space is required for:

- Bo Bath plinths
- Parallel bars
- Standing frames.

7.5.1.2 ADL Kitchen

This area should include the provision of key appliances in a domestic layout and setting, including gas and electric cookers, microwave, refrigerator and dishwasher. Patients should have the ability to prepare hot and cold beverages under the supervision of an Occupational Therapist or Dietician. In addition to the normal range of domestic casework and sinks a separate hand washing facility is required.

The Trust’s environmental criteria can be referenced in section [5.0] of this PPDD.
7.5.1.3 ADL Bathroom

This area should include the provision of a domestic bath, domestic shower facility, domestic hand wash basin and closed coupled toilet with aids for Occupational Therapists to assess patients' level of independence.

The Trust's environmental criteria can be referenced in section [5.0] of this PPDD.

7.5.1.4 ADL Bedroom

This area should include the provision of a domestic bed with access to both sides for Occupational Therapists to assess patients' level of independence.

The Trust's environmental criteria can be referenced in section [5.0] of this PPDD.

7.5.1.5 Patients WC’s

One Repeatable OSFA toilet is required as set out in the Functional Brief Table [24].

7.5.1.6 Store - Large

One repeatable large store is required for therapy services as set out in Functional Brief Table [24].

7.5.1.7 Cognitive Therapy

A bespoke multi-purpose cognitive therapy room is required, to be utilised for:

- Specific 1:1 work with patients in a less busy area such as cognitive and perceptual assessment and training, respiratory training for post Critical Care patients hence the need for provision of medical gas facilities
- 1:1 education with relatives and carers.

This should include:

- Workstation Assembly
- WHB & PPE station
- Cubicle curtain track.

7.5.1.8 Orthoptic Room

Two orthoptic clinical rooms are required.

Each room will contain:

- Patient Chair
- Height adjustable chair for examiner
- 6 metres in length to achieve precise dimension for examination.

These rooms should be based upon a repeatable consult/exam room as described within Functional Brief Table [24].

7.5.2 Accommodation supporting Musculoskeletal

7.5.2.1 Therapy Room Large

Therapy Rooms must be capable of accommodating a range of activities including both rehabilitation assessment and treatment and hearing loop system.

This room should include:

- Workstation Assembly
- WHB & PPE station
- Cubicle curtain track.

Space is required for:

- Bo Bath plinths
- Parallel bars
- Standing frames.

7.5.2.2 Patient WC’s

One repeatable OSFA toilet is required as set out in the Functional Brief Table [24].

7.5.2.3 Store - Large

One repeatable large store is required for therapy services as set out in the Functional Brief Table [24].

7.5.2.4 Education and Treatment Room

A room is required to accommodate up to 10 persons for critical education for patients whilst inpatients. An example of this is respiratory education necessary during admission to maximise engagement and education for elective surgery to ensure smooth and efficient discharge. The room should be based upon a repeatable seminar room as referenced within the Functional Brief Table [7.2] with the addition of patient to nurse call.

7.5.2.5 Office – Resource Base (4)

This will be the base for Therapy staff. A four person repeatable resource base is required as set out in the Functional Brief Table [24].
7.5.3 Accommodation supporting Acute Elderly

7.5.3.1 Therapy Room Large

Therapy Rooms must be capable of accommodating a range of activities including both rehabilitation assessment and treatment and hearing loop system.

This room should include:

- Workstation Assembly
- WHB & PPE station
- Cubicle curtain track.

Space is required for:

- Bo Bath plinths
- Parallel bars
- Standing frames.

7.5.3.2 ADL Kitchen

This area should include the provision of key appliances in a domestic layout and setting, including gas and electric cookers, microwave, refrigerator and dishwasher. Patients should have the ability to prepare hot and cold beverages under the supervision of an Occupational Therapist or Dietician. In addition to the normal range of domestic casework and sinks a separate hand washing facility is required.

The Trust’s environmental criteria can be referenced in section [5.0] of this PPDD.

7.5.3.3 ADL Bathroom

This area should include the provision of a domestic bath, domestic shower facility, domestic hand wash basin and closed coupled toilet with aids for Occupational Therapists to assess patients’ level of independence.

The Trust’s environmental criteria can be referenced in section [5.0] of this PPDD.

7.5.3.4 ADL Bedroom

This area should include the provision of a domestic bed with access to both sides for Occupational Therapists to assess patients’ level of independence.

The Trust’s environmental criteria can be referenced in section [5.0] of this PPDD.
7.5.3.5 Patients WC’s

One Repeatable OSFA toilet is required as set out in the Functional Brief Table [24].

7.5.3.6 Store - Large

One repeatable large store is required for therapy services as set out in Functional Brief Table [24].

7.5.4 Accommodation supporting Cardiac Rehab

7.5.4.1 Cardiac Therapy Gym

Based on a large therapy room which must be capable of accommodating a range of activities.

Facilities in this room should include:

- A walking track for patient exercise
- Free weights area
- Equipment decontamination area
- WHB & PPE station.

7.5.4.2 ECG Room

This room should be based upon a repeatable consult/exam room as described within Functional Brief Table [24].

7.5.4.3 Interview Counselling Room

A repeatable interview counselling room as described within Functional Brief Table [24].

7.5.4.4 Store - Small

A repeatable small store is required for therapy services as set out in the Functional Brief Table [24].

7.5.5 Accommodation supporting Adult Assessment Unit (AAU) (refer to PPDD 02B for details of the AAU accommodation)

7.5.5.1 Therapy Room - Small

Therapy Rooms must be capable of accommodating a range of activities including both rehabilitation assessment and treatment and hearing loop system.

This room should include:

- Workstation Assembly
• WHB & PPE station
• Cubicle curtain track.

Space is required for:

• Bo Bath plinths
• Parallel bars
• Standing frames.

7.5.5.2 Patients WC's

One Repeatable OSFA toilet is required as set out in the Functional Brief Table [24].

7.5.5.3 Store - Large

One repeatable large store is required for therapy services as set out in Functional Brief Table [24].

7.5.5.4 Office – (1)

A single person repeatable large office as set out in the Functional Brief Table [24].

7.5.5.5 Office – Resource Base (4)

This will be the base for Therapy staff. A four person repeatable resource base is required as set out in the Functional Brief Table [24].

7.5.5.6 Domestic Services Room

A repeatable domestic services room as set out with the Functional Brief Table [24].

7.6 Accommodation to support the Nursing Sections: Coronary Care

7.6.1 Pacing Room

A bespoke pacing room with monitoring links into CCU.

All beds to the Coronary Care Unit will be equipped with Wireless telemetry. The Trust's environmental criteria can be referenced in section [5.0] of this PPDD.

7.6.2 Store – Pacing Room

A secure repeatable store is required adjacent to the pacing room as set out in the Functional Brief Table [24].
7.7 Accommodation to support the Nursing Sections: Haematology and Oncology

7.7.1 Procedure Room

An additional repeatable procedure room is required, to accommodate intrathecal chemotherapy as set out in the Functional Brief Table [24].

7.7.2 Isolation Lobby

A repeatable isolation lobby is required to each of the isolation bedrooms identified the Functional Brief Table [18].

7.8 Accommodation to support the Nursing Sections: Surgical Specialties ENT

7.8.1 Treatment Room

A repeatable treatment room as set out within the Functional Brief Table [24] is required. A microscope required in the treatment room.

7.8.2 Procedure Room

A repeatable procedures room as set out within the Functional Brief Table [24] is required.

7.8.3 Treatment Room

An additional repeatable procedure room is required within the nursing section, to accommodate a range of minor procedures and assessments as set out in the Functional Brief Table [24]. This room will accommodate a procedure bath.

7.9 Accommodation to support the Nursing Sections: GI

7.9.1 Office (2)

Two repeatable offices (2 persons) are required for the National Poisons Information Service within the inpatient hub serving this Nursing Section as set out in the Functional Brief Table [24].

Access is required to these offices 24/7.
7.10 Accommodation to support the Nursing Sections: Surgical Specialties Ophthalmology

7.10.1 Examination - Ophthalmology

Two consulting / examination rooms are required to support the repeatable inpatient accommodation. As set out in Functional Brief Table [24].

It should be noted that although not additional accommodation, each of the five single side rooms allocated to Ophthalmic inpatients, will require space for a Slit Lamp.

7.11 Accommodation to support the Nursing Sections: Long Stay Surgery and GI

7.11.1 Procedure Room

Two repeatable Procedures Rooms as set out in the Functional Brief Table [24].

7.12 Accommodation to support the Nursing Sections: Women’s and Maternity

7.12.1 Staff Base (one to support ADAU, one to support EPAU/EGAU)

Two repeatable 2 person staff base with a resuscitation trolley is required as set out in the Functional Brief Table [24].

7.12.2 Waiting Area (ADAU)

A repeatable 5 place waiting area is required at the entrance to the women’s services outpatients, details of the functionality required are set out within Table [24] of the Functional Brief.

7.12.3 Milk Kitchen

A bespoke milk kitchen is required.

7.12.4 Baby Feed

A repeatable baby feed is required; details of functionality are set out on Functional Brief [24].

7.12.5 Ultrasound Rooms – ADAU

Repeatable ultrasound room is required the functionality for which can be referenced in the Functional Brief Table [24].
7.12.6 Consultation/Examination – EPAU/EGAU

Three repeatable double sided consultation/examination rooms are required as set out in the Functional Brief Table [24]. These rooms will be used for consultation, vaginal examination, and minor diagnostic and treatment procedures. Consideration must be given to lighting and equipment to accommodate the function of this room.

In addition a 47 stone H track hoist is required to serve the couch area in one room.

7.12.7 Patient Sanitary Facilities (one for ADAU and one for EPAU/EGAU)

Two OSFA toilets will be provided adjacent to the ultrasound rooms, in line with the Functional Brief Table [24].

7.12.8 Clean Utility

A repeatable outpatient clean utility room is required as set out in the Functional Brief Table [24].

7.12.9 Dirty Utility

A repeatable dirty utility without macerator room is required as set out in the Functional Brief Table [24].

7.12.10 Treatment Room

A repeatable treatment room as set out in the Functional Brief Table [7.2] is required.

7.12.11 Interview Counselling Room

A repeatable interview counselling room is required as set out in the Functional Brief Table [24].

7.12.12 Store: Medium

Storage will be provided as set out in the Functional Brief Table [24].

7.13 Poisons Unit

7.13.1 Office

A repeatable 2 person office is required for use by the National Poisons Information Service for clinical staff who provide treatment to patients within the ward.
7.14 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to the clinical departments. In the case of Inpatient Clusters:

- Reception and waiting
- Toilets – visitor
- Wheelchair store
- Staff changing facilities including showers
- Staff toilets
- Staff rest room
- Beverage bay
- Reprographics
- Seminar room
- Regeneration Kitchen
- Disposal hold
- IT hub
- Store – Furniture
- Domestic services room
- Domestic services store
- Linen store
- Switchgear room
- Sterile supplies store.

7.15 Shared use of and Administration Zone

Inpatient Clusters will make use of an Administration Zone.

The functional requirements are fully described within PPDD 19 Administration and are summarised below:

- Reprographics
- Social area
- Beverage bay
- Office – open plan
- Store – small
- Library
- Quiet rooms (for breakout)
- Seminar room
- Domestic services room
- Switchgear.
7.16 **Cardiac Rehab Gym**

All patients will participate in an individualised progressive exercise training programme. The exercise programme is designed to produce a training effect; achieved by varying the frequency, duration, intensity, and mode of exercise.

Gym area is summarised below:

- Reception/Wait
- Secure locker area
- Seating for 10
- Patient Change (male and female)
- Five exercise bikes
- One walking treadmill
- 10 metre walking circuit
- Emergency equipment and access to stretcher if required.

8.0 **Schedule of Accommodation**

The schedule of accommodation version 10 has been developed for the totality of the scheme as a series of tables. This schedule forms part of Schedule 8 part 3.

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
GENERIC WARD OPERATIONAL POLICY

No. 02
GENERIC WARD
GENERIC WARD OPERATIONAL POLICY
KEY POINTS

1. This document is relevant to all clinicians and managers who interface with the wards and applies to all employees of the Trust including locum, bank and agency staff, and contractors that are working on behalf of SWBHT.

2. This policy is designed to assist all healthcare professionals involved in the care of adult in-patients and in addition it will provide information for bidders and future PFI partners, who are involved in building the new hospital.

3. The policy will apply to all adult patients irrespective of age, ethnicity, social, cultural background, gender, psychological and physical requirements.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
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APPENDICES

Appendix A  Operational Policy Development/Distribution/History/Consultation 25
1. INTRODUCTION

1.1 This Policy describes the facilities being planned and expected operational standards required for the generic ward environment in the new Midland Metropolitan Hospital to be completed in 2018. It describes the functional flow and day to day operational function for staff who work within, and patients who are admitted to, an acute hospital in-patient ward.

1.2 This document will assist Capital Projects and PFI partners to ensure that the new ward physical environment is suitable for purpose in line with HBN requirements and the intended clinical function. The environment in which patients will be treated will facilitate the provision of high quality care, which allows staff to work efficiently and focus on maintaining the well being of both staff and patients.

1.3 This policy will apply to all medical and surgical specialities, based within a generic ward environment. However, the day to day operational detail for individual specialties including detailed patient flow will be captured in separate individual speciality operational policies. See table below:

<table>
<thead>
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<th>Speciality</th>
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<td>Maternity</td>
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<td>Adult Assessment Unit</td>
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<td>Stroke, Neurology</td>
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<td>Cardiology including Coronary Care</td>
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<tr>
<td>Haematology, Oncology and Rheumatology</td>
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<tr>
<td>Short Stay Surgery including Dermatology</td>
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<tr>
<td>Specialist Surgery - ENT, Ophthalmology, Plastics, Breast and Urology</td>
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<td>Long Stay Surgery - Colorectal</td>
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<td>Gastroenterology including poisons (combined medical/surgery)</td>
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<td>Gynaecology/gynae-oncology</td>
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</tbody>
</table>

2. OTHER POLCIES TO WHICH THIS POLICY RELATES

- Allergy and Sensitivity including Red Identification Bracelet Policy (PT Care 095) (SWBH)
- Bathing; policy on management of safe bathing (PT Care 071) (SWBH)
- Bed Rails; Policy for safe and effective use (PT Care 035) (SWBH)
- Blood Components (Products) in Adults Policy (PT Care 037) (SWBH)
- Blood Transfusion Policy (PT Care 09) (SWBH)
- Blood Transfusion Refusal Policy Jehovah’s Witnesses and Others Jan13
- Care of the Deceased Adult Policy (ORG 122) (SWBH)
- Complaints Handling Policy (ORG 008) (SWBH)
- Infection Control Policy (CO1001) (SWBH)
- Interpreting Services (ORG076)
- Privacy and Dignity and Respect Policy (Pt Care 060)

3. GLOSSARY AND DEFINITIONS

3.1 Essence of Care - Patient Focused Bench Marking for Health Care Professionals

3.2 Same-sex accommodation - is where specific sleeping areas and toilet and washing
facilities are designated as either men-only or women-only. ‘Sleeping accommodation’ includes areas where patients are admitted and cared for on beds or trolleys, even if they do not stay overnight.

4. POLICY DEVELOPMENT PRINCIPLES

4.1 To provide the best possible patient experience by ensuring safe, effective, high quality care is delivered within the clinical areas.

4.2 To work collaboratively with all those involved in the patients journey in an efficient and professional way ensuring the ward operates as efficiently as possible at all time.

4.3 To ensure all staff are have the required knowledge and understanding of their role in the delivery of the patient pathway and to minimise all potential risks.

4.4 The service will provide physiological care with appropriate psychological support to manage the presenting and concurrent conditions suffered by individuals requiring inpatient treatment.

4.5 Provide support for complex patient management and liaise with Social Services, District Nurses & other Healthcare Professionals outside the Trust.

4.6 To maintain the privacy and dignity of patients at all times.

4.7 To provide educational programmes for patients and their carers.

4.8 To maintain staffing at safe and appropriate levels.

5. ROLES AND RESPONSIBILITIES

5.1 Leadership
The leadership model within the generic ward will consist of a Lead Nurse, a Doctor and a Therapist per ward. It is envisaged that the three Leads will work together to ensure clinical quality is provided within each ward environment.

5.2 Clinical Group Director of Nursing/Midwifery
The Chief Nurse has corporate professional nursing responsibility with the clinical group directors having professional nursing responsibility for their respective clinical groups and all in-patient areas and out-patient areas. They will lead the implementation and delivery of the clinical service strategy for across the clinical group; managing workforce and clinical governance and risk management issues. He/she will integrate corporate nursing plans with divisional clinical service plans and will lead for all patient experience and user involvement.

5.3 Matron
The Matron will hold overall clinical responsibility for the nursing care of the in-patient and out-patient areas including managing infection control issues, clinical escalation and capacity issues. He/she will act as innovator, motivator, key change agent and role model working with a high level of autonomy in order to ensure continuing improvement with the delivery of evidence based care and ensuring consistently high standards of care.

Ward Manager/Lead Nurse

Holds continuing responsibility for the day to day management of the ward environment, the
services it provides, and the management of the staff including the professional development of staff and the management of sickness and absence. In addition the ward manager provides clinical care acting as expert, leader, role model, assessor and mentor.

5.4 Senior Ward Sister
The ward will be under the jurisdiction of the ward Senior Sister for day to day management of the ward environment, the services it provides and the management of the staff. The clinical responsibility for care of the patients is the responsibility of the team, who will lead on clinical care working within designated clinical pathways and protocols.

5.5 Ward Sisters and Staff Nurses
Senior Sisters and staff nurses are responsible for the delivery of care and treatments as prescribed and according to Trust clinical policies and protocols.

5.6 Nursing
The designated ‘nurse in charge’ is responsible on a shift by shift basis for providing leadership and co-ordination of workload in collaboration with and in the absence of the lead nurse. He/she will have responsibility for the supervision and support of staff and ensure that all clinical priorities are communicated to the nursing team within a timely manner, and that tasks are appropriately delegated to suitably qualified and competent members of the nursing and/or support team. He/she will manage staff breaks and staff will leave the ward area to access the shared staff rest rooms in the central hub areas adjacent to the ward or restaurant facilities provided within the hospital. He/she will monitor ward capacity and workload and will ensure that all patients are allocated to an appropriate bed space with the appropriate monitoring requirements according to their individual clinical need within the generic ward. This may be either a four bedded bay or single room, which may have additional level 1 monitoring equipment.

5.7 Registered Nurses
Registered nurses are responsible for delivery of care and treatments as prescribed and according to clinical policies and protocols; including admission and discharge of patients.

Registered Nurses will appropriately delegate work to support staff.

5.8 Health Care Assistants
Under the direction and supervision of qualified nursing staff, HCA’s provide support to clinicians and patients for basic care needs.

Other Clinical Staff/Support Staff

5.9 Ward Clerks
Ward clerks support the nursing and medical teams by providing administrative services including reception cover, ordering stationary, record keeping, telephone enquiries, admission and discharge support.

5.10 Therapy Staff
Physiotherapy, Occupational Therapy staff will attend as required to deliver support and treatment for patients.

5.11 Medical Staff
Consultant Medical staff and members of their team will attend the ward on a regular basis to
provide medical assessment and treatment of patients. Ward round times, patient review and referral, and patient handover will be managed by the designated lead clinician according to clinical priority.

5.12 Specialist Nurses
Specialist Nurses work in a variety of care settings including the community setting. They act as first point of contact for patients who require access to specialist nursing services and as such they may visit the ward to provide advice and treatment for patients.

5.13 Staff Identification and Uniform
All staff will wear Trust ID badges when on duty within the Trust. Staff will introduce themselves and identify their role to patient and visitors at the first point of contact with them.

All staff will wear uniform and/or adhere to an expected code of dress when on duty. Staff will change into their uniforms as detailed within the uniform policy and store their valuables and clothes in a locker in the shared changing area in the neighbourhood hub.

6. SERVICE DESCRIPTION/SCHEDULE OF ACCOMODATION

6.1 Hours of Service
All services located within a generic ward area will provide 24 hour, 7 days a week, 365 days per year individualised care to patients following emergency or elective admission for medical or surgical intervention. Medical, Therapy and Nursing staff will have access to ward areas at all times.

Entrance to the ward will be via a remote controlled access, which will support security for both staff and patients.

6.1.2 Visiting
All staff should be familiar with the Trust Visiting Policy and will support patients and users in its implementation.

The flow of visitors will be managed via the hub reception and will also provide a way finding function; visitors will be able to wait in the main concourse and restaurant areas.

All visitors will be expected to adhere to the Trusts hand washing policy and will use the hand wash station in the main hub area before entering and on exiting the ward area.

All visitors will be expected to adhere to the Trust Visiting Policy including visiting times and exceptions as outlined in the policy.

The ward will be accessible to all clinicians except during protected meal times hours, unless clinically urgent (1 hour each to cover lunch and evening meals).

6.2 Patient Pathway

6.2.1 Emergency Admission:
The ward will be notified of patients who are to be admitted to the ward via the relevant department in collaboration with the Trust Capacity Team. Patients may be admitted from:

- Emergency Department
- Adult Assessment Unit
- Outpatient Clinic

The accepting nurse must ensure individual needs including delegating an appropriate single sex bed space with appropriate monitoring, for example level 1 observation if required, and any specific
equipment required is obtained before the patient’s arrival.

6.2.2 Level 1 Observation
To reflect the nature of acute services provided the Trust has extended the Level 1 definition to include facilities provided for patients whose severity of illness or acuity is such; that it is best met in an acute high observation area with additional advice and support from the critical care outreach team.

These facilities are for patients who:
- Require placement in a specialist treatment area
- Are at risk of their condition deteriorating
- Require observation, monitoring and/or invasive treatment
- Have been admitted within the previous 48 hours from the A&E department, and require close observation
- Have recently been transferred from higher levels of care (level 2 and level 3)
- Can have their care needs met on an acute ward with additional advice and support from acute/emergency response teams

The purpose of these designated level 1 areas is to provide a safe area for specialist monitoring and/or treatments. Or, to provide an area where appropriately trained nursing and medical staff can readily recognise and respond to potentially unwell patients in a timely manner.

6.2.3 Planned Admission
Patients for planned admission will receive advanced written notification of their admission date, which includes way finding directions, and report to the reception desk situated in the central hub serving their intended ward. The receptionist will ensure all details are correct, that the patient is correctly identified and then inform the ward of the patient’s arrival.

Patients arriving for elective surgery will be directed to report to the Central Admission Area (Theatre Suite) in the first instance where they will undergo initial admission checks before being escorted to theatre for surgery. Following surgery the patient will be transferred to the recovery area. Once stabilised, handover will take place between the recovery and receiving ward nurse and the patient transferred to the ward.

Beds within wards will be booked in advance of surgery and will be allocated in collaboration with the Trust Capacity Team. The Lead Nurse will identify the appropriate bed location within the ward for each patient according to clinical need and observation requirements.

In order to maintain the national privacy and dignity standard in eliminating mixed sex accommodation the following principles will apply to all areas within the Acute Hospital environment.

All elective (planned admissions) patients should be admitted to single rooms or same sex accommodation in 4 bedded bays in accordance with the Trust Bed Management Policy. NB. The principles of same sex accommodation should apply to all clinical assessment and treatment in-patient and out-patient areas; including waiting areas where patients are sometimes expected to change out of their own clothes into hospital attire in order to undergo specific examinations, treatments and tests.

6.2.4 General Nursing Care for All Adult In-Patients
Patients are assessed and assisted with their personal care as needed. Each patient will have an individualised plan of care identified from admission which should include an expected length of stay. Patients will undergo regular nursing and medical assessment and review so that treatment is delivered in a timely manner and their individual length of stay in hospital is not prolonged unnecessarily.
Drug rounds will be carried out at regular intervals and administration of medicines will be according to individual patient’s prescription.

All care delivered and patient assessment will be recorded in the patient records. Patient handovers will be conducted at the bed side.

Staff will treat patients, their relatives or carers in a manner that makes them feel valued and respected. Communication and interaction will take place in an environment that is compatible with the individual situation.

6.2.5 Discharge Planning
Discharge planning for elective patients will commence prior to admission with any particular services or requirements that the patient may have being identified and organised to achieve a timely discharge.
Emergency patients discharge planning will form part of the admission assessment.

On discharge, patients will be provided with a 5 day supply of medication and/or dressings. Patients, who are independently mobile and are able to get dressed and to sit out will wait in the day room area of the ward for their medication, transport home or other needs.

Non mobile patients or confused patients will remain in the main ward until appropriate transport arrives to facilitate transfer to their residence post discharge.

The nurse in charge will ensure that the bed/room that the patient has vacated is cleaned, re-equipped and prepared to receive a new admission by ward service personnel.

6.3 Accommodation
Each 32 bedded Nursing Unit is divided into 50% single en-suite rooms and 50% multi 4 bedded single sex areas with supporting clinical and non-clinical accommodation. A number of bed spaces will be equipped with enhanced patient monitoring equipment for level 1 care.

6.3.1 Ward Entrance
Leading from the shared hub
The ward is secured to prevent unauthorised access whilst ensuring easy controlled exit. Staff access will be gained by swipe access. Others requiring access to the unit will be screened with audio visual equipment.

PEAT audits and daily cleaning checks are the responsibility of the designated Matron for the area.

6.3.2 Welcome points
These will be located at entrance to the department.

It will contain:
- Dedicated area for the ward clerk.
- The monitor and door controls granting viewing and access through the main ward doors.
- IT terminals
- Main communication point for external telephone communication, public enquiries and staff meeting points.

6.3.3 Single En-Suite Rooms
16 single rooms each with an en suite shower room and H track hoist facilities to patient area (excluding en suite)

Generic single bedrooms are required as detailed within the Functional Brief. The dividing wall between the room and main corridor are half glazed to allow observation of patients, these
windows have curtains/blinds to allow privacy as required.

Independent Disabled Single Room – facilities serving the independent wheelchair user room must be fully compliant with part M of the Building Regulations as detailed within the Functional Brief

In addition all rooms require:

- Sufficient spaces for displaying personal effects such as family photographs, favourite toys and get well cards.
- A working surface with linen storage space beneath.
- The en suite shower rooms must accommodate a mobile hoist. For detailed layout refer to the Functional Brief.
- TV/recreation facilities and notice boards/patient boards and signage.

Room doors will be kept closed at all times except in an emergency to promote the control of infection.

Clinical treatments and procedures will mainly be carried out within the individual room of the patient. Larger procedures have the option to be carried out within the procedure room located on the ward close to the 4 bedded areas.

Movement of the bed will only be used at the point of admission, discharge and when leaving the room for exceptional circumstances such as surgical procedures.

Bariatric patients will be managed within a designated single room which will accommodate a patient weighing up to 298kg. Where there is demand for both it will be the patient requiring isolation who will take priority.

Policies to be adhered to:

- Information systems on admission and discharge.
- Processes for booking in, allocation of side room, booked a theatre, recovery in theatre.
- Decontamination of equipment.
- Managing infectious patients when using hospital transport.
- Communication with community services when discharging patients with infections.

6.3.4 Multi Bed – Four

These Multi 4 bedded areas as detailed within the Functional Brief, the individual bed areas follow the same layout as the single rooms.

The dividing wall between the room and main corridor are half glazed to allow observation of patients, these windows have curtains/blinds to allow privacy as required.

A hand wash basin and gel will be available at the entrance to the bay area to promote hand washing before and after patient contact.

In addition all rooms require:

- Sufficient spaces for displaying personal effects such as family photographs and get well cards.
- A working surface with linen storage space beneath.
- The en suite shower rooms must accommodate a mobile hoist. For detailed layout refer to the Functional Brief.
- TV/recreation facilities and notice boards/patient boards and signage.

The area will be a distinct room and the room will be closed except in emergencies to aid infection control. The door will have sufficient width to safely manoeuvre beds into and out of the bay.
All team members who are responsible for carrying out nursing procedures will ensure that the patient’s dignity and privacy is maintained by ensuring that on one enters the bed space where the procedure is being carried out. This will be achieved by attaching a laminated notice on the curtain informing people that they should not enter.

The ward staff must ensure that when a patient has been discharged that the bed area / side room is cleaned, re-equipped and prepared to receive a new admission by contacting ward services as outlined above.

A minimum of one or two single bed rooms will be dedicated for the management of Infectious patients. The rooms have a lobby (refer to the Functional Brief) to prevent casual access and the possibility of cross infection. The rooms also have double doors to allow bed access however these will only be used at the point of admission, discharge and when leaving the room for exceptional circumstances such as surgical procedures. Patients with infectious conditions will take priority for the use of these rooms, however, at times of clinical escalation for infectious diseases advice should be sought from the infection control team as to which patients should be nursed in these areas and which should be nursed in a generic single room.

Each single room will be suitable for patients who weigh up to 298kg. Each room will be furnished with standard equipment.

There will be a number of rooms located within the hospital, which will accommodate a patient of up to 382kg. For details of the locations of these rooms, and also details of specific bariatric equipment/ furniture, such as, beds, chairs and commodes etc. please refer to the Whole Hospital Bariatric Care Policy.

Access to specialist equipment will be available for individual patients for whom standard sized equipment is not suitable, via facilities from a central store location. Standard furniture from the room will be removed and temporarily stored within central stores.

6.3.5 Nursing Observation Points

In addition to the main nurse bases additional observation points can be found on the ward. Refer to the Functional Brief.

Each point is situated at the join of 2 adjacent four bedded bays to provide observation of the 2 multi bed rooms and will contain:

- IT monitor
- Telephone
- A work bench
- An audio/visual link to door entrance controls for use out of hours

Electronic patient records (EPR) also picture archiving and communication systems (PACS) will enable a significant amount of direct clinical administration to be undertaken at the patient’s bedside using a computer.

6.3.6 Quiet Day Room

This room will provide a quiet area for patients, who are fully clothed and are ambulant. Need to accommodate dining room facilities. This area is furnished with comfortable seating and coffee tables for patients to read or watch television which is mounted on a low level television table.

6.3.7 Patient Toilets

In addition to the en-suite facilities there is a generic OSFA (one size fits all) toilet for the use of female and male patients.

6.3.8 Procedure Room

Each ward will have a procedure room located in close proximity to the multi 4 bedded areas as
detailed within the Functional Brief. The room will provide facilities for clinical examination, assessment and treatment, a number of planned clinical interventions not requiring a general anaesthetic could be undertaken here.

The procedure room will contain:
- Desk and IT station
- A Hand wash basin and paper towel dispenser
- A tracked curtain divider.
- Work/preparation area
- Storage is via mobile trolley.
- Overhead flexible lighting for examination purposes, specialist lighting is mobile.

The following will take place in the procedures room:
- Dressings
- Removal of sutures
- Drainage abscesses
- Irrigation
- Bladder wash out

6.3.9 Clean Utility

One clean utility is required as detailed within the Functional Brief full exemplar requirements for the clean utility. It must include wheeled/mobile storage racking for essential patient supplies.

The room will be used to store clean medical and surgical supplies that are required for a variety of clinical procedures and minor procedures and a supply of clinical equipment (lines, masks, syringes, needles etc), drugs, controlled drugs and dressings (in locked cabinet) plus other supplies e.g. bandages and tapes, pharmacy refrigeration and several dressing instrument trolleys. Nurses will prepare trolleys for clinical procedures in this room and return clean trolleys to the room after use. In addition a locked cupboard for housing flammable items and CoSHH products is required.

Refer to Facilities Trust Managed Services Whole Hospital Policy for details of re-supply

6.3.10 Dirty Utility

This dirty utility room as detailed within the Functional Brief will be located in the central area of the ward and will contain a range of waste streams with waste disposal unit and sink and will be in close proximity to the clean utility and procedure room.

It will contain cupboards for storage and specimen oracles and facilities for testing urine. Contaminated instruments will be held here temporarily following procedures until collected for decontamination. There will be a locked cupboard to accommodate dirty linen clinical waste. This will be removed from the department on a daily basis in line with Trust policy.

6.3.11 Office

The ward manager’s office will be used by to allow her/him to carry out all activities that support the clinical management of the service. 1:1 meetings with staff, clinicians and other managers will be held here. It comprises of an office workstation with a networked computer, telephone and storage for books and files.

A wall mounted key safe with electronic digital lock will be located here to store controlled drug keys and drug cupboard keys.

This room will also contain small wall safe where patient valuables can be temporarily stored until they can be transferred to a more long term secure location and/or returned to the patient for safekeeping. This will be applicable for patients who are admitted to the ward as an emergency and are in the possession of valuables but are too unwell to be responsible for their safekeeping or to sign a property disclaimer form. All patient items will be stored and logged according to Trust
Policy.

6.3.12 Resource Base
This office will be used by a range of staff from the multi-disciplinary teams as required and comprises of 4 office workstations with networked computers and telephones for completing patient records and arranging/ coordinating care.

6.3.13 Interview/Counselling
These generic interview/counselling rooms as detailed within the Functional Brief will be used as required for discussion sessions/private conversations with either patients and/or their relatives. All furniture and fittings are ergonomically comfortable and a telephone with external capability is provided.

It is important that family and friends are able to leave the room if they so choose after receiving bad news without having to meet up with other anxious families or walk back through the clinical area.

6.3.14 Beverage Room
A bespoke beverage room is required for the preparation of regular and ad hoc patient beverages throughout the day.

6.3.15 Food Trolley Bay
A generic food trolley bay is required as detailed within the Functional Brief.

In addition 2 plug-in points are required within the general circulation space for serving meals.

6.3.16 Store: Linen
A generic store room as detailed within the Functional Brief will be used to store sufficient stock of linen and gowns to meet the needs of the children’s wards, for infection control purposes the door should be kept closed at all times.

6.3.17 Stores
- Equipment Store
These store rooms are for equipment required on a daily basis and has floor space for parking mobile equipment and standing pieces of equipment, adjustable shelving is provided. The layout enables items to be removed easily particularly fragile and expensive equipment to help prevent damage.

Beds and mattresses will be stored in the furniture store as detailed within PPDD No 33 Neighbourhood Hub.

- Sterile Store
Storage of clean medical supplies and IV fluids. Shelving or racking systems will be utilised

- Non sterile
Storage on non sterile supplies i.e. boxes of pulp disposable stack items. Shelving or racking systems will be utilised

6.3.18 Mobile Equipment Bays
These bays will be used to store mobile imaging equipment required within the wards as detailed within the Functional Brief
6.3.19 Domestic Services Room
A generic Domestic service stores is required the functionality for which is detailed within the Functional Brief there is sufficient storage space for a vacuum cleaner and scrubbing/polishing machine for hard floors. CoSHH requirements for the storage of cleaning materials will be adhered to.

6.3.20 Kitchen Facilities
Patient and staff will make use of a neighbourhood hub as set out in PPDD No 33 & Catering facilities as described within PPDD No 32

A kitchen situated outside the main ward area in the shared central hub houses a regeneration function / kitchen. Refrigerators will house milk and cold snacks/sandwiches for those patients who have not planned a meal or other unexpected event. No staff food may be kept in the patient refrigerator.

An additional beverage bay will provide facilities for nursing staff and housekeepers to provide patients with drinks outside of scheduled rounds completed by ward services. These facilities are not for use of general public and visitors who can access drinks and snacks from vending machines within the hub.

6.3.21 Additional Specialist Facilities
In addition to the generic ward facilities the following specialties have additional dedicated facilities:

a) Therapy Facilities
Therapy facilities are detailed within the Therapies Operational Policy

b) Gynaecology and Emergency Pregnancy Assessment Unit (EGAU)
EGAU is located within the generic ward template and is detailed within the Gynaecology Ward Operational Policy

c) Assessment Unit
Please refer to Acute Adult Assessment Unit (AAU) operational policy. Procedure Room refer to the Functional Brief and near testing room Refer to PP&DD No 02 Generic Ward

The procedure room will be used for procedures which are not suitable to be carried out at the bedside and where patients who are not admitted require a procedure prior to discharge, it will also provide space for examinations. The near testing room allows efficient and timely diagnosis through the use of this room for example to perform blood analysis.

d) Oncology
Procedure room - refer to the Functional Brief

Positive Isolation room - refer to PP&DD No 02 Generic Ward

e) ENT
Treatment Room - refer to PP&DD No 02 Generic Ward

Requires 24 hour access for examination of inpatients, wall fixed microscope, chair.

Procedure room - refer to the Functional Brief
This will be used to undertake aspirations, minor procedures and naso-endoscopes.
f) Poisons Unit
Office for 2 people - refer to PP&DD No 02 Generic Ward
This office will be used to by the National Poisons Information service for Clinical staff who provide treatment to patients within the ward. In addition this office will house some of the resources to support the provision of advice and guidance within the hospital and nationally.

g) Ophthalmology - refer to PP&DD No 02 Generic Ward
Two Examination Rooms - to be equipped with blackout facilities slit lamps with clinician and patient chairs, reclining chair or couch to undertake indirect ophthalmic examination. Refer to PP&DD No 02 Generic

6.3.22 Staff Changing Facilities
These are located within the neighbourhood hub as detailed within the Functional Brief.

6.4 Interdepartmental Relationships
- Inpatient Areas
- Emergency Department
- Imaging
- ICCU
- Endoscopy
- Pathology
- Theatres
- Mortuary
- Pharmacy Store
- Operating Theatres
- Blood Bank
- Therapists - as per Therapist Operational Policy
- Radiography for portable x-rays as detailed within Imaging Operational Policy No. 11
- Phlebotomists

There should be easy access to/from diagnostics/pharmacy/theatres and support services and the journey to other departments.

Services provided by Facilities support services as detailed within Facilities Operational Policies.

Staff changing rooms, Staff rest room, staff beverage bay and toilets are located for staff welfare within the neighbourhood hub. Staff will take rest breaks outside of the clinical area.

6.5 Business Continuity
6.5.1 Escalation
Implement additional ward rounds to ensure timely discharge to appropriate locations.
Nurse Bank will be used to provide additional staff resource when necessary and booked by ward staff.

Ward Infection outbreak will be managed by:
- Closing the ward to admissions and discharges.
- Use of Quiet Day Space / Assisted Shower room for staff changing to isolate staff groups.
- Ward’s will be locked to monitor entry and exit; this will include doors between wards.

6.5.2 Major Equipment
Equipment requirements for the generic ward are detailed within the equipment responsibility matrix within the Functional Brief.

Routine maintenance of all equipment will be carried out at the intervals recommended by the
manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit.

If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure.

A loan of equipment is provided if repairs cannot be rectified immediately.

In the event of serious systems failure and immediate repair or loan equipment not being possible, then the department manager will consult with the medical staff and Clinical Group Director to cancel clinics accordingly.

Specialist equipment required by patients i.e. pumps, bed rails, Syringe Drivers (PCA), (definitive equipment list to be compiled) will be available from a central equipment library. Access to the equipment library will be available 24 hours a day, 7 days per week.

Equipment will be requested by ward staff by telephone and delivered by equipment library staff. Nursing staff will be responsible for surface cleaning during use and ensuring that equipment is returned to the library on discharge of the patient. Staff at the equipment library will be responsible for decontamination in a central decontamination unit.

Specialist equipment for prevention and treatment of Pressure Ulcers and wound care will also be available from the centralised equipment store following advice from a Specialist Tissue Viability Nurse. To obtain this equipment it will be necessary for a wound/pressure ulcer assessment to be completed and details of the patient’s risks and requirements passed to the clinical Tissue Viability Team.

Equipment required will be prescribed and delivered to the patient whereupon staff will be responsible for surface cleaning during use and promptly advising the Tissue Viability team of any changes in the patients’ condition which may necessitate reissuing new equipment or collection of equipment on the discharge of the patient.

All equipment must be surface cleaned, bagged and sealed before returning to the central equipment library.

Equipment used in a contaminated area or with an infected patient, must be surface cleaned, bagged, sealed and clearly labelled with hazard source prior to return or collection to the appropriate store.

a) Cleaning and Storage of Equipment

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Cleaned</th>
<th>Stored</th>
</tr>
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<tbody>
<tr>
<td>Bed and mattress</td>
<td>FM</td>
<td>Bed store</td>
</tr>
<tr>
<td>Other mattress</td>
<td>External Contract</td>
<td>Bed store</td>
</tr>
<tr>
<td>Pumps</td>
<td>MED ENG</td>
<td>Mobile e.g. bay</td>
</tr>
<tr>
<td>Portable lighting</td>
<td>FM</td>
<td>By bed</td>
</tr>
<tr>
<td>Wardrobe/locker with integrated locking self medication drawer</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Patient tables / Bed table</td>
<td>FM</td>
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</tr>
<tr>
<td>Secure Drugs cupboards</td>
<td>Nursing</td>
<td>N/A</td>
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<tr>
<td>Cleaning of ward areas, Shower/washroom areas &amp; sluice</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Joint FM / Nursing</td>
<td>Dirty Utility</td>
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<tr>
<td>Commodes</td>
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<td>Treatment trolleys</td>
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<td>Drug trolley</td>
<td>Nursing</td>
<td>Clean utility</td>
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<td>IV stands</td>
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<td>Portable sterile supplies trolley</td>
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<td>Linen trolleys</td>
<td>FM</td>
<td>Linen</td>
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<td>Waste bins</td>
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<td>Macerator, Sluice drainage</td>
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<tr>
<td>Mop/bucket</td>
<td>FM</td>
<td>Dirty utility</td>
</tr>
<tr>
<td>scales</td>
<td>Joint FM/Nursing</td>
<td>Procedure room</td>
</tr>
</tbody>
</table>

6.5.3 Equipment Replacement

A formal rolling programme of replacing equipment

6.6 Major Incident

Refer to:
- Major Incident Plan
- Evacuation Plan

Each area will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

6.7 Regulatory Requirements

- Mandatory training
- Working time Directive regulating working patterns
- Nursing and Midwifery Council
- General Medical Council
- Health and Safety
- COSHH
- Essence of Care
- Fire Regulations
- Disability Discrimination Act 1995

6.8 Clinical Support Services

6.8.1 Pharmacy

Refer to Pharmacy PPDD No 18 and Operational Policy which describes the Pharmacy services described around each cluster and based in the neighbourhood hub to provide swift response to pharmacy requests and ensure that advice and support of specialist pharmaceutical knowledge is readily available. Paediatric pharmacists are available and will visit the ward.

Pharmacy supplies will be delivered to the ward on a daily basis in locked boxes by the dedicated porters for pharmacy. Individual patient drugs/dressings will be stored in locked cabinets at patient bedsides from which medication will be dispensed during scheduled drug rounds.

General pharmacy supplies will be ordered electronically and be controlled using a material handling systems. General drugs and dressings which are issued via pharmacy will be stored within locked cabinets and automated dispensing machines situated in the clean utility.
6.8.2 Pathology
Referrals will be received via an IT solution. Specimens will be delivered to Pathology via the use of a pneumatic tube with the exception of blood products which are collected or delivered using the Porter service.

Phlebotomist will be provided at ward level and blood taken following a referral received using IT systems available. Labelling machines will be available for use by Phlebotomists to support this function. The phlebotomy trolley will be stored in an equipment bay within the neighbourhood hub for ease of access.

6.8.3 Infection Control
All staff will comply with Trust Infection Control Policies, all team members who undertake aseptic nursing procedures will adhere to infection control standards for cleaning trolleys to ensure that risk from infection is kept to a minimum.

Single rooms are designed to barrier nurse patients with transmittable infections, for example Clostridium difficile, methycillin resistant Staphylococcus Aureus, Nora Virus, using universal precautions and standard barrier nursing protocols. Please refer to domestic services section of this policy for cleaning protocols.

Consideration should be given to the increasing numbers of patients with HIV or patients with other conditions leading to severe immuno compromise, which when being the cause of their admission may necessitate reverse barrier nursing and the use of positive pressure.

Some wards will require that this facility is available. Positive pressure single side rooms will be available in the haematology specialist areas.
Single rooms will be used for patients with infectious conditions and these will take priority.

Processes for booking in, allocation of side room, booked a theatre, recovery in theatre will take account of those patients with Infectious conditions for example patients with infectious conditions will be booked last in the theatre list.

Decontamination of equipment will be completed centrally.

Hospital transport will be cleaned following use by a patient with an infectious condition.

Community services will be informed within referral process when a patient with infectious conditions is discharged.

6.8.4 Therapies
Refer to Therapy Operational Policy and PPDD No 02. Referrals will be through multi disciplinary team communications. Assessment and treatment will take place at the bed side where appropriate and through the use of therapy facilities located within the neighbourhood hub.

6.8.5 Sterile Supplies
Facilities staff will deliver sterile stores from the central store to the ward.

6.8.6 Manual Handling
Refer to the Moving and Handling Policy.

The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the
use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

Movement of patients between the different areas of the ward will require passage through doorways, which will be kept closed. Refer to the Functional Brief. Opening and closing of these doorways will be by push button. Should any door fail to have its close door actioned, a timer will self activate the closing of the door after a period of time approximately 3 minutes.

Where patients require moving whilst in the bed or on a trolley, this must be completed with two members of staff controlling the bed/trolley.

6.8.7 Imaging
Imaging will be requested by contact with the imaging service. It is anticipated that this will be via an IT referral system.

Where appropriate radiographers from the Imaging department will perform portable x-rays at the bedside, where this is not appropriate patients will be taken by Porter to the Imaging department.

6.8.8 Interpreting Services
Interpreting services will be available and booked by clerical staff. Refer to the interpreting Services – Access and Delivery Policy

6.9 Non Clinical Services
6.9.1 IT
Electronic Patient record (EPR), hospital communications and ordering systems will be required with access at main reception, nursing points and office resource base.

6.9.2 Transport
This will be required to transport patients where applicable and will be booked by the clerical staff via a central booking process.

6.9.3 Porters Service
A porter’s service will be available and will be booked via telephone; wheelchairs will be used from the hub wheelchairs store.

6.9.4 General Store Delivery
Facilities Support services – Material handling section to be developed.

6.9.5 Catering
Patient Meals will be as follows (refer to Catering section of Facilities support services Operational Policies). All foods will be stored in the regeneration area on the hub, and collected and delivered to the ward, and to individual patients, using a hostess service provided by Facilities division.

Food hygiene procedures will be followed and include segregation of clean and dirty activity and proper food storage as defined within food hygiene guidance.

Nursing staff will provide support for vulnerable patients during meals times using “red tray” process. Blue Beakers must be available for patients whose hydration is of concern

During breakfast, patients will be asked to order their lunch and evening meal from a supplied (by ward services) menu.

Breakfast – Cold breakfast consisting of cereal and/or continental style breakfast with hot/cold beverage.
Lunch – Choice of hot or cold meal, desert and choice of hot/cold beverage.

Evening Meal - Choice of hot or cold meal, desert and choice of hot/cold beverage. Additional meals can be ordered between the hours of 06.00 to 20.00 hours by contacting facilities department. Between 18.00 and 06.00 hours, sandwiches are available from the regeneration kitchen (refrigerated) which will be replaced and refreshed on a daily basis by ward services.

A kitchen situated outside the main ward area in the shared central hub houses a regeneration function / kitchen. Refrigerators will house milk and cold snacks/sandwiches for those patients who have not planned a meal or other unexpected event. No staff food may be kept in the patient refrigerator.

6.9.6 Linen
Linen will be delivered to the central linen store on the hub the ward services officer who will ensure supplies of linen are transferred from the central store to the individual wards and topped up throughout the working day (06.00 until 18.00 hours) 6 days a week.

Additional top ups required throughout the day will be arranged by the Ward team. Refer to facilities support services policy – Linen services section. This will be stored at a workable height with clear access in the linen store in the ward.

6.9.7 Domestic Service
Refer to the Hospital Cleaning Service Policy

General cleaning of patient rooms, commodes and the ward environment will be completed daily by ward services:

Cleaning of the patient rooms and ward environment will be routinely scheduled following all discharges.

Deep cleaning of all ward areas will be completed every 3 months and will include washing curtains.

After the discharge of a patient with a known infectious condition all mobile furniture will be removed from the ward and replaced with a duplicate set of pre cleaned and decontaminated furniture.

This will be obtained from the Equipment store where all equipment will have been decontaminated and routine maintenance provided if necessary.

Any urgent unplanned requests will be dealt with by the out of hour’s team.

Equipment to be returned for decontamination will be collected by Facilities staff to be returned for decontamination.

Where individual pieces of furniture of equipment require deep cleaning, this will be arranged directly with ward services.

6.9.8 Maintenance
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.
6.9.9 Security
Refer to the Security Policy

Door Entry System

Entry to and egress from the ward will be controlled by an automated access control system for staff. A video-intercom externally and internally will link to the Nursing Station from where access to and egress from the ward by visitors will be controlled.

Lock down and override system
- The exit control can be switched on and off depending on the nature of the patient’s on the ward and the risk of abduction or absconsion e.g. paediatric wards, patients with mental ill health, or in a state of confusion or dementia.

Security Service
- Security officers will be available 24 hours 365 days per year. Their prime responsibility will be to provide a safe, secure environment by maintaining the safety of all persons and property on the site. This includes the protection of patients, staff, service providers and visitors against violent acts or abuse; theft; criminal damage; malicious tampering and arson. The essence of the security service will be to provide effective crime prevention measures and a quick response when required, in respect of any security related issue.

Emergency Call System
- The Emergency Call System is linked to both the Nurse Station and the Security Base. Security staff will respond to the alarm and take whatever action is necessary to ensure the safety of the Trust’s staff/ refer to the Functional Brief.

6.9.10 Fire Procedure
Refer to the Fire Safety Management Policy

6.9.11 Waste Management
Refer to the Waste Management Policy
- All clinical waste will be disposed of in yellow clinical waste bags. These go for incineration.
- All used sharps to be placed in the ‘sharps’ bin.
- Soiled instruments should be returned to the decontamination unit for cleaning and re-sterilisation as per the decontamination operational policy. (available within the catheter suite)
- Non clinical waste to be placed in black rubbish bins.
- The Spillage Protocol will be adhered to regarding disposal of items used for dealing with spillages.
- Any confidential paperwork for disposal must go in the Hessian type bag identified for shredding material.
- Other paper waste relating to non confidential material can go in a black bag or the cardboard paper recycling boxes.
- Bins will have adequate space and sufficient collections to ensure that rubbish is not left on the floor, and bins should be a design which allows bags of rubbish to be placed in the bin safely.

7. CONSULTATION

An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to all lead nurses and capital projects team for comments. The outcome of this consultation has been reflected within the policy.
8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS

Compliance with the requirements of the policy will be monitored by the Matrons for each speciality.

9. TRAINING AND AWARENESS

Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the ward and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY

The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. REVIEW

This policy will be reviewed in three years time unless requires earlier review. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY

Nursing and Midwifery Council
Compassion in Practice – nursing, midwifery and care staff
General Medical Council
Health and Safety
COSHH
Essence of Care
Fire Regulations
Food Hygiene Regulations
Patient ID Policy
Patient Discharge Policy
Infection Control Policy
Drug Administration Policy
Major Incident Policy
Bariatric Policy
HBN - Health Building Note 04-01 Inpatient Facilities 2008
HBN - Health Building Note 04 Supp 1 Inpatient Accommodation options for choice – Supplement 1: Isolation facilities in acute settings

13. FURTHER ENQUIRIES

Contact the Speciality Matron for further information on the implementation of this policy.
### Appendix A - Operational Policy Development/Distribution/History/Consultation

Version 0.00, V0.01, V0.02, V0.03, V1.00, V2.0, V2.01, V2.02, V2.03, V3.0

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<tr>
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<tbody>
<tr>
<td>R. Overfield</td>
<td>Chief Nurse</td>
</tr>
<tr>
<td>L. Pascall</td>
<td>Assistant Director of Nursing</td>
</tr>
<tr>
<td>L. Mcdonagh</td>
<td>Matron</td>
</tr>
<tr>
<td>F. Shorney</td>
<td>Assistant Director Therapies</td>
</tr>
<tr>
<td>S. Clark</td>
<td>Director Facilities</td>
</tr>
<tr>
<td>J. Clark</td>
<td>Service Redesign Manager</td>
</tr>
<tr>
<td>J. Dunn</td>
<td>RCRH Service Redesign Director</td>
</tr>
<tr>
<td>D. Harthill</td>
<td>Equipment Store Manager</td>
</tr>
<tr>
<td>P. Russell</td>
<td>Facilities Manager- Linen</td>
</tr>
<tr>
<td>P. Finch</td>
<td>Security Advisor</td>
</tr>
<tr>
<td>M. Kennedy</td>
<td>Communications &amp; Telecoms</td>
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<tbody>
<tr>
<td>F. Shorney</td>
<td>Assistant Director Therapies</td>
</tr>
<tr>
<td>S. Coates</td>
<td>Matron for Cardiology</td>
</tr>
<tr>
<td>L. Hesk</td>
<td>Matron for Gynaecology/gynae-oncology</td>
</tr>
<tr>
<td>E. Rackley</td>
<td>Matron Delivery Suite, Maternity Wards, Serenity &amp; Halcyon Birth Centres</td>
</tr>
<tr>
<td>M. Bradley</td>
<td>Ward Manager for Maternity Wards</td>
</tr>
<tr>
<td>C. Garbett</td>
<td>Ward Manager Newton 2</td>
</tr>
<tr>
<td>S. Corless</td>
<td>Service Redesign Manager</td>
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<td>L. Phillips</td>
<td>Service Redesign Manager</td>
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<tr>
<td>P. Hazle</td>
<td>Capital Projects Manager</td>
</tr>
<tr>
<td>S. Mosses</td>
<td>Ergonomic Advisor</td>
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<tr>
<td>R. Evans</td>
<td>Lead Nurse infection Control</td>
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<td>P. Finch</td>
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<tr>
<td>P. Cooke</td>
<td>Head of Pharmacy</td>
</tr>
<tr>
<td>S. Clarke</td>
<td>Deputy Director of Facilities</td>
</tr>
<tr>
<td>J. Clarke</td>
<td>Trust Hotel Services Manager</td>
</tr>
<tr>
<td>G. Mahandra</td>
<td>Sister Critical Care</td>
</tr>
<tr>
<td>A. Hill</td>
<td>Consultant Physiotherapist</td>
</tr>
<tr>
<td>J. Burke</td>
<td>Clinical Nurse Specialist Cardiac Rehabilitation</td>
</tr>
<tr>
<td>C. Walne</td>
<td>Neonatal Matron</td>
</tr>
<tr>
<td>D. Rollason</td>
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</tr>
<tr>
<td>J. Marshall</td>
<td>Supplies Manager</td>
</tr>
<tr>
<td>C. Gill</td>
<td>Chief Pharmacy Technician Patient Services</td>
</tr>
<tr>
<td>L. Alani</td>
<td>Senior Pharmacy Technician</td>
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MIDLAND METROPOLITAN HOSPITAL

No. 02a
THERAPY
OPERATIONAL POLICY
MIDLAND METROPOLITAN HOSPITAL
THERAPY
OPERATIONAL POLICY

KEY POINTS

1. This policy is designed to assist all healthcare professionals involved in the care of all
2. The policy details the facilities required for the within the Midland Metropolitan Hospital.
3. The objectives of the therapy service are to provide an integrated therapy provision with a shared management structure:
4. This policy applies to all Trust staff in all locations including temporary employees, locums, agency staff, contractors and visiting clinicians.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
## Contents

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## APPENDICES

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1. INTRODUCTION

1.1 The Acute Hospital model is both innovative and challenging. Proactive and timely specialist therapy intervention is essential over a 7 day period to deliver this service model.

1.2 Therapists will provide expert assessment and treatment in many hyper acute and acute clinical areas, where the aim is to prioritise to reduce length of stay and sign post appropriately to expedite a safe, timely discharge. These will include:

- Critical Care
- Paediatrics
- Acute Medicine
- Acute Surgery
- Stroke
- Orthopaedics

1.3 In Emergency Care the integrated therapy team are key players in the admission avoidance team; this will facilitate safe and timely discharges. This will include specialist assessments using bespoke facilities.

1.4 The Therapy service aims to provide an integrated, equitable, high quality, evidenced-based and timely therapy service to meet the diverse cultural needs of the local population.

1.5 Partnership and collaborative working between all therapists, in all aspects of health and social care will facilitate seamless continuation of treatment and rehabilitation via robust communication on a daily basis.

2. OTHER POLICIES TO WHICH THIS POLICY RELATES

- Infection Control Policy (CO1001) (SWBH)
- Interpreting Services (ORG076)
- Privacy and Dignity and Respect Policy (Pt Care 060)

3. GLOSSARY AND DEFINITIONS

3.1 LOS – Length of Stay
3.2 OSFA – One size fits all toilets
3.3 ENT – Ear, Nose and Throat
3.4 ADL – Activities of Daily Living
3.5 SLT – Speech and Language Therapy

4. POLICY DEVELOPMENT PRINCIPLES

4.1 This policy is designed to assist all healthcare professionals involved in the delivery of therapy services and outlines the purpose and function of the therapy services/specialities provided for all adult in-patients requiring therapy interventions.
4.2 Seamless, proactive management of patient journey between primary and secondary care.

4.3 Access to the right treatment, at the right time in the right place by the right therapist to facilitate timely and reduced length of stay and safe discharge planning.

4.4 Maximise potential for effective multi disciplinary team working to support effective discharge planning.

4.5 Cost effective, evidence based service to all appropriate clinical areas.

4.6 Seven day, flexible working practice as appropriate.

4.7 Rapid access to therapy assessment and treatment that is evidenced-based

4.8 Tacit referral system to therapists with specialist knowledge

4.9 Excellent communication between all therapists regardless of their work base to facilitate seamless journey for patients between primary and secondary care.

5. ROLES AND RESPONSIBILITIES
Therapy services will include the following autonomous practitioners:

- Occupational Therapy
- Physiotherapy
- Dietetics
- Speech and Language Therapy
- Foot Health (within the outpatient service)

Therapists will share an integrated management structure across both the Acute and Community Hospitals.

All clinical specialties will have access to an appropriately skilled therapist 7 days a week to facilitate a safe, timely discharge. Band 2, 3, 4, 5, and some band 7’s will work between the acute and community hospitals and staff will adopt, as far as possible, a flexible approach to the working day to maximise access for all inpatients. Skill mix is designed to be rich to facilitate expert clinical assessment/ triage.

Many therapists have completed or are undergoing training for extended roles. These include rehabilitation, respiratory and musculoskeletal orthopaedics

Physiotherapists will provide a 24 hour emergency respiratory service for those patients likely to deteriorate significantly overnight. Staff will work closely with the Hospital at Night team.

5.1 Physiotherapy and Occupational Therapy Services
The emphasis for all therapists will be on rapid access to patient assessment and treatment. Occupational Therapy and Physiotherapy in particular will commence at the front door in the Emergency Department to assess and treat and wherever possible avoid admission and place patient on the most appropriate pathway, reduce LOS and ensure effective discharges whether to home or community facility as soon as the patient is deemed medically fit.

Skill mix will reflect the need for rapid, expert assessment, treatment and decision making and will work flexibly in acute and community facilities. Junior and middle grades will rotate through clinical areas based at both the acute and community facilities to consolidate their clinical knowledge and practical application. This will support the Trust’s robust recruitment and retention
objectives.

5.2 The Speech and Language Therapy Service
This service will be primarily provided on an in-patient basis where specialist services will be provided for patients with acute swallowing and communication problems, specifically acute stroke and other neurological conditions. Stroke patients require screening within 4 hours of admission and full SLT assessment within 24 hours (NICE Stroke Guidelines).

The SLT Service (assessment and therapy) will also be required with a range of acute medical patients and some inpatient ENT/ head & neck cancer provision. SLTs will support the nutrition team working in the acute hospital (ref NICE guidelines for Nutrition). Instrumental assessments e.g. FEES & video fluoroscopy will be provided for acute in patients.

As with other therapists some staff will work flexibly between the acute and community bases. There will be access to generic therapy areas in the hub for use by Speech and Language therapists when treating inpatients.

5.3 Foot Health Services
This service will be primarily community based. However there will be a need to see inpatients and patients who attend complex outpatient clinics such as Diabetic Foot Clinic, Stroke Clinic and vascular clinic at the acute site.

Foot health staff may at times see patients at the bedside but will also require access to a clinic room. This room will have a podiatry chair, an operators chair, work units and storage for podiatry equipment.

The Podiatrists will treat wounds and pressure sores using debridement and larvae therapy where appropriate. Foot health staff will also access shared and generic treatment areas as appropriate whilst providing assessment and treatment within the hospital.

5.4 Dietetics Service
The dietetics service will be provided within the acute hospital within critical care, medicine, surgery and paediatrics. Dietetics staff will work flexibly between acute and community hospitals.

6. SERVICE DESCRIPTION/SCHEDULE OF ACCOMODATION

6.1 Hours of Service
The service will be provided 7 days per week with flexible working as appropriate to maximise access for all inpatients. Physiotherapists will continue a 24 hour respiratory service linking in with the Hospital at Night service.

6.2 Patient Pathway
Referrals will be received tacitly and within multi disciplinary meetings. Treatment and rehabilitation will begin at the earliest opportunity in liaison with the ward staff.

Patients requiring assessment and treatment away from the ward areas will be transported to and from the most appropriate rehabilitation area within the ward cluster. Relatives and carers will, at times accompany the patient to these areas.

In ward areas some patients will require assessment and treatment at the bedside. Once the patient is sufficiently stable effective rehabilitation may require the use of specialist equipment in bespoke treatment areas within the ward cluster.
Bed transfers will input from portering services. Some patients as part of their rehabilitation will walk to and from therapy areas, others will require wheelchair transportation.

6.3 Accommodation
Therapists will access treatment facilities based in several of the ward hub areas one of which will be designated as a “base” for therapists.

Patients will be assessed with regard to the skills required to perform in activities of daily living. This will include assessment of the ability to manage personal care and domestic skills safely in order to make accurate recommendation for further interventions.

This will be accessed by staff, based in the hospital but may also be required by staff based in community locations prior to making recommendation for appropriate placement following discharge.

<table>
<thead>
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<td>Stroke, Neurology and Rehabilitation.</td>
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<td>ADL Suite</td>
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<td>Cognitive Therapy</td>
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<td></td>
<td>Store – Large</td>
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<td>Patient Toilet</td>
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<td>AAU</td>
<td>Therapy Room – Small</td>
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<td>Store – Large</td>
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<td>Patient Toilet (2)</td>
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<td>Office – Department Manager</td>
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<td>Resource Base</td>
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<td>Musculoskeletal</td>
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<td>Resource base</td>
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6.3.1 Therapy Rooms
These Therapy rooms will be used in assessment and treatment of mobility and transfers etc. Parallel bars and stairs will be used for assessment purposes. These rooms will have Bobath couches for therapy assessment and intervention.

Each room will require a clinical wash hand basin to promote regular hand washing to reduce the spread of infectious conditions. They will be used for a range of therapy which will include individual treatment, specialist clinics and extend groups.

6.3.2 ADL Suites
This area will be used to assess skills in activities of daily living. This will include assessment of the ability to manage personal care and domestic skills safely in order to make accurate
recommendation for further interventions.

This area will have a kitchen, bathroom and lounge area. This will be accessed by staff based in the hospital but may also be required by staff based in community locations prior to making recommendation for appropriate placement following discharge.

It comprises of:

ADL Kitchens
These kitchens are designed to replicate domestic kitchens and include a gas and an electric cooker, a microwave, refrigerator and dishwasher. Patients will be able to prepare hot and cold drinks and a limited range of meals under the supervision of an occupational therapist.

In addition to the normal kitchen layout, separate clinical hand washing facilities with non-touch taps are provided.

ADL Bathrooms
These bathrooms are designed to replicate domestic bathrooms and incorporate a bath, shower hand wash basin and toilet with aids to facilitate occupational therapists / physiotherapists in assessing the level of the patient’s independence.

ADL Bedrooms
These bedrooms are designed and decorated to replicate a domestic bedroom and are furnished with a single divan bed with access both sides, this will enable the occupational therapists and physiotherapists to assess the level of the patient’s independence in getting in and out of bed unaided.

6.3.3 Patient WCs
Toilets accessible to all patients within each of the therapy clusters as detailed within Functional Brief.

6.3.4 Stores - Departmental
These 4 store rooms will be used to store equipment and appropriate resources.

6.3.5 Cognitive Therapy Room
This room will be used for assessment of cognitive function used to make effective recommendations for discharge planning and to guide appropriate treatments. This room can also be used for other therapeutic interventions which require privacy and quiet such as inpatient Speech and Language Therapy assessments and treatment, Physiotherapy and Occupational Therapy complex assessments or interventions which may involve family and / or carers.

6.3.6 Education and Treatment Room
This room as detailed will be used to provide education/treatment for either individuals or small groups of inpatients. This may include those with respiratory disorders to avoid future re admissions. Therapy staff from the community may in-reach to use this facility on liaison with hospital staff. The room will need access to a projector, screen, comfortable up right chairs and tables which can be moved easily for flexible use.

6.3.7 Office
The Therapy Manager’s office will be used to carry out all activities that support the clinical management of the service. 1:1 meetings with staff, clinicians and other managers will be held here. It comprises of an office workstation with a networked computer, telephone and storage for books and files.
6.3.8 Two Resource Bases
These 2 resource bases as detailed within Functional Brief will accommodate up to 4 therapists at a time and will be used on a hot desk basis for staff to access computers and telephones.

They will provide a therapy resource which will be used by all therapy staff and as a place where discharges can be arranged, reports and paperwork can be written and updated.

6.3.9 Staff Changing Facilities
These are located within the neighbourhood hub as detailed within the Functional Brief.

6.4 Business Continuity
6.4.1 Escalation
- Bank staff will be used to provide additional therapy assessment and treatment sessions.
- Work on ward where applicable.
- Flexible use of facilities within community hubs and appropriate community facilities.

6.4.2 Major Equipment
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit.
If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.
If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure.
A loan of equipment is provided if repairs cannot be rectified immediately.
In the event of serious systems failure and immediate repair or loan equipment not being possible, then the department manager will consult with the medical staff and Clinical Group Director to cancel clinics accordingly.

6.4.3 Equipment Replacement
A formal rolling programme of replacing equipment

Equipment required will be prescribed and delivered to the patient whereupon staff will be responsible for surface cleaning during use and promptly advising the tissue viability team of any changes in the patients' condition which may necessitate reissuing new equipment or collection of equipment on the discharge of the patient.

All equipment must be surface cleaned before returning to either the Central equipment library that will require that equipment is also bagged and sealed.

Equipment used in a contaminated area or with an infected patient, must be surface cleaned, bagged, sealed and clearly labelled with hazard source prior to return or collection to the appropriate store.

6.5 Major Incident
Refer to:
- Major Incident Plan
- Evacuation Plan
Each area will act in accordance to the trust’s wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident; these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

6.6 Regulatory Requirements
The Health and Care Profession Council (HPC) standards

Professional Standards:
- College of Occupational Therapy
- Chartered Society of Physiotherapy
- Royal Society of Speech and Language Therapists
- British Dietetic Association
- The Society of Chiropodists and Podiatrists

6.7 Clinical Support Services
6.7.1 Pharmacy
There is a requirement for a lockable fridge to store injection therapy drugs, this is to be located in the resource base adjacent to stroke.

6.7.2 Pathology
Not applicable

6.7.3 Infection Control
All staff will comply with Trust Infection Control Policies to manage the control of infection, where appropriate in-patients with serious infectious diseases will be seen in the ward environment with the use of mobile machinery.

Ward staff will notify therapy staff of this at the point of referral so appropriate arrangements can be made. The IT system needs to incorporate this functionality.

Where patients have infectious conditions and the intervention cannot be carried out on the ward, the patient will be scheduled at the end of a group of patients as appropriate. This will allow time for the area to be cleaned in between patients.

Following the intervention the trolley / wheelchair must be cleaned at the ward hub prior to re-use. Patients should not wait in open areas.

Infection control will managed by clear communication through the use of alerts on patient healthcare records either written in the patient’s medical file and/or within electronic patient records, this will apply to patients arriving and leaving the clinical areas.

Inpatient ward staff will notify the clinical areas prior to interventions to ensure that the appropriate measures can be taken to avoid the spread of infection. Infectious patients will be treated individually to isolate any possibility of the spread of infection.

Clinical areas will be cleaned after these interventions have taken place, if clinical areas require cleaning in between patients domestic services will be contacted by telephone to arrange this in advance if possible. If this is not possible the area will remain unavailable until it has been

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cleaned.

Refer to the Hospital Cleaning Service Policy [ward services] which states that planned and ad hoc cleaning will be delivered. Equipment used will be decontaminated using approved methods.

6.7.4 Therapies
Refer to Therapy Operational Policy and PP&DD No 02. Referrals will be through multidisciplinary team communications. Assessment and treatment will take place at the bedside where appropriate and through the use of therapy facilities located within the neighbourhood hub.

6.7.5 Sterile Supplies
Facilities staff will deliver sterile stores from the central store to the antenatal clinic.

6.7.6 Manual Handling
Refer to the Moving and Handling Policy.

The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

A treatment area within one of the treatment rooms will be required to accommodate one bariatric person, this will include:
- 1 chair
- 1 Plinth and hoist facility

This will accommodate a patient of up to 298kg. The use of a biodex support / harness will be used for people to mobilise using the parallel bars and can take people of up to approximately 42 stone.

As much as possible therapy will be delivered to bariatric patients within the ward where the bariatric patients will be located within the side rooms which will have appropriate support facilities i.e. hoist.

A ceiling track is not required within the clinical areas as use of equipment and techniques which are available within the community allow for more realistic assessment and treatment.

Mobile hoists and sliding sheets and boards will be housed within each of the two ADL assessment areas for flexible use when clinically appropriate.

All equipment within the department will be height adjustable where possible.

Storage systems to be ergonomically designed to minimise injury to staff, these must be of reachable height or have specially designed ladders to access high shelves safely. There must be sufficient space min 2.5 m to allow for circular movement of goods if mechanised systems are required. Trust manual handling guidelines will be followed by staff.

Where possible, distances for moving goods will be minimised. Doors and corridors will be of sufficient width with automatically opening doors to allow ease of movement of wheelchairs and loads. Floors within the service will be level to allow for ease of movement.

6.7.7 Imaging
Imaging will be requested by contact with the imaging service. It is anticipated that this will be via an IT referral system.
Where appropriate radiographers from the Imaging department will perform portable x-rays at the bedside, where this is not appropriate patients will be taken by Porter to the Imaging department.

6.7.8 Interpreting Services
Interpreting services will be available and booked by clerical staff. Refer to the interpreting Services – Access and Delivery Policy

6.8 Non Clinical Services
6.8.1 IT
Electronic Patient record (EPR), hospital communications and ordering systems will be required with access at main reception, nursing points and office resource base.

6.8.2 Transport
Therapy staff will need access to Patient Transport when going to patients homes for both access visits (without the patient) and home assessment visits (with the patient) for assessment purposes.

To be arranged through telephone to call centre for central booking for patient transport. Refer to Facilities support services – patient transport.

6.8.3 Porters Service
A porter’s service will be available and will be booked via telephone; wheelchairs will be used from the hub wheelchairs store.

6.8.4 General Store Delivery
Facilities Support services – Material handling section to be developed.

6.8.5 Catering
Not applicable.

6.8.6 Linen
Supplies of clean sheets, slings and straps for mobile hoists will be required on a weekly basis. These will be stored in cupboards within the clinical rooms and collected on a daily basis for laundering.

6.8.7 Domestic Service
Refer to the Hospital Cleaning Service Policy

The therapy areas will require daily cleaning, preferable outside of main assessment and treatment times.

Equipment to be returned for decontamination will be collected by Facilities staff to be returned for decontamination.

Where individual pieces of furniture of equipment require deep cleaning, this will be arranged directly with ward services.

6.8.8 Maintenance
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.
6.8.9 Security
Refer to the Security Policy

6.8.10 Fire Procedure
Refer to the Fire Safety Management Policy

6.8.11 Waste Management
Refer to the Waste Management Policy

- All clinical waste will be disposed of in yellow clinical waste bags. These go for incineration.
- All used sharps to be placed in the ‘sharps’ bin.
- Soiled instruments should be returned to the decontamination unit for cleaning and re-sterilisation as per the decontamination operational policy (available within the endoscopy suite).
- Non clinical waste to be placed in black rubbish bins.
- The Spillage Protocol will be adhered to regarding disposal of items used for dealing with spillages.
- Any confidential paperwork for disposal must go in the Hessian type bag identified for shredding material.
- Other paper waste relating to non confidential material can go in a black bag or the cardboard paper recycling boxes.
- Bins will have adequate space and sufficient collections to ensure that rubbish is not left on the floor, and bins should be a design which allows bags of rubbish to be placed in the bin safely.

7. CONSULTATION

An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to therapy staff and capital projects team for comments. The outcome of this consultation has been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS

Compliance with the requirements of the policy will be monitored by the designated clinical group manager.

9. TRAINING AND AWARENESS

Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the therapy unit and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY

The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.
11. **REVIEW**

This policy will be reviewed in three years time unless requires earlier review. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. **REFERENCE DOCUMENTS AND BIBLIOGRAPHY**

The Health Profession Council (HPC) standards

College Of Occupational Therapy

Chartered Society of Physiotherapy

Royal Society of Speech and Language Therapists

PP&DD Planning Policy Design Document No 02 Inpatients - Generic

Health Building Note 04 Inpatient Accommodation; Options for Choice

13. **FURTHER ENQUIRIES**

Contact the Director of Therapies for further information on the implementation of this policy.
APPENDIX A  Patient Pathway

Assessment
(At bedside, ADL rooms, Cognitive Testing Room, Education Room & treatment areas)

Treatment as applicable
(ADL rooms, Treatment areas, Education Room)

Transfer to community location for further rehabilitation

Discharge home
**Appendix B - Operational Policy Development/Distribution/History/Consultation**

V0.0, V0.01, V1.0, V2.0, V2.01, V2.02, V2.03, V3.0

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<td>J. Clark</td>
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<td>Security Advisor</td>
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MIDLAND METROPOLITAN HOSPITAL

No. 02c
GYNAECOLOGY IN-PATIENT WARD
OPERATIONAL POLICY
MIDLAND METROPOLITAN HOSPITAL
GYNAECOLOGY IN-PATIENT WARD
OPERATIONAL POLICY

KEY POINTS

1. This policy is designed to assist all healthcare professionals involved in the care of all women during the in-patient period and outlines the purpose and function of a gynaecology service provided in an in-patient department.

2. The policy details the facilities required for the gynaecology in-patient ward within the Midland Metropolitan Hospital.

3. The key objective is to provide a fully integrated emergency Gynaecology assessment and early pregnancy assessment unit co located on the gynaecology ward.

4. To support the prompt assessment and treatment of patients requiring Gynaecological intervention either as emergency or planned treatment.

5. This policy applies to all Trust staff in all locations including temporary employees, locums, agency staff, contractors and visiting clinicians.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY.
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1. INTRODUCTION

1.1 The purpose of an Emergency Gynaecology and Early Pregnancy Assessment Unit (EGAU), aims to offer the local population a high quality, sensitive service that provides a consultation, investigations, diagnosis and treatment of all women who present with an emergency Gynaecology condition or early pregnancy complication up to 16 weeks gestation.

1.2 The service is located on the gynaecology ward, and provides prompt and timely review, assessment and treatment of patients from ED, and those referred from GP’s and other health professionals or self referrals, thus ensuring a streamlined service and facilitating the appropriate use of in-patient beds.

1.3 The service supports the long term strategy of the Right Care, Right Here Programme centralising emergency care, with bespoke areas for Early Pregnancy and Emergency Gynaecology assessment and treatment.

1.4 The Emergency Gynaecology and Early Pregnancy Assessment Unit will provide prompt assessment and management of care for:

- All women who present with pain and/or bleeding in early pregnancy up to 16 weeks gestation, however their condition must be stable, vital signs within normal limits and pain controlled.
- All patients referred either via the Emergency Department or their GP for Gynaecological opinion and treatment
- Rapid re hydration of patients with Hyperemesis
- Medical management of miscarriage
- The EGAU provides services to patients 24 hours per day 7 days per week, 365 days per year, for patients requiring assessment or treatment up to 23 hours.
- ‘Hot Clinic’ slots
- ‘Hot clinic’ slots are available with consultants on a daily basis Monday to Friday.

2. OTHER POLICIES TO WHICH THIS POLICY RELATES

- Emergency Gynaecology Admissions Procedure for Care and Handover (GYNO11) (SWBH)
- Emergency Gynaecology Problems Manual (GYN014) March 12
- Gynaecology Abdominal Surgery pre and post operative care (SWBH)
- Infection Control Policy (CO1001) (SWBH)
- Interpreting Services (ORG076)
- Privacy and Dignity and Respect Policy (Pt Care 060)

3. GLOSSARY AND DEFINITIONS
3.1 EGAU – Emergency Gynaecology Assessment Unit

3.2 EPAU- Early Pregnancy Assessment Unit

3.3 CNS – Clinical Nurse Specialist

4. **POLICY DEVELOPMENT PRINCIPLES**

4.1 This policy is designed to assist all healthcare professionals involved in the care of women who present with an acute emergency Gynaecology condition or a complication in early pregnancy up to 16 weeks gestation.

4.2 To ensure the delivery of a streamlined and high quality service, in a designated area, that reflects the sensitive nature of Gynaecology conditions and early pregnancy complications.

4.3 To provide a rapid access service for all patients who present with an emergency Gynaecology condition or an early pregnancy complication up to 16 weeks gestation, once their condition has been deemed stable according to set criteria.

4.4 All patients to be assessed and treated in a designated clinical area for Emergency Gynaecology and Early pregnancy assessment (EGAU).

4.5 To provide a fully integrated area, consisting of facilities for; Consultation, investigations, examination and treatment.

4.6 To provide an environment whereby a patient's privacy and dignity are maintained at all times.

4.7 To maintain staffing at safe and appropriate levels.

5. **ROLES AND RESPONSIBILITIES**

**Leadership**

The leadership model within the ward will consist of a Lead Nurse, a Doctor and a Therapist. It is envisaged that the three Leads will work together to ensure clinical quality is provided within each ward environment.

5.1 Clinical Group Director of Nursing/Midwifery

The Chief Nurse has corporate professional nursing responsibility with the clinical group directors having professional nursing responsibility for their respective clinical groups and all in-patient areas and out-patient areas. They will lead the implementation and delivery of the clinical service strategy for across the clinical group; managing workforce and clinical governance and risk management issues.

He/she will integrate corporate nursing plans with divisional clinical service plans and will lead for all patient experience and user involvement.

5.2 Matron

The Matron will hold overall clinical responsibility for the nursing care of the in-patient and out-patient areas including managing infection control issues, clinical escalation and capacity issues.

He/she will act as innovator, motivator, key change agent and role model working with a high level of autonomy in order to ensure continuing improvement with the delivery of evidence based care and ensuring consistently high standards of care.
5.3 Nursing
Each shift is led by an experienced, skilled and competent nurse. The nurse in charge will organise staff breaks and staff taking breaks will leave the ward area and access the hospital catering facilities.

5.4 Senior Sister Gynaecology Ward
The EGAU is co-located on the gynaecology ward and will be under the jurisdiction of the ward Senior Sister for day to day management of the ward environment, the services it provides and the management of the staff, with the exception of the Gynaecology CNS team who are managed by Matron for Gynaecology. The clinical responsibility for care of the gynaecology patients is the responsibility of the gynaecology team, who will lead on clinical care working within designated clinical pathways and protocols.

5.5 Ward Sisters and Staff Nurses
Senior Sisters and staff nurses are responsible for the delivery of care and treatments as prescribed and according to Trust clinical policies and protocols.

5.6 Health Care Assistants
Under the direction and supervision of qualified nursing staff, HCA’s provide support to clinicians and patients for basic care needs.

5.7 Ward Clerks
Ward clerks support the nursing and medical teams by providing administrative services including reception cover, ordering stationary, record keeping, telephone enquiries, admission and discharge support.

5.8 Medical
Consultant medical staff will attend the EGAU on a scheduled basis to undertake ward rounds and junior medical staffs provide support on the unit. Doctors in training will be supported to learn and develop as outlined in their training programmes.

Medical Students will be educated within the unit and given the opportunities to learn clinical skills under the direction and supervision of their clinical mentors guided by the consent to treatment and examination policy.

6. SERVICE DESCRIPTION/SCHEDULE OF ACCOMMODATION

6.1 Hours of Service
The gynaecology ward will provide full care services to patients 24 hours per day 7 days per week, 365 days per year.

The EGAU will provide full care services to patients 24 hours per day 7 days per week, 365 days per year.

- The EGAU will be accessible to all clinicians at all times
- Visiting times:
  - Visitors will be asked to wash their hands using the hand wash facilities on the ward and the hand gel at the entrance to the unit
6.1.2 Patient Pathway

Patients are admitted as an emergency from the Emergency Department, Outpatient Departments, and General Practitioners, Community Midwifery Services and other local hospitals or tertiary hospitals.

Patients may also choose to self refer into the service following discussion with the CNS.

Emergency Admissions:

The EGAU CNS team will be notified of people for admission via Emergency Department or via GP referrals following telephone triage by the Gynaecology medical team.

The nurse accepting details of an intended admission must identify any special requirements that the patient might have and ensure all equipment or other needs are met before the patient arrives on the ward.

All patients admitted to the EGAU will be triaged by the admitting nurse and appropriate action taken to alert medical staff.

Planned admissions:

Planned admissions are booked by the CNS team;

- Patients for planned admission will report directly to EGAU.
- The CNS will ensure all details are correct and that the patient is correctly identified and expected

Discharge:

- Discharge planning begins on admission with any particular services or requirements that the patient may require on discharge being planned and identified at as early a stage as possible
- On discharge patients will be provided with a supply of medication and / or dressings or other equipment required ensuring a smooth transition to their discharge location. Patients who are mobile and able to sit may wait in the waiting area of the ward for their medication, transport home or other needs and will be given copies of electronic discharge paperwork
- The ward staff must then ensure that the bed area / side room that the patient has vacated is cleaned, re-equipped and prepared to receive a new admission by contacting ward services as outlined above.

6.2 Accommodation

The EGAU is co located on the gynaecology ward which is secured to prevent unauthorised access whilst ensuring easy controlled exit. Staff access will be gained by swipe access. Others requiring access to the unit will be screened with audio visual equipment.

PEAT audits and daily cleaning checks are the responsibility of the Gynaecology CNS team / Matron for Gynaecology.

6.2.1 EGAU Area

Located within a dedicated area within the gynaecology ward this area comprises of:
6.2.2 Reception

All patients attending for a booked appointment will report to the hub waiting area receptionist desk located outside the gynaecology ward, their appointments having been arranged by the referring professional. Verbal directions may augment this information by the staff based on the reception desk located in the main entrance.

The Receptionist will then book-in the patients onto the computer system and will direct the patient to EGAU located at the within the ward area, informing the Clinical Nurse Specialists of the patient’s arrival via the IT link.

For admissions to EGAU out of hub reception hours, patients will be informed to report straight to the gynaecology ward, whereby, on arrival, ward staff will direct them to the EGAU area.

6.2.3 Waiting Area in EGAU

This area will accommodate up to 8 persons, patients, relatives, visitors and escorts will wait in this area after booking in with the Receptionist.

A Nurse will collect the patient and the patient's ante natal notes (if applicable) from the reception desk, and escort them to the consulting/examination room.

6.2.4 Bed Spaces

6 bed spaces are required including access to single rooms when clinical need dictates i.e. patients with known communicable infections, medical management of miscarriage.

Hand wash basin with non-touch taps and gel are available prior to entrance to the bed areas to promote hand washing before and after patient contact.

In addition all spaces have:

- Sufficient space for patient monitoring equipment at the bedside
- Sufficient space for trolley side lockers for personal storage
- Sufficient space for low table by recliner chairs
- TV facilities and bed signage.
- Apron and glove storage

All team members who are responsible for carrying out nursing procedures will ensure that the patient’s dignity and privacy is maintained by ensuring that no one enters the bed space where the procedure is being carried out. This will be achieved by attaching a laminated notice on the curtain informing people that they should not enter.

All bed spaces/single rooms include an emergency call button, suction and oxygen, nurse call button, overhead bed light and patient line access.

Medical gasses are available at each trolley space

6.2.5 Two Consultation Rooms

These consultation rooms have:

- Clinical hand wash basin with non-touch taps
- Double side access couch with dignity curtains
- Workstation comprising of a desk, desk chair, IT access, telephone point
- 2 patient chairs
- Adequate space for general and clinical waste bins
- Gynaecology light
- Sharps disposal facilities
- Equipment storage
- Apron and glove storage

Some limited storage space is available.

Emergency call button, suction and oxygen, nurse call button and overhead lighting are provided

6.2.6 Examination / Treatment Room
The examination room has:
- Double side access couch with dignity curtains
- Workstation with desk, desk chair, IT access, telephone point
- 2 patient chairs
- Adequate space for general and clinical waste bins
- Space for clinical storage
- Gynaecology light
- Sharps disposal facilities
- Equipment storage
- Apron and glove storage

Emergency call button, suction and oxygen, nurse call button and overhead lighting are provided

- Facilities for storage of clean consumables from a central top up area
- A work surface/ drug preparation area that will accommodate a module storage unit for sterile clinical stock and intravenous fluids
- A lockable drug fridge is available on the ward area
- Lockable storage for TTO and other medication.
- Storage for a dressing trolley under the preparation area
- Clinical wash hand basin with non-touch taps.

Nurses prepare trolleys for clinical procedures in this room. Contaminated trolleys and equipment are decontaminated in the dirty utility area before being returned to this room. A locked cupboard for housing flammable items and CoSHH products is shared with the gynaecology ward.

Gynaecology Ward provides access to resuscitation trolleys when required.

This room is kept locked when unattended.

6.2.7 Scanning Room
To support the delivery of patient care a scan room will be located within the EGAU as set out in the Functional Brief.

The doorway should be wide enough to accommodate a wheelchair or trolley.

It will require an USS machine (to minimise movement of machine between the EGAU and Imaging Department) and have a height adjustable examination couch with dignity curtains which is accessible from both sides.

The room will require air conditioning, having either no windows or black out curtains to ensure that the scan machine can operate to its optimum efficiency.

Small storage systems will be required to store for clinical storage and light weight consumables, at reachable height.

In addition the scanning room has:
- Clinical hand wash basin with non-touch taps
- Workstation comprising of a desk, desk chair, IT access, telephone point and access to CRIS Imaging system
- 2 patient chairs
- Adequate space for general and clinical waste bins
- Gynaecology light
- Apron and glove storage

Emergency call button, suction and oxygen, nurse call button and overhead lighting are available.

6.2.8 Interview/Counselling Room (shared with gynaecology ward)
This room as detailed within the Functional Brief is to be used for medical and/or nursing staff where there is a requirement for private dialogue with individual patients and/or carers. The décor of the room should not be of a clinical design.

6.2.9 Consultation/Examination Room
This room as detailed within the Functional Brief will be used by Doctors, Nurses and Allied Health Professionals to consult with the patients and their relatives/carers or escorts. Patients will be escorted to the room by the reception / nursing staff from the hub waiting areas.

Privacy for patient’s to undress and dress is required as consultation, vaginal examination, minor diagnostic and treatment procedures will be undertaken. A height adjustable examination couch that is accessible from both sides and a ceiling mounted and mobile examination light is also required.

6.2.10 Clean Utility (shared with gynaecology ward)
One clean utility is required as detailed within the Functional Brief full exemplar requirements for the clean utility. It must include wheeled/mobile storage racking for essential patient supplies.

The room will be used to store clean medical and surgical supplies that are required for a variety of clinical procedures and minor procedures and a supply of clinical equipment (lines, masks, syringes, needles etc), drugs, controlled drugs and dressings (in locked cabinet) plus other supplies e.g. bandages and tapes, pharmacy refrigeration and several dressing instrument trolleys. Nurses will prepare trolleys for clinical procedures in this room and return clean trolleys to the room after use. In addition a locked cupboard for housing flammable items and COSHH products is required.
Refer to Facilities Trust Managed Services Whole Hospital Policy for details of re-supply

6.2.11 Dirty Utility (shared with gynaecology ward)
One dirty utility with macerator is required as detailed within the Functional Brief and will contain a range of waste streams full exemplar requirements for the dirty utility.

6.2.12 Kitchen Facilities (shared with gynaecology ward)
Patient and staff will make use of a neighbourhood hub as detailed within PP&DD No 33 & Catering facilities as described within PP&DD No 32

A kitchen situated outside the main ward area in the shared central hub houses a regeneration function / kitchen. Refrigerators will house milk and cold snacks/sandwiches for those patients who have not planned a meal or other unexpected event. No staff food may be kept in the patient refrigerator.

An additional beverage bay will provide facilities for nursing staff and housekeepers to provide patients with drinks outside of scheduled rounds completed by ward services. These facilities are not for use of general public and visitors who can access drinks and snacks from vending machines within the hub.

6.3 Gynaecology Ward + Welcome Point (refer to Generic Ward PPDD)
W&C Clinical Group requested that bed compliment be dedicated to gynaecology/gynae-
oncology only and used as detailed within the operational policy.

Comprising of 24 beds which can be flexed for combination of gynaecology and gynae-oncology patients as need dictates:

6.3.1 Single En-Suite Rooms (2 with Isolation Lobbies)

Generic single bedrooms are required as detailed within the Functional Brief. The dividing wall between the room and main corridor are half glazed to allow observation of patients, these windows have curtains/blinds to allow privacy as required.

Independent Disabled Single Room – facilities serving the independent wheelchair user room must be fully compliant with part M of the Building Regulations as set out in the Functional Brief. In addition all rooms require:

- Sufficient spaces for displaying personal effects such as family photographs, favourite toys and get well cards.
- A working surface with linen storage space beneath.
- The en suite shower rooms must accommodate a mobile hoist. For detailed layout refer to the Functional Brief.
- TV/recreation facilities and notice boards/patient boards and signage.

Room doors will be kept closed at all times except in an emergency to promote the control of infection.

Clinical treatments and procedures will mainly be carried out within the individual room of the patient. Larger procedures have the option to be carried out within the procedure room located on the ward close to the 4 bedded areas.

Movement of the bed will only be used at the point of admission, discharge and when leaving the room for exceptional circumstances such as surgical procedures.

Bariatric patients will be managed within two designated single rooms which will accommodate a patient weighing up to 298kg. Where there is demand for both it will be the patient requiring isolation who will take priority.

Policies to be adhered to:

- Information systems on admission and discharge.
- Processes for booking in, allocation of side room, booked a theatre, recovery in theatre.
- Decontamination of equipment.
- Managing infectious patients when using hospital transport.
- Communication with community services when discharging patients with infections.

6.3.2 Multi Bed – Four

These Multi 4 bedded areas as detailed within the Functional Brief for detailed description. The individual bed areas follow the same layout as the single rooms.

The dividing wall between the room and main corridor are half glazed to allow observation of patients, these windows have curtains/blinds to allow privacy as required.

A hand wash basin and gel will be available at the entrance to the bay area to promote hand washing before and after patient contact.

In addition all rooms require:

- Sufficient spaces for displaying personal effects such as family photographs and get well cards.
- A working surface with linen storage space beneath.
- The en suite shower rooms must accommodate a mobile hoist. For detailed layout refer to the Functional Brief.
- TV/recreation facilities and notice boards/patient boards and signage.

The area will be a distinct room and the room will be closed except in emergencies to aid infection control. The door will have sufficient width to safely manoeuvre beds into and out of the bay.

All team members who are responsible for carrying out nursing procedures will ensure that the patient’s dignity and privacy is maintained by ensuring that on one enters the bed space where the procedure is being carried out. This will be achieved by attaching a laminated notice on the curtain informing people that they should not enter.

6.3.3 Procedure Room

Each ward will have a procedure room located in close proximity to the multi-4 bedded areas as detailed within the Functional Brief. The room will provide facilities for clinical examination, assessment and treatment, a number of planned clinical interventions not requiring a general anaesthetic could be undertaken here.

The procedure room will contain:
- Desk and IT station
- A hand wash basin and paper towel dispenser
- A tracked curtain divider.
- Work/preparation area
- Storage is via mobile trolley.
- Overhead flexible lighting for examination purposes, specialist lighting is mobile.

The following will take place in the procedures room:
- Dressings
- Removal of sutures
- Drainage abscesses
- Irrigation
- Bladder wash out

6.3.4 Clean Utility (shared with EGAU)

This clean utility as detailed within the Functional Brief is in close proximity to the procedure room. It includes a work surface/drug preparation area and will accommodate a module storage unit for sterile clinical stock and intravenous fluids. There will be a lockable fridge and lockable storage for TTO medication. There will be locked storage for medications, and a controlled drugs cupboard within the unit. There will be storage for dressing trolleys under the preparation area, and a clinical wash hand basin with non-touch taps. A standard drug fridge and lockable cupboard storage is required for drugs.

Nurses will prepare trolleys for clinical procedures in this room and return clean trolleys to the room after use. In addition a locked cupboard for housing flammable items and CoSHH products is required.

Refer to Facilities Trust Managed Services Whole Hospital Policy for details of re-supply

6.3.5 Dirty Utility (shared with EGAU)

This dirty utility room as detailed within the Functional Brief will contain a range of waste streams with waste disposal unit and sink will be in close proximity to the clean utility and procedure room. It will contain cupboards for storage and specimen oracles and facilities for testing urine. Contaminated instruments will be held here temporarily following procedures until collected for decontamination. There will be a locked cupboard to accommodate dirty linen clinical waste. This
will be removed from the department on a daily basis in line with Trust policy.

6.3.6 Staff Base/Nursing Station
Generic 2 person staff bases with resuscitation trolley as detailed within the Functional Brief

It will contain:
- Dedicated area for the ward clerk.
- The monitor and door controls granting viewing and access through the main ward doors.
- IT terminals
- Main communication point for external telephone communication, public enquiries and staff meeting points.

6.3.7 Office
The gynaecology ward manager’s office will be used by to allow her/him to carry out all activities that support the clinical management of the service. 1:1 meetings with staff, clinicians and other managers will be held here. It comprises of an office workstation with a networked computer, telephone and storage for books and files.

6.3.8 Resource Base
This office will be used by a range of staff from the multi-disciplinary teams as required and comprises of 4 office workstations with networked computers and telephones for completing patient records and arranging/coordinating care.

6.3.9 Interview/Counselling (shared with EGAU)
These generic interview/counselling rooms as detailed within the Functional Brief will be used as required for discussion sessions with patients and/or family. All furniture and fittings are ergonomically comfortable and a telephone with external capability is provided.

It is important that family and friends are able to leave the room if they so choose after receiving bad news without having to meet up with other anxious families or walk back through the clinical area.

6.3.10 Quiet Day Space
This area is furnished with comfortable seating and coffee tables for women to read or watch television which is mounted on a low level television table.

6.3.11 Beverage Room
A bespoke beverage room is required for the preparation of regular and ad hoc patient beverages throughout the day.

6.3.12 Food Trolley Bay
A generic food trolley bay is required as detailed within the Functional Brief.

In addition 2 plug-in points are required within the general circulation space for serving meals.

6.3.13 Store: Linen
A generic store room as detailed within the Functional Brief will be used to store sufficient stock of linen and gowns to meet the needs of the children’s wards, for infection control purposes the door should be kept closed at all times.

6.2.14 Large Store
These store rooms are for equipment required on a daily basis and has floor space for parking mobile equipment and standing pieces of equipment, adjustable shelving is provided. The layout enables items to be removed easily particularly fragile and expensive equipment to help prevent
damage.

Beds and mattresses will be stored in the furniture store as detailed within PP&DD No 33 Neighbourhood Hub.

6.3.15 Mobile Equipment Bays
These bays will be used to store mobile imaging equipment required within the ward as detailed within the Functional Brief.

6.3.16 Domestic Services Room
A generic Domestic service stores is required the functionality for which is detailed within the Functional Brief here is sufficient storage space for a vacuum cleaner and scrubbing/polishing machine for hard floors. CoSHH requirements for the storage of cleaning materials will be adhered to.

6.3.17 Staff Changing Facilities
These are located within the neighbourhood hub as detailed within the Functional Brief.

6.4 Interdepartmental Relationships
- Imaging/Sonography
- Emergency Department
- Pathology
- Operating Theatres
- Blood Bank
- Maternity Staff
- Surgical Teams

There should be easy access to/from diagnostics/ pharmacy /theatres and support services and the journey to other departments.

6.5 Business Continuity
6.5.1 Escalation
Implement additional ward rounds to ensure timely discharge to appropriate locations.
Ward Infection outbreak will be managed by:
- Closing the ward to admissions and discharges.
- Use of Quiet Day Space / Assisted Shower room for staff changing to isolate staff groups.
- Ward’s will be locked to monitor entry and exit; this will include doors between wards.

6.5.2 Major Equipment
Equipment requirements for the generic ward are detailed within the equipment responsibility matrix within the Functional Brief

Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit.

If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure.

A loan of equipment is provided if repairs cannot be rectified immediately.
In the event of serious systems failure and immediate repair or loan equipment not being possible, then the department manager will consult with the medical staff and Clinical Group Director to cancel clinics accordingly.

Specialist equipment required by patients i.e. pumps, bed rails, Syringe Drivers (PCA), (definitive equipment list to be compiled) will be available from a central equipment library. Access to the equipment library will be available 24 hours a day, 7 days per week.

Equipment will be requested by ward staff by telephone and delivered by equipment library staff. Nursing staff will be responsible for surface cleaning during use and ensuring that equipment is returned to the library on discharge of the patient. Staff at the equipment library will be responsible for decontamination in a central decontamination unit.

Specialist equipment for prevention and treatment of Pressure Ulcers and wound care will also be available from the centralised equipment store following advice from a Specialist Tissue Viability Nurse. To obtain this equipment it will be necessary for a wound/pressure ulcer assessment to be completed and details of the patient’s risks and requirements passed to the clinical Tissue Viability Team.

Equipment required will be prescribed and delivered to the patient whereupon staff will be responsible for surface cleaning during use and promptly advising the Tissue Viability team of any changes in the patients’ condition which may necessitate reissuing new equipment or collection of equipment on the discharge of the patient.

All equipment must be surface cleaned, bagged and sealed before returning to the central equipment library.

Equipment used in a contaminated area or with an infected patient, must be surface cleaned, bagged, sealed and clearly labelled with hazard source prior to return or collection to the appropriate store.

a) Cleaning and Storage of Equipment

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Cleaned</th>
<th>Stored</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed and mattress</td>
<td>FM</td>
<td>Bed store</td>
</tr>
<tr>
<td>Other mattress</td>
<td>External Contract</td>
<td>Bed store</td>
</tr>
<tr>
<td>Pumps</td>
<td>MED ENG</td>
<td>Mobile e.g. bay</td>
</tr>
<tr>
<td>Portable lighting</td>
<td>FM</td>
<td>By bed</td>
</tr>
<tr>
<td>Wardrobe/locker with integrated locking self medication drawer</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Patient tables / Bed table</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Secure Drugs cupboards</td>
<td>Nursing</td>
<td>N/A</td>
</tr>
<tr>
<td>Cleaning of ward areas, Shower/washroom areas &amp; sluice</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Commodes</td>
<td>Joint FM / Nursing</td>
<td>Dirty Utility</td>
</tr>
<tr>
<td>Treatment trolleys</td>
<td>Nursing</td>
<td>Clean utility</td>
</tr>
<tr>
<td>Drug trolley</td>
<td>Nursing</td>
<td>Clean utility</td>
</tr>
<tr>
<td>IV stands</td>
<td>Nursing</td>
<td>Clean utility</td>
</tr>
<tr>
<td>Portable sterile supplies trolley</td>
<td>Nursing</td>
<td>Clean utility</td>
</tr>
<tr>
<td>Linen trolleys</td>
<td>FM</td>
<td>Linen</td>
</tr>
<tr>
<td>Waste bins</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Macerator, Sluice drainage</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Mop/bucket</td>
<td>FM</td>
<td>Dirty utility</td>
</tr>
<tr>
<td>scales</td>
<td>Joint FM/Nursing</td>
<td>Procedure room</td>
</tr>
</tbody>
</table>
6.5.3 Equipment Replacement
A formal rolling programme of replacing equipment

6.6 Major Incident
Refer to:
- Major Incident Plan
- Evacuation Plan

Each area will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

6.7 Regulatory Requirements
- Mandatory training
- Working time Directive regulating working patterns
- Nursing and Midwifery Council
- General Medical Council
- Health and Safety
- COSHH
- Essence of Care
- Fire Regulations

6.8 Clinical Support Services
6.8.1 Pharmacy
Refer to Pharmacy PP&DD No 18 and Operational Policy which describes the Pharmacy services described around each cluster and based in the neighbourhood hub to provide swift response to pharmacy requests and ensure that advice and support of specialist pharmaceutical knowledge is readily available. Paediatric pharmacists are available and will visit the ward.

Pharmacy supplies will be delivered to the ward on a daily basis in locked boxes by the dedicated porters for pharmacy. Individual patient drugs/dressings will be stored in locked cabinets at patient bedsides from which medication will be dispensed during scheduled drug rounds.

General pharmacy supplies will be ordered electronically and be controlled using a material handling systems. General drugs and dressings which are issued via pharmacy will be stored within locked cabinets and automated dispensing machines situated in the clean utility.

6.8.2 Pathology
Referrals will be received via an IT solution. Specimens will be delivered to Pathology via the use of a pneumatic tube with the exception of blood products which are collected or delivered using the Porter service.

Phlebotomist will be provided at ward level and blood taken following a referral received using IT systems available. Labelling machines will be available for use by Phlebotomists to support this function. The phlebotomy trolley will be stored in an equipment bay within the neighbourhood hub for ease of access.
6.8.3 Infection Control
All staff will comply with Trust Infection Control Policies, all team members who undertake aseptic nursing procedures will adhere to infection control standards for cleaning trolleys to ensure that risk from infection is kept to a minimum.

Single rooms are designed to barrier nurse patients with transmittable infections, for example Clostridium difficile, methycillin resistant Staphylococcus Aureus, Nora Virus, using universal precautions and standard barrier nursing protocols. Please refer to domestic services section of this policy for cleaning protocols.

Consideration should be given to the increasing numbers of patients with HIV or patients with other conditions leading to severe immuno compromise, which when being the cause of their admission may necessitate reverse barrier nursing and the use of positive pressure.

Some wards will require that this facility is available. Positive pressure single side rooms will be available in the haematology specialist areas. Single rooms will be used for patients with infectious conditions and these will take priority. Information systems will highlight those patients with infectious conditions on admission and discharge.

Processes for booking in, allocation of side room, booked a theatre, recovery in theatre will take account of those patients with Infectious conditions for example patients with infectious conditions will be booked last in the theatre list.

Decontamination of equipment will be completed centrally.

Hospital transport will be cleaned following use by a patient with an infectious condition.

Community services will be informed within referral process when a patient with infectious conditions is discharged.

6.8.4 Therapies
Refer to Therapy Operational Policy and PP&DD No 02. Referrals will be through multi disciplinary team communications. Assessment and treatment will take place at the bed side where appropriate and through the use of therapy facilities located within the neighbourhood hub.

6.8.5 Sterile Supplies
Facilities staff will deliver sterile stores from the central store to the ward.

6.8.6 Manual Handling
Refer to the Moving and Handling Policy.

The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

Movement of patients between the different areas of the ward will require passage through doorways, which will be kept closed. Refer to the Functional Brief. Opening and closing of these doorways will be by push button. Should any door fail to have its close door actioned, a timer will self activate the closing of the door after a period of time approximately 3 minutes.

Where patients require moving whilst in the bed or on a trolley, this must be completed with two members of staff controlling the bed/trolley.
6.8.7 Imaging
Imaging will be requested by contact with the imaging service. It is anticipated that this will be via an IT referral system.

Where appropriate radiographers from the Imaging department will perform portable x-rays at the bedside, where this is not appropriate patients will be taken by Porter to the Imaging department.

6.8.8 Interpreting Services
Interpreting services will be available and booked by clerical staff. Refer to the interpreting Services – Access and Delivery Policy

6.9 Non Clinical Services
6.9.1 IT
Electronic Patient record (EPR), hospital communications and ordering systems will be required with access at main reception, nursing points and office resource base.

6.9.2 Transport
This will be required to transport patients where applicable and will be booked by the clerical staff via a central booking process.

6.9.3 Porters Service
A porter’s service will be available and will be booked via telephone; wheelchairs will be used from the hub wheelchairs store.

6.9.4 General Store Delivery
Facilities Support services – Material handling section to be developed.

6.9.5 Catering
Patient Meals will be as follows (refer to Catering section of Facilities support services Operational Policies). All foods will be stored in the regeneration area on the hub, and collected and delivered to the ward, and to individual patients, using a hostess service provided by Facilities division.

Food hygiene procedures will be followed and include segregation of clean and dirty activity and proper food storage as defined within food hygiene guidance.

Nursing staff will provide support for vulnerable patients during meals times using “red tray” process. Blue Beakers must be available for patients whose hydration is of concern

During breakfast, patients will be asked to order their lunch and evening meal from a supplied (by ward services) menu.

Breakfast – Cold breakfast consisting of cereal and/or continental style breakfast with hot/cold beverage.
Lunch – Choice of hot or cold meal, desert and choice of hot/cold beverage.

Evening Meal - Choice of hot or cold meal, desert and choice of hot/cold beverage. Additional meals can be ordered between the hours of 06.00 to 20.00 hours by contacting facilities department. Between 18.00 and 06.00 hours, sandwiches are available from the regeneration kitchen (refrigerated) which will be replaced and refreshed on a daily basis by ward services.

A kitchen situated outside the main ward area in the shared central hub houses a regeneration
function / kitchen. Refrigerators will house milk and cold snacks/sandwiches for those patients who have not planned a meal or other unexpected event. No staff food may be kept in the patient refrigerator.

6.9.6 Linen
Linen will be delivered to the central linen store on the hub the ward services officer who will ensure supplies of linen are transferred from the central store to the individual wards and topped up throughout the working day (06.00 until 18.00 hours) 6 days a week.

   Additional top ups required throughout the day will be arranged by the Ward team. Refer to facilities support services policy – Linen services section. This will be stored at a workable height with clear access in the linen store in the ward.

6.9.7 Domestic Service
Refer to the Hospital Cleaning Service Policy

General cleaning of patient rooms, commodes and the ward environment will be completed daily by ward services:

   Cleaning of the patient rooms and ward environment will be routinely scheduled following all discharges.

   Deep cleaning of all ward areas will be completed every 3 months and will include washing curtains.

   After the discharge of a patient with a known infectious condition all mobile furniture will be removed from the ward and replaced with a duplicate set of pre cleaned and decontaminated furniture.

   This will be obtained from the Equipment store where all equipment will have been decontaminated and routine maintenance provided if necessary.

   Any urgent unplanned requests will be dealt with by the out of hour’s team.

   Equipment to be returned for decontamination will be collected by Facilities staff to be returned for decontamination.

   Where individual pieces of furniture of equipment require deep cleaning, this will be arranged directly with ward services.

6.9.8 Maintenance
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.

6.9.9 Security
Refer to the Security Policy

Door Entry System

Entry to and egress from the ward will be controlled by an automated access control system for staff. A video-intercom externally and internally will link to the Nursing Station from where access to and egress from the ward by visitors will be controlled.
Lock down and override system

- The exit control can be switched on and off depending on the nature of the patient’s on the ward and the risk of abduction or abscondion e.g. paediatric wards, patients with mental ill health, or in a state of confusion or dementia.

Security Service

- Security officers will be available 24hours 365 days per year. Their prime responsibility will be to provide a safe, secure environment by maintaining the safety of all persons and property on the site. This includes the protection of patients, staff, service providers and visitors against violent acts or abuse; theft; criminal damage; malicious tampering and arson. The essence of the security service will be to provide effective crime prevention measures and a quick response when required, in respect of any security related issue.

Emergency Call System

- The Emergency Call System is linked to both the Nurse Station and the Security Base. Security staff will respond to the alarm and take whatever action is necessary to ensure the safety of the Trust’s staff/ refer to the Functional Brief.

6.9.10 Fire Procedure
Refer to the Fire Safety Management Policy

6.9.11 Waste Management
Refer to the Waste Management Policy

- All clinical waste will be disposed of in yellow clinical waste bags. These go for incineration.
- All used sharps to be placed in the ‘sharps' bin.
- Soiled instruments should be returned to the decontamination unit for cleaning and re-sterilisation as per the decontamination operational policy. (available within the endoscopy suite).
- Non clinical waste to be placed in black rubbish bins.
- The Spillage Protocol will be adhered to regarding disposal of items used for dealing with spillages.
- Any confidential paperwork for disposal must go in the Hessian type bag identified for shredding material.
- Other paper waste relating to non confidential material can go in a black bag or the cardboard paper recycling boxes.
- Bins will have adequate space and sufficient collections to ensure that rubbish is not left on the floor, and bins should be a design which allows bags of rubbish to be placed in the bin safely.

7. CONSULTATION

An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to all consultant gynaecologists, gynaecology clinical nurse specialists, clinical group management team and capital projects team for comments. The outcome of this consultation has been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS

Compliance with the requirements of the policy will be monitored by the Matron for Gynaecology/Gynae-oncology Services.
9. **TRAINING AND AWARENESS**

Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the gynaecology unit and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. **EQUALITY AND DIVERSITY**

The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. **REVIEW**

This policy will be reviewed in three years time unless requires earlier review. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. **REFERENCE DOCUMENTS AND BIBLIOGRAPHY**

Nursing and Midwifery Council
General Medical Council
Health and Safety
COSHH
Essence of Care
Fire Regulations
Food Hygiene Regulations
Patient ID Policy
Patient Discharge Policy
Infection Control Policy
Drug Administration Policy
Major Incident Policy
Bariatric Policy
HBN - Health Building Note 04-01 Inpatient Facilities 2008
HBN - Health Building Note 04 Supp 1 Inpatient Accommodation options for choice – Supplement 1: Isolation facilities in acute settings
13. FURTHER ENQUIRIES

Contact the Matron for Gynaecology Services for further information on the implementation of this policy.
**APPENDIX A  Bleeding and Pain in Pregnancy Pathway**

Bleeding/Pain
(+ve pregnancy test)

**Unstable**

Resuscitation & Admission
(Follow unstable pathway)

**Stable**

< 6 Weeks

Book EPAU for review at 6 weeks

≥ 6 Weeks

? Miscarriage

Os closed → EPAU

? Ectopic OR Os Open

FBC and G&S Admit EGAU
APPENDIX B  Pathway for the Treatment of Heavy Menstrual Bleeding

Heavy Menstrual Bleeding

Hb > 7g/dl

Cycle regular –
Treat with Tranexamic

Refer back to GP

Cycle irregular –
Treat with Norethisterone

Refer to Hot Clinic

Hb < 7 g/dl and/or
Abnormal clinical examination
and/or haemodynamically unstable

Admit EGAU
**APPENDIX C**  Pathway for Treatment of a Prolapsed Uterus

- **Uterovaginal prolapse**
  - **Uterus and cervix out of vagina**
    - Unable to void: Admit EGAU
    - Able to void: Hot Clinic
  - Lesser degree of prolapse: Refer back to GP and advise routine gynaecological assessment
APPENDIX D  Treatment for Suspected Pelvic Inflammatory Disease

Suspected PID

Mild/Moderate Pelvic pain

- Triple swabs + Analgesia + Antibiotic regime + (as per guidelines)

Follow up by GUM

Severe pelvic pain ± Pyrexia (>38 °c) ± Pelvic mass on examination or Other surgical emergencies

- Admit EGAU
APPENDIX E  Pathway for Treatment Painful Bartholins Swelling

- Painful Bartholins Swelling
  - Abscess
    - Admit EGAU
  - Inflammation only
    - Triple Swabs + Analgesia + Doxycycline & Metronidazole
      (Regimes as per PID guidelines)
    - Follow up by GP
APPENDIX F  Pathway for the Treatment of Hyperemesis

Vomiting in the first Trimester of Pregnancy

Clinical assessment
FBC + U&E only
Urine Dipstick - Ketones

Persistent severe symptoms, and/or clinical dehydration, and/or Ketonuria >2+, and/or Electrolyte imbalance

Refer to EGAU for Hydration

Mild/moderate symptoms, and Ketonuria ≤ 2+, and Normal Blood

Advice and Anti-emetics (as per guidelines)

Follow up by GP
APPENDIX G  Pathway for the Treatment of Post Menopausal Bleeding

1. PMB
2. History + Clinical Examination
3. Pelvic/abdominal masses or overt cancer in vulva, vagina or cervix

   - NO
   - YES

   4. Hb >7 g%

      - NO
      - YES

      5. Refer to PMB Clinic

      6. Discharge home + PMB referral (appendix N)
APPENDIX H  Pathway for the Treatment of Patients presenting with complications following Gynaecology surgery

History of surgical procedure

Patient Stable

Abdominal Surgery

Peritonism or Pyrexia

Admit via EGAU

Vaginal Surgery

Bleeding or infections

Manage bleeding or infections

Discharge and fax referral to EGAU

Patient Collapsed

Resuscitation by ED + call Gynaecology Registrar (bleep to be added once allocated)
APPENDIX I

EMERGENCY GYNAECOLOGY UNIT
REFERRAL FORM

Fax via (number to be added once allocated)

Name
Address
Date of Birth
RXK

Telephone/contact details ________________________________

PRESENTING COMPLAINT

FINDINGS ON EXAMINATION

PREGNANCY TEST  POSITIVE/NEGATIVE

REFERED BY:  BLEEP / EXT:

CONTACT DETAILS FOR EGAU GIVEN:  YES / NO

TO BE SEEN IN  EPAU / EGAU / GYNAE HOT CLINIC
---------------------------------------------------------------

To be completed by EGAU CNS:

CNS COMMENTS

APPOINTMENT:  DATE  TIME

SIGNATURE ____________________________

Midland Metropolitan Hospital  No 02c  Gynaecology In-Patient Ward  Operational Policy  V5.0  July 2014  
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APPENDIX J

EMERGENCY GYNAECOLOGY and EARLY PREGNANCY ASSESSMENT UNIT REFERRALS

PLEASE FAX ALL REFERRALS FOR:

- Early Pregnancy Assessment Unit.
- Emergency Gynaecology Assessment
- Gynaecology Hot Clinics.

TO: Emergency Gynae Unit (EGAU)

FAX (number to be added once allocated)

CONTACT DETAILS:

Emergency Gynaecology Assessment Unit
(Co-located on Gynaecology Ward Midland Metropolitan Hospital)

(Telephone number to be added once allocated)
APPENDIX K

EMERGENCY GYNAECOLOGY and EARLY PREGNANCY ASSESSMENT UNIT

An appointment has been requested for you in the Emergency Gynaecology and Early Pregnancy Assessment Unit. (EGAU)

The CNS from EGAU will contact you, the next working day, between the hours of 0800 – 0900 to arrange a suitable appointment.

In either:

- Early Pregnancy Assessment Unit (EPAU)
- Emergency Gynae Assessment Unit (EGAU)
- Gynaecology Hot Clinic

Please call EGAU if you have not received a call by 10:00 hours on: (extension number to be added once allocated).

MIDLAND METROPOLITAN HOSPITAL: (telephone number to be added once allocated)

Thank you.
APPENDIX L  Your appointment at the Emergency Gynaecology Assessment Unit (EGAU)

Planned admission for treatment of hyperemesis

<table>
<thead>
<tr>
<th>Patient details</th>
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<tbody>
<tr>
<td>Name: ____________________________</td>
</tr>
<tr>
<td>Address: ____________________________</td>
</tr>
<tr>
<td>D.O.B: ____________________________</td>
</tr>
<tr>
<td>RXK: ____________________________</td>
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</tbody>
</table>

Following your attendance at Accident and Emergency, the following appointment has been made for you to be admitted to hospital for treatment of hyperemesis:

Location: Emergency Gynaecology Assessment Unit (EGAU)

Date: ____________________________

Time: ____________________________

The Emergency Gynaecology Assessment Unit is located on the … floor of Midland Metropolitan Hospital, in the Gynaecology Ward.

What to bring with you
It is advisable to wear comfortable, loose-fitting clothing when you come into hospital. Most patients will be able to go home later the same day, but occasionally some need to stay overnight. In case of this, please bring an overnight bag with the following items to hospital with you:

- Nightwear
- Underwear
- Toiletries
- Reading material
- Any medications you are currently taking.

Contact details
If you have any questions or concerns about your appointment please contact the Emergency Gynaecology Assessment Unit on:

(Telephone number to be added once allocated) (0.800 – 20.00 hours, 7 days a week)
APPENDIX M  

Your appointment at the Emergency Gynaecology Assessment Unit (EGAU)

Planned admission for medical management of miscarriage

<table>
<thead>
<tr>
<th>Patient details</th>
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</thead>
<tbody>
<tr>
<td>Name: ________________</td>
</tr>
<tr>
<td>Address: ________________</td>
</tr>
<tr>
<td>D.O.B: ________________</td>
</tr>
<tr>
<td>RXK: ________________</td>
</tr>
</tbody>
</table>

Following your attendance at the Early Pregnancy Assessment Unit, the following appointment has been made for you to be admitted to hospital for medical treatment of your miscarriage:

Location: Emergency Gynaecology Assessment Unit (EGAU)

Date: _______________________

Time: _______________________

The Emergency Gynaecology Assessment Unit is located on the … floor of Midland Metropolitan Hospital, in the Gynaecology Ward.

What to bring with you
It is advisable to wear comfortable, loose-fitting clothing when you come into hospital. Most patients will be able to go home later the same day, but occasionally some need to stay overnight. In case of this, please bring an overnight bag with the following items to hospital with you:

- Nightwear
- Underwear
- Toiletries
- Reading material
- Any medications you are currently taking.

Contact details
If you have any questions or concerns about your appointment please contact the Emergency Gynaecology Assessment Unit on:

(Telephone number to be added once allocated)  (0.800 – 20.00 hours, 7 days a week)
APPENDIX N  Your appointment at the Emergency Gynaecology Assessment Unit (EGAU)

Planned admission for minor surgery

<table>
<thead>
<tr>
<th>Patient details</th>
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</thead>
<tbody>
<tr>
<td>Name:</td>
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<tr>
<td>Address:</td>
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<tr>
<td>D.O.B:</td>
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<tr>
<td>RXK:</td>
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</table>

Following your attendance at Birmingham Treatment Centre/ Sandwell Community Hospital, the following appointment has been made for you to be admitted to hospital for minor surgery:

Location: Emergency Gynaecology Assessment Unit (EGAU)

Date: ____________________________

Time: ____________________________

Before you come into hospital, please telephone ward _________ on __________
at ________________ to confirm that there is a bed available for you.

What to bring with you
It is advisable to wear comfortable, loose-fitting clothing when you come into hospital. Most patients will be able to go home later the same day, but occasionally some need to stay overnight. In case of this, please bring an overnight bag with the following items to hospital with you:

- Nightwear
- Underwear
- Toiletries
- Reading material
- Any medications you are currently taking.

Contact details
If you have any questions or concerns about your appointment please contact the Emergency Gynaecology Assessment Unit on:

(Telephone number to be added once allocated)  (0.800 – 20.00 hours, 7 days a week)
APPENDIX O

Welcome to the Emergency Gynaecology Assessment Unit

Information and advice for patients

Welcome to the Emergency Gynaecology Unit. The unit cares for women who have been sent by their GP or A&E for further assessment of their condition and treatment.

Where is the Emergency Gynaecology Assessment Unit?
The unit is located on the Gynaecology Ward. This is on the …. floor of the Midland Metropolitan Hospital building.

When you arrive at the unit
When you first arrive at the unit you will be seen by a nurse who will:
- Confirm your name, address and date of birth
- Check your temperature, pulse and blood pressure
- Ask you to provide a urine sample
- Ask you questions about your condition

If you have been referred to the unit for assessment
If you have been referred to the unit for assessment you will then be seen by a doctor who will:
- Ask you about your medical history
- Perform a physical examination
- Carry out any tests that are needed, such as blood tests, swabs or an ultrasound scan

They will then interpret the results, discuss them with a senior doctor and talk to you about a treatment plan. If you need to stay in hospital overnight to have treatment you will be admitted to a bed on the unit. Anyone who needs to stay in hospital for longer than 1 night will be admitted to the ward.

A consultant holds clinics on the ward at 3 time slots during the day, so if you need to see a consultant urgently you can see one on the unit within 48 hours of being referred by Emergency Department or your GP.

If you have a complication during early pregnancy
If you come to the unit because of a complication during early pregnancy you will be seen by an Early Pregnancy Clinical Nurse Specialist in the Early Pregnancy Assessment Unit, which is part of the Emergency Gynaecology Assessment Unit.

The nurse specialist will ask you questions about your condition, may carry out a physical examination, and arrange for you to have a blood test and/or ultrasound scan. They will then interpret the findings, explain them to you and talk to you about treatments.

If you have been referred to the unit for treatment or minor surgery
A number of treatments and minor procedures can be carried out on the unit. If you are coming to the Emergency Gynaecology Assessment Unit for treatment or minor surgery you will be admitted to the unit for the day and can usually go home later. Some women may need to stay on the unit overnight in our 4-bedded area.

If you are being admitted to the unit for the day or overnight please bring the following items with you:
- Nightclothes
- Underwear
- Toiletries
• Reading material
• Any medications you are currently taking

If they are staying overnight can they have visitors? What about meals?

Contact details
If you have any questions or concerns about your condition or your appointment please contact:

_Emergency Gynaecology Assessment Unit_

(Telephone number to be added once allocated)

08.00 – 20.00, 7 days a week
Appendix P - Operational Policy Development/Distribution/History/Consultation

Version 0.00, V0.01, V0.02, V0.03, V1.00, V2.0

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
</tr>
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<tbody>
<tr>
<td>F. Ajibona</td>
<td>Consultant Gynaecologist</td>
</tr>
<tr>
<td>I. Abhukhalil</td>
<td>Consultant Gynaecologist</td>
</tr>
<tr>
<td>A. Arunkalaivanan</td>
<td>Consultant Gynaecologist</td>
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<tr>
<td>S. Bakour</td>
<td>Consultant Gynaecologist</td>
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<td>S. Baghdadi</td>
<td>Consultant Gynaecologist</td>
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<td>N. Bhatti</td>
<td>Consultant Gynaecologist</td>
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<tr>
<td>G. Downey</td>
<td>Consultant Gynaecologist</td>
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<tr>
<td>L. Dwarakanath</td>
<td>Consultant Gynaecologist</td>
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<td>M. Harb</td>
<td>Consultant Gynaecologist</td>
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<td>A. Ibrahim</td>
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<tr>
<td>J. Kabukoba</td>
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<td>R. Manivasagam</td>
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<td>K. Singh</td>
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<td>A. Sinha</td>
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<td>S. Sundar</td>
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<tr>
<td>T. Roberts</td>
<td>Matron for gynaecology/gynae-oncology</td>
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<tr>
<td>K. Manak</td>
<td>Gynaecology CNS</td>
</tr>
<tr>
<td>A. Black</td>
<td>Gynaecology CNS</td>
</tr>
<tr>
<td>J. Harris</td>
<td>Gynaecology CNS</td>
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<tr>
<td>A. Geary</td>
<td>Deputy Divisional General Manager W&amp;C</td>
</tr>
<tr>
<td>J. Dunn</td>
<td>RCRH Service Redesign Director</td>
</tr>
<tr>
<td>S. Corless</td>
<td>Service Redesign Manager</td>
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<tr>
<td>J. Nevin</td>
<td>Clinical Director</td>
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<tr>
<td>S. Murray</td>
<td>Divisional General Manager W&amp;C</td>
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<tr>
<td>T. Weston</td>
<td>Gynaecology CNS</td>
</tr>
<tr>
<td>S. Slater</td>
<td>Head of Capital Projects</td>
</tr>
<tr>
<td>R. Kinnersley</td>
<td>Capital Projects Manager</td>
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V3.0, V4.0

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<tr>
<td>Professor D. Luesley</td>
<td>Clinical Group Director</td>
</tr>
<tr>
<td>G. Downey</td>
<td>Clinical Director Gynaecology</td>
</tr>
<tr>
<td>A. Geary</td>
<td>Clinical Group Director of Operations</td>
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<td>L. Hesk</td>
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<td>S. Corless</td>
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<td>S. Clark</td>
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<tr>
<td>P. Cooke</td>
<td>Head of Pharmacy</td>
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<tr>
<td>S. Mosses</td>
<td>Ergonomic Advisor</td>
</tr>
<tr>
<td>R. Evans</td>
<td>Lead Nurse Infection Control</td>
</tr>
<tr>
<td>P. Finch</td>
<td>Security Advisor</td>
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</tbody>
</table>
MIDLAND METROPOLITAN HOSPITAL

No. 02d
STROKE/NEUROLOGY IN-PATIENT WARD
OPERATIONAL POLICY
MIDLAND METROPOLITAN HOSPITAL
STROKE/NEUROLOGY IN-PATIENT WARD
OPERATIONAL POLICY

KEY POINTS

1. This policy describes the facilities being planned and the expected operational standards required for the Stroke and Neurology Hyper-acute/ Acute within the Generic Ward accommodation at Midland Metropolitan Hospital.

2. The service will ensure:
   ▪ Improved clinical outcomes e.g. reduced mortality
   ▪ Improved quality of life outcomes e.g. reduced disability
   ▪ Excellent patient and carer experience
   ▪ Equity of service provision, outcomes and service experience for all patients in Sandwell & West Birmingham

3. Patients will be monitored during the hyper-acute stroke phase including frequent neurological assessment during the first 0-72 hours.

4. All patients will receive early senior specialist clinical assessment and decision making with the aim of ensuring that for in-patients their total average length of stay will be maximum 21 days.

5. The environment in which patients will be treated will facilitate the provision of high quality care, which allows staff to work efficiently and focus on maintaining the well-being of both staff and patients.

6. Work in partnership with the patient and carer during rehabilitation in the stroke and neuro-rehabilitation unit and following discharge to ensure maximum function and independence.

7. Provide a rolling education programme for patients and their carer’s.

8. Actively involve expert patients in the stroke and neurological education programme.

9. Offer dedicated outreach services including ESD.

10. The policy will apply to all adult stroke and adult neurology patients irrespective of age, ethnicity, social, cultural background, gender, psychological and physical requirements.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY.
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</table>
1. **INTRODUCTION**

1.1 There is a significant body of evidence that specialised multi-disciplinary care of patients with stroke delivers improved outcomes. Recent national guidelines also underline the advantages of multi-disciplinary care in specialised units for these patients.

1.2 There is a significant body of evidence that specialised multi-disciplinary care of patients with stroke delivers improved outcomes. Recent national guidelines also underline the advantages of multi-disciplinary care in specialised units for these patients.

1.3 Patients presenting with symptoms of stroke need to be assessed rapidly and treated in an acute stroke unit by a multi-disciplinary clinical team which will fully assess, manage and respond to their complex care needs, including planning and delivering rehabilitation from the moment they enter hospital and/or delivering immediate thrombolysis treatment if appropriate; maximising their potential for recovery (DH PbR guidance 2011-12).

1.4 Patients with confirmed stroke will be admitted to a stroke unit within four hours of arrival at hospital. Evidence based best practice shows that patient outcomes are greatly improved if admitted directly to a stroke unit. Patients presenting with symptoms of stroke should **not** be admitted to a medical assessment unit (MAU). They should be admitted to the acute stroke unit either directly from A&E or by the ambulance service or via brain imaging (CT). (DH PbR guidance 2011-12)

1.5 Patients will be monitored during the hyper-acute stroke phase including frequent neurological assessment during the first 0-72 hours.

1.6 Patients with neurological emergencies admitted to SWBHT will receive the same standard of care as that provided by other specialties.

1.7 The acute neurology service will be co-located within the hyper-acute stroke unit led by Consultant Neurologists.

1.8 The DGH should have an acute neurology ward area, led by a consultant neurologist with specialist staff. Consideration should be given to locating this ward next to the acute stroke unit to allow for the sharing of specialist medical staff, nurses and allied health professionals (Royal College of Physicians: British Association of Neurologists, 2011).

2. **OTHER POLICIES TO WHICH THIS POLICY RELATES**

- Glasgow Coma Scale (SWBH)
- Infection Control Policy (CO1001) (SWBH)
- Interpreting Services (ORG076)
- Privacy and Dignity and Respect Policy (Pt Care 060)
- Stroke Guidelines (Geriatric Med/02) (SWBH)
- Stroke Guidelines Flowchart
- Stroke Thrombolysis (Geriatric Med/05) (SWBH)
- Subarachnoid Haemorrhage (Neuro 03) Apr 13

3. **GLOSSARY AND DEFINITIONS**

3.1 Stroke - Bleeding in the brain
3.2 TIA - Transient Ischemic Attack
3.3 Thrombolysis - Anticoagulation Treatment
3.4 CT Scan - Computerised Tomography
3.5 MUST - Malnutrition Universal Screening Tool
3.6 FAST - Face Arm Speech Test (used to screen for a diagnosis of stroke or TIA)
3.7 ROSIER - Recognition of Stroke in the Emergency Room
3.8 GCS - Glasgow Coma Score
3.9 NICE - National Institute for Health and Clinical Excellence

4. POLICY DEVELOPMENT PRINCIPLES

4.1 This policy describes the facilities being planned and the expected operational standards required for the Stroke and Neurology Hyper-acute/ Acute within the Generic Ward accommodation at Midland Metropolitan Hospital.

4.2 It describes the functional flow and day to day operational function for staff who work within, and patients who are admitted to the stroke and neurology in-patient beds and/or attend the TIA assessment service.

4.3 In addition this policy will describe the day to day operational detail for individual specialties including detailed patient flow and expected interventions for both Stroke and Neurology patients.

4.4 The environment in which patients will be treated will facilitate the provision of high quality care, which allows staff to work efficiently and focus on maintaining the well-being of both staff and patients.

4.5 To maintain staffing at safe and appropriate levels.

ROLES AND RESPONSIBILITIES

5.1 Leadership
The leadership model within the stroke ward will consist of a Lead Nurse, a Doctor and a Therapist per ward. It is envisaged that the three Leads will work together to ensure clinical quality is provided within each ward environment.

5.2 Clinical Group Director of Nursing/Midwifery
The Chief Nurse has corporate professional nursing responsibility with the clinical group directors having professional nursing responsibility for their respective clinical groups and all in-patient areas and out-patient areas. They will lead the implementation and delivery of the clinical service strategy for across the clinical group; managing workforce and clinical governance and risk management issues.
He/she will integrate corporate nursing plans with divisional clinical service plans and will lead for all patient experience and user involvement.
5.3 Matron
The Matron will hold overall clinical responsibility for the nursing care of the in-patient and out-patient areas including managing infection control issues, clinical escalation and capacity issues. He/she will act as innovator, motivator, key change agent and role model working with a high level of autonomy in order to ensure continuing improvement with the delivery of evidence based care and ensuring consistently high standards of care.

5.4 Ward Manager/Lead Nurse
Holds continuing responsibility for the day to day management of the ward environment, the services it provides, and the management of the staff including the professional development of staff and the management of sickness and absence. In addition the ward manager provides clinical care acting as expert, leader, role model, assessor and mentor.

5.5 Senior Ward Sister
The ward will be under the jurisdiction of the ward Senior Sister for day to day management of the ward environment, the services it provides and the management of the staff. The clinical responsibility for care of the patients is the responsibility of the team, who will lead on clinical care working within designated clinical pathways and protocols.

5.6 Ward Sisters and Staff Nurses
Senior Sisters and staff nurses are responsible for the delivery of care and treatments as prescribed and according to Trust clinical policies and protocols.

5.7 Nursing
Each shift is led by an experienced, skilled and competent nurse. The nurse in charge will organise staff breaks and staff taking breaks will leave the ward area and access the hospital catering facilities.

5.8 Registered Nurses
Registered nurses are responsible for delivery of care and treatments as prescribed and according to clinical policies and protocols; including admission and discharge of patients.

The wards operate a “named nurse” policy with each patient allocated a named nurse and an associate nurse, who will co-ordinate and organise care. In addition to day to day care, nurses play an important role in the rehabilitation and education of patients.

Registered Nurses will appropriately delegate work to support staff.

5.9 Health Care Assistants
Under the direction and supervision of qualified nursing staff, HCA’s provide support to clinicians and patients for basic care needs.

5.10 Ward Clerks
Ward clerks support the nursing and medical teams by providing administrative services including reception cover, ordering stationary, record keeping, telephone enquiries, admission and discharge support.

Other Clinical Staff / Support Staff
In addition, all staff will be appropriately qualified or trained in the management of stroke and neurological care and the following additional specialist roles are required:

5.11 Stroke Alert Nurses (SANS) team
Registered Nurses (Band 6) will work as specialist practitioners in the area of stroke, supporting, advising and developing expert, evidence based/ best practice to ensure prompt assessment of
stroke patients and timely admission to the stroke unit. He/she will:

- Select, apply and advise on profession specific assessment and treatment strategies for patients with complex presentations at any stage post stroke. This will include direct liaison with WMAS and the Specialist Stroke team.
- Work as part of a dedicated to provide 24 hour 7day per week SANS cover
- Lead and facilitate the development, implementation and monitoring of national quality standards, guidelines and protocols which contribute to the pathway of care for stroke patients.

5.12 Stroke Co-ordinator (Band 7)
Registered Nurse or Therapist who works in conjunction with the Lead Consultant for Stroke to ensure the service is developed in line with the identified national clinical standards incorporating the needs of the local community in both the management of stroke and its prevention. This will involve encouraging partnership working between the Trust, CCGs, Social Services and non-Statutory organisations.

The post holder will be responsible for ensuring that clinical standards delivered by the team are in line with the Royal College of Physician Stroke Clinical Guidelines (2008), the NICE Stroke Quality Markers (2010), standards of other professional clinical bodies and meeting the national and local key performance indicators for stroke care working with clinical and managerial staff to develop and manage a robust information system to support the delivery of effective care, incorporating required data for SSNAP and to facilitate the process of communication, education and information systems within the stroke service to ensure patients and carers are informed, educated and knowledgeable about stroke and its prevention.

5.13 Therapy Staff
Physiotherapy, Occupational Therapy staff will attend as required to deliver support and treatment for patients

5.14 Medical
Consultant medical staff will attend the stroke ward on a scheduled basis to undertake ward rounds and junior medical staffs provide support on the unit. Doctors in training will be supported to learn and develop as outlined in their training programmes.

Medical Students will be educated within the unit and given the opportunities to learn clinical skills under the direction and supervision of their clinical mentors guided by the consent to treatment and examination policy.

5.15. Stroke Data clerk (Band 3)
Supports the team to collect real time SSNAP data, and undertake validation of data.

5.16 Staff Identification and Uniform
All staff will wear Trust ID badges when on duty within the Trust. Staff will introduce themselves and identify their role to patient and visitors at the first point of contact with them.

All staff will wear uniform and/or adhere to an expected code of dress when on duty. Staff will change into their uniforms as detailed within the uniform policy and store their valuables and clothes in a locker in the shared changing area in the neighbourhood hub.

6. SERVICE DESCRIPTION/SCHEDULE OF ACCOMODATION
6.1 Hours of Service
The stroke ward will provide full care services to patients 24 hours per day 7 days per week, 365 days per year.

6.1.2 Visiting
All staff should be familiar with the Trust Visiting Policy and will support patients and users in its implementation.

The flow of visitors will be managed via the hub reception and will also provide a way finding function; visitors will be able to wait in the main concourse and restaurant areas.

All visitors will be expected to adhere to the Trusts hand washing policy and will use the hand wash station in the main hub area before entering and on exiting the ward area.

All visitors will be expected to adhere to the Trust Visiting Policy including visiting times and exceptions as outlined in the policy.

The ward will be accessible to all clinicians except during protected meal times hours, unless clinically urgent (1 hour each to cover lunch and evening meals).

6.2 Patient Pathway
All patients will receive early senior specialist clinical assessment and decision making with the aim of ensuring that for in-patients their total average length of stay will be maximum 21 days including:

6.2.1 High risk TIA assessment
This is a ward based out-patient assessment service where patients are seen by the specialist team, prescribed and administered immediate appropriate treatment and discharged home with appropriate follow up in the community 0-12hrs maximum. (Requires 2 x assessment spaces with trolleys)

Hyper-acute in-patient assessment/care where observation and initiation of treatment will usually be limited to the period of intensive investigation and observation and/or treatment, such as:
- Thrombolysis Hyper-acute-care 0-72hrs (6 beds with appropriate mobile cardiac monitoring facilities)
- Acute on-going care and early rehabilitation 0-7 days (19 beds)
- On-going longer stay in-patient rehabilitation 7-21 days (28 beds to be located within intermediate care facilities)

6.2.2 The hyper-acute stroke & neurology unit will:
- Improve patient outcomes by reducing mortality and long-term disability by ensuring that all patients referred with Stroke benefit from evidence-based protocols and integrated care pathways.
- Provide a specialist seven day a week, high quality patient and carer focussed rehabilitation service for people who have suffered a stroke, or other areas of neurological impairment.
- Minimise the effects of stroke and any neurological impairment and associated complications.
- Reduce levels of disability and dependence after stroke and neurological impairment.
- Implement current secondary prevention and treatment guidelines.
- Work in partnership with the patient and carer during rehabilitation in the stroke and neuro-rehabilitation unit and following discharge to ensure maximum function and independence.
- Provide a rolling education programme for patients and their carer's.
- Actively involve expert patients in the stroke and neurological education programme.
- Offer dedicated outreach services including ESD.
- Ensure that all staff have the required skills, knowledge and understanding of their role in the delivery of the patient pathway and to minimise all potential risks.
- Provide physiological care with appropriate psychological support to manage the presenting and concurrent conditions suffered by individuals requiring acute inpatient assessment and treatment for Stroke and Neurology conditions.
- Provide support for complex patient management and liaise with Social Services, District Nurses & other Healthcare Professionals outside the Trust.
- Maintain the privacy and dignity of patients at all times.
- Provide appropriate physical environment to support the service function.
- Ensure appropriate, timely data collection and analysis to measure outcomes of care delivery that help us to continually improve practice and outcomes.

6.2.3 Criteria for Admission to Hyper-acute/acute care
It is anticipated that the length of stay within the stroke/neurology unit for the majority of patients will be in the region of 0 to 7 days and patients will be transferred, as appropriate to:

- Early supported discharge service
- Bed-based post-acute rehabilitation (intermediate care)
- Non bed-based community stroke rehabilitation
- Home if the patient is at pre-stroke level of function.
- Another speciality ward
- For a small proportion of patients requiring Nursing home placement, other post-acute care transfer arrangements may be appropriate.

6.2.4 Protocol for transfer of mimics when diagnosis is not stroke
This is for patients who are FAST positive and meet the threshold for admission to hyper-acute care but turn out not be acute strokes (predicted 23% of cases).

Stroke mimics should be repatriated within 0-24 hours of a non-stroke diagnosis being made to the most appropriate setting. If non-stroke patients are fit for discharge, the stroke unit should endeavour to do so wherever possible.

Such arrangements may also be applicable to patients who have been admitted to the stroke unit with transient ischemic attack (TIA) but cannot be easily discharged due to other medical or social care issues.

6.2.5 Admission
The ward will be notified of patients who are to be admitted to the ward via the relevant team/department in collaboration with the Trust Capacity Team.

Patients may be admitted from:

- Emergency Department
- CT (following thrombolysis)
- Transfer from other wards
- Out-patient Clinic
- TIA assessment

The stroke assessment/admission nurse (SANS) and the specialist team will be alerted that the patient is expected. The team will communicate directly with ED, CT and ward staff to arrange admission.

The accepting nurse must ensure individual needs including delegating an appropriate single sex bed space with appropriate monitoring, for example level 1 observation if required, and any specific equipment required is obtained before the patient's arrival.

Patients who require assessment/admission will present to the ward usually via transfer from ED or via CT. The ward receptionist will ensure all patient demographic details are correct, that the patient is correctly identified and ensure that these details are captured on the electronic record. Some (TIA) patients will have been advised to attend the assessment area through prior arrangement via their GP.

All referrals will be assessed before transfer to the Unit by the Stroke/Neurology Team. Stroke patients will be transferred to the Stroke unit within 4hrs maximum.

When a patient is referred to the stroke unit and there is no bed available, the following options will be available:

- Admit the patient to a general medical ward
- Transfer another patient off the stroke unit (preferably a patient with either a planned discharge date, or a patient requiring other treatment) to another bed within the hospital.
- Admit to the assessment unit for a short initial period where they will be seen and assessed by the Consultant, Registrar or specialist nurse.

Patients with a diagnosis of subarachnoid haemorrhage, after CT scan, will be referred to a neurosurgical unit, after stabilisation, or surgery, patients will be referred and transferred to the stroke unit if appropriate.

The integrated care pathway for stroke must have been commenced prior to transfer to the stroke unit.

Shift handovers will be conducted at the bed side to ensure a patient focused approach and to give patients safe, reliable and dignified care.

6.2.6 Initial Management

- The patient will be assessed on admission for:
  - Risk of aspiration using a validated tool and undertaken by an appropriately trained professional.
  - Their needs in relation to moving and handling.
  - Their risk of developing pressure sores.
  - Nutritional status, using a validated tool undertaken by an appropriately trained professional.
  - Monitoring in the acute phase will include conscious level, blood pressure, pulse, heart rhythm, temperature, blood glucose, oxygen saturation and hydration.
Patients will be positioned, whether lying or sitting, to minimise the risk of complications such as aspiration, respiratory complications, shoulder pain, contractures and pressure sores.

6.3 Accommodation
The hyper-acute unit will require a total of 25 in-patient beds, including 6 monitored beds and 2 assessment spaces (trolley spaces).

The ward will have a number of single rooms or designated single sex areas (4 bedded bays) with supporting clinical and non-clinical accommodation. A number of bed spaces will be equipped for use with enhanced patient monitoring equipment including continuous recordable cardiac monitoring for level 1 care.

6.3.1 Ward Entrance + Welcome Point (refer to Generic Ward PPDD)
Leading from the shared hub
The ward is secured to prevent unauthorised access whilst ensuring easy controlled exit. Staff access will be gained by swipe access. Others requiring access to the unit will be screened with audio visual equipment.

PEAT audits and daily cleaning checks are the responsibility of the designated Matron for the area.

6.3.2 TIA Assessment Area
The assessment area will be located near to the entrance of the ward, to facilitate a 24 hour, 7 day per week out-patient service that is attached to the specialist unit. This will enable patients to be seen by the specialist team in a timely manner; instigating early treatment and improving outcomes for patients. In order to support this function a nurse/ward clerk base will be located in close proximity.

Individual assessment bays will be equipped to deal with patients who experience symptoms of stroke which are transient in nature and usually last for a short time; disappearing within 24hrs. Patients are generally ambulant but will require accommodation that meets access requirements and their rights to privacy and dignity. The area will have 2 individual assessment spaces which have:
- One assessment trolley that provides access to both sides of the assessment trolley and wheelchair access for non-ambulant patients.
- Each assessment space will have a patient chair and a relative’s chair.
- Small workstation with computer & telephone facilities, shelf or appropriate racking to store stationary and patient information.
- The room requires a hand wash basin, alcohol gel dispenser, sharps box, nurse call/emergency call bell.
- ECG equipment.
- Workspace/trolley for equipment to take bloods.
- Telemedicine access point.

The area will also require access to Ward medicines room which will provide a clean workspace to prepare drugs a locked drugs fridge, a locked pharmacy cupboard to house small supply of stock medications and also FP10 prescription pads and/or pre-packed TTOs for the TIA patients. Drugs and medications including injections will be administered by clinical staff.

6.3.3 Staff Base/Nursing Station
The main nursing station will be located centrally to the six hyper-acute bed spaces and six acute bed spaces.
It will contain:
- Dedicated area for the ward clerk/receptionist.
- The monitor and door controls granting viewing and access through the main ward doors.
- IT terminals
- Telephone
- Computer and printer
- Rhesus equipment
- Monitor screen for those patients receiving continuous cardiac monitoring
- Notes trolley if EPR is not in place

It will be the main communication point for external telephone communication, public enquiries and staff meeting points and general administration tasks will be carried out by the administration staff.

Directly opposite this station the ward review/handover information board will be located. This board will be electronically linked to the hospital bed management system and or other data information systems and will enable/support the daily clinical board round to take place.

6.3.4 Second Nurse Base
A second nurse base will be located central to the remaining bed compliment within the ward. It will contain:
- Workbench
- Computer
- Telephone
- Printer

6.3.5 Level 1 Observation (Hyper-acute) 0-72hrs
To reflect the nature of acute services provided the Trust has extended the Level 1 definition to include facilities provided for patients whose severity of illness or acuity is such; that it is best met in an acute high observation area with additional advice and support from the critical care outreach team where applicable.

These facilities are for patients who:
- Require placement in a specialist stroke/neurology assessment/treatment area
- Are at risk of their condition deteriorating
- Require observation, monitoring and/or invasive treatment (thrombolysis)
- Have recently been transferred from higher levels of care (level 2 and level 3)
- Are waiting transfer to a neuro-surgical unit

The purpose of these designated level 1 areas is to provide a safe area for specialist monitoring and/or treatments. Or, to provide an area where appropriately trained nursing and medical staff can readily recognise and respond to potentially unwell patients in a timely manner.

Six hyper-acute bed spaces with level 1 monitoring facilities- located and distributed according to clinical need on a shift by shift basis within 2 x 4 bedded single sex bays located opposite the main nursing station. For this reason all bed heads within these 12 beds must be capable of supporting hyper-acute equipment/patients and monitoring equipment must be mobile and capable of continuous recordable cardiac monitoring.

Flexibility is required in order to accommodate up to a maximum of male or female patients at any one time.

It is expected that the LOS (length of stay) for all patients admitted to a hyper-acute monitored bed space will be 0-72hrs (max). Once patients are assessed as clinically stable they will be transferred within the ward to another bay or side room. Alternatively the mobile specialist monitoring equipment will be relocated to a different bed space within either of the two single sex bays located directly opposite the main nurse base.
6.3.6 Telemedicine
Patients, who are located either in ED or CT; or are located within the Hyper-acute ward can be viewed remotely by the clinician using a telemedicine approach.

The stroke physician (usually home based out of hours), using a combination of remote tele-presence and image transfer via PACS and broadband technology would receive images through a remote access laptop. They would be able to see both CT scans and carry out a live consultation with the patient and local medical teams using specialised mobile telecarts provided for ED, CT and the Hyper-acute stroke Ward.

6.3.7 Acute Admission/Transfer from Hyper-acute 0-7 days
Patients who have undergone a period of assessment within the assessment area and/or a hyper-acute monitored bed space will be transferred to an acute stroke or neurology bed space as appropriate. They will be allocated a bed space according to their clinical needs within 0-72hrs of arrival (depending on their length of stay in hyper-acute monitored space) to the ward and will stay on average 0-7 days.

Beds within wards will be allocated by the Stroke Team in collaboration with the Trust Capacity Team. The Lead Nurse in collaboration with the stroke medical clinicians will identify the appropriate bed location within the ward for each patient according to clinical need and observation requirements.

In order to maintain the national privacy and dignity standard in eliminating mixed sex accommodation the following principles will apply to all areas within the Acute Hospital environment.

Patients who are receiving intensive treatment and therapy during this time will require regular access to facilities as detailed within the Therapy Operational Policy and PP&DD 02.

Access to these facilities is essential to achieving early discharge and reduction in hospital stay for stroke patients.

Speech and Language Therapy will have access to the quiet room located within the ward where they are able to work with the patient therapist without distraction and interruption.

6.3.8 Single En-Suite Rooms (2 with Isolation Lobbies)
Generic single bedrooms are required as detailed within the Functional Brief. The dividing wall between the room and main corridor are half glazed to allow observation of patients, these windows have curtains/blinds to allow privacy as required.

Independent Disabled Single Room – facilities serving the independent wheelchair user room must be fully compliant with part M of the Building Regulations as set out in the Functional Brief.

In addition all rooms require:
- Sufficient spaces for displaying personal effects such as family photographs, favourite toys and get well cards.
- A working surface with linen storage space beneath.
- The en suite shower rooms must accommodate a mobile hoist. For detailed layout refer to the Functional Brief.
- TV/recreation facilities and notice boards/patient boards and signage.

Room doors will be kept closed at all times except in an emergency to promote the control of infection.

Clinical treatments and procedures will mainly be carried out within the individual room of the patient. Larger procedures have the option to be carried out within the procedure room located on
the ward close to the 4 bedded areas

Movement of the bed will only be used at the point of admission, discharge and when leaving the room for exceptional circumstances such as surgical procedures.

Bariatric patients will be managed within two designated single rooms which will accommodate a patient weighing up to 298kg. Where there is demand for both it will be the patient requiring isolation who will take priority.

Policies to be adhered to:
- Information systems on admission and discharge.
- Processes for booking in, allocation of side room, booked a theatre, recovery in theatre.
- Decontamination of equipment.
- Managing infectious patients when using hospital transport.
- Communication with community services when discharging patients with infections.

6.3.9 Multi Bed – Four

These Multi 4 bedded areas as detailed within the Functional Brief for detailed description. The individual bed areas follow the same layout as the single rooms.

The dividing wall between the room and main corridor are half glazed to allow observation of patients, these windows have curtains/blinds to allow privacy as required.

A hand wash basin and gel will be available at the entrance to the bay area to promote hand washing before and after patient contact.

In addition all rooms require:
- Sufficient spaces for displaying personal effects such as family photographs and get well cards.
- A working surface with linen storage space beneath.
- The en suite shower rooms must accommodate a mobile hoist. For detailed layout refer to the Functional Brief.
- TV/recreation facilities and notice boards/patient boards and signage.

The area will be a distinct room and the room will be closed except in emergencies to aid infection control. The door will have sufficient width to safely manoeuvre beds into and out of the bay.

All team members who are responsible for carrying out nursing procedures will ensure that the patient’s dignity and privacy is maintained by ensuring that on one enters the bed space where the procedure is being carried out. This will be achieved by attaching a laminated notice on the curtain informing people that they should not enter.

6.3.10 Procedure Room

Each ward will have a procedure room located in close proximity to the multi 4 bedded areas as detailed within the Functional Brief. The room will provide facilities for clinical examination, assessment and treatment, a number of planned clinical interventions not requiring a general anaesthetic could be undertaken here.

The procedure room will contain:
- Desk and IT station
- A Hand wash basin and paper towel dispenser
- A tracked curtain divider.
- Work/preparation area
- Storage is via mobile trolley.
- Overhead flexible lighting for examination purposes, specialist lighting is mobile.
The following will take place in the procedures room:
- Dressings
- Removal of sutures
- Drainage abscesses
- Irrigation
- Bladder wash out

6.3.11 Clean Utility
This clean utility as detailed within the Functional Brief is in close proximity to the procedure room. It includes a work surface/ drug preparation area and will accommodate a module storage unit for sterile clinical stock and intravenous fluids. There will be a lockable fridge and lockable storage for TTO medication. There will be locked storage for medications, and a controlled drugs cupboard within the unit. There will be storage for dressing trolleys under the preparation area, and a clinical wash hand basin with non-touch taps. A standard drug fridge and lockable cupboard storage is required for drugs.

Nurses will prepare trolleys for clinical procedures in this room and return clean trolleys to the room after use. In addition a locked cupboard for housing flammable items and CoSHH products is required.

Refer to Facilities Trust Managed Services Whole Hospital Policy for details of re-supply

6.3.12 Dirty Utility
This dirty utility room as detailed within the Functional Brief will contain a range of waste streams with waste disposal unit and sink will be in close proximity to the clean utility and procedure room. It will contain cupboards for storage and specimen oracles and facilities for testing urine. Contaminated instruments will be held here temporarily following procedures until collected for decontamination. There will be a locked cupboard to accommodate dirty linen clinical waste. This will be removed from the department on a daily basis in line with Trust policy.

6.3.13 Office
The stroke ward manager’s office will be used by to allow her/him to carry out all activities that support the clinical management of the service. 1:1 meetings with staff, clinicians and other managers will be held here. It comprises of an office workstation with a networked computer, telephone and storage for books and files.

6.3.14 Resource Base
This office will be used by a range of staff from the multi-disciplinary teams as required and comprises of 4 office workstations with networked computers and telephones for completing patient records and arranging/ coordinating care.

6.3.15 Interview/Counselling
These generic interview/counselling rooms as detailed within the Functional Brief will be used as required for discussion sessions with patients and or family. All furniture and fittings are ergonomically comfortable and a telephone with external capability is provided.

It is important that family and friends are able to leave the room if they so choose after receiving bad news without having to meet up with other anxious families or walk back through the clinical area.
6.3.16 Quiet Day Space
This area is furnished with comfortable seating and coffee tables for patients to read or watch television which is mounted on a low level television table.

6.3.17 Beverage Room
A bespoke beverage room is required for the preparation of regular and ad hoc patient beverages throughout the day.

6.3.18 Food Trolley Bay
A generic food trolley bay is required as detailed within the Functional Brief.

In addition 2 plug-in points are required within the general circulation space for serving meals.

6.2.13 Store: Linen
A generic store room as detailed within the Functional Brief will be used to store sufficient stock of linen and gowns to meet the needs of the children’s wards, for infection control purposes the door should be kept closed at all times.

6.3.19 Large Store
These store rooms are for equipment required on a daily basis and has floor space for parking mobile equipment and standing pieces of equipment, adjustable shelving is provided. The layout enables items to be removed easily particularly fragile and expensive equipment to help prevent damage.

Beds and mattresses will be stored in the furniture store as detailed within PP&DD No 33 Neighbourhood Hub.

6.3.20 Mobile Equipment Bays
These bays will be used to store mobile imaging equipment required within the ward as detailed within the Functional Brief.

6.3.16 Domestic Services Room
A generic domestic service stores is required the functionality for which is detailed within the Functional Brief here is sufficient storage space for a vacuum cleaner and scrubbing/polishing machine for hard floors. CoSHH requirements for the storage of cleaning materials will be adhered to.

6.3.21 Staff Changing Facilities
These are located within the neighbourhood hub as detailed within the Functional Brief.

6.3.22 Access to Ophthalmic & Orthoptic Consult Exam Rooms
These will be located adjacent to the department and support the stroke service.

6.4 Interdepartmental Relationships
- Imaging/Sonography
- Emergency Department
- Pathology

There should be easy access to/from diagnostics
6.5 Business Continuity

6.5.1 Escalation
Implement additional ward rounds to ensure timely discharge to appropriate locations.
Ward Infection outbreak will be managed by:
- Closing the ward to admissions and discharges.
- Use of Quiet Day Space / Assisted Shower room for staff changing to isolate staff groups.
- Ward’s will be locked to monitor entry and exit; this will include doors between wards.

6.5.2 Major Equipment
Equipment requirements for the generic ward are detailed within the equipment responsibility matrix within the Functional Brief

Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit.

If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure.

A loan of equipment is provided if repairs cannot be rectified immediately.

In the event of serious systems failure and immediate repair or loan equipment not being possible, then the department manager will consult with the medical staff and Clinical Group Director to cancel clinics accordingly.

Specialist equipment required by patients i.e. pumps, bed rails, Syringe Drivers (PCA), (definitive equipment list to be compiled) will be available from a central equipment library. Access to the equipment library will be available 24 hours a day, 7 days per week.

Equipment will be requested by ward staff by telephone and delivered by equipment library staff. Nursing staff will be responsible for surface cleaning during use and ensuring that equipment is returned to the library on discharge of the patient. Staff at the equipment library will be responsible for decontamination in a central decontamination unit.

Specialist equipment for prevention and treatment of Pressure Ulcers and wound care will also be available from the centralised equipment store following advice from a Specialist Tissue Viability Nurse. To obtain this equipment it will be necessary for a wound/pressure ulcer assessment to be completed and details of the patient’s risks and requirements passed to the clinical Tissue Viability Team.

Equipment required will be prescribed and delivered to the patient whereupon staff will be responsible for surface cleaning during use and promptly advising the Tissue Viability team of any changes in the patients’ condition which may necessitate reissuing new equipment or collection of equipment on the discharge of the patient.

All equipment must be surface cleaned, bagged and sealed before returning to the central equipment library.

Equipment used in a contaminated area or with an infected patient, must be surface cleaned, bagged, sealed and clearly labelled with hazard source prior to return or collection to the...
appropriate store.

a) Cleaning and Storage of Equipment

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Cleaned</th>
<th>Stored</th>
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</thead>
<tbody>
<tr>
<td>Bed and mattress</td>
<td>FM</td>
<td>Bed store</td>
</tr>
<tr>
<td>Other mattress</td>
<td>External Contract</td>
<td>Bed store</td>
</tr>
<tr>
<td>Pumps</td>
<td>MED ENG</td>
<td>Mobile e.g. bay</td>
</tr>
<tr>
<td>Portable lighting</td>
<td>FM</td>
<td>By bed</td>
</tr>
<tr>
<td>Wardrobe/locker with integrated locking self medication drawer</td>
<td>FM N/A</td>
<td></td>
</tr>
<tr>
<td>Patient tables / Bed table</td>
<td>FM</td>
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</tr>
<tr>
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<td>Nursing</td>
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</tr>
<tr>
<td>Cleaning of ward areas, Shower/washroom areas &amp; sluice</td>
<td>FM N/A</td>
<td></td>
</tr>
<tr>
<td>Commodes</td>
<td>Joint FM / Nursing</td>
<td>Dirty Utility</td>
</tr>
<tr>
<td>Treatment trolleys</td>
<td>Nursing</td>
<td>Clean utility</td>
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<td>Nursing</td>
<td>Clean utility</td>
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<td>Clean utility</td>
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<td>FM</td>
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<td></td>
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<tr>
<td>scales</td>
<td>Joint FM/Nursing</td>
<td>Procedure room</td>
</tr>
</tbody>
</table>

6.5.3 Equipment Replacement
A formal rolling programme of replacing equipment

6.6 Major Incident
Refer to:
- Major Incident Plan
- Evacuation Plan

Each area will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

6.7 Regulatory Requirements
- Mandatory training
- Working time Directive regulating working patterns
- Nursing and Midwifery Council
- General Medical Council
- Health and Safety
- COSHH
- Essence of Care
- Fire Regulations
6.8 Clinical Support Services

6.8.1 Pharmacy

Refer to Pharmacy PP&DD No 18 and Operational Policy which describes the Pharmacy services described around each cluster and based in the neighbourhood hub to provide swift response to pharmacy requests and ensure that advice and support of specialist pharmaceutical knowledge is readily available. Paediatric pharmacists are available and will visit the ward.

Pharmacy supplies will be delivered to the ward on a daily basis in locked boxes by the dedicated porters for pharmacy. Individual patient drugs/dressings will be stored in locked cabinets at patient bedsides from which medication will be dispensed during scheduled drug rounds.

General pharmacy supplies will be ordered electronically and be controlled using a material handling systems. General drugs and dressings which are issued via pharmacy will be stored within locked cabinets and automated dispensing machines situated in the clean utility.

6.8.2 Pathology

Referrals will be received via an IT solution. Specimens will be delivered to Pathology via the use of a pneumatic tube with the exception of blood products which are collected or delivered using the Porter service.

Phlebotomist will be provided at ward level and blood taken following a referral received using IT systems available. Labelling machines will be available for use by Phlebotomists to support this function. The phlebotomy trolley will be stored in an equipment bay within the neighbourhood hub for ease of access.

6.8.3 Infection Control

All staff will comply with Trust Infection Control Policies, all team members who undertake aseptic nursing procedures will adhere to infection control standards for cleaning trolleys to ensure that risk from infection is kept to a minimum.

Single rooms are designed to barrier nurse patients with transmittable infections, for example Clostridium difficile, methycillin resistant Staphylococcus Aureus, Nora Virus, using universal precautions and standard barrier nursing protocols. Please refer to domestic services section of this policy for cleaning protocols.

Consideration should be given to the increasing numbers of patients with HIV or patients with other conditions leading to severe immuno compromise, which when being the cause of their admission may necessitate reverse barrier nursing and the use of positive pressure.

Some wards will require that this facility is available. Positive pressure single side rooms will be available in the haematology specialist areas.

Single rooms will be used for patients with infectious conditions and these will take priority.

Processes for booking in, allocation of side room, booked a theatre, recovery in theatre will take account of those patients with Infectious conditions for example patients with infectious conditions will be booked last in the theatre list.

Decontamination of equipment will be completed centrally.

Hospital transport will be cleaned following use by a patient with an infectious condition.

Community services will be informed within referral process when a patient with infectious
6.8.4 Therapies
Refer to Therapy Operational Policy and PP&DD No 02. Referrals will be through multi disciplinary team communications. Assessment and treatment will take place at the bed side where appropriate and through the use of therapy facilities located within the neighbourhood hub.

6.8.5 Sterile Supplies
Facilities staff will deliver sterile stores from the central store to the ward.

6.8.6 Manual Handling
Refer to the Moving and Handling Policy.

The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

Movement of patients between the different areas of the ward will require passage through doorways, which will be kept closed. Refer to the Functional Brief. Opening and closing of these doorways will be by push button. Should any door fail to have its close door actioned, a timer will self activate the closing of the door after a period of time approximately 3 minutes.

Where patients require moving whilst in the bed or on a trolley, this must be completed with two members of staff controlling the bed/trolley.

6.8.7 Imaging
Imaging will be requested by contact with the imaging service. It is anticipated that this will be via an IT referral system.
Where appropriate radiographers from the Imaging department will perform portable x-rays at the bedside, where this is not appropriate patients will be taken by Porter to the Imaging department.

6.8.8 Interpreting Services
Interpreting services will be available and booked by clerical staff. Refer to the interpreting Services – Access and Delivery Policy

6.9 Non Clinical Services
6.9.1 IT
Electronic Patient record (EPR), hospital communications and ordering systems will be required with access at main reception, nursing points and office resource base.

6.9.2 Transport
This will be required to transport patients where applicable and will be booked by the clerical staff via a central booking process.

6.9.3 Porters Service
A porter’s service will be available and will be booked via telephone; wheelchairs will be used from the hub wheelchairs store.

6.9.4 General Store Delivery
Facilities Support services – Material handling section to be developed.
6.9.5 Catering

Patient Meals will be as follows (refer to Catering section of Facilities support services Operational Policies). All foods will be stored in the regeneration area on the hub, and collected and delivered to the ward, and to individual patients, using a hostess service provided by Facilities division.

Food hygiene procedures will be followed and include segregation of clean and dirty activity and proper food storage as defined within food hygiene guidance.

Nursing staff will provide support for vulnerable patients during meals times using “red tray” process. Blue Beakers must be available for patients whose hydration is of concern.

During breakfast, patients will be asked to order their lunch and evening meal from a supplied (by ward services) menu.

Breakfast – Cold breakfast consisting of cereal and/or continental style breakfast with hot/cold beverage.
Lunch – Choice of hot or cold meal, desert and choice of hot/cold beverage.

Evening Meal - Choice of hot or cold meal, desert and choice of hot/cold beverage.
Additional meals can be ordered between the hours of 06.00 to 20.00 hours by contacting facilities department. Between 18.00 and 06.00 hours, sandwiches are available from the regeneration kitchen (refrigerated) which will be replaced and refreshed on a daily basis by ward services.

A kitchen situated outside the main ward area in the shared central hub houses a regeneration function / kitchen. Refrigerators will house milk and cold snacks/sandwiches for those patients who have not planned a meal or other unexpected event. No staff food may be kept in the patient refrigerator.

6.9.6 Linen

Linen will be delivered to the central linen store on the hub the ward services officer who will ensure supplies of linen are transferred from the central store to the individual wards and topped up throughout the working day (06.00 until 18.00 hours) 6 days a week.

Additional top ups required throughout the day will be arranged by the Ward team. Refer to facilities support services policy – Linen services section. This will be stored at a workable height with clear access in the linen store in the ward.

6.9.7 Domestic Service

Refer to the Hospital Cleaning Service Policy

General cleaning of patient rooms, commodes and the ward environment will be completed daily by ward services:

Cleaning of the patient rooms and ward environment will be routinely scheduled following all discharges.

Deep cleaning of all ward areas will be completed every 3 months and will include washing curtains.

After the discharge of a patient with a known infectious condition all mobile furniture will be removed from the ward and replaced with a duplicate set of pre cleaned and decontaminated furniture.

This will be obtained from the Equipment store where all equipment will have been decontaminated.
and routine maintenance provided if necessary.

Any urgent unplanned requests will be dealt with by the out of hour’s team.

Equipment to be returned for decontamination will be collected by Facilities staff to be returned for decontamination.

Where individual pieces of furniture of equipment require deep cleaning, this will be arranged directly with ward services.

6.9.8 Maintenance
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.

6.9.9 Security
Refer to the Security Policy

Door Entry System

Entry to and egress from the ward will be controlled by an automated access control system for staff. A video-intercom externally and internally will link to the Nursing Station from where access to and egress from the ward by visitors will be controlled.

Lock down and override system

- The exit control can be switched on and off depending on the nature of the patient’s on the ward and the risk of abduction or absconsion e.g. paediatric wards, patients with mental ill health, or in a state of confusion or dementia.

Security Service

- Security officers will be available 24hours 365 days per year. Their prime responsibility will be to provide a safe, secure environment by maintaining the safety of all persons and property on the site. This includes the protection of patients, staff, service providers and visitors against violent acts or abuse; theft; criminal damage; malicious tampering and arson. The essence of the security service will be to provide effective crime prevention measures and a quick response when required, in respect of any security related issue.

Emergency Call System

- The Emergency Call System is linked to both the Nurse Station and the Security Base. Security staff will respond to the alarm and take whatever action is necessary to ensure the safety of the Trust’s staff/ refer to the Functional Brief.

6.9.10 Fire Procedure
Refer to the Fire Safety Management Policy

6.9.11 Waste Management
Refer to the Waste Management Policy

- All clinical waste will be disposed of in yellow clinical waste bags. These go for incineration.
- All used sharps to be placed in the ‘sharps’ bin.
- Soiled instruments should be returned to the decontamination unit for cleaning and re-sterilisation as per the decontamination operational policy. (available within the endoscopy suite).
- Non clinical waste to be placed in black rubbish bins.
- The Spillage Protocol will be adhered to regarding disposal of items used for dealing with spillages.
- Any confidential paperwork for disposal must go in the Hessian type bag identified for shredding material.
- Other paper waste relating to non confidential material can go in a black bag or the cardboard paper recycling boxes.
- Bins will have adequate space and sufficient collections to ensure that rubbish is not left on the floor, and bins should be a design which allows bags of rubbish to be placed in the bin safely.

7. CONSULTATION

An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to all stroke consultants, nurses, clinical group management team and capital projects team for comments. The outcome of this consultation has been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS

Compliance with the requirements of the policy will be monitored by the Matron for Stroke Services.

9. TRAINING AND AWARENESS

Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the stroke unit and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY

The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. REVIEW

This policy will be reviewed in three years time unless requires earlier review. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY

Nursing and Midwifery Council
General Medical Council
Health and Safety
COSHH
Essence of Care
Fire Regulations  
Food Hygiene Regulations  
Patient ID Policy  
Patient Discharge Policy  
Infection Control Policy  
Drug Administration Policy  
Major Incident Policy  
Bariatric Policy  
HBN - Health Building Note 04-01 Inpatient Facilities 2008  
HBN - Health Building Note 04 Supp 1 Inpatient Accommodation options for choice – Supplement 1: Isolation facilities in acute settings

13. **FURTHER ENQUIRIES**

Contact the Matron for Stroke Services for further information on the implementation of this policy.
Appendix A  Guidelines for the Management of Acute Stroke

Suspected stroke: Ambulance/GP FAST test positive
Emergency admission to hospital

ROSIER score± = likely stroke

Exclude hypothermia

Establish time of onset

Less than 41/2 hours

More than 6 hours

41/2 hours to 6 hours

Patient age?

Refer to Paediatrics or Neurology

Less than 18 years

Over 80 years

18-80 years

Is it Mon-Fri 09.00-17.00

Is an urgent scan indicated?

Yes

No

Urgent CT brain scan

Urgent CT brain scan

See Trust thrombolysis guidelines

Consider: urgent neurosurgical referral if acute intracerebral haemorrhage/subarachnoid haemorrhage (previously fit with haemorrhage with hydrocephalus or deteriorating neurologically) or cerebellar infarct

Accepted by UHB?

Yes

No

Transfer to Stroke Ward

Transfer to Stroke Ward

Consider urgent neurosurgical referral if decompressive craniectomy indicated (less than 60 years, infarct of at least 50% of MCA territory)

Type of stroke?

Haemorrhagic

Ischaemic

Give Clopidogrel 300mg PO stat unless contraindicated

CT brain scan within 24 hours

Ideally on the way from ED to Stroke Ward

Transfer to Stroke Ward

Inform bed management – “acute stroke for Stroke Unit ASAP”

Swallow screen, GCS, neuro deficits, risk factors, lipids, EOG, refer to Stroke team, nutrition score, Waterlow score.

Control: hydration, temperature, hypertensive emergencies, O2 only if sats drop below 95%, blood sugar 4-11 mmol/l
### Appendix B  Operational Policy Development/Distribution/History/Consultation

Version V2.0, V3.0, V4.0

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
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<tbody>
<tr>
<td>A. Hawkins</td>
<td>Matron Stroke Services</td>
</tr>
<tr>
<td>K. Sharobeem</td>
<td>Consultant Stroke Services</td>
</tr>
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MIDLAND METROPOLITAN HOSPITAL

No. 02f
CARDIOLOGY IN-PATIENT WARD
Incorporating the
CORONARY CARE UNIT
OPERATIONAL POLICY
MIDLAND METROPOLITAN HOSPITAL
CARDIOLOGY IN-PATIENT WARD/CORONARY CARE UNIT
OPERATIONAL POLICY

KEY POINTS

1. The Cardiology In-Patient Ward is a 32 bedded facility providing specialist medical and nursing intervention for patients with known gastro-intestinal conditions.

2. The policy details the facilities required for the respiratory in-patient ward within the Midland Metropolitan Hospital.

3. The ward will support the Trust in delivering the organisational objectives relating to respiratory services.

4. The service will provide physiological care with appropriate psychological support to manage the presenting and concurrent conditions suffered by individuals requiring inpatient treatment.

5. To work collaboratively with all those involved in the patients journey in an efficient and professional way ensuring the ward operates as efficiently as possible at all time.

6. Provide support for complex patient management and liaise with Social Services, District Nurses and other Healthcare Professionals outside the Trust.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
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## APPENDICES

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1. **INTRODUCTION**

1.1 Government policy on coronary heart disease (CHD) has been co-ordinated in recent years through the Coronary Heart Disease National Service Framework (DH 2000), which introduced a programme to reduce premature deaths from CHD, and promote faster and more equal access to cardiac services.

1.2 The NHS Heart Improvement Programme is continuing to facilitate the strategic service developments initiated by the NSF. This is a national programme that works with clinical cardiac networks and NHS organisations to deliver improvements in cardiac services.

1.3 Although there has been significant progress in recent years CHD remains the most common cause of death in the UK, as well as a significant cause of ill health and disability.

2. **OTHER POLICIES TO WHICH THIS POLICY RELATES**

- Cardiac Pacing Temporary (SWBH)
- Cardiac Tamponade (Cardio 011) (SWBH)
- Continuous Positive Airway Pressure (CPAP) on CCU (Cardio 022) (SWBH)
- Heart failure Guidelines (Cardio 015) (SWBH)
- Infection Control Policy (CO1001) (SWBH)
- Interpreting Services (ORG076)
- Privacy and Dignity and Respect Policy (Pt Care 060)

3. **GLOSSARY AND DEFINITIONS**

3.1 Essence of Care - Patient focused bench marking for health care professionals.

3.2 Same-sex accommodation - is where specific sleeping areas and toilet and washing facilities are designated as either men-only or women-only. ‘Sleeping accommodation’ includes areas where patients are admitted and cared for on beds or trolleys, even if they do not stay overnight.

4. **POLICY DEVELOPMENT PRINCIPLES**

4.1 This policy is designed to assist all healthcare professionals involved in the care of patients with cardiology conditions and to provide the best possible patient experience by ensuring safe, effective, high quality care is delivered within the clinical areas.

4.2 To ensure all staff are have the required knowledge and understanding of their role in the delivery of the patient pathway and to minimise all potential risks.

4.3 To work collaboratively with all those involved in the patients journey in an efficient and professional way ensuring the ward operates as efficiently as possible at all time.

4.4 To provide ongoing access to specialist nursing support including dedicated outreach services.

4.5 To minimise the effects of the symptoms of cardiac conditions and/ or impairment and associated complications.
4.6 To work in partnership with the patient and carer during treatment and following discharge to ensure maximum function and independence.

4.7 To maintain the privacy and dignity of patients at all times.

4.8 To implement current secondary prevention and treatment guidelines.

4.9 To provide educational programmes for patients and their carer’s.

4.10 The ward will operate using a multi-disciplinary team approach to facilitate early safe discharge of patients.

4.11 To maintain support for staff, including providing an acceptable working environment and facilities, opportunity for professional development and a supportive team environment.

4.12 To maintain staffing at safe and appropriate levels.

ROLES AND RESPONSIBILITIES

5.1 Leadership
The leadership model within the ward will consist of a Lead Nurse, a Doctor and a Therapist. It is envisaged that the three Leads will work together to ensure clinical quality is provided within each ward environment.

5.2 Clinical Group Director of Nursing/Midwifery
The Chief Nurse has corporate professional nursing responsibility with the clinical group directors having professional nursing responsibility for their respective clinical groups and all in-patient areas and out-patient areas. They will lead the implementation and delivery of the clinical service strategy for across the clinical group; managing workforce and clinical governance and risk management issues.
He/she will integrate corporate nursing plans with divisional clinical service plans and will lead for all patient experience and user involvement.

5.3 Matron
The Matron will hold overall clinical responsibility for the nursing care of the in-patient and out-patient areas including managing infection control issues, clinical escalation and capacity issues. He/she will act as innovator, motivator, key change agent and role model working with a high level of autonomy in order to ensure continuing improvement with the delivery of evidence based care and ensuring consistently high standards of care.

5.4 Ward Manager/Lead Nurse
Holds continuing responsibility for the day to day management of the ward environment, the services it provides, and the management of the staff including the professional development of staff and the management of sickness and absence. In addition the ward manager provides clinical care acting as expert, leader, role model, assessor and mentor.

5.5 Senior Ward Sister
The ward will be under the jurisdiction of the ward Senior Sister for day to day management of the ward environment, the services it provides and the management of the staff. The clinical responsibility for care of the patients is the responsibility of the team, who will lead on clinical care working within designated clinical pathways and protocols.
5.6 Ward Sisters and Staff Nurses
Senior Sisters and staff nurses are responsible for the delivery of care and treatments as prescribed and according to Trust clinical policies and protocols.

5.7 Nursing
Each shift is led by an experienced, skilled and competent nurse. The nurse in charge will organise staff breaks and staff taking breaks will leave the ward area and access the hospital catering facilities.

5.8 Registered Nurses
Registered nurses with GI medical, endoscopic, and surgical expertise are responsible for delivery of care and treatments as prescribed and according to clinical policies and protocols; including admission and discharge of patients.

The wards operate a “named nurse” policy with each patient allocated a named nurse and an associate nurse, who will co-ordinate and organise care. In addition to day to day care, nurses play an important role in the rehabilitation and education of patients.

Registered Nurses will appropriately delegate work to support staff.

5.9 Health Care Assistants
Under the direction and supervision of qualified nursing staff, HCA’s provide support to clinicians and patients for basic care needs.

5.10 Ward Clerks
Ward clerks support the nursing and medical teams by providing administrative services including reception cover, ordering stationary, record keeping, telephone enquiries, admission and discharge support.

Other Clinical Staff / Support Staff

5.11 Specialist Nurses
Specialist Nurses who work within the field of cardiology offer a wide range of specialist nursing intervention and support, this includes in reach from the cardiac prevention and rehabilitation nurse specialist team and the heart failure team.

They are often the first point of contact for specific groups of patients and are able to receive and make direct referrals to other clinicians.

5.12 Dietician
The dietician will provide advice if the patient requires a change to their eating habits to promote good health.

5.13 Social Worker
Advice can be provided regarding support and benefits available to patients and carers in the community setting. If support is likely to be required following discharge from hospital the social worker will work in collaboration with the ward team and therapists to undertake a care needs assessment to define the level of support needed and also the need for day care & respite care. If care needs cannot be met in the patient’s home then alternative accommodation will be explored with regard to sheltered housing, residential care or nursing home care as appropriate.

5.14 Medical
Consultant medical staff will attend the ward on a scheduled basis to undertake ward rounds and
junior medical staffs provide support on the unit.

Consults for in-patient Cardiology opinion is offered to all non-cardiology areas of the Trust and the cardiology department has routine daily input to patients with cardiology issues on AMU.

Doctors in training will be supported to learn and develop as outlined in their training programmes.

Medical Students will be educated within the unit and given the opportunities to learn clinical skills under the direction and supervision of their clinical mentors guided by the consent to treatment and examination policy.

5.15 Staff Identification and Uniform
All staff will wear Trust ID badges when on duty within the Trust. Staff will introduce themselves and identify their role to patient and visitors at the first point of contact with them.

All staff will wear uniform and/or adhere to an expected code of dress when on duty.
Staff will change into their uniforms as detailed within the uniform policy and store their valuables and clothes in a locker in the shared changing area in the neighbourhood hub.

6. SERVICE DESCRIPTION/SCHEDULE OF ACCOMODATION

6.1 Hours of Service
The Cardiology Ward comprises of 18 general cardiology beds and 14 monitored beds (CCU) and is directly adjacent to the Cardiac Catheter Laboratory Suite and will provide full cardiology care services to patients 24 hours per day 7 days per week, 365 days per year.

The Coronary Care Unit (CCU) is designated as the in-patient area for the continuous monitoring of patients suffering from cardiac abnormalities or acute cardiac emergencies, such as acute myocardial infarction (AMI) and requires telemetry equipment.

It may also accommodate patients who are not stable enough to return to a general ward after an invasive procedure and who may require cardiac monitoring for up to 4 hours post procedure or patients requiring an initial assessment.

6.1.2 Visiting
All staff should be familiar with the Trust Visiting Policy and will support patients and users in its implementation.

The flow of visitors will be managed via the hub reception and will also provide a way finding function; visitors will be able to wait in the main concourse and restaurant areas.

All visitors will be expected to adhere to the Trusts hand washing policy and will use the hand wash station in the main hub area before entering and on exiting the ward area.

All visitors will be expected to adhere to the Trust Visiting Policy including visiting times and exceptions as outlined in the policy.

The ward will be accessible to all clinicians except during protected meal times hours, unless clinically urgent (1 hour each to cover lunch and evening meals).

6.2 Patient Pathway
In addition to general medical care the ward provides specialist medical and nursing intervention for patients with:

- Acute ST elevation MI
- Acute non-ST elevation MI (NSTEMI)
- Unstable angina
- Post cardiac arrest
- Tachyarrhythmias – VT (including haemodynamically stable), or SVT which is poorly tolerated/may require cardioversion (including AF)
- Bradycardia/bradycardia with haemodynamic compromise or potential need for temporary pacing
- Overdose of cardiotoxic drugs and haemodynamic compromise or requiring ECG monitoring
- Aortic dissection
- Acute valvular failure
- Cardiac tamponade
- Acute cardiac failure
- Cardiogenic shock
- Massive pulmonary embolism
- Probable cardiac chest pain with ongoing symptoms and/or ECG changes

Admission

The ward will be notified of patients who are to be admitted to the ward via the relevant team/department in collaboration with the Trust Capacity Team.

Patients may be admitted from:

- Emergency Department
- AAU
- Transfer from other wards
- Out-Patient Clinic
- Home

6.2.1 Emergency Admissions

There is direct ambulance access for emergency referrals of patients with confirmed or strongly suspected AMI to the CCU and cardiac catheter laboratory.

6.2.2 Elective Admissions

Patients are admitted on a planned basis for either medical or coronary intervention

The process of elective admissions will be co-ordinated via the ward in co-operation with the Trust Capacity Team (bed management) in order to ensure that waiting list targets are achieved and that all patients are prioritised for admission according to clinical need.

At times there will be a greater demand for beds than the number of beds available. In this situation urgent elective referrals will be afforded equal priority with patients who are in ED or AMU. It may be necessary to negotiate transfer of suitable patients to other ward areas within medicine or surgery. (Refer to bed management guidelines for urgent elective admissions)

Conversely any non cardiology patient, who may have been temporarily admitted to the ward during times of capacity escalation, will be transferred to an appropriate ward at the earliest opportunity to ensure that all patients are afforded appropriate expertise for their individual problem, and at the same time, reduce the risk of compromising optimum care for cardiology patients, who require admission to hospital for specialist treatment.
The accepting nurse must ensure individual needs including delegating an appropriate single sex bed space with appropriate monitoring, for example level 1 observation if required, and any specific equipment required is obtained before the patient’s arrival. All referrals will be assessed before transfer to the ward by the Consultant, Registrar, or Specialist Nurse. Patients in the Emergency Department or Assessment Unit will be priority for a bed over patients elsewhere in the hospital. However, urgent elective admissions will be afforded equal priority.

When a patient is referred to the ward and there is no bed available, the following options will be available:
- Transfer another patient from the ward out (preferably a patient with either a planned discharge date, or a patient requiring other treatment) to another bed within the hospital.
- Patient will remain in the adult assessment unit for a short initial period (maximum 24hrs) where they will be seen and assessed by the Specialist Consultant, Registrar or Specialist nurse and stabilisation of their symptoms will be commenced.

6.2.4 Initial Management
The patient will be assessed on admission for:
- A multidisciplinary assessment will be undertaken including screening for cognitive impairment and assessment for problems with communication, and self care.

Core Principles of Care

6.2.5 Planned Admission
Patients who require admission to hospital on a planned basis will be admitted to the ward on a planned (elective) basis with an expected length of stay. These may be patients who are not able to attend day case as their clinical condition or and/or their specific social circumstances exclude them from doing so.

Initial Management
The patient will receive an initial screen (observations etc) and then be assessed on admission for:
- Pain management
- Their needs in relation to moving and handling.
- Their risk of developing pressure sores.
- Nutritional status, using a validated tool undertaken by an appropriately trained professional.
- Falls

Monitoring in the acute phase will include conscious level, blood pressure, pulse, heart rhythm, temperature, blood glucose, oxygen saturation and hydration.

- A multidisciplinary assessment will be undertaken including screening for cognitive impairment and assessment for problems with communication, and self care.
- A plan for assessment, diagnosis, stabilisation and treatment of presenting respiratory symptoms
- Goal setting involving the patient will be undertaken and where appropriate including the family.
- Goals will be meaningful, challenging but achievable, and there will be both short and long-term goals.
- Goals will be set at team level as well as at the level of the individual clinician.
- All members of the multidisciplinary team will work together with the patient, carer and family using a shared philosophy and common goals.
6.2.6 Cardiac Rehabilitation
Patient may require access to the cardiac rehabilitation area which is co-located to the cardiology ward (please refer to Appendix 11 No 02k Cardiac Rehabilitation Operational Policy for details of functionality).

6.2.7 Discharge
Discharge planning will commence as part of the admission process with any particular services or requirements that the patient may have being identified and organised to achieve a timely discharge.

Planning for discharge will include preparing the patient and family and fully involving them in any plans for transfer to a rehabilitation unit, an assessment of any safety risks from persisting cognitive impairments will be undertaken.

The patient and/or carer will be thoroughly trained in the safe and effective use of any equipment supplied and given a contact number for future advice or help with equipment provided.

Upon discharge patients will be provided with a 5 day supply of medication and/or dressings. Patients who are mobile and able to sit should wait in the day room area of the ward for their medication, transport home or other needs. Non mobile patients will remain in the main ward until appropriate transport arrives to facilitate transfer to their residence post discharge.

Nurse in charge must ensure that the bed/room that the patient has vacated is cleaned, re-equipped and prepared to receive a new admission by ward service personnel.

6.3 Accommodation
The ward accommodation for cardiac patients does not differ from in-patient accommodation for any other patient group.

6.3.1 Ward Entrance + Welcome Point (refer to Generic Ward PPDD)
Leading from the shared hub
The ward is secured to prevent unauthorised access whilst ensuring easy controlled exit. Staff access will be gained by swipe access. Others requiring access to the unit will be screened with audio visual equipment.

PEAT audits and daily cleaning checks are the responsibility of the designated Matron for the area.

6.3.2 Staff Base/Nursing Station
The main nursing station will be located centrally to allow central monitoring of all CCU patients.

It is equipped with a resuscitation trolley as detailed within the Functional Brief. It will contain:
- Dedicated area for the ward clerk.
- The monitor and door controls granting viewing and access through the main ward doors.
- IT terminals
- Main communication point for external telephone communication, public enquiries and staff meeting points.

6.3.3 Single En-Suite Rooms (1 room with Isolation Lobby)
Generic single bedrooms are required as detailed within the Functional Brief. The dividing wall between the room and main corridor are half glazed to allow observation of patients, these windows have curtains/blinds to allow privacy as required.
Independent Disabled Single Room – facilities serving the independent wheelchair user room must be fully compliant with part M of the Building Regulations as set out in the Functional Brief. In addition all rooms require:

- Sufficient spaces for displaying personal effects such as family photographs, favourite toys and get well cards.
- A working surface with linen storage space beneath.
- The en suite shower rooms must accommodate a mobile hoist. For detailed layout refer to the Functional Brief.
- TV/recreation facilities and notice boards/patient boards and signage.

Room doors will be kept closed at all times except in an emergency to promote the control of infection.

Clinical treatments and procedures will mainly be carried out within the individual room of the patient. Larger procedures have the option to be carried out within the procedure room located on the ward close to the 4 bedded areas.

Movement of the bed will only be used at the point of admission, discharge and when leaving the room for exceptional circumstances such as surgical procedures.

Bariatric patients will be managed within two designated single rooms which will accommodate a patient weighing up to 298kg. Where there is demand for both it will be the patient requiring isolation who will take priority.

Policies to be adhered to:

- Information systems on admission and discharge.
- Processes for booking in, allocation of side room, booked a theatre, recovery in theatre.
- Decontamination of equipment.
- Managing infectious patients when using hospital transport.
- Communication with community services when discharging patients with infections.

6.3.4 Multi Bed – Four

These Multi 4 bedded areas as detailed within the Functional Brief for detailed description. The individual bed areas follow the same layout as the single rooms.

The dividing wall between the room and main corridor are half glazed to allow observation of patients, these windows have curtains/blinds to allow privacy as required.

A hand wash basin and gel will be available at the entrance to the bay area to promote hand washing before and after patient contact.

In addition all rooms require:

- Sufficient spaces for displaying personal effects such as family photographs and get well cards.
- A working surface with linen storage space beneath.
- The en suite shower rooms must accommodate a mobile hoist. For detailed layout refer to the Functional Brief.
- TV/recreation facilities and notice boards/patient boards and signage.

The area will be a distinct room and the room will be closed except in emergencies to aid infection control. The door will have sufficient width to safely manoeuvre beds into and out of the bay.

All team members who are responsible for carrying out nursing procedures will ensure that the patient’s dignity and privacy is maintained by ensuring that on one enters the bed space where the procedure is being carried out. This will be achieved by attaching a laminated notice on the curtain.
informing people that they should not enter.

6.3.5 Procedure Room
Each ward will have a procedure room located in close proximity to the multi 4 bedded areas as detailed within the Functional Brief. The room will provide facilities for clinical examination, assessment and treatment, a number of planned clinical interventions not requiring a general anaesthetic could be undertaken here.

The procedure room will contain:
- Desk and IT station
- A Hand wash basin and paper towel dispenser
- A tracked curtain divider.
- Work/preparation area
- Storage is via mobile trolley.
- Overhead flexible lighting for examination purposes, specialist lighting is mobile.

The following will take place in the procedures room:
- Dressings
- Drainage

6.3.9 Clean Utility
This clean utility as detailed within the Functional Brief is in close proximity to the procedure room. It includes a work surface/ drug preparation area and will accommodate a module storage unit for sterile clinical stock and intravenous fluids. There will be a lockable fridge and lockable storage for TTO medication. There will be locked storage for medications, and a controlled drugs cupboard within the unit. There will be storage for dressing trolleys under the preparation area, and a clinical wash hand basin with non-touch taps. A standard drug fridge and lockable cupboard storage is required for drugs.

Nurses will prepare trolleys for clinical procedures in this room and return clean trolleys to the room after use. In addition a locked cupboard for housing flammable items and COSHH products is required.

Refer to Facilities Trust Managed Services Whole Hospital Policy for details of re-supply

6.3.10 Dirty Utility
This dirty utility room as detailed within the Functional Brief will contain a range of waste streams with waste disposal unit and sink will be in close proximity to the clean utility and procedure room. It will contain cupboards for storage and specimen oracles and facilities for testing urine. Contaminated instruments will be held here temporarily following procedures until collected for decontamination. There will be a locked cupboard to accommodate dirty linen clinical waste. This will be removed from the department on a daily basis in line with Trust policy.

6.3.11 Office
The cardiology ward manager’s office will be used by to allow her/him to carry out all activities that support the clinical management of the service. 1:1 meetings with staff, clinicians and other managers will be held here. It comprises of an office workstation with a networked computer, telephone and storage for books and files.

6.3.12 Resource Base
This office will be used by a range of staff from the multi-disciplinary teams as required and comprises of 4 office workstations with networked computers and telephones for completing patient records and arranging/ coordinating care.
6.3.13 Interview/Counselling
These generic interview/counselling rooms as detailed within the Functional Brief will be used as required for discussion sessions with patients and or family. All furniture and fittings are ergonomically comfortable and a telephone with external capability is provided.

It is important that family and friends are able to leave the room if they so choose after receiving bad news without having to meet up with other anxious families or walk back through the clinical area.

6.3.14 Quiet Day Space
This area is furnished with comfortable seating and coffee tables for patients to read or watch television which is mounted on a low level television table.

6.3.15 Beverage Room
A bespoke beverage room is required for the preparation of regular and ad hoc patient beverages throughout the day.

6.3.16 Food Trolley Bay
A generic food trolley bay is required as detailed within the Functional Brief.

In addition 2 plug-in points are required within the general circulation space for serving meals.

6.2.17 Store: Linen
A generic store room as detailed within the Functional Brief will be used to store sufficient stock of linen and gowns to meet the needs of the children’s wards, for infection control purposes the door should be kept closed at all times.

6.3.18 Stores

- **Equipment Store**
  These store rooms are for equipment required on a daily basis and has floor space for parking mobile equipment and standing pieces of equipment, adjustable shelving is provided. The layout enables items to be removed easily particularly fragile and expensive equipment to help prevent damage.

  Beds and mattresses will be stored in the furniture store as detailed within PP&DD No 33 Neighbourhood Hub.

- **Sterile Store**
  Storage of clean medical supplies and IV fluids. Shelving or racking systems will be utilised.

- **Non sterile**
  Storage on non sterile supplies i.e. boxes of pulp disposable stack items. Shelving or racking systems will be utilised.

6.3.19 Mobile Equipment Bays
These bays will be used to store mobile imaging equipment required within the ward as detailed within the Functional Brief.

6.3.20 Domestic Services Room
A generic domestic service stores is required the functionality for which is detailed within the Functional Brief here is sufficient storage space for a vacuum cleaner and scrubbing/polishing machine for hard floors. CoSHH requirements for the storage of cleaning materials will be adhered
6.3.21 Staff Changing Facilities  
These are located within the neighbourhood hub as detailed within the Functional Brief.

6.5 Interdepartmental Relationships
- Emergency Care
- Cardiac Catheter Laboratory Suite
- Cardiac Diagnostics Department
- Cardiac Rehabilitation Department
- Phlebotomy

There should be easy access to/from diagnostics.

6.6  Business Continuity

6.6.1 Escalation
Implement additional ward rounds to ensure timely discharge to appropriate locations. Ward Infection outbreak will be managed by:
- Closing the ward to admissions and discharges.
- Use of Quiet Day Space / Assisted Shower room for staff changing to isolate staff groups.
- Ward's will be locked to monitor entry and exit; this will include doors between wards.

6.6.2 Major Equipment
Equipment requirements for the generic ward are detailed within the equipment responsibility matrix within the Functional Brief section 7.4.

Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit.

If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure.

A loan of equipment is provided if repairs cannot be rectified immediately.

In the event of serious systems failure and immediate repair or loan equipment not being possible, then the department manager will consult with the medical staff and Clinical Group Director to cancel clinics accordingly.

Specialist equipment required by patients i.e. pumps, bed rails, Syringe Drivers (PCA), (definitive equipment list to be compiled) will be available from a central equipment library. Access to the equipment library will be available 24 hours a day, 7 days per week.

Equipment will be requested by ward staff by telephone and delivered by equipment library staff. Nursing staff will be responsible for surface cleaning during use and ensuring that equipment is returned to the library on discharge of the patient. Staff at the equipment library will be responsible for decontamination in a central decontamination unit.

Specialist equipment for prevention and treatment of Pressure Ulcers and wound care will also be
available from the centralised equipment store following advice from a Specialist Tissue Viability Nurse. To obtain this equipment it will be necessary for a wound/pressure ulcer assessment to be completed and details of the patient’s risks and requirements passed to the clinical Tissue Viability Team.

Equipment required will be prescribed and delivered to the patient whereupon staff will be responsible for surface cleaning during use and promptly advising the Tissue Viability team of any changes in the patients’ condition which may necessitate reissuing new equipment or collection of equipment on the discharge of the patient.

All equipment must be surface cleaned, bagged and sealed before returning to the central equipment library.

Equipment used in a contaminated area or with an infected patient, must be surface cleaned, bagged, sealed and clearly labelled with hazard source prior to return or collection to the appropriate store.

a) Cleaning and Storage of Equipment

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Cleaned</th>
<th>Stored</th>
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</thead>
<tbody>
<tr>
<td>Bed and mattress</td>
<td>FM</td>
<td>Bed store</td>
</tr>
<tr>
<td>Other mattress</td>
<td>External Contract</td>
<td>Bed store</td>
</tr>
<tr>
<td>Pumps</td>
<td>MED ENG</td>
<td>Mobile e.g. bay</td>
</tr>
<tr>
<td>Portable lighting</td>
<td>FM</td>
<td>By bed</td>
</tr>
<tr>
<td>Wardrobe/locker with integrated locking self medication drawer</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Patient tables / Bed table</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Secure Drugs cupboards</td>
<td>Nursing</td>
<td>N/A</td>
</tr>
<tr>
<td>Cleaning of ward areas, Shower/washroom areas &amp; sluice</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Commodes</td>
<td>Joint FM / Nursing</td>
<td>Dirty Utility</td>
</tr>
<tr>
<td>Treatment trolleys</td>
<td>Nursing</td>
<td>Clean utility</td>
</tr>
<tr>
<td>Drug trolley</td>
<td>Nursing</td>
<td>Clean utility</td>
</tr>
<tr>
<td>IV stands</td>
<td>Nursing</td>
<td>Clean utility</td>
</tr>
<tr>
<td>Portable sterile supplies trolley</td>
<td>Nursing</td>
<td>Clean utility</td>
</tr>
<tr>
<td>Linen trolleys</td>
<td>FM</td>
<td>Linen</td>
</tr>
<tr>
<td>Waste bins</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Macerator, Sluice drainage</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Mop/bucket</td>
<td>N/A</td>
<td>Dirty utility</td>
</tr>
<tr>
<td>scales</td>
<td>Joint FM/Nursing</td>
<td>Procedure room</td>
</tr>
</tbody>
</table>

6.6.3 Equipment Replacement
A formal rolling programme of replacing equipment

6.7 Major Incident
Refer to:
- Major Incident Plan
- Evacuation Plan

Each area will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.
It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

6.8 Regulatory Requirements
- Mandatory training
- Working time Directive regulating working patterns
- Nursing and Midwifery Council
- General Medical Council
- Health and Safety
- COSHH
- Essence of Care
- Fire Regulations

6.9 Clinical Support Services

6.9.1 Pharmacy
Refer to Pharmacy PP&DD No 18 and Operational Policy which describes the Pharmacy services described around each cluster and based in the neighbourhood hub to provide swift response to pharmacy requests and ensure that advice and support of specialist pharmaceutical knowledge is readily available. Paediatric pharmacists are available and will visit the ward.

Pharmacy supplies will be delivered to the ward on a daily basis in locked boxes by the dedicated porters for pharmacy. Individual patient drugs/dressings will be stored in locked cabinets at patient bedsides from which medication will be dispensed during scheduled drug rounds.

General pharmacy supplies will be ordered electronically and be controlled using a material handling systems. General drugs and dressings which are issued via pharmacy will be stored within locked cabinets and automated dispensing machines situated in the clean utility.

6.9.2 Pathology
Referrals will be received via an IT solution. Specimens will be delivered to Pathology via the use of a pneumatic tube with the exception of blood products which are collected or delivered using the Porter service.

Phlebotomist will be provided at ward level and blood taken following a referral received using IT systems available. Labelling machines will be available for use by Phlebotomists to support this function. The phlebotomy trolley will be stored in an equipment bay within the neighbourhood hub for ease of access.

6.9.3 Infection Control
All staff will comply with Trust Infection Control Policies, all team members who undertake aseptic nursing procedures will adhere to infection control standards for cleaning trolleys to ensure that risk from infection is kept to a minimum.

Single rooms are designed to barrier nurse patients with transmittable infections, for example Clostridium difficile, methycillin resistant Staphylococcus Aureus, Nora Virus, using universal precautions and standard barrier nursing protocols. Please refer to domestic services section of this policy for cleaning protocols.

Consideration should be given to the increasing numbers of patients with HIV or patients with other conditions leading to severe immuno compromise, which when being the cause of their admission
may necessitate reverse barrier nursing and the use of positive pressure.

Some wards will require that this facility is available. Positive pressure single side rooms will be available in the haematology specialist areas. Single rooms will be used for patients with infectious conditions and these will take priority. Information systems will highlight those patients with infectious conditions on admission and discharge.

Processes for booking in, allocation of side room, booked a theatre, recovery in theatre will take account of those patients with Infectious conditions for example patients with infectious conditions will be booked last in the theatre list.

Decontamination of equipment will be completed centrally.

Hospital transport will be cleaned following use by a patient with an infectious condition.

Community services will be informed within referral process when a patient with infectious conditions is discharged.

6.9.4 Cardiac Rehabilitation
Refer to Cardiac Rehabilitation Operational Policy and PP&DD No 02. Referrals will be through multi disciplinary team communications. Assessment and treatment will take place at the bed side where appropriate and through the use of therapy facilities located within the neighbourhood hub.

6.9.5 Sterile Supplies
Facilities staff will deliver sterile stores from the central store to the ward.

6.9.6 Manual Handling
Refer to the Moving and Handling Policy.
The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

Movement of patients between the different areas of the ward will require passage through doorways, which will be kept closed. Refer to the Functional Brief. Opening and closing of these doorways will be by push button. Should any door fail to have its close door actioned, a timer will self activate the closing of the door after a period of time approximately 3 minutes.

Where patients require moving whilst in the bed or on a trolley, this must be completed with two members of staff controlling the bed/trolley.

6.9.7 Imaging
Imaging will be requested by contact with the imaging service. It is anticipated that this will be via an IT referral system.
Where appropriate radiographers from the Imaging department will perform portable x-rays at the bedside, where this is not appropriate patients will be taken by Porter to the Imaging department.

6.9.8 Interpreting Services
Interpreting services will be available and booked by clerical staff. Refer to the interpreting Services – Access and Delivery Policy
6.10 Non Clinical Services

6.10.1 IT
Electronic Patient record (EPR), hospital communications and ordering systems will be required with access at main reception, nursing points and office resource base.

6.10.2 Transport
This will be required to transport patients where applicable and will be booked by the clerical staff via a central booking process.

6.10.3 Porters Service
A porter’s service will be available and will be booked via telephone; wheelchairs will be used from the hub wheelchairs store.

6.10.4 General Store Delivery
Facilities Support services – Material handling section to be developed.

6.10.5 Catering
Patient Meals will be as follows (refer to Catering section of Facilities support services Operational Policies). All foods will be stored in the regeneration area on the hub, and collected and delivered to the ward, and to individual patients, using a hostess service provided by Facilities division.

Food hygiene procedures will be followed and include segregation of clean and dirty activity and proper food storage as defined within food hygiene guidance.

Nursing staff will provide support for vulnerable patients during meals times using “red tray” process. Blue Beakers must be available for patients whose hydration is of concern.

During breakfast, patients will be asked to order their lunch and evening meal from a supplied (by ward services) menu.
Breakfast – Cold breakfast consisting of cereal and/or continental style breakfast with hot/cold beverage.
Lunch – Choice of hot or cold meal, desert and choice of hot/cold beverage.
Evening Meal - Choice of hot or cold meal, desert and choice of hot/cold beverage.
Additional meals can be ordered between the hours of 06.00 to 20.00 hours by contacting facilities department. Between 18.00 and 06.00 hours, sandwiches are available from the regeneration kitchen (refrigerated) which will be replaced and refreshed on a daily basis by ward services.

A kitchen situated outside the main ward area in the shared central hub houses a regeneration function / kitchen. Refrigerators will house milk and cold snacks/sandwiches for those patients who have not planned a meal or other unexpected event. No staff food may be kept in the patient refrigerator.

6.10.6 Linen
Linen will be delivered to the central linen store on the hub the ward services officer who will ensure supplies of linen are transferred from the central store to the individual wards and topped up throughout the working day (06.00 until 18.00 hours) 6 days a week.

Additional top ups required throughout the day will be arranged by the Ward team. Refer to facilities support services policy – Linen services section. This will be stored at a workable height with clear access in the linen store in the ward.
6.10.7 Domestic Service
Refer to the Hospital Cleaning Service Policy

General cleaning of patient rooms, commodes and the ward environment will be completed daily by ward services:

Cleaning of the patient rooms and ward environment will be routinely scheduled following all discharges.

Deep cleaning of all ward areas will be completed every 3 months and will include washing curtains.

After the discharge of a patient with a known infectious condition all mobile furniture will be removed from the ward and replaced with a duplicate set of pre cleaned and decontaminated furniture. This will be obtained from the Equipment store where all equipment will have been decontaminated and routine maintenance provided if necessary.

Any urgent unplanned requests will be dealt with by the out of hour’s team.

Equipment to be returned for decontamination will be collected by Facilities staff to be returned for decontamination.

Where individual pieces of furniture of equipment require deep cleaning, this will be arranged directly with ward services.

6.10.8 Maintenance
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.

6.10.9 Security
Refer to the Security Policy

Door Entry System

Entry to and egress from the ward will be controlled by an automated access control system for staff. A video-intercom externally and internally will link to the Nursing Station from where access to and egress from the ward by visitors will be controlled.

Lock down and override system

- The exit control can be switched on and off depending on the nature of the patient’s on the ward and the risk of abduction or absconsion e.g. paediatric wards, patients with mental ill health, or in a state of confusion or dementia.

Security Service

- Security officers will be available 24hours 365 days per year. Their prime responsibility will be to provide a safe, secure environment by maintaining the safety of all persons and property on the site. This includes the protection of patients, staff, service providers and visitors against violent acts or abuse; theft; criminal damage; malicious tampering and arson. The essence of the security service will be to provide effective crime prevention measures and a quick response when required, in respect of any security related issue.
Emergency Call System
- The Emergency Call System is linked to both the Nurse Station and the Security Base. Security staff will respond to the alarm and take whatever action is necessary to ensure the safety of the Trust’s staff/ refer to the Functional Brief.

6.10.10 Fire Procedure
Refer to the Fire Safety Management Policy

6.10.11 Waste Management
Refer to the Waste Management Policy
- All clinical waste will be disposed of in yellow clinical waste bags. These go for incineration.
- All used sharps to be placed in the 'sharps' bin.
- Soiled instruments should be returned to the decontamination unit for cleaning and re-sterilisation as per the decontamination operational policy. (available within the endoscopy suite).
- Non clinical waste to be placed in black rubbish bins.
- The Spillage Protocol will be adhered to regarding disposal of items used for dealing with spillages.
- Any confidential paperwork for disposal must go in the Hessian type bag identified for shredding material.
- Other paper waste relating to non confidential material can go in a black bag or the cardboard paper recycling boxes.
- Bins will have adequate space and sufficient collections to ensure that rubbish is not left on the floor, and bins should be a design which allows bags of rubbish to be placed in the bin safely.

7. CONSULTATION
An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to all cardiology consultants, specialist nurses, therapy staff, clinical group management team and capital projects team for comments. The outcome of this consultation has been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS
Compliance with the requirements of the policy will be monitored by the Matron for Cardiology Services.

9. TRAINING AND AWARENESS
Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the cardiology in-patient ward and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY
The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality
impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. REVIEW

This policy will be reviewed in three years time unless requires earlier review. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY

Nursing and Midwifery Council
General Medical Council
Health and Safety
COSHH
Essence of Care
Fire Regulations
Food Hygiene Regulations
Patient ID Policy
Patient Discharge Policy
Infection Control Policy
Drug Administration Policy
Major Incident Policy
Bariatric Policy
HBN – Health Building Note 01–01: Cardiac Facilities 2013
HBN - Health Building Note 04-01 Inpatient Facilities 2008
HBN - Health Building Note 04 Supp 1 Inpatient Accommodation options for choice – Supplement 1: Isolation facilities in acute settings

13. FURTHER ENQUIRIES

Contact the Cardiology Matron for further information on the implementation of this policy.
### Appendix A  Operational Policy Development/Distribution/History/Consultation

Version V4.0

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CLINICAL HAEMATOLOGY ONCOLOGY & RHEUMATOLOGY
IN-PATIENT WARD
OPERATIONAL POLICY
KEY POINTS

1. This document is relevant to all clinicians and managers who interface with the wards and applies to all employees of the Trust including locum, bank and agency staff, and contractors that are working on behalf of SWBHT.

2. This policy is designed to assist all healthcare professionals involved in the care of adult clinical haematology in-patients and in addition it will provide information for bidders and future PFI partners, who are involved in building the new hospital.

3. The policy will apply to all adult patients irrespective of age, ethnicity, social, cultural background, gender, psychological and physical requirements.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
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## APPENDICES
1. INTRODUCTION

Background

1.1 Haemato-oncology
SWBH is the main provider of Haematology Oncology services for our local population. The Trust offers services for both Haematology-Oncology conditions and Haemoglobinopathy conditions.

1.2 Haematology-Oncology outpatients, chemotherapy and day case treatments are offered on both sites. The Sickle Cell and Thalaseamia (SCAT) Day Unit is based at City Hospital.

1.3 Inpatient services are offered on both sites but following a reconfiguration in 2006 Haematology-Oncology inpatients are based at Sandwell Hospital (Level 2b haemat-oncology services are provided at Sandwell Hospital on Newton 5 ward ) and Haemoglobinopathy inpatients are based at City Hospital. The prime purpose of the reconfiguration at the time was to consolidate Haematology-Oncology inpatients in order to meet national standards. At the time the inpatient services were configured this way to reflect the flow of patients as the majority of Haematology-Oncology inpatients were at Sandwell (Birmingham patients are admitted to the Queen Elizabeth Hospital even if they receive outpatient and day treatments at City Hospital) and the majority of Haemoglobinopathy inpatients were at City Hospital as the majority of these patients live closer to City Hospital.

1.4 The Trust provides a regional SCAT service and serves a population of 450 adult patients with sickle cell disease and 40 with transfusion dependent thalassaemia. This is the largest cohort of patients outside of the London region. Both conditions are hereditary anaemias.

1.5 Patients with thalassaemia major require lifelong blood transfusions and monitoring and management of iron overload. Treatment for this condition is largely outpatient based.

1.6 Sickle cell disease is a chronic condition that is variable in severity with patients not infrequently requiring emergency inpatient treatment for sickle cell crises although some can be managed as a day case.

1.7 SWBH sees a large number of patients with a diverse ethnic background as well as from a very deprived background and as a consequence many rare haematological malignancies such as Tcell nhl, burkitts are seen as well as the more common ones such as acute myeloid leukaemias/ acute lymphoblastic leukaemias /myelomas- many present late and require inpatient treatment as result of presenting in a later stage. 

1.8 Patients with haematological malignancies need both inpatient and outpatient care. Patients requiring very intensive chemotherapy will need inpatient stay plus ongoing support with antibiotics, growth factors and blood product support. They will require close liaison with day unit staff once discharged for frequent visits to the hospital for blood monitoring / transfusion of blood and platelets and occasionally day unit daily antifungal treatments.

Treatments on day unit for haem-oncolgy patients also includes intrathecal chemotherapy (via lumbar puncture) and bone marrows.

1.9 Patients are also treated on clinical research trials in both day unit and inpatient beds requiring input from research teams

1.10 A smaller cohort of patients with general haematological conditions also on occasion
need inpatient stay- these can include patients with severe ITP, complications of myeloproliferative and haemolytic disorders. Treatments can include lengthy infusions as well as blood product support

1.11 Rheumatology Inpatients
The ward will accommodate immuno-suppressed rheumatology patients.

2. OTHER POLICIES TO WHICH THIS POLICY RELATES

- Infection Control Policy (CO1001) (SWBH)
- Interpreting Services (ORG076)
- Privacy and Dignity and Respect Policy (Pt Care 060)

3. GLOSSARY AND DEFINITIONS

3.1 AOS - Acute Oncology Service
   SCAT- Sickle Cell and Thalaseamia
   AAU- Adult Assessment Unit

4. POLICY DEVELOPMENT PRINCIPLES

4.1 This policy is designed to assist all healthcare professionals involved in the care of patients who present with an acute emergency haematology-oncology conditions.

4.2 To ensure the delivery of a streamlined and high quality service, in a designated area, that reflects the diversity and complexity of clinical haematology.

4.3 To provide a rapid access service for all patients who present with haematology oncology emergency once their condition has been deemed stable.

4.4 To provide a fully integrated area, consisting of facilities for; Consultation, investigations, examination and treatment.

4.5 To provide an environment whereby a patient’s privacy and dignity are maintained at all times.

5. ROLES AND RESPONSIBILITIES

5.1 Medical
Consultant medical staff will attend on a scheduled basis to undertake ward rounds and junior medical staffs provide support on the unit. Doctors in training will be supported to learn and develop as outlined in their training programmes. Medical Students will be educated within the unit and given the opportunities to learn clinical skills under the direction and supervision of their clinical mentors guided by the consent to treatment and examination policy.

5.2 Nursing
Each shift is led by an experienced, skilled and competent nurse. The nurse in charge will organise staff breaks and staff taking breaks will leave the ward area and access the hospital catering facilities.

5.3 Senior Sister
The day to day management of the ward environment, the services it provides and the management of the staff, with the exception of the AOS team who are managed by the Matron. The clinical responsibility for care of the haematology-oncology patients is the responsibility of the haematology-oncology team, who will lead on clinical care working within designated clinical pathways and protocols.

5.4 Ward Sisters and Staff Nurses
Senior Sisters and staff nurses are responsible for the delivery of care and treatments as prescribed and according to Trust clinical policies and protocols.

5.5 Fast Track Nurse
A designated nurse should assess patients in acute assessment areas during hours 9-5 to ensure patients are seen promptly by medical staff and maintain door to needle times. Role of nurse is also to assess criteria are met for admission to haematology ward. Same role and concept as Stroke Alert nurse, will be supernumery to staffing numbers to allow a 24/7 cover, links with AOS team 9-5

5.6 Health Care Assistants
Under the direction and supervision of qualified nursing staff, HCA’s provide support to clinicians and patients for basic care needs.

5.7 Ward Clerks
Ward clerks support the nursing and medical teams by providing administrative services including reception cover, ordering stationary, record keeping, telephone enquiries, admission and discharge support.

6. SERVICE DESCRIPTION

6.1 Hours of Service
The haematology-oncology/rheumatology inpatient unit will provide full care services to patients 24 hours per day 7 days per week, 365 days per year.

6.2 Visiting times:
6.2.1 Visiting Times are in accordance with hospital policy. Visitors will be asked to wash their hands using the hand wash facilities on the ward and the hand gel at the entrance to the unit.

6.2.2 The ward will be secured to prevent unauthorised access whilst ensuring easy controlled exit. Staff access will be gained by swipe access. Others requiring access to the unit will be screened with audio visual equipment.

6.3 Patient Flow

6.3.1 Haematology-Oncology Emergency In Patient Pathway

6.3.2 Self referral
Patients are admitted as an emergency having self presented at the Emergency Department.

6.3.3 Triage service
Patients may also choose to self refer into the service following discussion with the AOS or Haem Ward Nurse (out of hours).
Referrals are also made via General Practitioners Outpatient Departments, and other local hospitals or tertiary hospitals.

### 6.3.4 Patients for admission/fast track to haematology unit

1. known haematology patients who are stable, no infective risk to other immunocompromised patients (c.diff/mrsa /shingles and any diarrhoea or vomiting bug)
2. new haematological diagnoses after discussion with Haematology consultant
3. haematology patients admitted with a non haematological complication (medical/surgical) are best managed under the respective teams

### 6.3.5 Emergency Admissions

6.3.6 The haemato-oncology team will be notified of patients for admission via Emergency Department, Emergency Assessment Unit or self referrals following telephone triage by the AOS team. (see flowchart)

The nurse accepting details of an intended admission must identify any special requirements that the patient might have and ensure all equipment or other needs are met before the patient arrives on the ward.

6.3.7 All patients admitted will be triaged by the admitting nurse and appropriate action taken to alert medical staff.

### 6.3.8 Fast Track Process

Describe process to pull patients through from Emergency Department and AAU. To include;

- Role/actions of Haem Nurse
- Role/actions of Haem Medic

### 6.3.9 Fast Track Criteria

- known haematology patients who are stable, no infective risk to other immunocompromised patients (c.diff/mrsa /shingles)
- new haematological diagnoses after discussion with Haematology consultant
- haematology patients admitted with a non haematological complication (medical/surgical) are best managed under the respective teams

### 6.3.10 Direct Admissions to Ward

Only via haematology consultant on call for ward (e.g. direct admission for acute leukaemia following an abnormal blood film via lab) / elective admissions – during routine hours only. State instances when a patient can be admitted directly to the ward

- From Day Unit- over running treatments, complication of treatments
- Phone Triage – Known stable patients with specific haematology need and no other medical emergency

**Neutropenic pathway**

Known haematology Patients on chemotherapy feeling unwell will ring the emergency number and will be asked to attend eau where they will be triaged and offered urgent antibiotics intravenously. nurses from inpatient site will already have informed eau of the need for urgent antibiotics. They will require a single room and be transferred to inpatient site once stable – they may need one to one nursing care for a short period e.g. 24 hours

### 6.3.11 Emergency Admission Pathway
6.3.12 Planned Admission Pathway

Planned admissions are booked by the AOS/Haem Ward Nurse or medical team

- Patients for planned admission will report directly to the ward having rung at a designated time to check bed availability.
Flowchart for planned admissions and other pathways to be included

6.3.13 **Haemoglobinathy Inpatient Pathway**

1. Via SCAT
   - Patient phones SCAT
     - Assessed as day care
     - Infection control checks
     - Managed and Discharged

2. Non SCAT hours
   - Patient phones Direct to Haem Unit
     - Admission Arranged
     - Triaged as HBOP Related
     - Pain Management within 30mins. Assessment and management of sepsis ICC.
     - Direct to Haematology Bed and Review within 30-60 mins

3. ED Self Referrals/ Non SWBH Pts
   - Triage as Urgent (??)
   - Managed and Discharged

4. Interhospital Transfer
   - Telephone to SCAT team – triaged as appropriate/ & safe to transfer

**Admission INPATIENT BED**

Fast Track Criteria – to be defined

1. Description of assessment/triage criteria to be used when patient phones/presents;

2. Who will assess? –
   - Haematology Nurse
   - Emergency Nurse?
   - Medic

3. Describe Process
   - Access- Is it 24/7 service?
   - Role and responsibilities
   - Band, grade, designation etc

4. Describe issues in relation to;
   - Patients
   - Staffing
   - Facilities
   - Site specific (City/Sandwell)

   Discharge and follow up in OPD

Need to include Infection control checks (ICC) across all links i.e MRSA status, D/V history etc
6.3.13 Discharge:
- Discharge planning begins on admission with any particular services or requirements that the patient may require on discharge being planned and identified at as early a stage as possible.
- On discharge patients will be provided with a supply of medication and / or dressings or other equipment required ensuring a smooth transition to their discharge location. Patients who are mobile and able to sit may wait in the waiting area of the ward for their medication, transport home or other needs and will be given copies of electronic discharge paperwork.
- The ward staff must then ensure that the bed area / side room that the patient has vacated is cleaned, re-equipped and prepared to receive a new admission by contacting ward services as outlined above.

6.4 Proposed Accommodation
Rheumatology accommodation to be confirmed

6.4.1 Haemato-oncology
The ward consists of 32 beds. The accommodation for haemato-oncology will comprise of 18 beds to include 6 single rooms;

6.4.2 Multi Bed Bays – total of 12 beds- Three bays comprising of four beds.
The dividing wall between the room and main corridor are half glazed to allow observation of patients, these windows have curtains/blinds to allow privacy as required.

A hand wash basin and gel will be available at the entrance to the bay area to promote hand washing before and after patient contact.

In addition all rooms require:
- Sufficient spaces for storing personal effects. A locker per bed
- A working surface
- The en suite shower rooms must accommodate a mobile hoist.
- TV/recreation facilities and notice boards/patient boards and signage.

The area will be a distinct room and the room will be closed except in emergencies to aid infection control. The door will have sufficient width to safely manoeuvre beds into and out of the bay. If the doors are closed needs to a workspace for nurses, including phone and computer

All team members who are responsible for carrying out nursing procedures will ensure that the patient’s dignity and privacy is maintained by ensuring that on one enters the bed space where the procedure is being carried out. This will be achieved by attaching a laminated notice on the curtain informing people that they should not enter.

6.4.3 Single En-Suite Rooms – 6 rooms
Generic single bedrooms are required. The dividing wall between the room and main corridor are half glazed to allow observation of patients, these windows have curtains/blinds to allow privacy as required.

In addition all rooms require:
- Sufficient spaces for storing personal effects. Patient Locker.
- A working surface.
- The en suite shower rooms must accommodate a mobile hoist.
- TV/recreation facilities and notice boards/patient boards and signage.

Room doors will be kept closed at all times except in an emergency to promote the control of infection.

Movement of the bed will only be used at the point of admission, discharge and when leaving the room for exceptional circumstances such as surgical procedures.

Bariatric patients will be managed within a designated single room which will accommodate a patient weighing up to 270kg. Where there is demand for both it will be the patient requiring isolation who will take priority. Maybe issues with door width to side rooms, as may not be safe to accommodate extra wide beds especially in an emergency i.e fire. If on the ward they will need 2 bed spaces to accommodate the gantry system

Policies to be adhered to:
- Information systems on admission and discharge.
- Processes for booking in, allocation of side room, booked a theatre, recovery in theatre.
- Decontamination of equipment.
- managing infectious patients when using hospital transport.

Communication with community services when discharging patients with infections.

6.4.4 Assisted Shower/WC/WHB facilities
- En suite assisted shower toilet and wash hand basin for each single room.
- A single assisted en suite to each four bedded bay
- A disabled/ fully assisted shower/wc adjacent/close proximity to the bays

6.4.6 Procedure Room -
The room will provide facilities for Intrathecal and bone marrow clinical interventions. Should only be one space in procedure room as nothing else can happen in the same session as an IT.

The procedure room will contain:
- Bed -IT patients MUST have a bed double side access with dignity curtains
- Desk and IT station
- A Hand wash basin and paper towel dispenser
- A tracked curtain divider.
- Work/preparation area
- Storage is via mobile trolley.
- Overhead flexible lighting for examination purposes, specialist lighting is mobile.

6.4.7 Counselling Room
Access to a quiet room for breaking bad news and seeing relatives A private confidential and comforting environment – therefore will require appropriate furnishings.

The counselling room has:
- A two/three seater sofa and three chairs

6.4.8 Clean Utility
- Clean treatment preparation area to include chemo fridge facility
• All drugs’ storage including separate fridge from chemo
• CD storage

Close proximity to the procedure room. It includes a work surface/ drug preparation area and will accommodate a module storage unit for sterile clinical stock and intravenous fluids. There will be a lockable fridge and lockable storage for TTO medication. There will be locked storage for medications, and a controlled drugs cupboard within the unit. There will be storage for dressing trolleys under the preparation area, and a clinical wash hand basin with non-touch taps. A standard drug fridge and lockable cupboard storage is required for drugs.

In the clean utility there needs to be lockable cupboards and fridges for stock drugs and TTOs and separate lockable cupboards and fridges designated for chemotherapy only.

Also the clean utility needs to contain sharps bins, and designated cytotoxic waste bins, an extravasation kit, a spillage kit and an anaphylaxis kit and also specialised chemotherapy intravenous delivery devices.

Nurses will prepare trolleys for clinical procedures in this room and return clean trolleys to the room after use. In addition a locked cupboard for housing flammable items and COSHH products is required.

• Facilities for storage of clean consumables from a central top up area
• A work surface/ drug preparation area that will accommodate a module storage unit for sterile clinical stock and intravenous fluids
• A lockable drug fridge
• Lockable storage for TTO and other medication.
• Storage for a dressing trolley under the preparation area
• Clinical wash hand basin with non-touch taps.

Nurses and Doctors prepare trolleys for clinical procedures in this room. Contaminated trolleys and equipment are decontaminated in the dirty utility area before being returned to this room. A locked cupboard for housing flammable items and COSHH products (doesn’t need to be in clean area).

6.4.9 Dirty Utility
This dirty utility room will contain a range of waste streams with waste disposal unit and sink will be in close proximity to the clean utility and procedure room. It will contain cupboards for storage and specimen oracles and facilities for testing urine. Contaminated instruments will be held here temporarily following procedures until collected for decontamination. There will be a locked cupboard to accommodate dirty linen clinical waste. This will be removed from the department on a daily basis in line with Trust policy.

6.4.10 Welcome point- Reception/Clerical area
Ward clerk base with telephone points, secure notes storage,

It will contain:
• Dedicated area for the ward clerk.
• The monitor and door controls granting viewing and access through the main ward doors.
• IT terminals
• Main communication point for external telephone communication, public enquiries and staff meeting points.

The ward requires a medical note storage trolley which will be stored in a secure area.
This room is locked when unattended.

6.4.11 Office
Office base for ward manager with IT points - storage of key patient information leaflets, trials data, and chemo folders. The unit manager’s office will be used by to allow her/him to carry out all activities that support the clinical management of the service. 1:1 meetings with staff, clinicians and other managers will be held here. It comprises of an office workstation with a networked computer, telephone and storage for books and files.

6.4.12 Staff/Resource Base
Generic 4 person staff base is required. This area will be used by a range of staff from the multi-disciplinary teams as required and comprises of staff base with networked computers and telephones for completing patient records and arranging/coordinating care.
- Work station base - area with adequate work surfaces for nursing & medical needs, sufficient IT access points, telephone points, area for sit down, EBMS system

6.4.13 Waiting
The waiting area provides seating for 5 people. Located ob neighbourhood hub
Storage for visitor seating

6.4.14 Beverage Room
A bespoke beverage room for the preparation of regular and ad hoc patient beverages throughout the day.

6.4.15 Food Trolley Bay
A generic food trolley bay is required. In addition plug-in points are required within the general circulation space for serving meals.

6.4.16 Store: Linen
A generic store room will be used to store sufficient stock of linen and gowns to meet the needs of the children’s wards, for infection control purposes the door should be kept closed at all times.

6.4.17 Mobile Equipment Bays
These bays will be used to store mobile imaging equipment i.e. COWs

6.4.18 Domestic Services Room
A generic Domestic service stores is required with sufficient storage space for a vacuum cleaner and scrubbing/polishing machine for hard floors. CoSHH requirements for the storage of cleaning materials will be adhered to. On the link area

6.4.19 Store Room – Equipment storage
- Storage for IV stands, pumps, obs equipment, PCAs, transfusion equipment, drug trolley

6.4.20 Store Rooms – Sterile Supplies and Non Sterile Supplies
- Storage for IV fluids and consumables
- Storage of pulp disposable stack

6.4.21 Day Room Quiet area for patients – e.g. current one used for TV access, seeing family inc children where appropriate, game stations, music etc

6.4.22 Seminar Room
- Access to quiet & private area – e.g. for sit down multidisciplinary sit down WR, for making patient confidential calls
6.4.23 **Staff Facilities**
- Access to Staff changing area & locker area
- Access to toilet facilities
- NB Access to office area for CNSs, AOS team, - currently based on N5 – proportion of time must access inpt base
- They should be able to hot desk, same as all other CNS teams

6.5 **Interdepartmental Relationships**
- Chemotherapy Day Unit
- Aseptic Suite
- Pharmacy
- Critical care
- Imaging
- Emergency Department
- Pathology
- Operating Theatres
- Blood Bank
- Transport (internal)
- Ambulances (wmas)
- A/E cross site
- AMU cross site
- Porters

There should be easy access to/from diagnostics/ pharmacy /theatres and support services and the journey to other departments.

6.6 **Business Continuity**
6.6.1 Escalation
Implement additional ward rounds to ensure timely discharge to appropriate locations.

6.6.2 **Major Equipment**
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit.
If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure.

A loan of equipment is provided if repairs cannot be rectified immediately.

In the event of serious systems failure and immediate repair or loan equipment not being possible, then the department manager will consult with the medical staff and Divisional manager to cancel clinics accordingly.

6.6.3 **Equipment Replacement**
A formal rolling programme of replacing equipment

6.6.4 **Additional equipment required:**
For example extra pumps, bed rails, Syringe Drivers (PCA’s) (list to be defined) will be available from a central equipment library if required. This will be available 24 hours a day.
Equipment will be requested by ward staff by telephone and delivered by equipment library staff.

? sickle PCA’s

Nursing staff will be responsible for surface cleaning during use and ensuring that equipment is returned to the library on discharge of the patient. Staff at the equipment library will be responsible for decontamination in a central; decontamination unit.

Specialist equipment for treatment and prevention of pressure ulcers and wound care will also be available from the centralised equipment store.

To obtain this equipment it will be necessary for a wound/pressure ulcer assessment to be completed and details of the patient’s risks and requirements passed to the clinical tissue viability team.

Equipment required will be prescribed and delivered to the patient whereupon staff will be responsible for surface cleaning during use and promptly advising the tissue viability team of any changes in the patients’ condition which may necessitate reissuing new equipment or collection of equipment on the discharge of the patient.

All equipment must be surface cleaned before returning to either the Central equipment library that will require that equipment is also bagged and sealed.

Equipment used in a contaminated area or with an infected patient, must be surface cleaned, bagged, sealed and clearly labelled with hazard source prior to return or collection to the appropriate store.

6.8 Major Incident

Refer to:
- Major Incident Plan
- Evacuation Plan

Each area will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

6.9 Infection Control
- Plentiful Hand-washing facilities on the open ward

Ward Infection outbreak will be managed by:
- Closing the ward to admissions and discharges.
- Use of Day room / Assisted Shower room for staff changing to isolate staff groups.
- Ward’s will be locked to monitor entry and exit; this will include doors between wards.

All staff will comply with Trust Infection Control Policies, all team members who undertake aseptic nursing procedures will adhere to infection control standards for cleaning trolleys to ensure that risk from infection is kept to a minimum.

Single rooms are designed to barrier nurse patients with transmittable infections, for example Clostridium difficile, methicillin resistant Staphylococcus Aureus, Nora Virus, using universal
precautions and standard barrier nursing protocols. Please refer to domestic services section 16.6 of this policy for cleaning protocols.

Consideration should be given to the increasing numbers of patients with HIV or patients with other conditions leading to severe immuno compromise, which when being the cause of their admission may necessitate reverse barrier nursing and the use of positive pressure.

Some wards will require that this facility is available. Positive pressure single side rooms will be available in the haematology specialist areas.
Single rooms will be used for patients with infectious conditions and these will take priority.
Information systems will highlight those patients with infectious conditions on admission and discharge.

Processes for booking in, allocation of side room, booked a theatre, recovery in theatre will take account of those patients with Infectious conditions for example patients with infectious conditions will be booked last in the theatre list.

Decontamination of equipment will be completed centrally.

Hospital transport will be cleaned following use by a patient with an infectious condition.

Community services will be informed within referral process when a patient with infectious conditions is discharged.

6.10 Regulatory Requirements
- Mandatory training
- Working time Directive regulating working patterns
- Nursing and Midwifery Council
- General Medical Council
- Health and Safety
- COSHH
- Essence of Care
- Fire Regulations

6.11 Clinical Support Services

6.11.1 Pharmacy
General drug stocks will be supplied via the pharmacy top up and delivery system on a weekly basis and on ad hoc ordering in between top ups. Individual patient medication will be supplied via the ward pharmacy service and supplied at least daily by the pharmacy porter and stored in locked bedside cabinets or in the main ward fridge where necessary. Patient specific chemotherapy will be collected by ward staff from pharmacy as necessary and stored in locked cupboards or fridges designated for chemotherapy until required. No stocks of chemotherapy agents will be stored on the ward. General drugs will be stored within locked cabinets and automated dispensing machines in the clean utility.

6.11.2 Pathology
Referrals will be received via an IT solution. Specimens will be delivered to Pathology via the use of a pneumatic tube with the exception of blood products which are collected or delivered using the Porter service.
Phlebotomist will be provided at ward level and blood taken following a referral received using IT systems available. Labelling machines will be available for use by Phlebotomists to support this function. The phlebotomy trolley will be stored in an equipment bay within
the neighbourhood hub for ease of access.

6.11.3 **Infection Control**

All staff will comply with Trust Infection Control Policies, all team members who undertake aseptic nursing procedures will adhere to infection control standards for cleaning trolleys to ensure that risk from infection is kept to a minimum.

Single rooms are designed to barrier nurse patients with transmittable infections, for example Clostridium difficile, methicillin resistant Staphylococcus Aureus, Nora Virus, using universal precautions and standard barrier nursing protocols. However Single rooms are used for neutropenic patients. Patients with known infections will not be nursed on the haemato-oncology ward.

Please refer to domestic services of this policy for cleaning protocols.

Consideration should be given to the increasing numbers of patients with HIV or patients with other conditions leading to severe immuno compromise, which when being the cause of their admission may necessitate reverse barrier nursing and the use of positive pressure. Some wards will require that this facility is available.

Information systems will highlight those patients with infectious conditions on admission and discharge.

Processes for booking in, allocation of side room, booked a theatre, recovery in theatre will take account of those patients with Infectious conditions for example patients with infectious conditions will be booked last in the theatre list.

Decontamination of equipment will be completed centrally.

Hospital transport will be cleaned following use by a patient with an infectious condition. Community services will be informed within referral process when a patient with infectious conditions is discharged.

6.11.4 **Therapies**

Referrals will be through multi disciplinary team communications. Assessment and treatment will take place at the bed side where appropriate and through the use of therapy facilities located within the neighbourhood hub.

6.11.5 **Sterile Supplies**

Facilities staff will deliver sterile stores from the central store.

6.11.6 **Manual Handling**

Refer to the Moving and Handling Policy.

The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

Movement of patients between the different areas of the ward will require passage through doorways, which will be kept closed. Opening and closing of these doorways will be by push button. Should any door fail to have its close door actioned, a timer will self activate the closing of the door after a period of time approximately three minutes.

Where patients require moving whilst in the bed or on a trolley, this must be completed
with two members of staff controlling the bed/trolley.

6.11.7 Healthcare Records
This is a staff only area and will be provided for historical health records retrieval. Electronic records will be accessible to those staff with relevant access. There will be up to 5 persons working with records at any one time and will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

6.11.8 Imaging
Imaging will be requested by contact with the imaging service. It is anticipated that this will be via an IT referral system.

Where appropriate radiographers from the Imaging department will perform portable x-rays at the bedside, where this is not appropriate patients will be taken by Porter to the Imaging department.

6.11.9 Interpreting Services
Interpreting services will be available and booked by clerical staff. Refer to the interpreting Services – Access and Delivery Policy

6.12 Non Clinical Services

6.12.1 IT
Electronic Patient record (EPR), hospital communications and ordering systems will be required with access at main reception, nursing points and office resource base.

6.11.2 Transport
This will be required to transport patients where applicable and will be booked by the clerical staff via a central booking process.

6.11.3 Porters Service
A porter's service will be available and will be booked via telephone; wheelchairs will be used from the hub wheelchairs store.

6.11.4 General Store Delivery
Facilities Support services – Material handling section to be developed.

6.11.5 Catering
Patient Meals will be as follows (refer to Catering section of Facilities support services Operational Policies). All foods will be stored in the regeneration area on the hub, and collected and delivered to the ward, and to individual patients, using a hostess service provided by Facilities division. Food hygiene procedures will be followed and include segregation of clean and dirty activity and proper food storage as defined within food hygiene guidance. Nursing staff will provide support for vulnerable patients during meals times using “red tray” process. Blue Beakers must be available for patients whose hydration is of concern.

During breakfast, patients will be asked to order their lunch and evening meal from a supplied (by ward services) menu.

Breakfast – Cold breakfast consisting of cereal and/or continental style breakfast with hot/cold beverage.

Lunch – Choice of hot or cold meal, desert and choice of hot/cold beverage.
Evening Meal - Choice of hot or cold meal, desert and choice of hot/cold beverage. Additional meals can be ordered between the hours of 06.00 to 20.00 hours by contacting facilities department. Between 18.00 and 06.00 hours, sandwiches are available from the regeneration kitchen (refrigerated) which will be replaced and refreshed on a daily basis by ward services.

A kitchen situated outside the main ward area in the shared central hub houses a regeneration function / kitchen. Refrigerators will house milk and cold snacks/sandwiches for those patients who have not planned a meal or other unexpected event. No staff food may be kept in the patient refrigerator.

6.11.6 Linen
Linen will be delivered to the central linen store on the hub the ward services officer will ensure supplies of linen are transferred from the central store to the individual wards and topped up throughout the working day (06.00 until 18.00 hours) 6 days a week. Additional top ups required throughout the day will be arranged by the Ward team. Refer to facilities support services policy – Linen services section. This will be stored at a workable height with clear access in the linen store in the ward.

6.11.7 Domestic Service
Refer to the Hospital Cleaning Service Policy

General cleaning of patient rooms, commodes and the ward environment will be completed daily by ward services:

Cleaning of the patient rooms and ward environment will be routinely scheduled following all discharges.

Deep cleaning of all ward areas will be completed every 3 months and will include washing curtains.

After the discharge of a patient with a known infectious condition all mobile furniture will be removed from the ward and replaced with a duplicate set of pre cleaned and decontaminated furniture. This will be obtained from the Equipment store where all equipment will have been decontaminated and routine maintenance provided if necessary.

Any urgent unplanned requests will be dealt with by the out of hour’s team.

Equipment to be returned for decontamination will be collected by Facilities staff to be returned for decontamination.

Where individual pieces of furniture of equipment require deep cleaning, this will be arranged directly with ward services.

6.11.8 Maintenance
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.

6.11.9 Security
Refer to the Security Policy

Door Entry System
Entry to and egress from the ward will be controlled by an automated access control system for staff. A video-intercom externally and internally will link to the Nursing Station from where access to and egress from the ward by visitors will be controlled.

Lock down and override system
The exit control can be switched on and off depending on the nature of the patient's on the ward and the risk of abduction or abscondion e.g. paediatric wards, patients with mental ill health, or in a state of confusion or dementia.

Security Service
Security officers will be available 24hours 365 days per year. Their prime responsibility will be to provide a safe, secure environment by maintaining the safety of all persons and property on the site. This includes the protection of patients, staff, service providers and visitors against violent acts or abuse; theft; criminal damage; malicious tampering and arson. The essence of the security service will be to provide effective crime prevention measures and a quick response when required, in respect of any security related issue.

Emergency Call System
The Emergency Call System is linked to both the Nurse Station and the Security Base. Security staff will respond to the alarm and take whatever action is necessary to ensure the safety of the Trust’s staff/ refer to PPDD No 00 Functional Brief.

6.11.10 Fire Procedure
Refer to the Fire Safety Management Policy

6.11.11 Waste Management
Refer to the Waste Management Policy

Bins will have adequate space and sufficient collections to ensure that rubbish is not left on the floor, and bins should be a design which allows bags of rubbish to be placed in the bin safely.

7. CONSULTATION
An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to all lead nurses and capital projects team for comments. The outcome of this consultation has been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS
Compliance with the requirements of the policy will be monitored by the Matrons for each speciality.

9. TRAINING AND AWARENESS
Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the gynaecology unit and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY
The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. REVIEW

This policy will be reviewed in three years time unless requires earlier review. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY

- Nursing and Midwifery Council
- Compassion in Practice – nursing, midwifery and care staff
- General Medical Council
- Health and Safety
- COSHH
- Essence of Care
- Fire Regulations
- Food Hygiene Regulations
- Patient ID Policy
- Patient Discharge Policy
- Infection Control Policy
- Drug Administration Policy
- Major Incident Policy
- Bariatric Policy
- HBN - Health Building Note 04 Inpatient Accommodation options for choice - Department of Health 2005
- HBN - Health Building Note 04 Supp 1 Inpatient Accommodation options for choice – Supplement 1: Isolation facilities in acute settings

13. FURTHER ENQUIRIES

Contact the Speciality Matron for further information on the implementation of this policy.
MIDLAND METROPOLITAN HOSPITAL

No. 02h
GASTROENTEROLOGY/POISONS
IN-PATIENT WARD
OPERATIONAL POLICY
MIDLAND METROPOLITAN HOSPITAL
GASTROENTEROLOGY/POISONS IN-PATIENT WARD
OPERATIONAL POLICY

KEY POINTS

1. The Gastroenterology In-Patient Ward is a 32 bedded facility providing specialist medical and nursing intervention for patients with known gastro-intestinal conditions.

2. The policy details the facilities required for the respiratory in-patient ward within the Midland Metropolitan Hospital.

3. The ward will support the Trust in delivering the organisational objectives relating to respiratory services.

4. The service will provide physiological care with appropriate psychological support to manage the presenting and concurrent conditions suffered by individuals requiring inpatient treatment.

5. To work collaboratively with all those involved in the patients journey in an efficient and professional way ensuring the ward operates as efficiently as possible at all time.

6. Provide support for complex patient management and liaise with Social Services, District Nurses and other Healthcare Professionals outside the Trust.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
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APPENDICES

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1. **INTRODUCTION**

1.1 The service will provide physiological care with appropriate psychological support to manage the presenting and concurrent conditions suffered by individuals requiring inpatient treatment.

1.2 The service will provide safe and effective care to patients presenting with a multitude of gastro-intestinal conditions – including acute, chronic and palliative conditions.

1.3 The service will support complex patient management to reduce levels of disability and dependence, liaising with Social Services, District Nurses and other Healthcare Professionals outside the Trust.

2. **OTHER POLICIES TO WHICH THIS POLICY RELATES**

- Alcohol Withdrawal Guidelines
- Antibiotics in Gastro-intestinal System – Summary of recommendations
- Azathioprine in Gastroenterology Patients (Gastro 01) (SWBH)
- Bowel Preparation Information (SWBH)
- Gastroenterology; Acute severe ulcerative colitis
- Gastroenterology; Methotrexate in Crohn's Disease (SWBH)
- Gastroenterology; Upper GI Bleed (gastro 06) (SWBH)
- Gastroenterology; Variceal Bleeding and Sengstaken Blakemore Tube Insertion (gastro 014) (SWBH)
- Gastrointestinal Stromal Tumours (GIST) Pan Birmingham Cancer Network Guideline
- Helibactor Pylori Eradication
- Infection Control Policy (CO1001) (SWBH)
- Interpreting Services (ORG076)
- Liver Disease; Assessment of Adult Patients (Gastro/019) (SWBH)
- Privacy and Dignity and Respect Policy (Pt Care 060)

3. **GLOSSARY AND DEFINITIONS**

3.1 Essence of Care - Patient focused bench marking for health care professionals.

3.2 Same-sex accommodation - is where specific sleeping areas and toilet and washing facilities are designated as either men-only or women-only. ‘Sleeping accommodation’ includes areas where patients are admitted and cared for on beds or trolleys, even if they do not stay overnight.

4. **POLICY DEVELOPMENT PRINCIPLES**

4.1 This policy is designed to assist all healthcare professionals involved in the care of patients with gastro-intestinal conditions and to provide the best possible patient experience by ensuring safe, effective, high quality care is delivered within the clinical areas.

4.2 To ensure all staff are have the required knowledge and understanding of their role in the delivery of the patient pathway and to minimise all potential risks.
4.3 To work collaboratively with all those involved in the patients journey in an efficient and professional way ensuring the ward operates as efficiently as possible at all time.

4.4 To provide ongoing access to specialist nursing support including dedicated outreach services.

4.5 To minimise the effects of the symptoms of gastro-intestinal conditions and/or impairment and associated complications.

4.6 To work in partnership with the patient and carer during treatment and following discharge to ensure maximum function and independence.

4.7 To maintain the privacy and dignity of patients at all times.

4.8 To implement current secondary prevention and treatment guidelines.

4.9 To provide educational programmes for patients and their carer’s.

4.10 The ward will operate using a multi-disciplinary team approach to facilitate early safe discharge of patients.

4.11 To maintain support for staff, including providing an acceptable working environment and facilities, opportunity for professional development and a supportive team environment.

4.12 To maintain staffing at safe and appropriate levels.

ROLES AND RESPONSIBILITIES

5.1 Leadership
The leadership model within the ward will consist of a Lead Nurse, a Doctor and a Therapist. It is envisaged that the three Leads will work together to ensure clinical quality is provided within each ward environment.

5.2 Clinical Group Director of Nursing/Midwifery
The Chief Nurse has corporate professional nursing responsibility with the clinical group directors having professional nursing responsibility for their respective clinical groups and all in-patient areas and out-patient areas. They will lead the implementation and delivery of the clinical service strategy for across the clinical group; managing workforce and clinical governance and risk management issues. He/she will integrate corporate nursing plans with divisional clinical service plans and will lead for all patient experience and user involvement.

5.3 Matron
The Matron will hold overall clinical responsibility for the nursing care of the in-patient and out-patient areas including managing infection control issues, clinical escalation and capacity issues. He/she will act as innovator, motivator, key change agent and role model working with a high level of autonomy in order to ensure continuing improvement with the delivery of evidence based care and ensuring consistently high standards of care.

5.4 Ward Manager/Lead Nurse
Holds continuing responsibility for the day to day management of the ward environment, the services it provides, and the management of the staff including the professional development of
staff and the management of sickness and absence. In addition the ward manager provides clinical care acting as expert, leader, role model, assessor and mentor.

5.5 Senior Ward Sister
The ward will be under the jurisdiction of the ward Senior Sister for day to day management of the ward environment, the services it provides and the management of the staff. The clinical responsibility for care of the patients is the responsibility of the team, who will lead on clinical care working within designated clinical pathways and protocols.

5.6 Ward Sisters and Staff Nurses
Senior Sisters and staff nurses are responsible for the delivery of care and treatments as prescribed and according to Trust clinical policies and protocols.

5.7 Nursing
Each shift is led by an experienced, skilled and competent nurse. The nurse in charge will organise staff breaks and staff taking breaks will leave the ward area and access the hospital catering facilities.

5.8 Registered Nurses
Registered nurses with GI medical, endoscopic, and surgical expertise are responsible for delivery of care and treatments as prescribed and according to clinical policies and protocols; including admission and discharge of patients.

The wards operate a “named nurse” policy with each patient allocated a named nurse and an associate nurse, who will co-ordinate and organise care. In addition to day to day care, nurses play an important role in the rehabilitation and education of patients.

Registered Nurses will appropriately delegate work to support staff.

5.9 Health Care Assistants
Under the direction and supervision of qualified nursing staff, HCA’s provide support to clinicians and patients for basic care needs.

5.10 Ward Clerks
Ward clerks support the nursing and medical teams by providing administrative services including reception cover, ordering stationary, record keeping, telephone enquiries, admission and discharge support.

Other Clinical Staff / Support Staff

5.11 Specialist Nurses
Specialist Nurses who work within the field of GI offer a wide range of specialist nursing intervention and support. They are often the first point of contact for specific groups of patients and are able to receive and make direct referrals to other clinicians. Ward staff work closely with nutritional nurse specialists, to support patients and enhance their diet.

5.12 Dietician
The dietician will provide advice if the patient requires a change to their eating habits to promote good health. Particular advice will be provided on issues such as high protein diets and specific diets. Nutritional supplements can be provided and if swallowing is unsafe, nasogastric or gastrostomy tube feeding may be arranged.

5.13 Social Worker
Advice can be provided regarding support and benefits available to patients and carers in the
community setting. If support is likely to be required following discharge from hospital the social worker will work in collaboration with the ward team and therapists to undertake a care needs assessment to define the level of support needed and also the need for day care & respite care. If care needs cannot be met in the patient’s home then alternative accommodation will be explored with regard to sheltered housing, residential care or nursing home care as appropriate.

5.14 Medical
Consultant medical staff will attend the ward on a scheduled basis to undertake ward rounds and junior medical staffs provide support on the unit. Doctors in training will be supported to learn and develop as outlined in their training programmes.

Medical Students will be educated within the unit and given the opportunities to learn clinical skills under the direction and supervision of their clinical mentors guided by the consent to treatment and examination policy.

5.15 Staff Identification and Uniform
All staff will wear Trust ID badges when on duty within the Trust. Staff will introduce themselves and identify their role to patient and visitors at the first point of contact with them.

All staff will wear uniform and/or adhere to an expected code of dress when on duty. Staff will change into their uniforms as detailed within the uniform policy and store their valuables and clothes in a locker in the shared changing area in the neighbourhood hub.

6. SERVICE DESCRIPTION/SCHEDULE OF ACCOMODATION

6.1 Hours of Service
The Gastroenterology Ward is a 32 bedded ward will provide full gastroenterology care services to patients 24 hours per day 7 days per week, 365 days per year.

6.1.2 Visiting
All staff should be familiar with the Trust Visiting Policy and will support patients and users in its implementation.

The flow of visitors will be managed via the hub reception and will also provide a way finding function; visitors will be able to wait in the main concourse and restaurant areas.

All visitors will be expected to adhere to the Trusts hand washing policy and will use the hand wash station in the main hub area before entering and on exiting the ward area.

All visitors will be expected to adhere to the Trust Visiting Policy including visiting times and exceptions as outlined in the policy.

The ward will be accessible to all clinicians except during protected meal times hours, unless clinically urgent (1 hour each to cover lunch and evening meals).

6.2 Patient Pathway
In addition to general medical care the ward provides specialist medical and nursing intervention for patients with known or suspected upper and lower GI conditions.

- Diagnosis and treatment for gastroenterology conditions
- Treatment for patients needing nutritional support
- Care for patients having endoscopic procedures
- Treatment for alcohol-related conditions

Pending urgent or planned endoscopic investigation, including:
- OGD
- Colonoscopy
- ERCP
- Endoscopic Ultrasound
- Flexible Sigmoidoscopy

Post-endoscopic or post neo-adjuvant treatment complications including:
- Perforation of the gut
- Bleeding
- Dysphagia
- Sub-acute bowel obstruction
- Two stage medical/surgical procedures
- Anaemia

Stabilisation and/or conservative treatment of a number of inflammatory bowel and hepatobiliary conditions
Treatment may include:
- Nil by Mouth
- IV fluid therapy
- IV antibiotic therapy
- IV steroid therapy
- IV anti-inflammatory drugs
- Non oral pain relief
- Complex/combined medical therapy & surgical intervention

For complex endoscopic treatment, which may also require radiological intervention and/or specific bowel preparation including:
- Insertion of PTC stent
- Insertion of expanding metal stent
- ERCP and sphincterotomy
- Insertion of naso-jejunalostomy feeding tube
- Removal of gallstones
- Removal of polyps

Gut absorption problems and may require complex nutritional support and/or medical/surgical intervention including insertion of central line and provision of TPN.

Intentional or accidental in gestation of toxic or caustic substances

Gastric or hepatobiliary complications - may relate to chronic alcohol or drug abuse.

Patients requiring emergency endoscopy are cared for by an on-call endoscopy team who cover out-of-hours during the week and weekends, providing and delivering a service 365 days a year.

Admission
The ward will be notified of patients who are to be admitted to the ward via the relevant team/department in collaboration with the Trust Capacity Team.
Patients may be admitted from:
- Emergency Department
- AAU
- Transfer from other wards
6.2.1 Emergency Admissions

Patients will be admitted to the ward following a comprehensive assessment in AMU or ED and a preliminary diagnosis of a known or suspected GI condition is identified. Symptoms may include:

- Acute Bowel Obstruction
- Jaundice
- Dysphagia
- Malaena
- Haematemesis
- Acute exacerbation of inflammatory bowel disease
- Altered bowel habit associated with general malaise and weight loss
- Acute exacerbation of hepatobiliary disease

N.B: This list is not exclusive and patients may initially be under the care of either a GI physician or surgeon but may subsequently receive treatment from all members of the MDT

6.2.2 Elective Admissions

Patients are admitted on a planned basis for either medical or surgical intervention (NB: for major surgical intervention patients will be admitted to the long stay surgical ward)

The process of elective admissions will be co-ordinated via the ward in co-operation with the Trust Capacity Team (bed management) in order to ensure that waiting list targets are achieved and that all patients are prioritised for admission according to clinical need.

At times there will be a greater demand for beds than the number of beds available. In this situation urgent elective referrals will be afforded equal priority with patients who are in ED or AMU. It may be necessary to negotiate transfer of suitable patients to other ward areas within medicine or surgery. (Refer to bed management guidelines for urgent elective admissions)

Conversely any non gastroenterology patient, who may have been temporarily admitted to the ward during times of capacity escalation, will be transferred to an appropriate ward at the earliest opportunity to ensure that all patients are afforded appropriate expertise for their individual problem, and at the same time, reduce the risk of compromising optimum care for gastroenterology patients, who require admission to hospital for specialist treatment.

The accepting nurse must ensure individual needs including delegating an appropriate single sex bed space with appropriate monitoring, for example level 1 observation if required, and any specific equipment required is obtained before the patient’s arrival.

All referrals will be assessed before transfer to the ward by the Consultant, Registrar, or Specialist Nurse. Patients in the Emergency Department or Assessment Unit will be priority for a bed over patients elsewhere in the hospital. However, urgent elective admissions will be afforded equal priority.

When a patient is referred to the ward and there is no bed available, the following options will be available:

- Transfer another patient from the ward out (preferably a patient with either a planned discharge date, or a patient requiring other treatment) to another bed within the hospital.
- Patient will remain in the adult assessment unit for a short initial period (maximum 24hrs) where they will be seen and assessed by the Specialist Consultant, Registrar or Specialist nurse and stabilisation of their symptoms will be commenced.
6.2.3 Oncology Patients
It is recognised that a cohort of GI patients will be diagnosed with Upper and/or Lower GI cancer. The admission for these patients must be ensured in line with national guidelines and their planned treatment, which may include medical treatment and surgical intervention within an agreed timeframe.

6.2.4 Initial Management
The patient will be assessed on admission for:
- A multidisciplinary assessment will be undertaken including screening for cognitive impairment and assessment for problems with communication, and self care.

Core Principles of Care

6.2.5 Planned Admission
Patients who require admission to hospital on a planned basis will be admitted to the ward on a planned (elective) basis with an expected length of stay. These may be patients who are not able to attend day case as their clinical condition or and/or their specific social circumstances exclude them from doing so.

Initial Management
The patient will receive an initial screen (observations etc) and then be assessed on admission for:
- Risk of aspiration using a validated tool and undertaken by an appropriately trained professional.
- Risk of haemorrhage
- Pain management
- Their needs in relation to moving and handling.
- Their risk of developing pressure sores.
- Nutritional status, using a validated tool undertaken by an appropriately trained professional.
- Falls

Monitoring in the acute phase will include conscious level, blood pressure, pulse, heart rhythm, temperature, blood glucose, oxygen saturation and hydration.

- A multidisciplinary assessment will be undertaken including screening for cognitive impairment and assessment for problems with communication, and self care.
- A plan for assessment, diagnosis, stabilisation and treatment of presenting symptoms.
- Goal setting involving the patient will be undertaken and where appropriate including the family.
- Goals will be meaningful, challenging but achievable, and there will be both short and long-term goals.
- Goals will be set at team level as well as at the level of the individual clinician.
- All members of the multidisciplinary team will work together with the patient, carer and family using a shared philosophy and common goals.

6.2.6 Discharge
Discharge planning will commence as part of the admission process with any particular services or requirements that the patient may have being identified and organised to achieve a timely discharge.

Planning for discharge will include preparing the patient and family and fully involving them in any plans for transfer to a rehabilitation unit, an assessment of any safety risks from persisting cognitive impairments will be undertaken.
The patient and/or carer will be thoroughly trained in the safe and effective use of any equipment supplied and given a contact number for future advice or help with equipment provided.

Upon discharge patients will be provided with a 5 day supply of medication and/or dressings. Patients who are mobile and able to sit should wait in the day room area of the ward for their medication, transport home or other needs. Non mobile patients will remain in the main ward until appropriate transport arrives to facilitate transfer to their residence post discharge.

Nurse in charge must ensure that the bed/room that the patient has vacated is cleaned, re-equipped and prepared to receive a new admission by ward service personnel.

6.3 Accommodation

6.3.1 Ward Entrance + Welcome Point (refer to Generic Ward PPDD)
Leading from the shared hub
The ward is secured to prevent unauthorised access whilst ensuring easy controlled exit. Staff access will be gained by swipe access. Others requiring access to the unit will be screened with audio visual equipment.

PEAT audits and daily cleaning checks are the responsibility of the designated Matron for the area.

6.3.2 Staff Base/Nursing Station
The main nursing station will be located centrally to all rooms and bays. Refer to the Functional Brief for detailed layout.
It is equipped with a resuscitation trolley as detailed within the Functional Brief Table [7.2]. It will contain:
- Dedicated area for the ward clerk.
- The monitor and door controls granting viewing and access through the main ward doors.
- IT terminals
- Main communication point for external telephone communication, public enquiries and staff meeting points.

6.3.3 Single En-Suite Rooms (2 rooms with Isolation Lobby)
Generic single bedrooms are required as detailed within the Functional Brief. The dividing wall between the room and main corridor are half glazed to allow observation of patients, these windows have curtains/blinds to allow privacy as required.

Independent Disabled Single Room – facilities serving the independent wheelchair user room must be fully compliant with part M of the Building Regulations as set out in the Functional Brief. In addition all rooms require:
- Sufficient spaces for displaying personal effects such as family photographs, favourite toys and get well cards.
- A working surface with linen storage space beneath.
- The en suite shower rooms must accommodate a mobile hoist. For detailed layout refer to the Functional Brief.
- TV/recreation facilities and notice boards/patient boards and signage.

Room doors will be kept closed at all times except in an emergency to promote the control of infection.

Clinical treatments and procedures will mainly be carried out within the individual room of the patient. Larger procedures have the option to be carried out within the procedure room located on
the ward close to the 4 bedded areas

Movement of the bed will only be used at the point of admission, discharge and when leaving the room for exceptional circumstances such as surgical procedures.

Bariatric patients will be managed within two designated single rooms which will accommodate a patient weighing up to 298kg. Where there is demand for both it will be the patient requiring isolation who will take priority.
Policies to be adhered to:
- Information systems on admission and discharge.
- Processes for booking in, allocation of side room, booked a theatre, recovery in theatre.
- Decontamination of equipment.
- Managing infectious patients when using hospital transport.
- Communication with community services when discharging patients with infections.

6.3.4 Multi Bed – Four
These Multi 4 bedded areas as detailed within the Functional Brief for detailed description. The individual bed areas follow the same layout as the single rooms.

The dividing wall between the room and main corridor are half glazed to allow observation of patients, these windows have curtains/blinds to allow privacy as required.

A hand wash basin and gel will be available at the entrance to the bay area to promote hand washing before and after patient contact.

In addition all rooms require:
- Sufficient spaces for displaying personal effects such as family photographs and get well cards.
- A working surface with linen storage space beneath.
- The en suite shower rooms must accommodate a mobile hoist. For detailed layout refer to the Functional Brief.
- TV/recreation facilities and notice boards/patient boards and signage.

The area will be a distinct room and the room will be closed except in emergencies to aid infection control. The door will have sufficient width to safely manoeuvre beds into and out of the bay.

All team members who are responsible for carrying out nursing procedures will ensure that the patient’s dignity and privacy is maintained by ensuring that on one enters the bed space where the procedure is being carried out. This will be achieved by attaching a laminated notice on the curtain informing people that they should not enter.

6.3.5 Procedure Room
Each ward will have a procedure room located in close proximity to the multi 4 bedded areas as detailed within the Functional Brief. The room will provide facilities for clinical examination, assessment and treatment, a number of planned clinical interventions not requiring a general anaesthetic could be undertaken here.

The procedure room will contain:
- Desk and IT station
- A Hand wash basin and paper towel dispenser
- A tracked curtain divider.
- Work/preparation area
- Storage is via mobile trolley.
- Overhead flexible lighting for examination purposes, specialist lighting is mobile.
The following will take place in the procedures room:

- Dressings
- Drainage

### 6.3.9 Clean Utility

This clean utility as detailed within the Functional Brief is in close proximity to the procedure room. It includes a work surface/ drug preparation area and will accommodate a module storage unit for sterile clinical stock and intravenous fluids. There will be a lockable fridge and lockable storage for TTO medication. There will be locked storage for medications, and a controlled drugs cupboard within the unit. There will be storage for dressing trolleys under the preparation area, and a clinical wash hand basin with non-touch taps. A standard drug fridge and lockable cupboard storage is required for drugs.

Nurses will prepare trolleys for clinical procedures in this room and return clean trolleys to the room after use. In addition a locked cupboard for housing flammable items and COSHH products is required.

Refer to Facilities Trust Managed Services Whole Hospital Policy for details of re-supply

### 6.3.10 Dirty Utility

This dirty utility room as detailed within the Functional Brief will contain a range of waste streams with waste disposal unit and sink will be in close proximity to the clean utility and procedure room. It will contain cupboards for storage and specimen oracles and facilities for testing urine. Contaminated instruments will be held here temporarily following procedures until collected for decontamination. There will be a locked cupboard to accommodate dirty linen clinical waste. This will be removed from the department on a daily basis in line with Trust policy.

### 6.3.11 Office

The gastroenterology ward manager’s office will be used by to allow her/him to carry out all activities that support the clinical management of the service. 1:1 meetings with staff, clinicians and other managers will be held here. It comprises of an office workstation with a networked computer, telephone and storage for books and files.

### 6.3.12 Resource Base

This office will be used by a range of staff from the multi-disciplinary teams as required and comprises of 4 office workstations with networked computers and telephones for completing patient records and arranging/ coordinating care.

### 6.3.13 Interview/Counselling

These generic interview/counselling rooms as detailed within the Functional Brief will be used as required for discussion sessions with patients and or family. All furniture and fittings are ergonomically comfortable and a telephone with external capability is provided.

It is important that family and friends are able to leave the room if they so choose after receiving bad news without having to meet up with other anxious families or walk back through the clinical area.

### 6.3.14 Quiet Day Space

This area is furnished with comfortable seating and coffee tables for patients to read or watch television which is mounted on a low level television table.

### 6.3.15 Beverage Room
A bespoke beverage room is required for the preparation of regular and ad hoc patient beverages throughout the day.

6.3.16 Food Trolley Bay
A generic food trolley bay is required as detailed within the Functional Brief.

In addition 2 plug-in points are required within the general circulation space for serving meals.

6.2.17 Store: Linen
A generic store room as detailed within the Functional Brief will be used to store sufficient stock of linen and gowns to meet the needs of the children’s wards, for infection control purposes the door should be kept closed at all times.

6.3.18 Store

- Equipment Store
These store rooms are for equipment required on a daily basis and has floor space for parking mobile equipment and standing pieces of equipment, adjustable shelving is provided. The layout enables items to be removed easily particularly fragile and expensive equipment to help prevent damage.

Beds and mattresses will be stored in the furniture store as detailed within PP&DD No 33 Neighbourhood Hub.

- Sterile Store
Storage of clean medical supplies and IV fluids. Shelving or racking systems will be utilised

- Non sterile
Storage on non sterile supplies i.e. boxes of pulp disposable stack items. Shelving or racking systems will be utilised

6.3.19 Mobile Equipment Bays
These bays will be used to store mobile imaging equipment required within the ward as detailed within the Functional Brief.

6.3.20 Poisons Unit
This office for 2 persons as detailed within the Functional Brief will be used to by the National Poisons Information Service for clinical staff who provides treatment to patients within the ward.

In addition this office will store some of the resources to support the provision of advice and guidance within the hospital and nationally.

6.3.21 Domestic Services Room
A generic domestic service stores is required the functionality for which is detailed within the Functional Brief here is sufficient storage space for a vacuum cleaner and scrubbing/polishing machine for hard floors. CoSHH requirements for the storage of cleaning materials will be adhered to.

6.3.22 Staff Changing Facilities
These are located within the neighbourhood hub as detailed within the Functional Brief.
6.5 Interdepartmental Relationships

- Emergency Care
- Imaging
- ITU & outreach teams
- Pathology
- Mortuary
- Pharmacy stores
- Therapists - as per Therapist Operational Policy
- Phlebotomy

There should be easy access to/from diagnostics

6.6 Business Continuity

6.6.1 Escalation

Implement additional ward rounds to ensure timely discharge to appropriate locations. Ward Infection outbreak will be managed by:

- Closing the ward to admissions and discharges.
- Use of Quiet Day Space / Assisted Shower room for staff changing to isolate staff groups.
- Ward’s will be locked to monitor entry and exit; this will include doors between wards.

6.6.2 Major Equipment

Equipment requirements for the generic ward are detailed within the equipment responsibility matrix within the Functional Brief.

Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit.

If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure.

A loan of equipment is provided if repairs cannot be rectified immediately.

In the event of serious systems failure and immediate repair or loan equipment not being possible, then the department manager will consult with the medical staff and Clinical Group Director to cancel clinics accordingly.

Specialist equipment required by patients i.e. pumps, bed rails, Syringe Drivers (PCA), (definitive equipment list to be compiled) will be available from a central equipment library. Access to the equipment library will be available 24 hours a day, 7 days per week.

Equipment will be requested by ward staff by telephone and delivered by equipment library staff. Nursing staff will be responsible for surface cleaning during use and ensuring that equipment is returned to the library on discharge of the patient. Staff at the equipment library will be responsible for decontamination in a central decontamination unit.

Specialist equipment for prevention and treatment of Pressure Ulcers and wound care will also be available from the centralised equipment store following advice from a Specialist Tissue Viability Nurse. To obtain this equipment it will be necessary for a wound/pressure ulcer assessment to be completed and details of the patient’s risks and requirements passed to the clinical Tissue Viability Nurse.
Team.

Equipment required will be prescribed and delivered to the patient whereupon staff will be responsible for surface cleaning during use and promptly advising the Tissue Viability team of any changes in the patients’ condition which may necessitate reissuing new equipment or collection of equipment on the discharge of the patient.

All equipment must be surface cleaned, bagged and sealed before returning to the central equipment library.

Equipment used in a contaminated area or with an infected patient, must be surface cleaned, bagged, sealed and clearly labelled with hazard source prior to return or collection to the appropriate store.

a) Cleaning and Storage of Equipment

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Cleaned</th>
<th>Stored</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed and mattress</td>
<td>FM</td>
<td>Bed store</td>
</tr>
<tr>
<td>Other mattress</td>
<td>External Contract</td>
<td>Bed store</td>
</tr>
<tr>
<td>Pumps</td>
<td>MED ENG</td>
<td>Mobile e.g. bay</td>
</tr>
<tr>
<td>Portable lighting</td>
<td>FM</td>
<td>By bed</td>
</tr>
<tr>
<td>Wardrobe/locker with integrated locking self medication drawer</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Patient tables / Bed table</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Secure Drugs cupboards</td>
<td>Nursing</td>
<td>N/A</td>
</tr>
<tr>
<td>Cleaning of ward areas, Shower/washroom areas &amp; sluice</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Commodes</td>
<td>Joint FM / Nursing</td>
<td>Dirty Utility</td>
</tr>
<tr>
<td>Treatment trolleys</td>
<td>Nursing</td>
<td>Clean utility</td>
</tr>
<tr>
<td>Drug trolley</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV stands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portable sterile supplies trolley</td>
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</tr>
<tr>
<td>Linen trolleys</td>
<td>FM</td>
<td>Linen</td>
</tr>
<tr>
<td>Waste bins</td>
<td>FM</td>
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<tr>
<td>Macerator, Sluice drainage</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Mop/bucket</td>
<td></td>
<td>Dirty utility</td>
</tr>
<tr>
<td>scales</td>
<td>Joint FM/Nursing</td>
<td>Procedure room</td>
</tr>
</tbody>
</table>

6.6.3 Equipment Replacement
A formal rolling programme of replacing equipment

6.7 Major Incident
Refer to:
- Major Incident Plan
- Evacuation Plan

Each area will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held
individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

6.8 Regulatory Requirements

- Mandatory training
- Working time Directive regulating working patterns
- Nursing and Midwifery Council
- General Medical Council
- Health and Safety
- COSHH
- Essence of Care
- Fire Regulations

6.9 Clinical Support Services

6.9.1 Pharmacy

Refer to Pharmacy PP&DD No 18 and Operational Policy which describes the Pharmacy services described around each cluster and based in the neighbourhood hub to provide swift response to pharmacy requests and ensure that advice and support of specialist pharmaceutical knowledge is readily available. Paediatric pharmacists are available and will visit the ward.

Pharmacy supplies will be delivered to the ward on a daily basis in locked boxes by the dedicated porters for pharmacy. Individual patient drugs/dressings will be stored in locked cabinets at patient bedsides from which medication will be dispensed during scheduled drug rounds.

General pharmacy supplies will be ordered electronically and be controlled using a material handling systems. General drugs and dressings which are issued via pharmacy will be stored within locked cabinets and automated dispensing machines situated in the clean utility.

6.9.2 Pathology

Referrals will be received via an IT solution. Specimens will be delivered to Pathology via the use of a pneumatic tube with the exception of blood products which are collected or delivered using the Porter service.

Phlebotomist will be provided at ward level and blood taken following a referral received using IT systems available. Labelling machines will be available for use by Phlebotomists to support this function. The phlebotomy trolley will be stored in an equipment bay within the neighbourhood hub for ease of access.

6.9.3 Infection Control

All staff will comply with Trust Infection Control Policies, all team members who undertake aseptic nursing procedures will adhere to infection control standards for cleaning trolleys to ensure that risk from infection is kept to a minimum.

Single rooms are designed to barrier nurse patients with transmittable infections, for example Clostridium difficile, methycillin resistant Staphylococcus Aureus, Nora Virus, using universal precautions and standard barrier nursing protocols. Please refer to domestic services section of this policy for cleaning protocols.

Consideration should be given to the increasing numbers of patients with HIV or patients with other conditions leading to severe immuno compromise, which when being the cause of their admission may necessitate reverse barrier nursing and the use of positive pressure.

Some wards will require that this facility is available. Positive pressure single side rooms will be
available in the haematology specialist areas.
Single rooms will be used for patients with infectious conditions and these will take priority. Information systems will highlight those patients with infectious conditions on admission and discharge.

Processes for booking in, allocation of side room, booked a theatre, recovery in theatre will take account of those patients with Infectious conditions for example patients with infectious conditions will be booked last in the theatre list.

Decontamination of equipment will be completed centrally.

Hospital transport will be cleaned following use by a patient with an infectious condition.

Community services will be informed within referral process when a patient with infectious conditions is discharged.

6.9.4 Therapies
Refer to Therapy Operational Policy and PP&DD No 02. Referrals will be through multi disciplinary team communications. Assessment and treatment will take place at the bed side where appropriate and through the use of therapy facilities located within the neighbourhood hub.

6.9.5 Sterile Supplies
Facilities staff will deliver sterile stores from the central store to the ward.

6.9.6 Manual Handling
Refer to the Moving and Handling Policy.
The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

Movement of patients between the different areas of the ward will require passage through doorways, which will be kept closed. Refer to the Functional Brief. Opening and closing of these doorways will be by push button. Should any door fail to have its close door actioned, a timer will self activate the closing of the door after a period of time approximately 3 minutes.

Where patients require moving whilst in the bed or on a trolley, this must be completed with two members of staff controlling the bed/trolley.

6.9.7 Imaging
Imaging will be requested by contact with the imaging service. It is anticipated that this will be via an IT referral system.
Where appropriate radiographers from the Imaging department will perform portable x-rays at the bedside, where this is not appropriate patients will be taken by Porter to the Imaging department.

6.9.8 Interpreting Services
Interpreting services will be available and booked by clerical staff. Refer to the interpreting Services – Access and Delivery Policy

6.10 Non Clinical Services
6.10.1 IT
Electronic Patient record (EPR), hospital communications and ordering systems will be required
with access at main reception, nursing points and office resource base.

6.10.2 Transport
This will be required to transport patients where applicable and will be booked by the clerical staff via a central booking process.

6.10.3 Porters Service
A porter’s service will be available and will be booked via telephone; wheelchairs will be used from the hub wheelchairs store.

6.10.4 General Store Delivery
Facilities Support services – Material handling section to be developed.

6.10.5 Catering
Patient Meals will be as follows (refer to Catering section of Facilities support services Operational Policies). All foods will be stored in the regeneration area on the hub, and collected and delivered to the ward, and to individual patients, using a hostess service provided by Facilities division.

Food hygiene procedures will be followed and include segregation of clean and dirty activity and proper food storage as defined within food hygiene guidance.

Nursing staff will provide support for vulnerable patients during meals times using “red tray” process. Blue Beakers must be available for patients whose hydration is of concern

During breakfast, patients will be asked to order their lunch and evening meal from a supplied (by ward services) menu.
Breakfast – Cold breakfast consisting of cereal and/or continental style breakfast with hot/cold beverage.
Lunch – Choice of hot or cold meal, desert and choice of hot/cold beverage.

Evening Meal - Choice of hot or cold meal, desert and choice of hot/cold beverage.
Additional meals can be ordered between the hours of 06.00 to 20.00 hours by contacting facilities department. Between 18.00 and 06.00 hours, sandwiches are available from the regeneration kitchen (refrigerated) which will be replaced and refreshed on a daily basis by ward services.

A kitchen situated outside the main ward area in the shared central hub houses a regeneration function / kitchen. Refrigerators will house milk and cold snacks/sandwiches for those patients who have not planned a meal or other unexpected event. No staff food may be kept in the patient refrigerator.

6.10.6 Linen
Linen will be delivered to the central linen store on the hub the ward services officer who will ensure supplies of linen are transferred from the central store to the individual wards and topped up throughout the working day (06.00 until 18.00 hours) 6 days a week.

Additional top ups required throughout the day will be arranged by the Ward team. Refer to facilities support services policy – Linen services section. This will be stored at a workable height with clear access in the linen store in the ward.

6.10.7 Domestic Service
Refer to the Hospital Cleaning Service Policy

General cleaning of patient rooms, commodes and the ward environment will be completed daily
Cleaning of the patient rooms and ward environment will be routinely scheduled following all discharges.

Deep cleaning of all ward areas will be completed every 3 months and will include washing curtains.

After the discharge of a patient with a known infectious condition all mobile furniture will be removed from the ward and replaced with a duplicate set of pre cleaned and decontaminated furniture.

This will be obtained from the Equipment store where all equipment will have been decontaminated and routine maintenance provided if necessary.

Any urgent unplanned requests will be dealt with by the out of hour’s team.

Equipment to be returned for decontamination will be collected by Facilities staff to be returned for decontamination.

Where individual pieces of furniture of equipment require deep cleaning, this will be arranged directly with ward services.

6.10.8 Maintenance
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.

6.10.9 Security
Refer to the Security Policy

Door Entry System

Entry to and egress from the ward will be controlled by an automated access control system for staff. A video-intercom externally and internally will link to the Nursing Station from where access to and egress from the ward by visitors will be controlled.

Lock down and override system

- The exit control can be switched on and off depending on the nature of the patient’s on the ward and the risk of abduction or absconsion e.g. paediatric wards, patients with mental ill health, or in a state of confusion or dementia.

Security Service

- Security officers will be available 24hours 365 days per year. Their prime responsibility will be to provide a safe, secure environment by maintaining the safety of all persons and property on the site. This includes the protection of patients, staff, service providers and visitors against violent acts or abuse; theft; criminal damage; malicious tampering and arson. The essence of the security service will be to provide effective crime prevention measures and a quick response when required, in respect of any security related issue.

Emergency Call System

- The Emergency Call System is linked to both the Nurse Station and the Security Base. Security staff will respond to the alarm and take whatever action is necessary to ensure the
safety of the Trust’s staff/ refer to the Functional Brief.

6.10.10 Fire Procedure
Refer to the Fire Safety Management Policy

6.10.11 Waste Management
Refer to the Waste Management Policy

- All clinical waste will be disposed of in yellow clinical waste bags. These go for incineration.
- All used sharps to be placed in the ‘sharps’ bin.
- Soiled instruments should be returned to the decontamination unit for cleaning and re-sterilisation as per the decontamination operational policy. (available within the endoscopy suite).
- Non clinical waste to be placed in black rubbish bins.
- The Spillage Protocol will be adhered to regarding disposal of items used for dealing with spillages.
- Any confidential paperwork for disposal must go in the Hessian type bag identified for shredding material.
- Other paper waste relating to non confidential material can go in a black bag or the cardboard paper recycling boxes.
- Bins will have adequate space and sufficient collections to ensure that rubbish is not left on the floor, and bins should be a design which allows bags of rubbish to be placed in the bin safely.

7. CONSULTATION

An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to all gastroenterology consultants, specialist nurses, therapy staff, clinical group management team and capital projects team for comments. The outcome of this consultation has been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS

Compliance with the requirements of the policy will be monitored by the Matron for Gastroenterology Services.

9. TRAINING AND AWARENESS

Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the gastroenterology in-patient ward and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY

The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.
11. **REVIEW**

This policy will be reviewed in three years time unless requires earlier review. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. **REFERENCE DOCUMENTS AND BIBLIOGRAPHY**

Nursing and Midwifery Council  
General Medical Council  
Health and Safety  
COSHH  
Essence of Care  
Fire Regulations  
Food Hygiene Regulations  
Patient ID Policy  
Patient Discharge Policy  
Infection Control Policy  
Drug Administration Policy  
Major Incident Policy  
Bariatric Policy  
HBN - Health Building Note 04-01 Inpatient Facilities 2008  
HBN - Health Building Note 04 Supp 1 Inpatient Accommodation options for choice – Supplement 1: Isolation facilities in acute settings

13. **FURTHER ENQUIRIES**

Contact the Gastroenterology Matron for further information on the implementation of this policy.
## Appendix A  Operational Policy Development/Distribution/History/Consultation

Version V0.0, V4.0

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MIDLAND METROPOLITAN HOSPITAL

No 02i
MATERNITY WARDS OPERATIONAL POLICY
Incorporating
ANTENATAL DAY ASSESSMENT UNIT
TRANSITIONAL CARE and
TRANSFER LOUNGE
KEY POINTS

1. This policy is designed to assist all healthcare professionals involved in the care of all women and their babies during the in-patient period and outlines the purpose and function the maternity services.

2. The policy details the facilities required for the maternity in-patient wards within the Midland Metropolitan Hospital.

3. The aim is to provide holistic care to both mother and baby in line with Baby Friendly initiative. This will include supporting mothers choice on infant feeding, providing opportunities to discuss her birth and plans for the post-natal period.

4. Baby security while in the hospital will be undertaken by all maternity staff in conjunction with security staff.

5. This policy applies to all Trust staff in all locations including temporary employees, locums, agency staff, contractors and visiting clinicians.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
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APPENDICES

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1. INTRODUCTION

1.1 The antenatal ward area will provide inpatient facilities for antenatal women who have developed complications during their pregnancy, that require further care and investigation that cannot be delivered in a community setting.

1.2 Their admission to the antenatal ward will be determined by the appropriate care pathway for their condition and will be determined by the admission criteria to Triage, Antenatal Clinic and Antenatal Day Assessment Unit policies.

1.3 The planning and delivery of postnatal care will be carried out in partnership with the woman and tailored to her individual needs.

1.4 Baby security while in the hospital setting will be undertaken by all maternity staff in conjunction with security staff.

1.5 Effective communication between health professionals should follow the NMC guidance on record keeping and follow Trust/PCT guidance on communication and handover between Midwives and Health visitors (MAT/113).

2. OTHER POLICIES TO WHICH THIS POLICY RELATES

- Acutely ill Obstetric Patients (MAT/059)
- Antenatal Day Assessment Unit Guideline (ADAU)
- Antibiotics in Obstetrics (MAT/140)
- Bedsharing Guideline in Maternity Patients (MAT110)
- Bladder Care and the Prevention of Urinary retention and Bladder Damage Post Delivery (MAT/115)
- Blood Cross Matching Policy in Obstetric Patients
- Deep vein Thrombosis (DVT) and Pulmonary Embolism (PE) in Pregnancy and Puerperium
- Escorting Mothers & Babies Upon Discharge Feb10
- Infection Control Policy (CO1001) (SWBH)
- Interpreting Services (ORG076)
- Management of Diabetes in Pregnancy (MAT/061)
- Point of Care Testing Policy (ORG110) (SWBH)
- Post Nata Care Planning including Postnatal Information
- Privacy and Dignity and Respect Policy (Pt Care 060)
- Transitional Care of Babies – in the Postnatal Ward Area

3. GLOSSARY AND DEFINITIONS

3.1 Lead Professional: “Professional who will give a substantial part of the care personally and who is responsible for ensuring that the women has access to care from other professionals as appropriate” (DOH 1993). The professional may be a Midwife, General Practitioner or Consultant Obstetrician.

3.2 Consultant Led Care: Responsible for the provision of obstetric care to women with complex pregnancies.
3.3 Named Midwife: Is the Midwife responsible for the provision of Midwifery care to the woman and for ensuring that the woman receives care appropriate to her needs.

3.4 ADAU-Antenatal Day Assessment Unit

4. **POLICY DEVELOPMENT PRINCIPLES**

4.1 This policy is designed to assist all healthcare professionals involved in the care of all women during the antenatal period and postnatal period and outlines the purpose and function of the maternity service.

4.2 We aim to provide holistic care to both mother and baby in line with Baby Friendly initiative. This will include supporting mothers choice on infant feeding, providing opportunities to discuss her birth and plans for the post natal period.

4.3 The Children’s NSF which promotes individualised, multi-disciplinary management placing emphasis on helping new parents prepare for parenthood.

4.4 Care will be provided by Lead Clinicians/Obstetricians.

4.5 Low risk women will receive care under the Lead Consultant Midwife.

4.6 To support the provision of an individualised care plan for each mother.

4.7 To facilitate the effective transfer of relevant information between health professionals.

4.8 To raise mothers’ awareness of risk, with the aim of reducing poor postnatal outcomes.

4.9 The post natal period provides the opportunity to risk assess and enable action to be taken by appropriate agencies.

4.10 To ensure each woman is given the opportunity to talk about her care and her birth experience.

4.11 To adhere strictly to policies for security of mothers and babies.

4.12 A rapid access service for all women up to 16 weeks gestation who are experiencing bleeding and or abdominal pain.

4.13 To ensure the delivery of high quality, safe and effective patient care to mother and baby within the clinical area defined as ‘Antenatal Day Assessment Unit’ (ADAU).

4.14 To ensure all women receive standardised care following prescribed pathways.

4.15 To provide in depth assessment of maternal and foetal well being, by means of sonography, cardiotocograph and computerised ambulatory blood pressure monitoring.

4.16 To ensure that all staff have received updated, appropriate training requirements for the clinical area of ADAU.

4.17 To provide an environment whereby a patient’s privacy and dignity are maintained.

4.18 To minimise all potential risks.

4.19 To maintain staffing at safe and appropriate levels.
5. ROLES AND RESPONSIBILITIES

5.1 Medical Obstetric/Medical Input
Consultant medical staff and their dedicated team of doctors will visit the wards on a daily basis to assess women, and will advise on their care and treatment as appropriate.

Leadership
The leadership model within the maternity wards will consist of a Lead Midwife and Doctor. It is envisaged that the three Leads will work together to ensure clinical quality is provided within each ward environment.

5.1 Clinical Group Director of Nursing/Midwifery
The Chief Nurse has corporate professional nursing responsibility with the clinical group directors having professional nursing responsibility for their respective clinical groups and all in-patient areas and out-patient areas. They will lead the implementation and delivery of the clinical service strategy for across the clinical group; managing workforce and clinical governance and risk management issues.
He/she will integrate corporate nursing plans with divisional clinical service plans and will lead for all patient experience and user involvement.

5.2 Lead Consultant Midwife/Matron
The Lead Consultant Midwife/Matron holds overall professional and managerial responsibility for inpatient areas including delivery suite, MLU and inpatient ward areas managing infection control issues, clinical escalation and capacity issues.
Act as an innovator, motivator, key change agent and role model, with a high level of autonomy in order to enhance and sustain high standards of clinical care both as a manager and highly experienced clinical midwife.

5.3 Ward Manager/Lead Nurse
Holds continuing responsibility for the day to day management of the ward environment, the services it provides, and the management of the staff including the professional development of staff and the management of sickness and absence. In addition the ward manager provides clinical care acting as expert, leader, role model, assessor and mentor.

5.4 Midwives
Midwives will be required to exercise clinical judgement for the assessment of care needs, the development, implementation and evaluation of programmes of care in partnership with a defined group/caseload of women in the ante and post natal period. They will work autonomously within departmental/Trust guidelines and professional sphere of practice, also abiding by the Midwives rules and standards.

Midwives will provide a full range of health education, social care and advice to women, liaising with multi-disciplinary/agency groups to continually improve maternity care for childbearing women and their families, being responsive to the needs of the women and obtain user views as appropriate.

Midwives will contribute to creating a learning environment in the department/ward/area acting as role model, preceptor and mentor to less experienced midwives, student midwives and other staff.

5.5 Midwife in Charge (shift lead)
Each shift will be led by an experienced, skilled and competent midwife.
The designated ‘midwife in charge’ is responsible on a shift by shift basis for providing leadership
and co-ordination of workload in collaboration with and in the absence of the ward manager. He/she will have responsibility for the supervision and support of staff and ensure that all clinical priorities are communicated to the midwifery team within a timely manner, and that tasks are appropriately delegated to suitably qualified and competent members of the nursing and/or support team.

He/she will manage staff breaks and staff will leave the ward area to access the shared staff rest rooms in the central hub areas adjacent to the ward or restaurant facilities provided within the hospital.

He/she will monitor ward capacity and workload and will ensure that all patients are allocated to an appropriate bed space with the appropriate monitoring requirements according to their individual clinical need within the generic ward. This may be either a four bedded bay or single room, which may have additional level 1 monitoring equipment.

5.6 Ward Clerks
Ward clerks support the nursing team by providing admin services including ordering stationary, record keeping, telephone enquiries, admission and discharge support. The ward clerks will provide rota cover of the hub reception to support patients, staff and visitors.

5.7 Support Staff
Undertake aspects of basic nursing care and maintenance of the ward area, in support of professionally qualified members of the multidisciplinary team ensuring the highest standard of patient/client care. Deliver care under the supervision and direction of qualified members of the team. Recognise, review and report any change to patient’s/client’s condition, including any action taken to an appropriately qualified senior member of the team.

5.8 Staff Identification and Uniform
All staff will wear Trust ID badges when on duty within the Trust. Staff will introduce themselves and identify their role to patient and visitors at the first point of contact with them.

All staff will wear uniform and/or adhere to an expected code of dress when on duty. Staff will change into their uniforms as detailed within the uniform policy and store their valuables and clothes in a locker in the shared changing area in the neighbourhood hub.

6. SERVICE DESCRIPTION/SCHEDULE OF ACCOMODATION

Patient Pathway
Following birth, the delivery suite midwife will commence the post natal records. These will then follow the woman to the ward and on transfer to the community midwife. These notes form the record of all postal natal care undertaken and written communication between health professionals while in the care of the midwifery service.

Women will be transferred to the community service following the appropriate care pathway for their mode of birth.

Women may be accommodated from the Serenity Midwifery Led Unit, should complications have arisen during their birth or capacity issues.

6.1 Hours of Service
The maternity wards will provide full care services to mothers 24 hours per day 7 days per week, 365 days per year.

PEAT audits and daily cleaning checks are the responsibility of the designated Matron for the area.
The ward will be accessible to all clinicians except during protected meal times hours, unless clinically urgent (1 hour each to cover lunch and evening meals).

6.1.2 Visiting
All staff should be familiar with the Trust Visiting Policy and will support patients and users in its implementation.

The flow of visitors will be managed via the hub reception and will also provide a way finding function; visitors will be able to wait in the main concourse and restaurant areas.

All visitors will be expected to adhere to the Trusts hand washing policy and will use the hand wash station in the main hub area before entering and on exiting the ward area.

All visitors will be expected to adhere to the Trust Visiting Policy including visiting times and exceptions as outlined in the policy.

6.2 Accommodation
The Maternity Ward comprises of two ward templates each of 32 beds, divided into 50% single en-suite rooms and 50% multi 4 bedded areas with supporting clinical and non-clinical accommodation.

- There are 2 single rooms to facilitate mothers who require isolation facilities.
- Bathroom facilities with walk-in showers and disabled access.
- Dedicated infant feeding room allowing mothers the opportunity to feed in private if they choose to do so.
- Neonatal examination room.
- Area to undertake neonatal resuscitation
- Antenatal Day Assessment Unit

Within the Maternity Unit the following facilities will be provided to include:

Antenatal Care
This area of the ward will accommodate up to 21 women and will be staffed over the 24 hour period by registered Midwives assisted by Maternity Support Workers, with ward clerks offering the administration support.

Transitional Care Unit
Babies Meeting the Criteria for Transitional Care on the Postnatal Ward
- Babies weighing 1.7kg and over
- Babies 34/40 -36/40 who are otherwise well
- Babies with a cleft palate
- Babies with feeding problems
- Twins- SGA or 34-36/40 and otherwise well
- Babies being observed for NAS
- Babies requiring a short course of iv antibiotics
- Babies who require more than 3 blood sugars

This list is not exhaustive and is liable to change when the purpose built unit opens.

Discharge Procedure
- Documentation is to be completed and given to the mother on transfer to the community.
- The blue postnatal notes, after recording therein all discussions with the mother and all documentation handed over.
- Red book (Child Health Record) and explain its use, if not already provided to the mother following delivery.
- Information leaflet on the signs and symptoms of problems in the postnatal period which require urgent medical assistance for her or her baby.
- Birth registration details.
- Highlight the contact details of the community midwife and emergency contact details of hospital that are on the postnatal notes

6.2.1 Ward Entrance + Welcome Point (refer to Generic Ward PPDD)

Leading from the shared hub:
The ward is accessed from a central hub via double secure doors.
Inpatient areas must be secured to prevent unauthorised access whilst ensuring easy exit.Staff access will be gained via an appropriate secure method. It is anticipated that each reception hub will be staffed between 0.800 until 21.00 hours daily. Visitors will report to the hub reception, the door will be opened by an automatic control at the reception desk to allow access. All visitors will be required to use the hand wash station to wash their hands to promote the control of infection.

6.2.2 Matron/Ward Manager Office

The ward office is an open area manned by the ward clerk for 12 hours per day. Desk / chair space for 3-4 staff with access to 1 PC/printer at the reception hatch and 2 PC’s / printer within the general office area. Access to 2 telephone points will be required.

A baby tagging PC will also be required with provision for housing charger units for baby tagging. Shelving area for relevant files, storage for stationery, notes trolley for healthcare records, white board and notice board.

6.2.3 Office Resource Base

Immediately behind the staff base/midwifery station is the communal office, refer to Functional Brief

This office contains:
- 4 desks
- IT/PC points
- Telephones
- Women’s record/files.

This office is for use by medical, nursing, therapists, clerical or other ward associated personnel who may need to hot desk or use for private/confidential telephone calls with other agencies or family members.

6.2.4 Bed Space

These spaces will consist of a bed an adjacent area to accommodate a cot, medical gases and call bell system to each bed area, locker facility and patient entertainment system.

6.2.5 Single En-Suite Rooms (2 with Isolation Lobbies)

Refer to the Functional Brief

The ward environment contains 16 side rooms each with an en suite shower room and H track hoist facilities to patient area (excluding en-suite) as follows:

Each room has a window to the ward and a window within the door to promote observation of staff to patient and patient to staff whilst accommodating privacy and dignity through the use of integral blinds.

The room consists of a patient area; a clinical area and a visitor area refer to the room layout Exemplar drawing of the single room layout detailed within the Functional Brief.

In summary the patient service area of the room contains:
- Bed
- Patient chair with integral pressure reducing properties
- Patient bedside locker with medicine cabinet / wardrobe
- Bed table for patient use
- A full range of bed head services are provided to include Oxygen, suction, power and IT for detail refer to the Functional Brief.
- Vertical service trunking is located on the patient’s left hand side by the patient chair.

In addition the room contains:
- A working surface with linen storage space beneath
- An en suite shower room which will accommodate a mobile hoist. For detailed layout refer to the Functional Brief.
- TV/recreation facilities and notice boards/patient boards and signage will be included.

The door will be kept closed at all times except in an emergency to promote the control of infection. Each room contains a clinical area containing hand wash basin, hand towel dispenser, soap and alcohol gel dispensers and waste bin. This is located at the entrance to the room to promote hand washing between patients.

Clinical treatments and procedures will mainly be carried out within the women’s individual room. All team members who are responsible for the carrying out nursing procedures will ensure that the women’s dignity and privacy is maintained by ensuring that no one enters the room where the procedures is being carried out, this will be achieved by the use of notice on the door informing people that they should not enter.

Larger procedures have the option to be carried out within the procedure room located on the ward close to the 4 bedded rooms.

Two single bed rooms will be used for the management of Infectious patients and contain negative pressure air change. These rooms have a lobby (refer to the Functional Brief exemplar room) to prevent casual access and the possibility of cross infection. The room also has double doors to allow bed access however these will only be used at the point of admission, discharge and when leaving the room for exceptional circumstances such as surgical procedures. Women with infectious conditions will take priority for the use of these rooms.

Bariatric patients will be managed within four designated single rooms which will accommodate a woman weighing up to 298kg. One single room will accommodate a woman weighing up to 382kg.

6.2.6 Multi Bed – Four
The remaining beds within the ward consist of 4 x 4 bedded rooms as detailed within the Functional Brief. The individual bed areas follow the same layout as the single side rooms.

In summary each multi bed – four will consist of:
- 4 patient bed areas
- A shared work base for staff to complete paperwork whilst observing patients.
- A wash hand basin and gel will be available at the entrance to the bay area to promote hand washing before and after patient contact.
- TV/recreation facilities and notice boards/patient boards
- A shared shower / wash room
- A separate toilet

The four bedded area will be not be closed except in emergencies to aid infection control. The door will have sufficient width to safely manoeuvre beds into and out of the room.

The multi bed – four each contain an en suite with separate toilet and shower refer to PP&DD No 02 Generic Ward.
Mothers should not need to go through sleeping areas or toilet and washing facilities to access their own.

All team members who are responsible for the carrying out procedures will ensure that the patient’s dignity and privacy is maintained either by transferring patients to the ward procedure room if appropriate, or by ensuring that no one enters the bed space where the procedure is being carried out. This will be achieved by attaching a laminated notice on the curtain informing people that they should not enter.

6.2.7 Nursing Observation Points
In addition to the main nurse base area two additional observation points can be found on the ward as detailed within the Functional Brief. Each point is situated at the join of 2 adjacent four bedded bays to provide observation of the 2 multi bed rooms and will contain:
  - IT monitor
  - Telephone
  - A work bench
  - An audio/visual link to door entrance controls for use out of hours.

Electronic patient records (EPR) also picture archiving and communication systems (PACS) will enable a significant amount of direct clinical administration to be undertaken at the patient’s bedside using a computer.

6.2.8 Quiet Day Space
This area is furnished with comfortable seating and coffee tables for women to read or watch television which is mounted on a low level television table.

6.2.9 Beverage Room
A beverage bay will provide facilities for ward staff to provide patients with drinks outside of scheduled rounds completed by ward services. These facilities are not for use of general public and visitors who can access drinks and snacks from vending machines within the hub.

6.2.10 Interview/Counselling Room
This room is to be used for medical and/or midwifery staff where there is a requirement for private dialogue with individual patients and/or carers. The room will require soft furnishing and be non-clinical in appearance.

6.2.11 Procedure Room
Each ward will have a procedure room located in close proximity to the multi 4 bedded rooms as detailed within the Functional Brief. The room will provide facilities for clinical examination, assessment and treatment, a number of planned clinical interventions not requiring a general anaesthetic could be undertaken here.

In summary the procedure room will contain:
  - Desk and IT station
  - A hand wash basin and paper towel dispenser
  - A tracked curtain divider.
  - Work/preparation area
  - Storage is via mobile trolley.
  - Overhead flexible lighting for examination purposes, specialist lighting is mobile.

The following will take place in the procedures room:
  - Dressings
  - Removal of sutures
6.2.12 Patient Toilets
In addition to the en-suite facilities there is a generic OSFA (one size fits all) toilet for the use of mothers.

6.2.13 Assisted Shower
This shower will be available for patients who require assistance with their personal hygiene. These areas will have hoists to support this function.

6.2.14 Clean Utility
The clean utility will contain:

- Wheeled/mobile storage racking for essential patient supplies
- A supply of clinical equipment (lines, masks, syringes, needles etc), plus other clinical supplies e.g. fluids, bandages, tapes etc).
- Medicines and controlled drugs are stored and prepared here; flammable items are stored in separate locked cabinets.

Re-supply will be through material handling system and electronic ordering.

All team members who undertake aseptic nursing procedures will adhere to infection control standards for cleaning trolleys to ensure that risk from infection is kept to a minimum.

Clinical supply trolleys, which hold essential clean supplies for patients (x1 or up to x4) for a 24 hr period are restocked here and then returned to the patient rooms where they are parked in the clinical support areas. Re-supply of the store room will be through material handling system and electronic ordering.

6.2.15 Milk Kitchen & Baby Feed
A locked area for supplies of baby milk, this kitchen will be used to provide storage and for the preparation of milk feeds and sterilising equipment. Worktops are required to assist with preparation.

Parents will not be given access to this room, as it will be for midwifery/nursing staff to obtain milk feeds for infants within the Postnatal Ward.

Midwives/Nurses will make up 24 hour amounts of feeds within this area.

This area will be used by all mothers who wish to express breast milk for their baby; each space should have a curtained area for mothers to express breast milk privately. Mothers will require space for breast pumps, sterilisation of equipment as well as personal belongings.

6.2.16 Dirty Utility
The dirty utility will be located in the central area of the ward as detailed within the Functional Brief and will contain a range of waste streams.

A supply of disposable cleaning materials for use by clinical staff when cleaning staff are not available is stored here.

Waste bins located in the dirty utility will be emptied by ward service officers twice daily and transported to the central waste area located in the Hub. This is a 7 day service during the hours of 06.00 to 18.00 hours. If required wards services will be contacted to arrange for removal of waste bags to the central hub.
Refer to facilities operational policies.

6.2.17 Linen Room
A generic store room as detailed within the Functional Brief will be used to store sufficient stock of linen and gowns to meet the needs of the ward, for infection control purposes the door should be kept closed at all times.

6.2.18 Stores
These store rooms are for equipment required on a daily basis and has floor space for parking mobile equipment and standing pieces of equipment, adjustable shelving is provided. The layout enables items to be removed easily particularly fragile and expensive equipment to help prevent damage.

Beds and mattresses will be stored in the furniture store as detailed within PPDD No 33 Neighbourhood Hub.

6.2.19 Mobile Equipment Bay
This bay will be used to store mobile imaging equipment and other large items of equipment required on the ward.

6.2.20 Food Trolley Bay
A generic food trolley bay is required as detailed within the Functional Brief.

In addition 2 plug-in points are required within the general circulation space for serving meals.

6.2.21 Domestic Services Room
A generic Domestic service stores is required the functionality for which is detailed within the Functional Brief, there is sufficient storage space for a vacuum cleaner and scrubbing/polishing machine for hard floors. COSHH requirements for the storage of cleaning materials will be adhered to.

6.2.22 Staff Changing Facilities
These are located within the neighbourhood hub as detailed within the Functional Brief.

6.2.23 Administration
Administration will be co-located in the administrations hub and clerical support provided from this base, Refer to PP&DD No 19 Administration.

6.2.24 Antenatal Day Assessment Unit
Six trolley spaces will be provided in one of the multi-bed bays. This area will be supported by an ultrasound room, consult examination room, waiting area, staff base and access to clean and dirty utilities.

6.3 Interdepartmental Relationships
- Phlebotomy
- DVT Nurse
- Pharmacy
- Portering
- Security
- Facilities
- Catering
- Delivery Suite
- Neonatal Unit
- Transfer Lounge
- Neonatal Hearing Screeners

Services provided by Facilities support services as detailed within Facilities Operational Policies.

Staff changing rooms, staff rest room, staff beverage bay and toilets are located for staff welfare within the neighbourhood hub. Staff will take rest breaks outside of the clinical area.

6.4 Business Continuity
- Escalation Policy
- Pandemic flu plan
- Managing Annual Leave
- Capacity Control Policy
- Sickness Absence Policy

6.4.1 Escalation
In the event of a maternal collapse the staff to summon the obstetric emergency team by the 2222 system stating clearly the site, ward area and bed number.

The mother will either be transferred back to the delivery suite level 1 area, or remain on the ward if her condition improves.

In the event of a neonatal emergency help to be summoned by the 2222 system asking for the neonatal emergency team and again stating clearly the site, ward and bed area.

The neonate will be transferred to NNU by the appropriate means or remain with its mother should its condition improve.

Ward Infection outbreak will be managed by:
- Closing the ward to admissions and discharges.
- Use of Quiet Day Space / Assisted Shower room for staff changing to isolate staff groups.
- Ward’s will be locked to monitor entry; this will include doors between wards.
- Use of disposable items where applicable.

6.4.2 Major Equipment
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit.

If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure.

A loan of equipment is provided if repairs cannot be rectified immediately.

In the event of serious systems failure and immediate repair or loan equipment not being possible, then the midwife in charge will consult with the medical staff and Clinical Group Director.

6.4.3 Equipment Replacement
There is a formal rolling programme of replacing equipment.
6.5 Major Incident

Refer to:
- Major Incident Plan
- Evacuation Plan

Each area will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

6.6 Regulatory Requirements

- Mandatory training,
- CNST requirements for training.
- CNST C/S audit.
- Supervisor of Midwives - annual review to identify training requirements.
- Working time Directive regulating working patterns

Ordering of supplies will be completed via electronic ordering and delivered via Facilities staff, refer to Facilities operational policy section Supplies.

6.7 Clinical Support Services

6.7.1 Pharmacy

Refer to Pharmacy PP&DD No 18 and Operational Policy for a description of the cluster Pharmacy services based in the neighbourhood hub to provide swift response to pharmacy requests and ensure that advice and support of specialist pharmaceutical knowledge is readily available.

Pharmacy supplies will be delivered to the ward on a daily basis in locked boxes by the dedicated porters for pharmacy. Individual patient drugs/dressings will be stored in locked cabinets at patient bedsides from which medication will be dispensed during scheduled drug rounds.

General pharmacy supplies will be ordered electronically and be controlled using materials handling systems. General drugs and dressings which are issued via pharmacy will be stored within locked cabinets and automated dispensing machines situated in the clean utility.

6.7.2 Pathology

Referrals will be received via an IT solution. Specimens will be delivered to Pathology via the use of a pneumatic tube with the exception of blood products which are collected or delivered using the Porter service.

Phlebotomist will be provided at ward level and blood taken following a referral received using IT systems available. Labelling machines will be available for use by Phlebotomists to support this function. The phlebotomy trolley will be stored in an equipment bay within the neighbourhood hub for ease of access.

6.7.3 Infection Control

All staff will comply with Trust Infection Control Policies, all team members who undertake aseptic nursing procedures will adhere to infection control standards for cleaning trolleys to ensure that risk from infection is kept to a minimum.

All staff will comply with Trust Infection Control Policies. A risk assessment must be completed for
side rooms required for patients with infectious conditions. Information systems will highlight those women with infectious conditions on admission and discharge.

Single rooms are designed to barrier nurse women with transmittable infections, for example Clostridium difficile, methycillin resistant Staphylococcus Aureus, Nora Virus, using universal precautions and standard barrier nursing protocols. Please refer to domestic services section of this policy for cleaning protocols. Decontamination of equipment will be completed centrally.

Consideration should be given to the increasing numbers of women with conditions leading to severe immuno-compromise, which when being the cause of their admission may necessitate reverse barrier nursing and the use of positive pressure. Some wards will require this facility. Positive pressure single side rooms will be available in the haematology specialist areas.

Community services will be informed within referral process when a woman with an infectious condition is discharged.

6.7.4 Sterile Supplies
Facilities staff will deliver sterile stores from the central hub to the ward; refer to Facilities Support Services – sterile services section. Ward staff will unpack and stock within the storage cabinets in the clean utility.

6.7.5 Manual Handling
Refer to the Moving and Handling Policy.

The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

Hoists will be available within each of the single rooms for use with patients up to 270kg where appropriate. 1 room which will accommodate an individual of up to 460kg will be located within a medical cluster. Mechanical processes will be used in the moving and handling of people and loads wherever practical.

An assisted shower room is available within each ward where necessary. Adequate turning space in and out of showers for semi ambulant patients is required, farthest point from fall away drainage. Refer to Functional Brief. Patients will not be transferred to this room in a hoist.

Movement of patients between the different areas of the ward will require passage through doorways, which will be usually kept closed.

Opening and closing of these doorways will be by push button. Should any door fail to have its close door actioned, a timer will self activate the closing of the door after a period of time approximately 3 minutes.

Where patients require moving whilst in the bed or on a trolley, this must be completed with two members of staff controlling the bed/trolley.

6.7.6 Imaging
Imaging will be requested by contact with the imaging service. It is anticipated that this will be via an IT referral system. Where appropriate Imaging will be carried out at the bedside, where this is not appropriate Patients will be taken by Porter to the Imaging department.
6.7.7 Interpreting Services
Interpreting services will be available and booked by clerical staff. Refer to the interpreting Services – Access and Delivery Policy

6.8 Non Clinical Services
6.8.1 IT
Electronic Patient record (EPR), hospital communications and ordering systems will be required with access at main reception, nursing points and office resource base.

6.8.2 Transport
This will be required to transport patients where applicable and will be booked by the clerical staff via a central booking process.

6.8.3 Porters Service
A porter’s service will be available and will be booked via telephone; wheelchairs will be used from the hub wheelchairs store.

6.8.4 General Store Delivery
Facilities Support services – Material handling section to be developed.

6.8.5 Catering
Patient Meals will be as follows (refer to Catering section of Facilities support services Operational Policies). All foods will be stored in the regeneration area on the hub, and collected and delivered to the ward, and to individual patients, using a hostess service provided by Facilities division.

Food hygiene procedures will be followed and include segregation of clean and dirty activity and proper food storage as defined within food hygiene guidance.

Patient meal times will be protected and midwifery staff will identify and provide support for vulnerable patients during meals times using “red tray” process and blue beakers must be available for patients whose hydration is of concern.

During breakfast, patients will be asked to order their lunch and evening meal from a supplied (by ward services) menu.

Breakfast – Cold breakfast consisting of cereal and/or continental style breakfast with hot/cold beverage.

Lunch – Choice of hot or cold meal, desert and choice of hot/cold beverage.

Evening Meal - Choice of hot or cold meal, desert and choice of hot/cold beverage.

Additional meals can be ordered between the hours of 0.600 to 18.00 hours by contacting facilities department. Between 10.00 and 06.00 hours, sandwiches are available from the regeneration kitchen (refrigerated) which will be replaced and refreshed on a daily basis by ward services.

A kitchen situated outside the main ward area in the shared central hub houses a regeneration function / kitchen. Refrigerators will house milk and cold snacks/sandwiches for those patients who have not planned a meal or other unexpected event. No staff food may be kept in the patient refrigerator.
6.8.6 Linen

Linen will be delivered to the central linen store on the hub the ward service officer who will ensure supplies of linen are transferred from the central store to the individual wards and topped up throughout the working day (0600 until 20.00 hours) 6 days a week.

Additional top ups required throughout the day will be arranged by the Ward team Refer to Facilities support services policy - Linen services section. This will be stored at a workable height with clear access in the linen store in the ward.

6.8.7 Domestic Service

Refer to the Hospital Cleaning Service Policy

General cleaning of patient rooms, commodes and the ward environment will be completed daily by ward services.

Cleaning of the patient rooms and ward environment will be routinely scheduled following all discharges.

Deep cleaning of all ward areas will be completed every 3 months and will include washing curtains.

After the discharge of a patient with a known Infectious condition all mobile furniture will be removed from the ward and replaced with a duplicate set of pre cleaned and decontaminated furniture. This will be obtained from the Equipment store where all equipment will have been decontaminated and routine maintenance provided if necessary.

Any urgent unplanned requests will be dealt with by the out of hour’s team.

Equipment to be returned for decontamination will be collected by Facilities staff to be returned for decontamination.

Where individual pieces of furniture of equipment requires deep cleaning, this will be arranged directly with ward services

6.8.8 Maintenance

Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.

Specialist equipment required by patients i.e. pumps, bed rails, Syringe Drivers (PCA), (definitive equipment list to be compiled) will be available from a central equipment library. Access to the equipment library will be available 24 hours a day, 7 days per week.

Equipment will be requested by ward staff by telephone and delivered by equipment library staff. Nursing staff will be responsible for surface cleaning during use and ensuring that equipment is returned to the library on discharge of the patient. Staff at the equipment library will be responsible for decontamination in a central decontamination unit.

Specialist equipment for prevention and treatment of Pressure Ulcers and wound care will also be available from the centralised equipment store following advice from a Specialist Tissue Viability Nurse. To obtain this equipment it will be necessary for a wound/pressure ulcer assessment to be completed and details of the patient’s risks and requirements passed to the clinical Tissue Viability Team.
Equipment required will be prescribed and delivered to the patient whereupon staff will be responsible for surface cleaning during use and promptly advising the Tissue Viability team of any changes in the patients’ condition which may necessitate reissuing new equipment or collection of equipment on the discharge of the patient.

All equipment must be surface cleaned, bagged and sealed before returning to the central equipment library.

Equipment used in a contaminated area or with an infected patient, must be surface cleaned, bagged, sealed and clearly labelled with hazard source prior to return or collection to the appropriate store.

A) Cleaning and Storage of Equipment

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Cleaned</th>
<th>Stored</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed and mattress</td>
<td>FM</td>
<td>Bed store</td>
</tr>
<tr>
<td>Other mattress</td>
<td>External Contract</td>
<td>Bed store</td>
</tr>
<tr>
<td>Pumps</td>
<td>MED ENG</td>
<td>Mobile e.g. bay</td>
</tr>
<tr>
<td>Portable lighting</td>
<td>FM</td>
<td>By bed</td>
</tr>
<tr>
<td>Wardrobe/locker with integrated locking self medication drawer</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Patient tables /Bed table</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Secure Drugs cupboards</td>
<td>Nursing</td>
<td>N/A</td>
</tr>
<tr>
<td>Cleaning of ward areas, Shower/washroom areas &amp; sluice</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Commodes</td>
<td>Joint FM / Nursing</td>
<td>Dirty Utility</td>
</tr>
<tr>
<td>Treatment trolleys</td>
<td>Nursing</td>
<td>Clean utility</td>
</tr>
<tr>
<td>Drug trolley</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV stands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portable sterile supplies trolley</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linen trolleys</td>
<td>FM</td>
<td>Linen</td>
</tr>
<tr>
<td>Waste bins</td>
<td>FM</td>
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</tr>
<tr>
<td>Macerator, Sluice drainage</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Mop/bucket</td>
<td></td>
<td>Dirty utility</td>
</tr>
<tr>
<td>scales</td>
<td>Joint FM/Nursing</td>
<td>Procedure room</td>
</tr>
</tbody>
</table>

b) Ordering of Supplies

Ordering of supplies will be completed via electronic ordering and delivered via Facilities staff, refer to Facilities operational policy section Supplies.

6.8.9 Security

Refer to the Security Policy, Baby Tagging Policy and PPDD 00 Functional Brief [section 3.8]

Door Entry System

Entry to and egress from the ward will be controlled by an automated access control system for staff. A video-intercom externally and internally will link to the Nursing Station from where access to and egress from the ward by visitors will be controlled.

Lock down and override system

- The exit control can be switched on and off depending on the nature of the patient’s on the ward and the risk of abduction or absconson e.g. paediatric wards, patients with mental ill health, or in a state of confusion or dementia.

Security Service

- Security officers will be available 24hours 365 days per year. Their prime responsibility will
be to provide a safe, secure environment by maintaining the safety of all persons and property on the site. This includes the protection of patients, staff, service providers and visitors against violent acts or abuse; theft; criminal damage; malicious tampering and arson. The essence of the security service will be to provide effective crime prevention measures and a quick response when required, in respect of any security related issue.

Emergency Call System
- The Emergency Call System is linked to both the Nurse Station and the Security Base. Security staff will respond to the alarm and take whatever action is necessary to ensure the safety of the Trust’s staff/ refer to the Functional Brief.

6.8.10 Fire Procedure
Refer to the Fire Safety Management Policy

6.8.11 Waste Management
Refer to the Waste Management Policy
- All clinical waste will be disposed of in yellow clinical waste bags. These go for incineration.
- All used sharps to be placed in the ‘sharps’ bin.
- Soiled instruments should be returned to the decontamination unit for cleaning and re-sterilisation as per the decontamination operational policy. (available within the endoscopy suite).
- Non clinical waste to be placed in black rubbish bins.
- The Spillage Protocol will be adhered to regarding disposal of items used for dealing with spillages.
- Any confidential paperwork for disposal must go in the Hessian type bag identified for shredding material.
- Other paper waste relating to non confidential material can go in a black bag or the cardboard paper recycling boxes.
- Bins will have adequate space and sufficient collections to ensure that rubbish is not left on the floor, and bins should be a design which allows bags of rubbish to be placed in the bin safely.

7. CONSULTATION
An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to all consultant obstetricians, lead midwives, clinical group management team and capital projects team for comments. The outcome of this consultation has been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS
Compliance with the requirements of the policy will be monitored by the Maternity Wards Matron.

9. TRAINING AND AWARENESS
Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the maternity unit and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY
The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. REVIEW

This policy will be reviewed in three years time unless requires earlier review. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY


Record Keeping: Guidance for nurses and midwives; [www.nmc-uk.org](http://www.nmc-uk.org)


Raising and Escalating Concerns (2010), Nursing and Midwifery Council; London

HBN - Health Building Note Maternity Department Note 21 – Department of Health 1996

HBN - Health Building Note 04-01 Inpatient Facilities 2008

13. FURTHER ENQUIRIES

Contact the Director of Midwifery, Consultant Midwife or Matron for further information on the implementation of this policy.
APPENDIX A - PATIENT PATHWAY

ADAU

In addition to those experiencing bleeding or pain, all patients under 16/40 gestation will be seen who are experiencing clinical problems with their pregnancy. Women and their carers/escorts will access the ADAU department from the main hospital entrance to the ward/department.

1. Patient arrives in main hospital entrance

2. Patient directed to the appropriate lift/stairs to ADAU from Main Reception

3. Patient reports to reception area in shared hub.

   ADAU midwife/and/or ward clerk collects patient from hub area, and escorts patient to the ADAU (Rapid access service for all women up to 16 weeks gestation who are experiencing bleeding and or abdominal pain).

4. Woman leaves consultation, returns to ward reception desk, is booked out of clinic and is given follow up appointment/admitted to ward or is discharged
APPENDIX B - Antenatal Care

This ward area will accommodate up to 21 women and will be staffed over the 24 hour period by registered Midwives assisted by Maternity Support Workers, with ward clerks offering the administration support.

Diagram:
- Woman phones Triage
  - NO: Woman arrives at Triage
    - Assessment by Midwife
      - Normal Care
    - Phone triaged by Midwife
      - Problem Identified
        - Advised to come in
          - Stay at Home
        - Phone back
          - Admit to Antenatal
            - Medical Assessment & Plan
              - Home with Follow Up
              - Admit to Antenatal
                - Delivery
                  - Caesarean Section
                    - Caesarean Section well baby
                      - Mother
                        - Recovery
                          - With Mother on Ward if 2/7
                          - Neonatal Unit
                        - Baby
                          - Postnatal Ward
                      - Instrumental Birth unwell baby
                        - Mother
                          - Transfer Lounge
                        - Neonatal Unit
                      - Instrumental Birth well baby
                        - Mother
                          - Postnatal Ward
                          - Neonatal Unit
                  - Normal Delivery well baby
                    - 6 Hour Discharge
### APPENDIX C V0.0, V0.01, V0.02, V0.03, V0.04, V1.0

<table>
<thead>
<tr>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>E. Rackley</td>
<td>Matron In-Patient Services</td>
</tr>
<tr>
<td>P. Miles</td>
<td>ADAU Manager</td>
</tr>
<tr>
<td>M. Bradley</td>
<td>Triage Manager</td>
</tr>
<tr>
<td>L. Nestor</td>
<td>Matron Antenatal &amp; Community Services</td>
</tr>
<tr>
<td>S. Corless</td>
<td>Service Redesign Manager</td>
</tr>
</tbody>
</table>

### V3.0, V4.0

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>E. Rackley</td>
<td>Matron Delivery Suite, Serenity and Halcyon Birth Centres and Maternity Wards</td>
</tr>
<tr>
<td>M. Bradley</td>
<td>Nurse Manager Maternity Wards</td>
</tr>
<tr>
<td>S. Corless</td>
<td>Service Redesign Manager</td>
</tr>
<tr>
<td>E. Newell</td>
<td>Director of Midwifery</td>
</tr>
<tr>
<td>Professor D. Luesley</td>
<td>Clinical Group Director</td>
</tr>
<tr>
<td>A. Geary</td>
<td>Clinical Group Director of Operations</td>
</tr>
<tr>
<td>L. Phillips</td>
<td>Capital Projects Manager</td>
</tr>
<tr>
<td>S. Clark</td>
<td>Deputy Director of Facilities</td>
</tr>
<tr>
<td>S. Mosses</td>
<td>Ergonomic Advisor</td>
</tr>
<tr>
<td>R. Evans</td>
<td>Lead Nurse Infection Control</td>
</tr>
<tr>
<td>P. Finch</td>
<td>Security Advisor</td>
</tr>
<tr>
<td>P. Cooke</td>
<td>Head of Pharmacy</td>
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MIDLAND METROPOLITAN HOSPITAL

No. 02j
SPECIALIST SURGICAL IN-PATIENT WARD
OPERATIONAL POLICY
MIDLAND METROPOLITAN HOSPITAL
SPECIALIST SURGICAL IN-PATIENT WARD
OPERATIONAL POLICY

KEY POINTS

1. The Specialist Surgical In-Patient Ward is a 32 bedded facility providing high quality care to patients requiring specialist surgical intervention.

2. The policy details the facilities required for the specialist surgical in-patient ward within the Midland Metropolitan Hospital.

3. The ward will support the Trust in delivering the organisational objectives relating to surgical care services.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
Contents

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4. Policy Development Principles 5/6
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1. **INTRODUCTION**

1.1 The service will provide physiological care with appropriate psychological support to manage the presenting and concurrent conditions suffered by individuals requiring inpatient treatment.

1.2 Provide support for complex patient management and liaise with Social Services, District Nurses & other Healthcare Professionals outside the Trust.

1.3 To reduce levels of disability and dependence.

2. **OTHER POLCIES TO WHICH THIS POLICY RELATES**

- Infection Control Policy (CO1001) (SWBH)
- Interpreting Services (ORG076)
- Privacy and Dignity and Respect Policy (Pt Care 060)

3. **GLOSSARY AND DEFINITIONS**

3.1 Essence of Care - Patient focused benchmarking for healthcare professionals.

3.2 Same-sex accommodation - is where specific sleeping areas and toilet and washing facilities are designated as either men-only or women-only. ‘Sleeping accommodation’ includes areas where patients are admitted and cared for on beds or trolleys, even if they do not stay overnight.

4. **POLICY DEVELOPMENT PRINCIPLES**

4.1 This policy is designed to assist all healthcare professionals involved in the care of patients requiring specialist surgical intervention.

4.2 To ensure all staff have the required knowledge and understanding of their role in the delivery of the patient pathway and to minimise all potential risks.

4.3 To work collaboratively with all those involved in the patient’s journey in an efficient and professional way ensuring the ward operates as efficiently as possible at all times.

4.3 To provide ongoing access to specialist nursing support including dedicated outreach services.

4.4 To work in partnership with the patient and carer during treatment and following discharge to ensure maximum function and independence.

4.5 To maintain the privacy and dignity of patients at all times.

4.6 To implement current secondary prevention and treatment guidelines.

4.7 To provide educational programmes for patients and their carer’s.

4.8 The ward will operate using a multi-disciplinary team approach to facilitate early safe discharge of patients.
4.9 To maintain support for staff, including providing an acceptable working environment and facilities, opportunity for professional development and a supportive team environment.

4.10 To maintain staffing at safe and appropriate levels.

ROLES AND RESPONSIBILITIES

5.1 Leadership
The leadership model within the ward will consist of a Lead Nurse, a Doctor and a Therapist. It is envisaged that the three Leads will work together to ensure clinical quality is provided within each ward environment.

5.2 Clinical Group Director of Nursing/Midwifery
The Chief Nurse has corporate professional nursing responsibility with the clinical group directors having professional nursing responsibility for their respective clinical groups and all in-patient areas and out-patient areas. They will lead the implementation and delivery of the clinical service strategy for across the clinical group; managing workforce and clinical governance and risk management issues. He/she will integrate corporate nursing plans with divisional clinical service plans and will lead for all patient experience and user involvement.

5.3 Matron
The Matron will hold overall clinical responsibility for the nursing care of the in-patient and out-patient areas including managing infection control issues, clinical escalation and capacity issues. He/she will act as innovator, motivator, key change agent and role model working with a high level of autonomy in order to ensure continuing improvement with the delivery of evidence based care and ensuring consistently high standards of care.

5.4 Ward Manager/Lead Nurse
Holds continuing responsibility for the day to day management of the ward environment, the services it provides, and the management of the staff including the professional development of staff and the management of sickness and absence. In addition the ward manager provides clinical care acting as expert, leader, role model, assessor and mentor.

5.5 Senior Ward Sister
The ward will be under the jurisdiction of the ward Senior Sister for day to day management of the ward environment, the services it provides and the management of the staff. The clinical responsibility for care of the patients is the responsibility of the team, who will lead on clinical care working within designated clinical pathways and protocols.

5.6 Ward Sisters and Staff Nurses
Senior Sisters and staff nurses are responsible for the delivery of care and treatments as prescribed and according to Trust clinical policies and protocols.

5.7 Nursing
Each shift is led by an experienced, skilled and competent nurse. The nurse in charge will organise staff breaks and staff taking breaks will leave the ward area and access the hospital catering facilities.

5.8 Registered Nurses
Registered nurses are responsible for delivery of care and treatments as prescribed and according to clinical policies and protocols; including admission and discharge of patients.
The wards operate a “named nurse” policy with each patient allocated a named nurse and an associate nurse, who will co-ordinate and organise care. In addition to day to day care, nurses play an important role in the rehabilitation and education of patients.

Registered Nurses will appropriately delegate work to support staff.

5.9 Health Care Assistants
Under the direction and supervision of qualified nursing staff, HCA’s provide support to clinicians and patients for basic care needs.

5.10 Ward Clerks
Ward clerks support the nursing and medical teams by providing administrative services including reception cover, ordering stationary, record keeping, telephone enquiries, admission and discharge support.

Other Clinical Staff / Support Staff

5.11 Physiotherapist
Physiotherapy aims to support recovery following surgery to support independence, involving the patient in planning their therapy & goal setting and are available to answer any concerns from carers.

5.12 Occupational Therapist
The occupational therapist aims to help the patient to be as independent as possible. They will access Therapy facilities in the hub for their assessment and treatment of patients on this ward.

5.13 Speech Language Therapist
The speech and language therapist will be involved in assessing and treating swallowing difficulties and communication problems including speaking, understanding spoken language, reading and writing. Any difficulties identified in these areas will be discussed with the patient and other team members to maximise communication skills & the ability to eat & drink safely.

5.14 Dietician
The dietician will provide advice if the patient requires a change to their eating habits to promote good health. Particular advice will be provided on issues such as high protein diets and specific diets, such as, for diabetes.

Nutritional supplements can be provided and if swallowing is unsafe, nasogastric or gastrostomy tube feeding may be arranged.

5.15 Social Worker
Advice can be provided regarding support and benefits available to patients and carers in the community setting. If support is likely to be required following discharge from hospital the social worker will work in collaboration with the ward team and therapists to undertake a care needs assessment to define the level of support needed and also the need for day care & respite care. If care needs cannot be met in the patient’s home then alternative accommodation will be explored with regard to sheltered housing, residential care or nursing home care as appropriate.

5.16 Medical
Consultant medical staff will attend the specialist surgical ward on a scheduled basis to undertake ward rounds and junior medical staffs provide support on the unit. Doctors in training will be supported to learn and develop as outlined in their training programmes.
Medical Students will be educated within the unit and given the opportunities to learn clinical skills under the direction and supervision of their clinical mentors guided by the consent to treatment and examination policy.

5.17 Staff Identification and Uniform
All staff will wear Trust ID badges when on duty within the Trust. Staff will introduce themselves and identify their role to patient and visitors at the first point of contact with them.

All staff will wear uniform and/or adhere to an expected code of dress when on duty. Staff will change into their uniforms as detailed within the uniform policy and store their valuables and clothes in a locker in the shared changing area in the neighbourhood hub.

6. SERVICE DESCRIPTION/SCHEDULE OF ACCOMMODATION

6.1 Hours of Service
The specialist surgical in-ward is will provide full care services to patients 24 hours per day 7 days per week, 365 days per year.

6.1.2 Visiting
All staff should be familiar with the Trust Visiting Policy and will support patients and users in its implementation.

The flow of visitors will be managed via the hub reception and will also provide a way finding function; visitors will be able to wait in the main concourse and restaurant areas.

All visitors will be expected to adhere to the Trusts hand washing policy and will use the hand wash station in the main hub area before entering and on exiting the ward area.

All visitors will be expected to adhere to the Trust Visiting Policy including visiting times and exceptions as outlined in the policy.

The ward will be accessible to all clinicians except during protected meal times hours, unless clinically urgent (1 hour each to cover lunch and evening meals).

6.2 Patient Pathway
The ward will provide specialist medical and nursing intervention for patients with medical and surgical conditions including:

- Ophthalmology
- Ear, Nose and Throat
- Urology
- Plastics

Admission
The ward will be notified of patients who are to be admitted to the ward via the relevant team/department in collaboration with the Trust Capacity Team.

Patients may be admitted from:

- Emergency Department
- AAU
- Transfer from other wards
- Out-Patient Clinic
- Home
6.2.1 Emergency Admissions
Patients will be admitted to the ward following a comprehensive assessment in AAU or ED and a preliminary diagnosis of a known or suspected condition is identified.

6.2.2 Elective Admissions
The process of elective admissions will be co-ordinated via the ward in co-operation with the Trust Capacity Team (bed management) in order to ensure that waiting list targets are achieved and that all patients are prioritised for admission according to clinical need.

At times there will be a greater demand for beds than the number of beds available. In this situation urgent elective referrals will be afforded equal priority with patients who are in ED or AAU. It may be necessary to negotiate transfer of suitable patients to other ward areas within medicine or surgery. (Refer to bed management guidelines for urgent elective admissions)

Conversely any patient, who may have been temporarily admitted to the ward during times of capacity escalation, will be transferred to an appropriate ward at the earliest opportunity to ensure that all patients are afforded appropriate expertise for their individual problem, and at the same time, reduce the risk of compromising optimum care for GI patients, who require admission to hospital for specialist treatment.

The accepting nurse must ensure individual needs including delegating an appropriate single sex bed space with appropriate monitoring, for example level 1 observation if required, and any specific equipment required is obtained before the patient’s arrival.

All referrals will be assessed before transfer to the ward by the Consultant, Registrar, or Specialist Nurse. Patients in the Emergency Department or Assessment Unit will be priority for a bed over patients elsewhere in the hospital. However, urgent elective admissions will be afforded equal priority.

When a patient is referred to the ward and there is no bed available, the following options will be available:

- Admit the patient to a general long stay surgical ward if applicable
- Transfer another patient from the ward out (preferably a patient with either a planned discharge date, or a patient requiring other treatment) to another bed within the hospital.
- Patient will remain in the adult assessment unit for a short initial period (maximum 24hrs) where they will be seen and assessed by the Specialist Consultant, Registrar or Specialist nurse and stabilisation of their symptoms will be commenced.

6.2.3 Initial Management
The patient will be assessed on admission for:

- A multidisciplinary assessment will be undertaken including screening for cognitive impairment and assessment for problems with communication, and self care.

Core Principles of Care

6.2.4 Discharge
Discharge planning will commence as part of the admission process with any particular services or requirements that the patient may have being identified and organised to achieve a timely discharge.

Planning for discharge will include preparing the patient and family and fully involving them in any plans for transfer to a rehabilitation unit, an assessment of any safety risks from persisting cognitive impairments will be undertaken.
The patient and/or carer will be thoroughly trained in the safe and effective use of any equipment supplied and given a contact number for future advice or help with equipment provided.

Upon discharge patients will be provided with a 5 day supply of medication and/or dressings. Patients who are mobile and able to sit should wait in the day room area of the ward for their medication, transport home or other needs.

Non mobile patients will remain in the main ward until appropriate transport arrives to facilitate transfer to their residence post discharge.

Nurse in charge must ensure that the bed/room that the patient has vacated is cleaned, re-equipped and prepared to receive a new admission by ward service personnel.

6.2.5 Planned Admission
All patients that arrive on the day of surgery will be asked to arrive at allocated times for both the morning and afternoon sessions. Control of the arrival time will avoid long waiting periods and ensure a better flow through the Unit. Patients will report to the reception in the hub and will then be directed to the sub wait until called for by nursing staff who then initiate the admission / assessment process.

In patients will enter the department from the lifts via the neighbourhood hub and be received at the staff base within the central admissions area. They will then proceed to the anaesthetic room.

All ophthalmology patients are seen on a slit lamp by the Consultant prior to the start of the operation list. Patients may need to be diluted prior to the start of list with all patients being diluted at the same time. This will be undertaken in the ophthalmology examination rooms and the diluted patients will then wait in the pre operative waiting area.

It is envisaged that some ophthalmology patients will require preoperative intravenous infusions. i.e. insulin infusions, IV methyl prednisilone.

All patients will follow a clockwise route through the department and will exit via the post op recovery to the hub.

When discharged from theatres, patients and their personal belongings will be taken back to the ward via the Hub.

6.2.6 Emergency Admission
Ophthalmology emergencies will be scheduled in the designated ophthalmology theatres. There will be no dedicated emergency ophthalmic theatre.

Emergency cases during normal working hours will be either booked for the allocated emergency theatre or in extreme circumstances will interrupt an elective session.

Despite the complexity of the surgery, a significant number of ophthalmology patients will undergo procedures under local anaesthetics.

6.3 Accommodation

6.3.1 Ward Entrance + Welcome Point (refer to Generic Ward PPDD)
Leading from the shared hub
The ward is secured to prevent unauthorised access whilst ensuring easy controlled exit. Staff access will be gained by swipe access. Others requiring access to the unit will be screened with audio visual equipment.
PEAT audits and daily cleaning checks are the responsibility of the designated Matron for the area.

6.3.2 Staff Base/Nursing Station
The main nursing station will be located centrally to all rooms and bays. Refer to the Functional Brief for detailed layout.
It is equipped with a resuscitation trolley as detailed within the Functional Brief.
It will contain:
- Dedicated area for the ward clerk.
- The monitor and door controls granting viewing and access through the main ward doors.
- IT terminals
- Main communication point for external telephone communication, public enquiries and staff meeting points.

6.3.3 Single En-Suite Rooms (1 room with isolation lobby)
Generic single bedrooms are required as detailed within the Functional Brief. The dividing wall between the room and main corridor are half glazed to allow observation of patients, these windows have curtains/blinds to allow privacy as required.

Independent Disabled Single Room – facilities serving the independent wheelchair user room must be fully compliant with part M of the Building Regulations as set out in the Functional Brief
In addition all rooms require:
- Sufficient spaces for displaying personal effects such as family photographs, favourite toys and get well cards.
- A working surface with linen storage space beneath.
- The en suite shower rooms must accommodate a mobile hoist. For detailed layout refer to the Functional Brief.
- TV/recreation facilities and notice boards/patient boards and signage.

Room doors will be kept closed at all times except in an emergency to promote the control of infection.

Clinical treatments and procedures will mainly be carried out within the individual room of the patient. Larger procedures have the option to be carried out within the procedure room located on the ward close to the 4 bedded areas

Movement of the bed will only be used at the point of admission, discharge and when leaving the room for exceptional circumstances such as surgical procedures.

Bariatric patients will be managed within two designated single rooms which will accommodate a patient weighing up to 298kg. Where there is demand for both it will be the patient requiring isolation who will take priority. Policies to be adhered to:
- Information systems on admission and discharge.
- Processes for booking in, allocation of side room, booked a theatre, recovery in theatre.
- Decontamination of equipment.
- Managing infectious patients when using hospital transport.
- Communication with community services when discharging patients with infections.

6.3.4 Multi Bed – Four
These Multi 4 bedded areas as detailed within the Functional Brief for detailed description. The individual bed areas follow the same layout as the single rooms.

The dividing wall between the room and main corridor are half glazed to allow observation of
patients, these windows have curtains/blinds to allow privacy as required.

A hand wash basin and gel will be available at the entrance to the bay area to promote hand washing before and after patient contact.

In addition all rooms require:
- Sufficient spaces for displaying personal effects such as family photographs and get well cards.
- A working surface with linen storage space beneath.
- The en suite shower rooms must accommodate a mobile hoist. For detailed layout refer to the Functional Brief.
- TV/recreation facilities and notice boards/patient boards and signage.

The area will be a distinct room and the room will be closed except in emergencies to aid infection control. The door will have sufficient width to safely manoeuvre beds into and out of the bay.

All team members who are responsible for carrying out nursing procedures will ensure that the patient’s dignity and privacy is maintained by ensuring that on one enters the bed space where the procedure is being carried out. This will be achieved by attaching a laminated notice on the curtain informing people that they should not enter.

6.3.5 Procedure Room
Each ward will have a procedure room located in close proximity to the multi 4 bedded areas as detailed within the Functional Brief. The room will provide facilities for clinical examination, assessment and treatment, a number of planned clinical interventions not requiring a general anaesthetic could be undertaken here.

The procedure room will contain:
- Desk and IT station
- A Hand wash basin and paper towel dispenser
- A tracked curtain divider.
- Work/preparation area
- Storage is via mobile trolley.
- Overhead flexible lighting for examination purposes, specialist lighting is mobile.

The following will take place in the procedures room:
- Dressings
- Removal of sutures
- Drainage abscesses
- Irrigation
- Bladder wash out

6.3.6 Two Ophthalmology Examination Rooms
These examination rooms will be primarily used by the medical staff assisted by an ophthalmic nurse to undertake ophthalmic patient examinations. Ophthalmic nurses will use the rooms to undertake visual acuity assessments.

The room is equipped with:
- Slit lamp and fully reclining examination chair with a turning circle for fully reclined patients of 2050mm
- 1 clinicians chairs mobile and height adjustable
- Wall mounted LOGMAR chart
- Dimmer light switch
- Secure storage space for eye drops and indirect ophthalmoscope
Clinical hand wash basin

The rooms are large enough to allow wheelchair access to turn freely

6.3.7 One Treatment Room for ENT
This treatment room will primarily be used by medical staff assisted by a ward nurse to perform procedures that are not suitable to undertaken at the patient’s bedside. These will be performed with the patient either lying in a supine position or sitting. Most procedures are carried out in the vicinity of the patient’s head, where the clinician stands or is seated. The clinician will require a trolley for instruments and equipment.

Certain clinical procedures will require the use of an endoscope, flexible or rigid, with accessories.

Types of procedures that are undertaken include:
- Microsuction of ear
- Tracheostomy valve change
- Complex wound dressings
- Examination with a nasoendoscope

The room is equipped with:
- ENT fully reclining chair
- Chair for clinician
- Light source for the endoscope
- Suction and cautery
- Microsuction machine
- Mobile operating microscope
- Clinical hand wash basin

Nursing procedures such as wound dressings will be undertaken at the patient's bedside.

6.3.8 One Treatment Room for Plastics
This treatment room will primarily be used by medical staff to perform procedures that are not suitable to undertaken at the patient’s bedside. These will be performed with the patient lying in a supine position. The clinician will require a trolley for instruments and equipment.

Types of procedures that are undertaken include:
- Vac therapy
- Complex wound dressings

The room is equipped with:
- Height adjustable examination couch
- Wall mounted examination light
- Clinical hand wash basin
- Workstation with computer network

Nursing procedures such as wound dressings will be undertaken at the patient's bedside.

6.3.9 Clean Utility
This clean utility as detailed within the Functional Brief is in close proximity to the procedure room. It includes a work surface/ drug preparation area and will accommodate a module storage unit for sterile clinical stock and intravenous fluids. There will be a lockable fridge and lockable storage for TTO medication. There will be locked storage for medications, and a controlled drugs cupboard within the unit. There will be storage for dressing trolleys under the preparation area, and a clinical wash hand basin with non-touch taps. A standard drug fridge and lockable cupboard storage is
required for drugs.

Nurses will prepare trolleys for clinical procedures in this room and return clean trolleys to the room after use. In addition a locked cupboard for housing flammable items and COSHH products is required.

Refer to Facilities Trust Managed Services Whole Hospital Policy for details of re-supply

6.3.10 Dirty Utility
This dirty utility room as detailed within the Functional Brief will contain a range of waste streams with waste disposal unit and sink will be in close proximity to the clean utility and procedure room. It will contain cupboards for storage and specimen oracles and facilities for testing urine. Contaminated instruments will be held here temporarily following procedures until collected for decontamination. There will be a locked cupboard to accommodate dirty linen clinical waste. This will be removed from the department on a daily basis in line with Trust policy.

6.3.11 Office
The ward manager’s office will be used by to allow her/him to carry out all activities that support the clinical management of the service. 1:1 meetings with staff, clinicians and other managers will be held here. It comprises of an office workstation with a networked computer, telephone and storage for books and files.

6.3.12 Resource Base
This office will be used by a range of staff from the multi-disciplinary teams as required and comprises of 4 office workstations with networked computers and telephones for completing patient records and arranging/ coordinating care.

6.3.13 Interview/Counselling
These generic interview/counselling rooms as detailed within the Functional Brief will be used as required for discussion sessions with patients and or family. All furniture and fittings are ergonomically comfortable and a telephone with external capability is provided.

It is important that family and friends are able to leave the room if they so choose after receiving bad news without having to meet up with other anxious families or walk back through the clinical area.

6.3.14 Quiet Day Space
This area is furnished with comfortable seating and coffee tables for patients to read or watch television which is mounted on a low level television table.

6.3.15 Beverage Room
A bespoke beverage room is required for the preparation of regular and ad hoc patient beverages throughout the day.

6.3.16 Food Trolley Bay
A generic food trolley bay is required as detailed within the Functional Brief.

In addition 2 plug-in points are required within the general circulation space for serving meals.

6.3.17 Store: Linen
A generic store room as detailed within the Functional Brief will be used to store sufficient stock of linen and gowns to meet the needs of the children’s wards, for infection control purposes the door should be kept closed at all times.
6.3.18 Stores

- Equipment Store
These store rooms are for equipment required on a daily basis and has floor space for parking mobile equipment and standing pieces of equipment, adjustable shelving is provided. The layout enables items to be removed easily particularly fragile and expensive equipment to help prevent damage.

Beds and mattresses will be stored in the furniture store as detailed within PP&DD No 33 Neighbourhood Hub.

- Sterile Store
Storage of clean medical supplies and IV fluids. Shelving or racking systems will be utilised

- Non sterile
Storage on non sterile supplies i.e. boxes of pulp disposable stack items. Shelving or racking systems will be utilised

6.3.19 Mobile Equipment Bays
These bays will be used to store mobile imaging equipment required within the ward as detailed within the Functional Brief.

6.3.20 Domestic Services Room
A generic domestic service stores is required the functionality for which is detailed within the Functional Brief here is sufficient storage space for a vacuum cleaner and scrubbing/polishing machine for hard floors. CoSHH requirements for the storage of cleaning materials will be adhered to.

6.3.21 Staff Changing Facilities
These are located within the neighbourhood hub as detailed within the Functional Brief.

6.4 Interdepartmental Relationships

- Theatres
- Imaging
- Emergency Department
- Pathology

There should be easy access to/from diagnostics

6.5 Business Continuity

6.5.1 Escalation
Implement additional ward rounds to ensure timely discharge to appropriate locations.
Ward Infection outbreak will be managed by:

- Closing the ward to admissions and discharges.
- Use of Quiet Day Space / Assisted Shower room for staff changing to isolate staff groups.
- Ward’s will be locked to monitor entry and exit; this will include doors between wards.

6.5.2 Major Equipment
Equipment requirements for the generic ward are detailed within the equipment responsibility matrix within the Functional Brief.

Routine maintenance of all equipment will be carried out at the intervals recommended by the
manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit.

If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure.

A loan of equipment is provided if repairs cannot be rectified immediately.

In the event of serious systems failure and immediate repair or loan equipment not being possible, then the department manager will consult with the medical staff and Clinical Group Director to cancel clinics accordingly.

Specialist equipment required by patients i.e. pumps, bed rails, Syringe Drivers (PCA), (definitive equipment list to be compiled) will be available from a central equipment library. Access to the equipment library will be available 24 hours a day, 7 days per week.

Equipment will be requested by ward staff by telephone and delivered by equipment library staff. Nursing staff will be responsible for surface cleaning during use and ensuring that equipment is returned to the library on discharge of the patient. Staff at the equipment library will be responsible for decontamination in a central decontamination unit.

Specialist equipment for prevention and treatment of Pressure Ulcers and wound care will also be available from the centralised equipment store following advice from a Specialist Tissue Viability Nurse. To obtain this equipment it will be necessary for a wound/pressure ulcer assessment to be completed and details of the patient’s risks and requirements passed to the clinical Tissue Viability Team.

Equipment required will be prescribed and delivered to the patient whereupon staff will be responsible for surface cleaning during use and promptly advising the Tissue Viability team of any changes in the patients’ condition which may necessitate reissuing new equipment or collection of equipment on the discharge of the patient.

All equipment must be surface cleaned, bagged and sealed before returning to the central equipment library.

Equipment used in a contaminated area or with an infected patient, must be surface cleaned, bagged, sealed and clearly labelled with hazard source prior to return or collection to the appropriate store.

a)  Cleaning and Storage of Equipment

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Cleaned</th>
<th>Stored</th>
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</thead>
<tbody>
<tr>
<td>Bed and mattress</td>
<td>FM</td>
<td>Bed store</td>
</tr>
<tr>
<td>Other mattress</td>
<td>External</td>
<td>Bed store</td>
</tr>
<tr>
<td>Pumps</td>
<td>MED ENG</td>
<td>Mobile e.g. bay</td>
</tr>
<tr>
<td>Portable lighting</td>
<td>FM</td>
<td>By bed</td>
</tr>
<tr>
<td>Wardrobe/locker with integrated locking self medication drawer</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Patient tables / Bed table</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Secure Drugs cupboards</td>
<td>Nursing</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Cleaning of ward areas, Shower/washroom areas &amp; sluice</th>
<th>FM</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commodes</td>
<td>Joint FM / Nursing</td>
<td>Dirty Utility</td>
</tr>
<tr>
<td>Treatment trolleys</td>
<td>Nursing</td>
<td>Clean utility</td>
</tr>
<tr>
<td>Drug trolley</td>
<td>Nursing</td>
<td>Clean utility</td>
</tr>
<tr>
<td>IV stands</td>
<td>Nursing</td>
<td>Clean utility</td>
</tr>
<tr>
<td>Portable sterile supplies trolley</td>
<td>Nursing</td>
<td>Clean utility</td>
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<tr>
<td>Linen trolleys</td>
<td>FM</td>
<td>Linen</td>
</tr>
<tr>
<td>Waste bins</td>
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<td>Mop/bucket</td>
<td>FM</td>
<td>Dirty utility</td>
</tr>
<tr>
<td>scales</td>
<td>Joint FM/Nursing</td>
<td>Procedure room</td>
</tr>
</tbody>
</table>

6.5.3 Equipment Replacement
A formal rolling programme of replacing equipment

6.6 Major Incident
Refer to:
- Major Incident Plan
- Evacuation Plan

Each area will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

6.7 Regulatory Requirements
- Mandatory training
- Working time Directive regulating working patterns
- Nursing and Midwifery Council
- General Medical Council
- Health and Safety
- COSHH
- Essence of Care
- Fire Regulations

6.8 Clinical Support Services
6.8.1 Pharmacy
Refer to Pharmacy PP&DD No 18 and Operational Policy which describes the Pharmacy services described around each cluster and based in the neighbourhood hub to provide swift response to pharmacy requests and ensure that advice and support of specialist pharmaceutical knowledge is readily available. Paediatric pharmacists are available and will visit the ward.

Pharmacy supplies will be delivered to the ward on a daily basis in locked boxes by the dedicated porters for pharmacy. Individual patient drugs/dressings will be stored in locked cabinets at patient bedsides from which medication will be dispensed during scheduled drug rounds.

General pharmacy supplies will be ordered electronically and be controlled using a material
handling systems. General drugs and dressings which are issued via pharmacy will be stored within locked cabinets and automated dispensing machines situated in the clean utility.

6.8.2 Pathology
Referrals will be received via an IT solution. Specimens will be delivered to Pathology via the use of a pneumatic tube with the exception of blood products which are collected or delivered using the Porter service.

Phlebotomist will be provided at ward level and blood taken following a referral received using IT systems available. Labelling machines will be available for use by Phlebotomists to support this function. The phlebotomy trolley will be stored in an equipment bay within the neighbourhood hub for ease of access.

6.8.3 Infection Control
All staff will comply with Trust Infection Control Policies, all team members who undertake aseptic nursing procedures will adhere to infection control standards for cleaning trolleys to ensure that risk from infection is kept to a minimum.

Single rooms are designed to barrier nurse patients with transmittable infections, for example Clostridium difficile, methicillin resistant Staphylococcus Aureus, Nora Virus, using universal precautions and standard barrier nursing protocols. Please refer to domestic services section 16.6 of this policy for cleaning protocols.

Consideration should be given to the increasing numbers of patients with HIV or patients with other conditions leading to severe immuno compromise, which when being the cause of their admission may necessitate reverse barrier nursing and the use of positive pressure.

Some wards will require that this facility is available. Positive pressure single side rooms will be available in the haematology specialist areas.

Single rooms will be used for patients with infectious conditions and these will take priority. Information systems will highlight those patients with infectious conditions on admission and discharge.

Processes for booking in, allocation of side room, booked a theatre, recovery in theatre will take account of those patients with Infectious conditions for example patients with infectious conditions will be booked last in the theatre list.

Decontamination of equipment will be completed centrally.

Hospital transport will be cleaned following use by a patient with an infectious condition.

Community services will be informed within referral process when a patient with infectious conditions is discharged.

6.8.4 Therapies
Refer to Therapy Operational Policy and PPDD No 02. Referrals will be through multi disciplinary team communications. Assessment and treatment will take place at the bed side where appropriate and through the use of therapy facilities located within the neighbourhood hub.

6.8.5 Sterile Supplies
Facilities staff will deliver sterile stores from the central store to the ward.
6.8.6 Manual Handling
Refer to the Moving and Handling Policy.

The design and layout of the equipment, clinical areas and storage areas in use will be conducive
to minimal manual handling in order to reduce the risk of injury. This will be achieved through the
use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient
ergonomically designed storage solutions.

Movement of patients between the different areas of the ward will require passage through
doorways, which will be kept closed. Refer to the Functional Brief. Opening and closing of these
doorways will be by push button. Should any door fail to have its close door actioned, a timer will
self activate the closing of the door after a period of time approximately 3 minutes.

Where patients require moving whilst in the bed or on a trolley, this must be completed with two
members of staff controlling the bed/trolley.

6.8.7 Imaging
Imaging will be requested by contact with the imaging service. It is anticipated that this will be via
an IT referral system.
Where appropriate radiographers from the Imaging department will perform portable x-rays at the
bedside, where this is not appropriate patients will be taken by Porter to the Imaging department.

6.8.8 Interpreting Services
Interpreting services will be available and booked by clerical staff. Refer to the interpreting
Services – Access and Delivery Policy

6.9 Non Clinical Services
6.9.1 IT
Electronic Patient record (EPR), hospital communications and ordering systems will be required
with access at main reception, nursing points and office resource base.

6.9.2 Transport
This will be required to transport patients where applicable and will be booked by the clerical staff
via a central booking process.

6.9.3 Porters Service
A porter’s service will be available and will be booked via telephone; wheelchairs will be used from
the hub wheelchairs store.

6.9.4 General Store Delivery
Facilities Support services – Material handling section to be developed.

6.9.5 Catering
Patient Meals will be as follows (refer to Catering section of Facilities support services Operational
Policies). All foods will be stored in the regeneration area on the hub, and collected and delivered
to the ward, and to individual patients, using a hostess service provided by Facilities division.

Food hygiene procedures will be followed and include segregation of clean and dirty activity and
proper food storage as defined within food hygiene guidance.

Nursing staff will provide support for vulnerable patients during meals times using “red tray”
process. Blue Beakers must be available for patients whose hydration is of concern
During breakfast, patients will be asked to order their lunch and evening meal from a supplied (by ward services) menu.

Breakfast – Cold breakfast consisting of cereal and/or continental style breakfast with hot/cold beverage.
Lunch – Choice of hot or cold meal, desert and choice of hot/cold beverage.
Evening Meal - Choice of hot or cold meal, desert and choice of hot/cold beverage.
Additional meals can be ordered between the hours of 06.00 to 20.00 hours by contacting facilities department. Between 18.00 and 06.00 hours, sandwiches are available from the regeneration kitchen (refrigerated) which will be replaced and refreshed on a daily basis by ward services.

A kitchen situated outside the main ward area in the shared central hub houses a regeneration function / kitchen. Refrigerators will house milk and cold snacks/sandwiches for those patients who have not planned a meal or other unexpected event. No staff food may be kept in the patient refrigerator.

6.9.6 Linen
Linen will be delivered to the central linen store on the hub the ward services officer who will ensure supplies of linen are transferred from the central store to the individual wards and topped up throughout the working day (06.00 until 18.00 hours) 6 days a week.

Additional top ups required throughout the day will be arranged by the Ward team. Refer to facilities support services policy – Linen services section. This will be stored at a workable height with clear access in the linen store in the ward.

6.9.7 Domestic Service
Refer to the Hospital Cleaning Service Policy
General cleaning of patient rooms, commodes and the ward environment will be completed daily by ward services:
Cleaning of the patient rooms and ward environment will be routinely scheduled following all discharges.
Deep cleaning of all ward areas will be completed every 3 months and will include washing curtains.
After the discharge of a patient with a known infectious condition all mobile furniture will be removed from the ward and replaced with a duplicate set of pre cleaned and decontaminated furniture.
This will be obtained from the Equipment store where all equipment will have been decontaminated and routine maintenance provided if necessary.
Any urgent unplanned requests will be dealt with by the out of hour’s team.
Equipment to be returned for decontamination will be collected by Facilities staff to be returned for decontamination.
Where individual pieces of furniture of equipment require deep cleaning, this will be arranged directly with ward services.
6.9.8 Maintenance
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.

6.9.9 Security
Refer to the Security Policy

Door Entry System
Entry to and egress from the ward will be controlled by an automated access control system for staff. A video-intercom externally and internally will link to the Nursing Station from where access to and egress from the ward by visitors will be controlled.

Lock down and override system
- The exit control can be switched on and off depending on the nature of the patient’s on the ward and the risk of abduction or absconsion e.g. paediatric wards, patients with mental ill health, or in a state of confusion or dementia.

Security Service
- Security officers will be available 24hours 365 days per year. Their prime responsibility will be to provide a safe, secure environment by maintaining the safety of all persons and property on the site. This includes the protection of patients, staff, service providers and visitors against violent acts or abuse; theft; criminal damage; malicious tampering and arson. The essence of the security service will be to provide effective crime prevention measures and a quick response when required, in respect of any security related issue.

Emergency Call System
- The Emergency Call System is linked to both the Nurse Station and the Security Base. Security staff will respond to the alarm and take whatever action is necessary to ensure the safety of the Trust’s staff/ refer to the Functional Brief.

6.9.10 Fire Procedure
Refer to the Fire Safety Management Policy

6.9.11 Waste Management
Refer to the Waste Management Policy
- All clinical waste will be disposed of in yellow clinical waste bags. These go for incineration.
- All used sharps to be placed in the 'sharps' bin.
- Soiled instruments should be returned to the decontamination unit for cleaning and re-sterilisation as per the decontamination operational policy. (available within the endoscopy suite).
- Non clinical waste to be placed in black rubbish bins.
- The Spillage Protocol will be adhered to regarding disposal of items used for dealing with spillages.
- Any confidential paperwork for disposal must go in the Hessian type bag identified for shredding material.
- Other paper waste relating to non confidential material can go in a black bag or the cardboard paper recycling boxes.
- Bins will have adequate space and sufficient collections to ensure that rubbish is not left on the floor, and bins should be a design which allows bags of rubbish to be placed in the bin safely.
7. CONSULTATION

An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to all specialist surgical consultants, specialist nurses, nurses, clinical group management team and capital projects team for comments. The outcome of this consultation has been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS

Compliance with the requirements of the policy will be monitored by the Matron for Specialist Surgical Services.

9. TRAINING AND AWARENESS

Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the specialist surgical in-patient ward and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY

The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. REVIEW

This policy will be reviewed in three years time unless requires earlier review. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY

Nursing and Midwifery Council
General Medical Council
Health and Safety
COSHH
Essence of Care
Fire Regulations
Food Hygiene Regulations
Patient ID Policy
Patient Discharge Policy
Infection Control Policy
Drug Administration Policy
Major Incident Policy
Bariatric Policy
HBN - Health Building Note 04-01 Inpatient Facilities 2008
13. **FURTHER ENQUIRIES**

Contact the Surgical Matron for further information on the implementation of this policy.
Appendix A  Patient Pathway –Elective In-Patients

Patient arrives from home at the date and time as specified on the confirmation letter

Patient directed to the Central Admissions Unit either by main reception or via signage

Central Admissions Unit
Patient greeted by receptionist and patient details validated and asked to take a seat in the waiting area

Patient called through to changing area by admitting nurse and documentation completed. Identification bracelet attached to patient’s arm. Patient changes into theatre gown and escorted to the anaesthetic room

Patient property policy followed and patient’s belongings securely taken to ward by support staff and handed over to ward nurse

Anaesthieic Room
Patient greeted by anaesthetist and ODA/Nurse
Patient requested to lie on theatre trolley
Patient details validated
Local or general anaesthesisia administered

Theatre
Patient wheeled into theatre and procedure performed

Following procedure patient taken to recovery with a nurse escort

Once patient fully recovered the ward is notified that the patient is ready to be warded

Patient transferred to the ward by trolley or wheelchair with a theatre porter and ward nurse escort
Appendix B  Patient Pathway –Emergency

Patient arrives in the Emergency Department

Patient requires emergency surgery

Patient transferred to theatre suite on a trolley/wheelchair with a porter and nurse escort

Anaesthetic Room
Patient greeted by anaesthetist and ODA/Nurse
Patient requested to lie on theatre trolley
Patient details validated
Local or general anaesthesia administered

Theatre
Patient wheeled into theatre and procedure performed

Following procedure patient taken to recovery with a nurse escort

Once patient fully recovered the ward is notified that the patient is ready to be warded

Patient transferred to the ward by trolley or wheelchair with a theatre porter and ward nurse escort

Ward In-Patient
### Appendix C  Operational Policy Development/Distribution/History/Consultation

Version V0.0, V0.01, V1.0, V3.0, V4.0

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
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<tbody>
<tr>
<td>S. Reynolds</td>
<td>Matron Surgery A</td>
</tr>
<tr>
<td>J. Wennen</td>
<td>Matron Surgery B</td>
</tr>
<tr>
<td>C. Madden</td>
<td>Ward Manager D25 City Hospital</td>
</tr>
<tr>
<td>S. Smith</td>
<td>Ward Manager D21 &amp; D24 City Hospital</td>
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MIDLAND METROPOLITAN HOSPITAL

No. 02k
CARDIAC REHABILITATION
OPERATIONAL POLICY
MIDLAND METROPOLITAN HOSPITAL
CARDIAC REHABILITATION
OPERATIONAL POLICY

KEY POINTS

1. Cardiac Rehabilitation - extract from Department of Health Commissioning Pack for Cardiac Rehabilitation 2010
   In practical terms, cardiac rehabilitation is a professionally supervised programme consisting of:
   ▪ A medical evaluation to determine risk factors, patient needs and limitations.
   ▪ A tailored programme of exercise and physical activity.
   ▪ Counselling and education to help patients understand their condition and how to manage it.
   ▪ Support and training to help patients to return to work or normal activities, and a plan to help patients continue to manage their heart condition in the long term.

2.

3.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
1. INTRODUCTION

1.1 “The rehabilitation of cardiac patients is the sum of activities required to influence favourably the underlying cause of the disease, as well as the best possible physical, mental and social conditions, so that they may, by their own efforts preserve or resume when lost, as normal a place as possible in the community. Rehabilitation cannot be regarded as an isolated form of therapy but must be integrated with the whole treatment of which it forms only one facet.” (World Health Organisation 2010).

1.2 The emphasis will be rapid access to patient assessment and treatment. This will commence immediately to ensure patients are managed on the most effective pathway, reduce LOS and ensure effective discharges whether to home or community facility as soon as the patient is deemed medically fit.

1.3 Staff will also adopt, as far as possible, a flexible approach to the working day to maximise access for all patients.

2. OTHER POLICIES TO WHICH THIS POLICY RELATES

- Infection Control Policy (CO1001) (SWBH)
- Interpreting Services (ORG076)
- Privacy and Dignity and Respect Policy (Pt Care 060)

3. GLOSSARY AND DEFINITIONS

3.1 MI - Myocardial Infarction
3.2 CABG - Coronary Artery Bypass Graft
3.3 AMI - Acute myocardial infarction
3.4 PCI - Percutaneous coronary intervention and primary PCI (PPCI)
3.5 LVAD - Left ventricular assist devices,
3.6 ICD - implantable cardiac defibrillators
3.7 CRT - Cardiac resynchronization therapy

4. POLICY DEVELOPMENT PRINCIPLES

4.1 This policy is designed to assist all healthcare professionals involved in the provision of cardiac rehabilitation services.

4.2 Outlines the purpose and function of the clinical services provided in cardiac rehabilitation.

4.3 Ensures that all staff using the facility will understand the philosophy of the service and work as a team.

4.4 Describes the service flow through the department.

4.5 Describes the service as it will be delivered for the future e.g. redeveloped community hospitals.

4.6 Describes the purpose and function of the accommodation required.
4.7 Identifies adjacencies/co-locations required for the service delivery.

4.8 Outlines the requirements for business continuity.

4.9 Outline legislative and mandatory requirements for the delivery of services.

5. **ROLES AND RESPONSIBILITIES**

The Cardiac Rehabilitation Team comprises of:

- Team Leader (clinical nurse specialist)
- Specialist Nurses
- Physiotherapists/Exercise Physiologists
- Occupational Therapists
- Cardiac Support Volunteers
- Primary Care CHD Facilitators/Teams
- Expert Patient Programme Team
- Clerical / Audit Support

Working closely with:

- Consultant Cardiologists
- GPs
- Chronic Disease Management Team
- Leisure Services
- Pharmacy
- Dieticians
- University of Birmingham and City of Birmingham University

The team work across both the acute and community hospitals settings and CCG and will share an integrated management structure.

Skill mix will reflect the need for rapid, expert assessment and treatment.

Junior and middle grades will rotate through clinical areas based at both the acute and community facilities to consolidate their clinical knowledge and practical application. These rotations will be supported by Clinical Specialist staff.

This will support the Trust’s robust recruitment and retention objectives.

Partnership and collaborative working between all rehabilitation staff whether in the acute or CCG setting will facilitate seamless continuation of rehabilitation via robust communication on a daily basis.

**Staffing Profile**

The patient to staff ratio will be appropriate to the patients’ needs; there should be a minimum of 2 trained staff in attendance with a patient to staff ratio no higher than 5:1. This ratio may need to be lower for groups of higher risk patients.

**Minimum:**

- Four members of staff required for each session.
- Cardiac support volunteers play a key role - 2 per session
- Whole CR team (Providing Phase I –4) equates to 16 members of staff.
- Cardiologists will be available for face to face consultations.
5.1 Clinical Group Director of Nursing/Midwifery
The Chief Nurse has corporate professional nursing responsibility with the Clinical Group Directors of Nursing having professional nursing responsibility for their respective clinical groups and all in-patient areas and out-patient areas. They will lead the implementation and delivery of the clinical service strategy for across the divisions; managing workforce and clinical governance and risk management issues.

He/she will integrate corporate nursing plans with clinical group service delivery plans and will lead for all patient experience and user involvement.

5.2 Matron
The Matron will hold overall clinical responsibility for the nursing care of the in-patient and out-patient areas including managing infection control issues, clinical escalation and capacity issues. He/she will act as innovator, motivator, key change agent and role model working with a high level of autonomy in order to ensure continuing improvement with the delivery of evidence based care and ensuring consistently high standards of care.

5.3 Lead Nurse
Holds continuing responsibility for the day to day management of the environment, the services it provides, and the management of the staff including the professional development of staff and the management of sickness and absence. In addition the lead nurse provides clinical care acting as expert, leader, role model, assessor and mentor.

5.4 Specialist Nurses (to be completed)

5.5 Physiotherapists/Exercise Physiologists (to be completed)

5.6 Occupational Therapists (to be completed)

5.7 Cardiac Support Volunteers (to be completed)

5.8 Clerical Staff
Clerical support the nursing and medical teams by providing administrative services including reception cover, ordering stationary, record keeping, telephone enquiries, admission and discharge support.

5.9 Staff Identification and Uniform
All staff will wear Trust ID badges when on duty within the Trust. Staff will introduce themselves and identify their role to patient and visitors at the first point of contact with them.

All staff will wear uniform and/or adhere to an expected code of dress when on duty.
Staff will change into their uniforms as detailed within the uniform policy and store their valuables and clothes in a locker in the shared changing area in the neighbourhood hub.

6. SERVICE DESCRIPTION/SCHEDULE OF ACCOMODATION

6.1 Hours of Service
Monday to Friday 08.00 – 16.00 hours – 2 sessions per day
Evening sessions 17.00 - 20.00 hours (minimum of 2 sessions per week)
Saturday morning session 08.00 – 12midday – as required

Each session can accommodate up to 40 patients who will be managed in cohorts through the three hour session.
6.2 Patient Pathway
Cardiac rehabilitation services can be accessed by both in-patients and outpatients and referrals will be received from all specialities. The majority of referrals are received from cardiology, vascular surgery, general medicine and primary care.
Patients may arrive by car, public transport or on foot and will often have an escort. The Cardiac Rehabilitation Department is signposted from all points of entry into the hospital and site maps and helpdesks are located at all points of entry.

Clear signage is provided to ensure all patients, as well as patients with low vision, are easily able to follow.

Car parking spaces for patients with disabilities are available and clearly signposted in the car park.

Departments are clearly signposted as they enter the building. If patients are unsure, there is an information desk where staff will be able to provide guidance.

There is further signage, in both corridors and lifts, around the hospital leading patients to the different departmental locations.

Inpatients are escorted to the department by a porter and/or a member of nursing staff.

There are four phases in cardiac rehabilitation. The facility will support patients in phase 1 and 3 of their condition management:
- Medium to High risk patients to continue to be managed at both the Sandwell and City treatment centres.
- Low risk community venues to be determined.
- Plan to take on higher risk patients e.g. breathless heart failures and patients with implanted defibrillators.
- NICE guidelines to support requirements

**Phase I – Acute Care**
Including:
- In patient support
- Diagnosis and disease management clarification
- Risk factor management

**Phase II – Community**
Including:
- Home Support
- Visit/ Telephone Follow-up
- Aim to educate and reduce inappropriate readmission

**Phase III - Programme of adaptation or rehabilitation**
Including:
- Optimisation of medication, education and exercise and a programme of behaviour change.
- Hospital or acute setting for high risk
- Home or Community based for low risk

**Phase IV - Long term maintenance of lifestyle changes symptom review and optimisation of therapy.**
Including:
- Regular and robust review programme with clear communication pathway to access acute care/ further investigation when necessary.
Hospital or Community based – Risk stratification

Service provision will include an integrated, equitable, high quality, evidenced-based and timely Cardiac Rehabilitation service to meet the diverse cultural needs of the local population.

The whole cardiac rehabilitation services can be accessed by both in-patients and outpatients and referrals will be received from all specialities. The majority of referrals are currently received from cardiology, vascular surgery, general medicine and primary care. The referrals are received by active finding, telephone, e-mail or fax.

The cohort of patients eligible for this service includes patients, who are diagnosed with one or more of the following:

- Acute myocardial infarction (AMI)
- Revascularisation procedures, which include coronary artery bypass graft (CABG), percutaneous coronary intervention (PCI) and primary PCI (PPCI)
- Newly diagnosed heart failure
- Other specialised interventions such as cardiac transplant, left ventricular assist devices (LVAD), implantable cardiac defibrillators (ICDs) and cardiac resynchronization therapy (CRT).
- Peripheral Vascular Disease

There are a number of benefits of delivering cardiac rehabilitation to this cohort of patients, but the main outcomes that will be delivered are:

- Reduced morbidity;
- Improve health and wellbeing:
- Improved quality of life
- Reduction in anxiety and depression
- Improved functional capacity and physical activity status
- Increased involvement in smoking cessation programme
- Reduction in the number of acute readmissions due to secondary cardiac events and unplanned procedures.

6.3 Accommodation
Cardiac Therapy Area

Access to:

6.3.1 Reception and Waiting Area
The reception will provide a ‘meet and greet’ function and patient’s details will be validated. It is furnished with comfortable seating for 10 persons and secure storage lockers for patient personal belongings.

6.3.2 Patient Changing Facilities (Male and Female)
These two changing rooms will be used by those patients who have chosen not to arrive in the appropriate clothing for the exercise session they will be able change into loose fitting attire and trainers.

6.3.3 Patient Sanitary Facilities
Male and Female toilets as detailed within the Functional Brief are available within the co-located therapy area and the neighbourhood hub.

6.3.4 Interview/Counselling Room
This generic interview/counselling room as detailed within the Functional Brief will be used as required for initial interview/health discussion sessions/private conversations with either patients and / or their relatives.
All furniture and fittings are ergonomically comfortable and a telephone with external capability is provided.

6.6.5 Gym Area
Equipped with:
- Five exercise bikes
- One walking treadmill
- 10 metre walking circuit
- Emergency equipment and access to stretcher if required
- Water Cooler

Exercise Component
All patients will participate in an individualised progressive exercise training programme. The exercise programme is designed to produce a training effect; achieved by varying the frequency, duration, intensity, and mode of exercise.

The programme is divided into three distinct parts:
- Warm Up
- Exercise
- Cool Down

Although the same principles for exercise training apply for all patients, special considerations and adaptations for high risk patient groups must be considered. This cohort of patients must have a greater ratio of staff to patients and should have immediate access to specialist Cardiology intervention and emergency medical care (if required) (Cardiac Rehabilitation Commissioning Pack – DH, October 2010)

"Immediate access to on-site staff (hospital emergency team) with advanced life support training is required for high risk patients and classes offering high intensity training" SIGN - 57 Cardiac Rehabilitation - cited in BACR guidelines.

These exercise sessions may be delivered in groups in the hospital or community setting, to help facilitate the support network and social benefits of cardiac rehabilitation. It is also recognised that some patients will require or prefer more independent or home based exercise programmes which should also be overseen by the cardiac rehabilitation team: The Heart Manual and ‘Road to Recovery Programme’ (BHF) are examples of methods by which independent exercise can be offered.

The safety of the patient should be paramount when agreeing the most appropriate form of exercise training.

The content of the exercise programme will adhere to the BACR Standards and Core Components for Cardiovascular Disease Prevention and Rehabilitation 2012.

There should be a locally agreed (including relevant Resuscitation Training Officer) medical emergency protocol for all locations hosting group exercise sessions.

This protocol will outline the requirements for the staff in attendance to have an appropriate mix of Basic Life Support, Immediate Life Support and Advanced Life Support training with access to back up from emergency services.’(Extract from West Midlands Cardiac Rehabilitation Standards 2009/10)

6.3.6 ECG Room
The ECG room is used to undertake 12 lead ECG recordings. In the room is the cardiac nurse, the patient who is having the ECG, and on occasion an additional person learning how to perform a
ECG. Each ECG takes approximately 10 minutes.

6.3.7 Store Room
This store room will be used for equipment required on a daily basis and has floor space for parking mobile equipment and standing pieces of equipment, adjustable shelving is provided. The layout enables items to be removed easily particularly fragile and expensive equipment to help prevent damage.

6.3.8 Departmental Manager Office (shared with Therapy)
The manager's office will be used to allow her/him to carry out all activities that support the clinical management of the service. 1:1 meetings with staff, clinicians and other managers will be held here. It comprises of an office workstation with a networked computer, telephone and storage for books and files.
A wall mounted Key Safe with electronic digital lock will be located here to store drug cupboard keys.

6.3.9 Resource Base (shared with Therapy)
This office will be used by a range of staff from the multi-disciplinary teams as required and comprises of 4 office workstations with networked computers and telephones for completing patient records and arranging/coordinating care.

6.3.10 Staff Changing Facilities
These are located within the neighbourhood hub as detailed within the Functional Brief.

6.4 Interdepartmental Relationships
- Cardiology Ward
- Cardiac Diagnostics

6.5 Business Continuity
6.5.1 Escalation

6.5.2 Major Equipment
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit.

If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure.

A loan of equipment is provided if repairs cannot be rectified immediately.

In the event of serious systems failure and immediate repair or loan equipment not being possible, then the department manager will consult with the medical staff and Clinical Group Director to cancel clinics accordingly.

Specialist equipment required by patients i.e. pumps, bed rails, Syringe Drivers (PCA), (definitive equipment list to be compiled) will be available from a central equipment library. Access to the equipment library will be available 24 hours a day, 7 days per week.

Equipment will be requested by ward staff by telephone and delivered by equipment library staff.
Nursing staff will be responsible for surface cleaning during use and ensuring that equipment is returned to the library on discharge of the patient. Staff at the equipment library will be responsible for decontamination in a central decontamination unit.

Specialist equipment for prevention and treatment of Pressure Ulcers and wound care will also be available from the centralised equipment store following advice from a Specialist Tissue Viability Nurse. To obtain this equipment it will be necessary for a wound/pressure ulcer assessment to be completed and details of the patient’s risks and requirements passed to the clinical Tissue Viability Team.

Equipment required will be prescribed and delivered to the patient whereupon staff will be responsible for surface cleaning during use and promptly advising the Tissue Viability team of any changes in the patients’ condition which may necessitate reissuing new equipment or collection of equipment on the discharge of the patient.

All equipment must be surface cleaned, bagged and sealed before returning to the central equipment library.

Equipment used in a contaminated area or with an infected patient, must be surface cleaned, bagged, sealed and clearly labelled with hazard source prior to return or collection to the appropriate store.

6.5.3 Equipment Replacement
A formal rolling programme of replacing equipment

6.6 Major Incident
Refer to:
- Major Incident Plan
- Evacuation Plan

Each area will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

6.7 Regulatory Requirements
- BACR & BCS Standards for Cardiac Rehabilitation.
- West Midlands Cardiac Rehabilitation Standards.

6.8 Clinical Support Services
6.8.1 Pharmacy
Refer to Pharmacy PP&DD No 18 and Operational Policy which describes the Pharmacy services

6.8.2 Pathology
Not Applicable.

6.8.3 Infection Control
All staff will comply with Trust Infection Control Policies, all team members who undertake aseptic nursing procedures will adhere to infection control standards for cleaning trolleys to ensure that risk from infection is kept to a minimum.

Equipment used will be decontaminated using approved methods.
6.8.4 Therapies
Not Applicable.

6.8.5 Sterile Supplies
Not Applicable.

6.8.6 Manual Handling
Refer to the Moving and Handling Policy.

The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

Movement of patients between the different areas of the ward will require passage through doorways, which will be kept closed. Refer to the Functional Brief. Opening and closing of these doorways will be by push button. Should any door fail to have its close door actioned, a timer will self activate the closing of the door after a period of time approximately 3 minutes.

Where patients require moving whilst in the bed or on a trolley, this must be completed with two members of staff controlling the bed/trolley.

6.8.7 Imaging
Not Applicable.

6.8.8 Interpreting Services
Interpreting services will be available and booked by clerical staff. Refer to the interpreting Services – Access and Delivery Policy

6.9 Non Clinical Services
6.9.1 IT
Electronic Patient record (EPR), hospital communications and ordering systems will be required with access at main reception, nursing points and office resource base.

6.9.2 Transport
This will be required to transport patients where applicable and will be booked by the clerical staff via a central booking process.

Cardiac rehabilitation staff will require access to transport when undertaking home assessment visits with the patient.

6.9.3 Porters Service
A porter’s service will be available and will be booked via telephone; wheelchairs will be used from the hub wheelchairs store.

6.9.4 General Store Delivery
Facilities Support services – Material handling section to be developed.
6.9.5 Catering
Not Applicable.

6.9.6 Linen
Linen will be delivered to the central linen store on the hub the ward services officer will ensure supplies of linen are transferred from the central store to the cardiac rehabilitation area.

6.9.7 Domestic Service
Refer to the Hospital Cleaning Service Policy

Any urgent unplanned requests will be dealt with by the out of hour’s team.

Equipment to be returned for decontamination will be collected by Facilities staff to be returned for decontamination.

Where individual pieces of furniture of equipment require deep cleaning, this will be arranged directly with ward services.

6.9.8 Maintenance
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.

6.9.9 Security
Refer to the Security Policy

Door Entry System

Security Guard Service
- Security officers will be available 24hours 365 days per year. Their prime responsibility will be to provide a safe, secure environment by maintaining the safety of all persons and property on the site. This includes the protection of patients, staff, service providers and visitors against violent acts or abuse; theft; criminal damage; malicious tampering and arson. The essence of the security service will be to provide effective crime prevention measures and a quick response when required, in respect of any security related issue.

Emergency Call System
- The Emergency Call System is linked to both the Nurse Station and the Security Base. Security staff will respond to the alarm and take whatever action is necessary to ensure the safety of the Trust’s staff/ refer to the Functional Brief [table 3.4B]

6.9.10 Fire Procedure
Refer to the Fire Safety Management Policy

6.9.11 Waste Management
Refer to the Waste Management Policy

- All clinical waste will be disposed of in yellow clinical waste bags. These go for incineration.
- All used sharps to be placed in the ‘sharps’ bin.
- Soiled instruments should be returned to the decontamination unit for cleaning and re-sterilisation as per the decontamination operational policy. (available within the endoscopy suite).
- Non clinical waste to be placed in black rubbish bins.
7. CONSULTATION

An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to all cardiac rehabilitation nurses, clinical group management team and capital projects team for comments. The outcome of this consultation has been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS

Compliance with the requirements of the policy will be monitored by the Lead Nurse for Cardiac Rehabilitation Services.

9. TRAINING AND AWARENESS

Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the cardiac rehabilitation area and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY

The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. REVIEW

This policy will be reviewed in three years time unless requires earlier review. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY

National Service Framework (NSF) for Coronary Heart Disease (CHD) 1.

British Association for Cardiac Rehabilitation (BACR).

Scottish Intercollegiate Guidelines Network (SIGN) for Cardiac Rehabilitation 3
NICE Clinical Guideline 172 (MI: secondary prevention)

BACR Standards and Core Components for Cardiovascular Disease Prevention and Rehabilitation (2013)

DH Commissioning Pack for Cardiac Rehabilitation 2010

13. FURTHER ENQUIRIES

Contact the Lead Nurse for further information on the implementation of this policy.
Appendix A  Patient Pathway - Phases of Cardiac Rehabilitation

Phase I
- Patient in Acute Trust
- In-patient review by Cardiac Rehab Team
- Patient referred for Cardiac Rehab

Phase II
- RISK ASSESSMENT COMPLETED
  (in collaboration with Primary and Secondary Care Team)
- Patient reviewed by Cardiac Liaison Nurse at home 5-7 days post discharge or referral date
- Patient reviewed by GP/Practice Nurse

Phase III
- HIGH RISK PATIENT
  - Chest pain
  - ECG or ETT positive
  - Troponin
  - INR > 1.5
  - Uncontrolled hypertension

- LOW RISK PATIENT
  - Uncomplicated MI with neg ETT, post surgery
  - Post myectomy

Phase IV
- Hospital Cardiac Rehab Programme with pre-exercise physical assessment
  - 4-6 WEEKS POST EVENT
- Patient in Primary Care
  - Programme plus Exercise on prescription or assuming or Walk 2000
- Primary Care Cardiac Rehab Programme with pre-exercise physical assessment
  - 4-6 WEEKS POST EVENT

JE/swbh 2005
Appendix B  Patient Pathway

In-patients with nurse escort

Outpatients (accompanied by 1 person maximum)

Patient(s) report to the Reception Desk

Patient greeted by receptionist, appointment details validated and patient directed to sub-waiting area. Clinical staff notified of patients arrival

Changing as appropriate

If required Patient called into the interview/counselling room and brief assessment made as the suitability to exercise / symptom review / BP

Patient called into cardiac gym area

Exercise undertaken in gym (duration 1 hour)

Patient observed during cool down period and encouraged to drink water

Patient returns to changing room and changes into outdoor clothes (if applicable)

Patient books out at reception and next session date confirmed or patient discharged if completed course of rehabilitation
**Appendix C**  Operational Policy Development/Distribution/History/Consultation

Version V0.0, V0.01, V0.02, V0.03, V2.0, V3.0, V4.0

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<th>Name</th>
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<tbody>
<tr>
<td>J. Burke</td>
<td>Lead Nurse</td>
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**Midland Metropolitan Hospital**

**Planning Policy & Design Description**

**Sandwell & West Birmingham Hospitals NHS Trust**

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Disclaimer

This document has been prepared for use by Sandwell and West Birmingham Hospitals NHS Trust (SWBH) in connection with the titled project or named part thereof and should not be relied upon by any other person or used for any other project without an independent check being carried out as to its suitability and prior written authority of SWBH being obtained. Neither SWBH nor its advisors accept any responsibility or liability in connection with this document being used by any other person or being used for any other purpose other than the purpose for which it was commissioned nor do they accept any duty of care to any other person in connection therewith. Any person using or relying on this document for any other purpose agrees, and will by such use or reliance be taken to confirm his agreement, to hold SWBH and its advisors harmless from any and all losses and/or damages resulting therefrom.
1.0 Philosophy of Service

This policy details the facilities, which the Sandwell and West Birmingham NHS Trust requires an Integrated Critical Care Unit within the new Hospital development. The Trust is seeking to provide a single Integrated Critical Care Unit, which will support the full range of clinical specialties. The ICCU will also complement the care offered by the Coronary Care Unit.

Critical care staff will support patients requiring level 2 and level 3 care. A level 2 classification defined as patients who require more detailed observation or intervention including support for a single failing organ system or post-operative care and those “stepping-down” from higher levels of care. A level 3 classification defined as patients who require advanced respiratory support alone, or basic respiratory support together with the support of at least two organ systems. This level includes all complex patients requiring support for multi-organ failure.

The functionality of a number of the rooms, which are provided, will be in line with the standard rooms outlined within the Functional Brief. The facilities provided within the Unit are required to offer:

- Seamless management of the patient journey maintaining the highest levels of clinical care, patient privacy and dignity
- Improved communication regarding complex patient interventions
- Opportunities for multi-professional skills training
- Increased scope for collaborative inter-disciplinary working
- Provision of level 3 and level 2 care
- A direct physical link to the Internal Hospital Street Network thus ensuring ease of access from the Emergency Department and Operating Theatres and to the Inpatient area.

Provision will be made within the unit to accommodate paediatric patients for stabilisation for a few hours whilst awaiting retrieval/transfer to an appropriate PICU; or with a projected length of stay less than 24 hours, for example following the need to incubate / ventilate for respiratory depression after a prolonged seizure.

The Trust has identified a number of key strategic design principles, which underpin the content of this and all other Clinical Output Specifications:

- Repeatable design of facilities using standard rooms where possible to ensure maximum flexibility of use
- Repeatable design for Inpatient Critical Care facilities
- Maximisation of centralised distribution and storage facilities with appropriate top up systems to support the unit.
2.0 Scope of the Planning Policy

2.1 Specific Exclusions

In developing the model of care a number of facilities have been specifically excluded from development within this policy:

- Repeatable beds
- Diagnostic facilities. These will be described within the Pathology (PPDD 17), Imaging, MRI and CT (PPDD 11) policies
- Paediatrics with a projected length of stay over 24 hours
- Burns patients.

2.2 Activity Figures

Refer to the activity and capacity model.

2.3 Hours of Operation

The ICCU will be operational twenty-four hours a day, seven days a week, and must be capable of receiving patients throughout that time period. It is expected that visiting will be allowed at all times, except during procedures or treatment requiring privacy.

2.4 Functional Content

Although a summary of the main areas is provided here, reference should be made to the detailed schedule of accommodation.

2.4.1 Clinical Areas

- Single rooms
- Isolation lobbies
- Viewing Lobbies
- Ensuites
- Multi bed
- Staff bases
- Near patient testing
- Clean utility
- Store – Satellite Pharmacy
- Dirty utility
- Patient sanitary facilities
- Assisted shower room.
2.4.2 Support and Storage Areas

- Beverage room
- Stores – bulk
- Equipment service room
- Mobile equipment bay
- Stores - Clinical equipment
- Stores – Linen
- Offices
- Resource bases
- Domestic Services rooms
- Switchgear
- Staff WC
- Sterile Pack store
- Staff Rest with Beverage Area.

2.4.3 Accommodation to support the Nursing Sections

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to support the clinical departments. In the case of ICCU the Neighbourhood Hub will be integrated within the departmental area:

- Reception and Waiting
- Facilities management support
- Staff Welfare and Changing
- Visitor Welfare.

The Trust advocates the use of Administration Zones (PPDD 19), which will be co-located with the clinical areas they support.

2.5 Common Planning Policies

This planning policy has been developed to be read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wish to ensure consistency of approach within the facility and as such:

- Advocate the use of repeatable rooms, as such only bespoke rooms and exceptions will be described in detail within this departmental PPDD
3.0 Staffing

3.1 Staffing Profile (including Management)

Table [3.1.1] sets out the Trust’s requirements in respect of the number of staff who will normally be working in the ICCU.

Table [3.1.1] Staffing numbers: ICCU

<table>
<thead>
<tr>
<th>Staff in ICCU</th>
<th>Number of staff 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff on duty at any one time</td>
<td>60</td>
</tr>
</tbody>
</table>

The numbers of clinical and non-clinical staff working within the unit at any one time will vary.

3.2 Staff Development, Education and Welfare

Staff welfare facilities in the form of separate sex WC, shower, change, rest room, will be available for the ICCU staff within the department. Secure lockable storage within the staff changing area is required for personal property whilst staff are on duty.

There will be a variety of training taking place within the hospital unit. This will occur in the clinical areas, in offices or in a book-able interview or seminar room. Training requirements have been identified and are included in the table [3.2] below.

Table [3.2] Education and Training Requirement 2018/19

<table>
<thead>
<tr>
<th>Training type</th>
<th>Facility type</th>
<th>Shared with Others</th>
<th>Bespoke</th>
<th>Number of people</th>
<th>Frequency of use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching</td>
<td>Seminar room</td>
<td>No</td>
<td>No</td>
<td>15 - 20</td>
<td>Daily</td>
</tr>
<tr>
<td>Appraisal, Recruitment</td>
<td>Interview room</td>
<td>Yes</td>
<td>No</td>
<td>8 - 10</td>
<td>3/week</td>
</tr>
<tr>
<td>Discussion with relatives</td>
<td>Counselling / Interview room</td>
<td>No</td>
<td>Yes</td>
<td>10</td>
<td>Daily</td>
</tr>
<tr>
<td>Small group teaching</td>
<td>Seminar room</td>
<td>Yes</td>
<td>No</td>
<td>8 - 10</td>
<td>Daily</td>
</tr>
</tbody>
</table>

4.0 Key Relationships

4.1 Departmental Relationships

The key objective is to provide critical care services in support of other areas in the acute hospital. In the main, patients will receive all treatment and care whilst in a bed. Each bed space, whether in a single room or in a multi-bedded room, requires sufficient space for staff and visitors to attend the patient. The ratio of staff to patient could be up to 5:1, with at least 2 visitors. Treatment will include the use of a substantial amount of equipment, including life support machines, vital signs monitoring and infusion pumps.
Relatives’ sitting room facilities should be easily accessible within the ICCU as relatives are often present for extended periods.

The clean and dirty utilities and store facilities will be easily accessible from the bedrooms.

The schedules of accommodation and room requirements section [7.0] of this PPDD have been developed on the basis of individual rooms. The Trust would wish to develop a more “open plan” environment within ICCU to facilitate more rapid access to supplies and equipment whilst maintaining the requirement for infection control.

**Diagram [4.1] Key Adjacencies**

4.2 **Workflow**

4.2.1 **Patient Flows**

Clerical staff based in the reception facility located at the entrance to the department will provide a ‘meet and greet’ service and give assistance to patients and visitors.

The reception area must be welcoming and as non-institutional as possible and provide a range of seating, visitor’s toilets and appropriate vending facilities.
Patients having undergone procedures will be transferred to the Integrated Critical Care Unit from the operating theatres or diagnostic departments. Those patients admitted via the Adult Assessment Unit will have undergone initial investigation and stabilisation with treatment plans identified. Patients having undergone procedures will also be transferred from Endoscopy and Cardiac Imaging.

All patients admitted to the inpatient area will be categorised as level 2 or 3. The main patient groups are:

- Complex or multiple needs (For example, disease in two or more systems)
- Post acute illness, trauma or surgery
- In need of assessment and extended investigation or crisis avoidance.

These patients will fall into one of the following three types:

**Intensive medically.** These patients require:
- Frequent and intensive attendance by nurses
- Frequent (more than once daily) attendance by specialist doctors
- Require acute input from Therapists including 24 hour access.

**Moderate intensity.** Medically these patients require:
- Frequent attendance by nurse
- At least once daily attendance by specialist doctors
- Regular or daily Therapy sessions
- Intensified approaches to 24-hour rehabilitation need to be adopted with easy access to toilets for patients and social or therapeutic day services.

**Stable medically.** Medical or nursing interventions and observations not yet completed. These patients require:
- Routine observation by nurses plus any continuing interventions, For example, wound dressings
- Daily medical review
- Daily Therapy input.
4.2.2 Staff Flows

In the main, staff will be based in the ICCU. Typical staff flows are shown in diagram [4.2.2].

Diagram [4.2.2] Staff flows
4.2.3 Goods Flows

It is preferred that goods flows are kept as separate as possible from patient flows. The services within the unit will draw on the Hospital for various supporting services including diagnostic services, domestic, plus supplies and waste disposal (further details provided within the Facilities Management PPDD 24). Provision should enable the clinical staff to access support facilities without leaving the clinical areas. Typical goods flows are shown in diagram [4.2.3].

Diagram [4.2.3] Goods Flows

4.3 Interdepartmental Relationships

The unit should be provided with linkages to the internal hospital street network to ensure rapid and appropriate access, with no requirement for external transport or movement, to the full range of clinical departments located within the new Hospital. The unit will be accessed directly from more than one clinical service.

- The Emergency Department. The volume of patients requiring transfer from the Emergency Department will be extremely acute in terms of the speed with which they need to access the unit. It is therefore essential that if these facilities are not located on the same floor there is prioritised access to these areas maximum one-minute journey time
- Operating Theatres. There will be planned and unplanned requirements to transfer patients from the theatres to the Integrated Critical Care Unit and therefore the access to this facility must be provided. The maximum journey time must not exceed two minutes

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<td>July 2014</td>
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</table>
- Acute Assessment Unit. The volume of patients requiring transfer from the AAU will be relatively low in volume but will be extremely acute in terms of the speed with which they need to access the unit. It is therefore essential that if these facilities are not located on the same floor there is prioritised access to these areas with a maximum one minute journey time.

- Inpatient Nursing Sections – It will be essential that the timely transfer of patients can occur between the nursing units and the Integrated Critical Care Unit. In view of the primary nature of this relationship to some specialties the co-location of at least one inpatient cluster at the same level as the Integrated Critical Care Unit would be a significant advantage. The maximum journey time from any nursing unit must not exceed two minutes.

- Imaging - for timely transfer of staff to support radiological procedures of patients within the unit.

- CT Scanning – Rapid access is required for the transfer of patients often on full life support equipment between ICCU and CT. The maximum journey time must not exceed one minute.

- Pathology - for rapid turnaround of results and therefore timely decisions in terms of treatment planning and delivery (this is more likely to be in the form of specimen transport than patient movement). The provision of a pneumatic tube system is required for this purpose.

- Mortuary – transfers to the mortuary must be undertaken in such a way that the dignity of the deceased is maintained at all times, whilst ensuring that the needs of the living are managed sensitively. It must be recognised that should relatives wish to view the deceased access to the viewing area must be sensitively and appropriately located. There would be significant benefits for relatives if there was ready access from the viewing facilities to the Multifaith centre.

- Blood Bank – there is a regular requirement to access blood and blood products, some of which are not appropriate for transportation via the pneumatic tube. Staff from the unit must therefore have ease of access to this facility. The maximum journey time must not exceed three minutes.

The relationships above have been summarised in the table [4.3] below.

**Table [4.3] Interdepartmental Relationships: ICCU**

<table>
<thead>
<tr>
<th>Close to</th>
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<td>PPDD 02</td>
<td>Patient/Staff transfer</td>
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<td>PPDD 06</td>
<td>Patient Transfer</td>
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<td>PPDD 01</td>
<td>Patient transfer</td>
<td>Essential</td>
</tr>
<tr>
<td>Acute Assessment Unit</td>
<td>PPDD 02</td>
<td>Patient Transfer</td>
<td>Essential</td>
</tr>
<tr>
<td>Imaging General</td>
<td>PPDD 11</td>
<td>Staff transfer</td>
<td>Desirable</td>
</tr>
<tr>
<td>Imaging CT</td>
<td>PPDD 11</td>
<td>Patient transfer</td>
<td>Essential</td>
</tr>
<tr>
<td>Pathology</td>
<td>PPDD 17</td>
<td>Sample transfer</td>
<td>Desirable</td>
</tr>
<tr>
<td>Blood Bank</td>
<td>PPDD 30</td>
<td>Access to Blood/blood products</td>
<td>Important</td>
</tr>
<tr>
<td>Mortuary</td>
<td>PPDD 09</td>
<td>Body Transfer</td>
<td>Desirable</td>
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<tr>
<td>Coronary Care Unit</td>
<td>PPDD 09</td>
<td>Patient Transfer</td>
<td>Essential</td>
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**03 Integrated Critical Care Unit**

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**Implementation Date:** July 2014
5.0 Planning and Design Principles

The key design consideration is balancing the need for microbiological separation of patients with the need for staff to cross-cover between patients, maintain lines of sight and maintain patient privacy and dignity. It is also important to be able to adjust staffing according to the dependency of the patient: either 1 to 1 nursing or 1 nurse to 2 patients.

5.1 Ambience and Decoration

The unit must be designed to meet the needs of the patients, staff and relatives, providing ease of access and an environment that enhances the reduction of anxiety and supports patient dignity. Design should balance the need for a substantial level of high tech equipment in the clinical areas with the need for a non-institutional environment in the support areas.

The facility is to be family-friendly, homely and non-institutional with particular emphasis on the use of colour, art, contrast and texture to provide a stimulating, non-threatening environment for all patients regardless of ability or impairment.

Although intensive clinical care will be delivered in this unit, from a patient perspective an environment which appears as non-clinical as possible is desired with a pleasant outlook and it is important that an attractive and stimulating environment is provided. Windows should be low level to allow patients to look out while sitting down or reclining in bed.

The Trust would wish to utilise contrasting floor and door colours to help demarcate areas of “high sterility” for example individual bed bays or isolation rooms.

5.2 Wayfinding

Signage in the ICCU should clearly demarcate and indicate the direction of the different areas. Due consideration will be given to way finding as described in the Functional Brief.

5.3 Security and Observation

The unit must be secured to prevent unauthorised access whilst ensuring easy exit that can be controlled when required. Staff access will be gained via automated access control system. Others needing access to the ward areas will be screened with audiovisual equipment.

The Trust’s Requirements in respect of the communications and network structure to support the security system is set out within Functional Brief.

Maximum observation of all patients is essential within the unit; therefore the Trust requires the use of “smart glass” systems.
5.4 Control of Infection

The approach to control of infection within the ICCU can be referenced within the Functional Brief. One clinical hand wash station is required for each bed, with integrated storage.

Ceiling ventilation must not be located directly above any bed.

The Functional Brief Table [18] sets out the Trust’s Requirements to meet HBN 4 Supplement 1 in respect of isolation.

5.5 Manual Handling

The general hospital approach to Manual Handling can be referenced within the Functional Brief. Ceiling tracks should be fitted within the bed areas as described within the Functional Brief section [6.14].

All beds require a tracked hoist system to support safe lifting and handling of patients up to 47 stone with the exception of one single bedroom which should have a tracked hoist system to support safe lifting and handling of patients up to 60 stone.

The Functional Brief Table [23] sets out the Trust’s Requirements in respect of the bespoke bariatric provision required.

5.6 Fire and Safety

5.6.1 Fire

Precautions against fire will be taken, by staff working within the area. The Trust’s Fire Safety Management Policy will be adhered to and can be referenced within the Functional Brief. The general principle is that evacuation will only be undertaken as a last resort and will be to an area suitable to continue clinical care.

5.6.2 Safety

Design features that contribute to safety include hand washing facilities, finishes and furniture, storage of chemicals.

Patient observation is of paramount importance.

5.6.3 Radiological Protection

Mobile imaging will be undertaken within ICCU and provision should be made in accordance with HBN04.

Should the design solution result in ICCU beds being “back to back” then the separating wall must include radiological protection.
5.7 **Privacy and Dignity**

The design should provide an environment, which respects the needs of all patients in terms of privacy and dignity as well as facilitating the delivery of good clinical practice and care.

Bidders should refer to the Trust's Privacy and Dignity Policy.

5.8 **Environmental Parameters**

The design team shall ensure that temperature and humidity control are in accordance with *HBN 57 Facilities for Critical Care* controlled from the staff base.

Generally, all public areas, seminar meeting rooms, offices and areas not occupied by patients will be controlled by a Building Management System (BMS) to the requirements of *HTM 03-01 Specialist ventilation for healthcare premises: Part A: Design & Validation*; the following rooms will require a degree of local control:

- Patient single rooms +/- 2°C Adjust at the patient bed head
- Multi bedded rooms +/- 2°C Adjust at the bay entrance

The heating and ventilation criteria for the ICCU bedded areas are summarised within Functional Brief Table [12].

In all patient areas and adjoining observable corridors the lighting controls must be capable of dimming.

It is imperative that all critical medical and safety alarms emanating from patient bedrooms are audible at both the staff base and adjoining observable areas.

5.9 **Environmental Criteria**

5.9.1 **Natural Light**

The Design Brief developed by the Trust advocates the use of natural light. The Functional Brief Section [5.9] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The Trust would wish to maximise windows within the multi-bed areas preferably in each bed space.

The following table sets out the bespoke requirements for natural light within the ICCU.

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<tr>
<th>03 Integrated Critical Care Unit</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Quality Service reference:</td>
<td>0.0</td>
<td>Page 16</td>
<td>Implementation Date: July 2014</td>
</tr>
</tbody>
</table>
### Table [5.9.1] Natural Light Matrix

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Essential or None</th>
<th>External Wall</th>
<th>Atrium</th>
<th>Borrowed light</th>
<th>Roof Light / Tube</th>
<th>Percentage variation allowed from Trust’s Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment Service Room</td>
<td>Non</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>None</td>
</tr>
</tbody>
</table>

#### 5.9.2 Ventilation

The Functional Brief Section [5.10] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke environmental criteria within the ICCU.

### Table [5.9.2] Environmental Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Temperature Min °C</th>
<th>Temperature Max °C</th>
<th>ac/hr</th>
<th>Pressure &amp; filtration</th>
<th>Notes in respect of permissible derogations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment Service Room</td>
<td>18</td>
<td>25</td>
<td>10</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

#### 5.9.3 Acoustic Criteria

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief Section [5.11] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke acoustic criteria within the ICCU.

### Table [5.9.3] Acoustic Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Rating to be achieved Functional Brief Table 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment Service Room</td>
<td>D</td>
</tr>
</tbody>
</table>

#### 5.9.4 Medical Gas and Associated Power Supply Requirements

The Medical Gas and Power requirements for the ICCU bedded areas are summarised in Functional Brief Section [7.16], Repeatable “bed head” service requirements, Table [26] sets out the bespoke requirements within the Critical Care Unit.
Table [5.9.4] Medical Gas and Associated Power Supply Requirements

<table>
<thead>
<tr>
<th>Room Type</th>
<th>Medical Gas Requirements</th>
<th>Associated Power and Alarm Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O2</td>
<td>N2O</td>
</tr>
<tr>
<td>All Repeatable patient beds (gases, power &amp; alarms described in Functional Brief)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Equipment service room Mechanical</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Equipment service room Medical Gases</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>

5.9.5  Haemodialysis

30% of the bed complement are to be served by a reverse osmosis water supply for the use of haemodialysis machines. These are to be located in a single room, single with en-suite and multi bed spaces.

Additionally, a supply is required for two haemodialysis docking stations located in the equipment servicing room.

5.10  Flexibility

The accommodation must enable flexible use and allow for changes in medical, diagnostic and therapy needs of patients; changes in models of care and or service delivery. The design of the building should allow expansion or reduction of the number of patients accommodated without affecting the operational effectiveness of the facility.

5.11  IM & T

Details of the active components associated with IM&T can be found in the Functional Brief Section [6.6] and Schedule 8 part 3. It is assumed that all patient records will be electronic and note entry and note review will take place at or close to the patient bedside.
- Telemedicine links between Theatres and ICCU
- Telemedicine links with Education Facilities
- Telemedicine link to Resuscitation Room within the Emergency Department
- Telephone links with Pathology
- Telephone links with Imaging
- Telephone links with Emergency Zone
- Anaesthetists
- Major Incident phone capabilities.

5.12 External Space and Courtyards

Access to outside spaces (balconies, courtyards, gardens etc.) is highly desirable for staff, relatives and patients.

6.0 Equipment

The specific requirements for the ICCU will be addressed through the equipment selection in accordance with the Equipment Responsibility Matrix in Schedule 13.

Component Room Data Sheets set out the equipment list for the ICCU in Schedule 13 of the Project Agreement.

7.0 Proposed Accommodation

In developing proposals for the ICCU reference must be made to HBN 57 Facilities for Critical Care.

The ICCU beds will have a total complement of 30 beds. The unit should be designed to allow a nursing team to manage a mix of multi bedded bays, isolation rooms and single rooms, subject to the requirement for flexibility i.e. the need for 1:1 or 1:2 nursing care. The operational functionality of the areas listed below is specific to the requirements of the ICCU within the acute hospital. Where areas of accommodation to be provided are deemed to have the same repeatable functionality these are outlined in the Functional Brief document.

The rooms described below are solely in respect of bespoke rooms or repeatable rooms which require modification.

For repeatable rooms refer to the Functional Brief.
7.1 **Bedded Area**

The requirement for the provision of single bedrooms must be balanced against the need to maximise visibility of all patients. The Trust will therefore positively consider the use of innovative solutions including glass walls including the space around each bed so that there is clear access to all areas, including the bed head.

Each nursing section will require immediate access to clean and dirty utility areas and storage for IV fluids sterile supplies and linen. The design team should provide an innovative solution which minimises travel distances whilst maximises the benefits of shared facilities.

Although patients to be cared for in this area are critically ill there is a requirement to maximise the availability of natural day light as many will remain in the Unit for significant periods of time and appropriately located windows are important in terms of meeting their psychological needs.

Although the unit must be designed to support all specialties, with no physical barriers to delineate and establish boundaries between specialties the specific requirements of key services must be addressed within the design.

7.1.1 **Single Bedroom**

The Trust has developed an Exemplar ICCU single bedroom – Refer Functional Brief Table [24]. Table 7.1.2 sets out the bed variants within this Exemplar. These rooms will be enhanced by the provision of viewing lobbies and repeatable en-suites to some rooms.

The single bedrooms must be located together.

7.1.2 **Single Room with Isolation Lobby**

A repeatable single room with isolation lobby is required as set out in the Functional Brief. To support the isolation rooms both repeatable inpatient and ICCU, the Trust require ventilated lobbies, refer *HBN 04 supplement 1* section 3.4 & 3.7 and *HBN 57* section 7.25.

The Trust require that the universal isolation rooms have an interlock between the doors and the lobby Wash Hand Basin prohibiting anyone from entering the room or leaving the lobby without having washed their hands. This must be fitted with a manual over ride. The isolation rooms must be located together but separate from the single bedrooms to enable infectious outbreaks to be managed within the department. These rooms will be enhanced by the provision of repeatable en-suites to some rooms.

7.1.3 **Multi Bed (6)**

The Trust has developed an Exemplar ICCU multi bedroom – Refer Functional Brief and Table [24]. These are based on 6 bed areas. The actual design configuration is flexible but must be capable of maintaining single sex and privacy and dignity.
In addition the Trust would wish to increase the quantum of barrier nursing facilities by six beds from within the multi-bed compartment by the innovative use of glazed screens. This can be achieved by enclosing three beds in two of the multi bedrooms with glazed walls and sliding doors.

### 7.2 Support Facilities

If these are not centrally located the need to ensure that distance from an individual patient bed is minimised must be carefully addressed.

#### 7.2.1 Staff Base

Patient observation is of paramount importance. The requirement is for one two person repeatable staff base per 6 beds. One staff base is required to accommodate a pneumatic tube point as set out in the Functional Brief table [24] and a small controlled drugs cupboard. The staff base will require IM&T provision for monitoring of patients in line with activity. The staff base must be for clinical staff and one base for administration activities.

#### 7.2.2 Near Patient Testing

Two repeatable near patient testing facilities with pneumatic tube stations are required, the functionality for which can be referenced in Functional Brief section [24].

#### 7.2.3 Clean Utility

One repeatable clean utility is required to serve the totality of ICCU. The functionality for which can be referenced in the Functional Brief table [24].

#### 7.2.4 Store – Satellite Pharmacy

The room will function as storage, parenteral and enteral feeds and to drugs and should be adjacent to the clinical areas.

#### 7.2.5 Sterile Pack Store

A store room to store sterile packs is required within the department.

#### 7.2.6 Dirty Utility

Two repeatable dirty utilities with macerator are required to serve the totality of ICCU as set as out in the Functional Brief Table [24]. The following modifications are however required; omit – Urine Test Cabinet, add – PPU mounted weighing scales for the recording of bodily fluids et al prior to disposal. One is to be located next to the multi bed and one next to isolation rooms.

#### 7.2.7 Sanitary Facilities

A repeatable OSFA toilet is required to serve ICCU as set out in the Functional Brief Table [24].
7.2.8 Assisted Shower Room

Two repeatable assisted shower rooms are required to serve ICCU as set out in the Functional Brief Table [24].

7.2.9 Beverage Room

A repeatable beverage room is required details of which can be referenced in Functional Brief [24].

7.2.10 Bulk Store

Repeatable rooms are required for storing bulk items delivered on palletts (e.g. haemodialysis fluids), these rooms should be located so as to minimise travel distances from patient bed areas.

7.2.11 Equipment Service Room

A bespoke equipment Service room as set out in HTM 57 Section 7.47 is required to serve the ICCU.

Details of the Trusts environmental parameters can be referenced within Section 5 of this PPDD. NB. This functional description has been cross referenced from other departmental PPDDs.

7.2.12 Mobile Equipment Bays

Repeatable bays as set out in the Functional Brief Table [24] will contain mobile equipment, for example mobile ultrasound, x-ray machines and patient transport equipment.

7.2.13 Store – Clinical Equipment

Repeatable equipment stores are required to be located to minimise travel distances from patient bed areas as set as out in the Functional Brief Table [24]. The room will be used for the charging of equipment.

7.2.14 Store - Linen

Repeatable linen stores are required to accommodate one linen cage each as set out in the Functional Brief Table [24].

7.2.15 Office

Repeatable single person offices are required as set out in the Functional Brief Table [24].

7.2.16 Resource Base

Repeatable non-allocated bases for up to four staff to work at any one time on a sessional / ad-hoc basis as set out in the Functional Brief Table [24].
7.2.17 Domestic Services Room

Repeatable domestic services rooms will be provided as set out in the Functional Brief Table [24]. These are to be located throughout the department to provide local areas of cover.

7.2.18 Switchgear

Two repeatable switchgear rooms are required as set out in the Functional Brief Table [24].

7.2.19 Staff Rest with Beverage Area

A staff rest room with beverage area is required.

7.3 Neighbourhood Hub Accommodation

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to the clinical departments. In the case of Critical Care these repeatable rooms are provided within the ICCU department and are described in PPDD 33:

- Reception and waiting
- WHB/PPE station
- Toilets – visitor OSFA
- Staff changing facilities including showers
- Staff toilets
- Staff rest room including beverage bay
- Reprographics
- Disposal hold
- IT hub
- Gas cylinder store
- Domestic services room
- Domestic services store
- Linen store
- Switchgear room
- Sterile supplies store.

7.5 Shared use of an Administration Zone

Critical Care will make use of an Administration Zone.

The functional requirements are fully described within PPDD 19 Administration and are summarised below:

- Reprographics
- Social area
- Beverage bay
- Office – open plan
- Store – small
- Library
- Quiet rooms (for breakout)
- Seminar room
- Domestic services room
- Switchgear.

### 8.0 Schedule of Accommodation

The schedule of accommodation Version 10 has been developed for the totality of the scheme as a series of tables. This schedule is appended to Schedule 8 part 3.

### 9.0 Glossary and Definitions

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
MIDLAND METROPOLITAN HOSPITAL

No3
INTEGRATED CRITICAL CARE OPERATIONAL POLICY
MIDLAND METROPOLITAN HOSPITAL
CRITICAL CARE DEPARTMENT
OPERATIONAL POLICY

KEY POINTS

1. Ensure seamless management of the patient journey maintaining the highest levels of clinical care, patient privacy and dignity;

2. Improved communication regarding complex patient interventions;

3. Provide opportunities for multi-professional skills training;

4. Allow increased scope for collaborative inter-disciplinary working;

5. Provision of level 3 and level 2 care with seamless links to Level 1 beds and the wards

6. Provide a direct physical link to the Internal Hospital Street Network thus ensuring ease of access from the Emergency Centre and Operating Theatres and to the Inpatient area whilst also receiving patients from external sources directly into the unit;

7. Provision will be made within the unit to accommodate paediatric patients for stabilisation and then on for transfer to an appropriate unit.

8. This policy applies to all Trust staff in all locations including temporary employees, locums, agency staff, contractors and visiting clinicians.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
1. INTRODUCTION

- This policy details the facilities, which the Sandwell and West Birmingham NHS Trust require for the Integrated Critical Care services within the Midland Metropolitan Hospital.

- This policy is designed to assist all healthcare professional involved in the provision of critical care and aims to;

- Outline the purpose and function of the clinical services/specialities provided in the Critical Care Department.

- Ensure that all staff using the facility understand the philosophy of the service and work as a team.

- Describe the patient flow through the department.

- Describe the service as they will be delivered from the future Midland Metropolitan Hospital.

- Describe the purpose and function of the accommodation required.

- Identify adjacencies/co-locations required for the service delivery.

- Outline requirements for business continuity.

- Outline legislative and mandatory requirements for the delivery of services.

2. OTHER POLICIES TO WHICH THIS POLICY RELATES

- Infection Control Policy (CO1001) (SWBH)
- Infection Control Policy on the Decontamination of Equipment (SWBH/COI/029)

3. GLOSSARY AND DEFINITIONS

<table>
<thead>
<tr>
<th>Level 0</th>
<th>Patients whose needs can be met through normal ward care in an acute hospital.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the critical care team.</td>
</tr>
<tr>
<td>Level 2</td>
<td>Patients requiring more detailed observation including support for a single failing organ system or post operative care and those stepping down from higher levels of care.</td>
</tr>
<tr>
<td>Level 3</td>
<td>Patients requiring advanced respiratory support alone or basic respiratory support together with support of a least two organ systems. This level includes all complex patients requiring support for multi organ failure.</td>
</tr>
</tbody>
</table>

Comprehensive Critical Care Department of Health 2000
4. **PRINCIPLES**

The Trust is seeking to provide a seamless approach to acute and critical care, providing expert care and support to acutely ill or deteriorating patients or those stepping down from higher levels of care. The Level 2/3 unit will also complement the care offered by the Outreach Service working in the level 1 beds within acute ward areas.

4.1 Provision of timely and effective evidence based care that is individualised and holistic to the acutely ill patient and their significant others.

4.2 The service aims to offer the local population a high quality service that is, timely in the delivery of care to meet their health needs and streamlined to ensure that patients have their consultation, investigation, diagnosis treatment and health education in appropriate length of time.

4.3 Critical care staff will provide care and support to patients requiring level 2/3 care, working flexibly to respond to changes in dependency.

4.4 Care and support will be provided to patients and their families that is of the highest quality and evidenced based with the aim of restoring them to health or ensuring a dignified death.

4.5 Provision will be made within the unit to accommodate paediatric patients for stabilisation and then on for transfer to an appropriate unit.

5. **ROLES AND RESPONSIBILITIES**

5.1 Staffing Profile (including Management)

5.2 **Medical Staffing**

5.3 The units will need to be managed by the equivalent of 2 teams. Suggest a total of 2 consultants, 2 SpRs and 4 FY2/ST1 minimum day time weekdays. On call would need 2 consultant (1 could also cover level 1 area) 2 SpR and 2FY2/ST1

5.4 **Matron**

The Matron will hold overall clinical responsibility for the nursing care of the in-patient and out-patient areas including managing infection control issues, clinical escalation and capacity issues. He/she will act as innovator, motivator, key change agent and role model working with a high level of autonomy in order to ensure continuing improvement with the delivery of evidence based care and ensuring consistently high standards of care.

5.5 **Senior Nursing/Unit Manager**

The unit will be under the jurisdiction of the Senior Nurse for day to day management of the ward environment, the services it provides and the management of the staff. The clinical responsibility for care of the patients is the responsibility of the team, who will lead on clinical care working within designated clinical pathways and protocols. In addition the Unit Manager provides clinical care acting as expert, leader, assessor and mentor.

5.6 **Staff Nurses**

Responsible for delivery of care and treatment as prescribed and according to clinical policies and protocols.
5.7 **Support Staff**
The medical and nursing staff will be supported by healthcare assistants, clerical and administration staff.

5.8 **Health Care Assistants**
Under the direction and supervision of qualified Nursing staff, HCA’s provide support to clinicians and patients for basic care needs.

5.9 **Ward Clerks**
Ward clerks support nursing team by providing admin services including ordering stationary, record keeping, telephone enquiries, admission and discharge support.

5.10 **ICNARC Clerk**

5.11 **Housekeepers**
Under the direction of the ward manager housekeepers are responsible for maintaining the ward environment including notice boards, stocks of linen, and other environmental supplies. They further provide a meet and greet function, will assist ward services personnel at meal times and ensure equipment and furniture is maintained in a clean and fit for purpose condition completing daily checks as appropriate. They will act as the primary link between ward staff and ward services staff. Ward serviced role to be defined specifically for critical care.

5.12 **Outreach Team**

6 **SERVICE DESCRIPTION**
A hospital-wide, whole systems approach to critical care with services which extend beyond physical boundaries of intensive care and high dependency units, making optimum use of available resources including beds.

6.1 **Hours of Service**
The ICCU will be operational twenty-four hours a day, seven days a week, and must be capable of receiving patients throughout that time period. It is expected that visiting will be allowed at all times, except during procedures or treatment requiring privacy.

6.1.2 **Visiting Times**
Visiting will be permissible twenty four hours, seven days per week. There will be a restriction of two visitors to each bed at any one time. Visitors will be allowed to ‘swap over’ to enable multiples of more than two to visit during anyone period. Therefore the sitting room location, its proximity and route to and from the department entrance, the hub waiting area and bedded areas will need to provide a direct route for visitors. Access control and security will be of paramount importance.

6.1.3 **Relatives, Carers and Visitors**
Relatives and carers may frequently visit patients during the period of their stay. Provision must be made for these visits to take place at the bedside.

Relatives and carers will be encouraged where appropriate to participate in and support the treatment, care or patient’s rehabilitation programme. The design must therefore bear in mind the health and safety issues associated with this practice.

Separate overnight stay facilities will not be provided within the inpatient area. There
will, however, be an occasional requirement for relatives to be accommodated within the patient bedroom with comfortable reclining furniture.

6.2 Patient Flow

It is recognised that patients will access the unit via another department in the hospital. However there will also be inter-hospital transfers for specialist treatment or repatriation.

Patients requiring level 2 or 3 treatment will access the unit via the same entrance.

Patients whose condition changes between levels of care will not necessarily necessitate a change in location to reflect the care required. It is anticipated that staff allocation and reallocation for each shift will address their needs appropriately.

When the level of intervention decreases to level 1 care it is anticipated that the patient will be transferred to Level 1 beds. There may be a requirement to accommodate Level 1 patients or transfer to a Level 0 facility because of lack of bed availability. This will be an exception.

There will be requirement for patients to transfer to other departments for treatment and investigations e.g. theatres and imaging. Patients will be transferred with monitoring and support equipment including infusion pumps and ventilators. They will be accompanied by critical care staff at all times. It is imperative that they reach their destination quickly and via the shortest possible route.
6.2.1 Imaging Theatre Patient Flow

6.2.2 Deceased Patients Route to the Mortuary
Deceased patients will be transferred to the mortuary in a dignified manner by the shortest route and avoid public areas.

6.2.3 Activity/Workload
It is anticipated that the new hospital will have a higher percentage of sicker patients than present due to some shift of Level 0 patient care into community.

The Trust has agreed that the likely capacity requirement for Integrated Critical Care Unit (ICCU) beds will be 5% of the total generic bed base. These will include the transition beds being housed within the generic bed base as single rooms. The ICCU capacity equates to 30 beds to include, Level 3 and 2 patients.

6.3 Proposed Accommodation
The unit will consists of bed areas, support areas, storage, relative’s facilities, staff facilities, use of a neighbourhood hub and access to an administration zone.

A description of the activities in each of the areas is outlined below.

6.3.1 Bed Areas
The ICCU beds will have a total complement of 30 beds. The unit will be designed to allow a nursing team to manage a mix of multi bedded bays and single rooms, subject to the requirement for flexibility i.e. the need for 1:1 (level 3) or 1:2 (level 2) nursing care.

Within the 30-bedded Critical Care unit there should be 12 single rooms and the remainder of the beds within multi-bedded bays.

The care of the patients must not be compromised by location. All bed areas will be uniformly designed and equipped and co-located to support areas. Patient placement will not be based on dependency. Observation of the patient is of paramount importance and full monitoring capabilities will be available. All aspects of critical treatment will be deliverable in this area. An exhaustible stock of clean medical supplies will be accessible, convenient for critical care staff designated to each bed space. The ability to communicate clearly and effectively to the staff base is critical. Access to patient information systems is also a requirement.

The facilities will enable highly skilled and experienced practitioners to deliver optimum specialised care to the most severely ill and compromised patients. The ability to administer haemodiafiltration treatment at a number of locations across the single rooms, isolation rooms and multi bedded areas is required.

6.3.2 Single Rooms
Of the twelve single rooms, six will have pressurised isolation lobbies. They will be co-located and not distributed between the nursing sections. The rooms will be easily visible from outside with an audible alarm & intercom system to the main unit.
They will be used to manage patients who are infectious and require isolation from other patients. Immuno-compromised patients who are at considerable risk of contracting infections which may be life threatening will also be managed in the isolation single rooms. Clinical staff will ensure that the risk of cross infection is minimised by using the facility in accordance with the control of infection policy.

Three of the isolation rooms will have access to en suite wc shower facilities; one of which will be specified to the upper bariatric threshold.

Two non isolation single rooms will also have access to en suite facilities.

Viewing lobbies between the single rooms will optimise observation into the single rooms.

Paediatric patients will not have a fixed dedicated space. Every effort will be made to retain a quiet bed space; preferably a single room away form the sights of critical care. The Paediatric equipment will need to be on portable racking so that it can move to where ever the child is located. In the event of more than one child on the unit they will be placed next to each other. The space must also accommodate adults hence the portable racking; paediatrics admissions are few in comparison to adults and they will be retrieved within hours by a Paediatric ICU team.

6.3.3 Multi-Bedded Bays – A Minimum of Six Beds per Bay
In two of the bays there will be the provision to screen off three beds into individual bays using floor to ceiling partitions.

There will be immediate access to clean and dirty utility areas and storage for drugs, IV fluids sterile supplies and linen, water coolers for staff and patients.

Although the unit must be designed to support all specialties, with no physical barriers to delineate and establish boundaries between specialties the specific requirements of key services must be addressed within the design. Therefore the unit will accommodate all specialties within any area and no one speciality will be designated a specific location within the unit.

6.3.4 Staff Base
This area will be used by clinical and reception staff to undertake patient administration duties. This will include the inputting of patient data into audit programmes as well as retrieving diagnostic results.

Staff will be able to physically observe the relevant bed space as well observe their patients by means of remote monitoring. Each staff base will be equipped with central monitoring equipment connected to the bed spaces that the staff base serves. There will be small storage facilities for generic clinical supplies and controlled drugs. Communication with each staff base and patient areas is essential as well as communicating externally to other wards and departments.

6.3.5 Near Patient Testing
The near testing facility is easily accessible to the patient areas. Only staff trained and authorised to use and maintain the analysers should have access to the room. Laboratory staff will require access to the analysers at all times in case of malfunction. All other staff and patients will not routinely have access to this area and it should not be used as a shortcut to any other area.
Blood gas analysis will be the predominant test. The frequency of which will depend on clinic need, treatment adjustments and the severity of illness of each patient.

Samples requiring transport to the laboratory should be sent via the air tube system. All staff using the air tube system must follow the agreed procedure, a copy of which will be located at the air tube station. Samples too large to go in air tube system will be collected by the portering staff.

Analyser waste will be contained in situ and will be disposed of only by laboratory staff according to agreed protocol. All domestic waste should be taken to the Disposal Room by the porters on a regular basis.

Access for lab staff should be by shortest route taking into account patient privacy. Lab staff/service engineers may need to take trolley into department. All goods delivered to the department for the Near Patient Testing room, will be ordered and receipted by laboratory staff who will also monitor stock levels. Storage will be primarily in the Pathology department, but small stocks, managed by laboratory staff will be kept in the room.

Training and competence assessment in the use of the analysers will be the responsibility of the pathology staff who will decide, after consultation, which staff groups will be trained in the use of the analysers. A record of trained staff will be maintained by Pathology staff and displayed next to the analysers. Only trained staff are authorised to use the analysers. Use of the analysers by unauthorised staff or the disclosure of passwords to allow the use of the analysers by untrained staff, will result in disciplinary action of the staff member and may result in the withdrawal of the analyser from use.

The environmental control is important within the Near Patient Testing room. Refer to functional brief for parameters.

6.3.6 Dirty Utility
Refer to exemplar description in functional brief. Clinical staff will need to access the dirty utility from the bedded areas. Clinical waste will be disposed of in this area and in a safe and direct manner. The dirty utility will be located in the central area of the unit and will contain a range of waste streams. Waste bins located in the dirty utility will be emptied by ward service officers twice daily and transported to the central waste area located in the Hub. This is a 7 day service during the hours of 6.00 am to 20.00 during the week and 7.00 am to 17.00 pm at the weekend. The housekeeper will monitor the levels of waste within the ward and if necessary contact wards services to arrange for removal of waste bags to the central hub. Out of operating hours, nursing staff will complete this duty.

6.3.7 Clean Utility and Sterile Pack Room
Refer to exemplar description in functional brief. This room is for staff use only. The room will be used to store clean medical and surgical supplies that are required for a variety of clinical procedures.

Re-supply will be through material management system and electronic ordering. These supplies will be managed and delivered on a daily basis by Facilities staff (refer to Facilities Operational Policy), these will then be unpacked and restocked on a daily basis by Ward Services officer (part of facilities division – please refer to their operational policy), pharmacy or the housekeeper as appropriate.

The clean utility will contain:
• Wheeled/mobile storage racking for essential patient supplies
• A supply of clinical equipment (lines, masks, syringes, needles etc), plus other clinical supplies e.g. fluids, bandages, tapes etc.
• Drugs, controlled drugs and flammable items in separate locked cabinets.

Sterile pack room will store sterile packs and topped up from the bulk store.

6.3.8 Stores – Satellite Pharmacy & IV Fluids

Accessible from the bedded areas staff will obtain pharmaceuticals for patient treatment. The cupboards will be lockable and maximum utilisation of space will provide efficient storage. Work top space will be used to unpack and organise drugs. These areas will store refrigerated drugs and intravenous infusions including Total Parenteral Nutrition infusion bags. Large quantities of fluids on palates for Haemofiltration will also be stored here.

6.3.9 Sanitary Facilities/Assisted Shower Room

Staff will escort and assist patients in these areas. Patients will be transferred in wheelchair or hoist and will be accompanied by two members of staff. It may be necessary to transfer patients attached to infusion pumps on drip stands or other types of medical equipment.

6.3.10 Beverage Room

This area will be for staff to provide patients with hot and cold beverages. There will also be a provision for relatives to be provided with hot and cold refreshments.

6.3.11 Bulk Store

The two bulk store rooms should be separated and each equidistance from each of the clinical bedded areas. Clinical staff will retrieve items as and when required. Items will be stored on floor to ceiling open racking. Sterile packs will be stored here.

6.3.12 Equipment Service Room

All critical care equipment requiring servicing and repair will be transferred to this location e.g. ventilators, infusion pumps and haemofiltration machines. Testing, cleaning and recharging of the equipment will also be performed by the technicians.

During office hours technicians will collect and return items to the clinical areas. Out-of-hours clinical staff to follow booking out and booking in procedure.

This area will accommodate all the critical care technicians and provide them with technical facilities which will include storage space and administration facilities in accordance with HBN57.

6.3.13 Mobile Equipment and Transfer Bays

The mobile equipment bay will be accessible to clinical and support staff. The transfer bay will accommodate the patient transfer trolley and associated equipment. A charging point will be required.

6.3.14 Stores – Clinical Equipment

Three equipment stores are required for storage of specialist beds, chairs ventilators and large equipment for patient use that does not require to be stored at the bed side.
6.3.15  **Store – Linen**  
Located in close proximity to bedded areas.

6.3.16  **Medical Gas Store**  
Clinical staff and the technicians will access this room to obtain replacement gas cylinders for the clinical equipment. Empty cylinders will be placed here for collection. The room will be lockable but accessible twenty four hours per day.

6.3.17  **Departmental Manager’s Offices**  
The office will be used to undertake clinical staff management tasks. Staff interviews will be conducted in private and administration duties using IT will be performed. The unit manager will be able to communicate with the rest the department and be in close proximity to the clinical areas. Personal files and operational policies and protocols will be accessible.

There will also be a ‘consultant of the day’ office where the clinician rostered to be responsible for critical care will be based.

6.3.18  **Resource Bases**  
The resource bases will used by a variety of clinical and administrative staff. This will include doctors, nurses and clerical staff rostered to unit as well as visiting clinician’s, therapy staff and the MDT team. It will also be used by any member of staff requiring an area to undertake an administrative or communication activity whilst seated. Access to telephones and IT will be a requirement. The outreach team and ICNARC clerk will be based within the unit.

6.3.19  **Relatives Facilities**  

**Reception**  
The reception area will be used by patients visitors where a meet and greet function will be provided. This will include direction, monitoring of visitors, possible issue of visitors passes entrance to ward / clinical department areas and advising clinicians of arrival of either patients and or visitors. This will be done either by telephone or by the use of an IT system.

Relatives of critically ill patients will need clear communication and direction upon attendance.

Reception will contact the main staff base in Integrated Critical Care or the individual patients nurse at the bedside if the patients’ bed space location is known and announce the arrival of the visitor and request visitation. The main staff base will locate the required patient and the nurse in charge of their care. The nurse in charge of the patients care will determine the appropriateness of visiting and inform reception whether visiting is agreeable at that time or how long the visitor will need to wait or deny visiting.

6.3.20  **Waiting**  
Waiting area will provide seating for patients and / or visitors to the wards and clinical departments. Seating, water, vending machines and entertainment in the form of television with public health information will be available. A Child’s play area will be provided. Toilets are provided in this area for both patients and visitors.

These areas will be monitored by security via CCTV

Visiting times to the wards will be staggered to reduce congestion in these areas. Integrated critical care will operate open visiting 24/7.
A store will provide storage for wheelchair to ensure that the hub area remains uncluttered.

The waiting area will contain a wash hand basin station to promote hand washing for patients and visitors in supporting the management of Infectious conditions.

6.3.21 Sitting Room
The sitting room will accommodate visitors of critically ill patients. There will be an open visiting policy on the unit and it is anticipated that several family units will be in attendance at any one time. With the restriction of the number of visitors at any one time at each bed space it is envisaged that additional family members will wait to swap over in this area. Families will sit in their units and segregation and adequate personal space between each group is essential to provide a degree of privacy and social comfort. Relatives will be visiting patients who have different degrees of illness severity therefore be experiencing different levels of stress and anxiety. It is important that the layout and dynamics of the sitting room does not contribute to groups antagonising each other by being in too close a proximity. The ambience must be relaxing. Staff will need to observe the area and be able to communicate from here to the main staff base. A telephone link to the unit bed spaces will be provided so that relatives who have been sent out for a short period can ring the nurse directly at the bed space to request be informed that they can re-enter.

6.3.22 Toilets
For the use of family and relatives of critical care patients only.

6.3.23 Lockers (relatives)
On entering the department and before proceeding to any clinical areas relatives will be required to remove their outdoor clothing and leave them in a secure place.

6.3.24 Overnight Stay Facilities
There will be no overnight stay facilities within the integrated critical care facility.

6.3.25 Interview/Counselling
This room will be used by clinical staff to discuss in private patients conditions with family members and relatives. Very sensitive and sometimes extremely distressing information may be imparted. It will be quiet and conducive environment and be equipped with comfortable furniture. More than one staff member may be present with several family members. Distraught relatives will need comforting but may also be left alone for short periods.

6.3.26 Staff Facilities

6.3.27 Staff Change
Clinical staff will access the unit via the neighbourhood hub and change into clinical uniform before entering the unit. Personal belongings will be secured safely in the changing rooms along with outdoor clothing and shoes. It is currently projected that there will be approximately 60 members of staff on duty at any one time. Nursing staff will then proceed to the main unit a clinical handover takes place and patients are allocated nurses based on illness severity and clinical need.

The changing facilities will be designated male and female and include shower and toilet facilities. A staff toilet will also be accessible on the main unit.
6.3.28 **Seminar Room**
The seminar room will be used to provide teaching to all grades of clinical staff whilst on duty using audio visual aids. It is important that communication with main unit is made possible. The area will also be used during shift changeover to handover care between teams.

6.3.29 **Staff Rest/beverage area**
During the course of the shift specified meal breaks will be taken in the staff rest room.

6.3.30 **Reprographics**
This room will be located to support the clinical administrative tasks associated with patient care.

6.4 **Business Continuity**
In the event of a service failure;

It is expected that all critical equipment will be connected to an independent power supply. In the event of power failure all essential equipment will be transferred to any spare capacity on the independent power supply.

Patients appropriate for transfer will be transferred to available Level 1 beds. Any non urgent booked elective cases requiring level 2/3 post operatively will be cancelled.

6.4.1 **Escalation**
To include:
- Major incident plan
- Pandemic flu plan

Consideration of second access point to the main hub/corridor; this would be very useful in the event of a pandemic outbreak. It would enable the separation of the infected streams from the critically ill streams.

6.4.2 **Major Incident**
The department will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

6.4.3 **Major Equipment**
Refer to equipment matrix in functional brief.

- Unified ventilator system.
- Standardised, integrated monitoring allowing data transfer between clinical areas.
- Greater near patient testing.
- Equipment for paediatric stabilisation and transfer.
- Paperless computerised data collection at bedside compatible with charts.

It is vital that when equipment is required it is available and in working order. All medical equipment will be stored in the Equipment Room. Items must be fully charged at all times. Faulty equipment must be reported to the medical engineers by the Nurse-in-Charge Nurse as soon as a fault is discovered. If out of hours, this must be done the next working day.
6.5  Clinical Support Services

6.5.1  Pharmacy
Refer to Pharmacy PPDD 18 and operational policy.

Pharmacy supplies will be delivered to the department on a daily basis in locked boxes. Individual patient drugs/dressings will be stored in locked cabinets at patient bedside s from which medication will be dispensed during scheduled drug rounds. General pharmacy supplies will be ordered electronically and be controlled using a materials management system.

General drugs, IVI fluids and dressings which are issued via pharmacy will be stored in a locked cabinet situated in the clean utility areas and IVI drug store.

6.5.1  Infection Control
Daily ward round within the Critical Care Unit by Consultant Microbiologists.

All staff will comply with Trust Infection Control Policies, all team members who undertake aseptic nursing procedures will adhere to infection control standards for cleaning trolleys to ensure that risk from infection is kept to a minimum.

Single rooms are designed to barrier nurse patients with transmittable infections, for example Clostridium Dificile, Methycillin resistant Staphylococcus Aureus, Nora Virus, using universal precautions and standard barrier nursing protocols. Please refer to domestic services section 16.6 of this policy for cleaning protocols.

Consideration should be given to the increasing numbers of patients with HIV or patients with other conditions leading to severe immuno compromise, which when being the cause of their admission may necessitate reverse barrier nursing and the use of positive pressure.

Some wards will require that this facility is available. Positive pressure single side rooms will be available in the haematology specialist areas. Single rooms will be used for patients with infectious conditions and these will take priority. Information systems will highlight those patients with infectious conditions on admission and discharge.

Processes for booking in, allocation of side room, booked a theatre, recovery in theatre will take account of those patients with Infectious conditions for example patients with infectious conditions will be booked last in the theatre list.

Decontamination of equipment will be completed centrally.

Hospital transport will be cleaned following use by a patient with an infectious condition.

Community services will be informed within referral process when a patient with infectious conditions is discharged.

6.5.2  General Cleaning Services

General cleaning of bedded areas and the unit environment will be completed daily by ward services.
Deep cleaning of the patient rooms and ward environment will be routinely scheduled, but any patient areas will be deep cleaned immediately following the discharge of an infected patient by ward services.

Side rooms are designed to barrier nurse patients with transmittable infections, for example Clostridium Dificile, Methycillin resistant Staphylococcus Aureus, Nora Virus, using universal precautions and standard barrier nursing protocols.

On confirmation or high risk identified, infectious patients will be nursed in isolation. Staff will adhere to infection control guidelines and policies with regard to minimising the risk of cross contamination.

Staff will endeavour to transfer infectious patients into the negative pressure rooms with the isolation lobbies. If this not possible because of full occupancy with other infectious patients or at risk of compromising clinical care the positive pressure rooms will be utilised on confirmation that the pressurised ventilation is switched off. The next stage would be to utilise the partitioned bay facility. The appropriateness of what facility to use and when will be done following consultation between the critical care shift leader, consultant and infection control team.

Consideration should be given to the increasing numbers of patients with HIV or patients with other conditions leading to severe immuno compromise, which when being the cause of their admission may necessitate reverse barrier nursing and the use of the positive pressure facility.

Isolation rooms – controls will be in accordance with HBN 4 supp 1. Refer to functional brief table.

Further processes to be developed:

- Information systems on admission and discharge.
- Processes for booking in, allocation of side room, booked a theatre, recovery in theatre,
- Decontamination of equipment
- Managing infectious patients when using hospital transport.
- Communication with community services when discharging patients with infections.

On the discharge of a patient, all mobile furniture will be removed from the ward and replaced with a duplicate set of pre cleaned furniture. Soiled/contaminated furniture and equipment will be taken to a decontamination area for decontamination and readiness for the next admission. This service is carried out by ward services. Where separate, or individual, pieces of furniture of equipment require similar treatment, this will be arranged by the housekeeper directly with ward services.

6.5.3 Manual Handling
Provision of H track 150/270kgs in each bay.

Trust Manual handling policy will be adopted.

The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

Hoists will be available within each of the single rooms for use with patients up to
270kg. Mechanical processes will be used in the moving and handling of people and loads wherever practical.

6.5.4 Healthcare Records
It is anticipated that there will be full electronic patient record and it will at most be a paper light service and must be readily available when a patient is admitted to critical care in order to facilitate patient assessment and appropriate treatment. A paper less electronic charting system will enable the recording of patient monitoring data and electronic prescribing will be operational.

6.5.5 Therapy Services
A seven day evidence based therapy service will be provided. An OOH emergency physiotherapy service will operate.

6.5.6 Imaging
Imaging will be requested by contact with the imaging service. It is anticipated that this will be via an IT referral system. Where appropriate Imaging will be carried out at the bedside, where this is not appropriate Patients will be taken by Porter to the Imaging department. Critical care staff will escort patients with monitoring and support equipment.

6.5.7 Pathology
To facilitate and support the rapid access to patient testing and results with no compromise in terms of quality.

Refer also to Near People Testing policy.

Samples requiring transport to the laboratory should be sent via the air tube system. All staff using the air tube system must follow the agreed procedure, a copy of which will be located at the air tube station.

Pathology staff will maintain a working relationship with the Infection Control team and follow all agreed policies and protocols, Trust-wide and departmental. Any change in protocol or procedure will involve consultation with the Control of Infection team.

6.6 Non Clinical Support Services

6.6.1 IT
Clinical Information Collection
The department will use a clinical information system, which all staff will have a duty to contribute to.

Standard and ad-hoc reports will be available from this system for audit purposes. Senior staff will be able to interrogate the system for departmental analyses.

Imaging results are available digitally and will be viewable at all staff bases and clinical areas.

6.6.2 Portering Service
A portering service will be available and will be booked via telephone for appointments to specialist departments within the hospital.

Wheelchairs will be used from the hub wheelchairs store. Out of hours portering
service is available by contact to control office.

Pathology samples too large to go in air tube system will be collected by the portering staff.

6.6.3 Catering
Nutritional support team

Refer to Catering section of the Facilities Operational Policies. In summary food will be provided by the facilities services, this will include supporting patients to select meal choices, providing meals and clearing following meals. Food and facilities will be available to nursing staff to provide meals after hours when appropriate. Food hygiene procedures will be followed and include segregation of clean and dirty activity and proper food storage as defined within food hygiene guidance. Nursing staff will provide support for vulnerable patients during meals times using “red tray” process.

6.6.4 Linen
Linen will be delivered to the central linen store on the hub by ward services. The ward service officer will ensure supplies of linen are transferred from the central store to the individual wards and topped up throughout the working day (0700 hrs until 2000hrs).

Additional top ups required throughout the day will be arranged by the Ward Housekeeper.

6.6.5 Domestic Service

Daily cleaning schedule:

- Deep cleaning schedule
- Post Barrier nursing area clean
- Out of hours availability, ordering and contact details
- Cleaning blinds/curtains/screens
- Curtain exchange - how/ frequency etc.

All the above in accordance with the Facilities Management Operational Policy.

General cleaning of patient rooms and the ward environment will be completed daily by ward services.

Cleaning of the patient rooms and ward environment will be routinely scheduled following all discharges.

Deep cleaning of all ward areas will be completed every 3 months and will include washing curtains.

After the discharge of a patient with a known Infectious condition all mobile furniture will be removed from the ward and replaced with a duplicate set of pre cleaned and decontaminated furniture. This will be obtained from the Equipment store where all equipment will have been decontaminated and routine maintenance provided if necessary.

Any urgent unplanned requests will be dealt with by the out-of-hours team.
Equipment to be returned for decontamination will be collected by Facilities staff to be returned for decontamination.

Where individual pieces of furniture of equipment require deep cleaning, this will be arranged by the housekeeper directly with ward services.

### 6.6.6 Security

Refer to whole hospital security policy

The unit must be secured to prevent unauthorised access whilst ensuring easy exit. Only designated staff access will have access via an identification system. Others needing access to the ward areas will be screened with audiovisual equipment. CCTV required in the counselling rooms with a live link back to Reception desk.

Also panic buttons need to be positioned within the unit, directly linked to security.

Observation into all off the rooms from the circulation pace requires careful consideration. All bed areas require maximum observation and layout arrangements should maximise through vision, with capability of maintaining privacy and dignity.

### 6.6.7 Door Entry System

Entry to and egress from the ward will be controlled by an automated access control system for staff. A video-intercom externally and internally will link to the Nursing Station from where access to and egress from the ward by visitors will be controlled.

Lock down and override system

The exit control can be switched on and off depending on the nature of the patient’s on the ward and the risk of abduction or absconsion e.g. paediatric wards, patients with mental ill health, or in a state of confusion or dementia.

### 6.6.8 Security guard service

Security officers will be available 24/7. Their prime responsibility will be to provide a safe, secure environment by maintaining the safety of all persons and property on the site. This includes the protection of patients, staff, service providers and visitors against violent acts or abuse; theft; criminal damage; malicious tampering and arson. The essence of the security service will be to provide effective crime prevention measures and a quick response when required, in respect of any security related issue.

### 6.6.9 Emergency call system

The Emergency Call System is linked to both the Nurse Station and the Security Base. Security staff will respond to the alarm and take whatever action is necessary to ensure the safety of the Trust’s staff. Refer to table in functional brief

### 6.6.10 Fire Procedure

Refer to whole hospital policy. Horizontal evacuation areas to be equipped to support critical care patients.

### 6.6.11 Waste Management

Segregation of waste must be maintained as a high priority

### 6.6.12 Waste Disposal

Waste bins located in the dirty utility will be emptied as agreed with facilities department daily and transported to the central waste area located in the Hub. During the hours of 0700hrs until 2000 hrs, additional waste collection can be
obtained. The housekeeper will monitor the levels of waste within the ward and if necessary contact wards services to arrange for removal of waste bags to the central hub. Out of arranged hours, nursing staff will complete this duty.

7. **CONSULTATION**
An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to the critical care management team and capital projects team for comments. The outcome of this consultation has been reflected within the policy.

8. **AUDITABLE STANDARDS/MONITORING EFFECTIVENESS**
Compliance with the requirements of the policy will be monitored by the Clinical Group Director of Operations. Evidence would be that the policy was included in the Critical Care Quality manual with compliance audited as part of the clinical governance audit activity including monitoring of mandatory reading forms.

9. **TRAINING AND AWARENESS**
The policy will be issued to critical care staff as part of a local induction package and incorporated into the existing quality manual that is mandatory reading for all critical care staff. Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the critical care department and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. **EQUALITY AND DIVERSITY**
The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. **REVIEW**
This policy will be reviewed in three years time. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. **REFERENCE DOCUMENTS AND BIBLIOGRAPHY**
- Comprehensive Critical Care DoH (2000)
- Nursing and Midwifery Council
- Compassion in Practice – nursing, midwifery and care staff
- General Medical Council
- Health and Safety
- COSHH
- Essence of Care
- Fire Regulations
- Food Hygiene Regulations
- Patient ID Policy
- Patient Discharge Policy
- Infection Control Policy
13. **FURTHER ENQUIRIES**

Managers must inform new employees and remind existing employees of the requirements of the detail of this policy.

Copies of the policy are available on the Trust intranet.

The critical care team will provide advice and support on the implementation of this policy.
## Midland Metropolitan Hospital

### Planning Policy & Design Description

Sandwell & West Birmingham Hospitals NHS Trust

## Policy No: 04  Maternity Delivery Suite

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<td>Estates and Technical Team</td>
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Name: G. Seager  Post: Project Director  Signature:

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Disclaimer

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1.0 Philosophy of Service

Sandwell and West Birmingham Hospitals NHS Trust require, within the Maternity Delivery Suite, clinical accommodation to provide a suitable and safe environment for mothers and babies and facilities for diagnosis, assessment, monitoring, care and treatment. It will provide sufficient comprehensive delivery facilities in the hospital’s catchment area for all mothers who wish their babies to be delivered in hospital.

This policy should also be read in conjunction with the schedule of accommodation outlined within the Functional Brief.

The facilities within this area are required to offer:

- Integration across primary and secondary care to ensure seamless management of the patient journey
- Improved communication regarding mother and baby’s care
- Opportunities for multi-professional skills training
- Increased scope for collaborative inter-disciplinary and interagency working
- A facility which has a direct physical link to the internal hospital street network thus ensuring ease of access.

The Trust has identified a number of key strategic design principles, which underpin the content of this policy:

- Avoidance of the clustering of clinical support services to support individual specialties
- Maximisation of centralised distribution and storage facilities with appropriate top up systems to support the nursing units
- The provision of rooms for isolation of patients where required
- The provision of a service corridor.

Other elements of the maternity and related services are covered in other policy documents as follows:

- Maternity inpatient beds which include EPAU, ADAU and Maternity Discharge Lounge: PPDD 02
- Antenatal Clinic: PPDD 14
- Neonatal Unit: PPDD 05.

The delivery facilities should be capable of meeting the diverse needs of women and their babies. A woman who may require different levels of care at different stages of pregnancy, labour and in the post natal period, therefore the Trust will provide their maternity delivery service from a range of facilities:

- High risk delivery rooms-consultant led
- Birthing centre –midwife led
- Maternity theatres.
Women with complex needs may need to be moved to a post natal midwifery section (PPDD 02) following the birth of their baby. Rooms are designed to give a homely feeling and to have en-suite sitting areas and sanitary facilities.

The models of care will change in response to the needs of patients and their expectations. Services must therefore be provided in a manner that can respond to future requirements, particularly with respect to the proportion of single rooms.

### 2.0 Scope of Planning Policy

#### 2.1 Specific Exclusions

Although there are facilities with very close relationships to the Maternity delivery suite, these are described in separate policies and are therefore excluded from this policy. These can be summarised as:

- Maternity Inpatient beds (PPDD 02 Inpatients). Both Ante and Post natal care will take place in Obstetric beds which are accounted for within the repeatable inpatient bed base
- Neonatal Unit (PPDD 05 Neonatal Unit)
- Antenatal Clinics will be accommodated within a bespoke area as part of the general outpatient department (PPDD 14).

#### 2.2 Activity Figures

- The Trust expects the birth rate to be circa 6500 per annum.

#### 2.3 Hours of Operation

All areas within the Maternity Delivery Suite will be operational (or require access) 24 hours, 7 days a week, and the suite must be capable of receiving mothers throughout that time period.

It is expected that each pregnant woman will typically be accompanied by a partner, who may be present throughout or join them at some point.

Provision is required for relatives to wait separately.

#### 2.4 Functional Content

Although a summary of the main functional areas is provided here reference should be made to the detailed schedule of accommodation. The Maternity Delivery Suite will comprise the following key facilities:
2.4.1 Triage / Obstetric Assessment Area

- Reception with Vending
- Staff base
- Subwait Area
- Examination Bay (4)
- Birthing Partner/Patient Change - Accessible
- Consultation/Examination Rooms (6)
- Store: Medium
- OSFA - WC.

2.4.2 Induction Suite

- Induction Bay (6)
- Examination Bay
- Sub-wait Area.

2.4.3 Delivery Suite

- Birthing Partner Change – Accessible
- Near Patient Testing
- Clean Utility
- Dirty Utility with Macerator.

2.4.4 Delivery – High Risk

- Staff Base
- Delivery rooms (High Risk)
- Sanitary Facilities
- Isolation lobby.

2.4.5 Theatre Suite

- Operating Theatre (2)
- Staff Change
- Recovery Area
- Staff Base
- Anaesthetic Room (2)
- Scrub Room (2)
- Preparation Room
- Patient Changing
- WC - OSFA
- Domestic Services Room
- Resource Base
- Dirty Utility with Macerator (2)
- Store: Equipment.
2.4.6 Level 2 HDU

- Level 2 HDU Bedroom
- Sanitary Facilities
- Store: Equipment.

2.4.7 Birthing Centre – Midwife Led

- Staff Base including a resuscitation trolley
- Subwait Area
- Delivery Room (6)
- Sanitary Facilities
- Store: Equipment
- Store: Large
- Sitting Room
- Interview/Counselling Room
- Clean Utility
- Dirty Utility.

2.4.8 Bereavement Suite

- Delivery room (2)
- Sanitary Facilities.

2.4.9 Support Areas

- Beverage room (3)
- Office (2)
- Resource base
- Seminar Room
- Mobile equipment bay (2)
- Store: Medical equipment
- Store: Equipment
- Store: Linen
- Domestic services room
- Switchgear (2)
- Entertainment switchgear
- WC - OSFA.
2.4.10 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to support the clinical departments. In the case of the Delivery Suite the Neighbourhood Hub will provide:

- Reception and waiting
- Visitor welfare facilities
- Staff welfare facilities
- Facilities management – soft services.

It is envisaged that the Delivery Suite will share a Neighbourhood Hub.

2.4.11 Administration Zone

The Trust advocates the use of Administration Zones (PPDD 19), which will be co-located with the clinical areas they support.

2.5 Common Planning Policies

This planning policy has been developed to be read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wish to ensure consistency of approach within the facilities and as such:

- Advocate the use of repeatable rooms, as such only bespoke rooms and exceptions will be described in detail within this departmental PPDD;
- The Trust propose the use of Neighbourhood Hubs each of which will serve a number of departments and accommodate facilities shared between departments including facilities management.

3.0 Staffing

Bidders should refer to the Trust’s staffing profile for this activity.

3.1 Staff Development, Education and Welfare

Staff welfare facilities in the form of separate sex toilets showers and change are provided within the shared Neighbourhood Hub. Secure lockable storage is provided for personnel property whilst staff are on duty.

There will be a variety of training taking place within the Maternity Delivery Suite, requiring a variety of shared and bespoke facilities.
4.0  Key Relationships

4.1  Departmental Relationships

It is recognised that there are key adjacencies. These are shown in diagram [4.1] below:

Diagram [4.1] Key Adjacencies

4.2  Workflow

4.2.1  Patient Flows

Clerical staff based in the reception facility within the Neighbourhood Hub will provide a ‘meet and greet’ service and inform staff of their arrival. Mothers may travel to the hospital by ambulance, car or taxi and may arrive in a wheel chair, an ambulance trolley or on foot.

The reception area must be welcoming and as non-institutional as possible and provide a range of seating, toilets and appropriate vending facilities.

Mothers arriving at the Delivery Suite will be directed to the dedicated area for examination or triage. The delivery rooms should be easily accessible from the reception, waiting areas and triage areas. From triage mothers will either be directed to delivery rooms or discharged.

A sitting room will be available for mothers and birthing partners to relax during the early stages of labour. These should be easily accessible from the delivery room area. All delivery rooms will be single occupancy with the mothers experiencing an average length of stay being one day. The exception to this is within the Birth Centre where the average length of stay is six hours post-delivery. En-suite sanitary facilities will be directly accessible from each delivery room.
The access and security arrangements will need careful consideration as mothers and visitors will often be present at all hours. Access must be controllable whilst ensuring visitors are welcomed and feel able to arrive/leave as they wish.

Maternity Operating Theatres – the ability to access the operating theatres will be a fundamental requirement. In view of the frequency of movement of patients between the Operating Theatres and the Delivery Suite, an immediate adjacency is required, especially with the high risk and Level 2 rooms. Travel time should be less than one minute.

Diagram [4.2.1] Typical patient (mother) flows.

4.2.2 Staff Flows

Staffing levels have been shown in section [4.1] above. The flow diagram below highlights typical staff flows between areas, during a shift in the Maternity Delivery suite.

Diagram [4.2.2] Staff flows
4.2.3 Goods Flows

Goods flows must be kept as separate as possible from patient flows. The services within the Maternity Delivery Suite will draw on the hospital for various supporting services including domestic, catering and portering services, plus supplies and waste disposal. Provision should enable the clinical staff to access support facilities without leaving the suite. Typical goods flows are shown in diagram [4.2.3].

**Diagram [4.2.3] Goods flows**

4.3 **Interdepartmental Relationships**

The Maternity Delivery Suite will be provided with direct ground floor linkages to the hospital entrance and internal hospital street to ensure rapid and/or appropriate access. The following departmental adjacencies are key to the Delivery Suite:

- Neonatal Unit - An essential adjacency is required for transfer of babies and staff. Travel time should be immediate
- Ultrasound functions
- Seriously ill mothers and emergency caesarean sections will be admitted and cared for in the Level 2 room within in the Delivery Suite following delivery
- Maternity inpatient beds – An adjacency is required, for transfer of patients and staff, of less than 3 minutes
- Critical care – travel time should be less than 3 minutes
- Gynaecology Inpatients – for staff transfer - travel time should be less than 5 minutes
- Blood Bank.

In the event that patients within the Delivery Suite require access to services located elsewhere on the hospital site, it is essential that privacy and dignity is maintained at all times. The key external adjacencies relevant to individual specialties are outlined in the Functional Brief. Easy access must also be provided for the movement of patients, visitors and staff to other areas of the site and the delivery of bulk items such as food and linen.
Wherever practical, the movement of patients should be separated from that of goods with the public and visitors in order that the privacy and dignity of patients is not compromised. There are significant therapeutic benefits to providing patients with access to external areas. The table below summarises key issues and categorises level of requirement into Essential, Important or Desirable.

Table [4.3] Key Adjacencies: Maternity Delivery Suite

<table>
<thead>
<tr>
<th>Close to</th>
<th>PPDD</th>
<th>Reasons</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonatal Unit</td>
<td>PPDD 05</td>
<td>Patient transfer for clinical support</td>
<td>Essential</td>
</tr>
<tr>
<td>Pathology</td>
<td>PPDD 17</td>
<td>Clinical support</td>
<td>Important</td>
</tr>
<tr>
<td>Maternity Inpatients</td>
<td>PPDD 02</td>
<td>Patient and staff transfer</td>
<td>Important</td>
</tr>
<tr>
<td>Outpatients</td>
<td>PPDD 14</td>
<td>Patient transfer</td>
<td>Important</td>
</tr>
<tr>
<td>Integrated Critical Care</td>
<td>PPDD 03</td>
<td>Patient transfer</td>
<td>Important</td>
</tr>
<tr>
<td>Gynaecology Inpatients</td>
<td>PPDD 02</td>
<td>Staff transfer</td>
<td>Desirable</td>
</tr>
<tr>
<td>Blood Bank</td>
<td></td>
<td></td>
<td>Important</td>
</tr>
</tbody>
</table>

5.0 Planning and Design Principles

5.1 Ambience and Decoration

The facility is to be family-friendly, homely and non-institutional with particular emphasis on the use of white and neutral colours contrast, texture and art to provide a stimulating, non-threatening environment for all patients regardless of ability or impairment. The design should access the research available on hospital environments. Contingent use of ethnocentric pictures and birth related decorations would be beneficial, particularly in waiting areas.

In the high risk areas / Level 2 good observation is of paramount importance. This should be facilitated through the use of vision panels and other aids to observation.

Screening of doors to restrict views from outside the rooms and door panels to indicate room engaged.

Although intensive clinical care will be delivered in the suite, from a patient perspective an environment which appears as non-clinical as possible is desired with a pleasant outlook and it is important that an attractive and stimulating environment is provided by the appropriate use of light, glass blocks, wall coverings, ceiling art, colour, textures, art, pictures and finishes.

Design Teams are directed towards ITPD Volume 2 Trust’s Visits and Research for examples of ambience and decoration, in particular the work that the Trust have done within their current Birth centre.

5.2 Wayfinding

Signage to direct to and within the Delivery Suite should clearly demarcate and indicate the direction of the different areas. Due consideration will be given to wayfinding as described in the Functional Brief. Consideration must be given to separate flows on entry to the department.
5.3 Security and Observation

Within Maternity Units there is the possibility of unauthorised removal of infants and of infant abduction. The Trust has and will continue to operate a baby tagging system for this reason.

Throughout the accommodation, window openings should be restricted to 100mm for reason of security and to discourage intruders. The Suite must be secured to prevent unauthorised access and/or egress. Staff access will be gained via an automated access control system. Others needing access to the area will be screened with audio-visual equipment controlled at staff base and reception.

The Trust's Requirements in respect Patient/Staff call systems is set out within Functional Brief Section 3.4.

The Trust’s Requirements in respect of the communications and network structure to support the security system within Functional Brief Section 3.4.

5.4 Control of Infection

General principles concerning control of infection apply; the approach to be adopted can be referenced within the Functional Brief.

The Functional Brief Table [3.3.2] sets out the Trust’s requirements in respect of the isolation provision required.

5.5 Manual Handling

The general hospital approach to Manual Handling can be referenced within the Functional Brief. Patient transfer aids should be available in all high risk rooms. Pool rooms should be positioned to facilitate ease of access and support bars, steps and have safe, anti-slip floors. Doors need to permit access by delivery or inpatient bed.

The Functional Brief Table 3.2.5 sets out the Trust’s requirements in respect of the bespoke bariatric provision required. All patient beds require a tracked hoist system to support safe lifting and handling of patients, plus two Delivery Rooms.

At the entrance to the Delivery Suite there should be a Bariatric weighing facility integrated within the floor.

5.6 Fire and Safety

5.6.1 Fire

Precautions against fire will be taken, by staff working within the area. The Trust’s Fire Safety Management Policy will be adhered to and can be referenced within the Functional Brief.
5.6.2 Safety

Design features that contribute to safety include hand washing facilities, finishes and furniture, storage of chemicals. Flooring must be durable and non-slip even when wet. All surfaces should be easily cleanable. Storage should be at comfortable heights. Lighting should be variable from very bright to dim. This may include wall lights or recessed lights. LED starlight’s are a useful, effective and economical ceiling feature. All taps should be mixed type no touch type. Furniture should be comfortable, suitable for breastfeeding and waterproof. Facilities for the safe disposal of sharps, blood products and clinical waste should be integral to the design.

5.6.3 Radiological Protection

There are no specific issues within the Delivery Suite.

5.7 Privacy

The design should provide an environment, which respects the needs of all patients in terms of privacy and dignity as well as facilitating the delivery of good clinical practice and care. Attention must be given within the design for the sensitive nature of the activity carried out in delivery rooms.

5.8 Environmental Parameters

The design team shall ensure that temperature and humidity control are in accordance with the NHS agenda for consumerism, for patients to be able to control within limits, the temperature of their environment.

Generally, all public areas, concourses, seminar, meeting rooms, offices and areas not occupied by patients will be controlled by a Building Management System (BMS) to the requirements of HTM 03-01 Specialist Ventilation for Healthcare Premises: Part A: Design & Validation; the following rooms will require a degree of local control:

- Patient single rooms +/- 2°C Adjust at the patient bed head
- Procedures Room +/- 2°C Adjust at the room entrance

5.9 Environmental Criteria

5.9.1 Natural Light

The Design Brief developed by the Trust advocates the use of natural light. The Functional Brief Section 5.6 sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the bespoke requirements for natural light within the Delivery Suite.
Table [5.9.1] Natural Light Matrix

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Essential</th>
<th>Desirable or None</th>
<th>External Wall</th>
<th>Atrium</th>
<th>Borrowed light</th>
<th>Roof Light / Tube</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theatre see PPDD 06</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivery Room (HR)</td>
<td>Desirable</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Delivery Room (LR)</td>
<td>Desirable</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Level 2 HDU</td>
<td>Desirable</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>

5.9.2 Ventilation

The Design Brief developed by the Trust advocates the use of natural ventilation. The Functional Brief Section 5.7 sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke environmental criteria within the Delivery Suite.

Table [5.9.2] Environmental Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Temperature (°C)</th>
<th>ac/hr</th>
<th>Pressure &amp; filtration</th>
<th>Notes in respect of permissible derogations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Min</td>
<td>Max</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theatre see PPDD 06</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivery Room (High Risk)</td>
<td>18</td>
<td>25</td>
<td>15</td>
<td>-ve F7 i</td>
</tr>
<tr>
<td>Recovery Unit Single</td>
<td>18</td>
<td>25</td>
<td>15</td>
<td>-ve F7 i</td>
</tr>
<tr>
<td>Level 2 HDU</td>
<td>18</td>
<td>25</td>
<td>15</td>
<td>-ve F7 i</td>
</tr>
<tr>
<td>Delivery Room with Birth Pool</td>
<td>18</td>
<td>25</td>
<td>15</td>
<td>-ve F7 i</td>
</tr>
</tbody>
</table>

Refer to Functional Brief Table 12 for environmental notes and control criteria.

5.9.3 Acoustic Criteria

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief Section 5.8 sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the bespoke acoustic requirements within the Delivery Suite over and above section [5.8] of Functional Brief.

<table>
<thead>
<tr>
<th>04 Maternity Delivery Suite</th>
<th>Code:</th>
<th>Issue.</th>
<th>Health Quality Service reference:</th>
<th>Page 17 of 31</th>
<th>Implementation Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.0</td>
<td>1</td>
<td></td>
<td></td>
<td>July 2014</td>
</tr>
</tbody>
</table>
### Table [5.9.3] Bespoke Acoustic Requirements

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Rating to be achieved Functional Brief Table 5.8.A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theatre see PPDD 06</td>
<td><img src="image1.png" alt="Image" /></td>
</tr>
<tr>
<td>Delivery Room (HR)</td>
<td>A</td>
</tr>
<tr>
<td>Delivery Room (LR)</td>
<td>A</td>
</tr>
<tr>
<td>HDU Level 2</td>
<td>B</td>
</tr>
</tbody>
</table>

### 5.9.4 Medical Gas and Associated Power Supply Requirements

The Design Brief developed by the Trust, Functional Brief Section 7.2.1 sets out the Repeatable "bed head" service requirements, the table below sets out the bespoke requirements within the Delivery Suite.

### Table [5.9.4] Medical Gas and Power supply requirements

<table>
<thead>
<tr>
<th>Room Type</th>
<th>O₂</th>
<th>N₂O</th>
<th>O₂:N₂O</th>
<th>MA₄</th>
<th>SAT</th>
<th>Vac</th>
<th>AGS</th>
<th>He:O₂</th>
<th>AVSU</th>
<th>Alarm</th>
<th>IPS</th>
<th>URS</th>
<th>No. of Twin Sockets</th>
<th>Clinical Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery Rooms</td>
<td><img src="image2.png" alt="Image" /></td>
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</tr>
<tr>
<td>High Risk/ HDU Level 2</td>
<td><img src="image3.png" alt="Image" /></td>
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</tr>
<tr>
<td>Baby</td>
<td><img src="image4.png" alt="Image" /></td>
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<tr>
<td>Delivery Room with Birth Pool</td>
<td><img src="image5.png" alt="Image" /></td>
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</tr>
<tr>
<td>Baby</td>
<td><img src="image6.png" alt="Image" /></td>
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<tr>
<td>Bereavement Suite</td>
<td><img src="image7.png" alt="Image" /></td>
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<tr>
<td>Theatre</td>
<td><img src="image8.png" alt="Image" /></td>
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<tr>
<td>Theatre</td>
<td><img src="image9.png" alt="Image" /></td>
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</tr>
</tbody>
</table>

04 Maternity Delivery Suite

Health Quality Service reference: 0.0

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5.10 Flexibility

In addition to the macro flexibility set out in the Functional Brief section [4.3.2] the accommodation must enable flexible use and allow for changes in midwifery needs of patients; changes in models of care and or service delivery.

5.11 IM & T

Details of the active components associated with IM&T can be found in the Functional Brief Section 3.4. It is assumed that all patient records will be electronic and note entry and note review will take place at or close to the patient bedside. Each delivery room to have a computer to record delivery details and register babies' births.

5.12 External Space and Courtyards

There are significant therapeutic benefits to providing patients with access to external areas, as such access to external areas providing fresh air and both social and therapeutic facilities are essential to the recovery process for patients remaining in hospital for extended periods. Where nursing units are to be located other than ground level, means of accessing direct, safe, secure and therapeutically designed external space from clusters must be provided. Nursing sections must be able to access safe secure, external areas, which will be used for individual and group therapy in addition to a regular social facility for patients and visitors. The areas should provide a range of ground surfaces and ground levels including some steps. There should also be suitable seating. The scheme must achieve the provision of sensory and textual stimulation in terms of landscape design.

6.0 Equipment

The specific requirements for this zone will be addressed through the equipment selection in accordance with the Equipment Responsibility Matrix in Schedule 13.
The component sheets schedule out the equipment list for the Maternity Delivery Suite in accord with the equipment strategy in Schedule 13.

7.0 Proposed Accommodation

In developing proposals for the maternity facilities reference must be made to *HBN 21 Maternity Department and Children’s Health, Our Future: A review of progress against the National Service Framework for Children, Young People & Maternity Services 2004*.

Where areas of accommodation to be provided within different elements of the project are deemed to have the same repeatable functionality, these are outlined in the Functional Brief document. The operational functionality of the areas detailed below is specific to the requirements of the acute hospital.

The model of care will be at least 70% vaginal deliveries, and will receive mothers in labour from 16 weeks gestation, the delivery suite will comprise of ensuite delivery rooms to be used for high-risk births and a birthing centre with en-suite delivery rooms to be used for normal births.

The rooms described below are solely in respect of bespoke rooms or repeatable rooms which require modification.

For repeatable rooms refer to the Functional Brief.
7.1 **Reception (All Areas)**

7.1.1 **Reception**

A repeatable two person reception as described in the Functional Brief Table 24.

7.1.2 **Waiting**

A repeatable waiting space for 20 persons including wheelchair spaces for two persons as described in the Functional Brief Table 24.

7.1.3 **Vending**

A repeatable vending machine space for the following:

- Hot drinks x 1
- Cold drinks x 1
- Confectionary x 1

The functionality of this space is described in Functional Brief Table 24.

7.1.4 **WC OSFA**

Two repeatable OSFA toilets are required to serve the reception and waiting area as described in Functional Brief Table 24.

### 7.2 Triage / Obstetric Assessment

7.2.1 **Reception**

A dedicated two person reception is required. Details of the functionality required can be referenced within the Functional Brief Table 24.

7.2.3 **Staff Base**

A repeatable staff base with an integrated clean supplies area is required as set out in the Functional Brief Table [7.2].

7.2.4 **Sub-wait**

A repeatable 5 person sub-waiting area to include 2 wheelchair spaces is required as set out in the Functional Brief Table 24.
7.2.5 Examination Bay (4)

A suite of bespoke treatment areas are required for examination with functionality based on a repeatable Consult/Exam as referenced with the Functional Brief Table 24. Each will accommodate patients on either a chair or trolley within individual curtained bays.

7.2.6 Birthing Partner/Patient Change – Accessible

A repeatable accessible changing room is required in line with the Functional Brief Table 24.

7.2.7 Consultation / Examination Rooms

Repeatable dual access consultation/examination rooms as set out in the Functional Brief Table 24 are required for triage/assessment. All of these rooms require a CTG machine with a CTG monitoring system including a central station/display screen.

Patients are assessed as to whether or not they are in labour and a decision to admit, monitor or send home is made.

7.2.8 Store: Medium

A repeatable medium store is required as set out in Functional Brief Table 24.

7.2.9 Sanitary Facilities

Details of the Trust’s requirements can be referenced in the Functional Brief Table 24.

7.2.10 WC - OSFA

A repeatable OSFA toilet is required in line with the Functional Brief Table 24.

7.3 Induction Suite

A bespoke bay is required and will accommodate six patients on either a chair or trolley within individual curtained bays.

7.4 Delivery Suite

The Delivery Suite comprises of the following facilities which provide care for women at different stages of their pregnancy labour and delivery.

7.4.1 Birthing Partner/Patient Change – Accessible

A repeatable accessible changing room is required for partners who will accompany expectant mothers into the suite, in line with the Functional Brief Table 24.
7.4.2 Near Patient Testing

A repeatable near patient testing facility with pneumatic tube station is required, the functionality for which can be referenced in Functional Brief Table 24.

7.4.2 Clean Utility

A repeatable clean utility room will be provided as set out in the Functional Brief Table 24. This room has a required adjacency with HDU and Theatre Recovery.

7.4.3 Dirty Utility with Macerator

A repeatable dirty utility room with macerator will be provided as set out in the Functional Brief Table 24. In addition a green 11.5 litres disposal container is required for temporary holding of placenta prior to disposal.

7.5 Delivery – High Risk

7.5.1 Staff Base

A repeatable 4 person staff base with resuscitation trolley staff bases should overlook the entrance to the suite of delivery rooms. The staff base should be equipped with a VDT for access to the electronic health records of women in labour and current antenatal records. A pneumatic tube point is required at one staff base as set out in the Functional Brief.

7.5.2 Delivery Room (High Risk)

Bespoke delivery rooms are required with variants as set out in Table below:

High risk delivery rooms will require Dynamaps and CTG monitoring for continuous monitoring.

Details of the Trust environmental parameters can be referenced within Section 5 of this PPDD.

Details of the Trusts medical gas requirements can be referenced with Section 5 of this PPDD.
Table [7.5.2] Delivery rooms Variants

<table>
<thead>
<tr>
<th>Variant</th>
<th>Number</th>
<th>Room to include</th>
<th>Ensuite</th>
<th>Lobby</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard</td>
<td>7</td>
<td>One of which is to be an isolation room and one with a birth pool</td>
<td>Resuscitaire</td>
<td></td>
</tr>
<tr>
<td>Accessible</td>
<td>2</td>
<td>shower</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bariatric 47 stone</td>
<td>2</td>
<td>shower</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bariatric 60 stone</td>
<td>1</td>
<td>shower</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>12</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

7.5.3 En-suite Sanitary Facilities

For each high risk delivery room, a repeatable en-suite WC and shower facility, in line with functional brief, should be provided.

7.5.4 Isolation Lobby

A repeatable isolation lobby is required to each isolation delivery room as set out in the Functional Brief Table 24.

7.6 Level 2 HDU

7.6.1 Level 2 HDU Room

A bespoke 2 bedded Level 2 HDU room is required for mothers with suspected complications who need more intensive monitoring than might be provided in the birthing/postnatal area, usually for short periods. Space and bed head services should also be provided to accommodate babies alongside their mothers. This room should be co-located with maternity theatre suite and the recovery dirty utility.

7.6.2 En-suite Sanitary Facilities with Assisted Shower

A bespoke en-suite WC and shower facility should be provided.

- WC with concealed cistern;
- Wash hand basin;
- Bidet.
7.6.3 Store: Equipment

A repeatable room is required for storing bulky items of equipment. The functionality required is set out within Functional Brief Table 24.

7.7 Theatre Suite

7.7.1 Operating Theatre - Maternity

Although HBN 26 volume 1 gives a standard area for a general operating theatre of 55 m² (clinical net) the Trust have agreed to allocate 48 m² (clinical net) per operating theatre.

The operating theatres repeatable in design to maximise flexibility and facilitate use by all specialities. This must include the capability for invasive surgery, laser surgery and ultra clean environment. All theatres must be designed to meet the radiation protection standards.

The patient, scrub team and anaesthetist occupy the central area, together with the equipment being used in the operative procedure. The remaining space is used by staff supplying items to the scrub team, moving equipment into place and monitoring patient progress.

The maternity (elective caesarean) theatres should be located adjacent to partner change so as to facilitate partners being present before, during and after the procedure.

7.7.2 Staff Change

Staff change (male and female) with WC and shower facilities are required within the maternity theatre suite.

7.7.3 Recovery Area – Post Anaesthetic Recovery

A four space recovery area should be located in a central area.

7.7.4 Staff Base/Clean Supplies

A repeatable 2 person staff base with resuscitation trolley and integrated clean supplies area together with pneumatic tube station is required as set out in the Functional Brief Table 24.

7.7.5 Anaesthetic Room

The Trust has developed an Exemplar design for the anaesthetic rooms – refer to Functional Brief Table 24. These rooms should be accessed from the corridor and have direct access into an operating theatre.

7.7.6 Scrub Room

A repeatable operating theatre scrub room is required as set out in the Functional Brief Table 24. This room is shared between both theatres.
7.7.7 Preparation Room

A repeatable operating theatre preparation room is required as set out in the Functional Brief Table 24 shared between both theatres.

7.7.8 Patient Changing

A repeatable 6 person sub waiting area to include 1 wheelchair space is required as set out in the Functional Brief Table 24.

7.7.9 Trolley/Bed Parking Bay

An area is required for storing trolleys whilst the patient is in the theatre and should accommodate three empty trolleys.

7.7.10 Domestic Services Room

A domestic services room is required as set out in the Functional Brief Table 24.

7.7.11 Resource Base

Repeatable resource base with 4 spaces is required as set out in the Functional Brief Table 24.

7.7.12 Dirty Utility - Theatres

Repeatable dirty utilities are required as set out in the Functional Brief Table 24 for each theatre and recovery (with macerator).

7.7.13 Store: Equipment local to theatre

An equipment store will be provided for each theatre – refer Functional Brief Table 24.

7.7.14 Birthing Partner/Patient Change

Two repeatable accessible changing rooms are required which will contain a reclining chair for mothers waiting to access theatres for elective procedures in line with the Functional Brief Table 24.

7.7.15 WC – OSFA

A repeatable OSFA toilet as described in Functional Brief Table 24.

7.8 Birth Centre – Midwife Led

7.8.1 Staff Base

A repeatable 2 person staff base with a resuscitation trolley is required as set out in the Functional Brief Table 24.
7.8.2 Sub-wait

A repeatable 6 person sub waiting area to include 1 wheelchair space is required as set out in the Functional Brief Table 24.

7.8.3 Delivery Room (Midwifery Led)

Six bespoke delivery rooms are required with variants as set out in Table [7.8.3] below:

All rooms must be family friendly, homely, which will include fold down double beds (refer to SWBH MLU for example), with bed head services located discreetly behind cupboards. All the rooms will include a birthing pool which will need to have full access to move around the birthing pool. Low risk delivery rooms will require basic resuscitation equipment based on what you would use at a home birth.

Accessible delivery rooms must be in accordance with Building Regulations: Approved Document Part M.

Details of the Trust environmental parameters can be referenced within Section 5 of this PPDD.

Details of the Trusts medical gas requirements can be referenced with Section 5 of this PPDD.

Table [7.8.3] Delivery rooms Variants

<table>
<thead>
<tr>
<th>Variant</th>
<th>Number</th>
<th>Room to include</th>
<th>Ensuite</th>
<th>Lobby</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk</td>
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<td>Birthing Pool</td>
<td>shower</td>
<td>N/A</td>
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<tr>
<td>Total</td>
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<td></td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>

7.8.4 En-suite /WC/Wash/Shower

For each low risk delivery room, a repeatable en-suite WC and shower facility, in line with Table 7.4.3, should be provided.

7.8.5 Store: Mobile Equipment

A repeatable room is required for storing bulky items of equipment. The functionality required is set out within Functional Brief Table 24.

7.8.6 Store: Large

A repeatable large store will be provided as set out in the Functional Brief Table 24.

7.8.7 Sitting Room

A repeatable five person sitting room is required as set out in the Functional Brief Table 24. This area is intended to provide a change of environment and a place where mothers and their relatives...
can wait and/or relax. Details of the Trust’s functionality requirements can be referenced in Functional Brief.

7.8.8 Interview / Counselling

A repeatable interview/counselling room will be provided as set out in the Functional Brief Table 24.

7.8.9 Clean Utility

A repeatable clean utility room will be provided as set out in the Functional Brief Table 24.

7.8.10 Dirty Utility

A repeatable dirty utility room with macerator will be provided as set out in the Functional Brief Table 24. In addition a green 11.5 litres disposal container is required for temporary holding of placenta prior to disposal.

7.9 Bereavement Suite

Bereavement suite located away from the main delivery rooms with secured access directly from the Neighbourhood Hub as well as from within the Maternity Delivery Suite.

7.9.1 Bereavement Suite Bedroom/Delivery Rooms

Two delivery rooms attached to central holding area Details of the Trust’s functional requirements should be based upon a delivery room with the following modifications:

- Bedhead based upon a high risk level 2 for mother;
- Sofa bed for birthing partner;
- Self-contained beverage facility to be contained within the room.

7.9.2 En-suite Sanitary Facilities

Two repeatable en-suites with assisted shower, WC and WHB to the delivery rooms.

Details of the Trusts requirements can be referenced in the Functional Brief Table 24.

7.10 Support and Storage

7.10.1 Beverage Room

Repeatable beverage making facilities will be provided in association with the sitting room, as set out in the Functional Brief for the preparation of regular and ad hoc patient beverages throughout the day. These will be located in birthing centre, delivery and bereavement unit.
7.10.2 Office

A repeatable single person office is required as set out in the Functional Brief Table 24.

7.10.3 Office

A repeatable two person office is required as set out in the Functional Brief Table 24.

7.10.4 Resource Base

Repeatable resource office with 4 spaces are required as set out in the Functional Brief Table 24.

7.10.5 Seminar Room

A repeatable Seminar Room with 20 spaces is required as set out in the Functional Brief Table 24. This should be located within the delivery suite.

7.10.6 Mobile Equipment Bay

Two repeatable equipment bays will be provided for mobile Imaging equipment required in the nursing units as set out in the Functional Brief Table 24.

7.10.7 Store: Medical Equipment

Repeatable storage facilities will be provided for medical equipment as set out in the Functional Brief Table 24.

7.10.8 Store: Equipment

A repeatable room is required for storing bulky items of equipment. The functionality required is set out within Functional Brief Table 24.

7.10.9 Store: Linen

A repeatable linen store will be provided as set out in the Functional Brief Table 24.

7.10.10 Domestic Services Room

A domestic services room will be provided in line with the Functional Brief Table 24.

7.10.11 Switchgear

Two repeatable switchgear rooms are required as set out in the Functional Brief Table 24.
7.10.12 Entertainment Switchgear

Repeatable entertainment switchgear is required to serve the Delivery Suite.

7.11 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to the clinical departments. In the case of Maternity Delivery Suite:

- Reception and waiting;
- Toilets – visitor;
- Wheelchair store;
- Staff changing facilities including showers;
- Staff toilets;
- Staff rest room;
- Beverage bay;
- Reprographics;
- Seminar room;
- Regeneration Kitchen;
- Disposal hold;
- IT hub;
- Domestic services room;
- Domestic services store;
- Linen store;
- Switchgear room;
- Sterile supplies store.

7.12 Shared use of an Administration Zone

Maternity Delivery Suite will make use of an Administration Zone to accommodate:

- Consultants;
- Doctors;
- Data input.

The functional requirements are fully described within PPDD 19 Administration and are summarised below:

- Reprographics;
- Social area;
- Beverage bay;
- Office – open plan;
- Store – small;
- Library;
- Quiet rooms (for breakout);
- Seminar room;
- Domestic services room;
- Switchgear.
8.0 Schedule of Accommodation

The schedule of accommodation Version 10 has been developed for the totality of the scheme as a series of tables. This schedule is appended to Schedule 8 part 3.

9.0 Glossary and Definitions

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
MIDLAND METROPOLITAN HOSPITAL

No. 04
MATERNITY DELIVERY SUITE AND BIRTHING CENTRE
OPERATIONAL POLICY
MIDLAND METROPOLITAN HOSPITAL
MATERNITY DELIVERY SUITE OPERATIONAL POLICY

KEY POINTS

1. This policy is designed to assist all healthcare professionals involved in the care of all women during the birth of their babies and outlines the purpose and function of the maternity delivery suite.

2. The policy details the facilities required for the delivery suite within the Midland Metropolitan Hospital.

3. Provides a choice of models of care for mothers who wish their babies to be born in hospital.

4. Baby security while in the hospital will be undertaken by all maternity staff in conjunction with security staff.

5. This policy applies to all Trust staff in all locations including temporary employees, locums, agency staff, contractors and visiting clinicians.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
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1. **INTRODUCTION**

1.1 Maternity services will provide safe, individualised evidence based maternity care to women and their babies in a clean woman friendly environment, while at all times treating women as individuals, respecting their privacy, dignity, culture and religious beliefs.

1.2 The needs of the family will also be considered and birth at this Trust will be celebrated as a family event.

1.3 The Birthing Centre offers midwifery led care to women with uncomplicated pregnancies. Women will be encouraged to labour at home until they feel ready to come to hospital. Monitoring will be by intermittent auscultation.

1.4 Women will be encouraged to be active for their birth, with access to birth balls, birth stools and birth pools. They will have access to entonox should they need it.

1.5 Should complications occur during labour they will be transferred to delivery suite for continuous monitoring with Continuous Cardiotocography (CTG) or to theatre if required.

1.6 For most women they will labour and give birth in the same room, and remain in the room until they leave hospital, usually between 2 – 6 hours after birth. There must be access to drinks and light snacks for women, both hot and cold.

1.7 Women with more complex pregnancy will be cared for in the Delivery Suite. These women will more often require continuous monitoring of their own and babies' well-being with electronic monitors. Attempts with pictures and soft furnishings to make the area appear welcoming should reduce the level of anxiety for the woman and her family.

1.8 The environment should be clean and welcoming with soft colours and birth orientated culturally appropriate pictures. The environment will be air conditioned, temperature controlled and soundproof with a range of lighting options.

2. **OTHER POLICIES TO WHICH THIS POLICY RELATES**

- Anti D Administration IEA
- Assisted Vaginal Delivery Guidelines (MAT062)
- Blood Cross Matching Policy in Obstetric Patients
- Breech Presentation Guidelines
- Caesarean Section Management of (MAT/051) v6
- Care of Women in Labour
- Diabetes in Pregnancy (MAT/016)
- Failed Intubation in Pregnant Women (MAT055) June09
- Infection Control Policy (CO1001) (SWBH)
- Interpreting Services (ORG076)
- Management of Ante partum Haemorrhage
- Management of Cord Prolapse & Cord Presentation (MAT043)
- Management of Diabetes in Pregnancy (MAT/061)
- Obstetric Haemorrhage
- Postpartum Haemorrhage including the management of Massive Obstetric Haemorrhage
- Privacy and Dignity and Respect Policy (Pt Care 060)
- Resuscitation of Obstetric Patient
- Water Birth Care During Labour for Low Risk Women (SWBH/MAT/033)
3. **GLOSSARY AND DEFINITIONS**

3.1 Consultant Led Care: Responsible for the provision of obstetric care to women with complex pregnancies.

3.2 Named Midwife: Is the Midwife responsible for the provision of Midwifery care to the woman and for ensuring that the woman receives care appropriate to her needs.

3.3 CTG - Cardiotocography

3.4 CS - Caesarean Section

3.5 DFM - Diminished Foetal Movements

3.6 CMW - Community Midwife

3.7 BP - Blood Pressure

3.8 HDU - High Dependency Care

3.9 CCU - Critical Care Unit

3.10 NNU - Neonatal Unit

3.11 MW - Midwife

3.12 PET - Pre Eclamptic Toxaemia

3.13 ARM - Artificial Rupture of Membranes

3.14 MCA - Maternity Care Assistant

3.15 BBA - Born before Arrival

3.16 COW - Bedside Portable Computer Stations

3.17 CNST - Clinical Negligence Scheme for Trusts

3.18 SOM - Supervisor of Midwives

4. **POLICY DEVELOPMENT PRINCIPLES**

4.1 This policy is designed to assist all healthcare professionals involved in the care of all women during labour and outlines the purpose and function of the maternity service.

4.2 Care will be provided by Lead Clinicians/Obstetricians.

4.3 Low risk women will receive care under the Lead Consultant Midwife.

4.4 To support the provision of an individualised care plan for each mother.

4.5 To facilitate the effective transfer of relevant information between health professionals.

4.6 To adhere strictly to policies for security of mothers and babies.
4.7 To provide in depth assessment of maternal and foetal well being.

4.8 To ensure that all staff have received updated, appropriate training requirements for the clinical area.

4.9 To provide an environment whereby a patient’s privacy and dignity are maintained.

4.10 To minimise all potential risks.

5. ROLES AND RESPONSIBILITIES

5.1 Medical Obstetric/Medical Input
Consultant medical staff and their dedicated team of doctors will have clinical responsibility for the care of women during pregnancy labour and puerperium.

5.2 Lead Consultant Midwife/Matron
The Lead Consultant Midwife/Matron holds overall professional and managerial responsibility for inpatient areas including delivery suite, MLU and inpatient ward areas.

Act as an innovator, motivator, key change agent and role model, with a high level of autonomy in order to enhance and sustain high standards of clinical care both as a manager and highly experienced clinical midwife.

5.3 Midwives
Midwives will be required to exercise clinical judgement for the assessment of care needs, the development, implementation and evaluation of programmes of care in partnership with a defined group/caseload of women in the ante and post natal period. They will work autonomously within departmental/Trust guidelines and professional sphere of practice, also abiding by the Midwives rules and standards.

Midwives will provide a full range of health education, social care and advice to women, liaising with multi-disciplinary/agency groups to continually improve maternity care for childbearing women and their families, being responsive to the needs of the women and obtain user views as appropriate.

Midwives will contribute to creating a learning environment in the department/ward/area acting as role model, preceptor and mentor to less experienced midwives, student midwives and other staff.

5.4 Midwife in Charge (shift lead)
Each shift will be led by an experienced, skilled and competent midwife. The designated ‘midwife in charge’ is responsible on a shift by shift basis for providing leadership and co-ordination of workload in collaboration with and in the absence of the ward manager. He/she will have responsibility for the supervision and support of staff and ensure that all clinical priorities are communicated to the midwifery team within a timely manner, and that tasks are appropriately delegated to suitably qualified and competent members of the nursing and/or support team.

He/she will manage staff breaks and staff will leave the ward area to access the shared staff rest rooms in the central hub areas adjacent to the ward or restaurant facilities provided within the hospital.

He/she will monitor ward capacity and workload and will ensure that all patients are allocated to an appropriate bed space with the appropriate monitoring requirements according to their individual
clinical need within the generic ward. This may be either a four bedded bay or single room, which may have additional level 1 monitoring equipment.

5.5  Ward Clerks
Ward clerks support the nursing team by providing administrative services including ordering stationary, record keeping, telephone enquiries, admission and discharge support. The ward clerks will provide rota cover of the hub reception to support patients, staff and visitors.

5.6  Support Staff
Undertake aspects of basic nursing care and maintenance of the ward area, in support of professionally qualified members of the multidisciplinary team ensuring the highest standard of patient/client care. Deliver care under the supervision and direction of qualified members of the team. Recognise, review and report any change to patient’s/client’s condition, including any action taken to an appropriately qualified senior member of the team.

5.7  Theatre Sister
The theatre sister leads on staffing, organising equipment and running of the theatre list.

5.8  Recovery Staff
Every unconscious patient will have one to one attention of a member of the Recovery Room Staff until she is able to respond to commands.

5.9  Theatre Nursing Staff
Theatre nurses are involved in the care of the woman before, during, and after surgery. As a member of the surgical team perform the tasks of a ‘scrub nurse’ or of a theatre runner.

5.10 Operating Department Practitioners (ODPs)
They provide support operating theatre staff and provide care to patients, before, during and after surgery.
Duties include:
- Preparing the operating theatre and equipment, such as drips, instruments, dressings and swabs
- Making sure specialist equipment is available for specific procedures
- Monitoring theatre cleanliness
- Ordering and rotating single or multiple use items of stock and drugs
- Providing the surgical team with the items they need during an operation (often called ‘circulating duties’)
- Keeping accurate records

5.11 Operating Department Assistants (ODAs)
They provide support to maternity theatre staff and provide care to patients, before, during and after surgery.

5.12 Consultant Anaesthetists
The anaesthetist assesses the fitness and suitability for anaesthesia for all patients undergoing general or regional anaesthetic. They are responsible for administering the anaesthetic and the provision of postoperative analgesia.

5.13 Staff Identification and Uniform
All staff will wear Trust ID badges when on duty within the Trust. Staff will introduce themselves and identify their role to patient and visitors at the first point of contact with them.

All staff will wear uniform and/or adhere to an expected code of dress when on duty. Staff will change into their uniforms as detailed within the uniform policy and store their valuables.
and clothes in a locker in the shared changing area in the neighbourhood hub.

6. SERVICE DESCRIPTION/SCHEDULE OF ACCOMODATION
The Triage area will carry out initial assessment of women who believe they are in labour or who are experiencing difficulty with their pregnancy. The acute birth rooms will provide sufficient birthing facilities for mothers with complex pregnancies or to receive transfers from the Birthing Centre, Emergency Department or community in the hospital’s catchment area. There will be an integrated induction of labour area, high dependency area, bereavement suite and with rapid access to Obstetric theatres and blood bank.

The Birthing Centre will provide home like birth environments for women with straightforward pregnancies who wish to labour utilising active birth and minimal interventions in home like surroundings.

Women will be cared for in a safe, clean and welcoming environment meeting their individual needs, with appropriate individual care plans.

Ensure that privacy and dignity are maintained by providing individual rooms with en-suite facilities. The facility will be family centred with an emphasis on birth as a celebration.

Baby security will be maintained using a baby monitoring security system and CCTV with the addition of video intercom phone secure access to all areas where babies are cared for.

6.1 Hours of Service
The Delivery Suite requires ground floor access and immediate adjacency with neonatal unit. All areas within the Maternity Delivery Suite, Birthing Centre and Triage will be operational (or require access) 24 hours, 7 days a week, and must be capable of receiving mothers throughout that time period.

It is expected that each pregnant woman will typically be accompanied by a partner, who may be present throughout or join them at some point. Provision is required for relatives to wait separately at some time with access to toilet facilities and light refreshments at all hours.

6.1.2 Patient Pathway
Women will telephone to the Delivery Suite prior to admission and access to the Delivery Suite will be via the Main Entrance during core hours and via the Emergency Department out of hours. Entry into the Delivery Suite will be via the Triage area, which will be located adjacent to the Delivery Suite. Women will arrive ambulant from home, from antenatal clinic, antenatal ward or day assessment service or be brought in by ambulance.

On admission they will be greeted by receptionist or ward clerk and shown to a consulting room in the Triage area. Admission will be recorded on electronic database. Entry and exit doors will have secure access.

The Delivery Suite and Birthing Centre facilities should be capable of meeting the diverse needs of women and their babies. A woman who may require very different levels of input at different stages of their pregnancy, induction of labour, labour, post-natal care and should be able to have her needs met with minimal movement from one location to another.

Women may be admitted at any stage of pregnancy from 16 weeks onwards. Some mothers may need prolonged labour care or immediately postnatal care while some mothers will be readmitted during the post-natal period if complications occur.

Birth Rooms will therefore need to be flexible to deal with these complexities. Some mothers will require forceps or instrumental deliveries in the room and therefore will need adequate space for Midland Metropolitan Hospital Maternity Delivery Suite/Birthing Centre Operational Policy No. 04 V5.0 July 2014
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up to 6 people plus large amounts of equipment.

If the woman is found to be in labour she will be escorted to a Birthing Room for the duration of their stay. If the labour progresses well she will give birth to her baby, be helped with feeding, both the woman and her baby will be examined and will be discharged home. If complications occur during the labour, or post-natally she will be transferred to the acute delivery rooms. Occasionally, an acute emergency will occur which requires direct emergency transfer to theatre or HDU or CCU.

Women with complex pregnancies will be cared for in the Acute En-Suite Birth Rooms which will have a full range of medical gases including piped entonox, oxygen, suction and medical air for the immediate resuscitation of neonates. In addition to Continuous Computerised Cardiotocography (CTG) monitors with archiving facilities, computerised ‘Dynamap’ monitors and facilities for intravenous infusion stands, giving sets, infusion pumps and storage facilities for equipment. In addition a computer station for direct recording of notes and procedures (COW) with a small work/ writing area situated so that the writer does not have their back to the woman.

Some women will need intervention in their labour and this may require immediate emergency intervention within the room, or transfer quickly to the theatre and provision for the baby delivered within 30 minutes. All rooms must be sufficiently wide to allow for the easy movement of delivery beds.

The Birthing Centre will be separate from but horizontally adjacent to the Delivery Suite with its own entrance. All rooms are designed to give a homely feeling and have integral sitting areas, hand wash facilities and secure storage for clinical equipment and linen.

Access to both sides of the bed should be possible with room for a computer trolley and baby cot and resuscitaire and a wide range of equipment. Storage within the room to conceal this equipment will make the room more welcoming. Lighting should be flexible to accommodate a range of situations so should incorporate wall lights, dimmer switches and very bright procedure/examination lights (these may be portable).

All rooms will have facilities for baby resuscitation equipment. In the high risk delivery rooms this will be with a resuscitaire which will also need to be connected to a power supply and oxygen and suction and medical air.

6.2 Accommodation
Access to the Birthing Centre is from the main entrance which is adjacent to the patient ‘drop off point’ during core hours and from A&E out of hours.

The Delivery Suite facilities will be a secure environment to which access is restricted and be accessed during core hours by women and their partners from the Neighbourhood Hub receptionist who will inform the Delivery Suite receptionist of the woman’s arrival.

Out of core hours the entry and exit to the Delivery Suite will be controlled by the Delivery Suite receptionist via a security system. Receptionist/ward clerk/clerical support available 24 hours per day

Staff will gain access to the Delivery Suite via a programmed staff security system.

The Delivery Suite comprises of the following areas

6.2.1 Entrance and Reception
This waiting area is located at the entrance to the unit and is to service both the Birthing Centre and Delivery Suite and will accommodate up to 20 people it will be used for relatives to wait during the woman’s labour or following the birth of the baby and includes a beverage machine and male
and female visitor toilets

6.3 Triage/Obstetric Assessment
Staffing as appropriate for workload - 2 midwives, I MCA and I receptionist

6.3.1 Reception – for two.

6.3.2 Sub-Wait required for triage assessment.

6.3.3 Two toilets – one ambulant and one accessible.

6.3.4 Staff Base
On arrival to the Delivery Suite or Birthing Centre the woman and partner are greeted by the receptionist or ward clerk in the Triage area and the woman’s arrival logged onto computer. The woman and partner will be directed to the waiting area.

6.3.5 Triage Waiting Area
This waiting area requires air conditioning and comfortable seating for up to 20 women and their partners and will be used to wait until called into a consulting room by the midwife or doctor for assessment.

6.3.6 Six Consulting/Examination Rooms
These consulting rooms will be available to undertake examination and assessment of the woman to determine if she is in labour and if so how far this is progressing. These rooms will all have a small computer work station, adjustable height couch, adjustable, flexible bright examination light, chair for the partner, CTG monitor, dynamap to record vital signs and an area for the woman to safely store her personal belongings.

6.3.7 Examination Bay
This area is divided into four cubicle areas each one furnished with a height adjustable couch to undertake examination and assessment functionality based on a generic Consult/Exam as detailed within the Functional Brief.

6.3.8 Store: Medium
A generic store room is required for storage of pathology bottles, equipment and stationery.

6.3.9 Patient Toilets
Two patient toilets, one accessible and one OSFA, with access for wheel chair users and ambulant women. This should be large enough to provide space for women to be able to provide urine samples. Storage area, mirror, wash basin, work area. Accessible to the induction suite.

6.3.10 Elective Caesarean Patient Waiting Area
This waiting area is located within the Triage area and will be used by women who are admitted directly from home for an elective caesarean section. The area will accommodate up to 4 women and be furnished with reclining chairs for the women and chairs for their partners, changing rooms with secure lockers for women and their partners are provided. Patient toilets are located in close proximity.

On arrival the woman and partner are greeted at the Triage reception area by the receptionist and the woman’s arrival logged onto computer and theatre informed, she will then be directed to the changing room and asked to change into a theatre gown, put her belongings in a locker and wait in the room so that the midwife or MCA can complete the admission documentation.

As per the theatre list the woman will be escorted to theatre by the theatre staff and following
delivery of her baby will be recovered and transferred to an obstetric in-patient ward and the woman’s belongings will be sent to the ward.

6.4 Induction Suite
This area will be staffed by one midwife until the women are in established labour when they are transferred to delivery suite to have one to one care. Patient wait for six required.

6.4.1 The induction suite requires direct access from the Triage area and must be co-located to the Delivery Rooms with access to toilets.

This suite will comprising of one room with six cubicle areas each one furnished with a bed, locker for the woman’s belongings, a chair for her partner, CTG machine and a integral entertainment system for music and television. Women will be admitted on a planned basis to the induction suite either directly from home or transferred from the obstetric in-patient wards.

If the woman is admitted from home then she and her partner will report to the reception desk in the Neighbourhood Hub who will inform the midwifery staff of her arrival. The woman and her partner will be asked to wait in the hub waiting area until a member of the midwifery staff will escort her to the induction suite.

If the woman is being transferred from the obstetric in-patient wards the staff working in the induction suite will contact the ward and a member of the ward staff will escort the woman to the induction suite where she will be greeted by the midwifery staff and shown to a cubicle.

Induction is the process of bringing about labour before it spontaneously occurs. About one fifth of pregnancies are induced.

The most common reasons for inducing labour are for post-maturity, maternal high blood pressure/pre-eclampsia, waters breaking before contractions start, multiple births, gestational diabetes or slowed growth of the baby

Labour will be induced by using propess or artificial rupture of membranes (ARM). Once the woman is in established labour she will be escorted by a midwife or MCA to a delivery room in the Delivery Suite.

6.5 Delivery Suite
Staffing
12 Midwives per shift to provide 1 to 1 care to women in established labour supported by 4 support staff (MCA/clerical).

This area comprises of a staff base, twelve en-suite acute birth rooms, a clinical support function, medical office accommodation and seminar facilities.

6.5.1 Staff Base
Handover room with facilities for the secure storage of patient information and notes:-
Equipped with:
- Telephone
- 3 computer work stations
- Fax
- White board for patient details – to record up to 12 patients
- Storage area for policies and guidelines
- Shelving and secure cupboards

6.5.2 En-Suite Acute Birth Rooms
These 12 en-suite Delivery Rooms will be used for high-risk/complex births and must be capable
of accommodating up to 6 to 8 people and large items of equipment.

Comprising of the following:

- 2 x assisted bathrooms with disabled facilities for women who are unable to use the ambulant shower facilities without assistance from the midwifery staff.
- 1 x isolation facilities
- 1 x birthing pool
- 2 x accommodate a woman weighing up to 298kg
- 1 x accommodate a woman weighing up to 382kg
- 5 x standard delivery rooms

Each room will include as standard an integral computerised CTG monitor with facilities for archiving, Computerised ‘Dynamap’, resuscitation equipment for the woman and/or baby and baby warming facilities, Electric adjustable height bed and small computer station with work area (not facing away from patient).

All twelve en-suite Delivery Rooms require the additional:

- Integral entertainment system for music and television.
- Air conditioning.
- Piped medical gases including oxygen, air, suction and entonox, which must be hidden from view until required.
- Ambient lighting should be flexible with a range of options such as star light ceilings, wall lights and portable bright lights.
- Fixed bright examination light must but available for suturing and examination.
- Hand washing and waste disposal facilities must be available.
- All surfaces must be suitable for frequent cleaning after contact with bodily fluids.
- Integrated storage and large equipment will be hidden from view, giving the room a clean and uncluttered homely appearance.
- The entrance of the rooms must accommodate patients who are ambulant and wheelchair users, parents with small children in pushchairs/buggies and clinical beds.
- The room should be soundproofed with a door wide enough to allow for the passage of a delivery bed.
- Edges of doors and all corners must be protected from knocks and bumps with rubber or plastic edging strips. There should also be protection in bed areas.
- All rooms should be decorated with soft shades of colours, not clinical in appearance and have relevant multicultural images that make them feel welcoming.
- Furniture should be comfortable for pregnant women and should not be too low.
- Textiles should comply with Infection control and fire safety regulation. Floor coverings should be easily cleaned, non slip and match the décor.
- A mobile saddle stool will also be available and a recliner chair for partner

6.5.3 Near Patient Testing Room

This room will be used for sending blood samples to pathology via the pneumatic tube system. All staff using the air tube system must follow the agreed procedure, a copy of which will be located at the air tube station.

The Blood gas analyser for Delivery Suite and the Birthing Centre will be located in this room and only staff trained and authorised to use and maintain the analysers will have access to the this equipment.

Pathology staff will require access to the analysers at all times in case of malfunction. Pathology staff will maintain a working relationship with the Infection Control team and follow all agreed policies and protocols, Trust-wide and departmental. Any change in protocol or procedure will involve consultation with the Control of Infection team.
6.5.4 OSFA Toilet
Staff toilet provided description as detailed within the Functional Brief.

6.6 Theatre Suite
Only clinical staff will access to the main theatre suite in appropriate attire. Traffic through the theatre room should be minimised prior to the procedure and only for preparation of the room or access to scrub.

Only staff necessary for the procedure should occupy the theatre room at any one time.

Midwives available for elective caesarean sections approximately 5 times per day to receive and care for baby and to provide immediate postnatal care to mother

6.6.1 Operating Theatres
Two operating theatres are generic in design to maximise flexibility and must be designed to meet the radiation protection standards.

The patient, scrub team and anaesthetist occupy the central area, together with the equipment being used in the operative procedure. The remaining space is used by staff supplying items to the scrub team, moving equipment into place and monitoring patient progress.

The maternity (elective caesarean) theatre should be located so as to facilitate partners being present before, during and after the procedure.

6.6.2 Two Anaesthetic Rooms
The Trust has developed an exemplar design for the anaesthetic rooms – as detailed within the Functional Brief.

A patient will be transferred to the anaesthetic room from the delivery suite or the waiting area, with a midwifery escort. Initial clinical procedures, for example, monitoring and insertion of intravenous infusions, will commence in this room.

Staff should minimise egress between the doors leading into the theatre room. It should not be used as a thoroughfare to the operating room. Clinical staff will use monitoring equipment and prepare and administer drugs in this area. Anaesthetic equipment including infusion pumps will be used by staff and will accompany the patient through the theatre suite. Staff will access local storage for clean medical supplies and drugs.

The room should be large enough to accommodate 4 people as well as the patient. Privacy and maintenance of an undisturbed environment is essential. This room should be accessed from the corridor and have direct access into an operating theatre.

6.6.3 Scrub Up
A generic shared operating theatre scrub room are required as detailed within the Functional Brief.

The scrub rooms will be accessed only by staff required to scrub. Staff will thoroughly cleanse their hands and lower arms in accordance with the infection control policy and adorn sterile gloves, gowns, masks and headgear.

6.6.4 Preparation Room
A generic shared operating theatre preparation room is required as detailed within the Functional Brief.

The preparation room will be used for instrument preparation for that procedure. Staff will transfer instruments packs from the bulk store and enter the room from the circulation corridor.
prepared instruments will enter theatres via the doors that lead directly into the operating theatre and not be taken out into the circulation corridor.

6.6.5 Recovery Area
This area will accommodate up to 4 mothers, babies and birth partners following the delivery of the baby and they will remain here until they are stable to be transferred to the ward.

6.6.6 Two Dirty Utility Rooms
Two generic operating theatre utility rooms are required as detailed within the Functional Brief. The dirty utilities within the suite are exclusively for theatres. Recovery will access the dirty utility shared in the delivery suite and birth centre.

All waste and contaminated instruments and linen for each theatre will be processed in their dirty utility. Staff will minimise journeys to and through the room. It should not be used as a thoroughfare into the theatre room.

6.6.7 Store: Equipment local to Theatres
An equipment store will be provided for each theatre – as detailed within the Functional Brief.

6.6.8 Staff Changing Room with WC and Shower
The changing area has compartmentalised storage space for theatre clothing and laundry skips are provided for soiled theatre clothing. Seating is available for dressing and undressing and there are facilities for the storage of theatre foot ware on boot racks in a space supplied with mechanical extraction to limit odours.

Sanitary and shower facilities are available which include a dry changing area equipped with mirrors and a hairdryer.

6.6.9 Staff Changing Room with Shower (this can also be used as a partners change area)
The changing area has compartmentalised storage space for theatre clothing and laundry skips are provided for soiled theatre clothing. Seating is available for dressing and undressing and there are facilities for the storage of theatre foot ware on boot racks in a space supplied with mechanical extraction to limit odours.
- A theatre foot ware washer is located between the male and female changing areas.
- Sanitary and shower facilities are available in each changing area which include a dry changing area equipped with mirrors, hairdryer and a shaving point.
- Male and female changing areas are located away from the patient areas and in close proximity to the theatres to minimise the movement of staff in their theatre clothes.
- A theatre foot ware washer is located between the male and female changing areas.

6.6.10 Beverage Room
This area is where staff can relax and take meal breaks with direct access to a beverage bay for making beverages and snacks and for washing-up. Will also be used by delivery suite mother and partner.

6.6.11 Resource Base
The resource base as detailed within the Functional Brief will be used by anaesthetists who are required to be accessible for the delivery suite and Birthing Centre while on duty. The office is equipped with workstations, networked computers; chair’s, phones computerised whiteboards and secure storage for equipment.
6.6.12 Partner Change Area x 2
Each will need to accommodate a reclining chair and a normal chair for partner. Locker to be provided for belongings.

6.7 Inpatient HDU
A single en-suite bedroom for 2 women

This en-suite room which must be located close to the theatre complex will be required to provide high dependency care (HDU) for women. It will accommodate and care for up to two women who require HDU care from the midwifery staff either before delivery of the baby i.e. Pre eclamptic toxæmia (PET) or complications delivery of the baby i.e. Post Partum Haemorrhage (PPH).

6.7.1 En-Suite Facilities
Generic en-suite facilities are provided as detailed within the Functional Brief.

6.7.2 Store: Small
General store required within the suite as detailed within the Functional Brief and will used exclusively for HDU.

6.7.3 Access to clean and dirty utility adjacent to theatre recovery.

6.8 Bereavement Suite
The Bereavement Suite must be located within the Delivery Suite complex but away from the main Delivery Rooms and comprises of two en-suite bedrooms to provide care for women and their partner’s who are undergoing pregnancy loss either from medical termination for foetal abnormalities or following Intra Uterine Death.

Staffing - will require one to one care when in use 1 midwife per shift (3 shifts per day)

6.8.1 En-Suite Bedroom/Delivery Room
These two single en-suite bereavement rooms must be accessible to midwifery and medical staff.

The doors to this area must also accommodate the movement of a delivery bed if the woman has to be transferred following delivery from the Delivery Suite or Birthing Centre. Each bedroom will accommodate the woman and her partner with a refreshment preparation area. A sofa bed is available to enable the partner to stay if desired.

6.9 Midwifery-Led Birthing Centre
The Birthing Centre is accessed via a reception desk. Women in the Birth Centre will have labour, delivery, birth and postnatal rooms where they and their partner will remain after the birth of their baby until discharge within 6 hours.

The Birthing Centre comprises of 6 double bedded en-suite delivery rooms to be used for low-risk births, the entrance to the rooms must accommodate patients who are ambulant and wheelchair users, parents with small children in pushchairs/buggies and clinical beds.

Each Delivery Room will have a birth pool, resuscitation for the woman and or baby and baby warming facilities, birth mat, birth ball and birth stool available in the room. Ropes and bars for active birth located throughout the labour area.

These rooms will have call bells, emergency bells, piped medical gases, oxygen, air, suction and entonox which should be hidden from view until required.

Staffing – 6 Midwives per shift to provide 1 to 1 care to women in established labour supported by 2 support staff.
6.9.1 Waiting Area
This waiting area requires air conditioning and comfortable seating for up to 6 women and their partners and will be used to wait until called into a birthing room by the midwife.

6.9.2 Staff Base
Handover room with facilities for the secure storage of patient information and notes:-
Equipped with:
- Telephone
- 2 computer work stations
- Fax
- White board for patient details – to record up to 6 patients
- Storage area for policies and guidelines
- Shelving and secure cupboards

6.9.3 Birthing Rooms
Each Birthing Room requires soundproofing, edges of doors and all corners must be protected from knocks and bumps with rubber or plastic edging strips.

There should also be protection in bed areas. Lighting should be flexible with a range of options such as star light ceilings, wall lights, dimmer switches and portable bright lights for suturing and examination.
- Furniture must be comfortable for pregnant women and should not be too low.
- Textiles should comply with Infection control and fire safety regulation. Floor coverings must be easy to clean, non slip and match the décor.
- All rooms should be decorated with soft shades of colours, not clinical in appearance and have relevant multicultural images that make them feel welcoming.
- Integrated storage and large equipment will be hidden from view, giving the room a clean and uncluttered homely appearance
- If resuscitation of infants is required it will be done on a baby changing station with a changing mat using bag and mask with a resuscitaire and transport incubator available nearby if necessary.
- Facilities available for making refreshments, control of lighting and use of music will be integral to providing the most conducive environment for normal birth.
- There will be facilities for the birthing partner to rest with the woman and her baby using a fold out double bed/ sofa bed.
- Portable PC’s will be available in the room so that midwives do not have to leave the room for data input.
- Clinical equipment should be hidden from view and rooms should be warm, but with air conditioning available as necessary.
- Pictures and signage should also be welcoming with relevant multicultural images that make them feel welcoming.
- A mobile saddle stool will also be available and a recliner chair for partner

6.9.4 Interview/Counselling Room
This room is to be used for medical and/or midwifery staff where there is a requirement for private dialogue with individual patients and/or carers. The room will require soft furnishings which are ergonomically comfortable and be non-clinical in appearance. A telephone with external capability is provided. Accessible to the Birthing Centre.
6.9.5 Quiet Day Space – Sitting Room with Beverage Area
Small visitor’s sitting room with telephone and provision of light refreshments, it should be furnished as a domestic lounge area with comfortable furniture with wipe clean finishes.

6.9.6 Store: Equipment
This room will be used to store a resusitaire and will require electrical sockets to ensure that the resusitaire is ‘ready’ if a baby needs immediate transfer following delivery to the Neonatal Unit.

6.10 Clinical Support and Storage for Delivery Suite and Birth Centre
The following clinical support areas will be shared between the Triage area, Induction Suite, Delivery Suite, Birthing Centre and Bereavement Suite.

A Clean and Dirty utility room is located within both the Delivery Suite and Birthing Centre adjacent to the birth rooms.

6.10.1 Clean Utility Rooms
These two clean utility rooms will be used to store clean medical supplies that are required for midwifery procedures and IV administration, Pharmacy refrigeration and Drug cupboards. Please refer to the Facilities Whole Hospital Policy for details of restocking of medical supplies.

6.10.2 Dirty Utility Rooms with Macerators
These two dirty utility rooms will be used for the disposal of used bedpans and vomit bowls. It will be used for staff to return dirty obstetric equipment after use in the department. This equipment will be decanted into the correct containers for waste disposal or collection. Please refer to the Facilities Whole Hospital Policy for details of collection.

6.10.3 Seminar Room
A seminar is required within the Delivery Suite to accommodate up to 25 people as set out in the Functional Brief and will be used by midwifery and medical staff for multi disciplinary meetings, teaching and shift handover.

6.10.4 Office Departmental Manager
This office will be used by the Delivery Suite Manager to store staff files, conduct private staff interviews and undertake staff appraisals.

6.10.5 Office/Resource Bases
Two resource bases are required as set out in the Functional Brief for consultant obstetricians and midwifery staff who are required to be accessible for the delivery suite and Birthing Centre while on duty. The offices are equipped with workstations, networked computers; chair’s, phones computerised whiteboards and secure storage for equipment such as models and dolls.

6.10.6 Store: Medical Equipment
Large items of medical equipment will be stored here when not in use i.e.
  - CTG machines
  - ‘Dynamap’ machines

6.10.7 Store: Sterile Delivery Packs
Sterile Pack storage room will store sufficient stock of consumables to meet the needs of the Triage, Induction, Delivery Suite and Birthing Centre. Please refer to Facilities Whole Hospital Policy for details of delivery schedules.

6.10.8 Store: Linen
This linen room will store sufficient stock of linen to meet the needs of the Triage, Induction,
Delivery Suite and Birthing Centre. Please refer to Facilities Whole Hospital Policy for details of delivery schedules.

6.10.9 Staff Changing Facilities
These are located within the neighbourhood hub as detailed within the Functional Brief.

6.11 Interdepartmental Relationships

- Ingress from ambulance area/ emergency admission route
- Antenatal clinic
- Theatres
- Blood Bank (please note decision taken that only Emergency Department & Theatres will have blood fridges)
- Neonatal Unit
- Critical Care Unit
- In-patient Obstetric Wards
- Birthing Centre
- Discharge Lounge
- Triage must have direct route to theatre and delivery suite.
- Antenatal Day assessment facilities
- Disposal facilities for bodily fluids and clinical waste/ used instruments
- Ingress for stores
- Direct route from Bereavement Suite to the mortuary

6.12 Business Continuity

6.12.1 Escalation

Escalation will take place as part of a Network and a maternity network. Where there is insufficient capacity within the NNU for anticipated activity, women in predicted labour will have to be transferred to a unit with capacity, either before birth, or after birth to accompany their baby. Where labour room capacity exceeds demand the escalation policy will entail:

- Review of all current women and facilitated discharge to another area where possible
- Review of all activity to ensure that rooms are all being used appropriately
- Where all rooms are full in the Birthing Centre – women will be transferred to the Delivery Suite
- Where all rooms in the Delivery Suite are full women will be transferred to the Birthing Centre if safe to do so
- Where all rooms are full and there is no possible capacity the escalation policy will involve closing the unit and diverting women to the nearest available unit within the West Midlands network with capacity

Where capacity issues are due to staff shortage for any reason attempts will be made to obtain cover by bank shifts.
If this is not possible available staff will be used by areas with the most acute need
All available midwifery or support staff will be called in to resolve the crisis

Senior managers and Supervisors of Midwives will be called to assist in resolving crisis situations

Knowledge of all Trust wide policies related to Trust systems failure. i.e.: estates, IT, water, gases, and power failure – back-up generator

Need to evacuate within the main building- Trust wide policy would be developed prior to becoming operational.

Occasionally there will be a need to fast transfer patients directly to either Delivery Suite or obstetric theatre rapidly. This can be by direct access lift or dedicated corridor.
Procedures to be agreed across neighbouring Maternity Units/Community Hospitals for standby plan if the unit is full.

6.12.2 Major Equipment
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit.

If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure.

A loan of equipment is provided if repairs cannot be rectified immediately.

In the event of serious systems failure and immediate repair or loan equipment not being possible, then the midwife in charge will consult with the medical staff and Clinical Group Director.

6.12.3 Equipment Replacement
There is a formal rolling programme of replacing equipment.

6.13 Major Incident
Refer to:
- Major Incident Plan
- Evacuation Plan

Each area will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

6.14 Regulatory Requirements
- Mandatory training,
- Supervisor of Midwives - annual review to identify training requirements.
- Working time Directive regulating working patterns
- CNST - for obstetric and midwifery training.
- CNST Caesarean Section Audit
- SOM - Annual review to identify midwifery training requirements

There is a statutory requirement in maternity care to provide contemporaneous records of all events, and records need to be kept for 25 years to support any litigation claims. Storage facilities are required to keep records traceable and secure against loss, damage or use by unauthorised persons. Archived records do not need to be kept on the unit itself, but are required to be accessible within 24 hours of a request being made.

Staffing Ratios
- 1:1.4 midwives to 1 woman in labour
- 1: 6 support staff to midwifery staff
- Consultant Obstetric support to the Delivery Suite 60 hours per week
- Working Time Directive regulating working patterns
Consultant Midwife 1:900 births in Birthing Centre

6.15 Clinical Support Services

6.15.1 Pharmacy

Refer to Pharmacy PP&DD No 18 and Operational Policy for a description of the cluster Pharmacy services based in the neighbourhood hub to provide swift response to pharmacy requests and ensure that advice and support of specialist pharmaceutical knowledge is readily available.

Pharmacy supplies will be delivered to the delivery suite on a daily basis in locked boxes by the dedicated porters for pharmacy. Individual patient drugs/dressings will be stored in locked cabinets at patient bedside from which medication will be dispensed during scheduled drug rounds.

General pharmacy supplies will be ordered electronically and be controlled using materials handling systems. General drugs and dressings which are issued via pharmacy will be stored in a locked cabinet situated in the clean utility.

6.15.2 Pathology

Referrals will be received via an IT solution. Specimens will be delivered to Pathology via the use of a pneumatic tube with the exception of blood products which are collected or delivered using the Porter service.

6.15.3 Infection Control

All staff will comply with Trust Infection Control Policies, all team members who undertake aseptic nursing procedures will adhere to infection control standards for cleaning trolleys to ensure that risk from infection is kept to a minimum.

All staff will comply with Trust Infection Control Policies. A risk assessment must be completed for side rooms required for patients with infectious conditions. Information systems will highlight those women with infectious conditions on admission and discharge.

Screening

All women are screened at booking. Specialist midwives communicate information as required. Confidential information available in a 'back page' system along with all other confidential information with restricted access

Screening undertaken for elective CS cases for MRSA

Management of Infected Patients

- Booking in - patients records will be available in rooms
- Pre admission - plan for treatment recorded
- Disposable Packs for all deliveries
- Electronic system for identifying patients with infections on discharge and printout to patient
- Patient relevant patient history and any follow up required to include when result have come back post discharge/transfer to other wards. This should ideally form part of the patient care pathway
- Deep cleaning facilities for delivery rooms and theatres after infected cases
- Decontamination areas required for beds etc.
- Birthing pools decontamination

6.15.4 Sterile Supplies

Facilities staff will deliver sterile stores from the central hub to the ward; refer to Facilities Support Services – sterile services section. Ward staff will unpack and stock within the storage cabinets in the clean utility.
6.15.5 Manual Handling
Refer to the Moving and Handling Policy.

The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

6.15.6 Imaging
Imaging will be requested by contact with the imaging service. It is anticipated that this will be via an IT referral system.

6.15.7 Interpreting Services
Interpreting services will be available and booked by clerical staff. Refer to the interpreting Services – Access and Delivery Policy

6.16 Non Clinical Services
6.16.1 IT
Electronic Patient record (EPR), hospital communications and ordering systems will be required

6.16.2 Transport
This will be required to transport patients where applicable and will be booked by the clerical staff via a central booking process.

6.16.3 Porters Service
A porter’s service will be available and will be booked via telephone; wheelchairs will be used from the hub wheelchairs store.

6.16.4 General Store Delivery
Facilities Support services – Material handling section to be developed.

6.16.5 Catering
Patient Meals will be as follows (refer to Catering section of Facilities support services Operational Policies). All foods will be stored in the regeneration area on the hub, and collected and delivered to the ward, and to individual patients, using a hostess service provided by Facilities division. Food hygiene procedures will be followed and include segregation of clean and dirty activity and proper food storage as defined within food hygiene guidance.

Patient meal times will be protected and nursing staff will identify and provide support for vulnerable patients during meals times using “red tray” process and blue beakers must be available for patients whose hydration is of concern.

During breakfast, patients will be asked to order their lunch and evening meal from a supplied (by ward services) menu.

Breakfast – Cold breakfast consisting of cereal and/or continental style breakfast with hot/cold beverage.

Lunch – Choice of hot or cold meal, desert and choice of hot/cold beverage.

Evening Meal - Choice of hot or cold meal, desert and choice of hot/cold beverage.
Additional meals can be ordered between the hours of 0.600 to 18.00 hours by contacting facilities department. Between 10.00 and 06.00 hours, sandwiches are available from the regeneration kitchen (refrigerated) which will be replaced and refreshed on a daily basis by ward services.

A kitchen situated outside the main ward area in the shared central hub houses a regeneration function / kitchen. Refrigerators will house milk and cold snacks/sandwiches for those patients who have not planned a meal or other unexpected event. No staff food may be kept in the patient refrigerator.

6.16.6 Linen
Linen will be delivered to the central linen store on the hub the ward services officer will ensure supplies of linen are transferred from the central store to the individual wards and topped up throughout the working day (06.00 until 18.00 hours) 6 days a week.

Additional top ups required throughout the day will be arranged by the Ward team. Refer to facilities support services policy – Linen services section. This will be stored at a workable height with clear access in the linen store in the ward.

6.16.7 Domestic Service
Refer to the Hospital Cleaning Service Policy

After the discharge of a patient with a known Infectious condition all mobile furniture will be removed from the ward and replaced with a duplicate set of pre cleaned and decontaminated furniture. This will be obtained from the Equipment store where all equipment will have been decontaminated and routine maintenance provided if necessary.

Any urgent unplanned requests will be dealt with by the out of hour’s team.

Equipment to be returned for decontamination will be collected by Facilities staff to be returned for decontamination.

Where individual pieces of furniture of equipment requires deep cleaning, this will be arranged directly with ward services

6.16.8 Maintenance
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.

Specialist equipment required by patients i.e. pumps, bed rails, Syringe Drivers (PCA), (definitive equipment list to be compiled) will be available from a central equipment library. Access to the equipment library will be available 24 hours a day, 7 days per week.

Equipment will be requested by ward staff by telephone and delivered by equipment library staff. Nursing staff will be responsible for surface cleaning during use and ensuring that equipment is returned to the library on discharge of the patient. Staff at the equipment library will be responsible for decontamination in a central decontamination unit.

All equipment must be surface cleaned, bagged and sealed before returning to the central equipment library.

Equipment used in a contaminated area or with an infected patient, must be surface cleaned, bagged, sealed and clearly labelled with hazard source prior to return or collection to the appropriate store.
A) Cleaning and Storage of Equipment

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Cleaned</th>
<th>Stored</th>
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</thead>
<tbody>
<tr>
<td>Bed and mattress</td>
<td>FM</td>
<td>Bed store</td>
</tr>
<tr>
<td>Other mattress</td>
<td>External Contract</td>
<td>Bed store</td>
</tr>
<tr>
<td>Pumps</td>
<td>MED ENG</td>
<td>Mobile e.g. bay</td>
</tr>
<tr>
<td>Portable lighting</td>
<td>FM</td>
<td>By bed</td>
</tr>
<tr>
<td>Wardrobe/locker with integrated locking self medication drawer</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Patient tables /Bed table</td>
<td>FM</td>
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<tr>
<td>Secure Drugs cupboards</td>
<td>Nursing</td>
<td>N/A</td>
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<tr>
<td>Cleaning of ward areas, Shower/washroom areas &amp; sluice</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Commodes</td>
<td>Joint FM / Nursing</td>
<td>Dirty Utility</td>
</tr>
<tr>
<td>Treatment trolleys</td>
<td>Nursing</td>
<td>Clean utility</td>
</tr>
<tr>
<td>Drug trolley</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV stands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portable sterile supplies trolley</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linen trolleys</td>
<td>FM</td>
<td>Linen</td>
</tr>
<tr>
<td>Waste bins</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Macerator, Sluice drainage</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Mop/bucket</td>
<td></td>
<td>Dirty utility</td>
</tr>
<tr>
<td>scales</td>
<td>Joint FM/Nursing</td>
<td>Procedure room</td>
</tr>
</tbody>
</table>

b) Ordering of Supplies

Ordering of supplies will be completed via electronic ordering and delivered via Facilities staff, refer to Facilities operational policy section Supplies.

6.16.9 Security

Refer to the Security Policy, Baby Tagging Policy and the Functional Brief [section 3.8]

Door Entry System

Entry to and egress from the delivery suite will be controlled by an automated access control system for staff. A video-intercom externally and internally will link to the Nursing Station from where access to and egress from the ward by visitors will be controlled.

Lock down and override system

- The exit control can be switched on and off depending on the nature of the patient’s on the ward and the risk of abduction or absconson e.g. paediatric wards, patients with mental ill health, or in a state of confusion or dementia.

Security Guard Service

- Security officers will be available 24hours 365 days per year. Their prime responsibility will be to provide a safe, secure environment by maintaining the safety of all persons and property on the site. This includes the protection of patients, staff, service providers and visitors against violent acts or abuse; theft; criminal damage; malicious tampering and arson. The essence of the security service will be to provide effective crime prevention measures and a quick response when required, in respect of any security related issue.

Emergency Call System

- The Emergency Call System is linked to both the Midwifery Station and the Security Base. Security staff will respond to the alarm and take whatever action is necessary to ensure the safety of the Trust’s staff/ refer to the Functional Brief [table 3.4B]
Electronic baby tagging system (as per guideline) part of overall baby security
The Delivery Suite and Birth Centre will have a security system available for the tagging of all babies. This should be linked with the inpatient obstetric wards, with sensors located at every entrance/exit door.
The computer will be located in the NNU at a central location within the reception area to enable staff to view the computer when the tag alarm is activated.
Restricted access on all doors to clinical areas and birth rooms

6.16.10 Fire Procedure
Refer to the Fire Safety Management Policy.

6.16.11 Waste Management
Refer to the Waste Management Policy.

- All clinical waste will be disposed of in yellow clinical waste bags. These go for incineration.
- All used sharps to be placed in the ‘sharps’ bin.
- Soiled instruments should be returned to the decontamination unit for cleaning and re-sterilisation as per the decontamination operational policy. (available within the endoscopy suite)
- Non clinical waste to be placed in black rubbish bins.
- The Spillage Protocol will be adhered to regarding disposal of items used for dealing with spillages.
- Any confidential paperwork for disposal must go in the Hessian type bag identified for shredding material.
- Other paper waste relating to non confidential material can go in a black bag or the cardboard paper recycling boxes.
- Bins will have adequate space and sufficient collections to ensure that rubbish is not left on the floor, and bins should be a design which allows bags of rubbish to be placed in the bin safely.

7. CONSULTATION
An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to all consultant obstetricians, lead midwives, clinical group management team and capital projects team for comments. The outcome of this consultation has been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS
Compliance with the requirements of the policy will be monitored by the Delivery Suite Matron.

9. TRAINING AND AWARENESS
Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the maternity unit and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY
The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals
are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. REVIEW

This policy will be reviewed in three years time unless requires earlier review. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY

OAA/AAGBI Guidelines for Obstetric Anaesthetic Services – Association of Anaesthetists of Great Britain and Ireland (2005)


Birth Centres – a return to the natural way -The official journal of the Royal College of Midwives Volume 5 No11 November 2002

R&D Project B (02)11: The effects of the interior environmental design on service users and staff in maternity facilities Crown copyright (2007)

Standards for maternity Care – Royal College of Obstetricians and Gynaecologists – Maternity Audit Indicators (2008)


PP&DD Planning Policy Design Document No 04 Delivery Suite

Health Building Note No 21 Maternity Department – Department of Health (1996)

Health Building Note No 26 Facilities for surgical procedures volume 1- Department of Health (1991)

13. FURTHER ENQUIRIES

Contact the Director of Midwifery, Consultant Midwife or Matron for further information on the implementation of this policy.
APPENDIX A  Patient Pathway - Access to Delivery Suite
APPENDIX B  Patient Pathway - Triage

Triage
Woman or partner telephones Triage prior to arrival
On arrival assessed by midwife and/or doctor

PP&DD No. 04 Maternity Delivery Suite  
Midland Metropolitan Hospital  
Page 29 of 34
APPENDIX C  Patient Pathway – Access to Birthing Centre

Green Assessed

Low Risk Woman & partner transferred to Birth Centre Room

Normal Birth

Baby examined woman & baby well Discharged home

Amber Reviewed by M/W and/or Doctor

High Risk Transferred to High Risk Birth Room or directly to Theatre

Complex Birth or Caesarean Section

Woman is recovered on Delivery Suite or in the Recovery area within theatre complex and transferred to obstetric in-patient ward when medically fit

Red Admitted either to Delivery Suite or to Theatre

Discharged home if coded AMBER discharged home with appointment for Antenatal Clinic
Patient arrives at main hospital entrance
OR
Emergency Department entrance

Patient directed to the Delivery Suite/Birthing Centre through several methods including the receptionist based in Main reception, hospital signage, volunteers, taken by chair or ambulance or ambulant

Report to Triage and following assessment is escorted to the reception of the Birthing Centre

Birthing Centre
Midwife/HCA greets woman and partner and escorts them from the reception area to a birthing room

Birthing Room
Labour & Birth

Complications occur – transfer to Delivery Suite or Theatre

Woman & baby examined & fit for discharge

Discharged home to care of community team
### Name Designation

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
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<tbody>
<tr>
<td>P. Bosio</td>
<td>Clinical Director</td>
</tr>
<tr>
<td>E. Newell</td>
<td>Head of Midwifery</td>
</tr>
<tr>
<td>S. Murray</td>
<td>Divisional General Manager W&amp;C</td>
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<tr>
<td>A. Geary</td>
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<tr>
<td>K. Gutteridge</td>
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<td>R. Kinnersley</td>
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<td>S. Slater</td>
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<td>J. Walker</td>
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<td>P. Bosio</td>
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</tr>
<tr>
<td>E. Rackley</td>
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</tr>
<tr>
<td>L. Bird</td>
<td>Deputy Head of Midwifery</td>
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<tr>
<td>C. Bromley</td>
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---|---
S. Murray | Divisional General Manager W&C

V3.0

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<td>K. Stokes</td>
<td>Maternity Theatre Manager</td>
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<tr>
<td>L. Hodgkinson</td>
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<td>P. Finch</td>
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<tr>
<td>D. Cochran</td>
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<tr>
<td><strong>Originator:</strong></td>
<td>Estates and Technical Team</td>
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<tr>
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Name: G. Seager  Post: Project Director  Signature:
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Disclaimer

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1.0 Philosophy of Service

This policy details the facilities, which the Sandwell and West Birmingham NHS Trust require within the Neonatal Unit. A Neonatal Unit is required to provide care for those new born babies who cannot be cared for beside their mother or on the postnatal ward. Babies will be nursed in cots or incubators according to their need within the following facility:

- Intensive care (Level 3);
- High dependency (Level 2);
- Special care – (Level 1);
- Transitional care;
- Isolation.

This policy should be read in conjunction with the schedule of accommodation outlined within the Functional Brief.

The Trust has identified a number of key strategic design principles, which underpin the content of this policy:

- Maximum observation;
- Daylight in all clinical areas;
- Avoidance of the clustering of clinical support services to support individual specialties;
- Maximisation of centralised distribution and storage facilities with appropriate top up systems to support the nursing units;
- The provision of a service corridor;
- The provision of family centred care.

The models of care will change in response to the needs of babies and their mothers and their expectations. Services must therefore be provided in a manner that can respond to future requirements.

2.0 Scope of Planning Policy

2.1 Specific Exclusions

Although there are facilities with very close relationships to the Neonatal Unit, these are described in separate policies and are therefore excluded from this PPDD.

These can be summarised as:

- Maternity Inpatient beds (Inpatient PPDD 02). Ante and Post natal care will take place in Obstetric beds which are accounted for within the repeatable inpatient bed base;
- Maternity Delivery Suite (Maternity Delivery Suite PPDD 04);
- Paediatric inpatients. (PPDD 29).
The Trust has received the [draft] HBN 09 03 Neonatal Unit and proposes that this PPDD remains based upon HBN 21 Maternity Services and input from the Neo Nata Network and further enhanced to reflect the outcome of visits by user group team members to other similar units.

2.2 Activity Figures

The Trust expects the birth rate to be 6500 per annum. The number of babies requiring neo natal care is expected to be 650 per annum.

2.3 Hours of Service

All areas within the Neonatal Unit will be operational (or require access) 24 hours, 7 days a week, and the suite must be capable of receiving mothers throughout that time period.

It is expected that partners will accompany mothers or join them at some point. Provision is required for relatives to wait separately at some time.

2.4 Functional Content

Although a summary of the main functional areas is provided here reference should be made to the detailed schedule of accommodation. The Neonatal Unit will comprise the following key facilities:

2.4.1 Entrance

- Reception (integrated with Wait);
- WHB/PPE/Locker Station;
- Interview/Counselling Room;
- Office;
- Resource Base
- WC.

2.4.2 Clinical Areas

- Single cot nurseries;
- Isolation lobbies;
- Transitional care rooms;
- En-suites to transitional care (with assisted showers);
- Multi-cot nurseries;
- Staff bases;
- Treatment room;
- Hearing assessment & vision testing/ treatment room;
- Near patient testing room.
2.4.3 Support Areas

- Relatives overnight stay rooms;
- Relatives shower/toilets – En Suites to Relative overnight stay rooms;
- Visitors room with play area integrated with beverage bay;
- Breast feeding room;
- Beverage room;
- Clean Utility;
- Dirty Utility without Macerator;
- Mobile equipment bay;
- Milk kitchen;
- Equipment service room;
- Store: Equipment;
- Store: Linen;
- Store – Baby Clothes;
- Domestic services room
- Decontamination Clean Room;
- Clean Storage Room;
- Wash Room;
- Switchgear.

2.4.4 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to support the clinical departments. In the case of the Neonatal Unit the Neighbourhood Hub will provide:

- Reception and waiting;
- Visitor welfare facilities;
- Staff welfare facilities;
- Facilities management – soft services.

It is envisaged that the Neonatal Unit will share a Neighbourhood Hub with the Maternity Delivery Suite.

In addition to the reception located at the shared neighbourhood hub a dedicated two person reception is required to be located within the entrance areas of neonatal.

2.4.5 Administration

The Trust advocates the use of Administration Zones (PPDD 19), which will be co-located with the clinical areas they support.
2.5 Common Planning Policies

This planning policy has been developed to be read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wish to ensure consistency of approach within the facilities and as such:

- Advocate the use of repeatable rooms, as such only bespoke rooms and exceptions will be described in detail within this departmental PPDD.

The Trust propose the use of Neighbourhood Hubs each of which will serve a number of departments and accommodate facilities shared between departments including facilities management.

3.0 Staffing

Refer to the Trust's staffing profile.

3.1 Staffing Profile (including Management)

Table [3.1] sets out the Trust’s requirements in respect of the number of staff who will normally be working in the unit at any one time. This table includes numbers likely to be on duty at any one time and the numbers who will require changing facilities, together with an estimate on the number of staff in training at any one time.

Table [3.1] Projected overall staffing numbers.

<table>
<thead>
<tr>
<th>Staff in Neonatal unit</th>
<th>Number of staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff on duty at any one time</td>
<td>21 + 3 Administration and Clerical + 9 Medical</td>
</tr>
<tr>
<td>Staff requiring changing facilities at any one time</td>
<td>31 – 90% - female 10% male</td>
</tr>
<tr>
<td>Staff requiring training at any one time</td>
<td>9 - 6 nurses, 2 medical staff and 1 admin &amp; clerical</td>
</tr>
</tbody>
</table>

3.1.1 Medical

The medical staff operating in support of these beds will be part of the wider service component and therefore numbers have not been isolated in respect of this facility.

3.1.2 Nursing

The total nursing/midwifery establishment will be 106.07 wte staff at 85%.

3.1.3 Corporate and Clinical Administration

The numbers of administration and clerical staff working in the unit at any one time is 3 wte staff. The facility requirements are indicated in the table [3.1.3] below.
Table [3.1.3] Projected (2012/13) administration staffing numbers.

<table>
<thead>
<tr>
<th>Discipline</th>
<th>On duty at one time</th>
<th>Dedicated work space required</th>
<th>Resource base required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Manager</td>
<td>1</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Medical Secretary</td>
<td>3</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Data Clerk</td>
<td>1</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Ward Clerk/ Receptionist</td>
<td>2</td>
<td>Reception Desk</td>
<td>No</td>
</tr>
</tbody>
</table>

3.1.4 Support Staff

The numbers of support staff working in the unit at any one time will vary between functions for example, visiting audiology and speech and language therapy staff. Based upon the projected activity and facility distribution the likely staffing numbers are outlined in table [3.1.4].

Table [3.1.4] Projected support staffing numbers.

<table>
<thead>
<tr>
<th>Discipline</th>
<th>On duty at one time</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANNP</td>
<td>3 (shared desk space)</td>
</tr>
<tr>
<td>Nurse Educator</td>
<td>1 (dedicated desk space)</td>
</tr>
<tr>
<td>Consultant On Service</td>
<td>2 (dedicated desk space)</td>
</tr>
<tr>
<td>Medical Staff</td>
<td>7 (shared desk space)</td>
</tr>
<tr>
<td>Shift Co-ordinator</td>
<td>1 (shared with below)</td>
</tr>
<tr>
<td>Breast Feeding Co-ordinator</td>
<td>1 (shared with above)</td>
</tr>
</tbody>
</table>

3.2 Staff Development, Education and Welfare

Staff welfare facilities in the form of separate sex toilets showers and change are provided within the shared Neighbourhood Hub. Secure lockable storage is provided for personal property whilst staff are on duty.

There will be a variety of training taking place within the Neonatal Unit requiring a variety of shared and bespoke facilities. Training requirements have been identified and are included in table [3.2].
## Table [3.2] Projected Training Requirements

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Facility type</th>
<th>Shared with others</th>
<th>Bespoke</th>
<th>Number of people</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical handover/teaching ward round</td>
<td>Seminar room</td>
<td>required twice daily</td>
<td>Yes</td>
<td>15-20</td>
<td>Daily</td>
</tr>
<tr>
<td>Neonatal grand round</td>
<td>Seminar room</td>
<td>Yes</td>
<td>No</td>
<td>25</td>
<td>Weekly</td>
</tr>
<tr>
<td>Neonatal Nutrition Meeting</td>
<td>Seminar Room</td>
<td>Yes</td>
<td>No</td>
<td>15</td>
<td>Weekly</td>
</tr>
<tr>
<td>Neonatal x-ray meeting</td>
<td>Seminar room with PACS system</td>
<td>Yes</td>
<td>No</td>
<td>25</td>
<td>Weekly</td>
</tr>
<tr>
<td>SHO/registrar induction programme</td>
<td>Seminar Room</td>
<td>Yes</td>
<td>No</td>
<td>25</td>
<td>Twice/year</td>
</tr>
<tr>
<td>SHO teaching</td>
<td>Seminar Room</td>
<td>Yes</td>
<td>No</td>
<td>25</td>
<td>Weekly</td>
</tr>
<tr>
<td>Mandatory training</td>
<td>Seminar Room</td>
<td>Yes</td>
<td>No</td>
<td>25</td>
<td>Monthly</td>
</tr>
<tr>
<td>Newborn resuscitation training</td>
<td>Skills lab – PGC</td>
<td>Yes</td>
<td>No</td>
<td>15</td>
<td>Annual</td>
</tr>
<tr>
<td>NLS course</td>
<td>Skills lab</td>
<td>Yes</td>
<td>No</td>
<td>40</td>
<td>Annual</td>
</tr>
<tr>
<td>Clinical competence training</td>
<td>Seminar Room</td>
<td>Yes</td>
<td>No</td>
<td>25</td>
<td>Weekly</td>
</tr>
<tr>
<td>Pre-registration nurses</td>
<td>Seminar Room</td>
<td>Yes</td>
<td>No</td>
<td>6</td>
<td>Always – rotate in 3/year</td>
</tr>
<tr>
<td>Post reg – neonatal pathway</td>
<td>Seminar Room</td>
<td>Yes</td>
<td>No</td>
<td>6</td>
<td>2 sets of 3 each 6 months</td>
</tr>
<tr>
<td>ANNP training – ANNP course (Masters Health Sciences)</td>
<td>Seminar Room</td>
<td>Yes</td>
<td>No</td>
<td>1</td>
<td>Once – 1 year course</td>
</tr>
<tr>
<td>Undergraduate medical student training</td>
<td>Seminar Room</td>
<td>Yes</td>
<td>No</td>
<td>6</td>
<td>5/year</td>
</tr>
<tr>
<td>Postgraduate medical training</td>
<td>Seminar Room</td>
<td>Yes</td>
<td>No</td>
<td>10</td>
<td>New group rotates 2/year</td>
</tr>
<tr>
<td>In-house nurse training</td>
<td>Seminar Room</td>
<td>Yes</td>
<td>No</td>
<td>10</td>
<td>Weekly</td>
</tr>
<tr>
<td>Neonatal safeguarding meeting</td>
<td>Seminar Room</td>
<td>Yes</td>
<td>No</td>
<td>15</td>
<td>Monthly</td>
</tr>
<tr>
<td>Neonatal governance meeting</td>
<td>Seminar Room</td>
<td>Yes</td>
<td>No</td>
<td>25</td>
<td>Monthly</td>
</tr>
<tr>
<td>Neonatal risk meeting</td>
<td>Seminar Room</td>
<td>Yes</td>
<td>No</td>
<td>10</td>
<td>Monthly</td>
</tr>
<tr>
<td>Neonatal policies and procedures meeting</td>
<td>Seminar Room</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>05 Neonatal Unit</th>
<th>Code:</th>
<th>Issue: 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Quality Service reference: 0.0</td>
<td>Page 11 of 29</td>
<td>Version No. 10.0</td>
</tr>
<tr>
<td>Implementation Date: July 2014</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.0 Key Relationships

4.1 Departmental Relationships

The key objective is to provide a fully integrated area of single cot nurseries and multi cot nurseries, with supporting facilities. It is recognised that there are key departmental adjacencies. These are shown in diagram [4.1] below.

The schedules of accommodation and room requirements section [7.0] of this PPDD have been developed on the basis of individual rooms. The Trust would wish to develop a more “open plan” environment within NNU to facilitate more rapid access to supplies and equipment whilst maintaining the requirement for infection control.

Diagram [4.1] Key Adjacencies

4.2 Workflow

4.2.1 Patient Flows

Accommodation will be available for parents to relax/stay over night. A room will be provided within the neighbourhood hub for visitors to wait and children to play. Parents will be encouraged to visit and stay with, handle and care for their babies, including a feeding area where mothers can express milk.
Babies will be transferred directly from the delivery rooms or directly from a Maternity operating theatre, in a cot or in an incubator, or from the postnatal wards, or transferred to the facility by ambulance. Babies may also be transferred from other external facilities. Babies may be cared for in a single cot room or in a multi-cot nursery. The cot accommodation will be identified as either Level 2/3 special care level 1 or transitional care as described in section 1, Philosophy of Service.

Sick babies will be admitted into Level 2 or 3 and will then progress into special care level 1. Those getting ready for home will room in with mother/parents in a transitional care room prior to discharge. Some babies will only require admission for special or transitional care. For ease of nursing 4/6 cot nurseries should be clustered around a central nurse station within the different areas (i.e. Level 2 or 3 and special care level 1). Hearing tests and vision testing will take place in an adjacent room. Diagram [4.2.1] indicates typical patient flows. Parents need 24 hour access to all patient areas, visitors’ room, interview room and breast feeding/milk expression room. Mothers need to have wheelchair and trolley access.

**Diagram [4.2.1] Patient flows**
4.2.2 Staff Flows

The flow diagram below highlights typical staff flows between areas, during a shift in the Neonatal Unit.

Nursing Staff will attend deliveries and accompany admissions from labour ward to the Neonatal Unit (babies will be moved in the transport incubator or resuscitate).

Sister in charge will supervise activity in all clinical areas and will allocate staff at shift handover to their caseload. Nursing staff will stay in their clinical area for that shift. Nursing handover will take place in the staff base.

Level 2 or Level 3 – in addition to the main clinical area staff will need easy access to the pharmacy; milk kitchen; equipment store; interview room; linen store and breastfeeding room.

Special care level 1 – in addition to the clinical are staff will need easy access to the milk kitchen, treatment room/ clean utility, pharmacy, linen store, breastfeeding room, interview room, hearing and vision testing room, laundry room, equipment store.

Transitional care – staff will also need easy access to the milk kitchen, clean utility, treatment room and linen store.

Medical staff will need easy access to all clinical areas in addition to the seminar room for handover.
4.2.3 Goods Flows

It is preferred that goods flows are kept as separate as possible from patient flows. The Neonatal Unit will draw on the hospital for various supporting services including domestic, catering and portering services, plus supplies and waste disposal. Provision should enable the clinical staff to access support facilities without leaving the suite. Typical goods flows are shown in diagram [4.2.3].
4.3 Interdepartmental Relationships

The Neonatal Unit will be provided with direct linkages to the internal hospital street to ensure rapid and/or appropriate access. The following departmental adjacencies are key to the Neonatal unit:

- Direct ambulance access via maternity entrance but direct to unit;
- Maternity Delivery suite - An essential adjacency is required to provide direct access from the maternity delivery suite for transfer of babies and staff. Travel time should be immediate therefore, bidders should consider the ease with which the baby and equipment are transferred;
- Maternity Operating theatres – Direct access for babies from the operating theatres will be a fundamental requirement. In view of the frequency of movement of patients between the operating theatres and the Neonatal unit, an immediate horizontal adjacency would be a significant advantage;
- Maternity inpatient beds – An adjacency is required for the transfer of babies. Travel time should be within 2 minutes.
In the event that babies within the Neonatal Unit require access to services located elsewhere on the hospital site, it is essential that privacy and dignity is maintained at all times. The key external adjacencies relevant to individual specialties are outlined in the Functional Brief. Easy access must also be provided for the movement of patients, visitors and staff to other areas of the site and the delivery of bulk items such as food and linen.

Wherever practical, the movement of patients should be separated from that of goods and the public and visitors in order that the privacy and dignity of patients is not compromised. The table below summarises key issues and categorises level of requirement into Essential, Important or Desirable.

**Table [4.3] Key adjacencies: Neonatal Unit**

<table>
<thead>
<tr>
<th>Close to</th>
<th>PPDD</th>
<th>Reasons</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity Delivery Suite</td>
<td>PPDD 04</td>
<td>Patient transfer for clinical support</td>
<td>Essential</td>
</tr>
<tr>
<td>Theatres</td>
<td>PPDD 06</td>
<td>Patient Transfer</td>
<td>Essential</td>
</tr>
<tr>
<td>Maternity inpatient beds</td>
<td>PPDD 02</td>
<td>Patient and staff transfer</td>
<td>Important</td>
</tr>
<tr>
<td>Ambulance access</td>
<td>Functional Brief</td>
<td>Rapid access to facility via the Maternity Entrance</td>
<td>Essential</td>
</tr>
</tbody>
</table>

### 5.0 Planning and Design Principles

#### 5.1 Ambience and Decoration

The facility is to be family-friendly and the design should access the research available on hospital environments.

Although intensive clinical care will be delivered in the unit, from a parent perspective an environment which appears as non-clinical as possible is desired with a pleasant outlook and it is important that an attractive environment is provided by the appropriate use of colour, textures and finishes.

Bidders should refer to the Trust’s visits and research contained within ITPD v2.

#### 5.2 Wayfinding

Signage in the unit should clearly demarcate and indicate the direction of the different areas and provide directional signage to the Neo Natal Unit for each of the patient flows. Due consideration will be given to wayfinding as described in the Functional Brief.
5.3 Security and Observation

Within the Neonatal Unit there is the possibility of unauthorised removal of infants and of infant abduction. The Trust has and will continue to operate a baby tagging system for this reason. Reference should be made to Functional Brief Section [3.8.4].

Throughout the accommodation, window openings should be restricted to 100mm for reason of security and to discourage intruders. The Unit must be secured to prevent unauthorised access and/or egress. Staff access will be gained via an automated access control system. Others needing access to the area will be screened with audiovisual equipment controlled at staff base and reception.

High level door handles are required to mitigate against inappropriate entry, in particular in clinical support areas.

The Trust’s Requirements in respect Patient/Staff call systems is set out within Functional Brief Section [3.4B].

The Trust’s Requirements in respect of the communications and network structure to support the security system is set out within Functional Brief Section 3.4.

5.4 Control of Infection

The approach to control of infection within the unit can be referenced within the Functional Brief.

The isolation rooms as set out within the Function Brief Table [3.3.2] must meet the requirements of HBN 4 Supp 1.

Dedicated incubator decontamination facility must be provided within the hub adjacent to the Neonatal facility, this should include storage for up to 15 incubators.

5.5 Manual Handling

The general hospital approach to Manual Handling can be referenced within the Functional Brief Table 3.2.5.

5.6 Fire & Safety

5.6.1 Fire

Precautions against fire will be taken, by staff working within the area. The Trust’s Fire Safety Management Policy will be adhered to and can be referenced within the Functional Brief.

Within the Neonatal Unit there should be one hour sub compartment zoning to ensure neonates do not have to vacate the building in the event of a fire.
5.6.2 Safety

Design features that contribute to safety include hand washing facilities, finishes and furniture, storage of chemicals.

5.6.3 Radiological Protection

Mobile imaging will be undertaken within repeatable wards and provision should be made [in accordance with *HBN04 Inpatient Accommodation Options for Choice*].

Lasers will be utilised within the hearing assessment and vision areas.

5.7 Privacy and Dignity

The design should provide an environment, which respects the needs of parents in terms of privacy and dignity as well as facilitating the delivery of good clinical practice and care.

5.8 Environmental Parameters

The design shall ensure that temperature and humidity control are in accordance with the requirements under the NHS agenda for consumerism, for patients to be able to control within limits, the temperature of their environment.

Generally, all public areas, concourses, seminar meeting rooms, offices and areas not occupied by babies will be controlled by a Building Management System (BMS) to the requirements of *HTM 03-01 Specialist Ventilation for Healthcare Premises: Part A: Design & Validation*; the following rooms will require a degree of local control:

- Patient single rooms +/- 2°C Adjust at the baby bed head;
- Procedures Room +/- 2°C Adjust at the room entrance.

5.9 Environmental Criteria

5.9.1 Natural Light

The Design Brief developed by the Trust advocates the use of natural light. The Functional Brief Section 5.6 sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the bespoke requirements for natural light within the Neonatal Unit.
Table [5.9.1] Natural Light Matrix

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Essential</th>
<th>Desirable or None</th>
<th>External Wall</th>
<th>Atrium</th>
<th>Borrowed light</th>
<th>Roof Light / Tube</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonatal Cots (level 1)</td>
<td>Essential</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Neonatal Cots (level 2/3)</td>
<td>Essential</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonatal Isolation</td>
<td>Essential</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Hearing/Vision Testing</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Parents Overnight Stay</td>
<td>Desirable</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Milk Kitchen</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

5.9.2 Ventilation

The Design Brief developed by the Trust advocates the use of natural ventilation. The Functional Brief Section 5.7 sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke environmental criteria within the Neonatal Unit.

Table [5.9.2] Environmental Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Temperature</th>
<th>ac/hr</th>
<th>Pressure &amp; filtration</th>
<th>Notes in respect of permissible derogations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Min °C</td>
<td>Max °C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single cot within Transitional Care</td>
<td>21</td>
<td>30</td>
<td>10</td>
<td>F7 ii</td>
</tr>
<tr>
<td>Multi cot Nursery</td>
<td>21</td>
<td>30</td>
<td>10</td>
<td>F7 ii</td>
</tr>
<tr>
<td>Multi Cot Nursery</td>
<td>21</td>
<td>30</td>
<td>10</td>
<td>F7 ii</td>
</tr>
<tr>
<td>Isolation room</td>
<td>21</td>
<td>26</td>
<td>10</td>
<td>-ve H12 ii</td>
</tr>
<tr>
<td>Isolation lobby</td>
<td>21</td>
<td>26</td>
<td></td>
<td>PPV L H12 ii</td>
</tr>
<tr>
<td>Hearing/Vision Testing</td>
<td>21</td>
<td>26</td>
<td>10</td>
<td>F7 ii</td>
</tr>
<tr>
<td>Relatives’ bedroom/overnight stay</td>
<td>18</td>
<td>28</td>
<td></td>
<td>i</td>
</tr>
<tr>
<td>Milk Kitchen</td>
<td>18</td>
<td>25</td>
<td>6</td>
<td>F7 i</td>
</tr>
</tbody>
</table>

Refer to Functional Brief Table [12] for environmental notes and control criteria.

5.9.3 Acoustic Design
The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief Section 5.8 sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke acoustic criteria within the Neonatal Unit.

**Table [5.9.3] Acoustic Criteria**

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Rating to be achieved by Table 5.8.A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonatal Cots (level 1)</td>
<td>B</td>
</tr>
<tr>
<td>Neonatal Cots (level 2/3)</td>
<td>B</td>
</tr>
<tr>
<td>Neonatal Isolation</td>
<td>B</td>
</tr>
<tr>
<td>Treatment</td>
<td>B</td>
</tr>
<tr>
<td>Hearing/Vision Testing</td>
<td>A</td>
</tr>
<tr>
<td>Parents Overnight Stay</td>
<td>D</td>
</tr>
<tr>
<td>Milk Kitchen</td>
<td>D</td>
</tr>
</tbody>
</table>

**5.9.4 Medical Gas and Power Supply Requirements**

The Design Brief developed by the Trust, Functional Brief Section 7.2.1 sets out the repeatable "bed head" service requirements, the table below sets out the bespoke requirements within the Neonatal Unit.

Bidders should also note the requirement for storage and use of Nitric Oxide and environmental monitoring.

**Table [5.9.4] Medical Gas and Power supply requirements**

<table>
<thead>
<tr>
<th>Room Type</th>
<th>O₂</th>
<th>N₂O</th>
<th>N₂O/O₂</th>
<th>MA4</th>
<th>SAT</th>
<th>Vac</th>
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5.10 Flexibility

The accommodation must enable flexible use and allow for changes in nursing needs of babies; changes in models of care and/or service delivery.

5.11 IM & T

Details of the active components associated with IM&T can be referenced in Schedule 8 part 3. It is assumed that all patient records will be electronic and note entry and note review will take place at or close to the patient bedside.

5.12 External Space and Courtyards

There are significant therapeutic benefits to providing patients with access to external areas, as such access to external areas providing fresh air and both social and therapeutic facilities are essential to the recovery process for patients remaining in hospital for extended periods. Where nursing units are to be located other than ground level, means of accessing direct, safe, secure and therapeutically designed external space from clusters must be provided. Nursing sections must be able to access safe secure, external areas, which will be used for individual and group therapy in addition to a regular social facility for patients and visitors. The areas should provide a range of ground surfaces and ground levels including some steps. There should also be suitable seating. The scheme must achieve the provision of sensory and textual stimulation in terms of landscape design.

6.0 Equipment

The specific requirements for this area will be addressed through the equipment selection in accordance with the Equipment Responsibility Matrix in Schedule 13.

The Component Sheets set out the equipment list for the neonatal unit in accord with the equipment strategy in Schedule 13.

7.0 Proposed Accommodation

In developing proposals for the neonatal care facilities reference must be made to [HBN 21 Maternity Department].

Where areas of accommodation to be provided within different elements of the project are deemed to have the same repeatable functionality, these are outlined in the Functional Brief. The operational functionality of the areas detailed below is specific to the requirements of the acute hospital.
The rooms described below are solely in respect of bespoke rooms or repeatable rooms which require modification.

For repeatable rooms refer to the Functional Brief.
In addition the designer’s attention needs to be drawn to the following publications:

- British Association of Perinatal Medicine  Designing a Neo Natal Unit;
- Toolkit for High Quality Neonatal Services DoH 2009.

### 7.1 Entrance

#### 7.1.1 Reception

In addition to the reception located at the shared neighbourhood hub a dedicated two person reception is required to be located within the entrance areas of neonatal. Details of the functionality required can be referenced within the Functional Brief Table [24].

#### 7.1.2 Waiting

A 5 person waiting area with pram/buggy wait is required associated with the reception base the functionality for which can be referenced within the Functional Brief Section [5.5.1], [7.2] and Table [5.5.1].

#### 7.1.3 WHB/PPE & Locker Station

- Over gown storage;
- Cube locker for personal possessions;
- Pushchair storage.

#### 7.1.4 Interview/Counselling Room

A repeatable interview room will be provided as set out in the Functional Brief Table [24].

#### 7.1.5 Office

A repeatable single person office is required as set out in the Functional Brief Table [24].

#### 7.1.6 Resource Base

A repeatable non-allocated base as set out in the Functional Brief Table [7.2] for up to 4 staff to work at any one time on a sessional / ad-hoc basis. This should be co-located with the office.

#### 7.1.7 WC - OSFA

A single repeatable OSFA toilet is required as set out in the Functional Brief Table [7.2].
7.2 **Clinical Areas**

7.2.1 **Single Cot Isolation**

Bespoke single cot isolation rooms are required within the Neonatal Unit. The functionality should be based upon ADB layout B1401.

Details of the environmental criteria can be referenced in section [5] of this PPDD.

Details of the Trusts Bed Head service requirements can be referenced within Section 5 of this PPDD.

7.2.2 **Isolation Lobby**

A repeatable isolation lobby is required to serve each isolation room as set out within Functional Brief Table [24].

The isolation lobbies will be equipped with an interlock linked between the WHB and the door on entry to the patient area and the door on exit into the circulation space.

7.2.3 **Single Room – Transitional Care**

The Trust requires a suite of single cot nurseries to contain enhanced functionality to accommodate in addition to the neonate, a mother to “sleep in”. The functionality should in addition to [7.2.1] above for a level 1 cot include the following:

Space for a single divan bed assembly.

7.2.4 **En-suites to Isolation and Transitional Care**

Repeatable en-suite toilets and showers are required to the transitional care rooms as set out in the Functional Brief Table [24].

7.2.5 **Multi Cot Nursery**

Bespoke nurseries are required. The functionality should be based HBN 09-03. Details of the environmental criteria can be referenced in Section [5] of this PPDD.

The cot head services are described in Section [5] of this PPDD.

The Trust anticipate that the staff zone will be located outside the special care multi cot nursery arranged in pairs as described within the repeatable adult acute multi bedrooms which can be referenced within the Functional Brief Table [24].

For level 2 and 3, HDU and ITU care the staff zone must be contained with the nursery.
7.2.6 Staff Base/Clean Supplies

A 2 person staff base with resuscitation trolley are required in line with the Functional Brief Table [24]. This facility should be centrally located.

7.2.7 Treatment Room

Babies will undergo procedures which cannot be carried out in the cots. These include therapeutic and diagnostic procedures. The room will also be used for storage and preparation of drugs and should be adjacent to the clinical areas located adjacent to the clean utility.

The functionality required should be based upon the Trusts repeatable Treatment room referenced within Functional Brief Table [24].

Details of the Trusts environmental parameters can be referenced within Section [5] of this PPDD.

Details of the Trusts Bed Head service requirements can be referenced within Section [5] of this PPDD. PACS to be located in here.

7.2.8 Hearing Assessment & Vision Testing/ Treatment Room

This bespoke room is required for audiological testing, examination of a baby's eyes and laser treatment of ROP. In addition to protect against laser therapy, there should be a warning system to prevent staff inadvertently entering when laser treatment is carried out. When not in use for audiology/ vision this room will also be used as a treatment room. Space will be required to accommodate an open resuscitaire.

Details of the Trusts environmental parameters can be referenced within Section [5] of this PPDD.

Details of the Trusts Bed Head service requirements can be referenced within Section [5] of this PPDD. PACS and xray viewing will be required in this room.

7.2.9 Near Patient Testing Room

A repeatable near patient testing facility with pneumatic tube station is required, the functionality for which can be referenced in Functional Brief section [24].

7.3 Support Areas

The support areas (parents and visitors welfare should be co-located in close proximity but separate from the clinical areas.

7.3.1 Relatives Overnight Stay Twin Room

One bespoke twin bedded overnight stay room is required. The room should be domestic in character. The room should accommodate the following furniture:
Single divan bed with “guest bed” and 2 sprung mattresses.

Details of the Trusts environmental parameters can be referenced within Section [5] of this PPDD.

NB. This functional description has been cross referenced from other departmental PPDD's.

7.3.2 Relatives Overnight Stay Family Room

In addition to the twin bedroom described in [7.3.1] above the Trust require a larger room, which will accommodate an additional Single divan bed with “guest bed” (i.e. sleeping for a family of four people). These rooms should be co-located with a secure small store for high value equipment associated with the rooms.

7.3.3 Relatives Toilet/Shower

Bespoke ensuite sanitary facilities can be shared between two rooms, which include the following:

- Toilet;
- Wash hand Basin;
- Shower.

These should be based upon the single bedroom en suite facilities which can be referenced within Functional Brief Section [24].

NB. This functional description has been cross referenced from other departmental PPDD's.

7.3.4 Visitors Room with Play Area

This room will be provided for 4 visitors and for 8 children to play. It should be furnished as a domestic lounge area with wipe clean finishes.

Details of the functionality required are set out within Table [24] of the Functional Brief.

7.3.5 Breast Feeding Room

Two breast feeding rooms will be available for two mothers to sit in privacy to express milk and/or to feed their babies. This should be located close to the milk kitchen where expressed milk is stored. The functionality should be based upon the Baby Feed Room described in Functional Brief Table [24]. Two breast feeding rooms required at 5.5m².

7.3.6 Beverage Bay

A repeatable beverage facility as set out in the Functional Brief Table [24]. This could be co-located within the visitors’ room.
7.3.7 Clean Utility

A repeatable clean utility is required to serve the totality of the NNU as set out in the Functional Brief Table [24].

7.3.8 Dirty Utility without Macerator

Two repeatable dirty utilities both without macerators are required to serve the totality of the NNU as set out in the Functional Brief Table [24].

7.3.9 Mobile Equipment Bay

A repeatable equipment bay will be provided for mobile Imaging equipment required in the unit. This will be in line with the Functional Brief Table [24].

7.3.10 Milk Kitchen

A bespoke kitchen will be provided for the storing and preparation of milk feeds adjacent to the breast feeding room.

NB. This functional description has been cross referenced from other departmental PPDDs.

7.3.11 Equipment Service Room

A bespoke room is required for maintaining / servicing electronic equipment and incubators. For details of the Trust's Requirements in respect of Equipment Service Rooms refer PPDD 03 ICCU.

7.3.12 Store: Equipment

A repeatable equipment store is required a set out in the Functional Brief Table [24].

7.3.13 Store: Linen

A repeatable linen store will be provided in line with the Functional Brief Table [24].

7.3.14 Store – Baby Clothes

A repeatable linen store will be provided in line with the Functional Brief Table [24] with shelving for storage of donated baby clothes.

7.3.15 Domestic Services Room

A repeatable domestic services room will be provided in line with the Functional Brief Table [24].

7.3.16 Dirty Incubator Room

A bespoke room where soiled/dirty incubators can be serviced/stored.
7.3.17 Decontamination Clean Room

A bespoke room where soiled/dirty incubators can be washed.

7.3.18 Clean Storage Room

A bespoke room where clean incubators can be stored ready for use.

7.3.19 Switchgear

Two repeatable switchgear rooms are required as set out in the Functional Brief Table [24].

7.4 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to the clinical departments. In the case of the Neonatal Unit:

- Reception and waiting;
- Toilets – visitor;
- Wheelchair store;
- Staff changing facilities including showers;
- Staff toilets;
- Staff rest room;
- Beverage bay;
- Reprographics;
- Seminar room;
- Regen Kitchen;
- Disposal hold;
- IT hub;
- Domestic services room;
- Domestic services store;
- Linen store;
- Switchgear room;
- Sterile supplies store.

7.5 Shared use of an Administration Zone

The Neonatal Unit will make use of an Administration Zone to accommodate:

- Advanced Nurse Practitioners;
- Clinical Educator;
- Shift Co-ordinator;
- Breast Feeding Co-ordinator;
- Consultants;
- Medical Staff;
- Data Clerk;
- Medical Secretaries.
The functional requirements are fully described within PPDD 19 Administration and are summarised below:

- Reprographics;
- Social area;
- Beverage bay;
- Office – open plan;
- Store – small;
- Library;
- Quiet rooms (for breakout);
- Seminar room;
- Domestic services room;
- Switchgear.

### 8.0 Schedule of Accommodation

The schedule of accommodation version 10 has been developed for the totality of the scheme as a series of tables. This schedule is appended to Schedule 8 part 3.

### 9.0 Glossary and Definitions

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
MIDLAND METROPOLITAN HOSPITAL

No.05
NEONATAL UNIT
OPERATIONAL POLICY
MIDLAND METROPOLITAN HOSPITAL
NEONATAL UNIT OPERATIONAL POLICY

KEY POINTS

1. This policy is designed to assist all healthcare professionals involved in the care of all

2. The policy details the facilities required for the Neonatal Unit within the Midland Metropolitan Hospital.

3. A Neonatal Unit is required to provide care for those newborn babies who cannot be cared for beside their mother or on the Obstetric ward.

4. Our aim is to reduce infant morbidity and mortality and to maximise long-term health and well-being through the provision of safe research based care ensuring that babies admitted to the neonatal unit receive appropriate levels of care which is delivered in line with national (BAPM/DOH) and local (SWMNN) standards of care.

5. This policy applies to all Trust staff in all locations including temporary employees, locums, agency staff, contractors and visiting clinicians.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
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## APPENDICES

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1. INTRODUCTION

1.1 A Neonatal Unit is required to provide care for those newborn babies who cannot be cared for beside their mother or on the Obstetric ward.

1.2 Babies will be nursed in cots or incubators according to their need within the following facility:
- Intensive Care (level 3)
- High dependency (level 2)
- Special Care
- Isolation

1.3 Our aim is to reduce infant morbidity and mortality and to maximise long-term health and well-being through the provision of safe research based care ensuring that babies admitted to the neonatal unit receive appropriate levels of care which is delivered in line with national (BAPM/DOH) and local (SWMNN) standards of care.

2. OTHER POLICIES TO WHICH THIS POLICY RELATES

- Apnoea of Prematurity, Neonatal Guidelines
- Blood Product Transfusion in Neonates and Paediatrics (PT Care/086) (SWBH)
- Consent in Neonates SWMNN
- Congenital Heart Disease (NNU 038) July10
- Chronic Lung Disease of Prematurity (SWBH)
- Chest Physiotherapy in the Neonatal Unit SWMNN
- Developmentally Appropriate Care (Handling and Positioning) (SWBH)
- ECMO Centre; When to consider referral v3 SWMNN
- Electrolyte and Endocrine problems in the Newborn
- Enteral Feeding in Neonates Feb11
- Neonatal BCG Guidelines
- Neonatal Cardiovascular Nursing Guideline
- Neonatal Eye Care Nursing
- Screening for Developmental Dysplasia of the Hip (NNU 013)

3. GLOSSARY AND DEFINITIONS

3.1 NNU – Neonatal Unit
3.2 BAPM – British Association of Perinatal Medicine
3.3 SWMNN – Southern Western Newborn Network
3.4 HCA - Health Care Assistant
3.5 PDR – Personal Development review
3.6 SHO – Senior House Officer
3.7 Resusitaire – a purpose built trolley, which contains vital oxygen and ventilation facilities along with suction and overhead heater
3.8 ANNP – Advanced Neonatal Nurse Practitioner
3.9 OSFA – one size fits all toilets
3.10 MRSA – Methicillin-resistant Staphylococcus Aureus
3.11 Ex-utero – after the baby has been born
3.12 E Coli – Escherichia coli is a Gram negative bacterium
3.13 CMV – cytomegalovirus: any of a group of herpes viruses that enlarge epithelial cells and can cause birth defects
3.14 ROP – Retinopathy of Prematurity
4. POLICY DEVELOPMENT PRINCIPLES

4.1 This policy is designed to assist all healthcare professionals involved in the care of neonates to deliver high quality neonatal care to individual babies in a family centred environment, in line with national and newborn network standards.

4.2 Aim to give continuous encouragement, support and education to parents to enable babies to reach optimum health and well being.

4.3 To provide facilities for intensive, high dependency and special care in line with national standards.

4.4 To manage intensive and high dependency care for SWBH newborns within the NNU bed complement and minimise transfer out to other hospitals.

4.5 To facilitate centralisation of expertise to deliver highest quality of care to mothers and babies including high risk pregnancies.

4.6 To provide the necessary environment to support families in caring for their baby on the NNU (BAPM standard)

4.7 To provide a spacious unit please refer to HBN 09.03, to reduce stress to the sick neonate, enabling normal development of senses.

4.8 To provide adequate facilities for breast feeding mothers (see SWMNN Standard 2 and BAPM standards)

4.9 To provide adequate facilities for families as per SWMNN standards, including overnight facility/kitchen/playroom etc (see SWMNN Standards 7 & 8)

4.10 To ensure the relevant diagnostic and treatment opportunities are based or immediately available to the NNU.

4.11 To provide adequate facilities for staff (BAPM standard)

4.12 To reduce length of stay by close liaison with neonatal community team.

4.13 The quality of the service will be monitored through:

- National Audit data i.e. NNAP, NCC, DS, EMATCH and BAPM
- Regional audit data (currently through the perinatal institute)
- Assessment of standards by SWMNN/NHS Tool Kit
- Trust Clinical Governance Committee
- Local Audit –annual report, standards, annual clinical effectiveness plan
- Risk management
- Risk assessments
- Complaint & Analysis
- Health, Safety & Welfare Council
- Policies & Procedures including dissemination of SWMNN guidelines
- Parental questionnaire/ feedback.
- Development of staff and PDR, approval, training needs analysis.
- The audit of key quality indicators and auditable outcomes identified by SWMNN.
- Informed Consent Guidelines & Parent Information
- Consent for examination and treatment policy available on SWMNN internet and referenced with trust policy of informed consent (available on intranet)
- All patient information is assessed for plain English by the Trust Communications Department. Patient information is reviewed annually by the neonatal management team and updated as necessary. Patient information is available to print on the hospital intranet service. Patient information can be made available for most relevant community languages.
- All neonatal staff has access to the Trust induction on equality/diversity and/or race equality scheme- reference equal opportunities at work policy (HR/005)
- Resources exist for medical interpreting of relevant community languages and also British Sign Language (BSL)

5. ROLES AND RESPONSIBILITIES

5.1 Nursing
An experienced, skilled and competent nurse will lead each shift and there will be a total of 20 nurses on shift at any one time plus administration staff and medical staff.

Nurses will be allocated to these infants dependent upon the level of care the infant requires, BAPM standards recommend the following

- 1 nurse to care for 4 babies requiring only special care
- 1 nurse to care for 2 babies requiring high dependency care
- 1 nurse to care for 1 baby requiring intensive care.

5.2 Unit Manager
Responsible for the overall management of the unit environment, the services it provides and the management of the staff. In addition the unit manager provides clinical care acting as expert, leader, assessor and mentor.

5.3 Shift Lead
A senior nurse is responsible for the day-to-day management of the clinical area and arranges for the delegation and co ordination of the workload amongst the nursing staff for that shift. Responsible for ensuring reporting mechanisms are carried out appropriately i.e. incident reporting, sickness, absence, complaints etc.

5.4 ANNP
Responsible for providing direct clinical care alongside medical and nursing staff and provides education and training to neonatal staff. Ensures monitoring, reviewing, implementation and evaluation of standards.

5.5 Staff Nurses
Responsible for delivery of care and treatments as prescribed and according to clinical policies and protocols

5.6 Nursery Nurses/HCA
Under the direction and supervision of qualified Nursing staff, HCA’s provide support to clinicians and patients for basic care needs.

5.7 Medical Staff
Neonatologist/ Paediatric Consultant with a special interest in neonates are responsible for and provide daytime cover for the NNU through fixed service week system. They are based on the unit and available by pager/ mobile. When they are not available on site the responsibility will be with the Consultant on call for the NNU, this includes out of hours cover also.

5.8 Ward Clerks/Data Clerks
Ward clerks support nursing team by providing admin services including ordering stationary, record
keeping, telephone enquiries, admission and discharge support.
Responsible for inputting data into data collection programmes for the trust and the perinatal
institute.

5.9 Housekeepers
Under the direction of the ward manager housekeepers are responsible for maintaining the ward
environment including notice boards, stocks of linen, and other environmental supplies. They
further provide a meet and greet function, and ensure equipment and furniture is maintained in a
clean and fit for purpose condition completing daily checks as appropriate.
They will act as the primary link between ward staff and ward services staff.

6. SERVICE DESCRIPTION/SCHEDULE OF ACCOMMODATION

6.1 Hours of Service
All areas within the Neonatal Unit will be operational (or require access) 24 hours, 7 days a week,
and the nursing units must be capable of receiving new admissions throughout that time period.
Immediate adjacent to Delivery Suite is essential.

6.1.2 Opening times
The NNU will be accessible to all clinicians, at all times.
Outside therapists i.e. respiratory physiotherapist and occupational therapists provide sessions on
an individual basis from the SWMNN.

6.1.3 Visiting times
Visiting hours will be open visiting for parents and between the hours of 15.30 to 19.30 hours for
other visitors. The criteria for appropriate numbers and other special visiting requests will be
agreed with the ward team on an individual basis. As a general rule parents will be encouraged to
visit and take part in the care of their babies.

6.2 Patient Pathway

6.2.1 Delivery
Middle grade doctor/SHO or Advanced Nurse Practitioner will attend the birth in the delivery suite
stabilise the baby and transfer to the NNU in either a cot or on a resuscitaire either into the
intensive care/high dependency area or alternatively into special care area depending on level of
care required.

6.2.2 Transfer from other NNU
Babies will be transferred into the neonatal unit from other hospitals for appropriate level of care.
Ambulance transfers in and out will be undertaken by the SWMNN transport team and will arrive by
the ambulance entrance in the dedicated lift to the unit.

If the transport team is unavailable transfer will be by WMAS with appropriate nurse escort
(nurse/doctor/ANP)

It will be the responsibility of the maternity department, where the mother an inpatient to organise
mothers transfer to the Maternity Unit.

6.2.3 Admission Criteria
The following babies should be admitted to NNU:
- All babies less than 34+0 weeks of gestation by dates and confirmed by examination
  (babies between 34+0 and 35+6 weeks of gestation need close supervision on post natal
  wards and some may need admission to NNU).
- All babies weighing less than 1.7kg. (Babies between 1.7kg and 2.5kg need close
  supervision on post natal wards and some may need admission to NNU)
- Babies with low Apgar score of 5 minutes (decided by Paediatrician) – significant asphyxia.
- Babies born before arrival (BBA) with severe hypothermia (Rectal temperature under 35 degrees).
- Some congenital malformations.
- Symptomatic hypoglycaemia. Hypoglycaemia not responding to altered food schedule.
- Babies with respiratory problems or cyanosis.
- Any ill baby - including significant birth asphyxia.
- Meconium aspiration.
- Rhësus disease. If clinically affected at birth (jaundice/anaemia/hepatosplenomegaly). If anticipated early exchange transfusion (send cord blood for urgent bilirubin, Coombs test and Hb).
- Exchange transfusion for any other reason.

6.2.4 Discharge
There are no ‘weight’ criteria for discharging a neonate home, providing the baby is feeding well and home circumstances are satisfactory.
On discharge babies will go home with either parents or to an appropriate environment i.e. foster care and will be visited by community liaison nurses.
For follow up appointments baby clinics will be held in the paediatric out patients department within the hospital by neonatal consultants.

6.2.5 Criteria for Emergency Transfer
- Babies requiring intensive care from level 1 and 2 units
- Babies requiring urgent intervention e.g. Diaphragmatic Hernia, severe metabolic, PPHN & babies with complex cardiac problems.

In cases of Gastroschisis, please notify the NTS team as soon as the baby is delivered.

Medical & Nursing letters need to be completed before the transport team arrive. Parents should be fully informed regarding the transfer.

6.2.6 Transfer Arrangements Due to Shortage of Beds/Staff
The decision to transfer mothers and or babies due to shortage of beds or staff must follow joint discussion between the consultants on duty, both neonatal and obstetric, and the most senior nurses on duty in these areas. The decision to close must be reviewed at each handover of shifts.

The Trust Management must be informed of any closure. The procedure is outlined in the Capacity Control Policy.

6.2.7 Accepting Transfers from Other Units
The decision to accept both ex-utero and in-utero transfers from other units should be taken with the consultation of the nursing and medical team on duty.

The shift lead of the neonatal unit should assess the nursing cover on following shifts before accepting the transfer.

If an in-utero transfer is requested labour ward should be contacted to ascertain whether there are any maternity beds available.

If an ex-utero transfer is requested, all medical details should be obtained from the transferring unit prior to acceptance.

The transferring hospital should contact the newborn transport service.
6.2.8 Emergency vehicle access - direct route and close proximity to main entrances required.

6.3 Accommodation
Total of 36 cots
- 5 Intensive care cots
- 7 High dependency cots
- 24 Special care cots

These numbers also incorporate the isolation cubicles, a total of 4 of ITU specification.

The intensive care and high dependency cots also accommodate a resuscitaire as a stabilisation space.

6.3.1 Entrance
Leading from the shared hub:
The NNU is accessed from a central hub via double secure doors. Doors operate using an automated door control system using an appropriate method to restrict access to staff for access/egress security system.

Babies requiring admission will come directly from delivery suite or theatres and will be accompanied by a nurse/midwife/ANPN.

6.3.2 Reception
The parents should report directly to the NNU reception area, as they should not be waiting in the central hub. Parents will be screened, before access is given, with audio-visual equipment controlled at staff base & reception.

The reception desk/resource base will be large enough to accommodate up to 2 staff and will be used primarily by the ward clerk during the day, out of hours by the neonatal nursing staff. Access to computers and printers is required.

This desk will be manned 24 hours a day, to reduce the noise within the NNU; a receptionist will answer the telephones and allow parents’ access to the NNU.

The workstation space provides an area for the clerical staff to carry out tasks that are necessary to support the NNU and should be ergonomically designed to minimise injury.

The clerical staff will have access to confidential patient information, either through the computerised systems, via the fax or telephone.

The receptionist will inform the NNU and will ensure a member of staff (nurse, nurse support or housekeeper as appropriate) greets the parent in the reception area and takes them to see their infant.

6.3.3 WHB/PPE & Locker Station
In close proximity to the NNU entrance should be hand washing facilities with hand washbasin, hand towel dispenser, soap and alcohol gel dispensers and waste bin.

Within this area parents should have access to lockable lockers for safe keeping of valuables, along with coat hooks. Parent information material should be available via leaflet racks and one OSFA toilet as detailed within the Functional Brief with baby changing facility

6.3.4 Interview/Counselling Room
This interview/counselling room as detailed within the Functional Brief will be used by family members and staff some of whom may be in an emotional state where there is a requirement for
private dialogue.

It is important that family and friends are able to leave the room if they so choose after receiving bad news without having to meet up with other anxious families or walk back through the clinical area.

6.3.6 Resource Base
This office will accommodate up to 4 persons and comprises of four office workstations with networked computers and telephones. This will be for the use of on-call doctors and consultants and nursing staff that are required to make confidential telephone calls. Audiology staff will use this office to complete hearing screening reporting.

6.4 Clinical Area
6.4.1 Single Cot Nurseries (Isolation Cubicles)
These 4 single cot nurseries are accessed via an isolation lobby and are located in close proximity to a nurse base, as detailed within PP&DD No 05 Neonatal Unit. There is a central nurse station for monitoring by staff when in use as SC/HDU/ITU. They have windows with internal blinds or suitable privacy glass for privacy.

These nurseries may also be used as transitional care rooms to allow mothers to room in with their baby.

These nurseries require the addition of negative pressure air change for the specific use of infection control/airborne infection isolation and medical gas and power supply specification for ICU. An emergency communication system and remote patient monitoring is provided within the nurseries and will accommodate either level 3 or level 2 infants requiring intensive or high dependency care.

Infants cared for may be ex-utero transfers from other hospitals and at risk of introducing infection to infants within the NNU i.e. MRSA to other infants, or may have been colonised with infections i.e. E Coli, CMV which require isolation.

The patient service area of the nursery contains an incubator or a cot and a comfortable armchair for mothers to breast feed and handle their infants.

Clinical treatments and procedures will mainly be carried out within the individual room of the patient, with the exception of laser eye treatment which will be carried out in the treatment room.

6.4.2 Single Cot Transitional Care Rooms
These rooms are to be co-located close to the special care nursery for resident mothers caring for their babies. This is a suite of 4 single en-suite rooms and will be used for mothers to stay with their infants; these infants will require minimal nursing intervention, i.e. intravenous antibiotics, and neonatal abstinence, thus allowing the mother to care for her own baby.

On entry to the room hand washing facilities are available containing hand wash basin, hand towel dispenser, soap and alcohol gel dispensers and waste bin.

Each cot space will provide completely private accommodation for mother and baby with adequate space required for maternal bed, with locker along with a comfortable breast-feeding chair for maternal use.

6.4.3 Multi-Cot Nurseries
Nursery Compliment:
Intensive Care and High Dependency: comprising of two 6 cot nurseries with an opening in the wall between the 2 rooms and a doctor/nurse base in each of the 2 nurseries.
This nursery is used for infants requiring intensive or high dependency care; space is required at each cot/incubator for ventilators and monitoring equipment as well as emergency resuscitation equipment.

This area should be accessed via double doors to allow transport incubator and maternal bed access.

There needs to be an additional area for a stabilisation space, this can be used for a resuscitaire and storage of resuscitation equipment when needed for stabilisation- this space will be used for infants from other areas within the neonatal unit who need to be stabilised, or for neonates awaiting transfer to other hospitals for further specialist care.

Special Care: comprising of four 4 cot nurseries with a central nursing/doctor staff base, one nursery to be provided with medical gas and power supply specification for ICU, the other rooms requires oxygen and air, and some electrics. Infants will be nursed in either cots or incubators, and are accessible to staff from either side. Only parents will be allowed to visit their infants within this area, comfortable chairs will be required to allow recently delivered mothers to sit comfortably with their babies and perform kangaroo care.

These nurseries as detailed within PP&DD No 05 NNU allow staff to view each infant from the nursing base. Windows provide an important psychological benefit to staff and families, properly designed day lighting is the most desirable light for nurses to chart and evaluate care i.e. skin tone, which is an important indicator of infants well-being.

Separate procedural lighting is provided at each infant’s cot, as direct light can affect the development of the retina, it will be possible to increase lighting for one baby without increasing lighting levels for the other babies being cared for within that room.

The nursery is designed to produce minimal background noise and to contain and absorb much of the transient noise that arises within.

6.4.4 Treatment Room

A generic treatment room is detailed within PP&DD 05 Neonatal Unit will be used for babies who require procedures which cannot be performed in cot nurseries. These include therapeutic and diagnostic procedures and care of deceased baby.

A Hand washbasin, with soap, alcohol gel and paper towel dispenser is situated on the wall immediately on entry.

The clinical area will be located centrally to allow access to patient on both sides. Work/preparation area to both sides of the room, including alcohol gel dispenser and storage is via mobile trolley.

Glove and apron and antibacterial solutions dispensers are required immediately outside.

6.4.5 Hearing Testing & Vision Testing Treatment Room

This room requires sound insulation and blackout facilities (for laser treatment of Retinopathy of Prematurity) in addition to protect against laser therapy there should be a warning system to prevent staff inadvertently entering room when treatments are being carried out.

ROP laser treatment will be performed within this treatment room and there will be at a minimum one nurse and one consultant in this room whilst the treatment is being carried out. Infants are ventilated for ROP laser treatment therefore there is adequate space for an open resuscitaire as access is required from all sides.

The room is equipped with a minimum of 2 sets of oxygen and air outlets and a suction unit, a vertical wall mounted unit with 4 electric power points and 2 x IT access points with a service rail to which pumps, fluids and other temporary attachments can be fixed as required.
All babies admitted to the neonatal unit require hearing screening and specialist audiology staff will use this room to undertake screening.

6.4.6 Near Patient Testing Room
A room is required for a blood gas analyser; this is situated within close proximity to the intensive care nurseries and is used for the analysis of blood for all ventilated infants.

Only staff trained and authorised to use and maintain the analysers should have access to the room. Laboratory staff will require access to the analysers at all times in case of malfunction. Glove and apron and antibacterial solutions dispensers are required immediately outside. Pathology staff will maintain a working relationship with the Infection Control team and follow all agreed policies and protocols, Trust-wide and departmental. Any change in protocol or procedure will involve consultation with the Control of Infection team.

Samples requiring transport to the laboratory should be sent via the pneumatic tube system. All staff using the air tube system must follow the agreed procedure, a copy of which will be located at the air tube station.

This will require hand washing facilities of a hand wash basin, with soap, alcohol gel and paper towel dispenser, with cupboard space for biomedical supplies for the analyser along with worktops for sharps boxes and gloves.

6.5 Support and Storage Areas
The support areas for parents are located in the neighbourhood hub in close proximity but separate from clinical areas and comprises of 2 family parent overnight stay rooms. These rooms will be used for the use of all parents whose infants are on the neonatal unit prior to discharge of their babies, it allows parents to gain confidence and independence in caring for their own babies, whilst also having the nursing staff to refer to for advice. It also allows mothers to establish breast feeding prior to discharge.

6.5.1 Relatives Overnight Stay Twin Room
Relative overnight stay bedrooms as detailed within PP&DD 05 Neonatal Unit comprises of a double divan bed with a "guest bed" and 2 sprung mattresses.

6.5.2 Relatives Overnight Stay Family Room
This larger room comprises of an additional single divan bed with "guest bed" to sleep a family of four.

6.5.3 Relatives Shower/Toilet
Bespoke shower/WC facilities are to be provided not en-suite to the relatives’ overnight stay but in close proximity to allow use by parents staying at the bedside access as detailed within PP&DD 05 Neonatal Unit

6.5.4 Store – Hotel Services
This store will be used to hold a small supply of linen and household requisites for the use of parents

6.5.5 Visitors Sitting Room with Playroom
A visitor’s room with playroom as detailed within PP&DD 05 Neonatal Unit will be for the use of up to 4 parents and 8 siblings who have been asked to leave the clinical area for the purpose of the consultant round, for confidentiality purposes. Décor in this facility and throughout the Unit must be child and family friendly.
6.5.6 Beverage Bay – Relatives
A generic self-help beverage preparation area as detailed within the Functional Brief is co-located within the relative’s sitting room and will be used by parents and siblings whose infant is an inpatient within the Neonatal Unit.

6.5.7 Baby Feeding Rooms
These 2 breast-feeding rooms will accommodate up to 2 mothers at any one time are located next to/adjacent to the milk kitchen where expressed milk is stored. Equipped with hand washing facilities they are used by mothers to sit in privacy to express milk and/or feed their babies. This area will be used by all mothers who wish to express breast milk for their premature baby; each space should have a curtained area for mothers to express breast milk privately. Mothers will require space for breast pumps, sterilisation of equipment as well as personal belongings.

6.5.8 Milk Kitchen
This kitchen will be provide storage and preparation of milk feeds, sterilising equipment worktops are required to assist with preparation and a clinical wash hand basin with non-touch taps is provided.

Parents will not be given access to this room, as it will be for nursing staff to obtain milk feeds for infants within the Neonatal Unit.

Nurses will make up 24 hour amounts of feeds within this area.

6.5.9 Clean Utility Room
This clean utility as detailed within the Functional Brief is located in close proximity to the nurseries. They include a work surface/ drug preparation area and module storage for sterile clinical stock and intravenous fluids. There will be a lockable fridge and lockable storage for TTO medication. There will be locked storage for medications, and a controlled drugs cupboard within the unit. There will be storage for dressing trolleys under the preparation area, and a clinical wash hand basin with non-touch taps. A standard drug fridge and lockable cupboard storage is required for drugs.

6.5.10 Dirty Utility Rooms
This dirty utility room as detailed within the Functional Brief is located next to the clean utility rooms and contain a range of waste streams and a clinical wash hand basin with non-touch taps. There is a locked cupboard to accommodate dirty linen clinical waste, which will be removed from the department on a daily basis in line with Trust policy.

6.5.11 Mobile Equipment Bay
This equipment bay will be used to store mobile imaging equipment required in the Unit. This is a staff only area, and will be accessed by x-ray for access to mobile x-ray machine.

6.5.12 Incubator Service – Decontamination (Dirty Receipt Room)
This room is large enough to store 6 incubators which are waiting to be cleaned and for EBME to service.

6.5.13 Decontamination Clean Room
This room is large enough for 1 incubator and up to 2 people and is equipped with a sink and cupboard space for cleaning solutions, cloths, buckets etc. Hand washing facilities are provided.

6.5.14 Clean Storage Room
This room is large enough to store 20 cleaned incubators ready for use.
6.5.15 Equipment Service Room

Equipment to be stored includes IV pumps, feeding pumps, saturation monitors, CPAP machines, head boxes, humidifiers, incubators as well as transport incubators. Items with battery backup systems i.e. oxygen analysers, photo therapy units will be stored in this room as there is a power supply to permit battery charging during storage.

6.5.16 Large Equipment Store

This room will be used to store breast pumps, clean storage and disposables e.g. suction and oxygen equipment.

6.5.17 Store – Linen

Linen will be delivered daily to the department by portering staff.

6.5.18 Store - Baby Clothes

A small bespoke store is required for storage of baby’s clothes as detailed within the Functional Brief with 3 shelves removed and replaced by a hanging rail.

6.5.19 Domestic Services Room

A generic Domestic Services room is required to serve the department the functionality for which is detailed within the Functional Brief. This room will be used to deliver day-to-day cleaning services and cleaning materials and equipment in daily use will be stored here.

6.5.20 Staff Changing Facilities

These are located within the neighbourhood hub as detailed within the Functional Brief. Neonatal staff change should be dedicated to the unit and not shared with other services to minimise cross-infection risk.

6.6 Interdepartmental Relationships

- Delivery Suite
- Maternity Wards

6.7 Business Continuity

6.7.1 Escalation

- Pandemic flu plan
- Managing Annual Leave
- Capacity Control Policy
- Sickness Absence Policy
- Doctors Absence Policy

6.7.2 Major Equipment

Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit.

If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure. A loan of equipment is provided if repairs cannot be rectified immediately.

In the event of serious systems failure and immediate repair or loan equipment not being possible, then the midwife in charge will consult with the medical staff and Clinical Group Director.
Medical Gas Failure
Requirement to continue to administer appropriate treatment to babies e.g. Bag and mask or neopuffs will be available at each cot/incubator space.

6.7.3 Equipment Replacement
There is a formal rolling programme of replacing equipment.

6.8 Major Incident
Refer to:
- Major Incident Plan
- Evacuation Plan

Each area will act in accordance to the trust’s wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

Event of Fire
The movement of ventilated infants should be taken into account when considering fire policies. Infants from each area will be decanted into other areas in event of fire, i.e. Special Care areas will have medical gas facilities to enable this. Obstetric theatres will also be used to decant intensive care babies and so requires easy access from the NNU.

6.9 Regulatory Requirements
- British Association Perinatal Medicine Standards
- SWMNN Standards
- In line with existing health and safety standards i.e. fire, moving and handling, COSHH, infection control, waste management
- Patient Confidentiality and Data Protection

6.10 Clinical Support Services
6.10.1 Pharmacy
Refer to Pharmacy PP&DD No 18 and Operational Policy for a description of the cluster Pharmacy services based in the neighbourhood hub to provide swift response to pharmacy requests and ensure that advice and support of specialist pharmaceutical knowledge is readily available.

Pharmaceutical expertise will be available to the NNU via the cluster based pharmaceutical team who will be based in the neighbourhood hub. The pharmacist will visit the NNU daily to check stocks and infants charts and discuss any issues with the shift lead or medical staff.

Pharmacy supplies will be delivered to the Unit on a daily basis in locked boxes. General pharmacy supplies will be ordered electronically and be controlled using a materials management system. General drugs and dressings which are issued via pharmacy will be stored in a locked cabinet situated in the clean utility.

6.10.2 Pathology
Referrals will be received via an IT solution. Specimens will be delivered to Pathology via the use of a pneumatic tube with the exception of blood products which are collected or delivered using the
Porter service.

6.10.3 Infection Control
All staff will comply with Trust Infection Control Policies, all team members who undertake aseptic nursing procedures will adhere to infection control standards for cleaning trolleys to ensure that risk from infection is kept to a minimum.

6.10.4 Sterile Supplies
Facilities staff will deliver sterile stores from the central hub to the ward; refer to Facilities Support Services – sterile services section. Ward staff will unpack and stock within the storage cabinets in the clean utility.

6.10.5 Manual Handling
Refer to the Moving and Handling Policy.

The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

6.10.6 Healthcare Records
Refer to IM&T Strategy

6.10.7 Imaging
Imaging will be requested by contact with the imaging service. It is anticipated that this will be via an IT referral system.

6.10.8 Interpreting Services
Interpreting services will be available and booked by clerical staff. Refer to the interpreting Services – Access and Delivery Policy.

6.11 Non Clinical Services

6.11.1 IT
Electronic Patient record (EPR), hospital communications and ordering systems will be required.

6.11.2 Transport
This will be required to transport patients where applicable and will be booked by the clerical staff via a central booking process.

6.11.3 Porters Service
A porter’s service will be available and will be booked via telephone; wheelchairs will be used from the hub wheelchairs store.

6.11.4 General Store Delivery
Facilities Support services – Materials handling section to be developed.

6.11.5 Catering
Parents will be able to access the public food courts/retail outlets.

6.11.6 Linen
Please refer to Facilities Whole Hospital Policy for details of delivery schedules.
6.11.7 Domestic Service
Refer to the Hospital Cleaning Service Policy

6.11.8 Maintenance
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.

6.11.9 Security
Refer to the Security Policy, Baby Tagging Policy and PPDD 00 Functional Brief.
Door Entry System
Entry to and egress from the delivery suite will be controlled by an automated access control system for staff. A video-intercom externally and internally will link to the Nursing Station from where access to and egress from the ward by visitors will be controlled.

Lock down and override system
- The exit control can be switched on and off depending on the nature of the patient’s on the ward and the risk of abduction or absconsion e.g. paediatric wards, patients with mental ill health, or in a state of confusion or dementia.

Security Guard Service
- Security officers will be available 24hours 365 days per year. Their prime responsibility will be to provide a safe, secure environment by maintaining the safety of all persons and property on the site. This includes the protection of patients, staff, service providers and visitors against violent acts or abuse; theft; criminal damage; malicious tampering and arson. The essence of the security service will be to provide effective crime prevention measures and a quick response when required, in respect of any security related issue.

Emergency Call System
- The Emergency Call System is linked to both the Midwifery Station and the Security Base. Security staff will respond to the alarm and take whatever action is necessary to ensure the safety of the Trust’s staff/ refer to PP&DD Functional Brief.

Electronic baby tagging system (as per guideline) part of overall baby security

The NNU will have a security system available for the tagging of all babies. This should be linked with the inpatient maternity unit, with sensors located at every entrance/exit door.

The computer will be located at a central location within the neonatal reception area to enable staff to view the computer when the tag alarm is activated.

Restricted Room Access

There is a requirement for door handles to be high on specific rooms as detailed within PP&DD No 29 Paediatric In-Patients

Bathrooms, treatment rooms and storerooms require controlled access to prevent children accessing these rooms unsupervised.

Movement of patients between the different areas of the Unit will require passage through doorways, which will be usually kept, closed, to reduce acoustics.

As nursing staff are located in all the rooms, and the Neonatal Unit has a secure entry/exit system as well as the need to take into account that medical staff may need quick access, there is no requirement for doors to have push button entry systems to the clinical rooms.
A push button entry system is required for:
- Clean utility
- Dirty utility
- Treatment rooms
- Store rooms
- Mobile equipment bay
- Infants clothes store
- Milk Kitchen
- Near patient testing room

6.11.10 Fire Procedure
Refer to the Fire Safety Management Policy.

6.11.11 Waste Management
Refer to the Waste Management Policy.
- All clinical waste will be disposed of in yellow clinical waste bags. These go for incineration.
- All used sharps to be placed in the 'sharps' bin.
- Soiled instruments should be returned to the decontamination unit for cleaning and re-sterilisation as per the decontamination operational policy (available within the endoscopy suite).
- Non clinical waste to be placed in black rubbish bins.
- The Spillage Protocol will be adhered to regarding disposal of items used for dealing with spillages.
- Any confidential paperwork for disposal must go in the Hessian type bag identified for shredding material.
- Other paper waste relating to non confidential material can go in a black bag or the cardboard paper recycling boxes.
- Bins will have adequate space and sufficient collections to ensure that rubbish is not left on the floor, and bins should be a design which allows bags of rubbish to be placed in the bin safely.

The housekeeper will monitor the levels of waste within the ward and if necessary contact wards services to arrange for removal of waste bags to the central hub.

7. CONSULTATION

An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to all consultant neonatologists, lead nurses, clinical group management team and capital projects team for comments. The outcome of this consultation has been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS

Compliance with the requirements of the policy will be monitored by the Neonatal Unit Matron.

9. TRAINING AND AWARENESS

Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the maternity and neonatal units and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.
10. **EQUALITY AND DIVERSITY**

The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. **REVIEW**

This policy will be reviewed in three years time unless requires earlier review. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. **REFERENCE DOCUMENTS AND BIBLIOGRAPHY**

BAPM – standard

DOH – document

SWMNN – standards/pathways


Yorkshire Neonatal Transport Service guideline, July 2004

PP&DD Planning Policy Design Document No 05 Neonatal Unit

13. **FURTHER ENQUIRIES**

Contact the NNU Matron for further information on the implementation of this policy.
APPENDIX A   Southern West Midlands Care Pathway for SWBH NHS Trust

It is proposed that the acute hospital will function as a Level 2 unit continuing to undertake the majority of care whilst recognising the need to transfer out the small number of the most extremely preterm infants in order that the Level 3 units can develop expertise in looking after this small group of infants and improve their outcomes as agreed by SWMNN Board.

This document sets out the levels of care which it is appropriate to undertake, however there will be times when, because of the number of babies already on the unit or staffing numbers that care, even for babies falling within these criteria, will have to be sought elsewhere.

There may also be situations where it has not been possible to arrange transfer of a baby to another unit where care outside the criteria must be given at least in the short term.

FETAL ANOMALY
Babies with antenatal diagnosis of cardiac/ surgical/ other congenital anomaly will deliver in the delivery suite.

GESTATION LIMIT
Where possible, women in premature labour at less than 26+0 weeks gestation will be transferred to deliver in a Level 3 unit. If, for whatever reason, a baby below this gestation limit is delivered the baby will be stabilised and assessed.

Under 25 weeks gestation: any baby of less than 25 +0 weeks gestation will be transferred to a Level 3 unit if continuing intensive care is appropriate. If there is doubt about necessity for transfer (i.e. baby dying) there will be consultant to consultant discussion. 25 weeks and above: A baby above 25 +0 weeks gestation may be kept in the unit if its care falls within the following criteria:

Criteria for Care
Ventilation
If a preterm baby of 25 weeks gestation fails to respond to conventional ventilation (i.e. PIP>20 mmHg; FiO2>40% at 48 hours), the baby will be discussed with staff of a Level 3 unit and may require transfer out to the Level 3 unit. Any baby who continues to require IPPV for more than 7 days will be discussed with Level 3 unit.
Babies who require HFOV will be assessed and remain in the unit if appropriate, baby's may need to be transferred out.

**CPAP**
Babies requiring NCPAP will remain in the unit.

**TPN**
Babies requiring TPN will be managed in the unit.

**NEC**
Babies who require surgery/ surgical opinion for NEC will be transferred out.

**Nitric Oxide**
Term babies who need iNO will be managed in the unit. Failure to respond will be discussed with Level 3 unit/ transferred for ECMO.

**Babies returning to the Neonatal Unit**
- Babies may not return to the unit until they have reached 25 +0 weeks gestation.
- Babies may return requiring IPPV (e.g. babies in whom extubation is anticipated soon/ post-op transfers/ transfers back post ECMO etc)/ NCPAP/ TPN but not HFOV.

**Transfers in to the Hospital**
Women in preterm labour at or above 26+0 gestation will be accepted in for delivery. (this excludes all babies with severe rhesus haemolytic disease and babies at <28 +0 weeks gestation with significant twin-twin transfusion syndrome who will be accepted by a Level 3 unit).

**FETAL ANOMALY**
Babies identified antenatally with significant cardiac/ surgical/ other congenital anomaly will deliver at the hospital (or a Level 3 unit if no cot availability in the unit).

**GESTATION LIMIT**
Where possible women in premature labour at 26 +0 - 33 +6 weeks gestation will be delivered at the hospital (or an appropriate Level 2/3 unit if no availability in the unit) and at <26 +0 weeks to a Level 3 unit.
If, for whatever reason, a baby below these gestation limits is delivered in the hospital the baby will be stabilised and assessed.

**IPPV/NCPAP/TPN**
All babies requiring IPPV/NCPAP/TPN will be cared for on the unit (or appropriate Level 2/ 3 unit if no cot availability)

**FiO2**
All babies requiring > 40% FiO2 will be cared for on the unit (or appropriate Level 2/3 unit if no cot availability)
APPENDIX B  NEWBORN TRANSPORT SERVICE AND REFERRAL PROCESS

DEFINITION
- Transfer of critically ill newborns from hospital of birth to a tertiary care facility for ongoing intensive care, surgical/cardiac assessment or back transfer

INDICATION
- Preterm babies requiring intensive care not available at base unit
- Babies requiring surgical care or review
- Babies requiring cardiology review or care
- Babies requiring surgical drive through
- Babies requiring diagnostic procedures e.g. CAT scans, MRI, Barium Meals etc.
- Return transfer to base unit for ongoing care
- Transferring of well babies to create a cot space for ill babies
- Transfer to the nearest unit within the network that is able to provide the appropriate level of care, thus facilitating local provision of neonatal services

RETRIEVAL PROCESS
- Communication
- Referring centre
- Make decision to transfer with parents’ agreement
- Locate NICU/PICU bed via cot locator for cot
- Contact the Newborn Transport Service (NTS)
  - 07929 053730 (mobile) or
  - NTS office 0121 626 4571 / 4572
- Please leave a message if your call is not answered as the team might be out dealing with a baby or transfer
- State type and time limit for transfer
- Provide clinical details to NTS
- Name, weight and gestation
- History and clinical details
- Interventions, investigations and results
- Medications
- Document advice given/received
- Prepare a copy of baby’s notes, X-rays and transfer letter (nursing and medical)
- Obtain parental consent for transfer
- Obtain a sample of mother’s blood (if required)
- Prepare all fluids into 50ml syringes.
- Consider stopping TPN and giving maintenance fluid instead.
- If aware of transfer the day before, prepare TPN into 50 ml syringe at time of TPN bag change.

Receiving Centre
- Ensure that consultant and NICU/PICU co-ordinator agree to accept referral
- Newborn Transport Service (NTS)
- Informed of transfer
- Obtain baby’s clinical details, interventions and medications
- Start NTS database documentation
- Inform receiving unit estimated time of arrival

Ambulance Service
- NTS to contact Ambulance service
- Provide information of baby requiring transfer
- Provide name of referring and receiving hospital
- State type of transfer
- Immediate/acute/emergency
- Repatriation (state time limit)

Stabilisation
- Preparation for transport begins as soon as decision is made to transfer the baby
- Stabilisation
- Clinical assessment according to ABCDE algorithm

Airway
- Intubate and ventilate if unstable
- Indications for intubation
- Respiratory distress
- O2saturation <90%
- Requiring FiO2 >0.5
- Recurrent apnoeas
- Baby on CPAP <24hrs or those unstable on CPAP might require intubation (discuss with NTS)

Chest X-ray
- Check position of ET tube
- Lung fields
- Check position of naso-gastric tube
- Check position of other lines (AXR/CXR)

Breathing
- If incubated, ensure ET tube is secure
- Ensure baby is in synchrony with the ventilator
- Adequate sedation/analgesia with morphine
- Paralysis if required with atracurium

Indications for surfactant
- Follow Surfactant Replacement Therapy guideline
- Electively intubate all infants born ≤26 weeks gestation
- Give surfactant as soon as possible following delivery
- >26 weeks and <30 weeks requiring intubation for respiratory distress
- Give surfactant as soon as possible after intubation. This is more effective if given within 2 hours of birth
- Respiratory distress requiring intubation and FiO2 >0.3
- Others after senior discussion:
- Ventilated babies with meconium aspiration syndrome
- Term babies with pneumonia and stiff lungs
- Babies with PPHN

**Pneumothorax**
- Chest drains (see local protocol for insertion)
- Ensure drain(s) secured and attached to Heimlich flutter valve prior to arrival of NTS
- Ensure adequate analgesia/paralysis
- Blood gases with glucose performed and documented
- Before arrival of NTS
- Before departure
- On arrival at retrieval unit

**Circulation**
- At least 2 lines: peripheral or central (x2 venous or a UVC where possible)
- Central access i.e. a UVC and UAC if ventilated with FiO2 >0.4
- Check position of central lines: umbilical vein or artery catheterisation
- Umbilical artery catheterisation position
- Low position at L3 – L4
- High position at diaphragm but below T6
- Ensure catheters are secured with suture and Zinc oxide tape
- Check and ensure that all access is patent and visible
- Document and monitor blood pressure before and after stabilisation and on arrival at receiving unit
- Maintain mean blood pressure ≥ gestational age
- Use Inotropes if needed

**Drugs**
- Antibiotics if indicated (see local guidelines and do not withhold medication in anticipation of arrival of transport team)
- Check IM vitamin K has been given
- Anti-convulsants if required (see local guideline)
- Follow NTS drug guidelines if medications to be initiated by NTS team

**Environment**
- Monitor temperature throughout stabilisation process and transit
- Minimize handling on transit
- Document temperature before and after stabilisation, on arrival back at receiving unit and throughout transport process
- Check blood glucose

**Fluids**
- Maintenance fluids usually dextrose 10% (see Intravenous fluid therapy guideline)
- Ensure all fluids and infusions are in 50ml syringes and are labelled
- Volume as per unit guideline
- Monitor intake and output

**Parents**
- Update with plan of care
- Give unit information and contact number and map
- Photographs of baby
- Method of feeding
- Show baby to parents before departure
- Ensure mother is transferred to baby’s hospital as soon as possible

**Packaging and moving and other issues**
Moving baby into transport incubator
Ensure smooth transfer and minimise heat loss
Identify staff responsible for:
Transferring baby from incubator to transport incubator
Infusion lines
Opening and closing incubator doors
Inform receiving unit of baby’s condition and estimated time of arrival
Mothers cannot accompany their baby in the ambulance when the transfer is acute
Mothers may accompany only if the baby is stable and at the discretion of the NTS or transport team

DURING TRANSIT
- When in ambulance:
  - Secure transport incubator
  - Connect to mains or battery supply
  - Connect to oxygen and air supply
  - Continuous monitoring of apex and respiration.
  - Continuous monitoring of invasive (arterial) blood pressure for all babies who are sick/unstable and receiving ventilatory support.
  - If arterial access is unsuccessful then non-invasive blood pressure should be performed and recorded every 15 minutes.
  - Continuous monitoring of oxygen saturation
  - Maintain preterm infant’s saturation at 94-97% unless otherwise directed by ANNP/Consultant
  - Cardiac and/or PPHN babies may need pre and post ductal saturations recorded prior to transfer
  - Pre-ductal measurement is from the right arm
  - Post-ductal measurements are from the legs
APPENDIX C  EQUIPMENT

Check all equipment daily and prepare before use
- Transport incubator
- Ventilator
- Gas cylinders
- CPAP
- Incubator oxygen
- Suction
- Humidification device
- Thermoregulation equipment including mattresses
- Monitoring facilities
- Heart rate
- Respiratory rate
- Saturations
- Invasive blood pressure
- Non-invasive blood pressure
- Temperature toe and core
- Glucose monitor
- Prepare infusion pumps, to deliver:
  - Maintenance fluid with or without additives
  - Sedation
  - Paralysing agents
  - Inotropes
  - Emergency drugs (see formulary)
- Sodium bicarbonate
- Adrenaline
- Glucose
- Sodium chloride 0.9%

Equipment Bag
- Intubation
- Laryngoscope
- Endotracheal tubes (ETT) of sizes 2 mm to 4 mm
- Introducers
- Hats and ties/clips and forceps for ETT
- Scissors
- Magills forceps

Cannulation
- Selection of cannulae (Jelco 24g, Insytes with or without wings 24g, Neoflons 24g)
- Strapping
- Dressing packs
- Sterets
- Cleaning lotion

Umbilical catheterisation. (See UVC and UAC guidelines)
- Arterial catheters
- Venous catheters
- Forceps
- Probes
- Sutures
- Cord ties
- Zinc oxide tape
- Non-alcohol containing cleaning lotion

Thoracocentesis
- 21g green butterfly (can use blue to aspirate air easily and reduce pain)
- Small bottle of sterile water
- Selection of chest drains (size 8ch to 12ch)
- Dressing packs
- Scalpel
- Spencer-Wells forceps
- Clamps
- Syringe and needles
- Local anaesthetic – lidocaine 1%
- Steristrips
- Tegaderm
- Flutter valves
- Camera
- Documentation
- Parent information leaflet

Operational Policy for Neonatal Unit (page16 of 20)
- For transfer, post ductal saturations are monitored and recorded
- Continuous monitoring of temperature
- Avoid hypothermia by minimal handling
- Record above readings every 15 minutes and note type and volume of infusions
- If central access used ensure umbilical stump visible and observe for any bleeding
- Monitor peripheral IV site/s for any leakage and patency
- Ensure any peripheral arterial line site visible
- Performing procedures during transit
- Ask ambulance crew to stop the ambulance as soon as it is safe to do so
- Wait until the ambulance is stationary
- Take immediate steps to warm the cabin of the ambulance
- Perform procedures through the incubator portholes as far as possible
- Make use of heated chemical gel mattress early in the process
- Seek advice from Consultant of receiving unit or from transport Consultant lead.
At each stage, weigh up the risk and benefit ratio of the need for a definitive procedures in a hostile environment. In some cases a limited procedure and diversion to the nearest hospital to complete the procedure may be more appropriate.

AT RECEIVING UNIT
When moving baby from transport incubator to incubator, identify staff responsible for:
- Transferring baby from transport incubator to incubator
- Care of infusion lines
- Opening and closing the incubator doors
- Hand over care to medical and nursing staff including details of clinical condition during transfer.

When baby settled, check and document blood gases, BP, temperature and blood glucose
Inform referring centre and parents of safe arrival of baby
Complete documentation

Back at Base
- Stock up equipment bag
- Check transport incubator
- Replace oxygen and air cylinder if needed
- Complete documentation

Appendix D Operational Policy Development/Distribution/History/Consultation

Version 0.00, V0.01, V0.02, V0.03, V1.0, V0.01

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</tr>
<tr>
<td>C. Walne</td>
<td>Neonatal Matron</td>
</tr>
<tr>
<td>J. Nycyk</td>
<td>Clinical Director Neonates</td>
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<tr>
<td>P. Simmons</td>
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</tr>
<tr>
<td>S. Sivakumar</td>
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</tr>
<tr>
<td>A. Akbar</td>
<td>Consultant Paediatrician</td>
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<td>V. Ganesan</td>
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</tr>
<tr>
<td>M. Plunkett</td>
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<tr>
<td>P. Broggio</td>
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<tr>
<td>S. Brown</td>
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<tr>
<td>S. Slater</td>
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<tr>
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<td>A. Geary</td>
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<td><strong>Operating Theatres</strong></td>
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<tr>
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<td>Estates and Technical Team</td>
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Name: G. Seager  Post: Project Director  Signature:

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Disclaimer

This document has been prepared for use by Sandwell and West Birmingham Hospitals NHS Trust (SWBH) in connection with the titled project or named part thereof and should not be relied upon by any other person or used for any other project without an independent check being carried out as to its suitability and prior written authority of SWBH being obtained. Neither SWBH nor its advisors accept any responsibility or liability in connection with this document being used by any other person or being used for any other purpose other than the purpose for which it was commissioned nor do they accept any duty of care to any other person in connection therewith. Any person using or relying on this document for any other purpose agrees, and will by such use or reliance be taken to confirm his agreement, to hold SWBH and its advisors harmless from any and all losses and/or damages resulting therefrom.
1.0 Philosophy of Service

This policy details the facilities, which the Sandwell and West Birmingham Hospitals NHS Trust require for the surgical operating facilities within the new acute hospital. General inpatient elective, emergency, trauma and ophthalmology surgical facilities will be designed as one repeatable, co-located operating theatre complex (reference diagram [4.3] Interdepartmental relationships). The functionality of a number of the rooms which are provided should be in line with the standard rooms outlined within the Functional Brief. The facilities are required to offer:

- A state of the art range of diagnostic and treatment facilities capable of supporting the full range of patients treated by the clinical services on the hospital site;
- Seamless management of the patient journey maintaining the highest levels of patient privacy and dignity;
- An environment conducive to the rapid first stage recovery of patients with complex needs;
- Improved communication regarding patient interventions;
- A facility which has a direct physical link to the internal hospital street network thus ensuring ease of access from the Emergency Department and the inpatient areas.

Patients will attend for expert diagnosis and treatment with specialist teams. The use of equipment and facilities will be maximised to provide efficient and effective services.

The Trust has identified a number of key strategic design principles, which underpin the content of this and all other PPDDs:

- Establishment of service areas;
- Co-location of clinical support services to support individual specialties will only occur if the clinical support room is used by a single speciality and the volume of patients justifies the co-location;
- Co-location of functions to support all areas e.g. emergency, outpatients, inpatient areas;
- Repeatable design of facilities to ensure maximum flexibility of use.

It is recognised that the models of service delivery adopted will alter over time. It is therefore essential that the surgical facilities can respond to future changes in the technology surrounding the relevant services within the area but also the changes in clinical and service models within the clinical services to which the area provides support.

1.1 Central Admissions Process

The vast majority of elective surgical inpatients will come into hospital on the day of surgery, having already had appropriate pre-operative assessment. There should be a central admissions area adjacent to theatres where all of these patients will go pre-operatively to be admitted and undergo any day-of-surgery assessment / preparation by anaesthetists and surgeons. From here, patients will go directly into theatre, and only be admitted to a ward post-operatively. Patients will be admitted before the start of each theatre list for a pre consultation with the theatre team and then will change and wait immediately prior to their surgery. Before this patients will wait in the non-changed reception waiting area, in most cases with their relative or escort.
Children requiring theatre procedures (mostly from the specialties of ophthalmology & ENT) will be admitted via the Paediatric Unit (PPDD 29).

2.0 Scope of the Planning Policy

2.1 Specific Exclusions

In developing the model of care a number of services have been identified as not appropriate for provision within the surgical facilities and have therefore been specifically excluded from development within this specification:

- Medical day cases;
- Maternity;
- Endoscopies;
- Interventional radiology / cardiology;
- Day surgery; surgical day cases will be carried out in the Birmingham Treatment Centre, Sandwell Treatment Centre and Birmingham Midland Eye Centre (BMEC).
  (Does not include paediatric day cases).

2.2 Activity Figures

The Trust has identified the capacity requirements for the surgical facilities from the activity and capacity model.

2.3 Hours of Operation

In general, the elective and day case operating theatres will be planned on the basis of 10 sessions per week. A theatre session will be 210 minutes. The area will require access twenty-four hours a day, seven days a week, and must be capable of receiving patients from the Emergency Department, Inpatient or Day Case areas throughout that time period. It is expected that each theatre will be operational for 48 weeks of the year. A 10% cancellation factor and 85% utilisation rate have been assumed.

In general, the non-elective and emergency theatres will be planned on the basis of 14 sessions per week. A theatre session will be 210 minutes. The area will require access twenty-four hours a day, seven days a week. It is expected that the non-elective theatres will be operational for 52 weeks of the year. A 10% cancellation factor and 50% utilisation rate have been assumed.

2.4 Functional Content

The Operating Theatre facilities will include the following:

2.4.1 Dedicated use of a Neighbourhood Hub (integrated within the department)

- Staff Changing;
- Staff Showers;
- Staff Toilets;
- Utility: Footwear washing;
- Staff Rest;
- Beverage bay;
- Reprographics;
- Seminar room;
- Disposal hold;
- IT hub room;
- Trolley Cleaning Area;
- Domestic services room;
- Domestic services store;
- Medical gas – local storage;
- Switchgear.

2.4.2 Central Admissions Area

- Reception;
- Waiting (30 spaces);
- Office/Resource Base (4);
- Sanitary Facilities;
- Counselling/Interview Room;
- WHB/PPE station;
- Changing/ preparation;
- Patient Storage Zone;
- Linen Store
- Consult/Examination;
- Pre-Operative Waiting Area – Ambulant (single sex);
- Patient toilets/showers;
- Bed/Trolley wait (single sex);
- Treatment Room;
- Clean Utility;
- Dirty Utility with Macerator;
- Staff Base with resus trolley;
- Store.

2.4.3 Theatre Suite

- Operating theatres: 4 x Emergency (2 with laminar flow, 2 general);
- Operating theatres: 7 x Elective (2 with laminar flow, 1 ophthalmology, 4 general);
- Anaesthetic rooms;
- Scrub up;
- Preparation rooms;
- Trolley parking bay;
- Dirty Utility – Theatres;
- Stores: Equipment, local to theatre.

2.4.4 Recovery

- Recovery area – PAR;
2.4.5 Shared Support/Storage

- Blood bank refrigerator room;
- Service room: Equipment;
- Mobile Equipment bay;
- Store: Satellite pharmacy;
- Store: Bulk supplies;
- Store: Clinical equipment;
- Store: Linen;
- Store: Departmental;
- Office;
- Resource Base;
- Domestic Services Room;
- Switchgear;
- Sterile Instrument Storage

2.4.6 Administration

The Trust advocates the use of Administration Zones (PPDD 19), which will be co-located with the clinical areas they support.

2.5 Common Planning Policies

This planning policy has been developed to be read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wish to ensure consistency of approach within the facilities and as such:

- Advocate the use of repeatable rooms, as such only bespoke rooms and exceptions will be described in detail within this departmental PPDD;
- Generally the Trust proposes the use of Neighbourhood Hubs each of which will serve a number of departments however, as theatre staff have to remain within the department for their entire shift, neighbourhood hub facilities will be provided within the department and will be disseminated to fit the functional flows rather than as a discrete unit.

3.0 Staffing

3.1 Staffing Profile (including Management)

The Trust has considered the numbers of staff likely to be on duty at any one time and the numbers who will require changing facilities at any one time, together with an estimate on the number of staff in training at any one time and it is considered that the facilities provided within the Neighbourhood Hub will meet the requirements of the department.
3.2 **Staff Development, Education and Welfare**

Staff welfare facilities in the form of separate sex toilets showers and change are provided within the dedicated Neighbourhood Hub. Secure lockable storage is provided for changing and personal property whilst staff are on duty.

Training requirements have been identified and are included in the table [3.2] below.

**Table [3.2] Training facilities required**

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<td>Meeting room with mobile equipment</td>
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<td>Meetings</td>
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<td>Mandatory training (IT etc)</td>
<td>Meeting Room</td>
<td>Yes</td>
<td>No</td>
<td>5-10</td>
<td>Intermittent</td>
<td></td>
</tr>
</tbody>
</table>

4.0 **Key Relationships**

4.1 **Departmental Relationships**

The key objective is the provision of surgical services and therefore the following internal departmental adjacencies will be key:

- The reception / central admissions and main waiting will be at the entrance of the surgical facilities;
- A counselling / interview room will be available directly off the central admissions area;
- Patient change / preparation areas will be adjacent to reception / admissions, and will link through to pre-op sub waiting areas;
- The operating theatres will be clustered together with their support rooms appropriately adjacent (see diagram [4.1]), maternity theatres will be within the Maternity Delivery Suite PPDD 04;
- Each theatre will have access to an anaesthetic room, preparation room, dirty utility, local store and scrub room;
- The theatre layout will be based on the design concept of a clean and dirty corridor. The dirty corridor will be accessed by the theatre dirty utility rooms only. All other rooms will be accessible via the clean corridor which will also serve as the patient access route;
- Preparation rooms, local stores, scrub & utilities will be adjacent to each theatre; Recovery areas will be readily accessible from the operating theatres; Storage areas will be included within the surgical facilities, easily accessible by staff but will be located away from the patient flows.
This PPDD has been developed on the basis of a traditional internal circulation pattern.

The surgical facilities relationships are shown in the diagram [4.1] below:

**Diagram [4.1] Key Adjacencies**

![Diagram](image)

4.2 **Workflow**

4.2.1 **Patient Flows**

Patient's condition will range from the medically unstable to the fully ambulant. The Trust would wish to ensure that all patients have equity of access and it must be recognised that the local population mirrors that nationally with an increasing proportion of older patients accessing healthcare.

The service model is based upon segregation of elective and non-elective activity. The Trust therefore wishes to maintain separate flows for these different patient groups but would not anticipate the provision of dedicated equipment/facilities for any individual cohort. It is anticipated that scheduling will provide a significant contribution to this approach but the design team should minimise the crossover between patient groups.

The model of care indicates that patients accessing the hospital for elective surgery will generally arrive on the day of surgery. All such patients will be directed to the single registration area (admissions area) where they will undergo their administrative and clinical registration. Transfer to a ward / nursing unit will take place after the surgery and immediate post-operative recovery has been completed.

The design solution must also be sensitive to the separation of sexes, differing cultural and religious requirements of the population, especially in terms of maintaining the privacy and dignity of individuals who may be partially clothed awaiting their procedure or during stage 1 recovery. As a principle, it is not acceptable for patients who have changed or partially changed to share waiting facilities with those who have not. Movement of patients within the Operating Theatre complex will

<table>
<thead>
<tr>
<th>Health Quality Service reference:</th>
<th>Code:</th>
<th>Issue:</th>
<th>Implementation Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 Operating Theatres</td>
<td></td>
<td>1</td>
<td>July 2014</td>
</tr>
<tr>
<td>Version No.</td>
<td></td>
<td>10.0</td>
<td></td>
</tr>
</tbody>
</table>
be managed by “inside” porters, with movement to and from the complex supported by general porters.

Typical patient flows are indicated in diagram [4.2.1].

**Diagram [4.2.1] Patient Flows**

4.2.2 Staff Flows

In the main, staff will be based within the surgical facilities. Typical staff flows are shown in diagram [4.2.2]

**Diagram [4.2.2] Staff Flows**
4.2.3 Goods Flows

Goods flows must be kept separate from patient flows. The services within the department will draw on the hospital for various supporting services including domestic and general portering services, plus supplies and waste disposal (further details provided within the Facilities Management PPDD 24). Provision should enable the clinical staff to access support facilities without leaving the clinical areas. Movement of goods within the Operating Theatre complex will be managed by “inside” porters, with movement to and from the complex supported by general porters. Typical goods flows are shown in diagram [4.2.3].

Diagram [4.2.3] Goods Flows
4.3 Interdepartmental Relationships

The department should be provided with linkages to the internal hospital street network, to ensure rapid and appropriate access, with no requirement for external transport or movement within the new Hospital.

Endoscopy procedure rooms. The operating theatre suites and the Endoscopy procedure rooms should be located in order to maximise the potential for shared support and options for future flexibility.

Integrated Critical Care Unit (ICCU). The suite should have an immediate adjacency to the ICCU. If the theatres and/or ICCU are on more than one floor, there must be dedicated lift communications capable of accommodating patients with full critical care equipment. – Essential – 1 minute.

The Emergency Department. A significant number of patients requiring surgery will be from the Emergency Department. Therefore ease of access will be required at all times of every day. – Essential 1 minute.

Inpatient Wards. The majority of patients will require an overnight stay.

Ophthalmology Inpatients. A proportion of the patients receiving ophthalmology surgery will require an overnight stay.

The surgical facilities should have access to a full laboratory service, available on a 24 hour basis. Paediatrics – for admission of children.

Engineering support, including Medical should be available on a 24 hour basis.

**Table [4.3] Interdepartmental relationships: Surgical facilities.**

<table>
<thead>
<tr>
<th>Close to</th>
<th>PPDD</th>
<th>Reasons</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endoscopy</td>
<td>PPDD 08</td>
<td>Shared patient support</td>
<td>Desirable</td>
</tr>
<tr>
<td>ICCU</td>
<td>PPDD 03</td>
<td>Patient transfer</td>
<td>Essential</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>PPDD 01</td>
<td>Patient transfer</td>
<td>Essential</td>
</tr>
<tr>
<td>Inpatient wards</td>
<td>PPDD 02</td>
<td>Patient transfer</td>
<td>Desirable</td>
</tr>
<tr>
<td>Paediatric wards</td>
<td>PPDD 29</td>
<td>Patient transfer</td>
<td>Desirable</td>
</tr>
<tr>
<td>Medical Engineering</td>
<td>PPDD 27</td>
<td>Equipment support</td>
<td>Desirable</td>
</tr>
<tr>
<td>Local sterile services</td>
<td>PPDD 17</td>
<td>Replacement of “dropped” instruments</td>
<td>Desirable</td>
</tr>
<tr>
<td>Pathology</td>
<td>PPDD 17</td>
<td>Staff/materials transfer</td>
<td>Desirable</td>
</tr>
</tbody>
</table>

**06 Operating Theatres**

Health Quality Service reference: 0.0

<table>
<thead>
<tr>
<th>Code:</th>
<th>Issue.</th>
<th>Version No.</th>
<th>Implementation Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>10.0</td>
<td>July 2014</td>
</tr>
</tbody>
</table>
5.0 Planning and Design Principles

The key design consideration is balancing the need for an appropriate patient flow with easy access, with the optimum sharing of support facilities between theatres and with adjacent departments.

5.1 Ambience and Decoration

The unit must be designed to meet the needs of the patients, staff and relatives, providing ease of access and an environment that enhances the reduction of anxiety and supports patient dignity. Design should balance the need for a substantial level of high tech equipment in the clinical areas with the need for a non-institutional environment in the support areas.

The facility is to be family-friendly and non-institutional with particular emphasis on the use of colour, art, contrast and texture to provide a stimulating, non-threatening environment for all patients regardless of ability or impairment.

Although intensive clinical care will be delivered in this unit, from a patient perspective an environment which appears as non-clinical as possible is desired with a pleasant outlook and it is important that an attractive and stimulating environment is provided. In particular, the route for patient journeys to and from theatres must be given consideration.

The Trust would wish to utilise contrasting floor and door colours to help demarcate areas of “high sterility” for example individual bed bays or isolation rooms.

To compliment this sterility the Trust would advocate the use of UPVC proprietary wall cladding systems for ease of cleaning.

5.2 Wayfinding

Signage in the theatre suites should clearly demarcate clinical and non-clinical areas and indicate the appropriate patient areas. Due consideration will be given to way finding as described in the Functional Brief.

Waiting/admissions area to be more amenable/less clinical.

5.3 Security and Observation

The surgical facilities must be secured to prevent unauthorised access whilst ensuring easy exit. Staff will gain entry via automated access controls. Others needing access to the suites will be
screened with audio visual equipment. The entrance and immediate environs of the Theatre Suites is to be monitored by a CCTV camera.

The Trust’s Requirements in respect of Patient/Staff call systems is set out within Functional Brief Table [3.4B].

The Trust’s Requirements in respect of the communications and network structure to support the security system is set out within Functional Brief Section 3.4.

5.4 Control of Infection

The approach to control of Infection within the surgical facilities can be referenced within the Functional Brief. Automated door controls with no touch proximity readers are required on main access routes and into theatres suites.

5.5 Manual Handling

Lifting or transferring unconscious patients poses a particular challenge for the staff working in a surgical facility. Patients will require transfer to and from the operating table, within recovery, with the aid of a hoist the approach to Manual Handling can be referenced in the Functional Brief.

The Trust will in the main use mobile hoisting with the operating theatre suite however fixed hoists are required in the anaesthetic room for the Emergency Theatre and a recovery space - single track up to 60 stone.

5.6 Fire & Safety

5.6.1 Fire

Precautions against fire will be taken, by staff working within the area. The Trust’s Fire Safety Management Policy will be adhered to and can be referenced within the Functional Brief.

5.6.2 Safety

Design features that contribute to safety include hand washing facilities, finishes and furniture, storage of chemicals. Special equipment such as exhaust protective cabinets and fume cupboards will be required. Provision should be made for the storage of first aid products, chemical poison antidotes and eye-care items. The following requirements must also be met:

- Fume cupboard for the management of formaldehyde;
- Smoke extraction in every theatre for diathermy.

5.6.3 Radiological Protection

All theatres require radiation protection for X-ray and laser use.
5.7 Privacy and Dignity

The design should provide an environment, which respects the needs of all patients in terms of privacy and dignity as well as facilitating the delivery of good clinical practice and care.

Bidders should refer to the Trust’s Privacy and Dignity Policy.

5.8 Environmental Parameters

The design shall ensure that temperature and humidity control are in accordance with HBN 26 Facilities for Surgical Procedures volume 1 update 2004. There is a requirement for the temperature in certain areas to be adjusted outside of the parameters laid down in HTM 03-01 Specialist ventilation for healthcare premises: Part A Design & Validation.

Generally, all areas not occupied by patients will be controlled by a Building Management System (BMS) to the requirements of HTM 03-01 Specialist Ventilation for Healthcare Premises: Part A Design & Validation.

5.9 Environmental Criteria

5.9.1 Natural Light

The Design Brief developed by the Trust advocates the use of natural light. The Functional Brief Section 5.6 sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

Bidders should note the natural light achieved within Theatres in the Trust’s PSC drawn information contained within Functional Brief.

The following table sets out the bespoke requirements for natural light within the Operating Theatre Suite.

Table [5.9.1] Natural Light Matrix

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Essential Desirable or None</th>
<th>External Wall</th>
<th>Atrium</th>
<th>Roof Light / Tube Light</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Anaesthetic Recovery</td>
<td>Desirable</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Trolley Cleaning</td>
<td>Desirable</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

5.9.2 Ventilation

The Design Brief developed by the Trust advocates the use of natural ventilation. The Functional Brief Section 5.6 sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.
The following table sets out the requirements for bespoke environmental criteria within the Operating Theatre Suite.

**Table [5.9.2] Environmental Criteria**

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Temperature ac/hr</th>
<th>Pressure &amp; filtration</th>
<th>Notes in respect of permissible derogations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trolley Cleaning</td>
<td>18 28 15</td>
<td>-ve F7 i</td>
<td></td>
</tr>
</tbody>
</table>

5.9.3 Acoustic Criteria

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief Section 5.8 sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke acoustic criteria within the Operating Theatre Suite.

**Table [5.9.3] Acoustic Criteria**

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Rating to be achieved Functional Brief Table 5.8.A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Anaesthetic Recovery</td>
<td>C</td>
</tr>
<tr>
<td>Trolley Cleaning</td>
<td>E</td>
</tr>
</tbody>
</table>

5.9.4 Medical Gas and Power Supply Requirements

The Design Brief developed by the Trust, Functional Brief Section [7.2.1] sets out the Repeatable "bed head" service requirements.

5.10 Flexibility

The accommodation must enable flexible use and allow for changes in models of care and or service delivery. Robotic surgery is likely to play an increasing role in the future, as is laser surgery, the use of imaging, and the anticipated increase in bariatric patients.

5.11 IM & T
Details of the active components associated with IM&T can be found in the Functional Brief and Schedule 8 part 3. It is assumed that all patient records will be electronic and note entry and note review will take place within the clinical rooms. The operating theatres must have:

- Full bandwidth PACS;
- All areas need wired and wireless access to IT systems.

5.12 External Space and Courtyards

Access to outside spaces (balconies, courtyards, gardens etc.) is not essential for staff and carers/relatives.

6.0 Equipment

The specific requirements for the operating theatre suites will be addressed through the equipment selection in accordance with the Equipment Responsibility Matrix in Schedule 13.

Component Sheets set out the equipment list for the operating theatre suite in accord with Schedule 13.

7.0 Proposed Accommodation

In developing proposals for the operating theatre facilities reference must be made to *HBN 26 Facilities for surgical procedures Volume 1*.

The schedule of accommodation has assumed a level of sharing based upon certain adjacencies stated. Should the design team not achieve the appropriate adjacencies it may be necessary to review the Schedule to ensure that full functionality is delivered.

The rooms described below are solely in respect of bespoke rooms or repeatable rooms which require modification.

For repeatable rooms refer to the Functional Brief.

7.1 Dedicated use of a Neighbourhood Hub (integrated within the department)

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to support the clinical departments. In the case of Operating Theatre Suite the Neighbourhood Hub will provide:

7.1.1 Staff Changing

Separate staff changing is required for 100 male lockers and 100 female lockers. Access must be via the hospital corridor and exiting into the theatre suite. Details of the Trust’s requirements can be referenced in Functional Brief Table 24.
In addition to the repeatable provision additional space has been allowed to accommodate:

- Over gown storage;
- Footwear storage;
- Cube locker for personal possessions.

### 7.1.2 Staff Showers

Separate male and female ambulant showers to be provided accessed from the corresponding changing area as set out in the Functional Brief Table 24.

### 7.1.3 Staff Toilets

Separate male and female ambulant toilets to be provided accessed from the corresponding changing area as set out in the Functional Brief Table 24.

### 7.1.4 Utility: Footwear Washing

A bespoke facility is required for washing theatre footwear. The washer should be located near to the male and female changing facilities. Footwear should be stored on a designated easily accessible boot rack.

The functionality for this room is based on a repeatable Dirty Utility, details for which can be referenced in the Functional Brief Table 24.

### 7.1.5 Staff Rest

A shared repeatable Staff common room to accommodate 50 persons, this must be accessed via the theatre suite as set out in PPDD 33 Neighbourhood Hubs.

### 7.1.6 Beverage Bay

A shared repeatable beverage facility co-located with the staff rest room, as set out in the Functional Brief Table 24.

### 7.1.7 Reprographics

A reprographics facility is required to serve the operating theatre hub as set out in the Functional Brief Table 24.

### 7.1.8 Seminar Room

A repeatable 20 place seminar room is required, this must be accessed via the theatre suite as set out in the Functional Brief Table 24.
7.1.9 Disposal Hold

A bespoke disposal hold is required. The functionality of which is available in PPDD 33. Additional space has been allowed for the holding of dirty operating instrument packs prior to their transfer to the FM holding area, sterile supplies, dispatch.

7.1.10 IT Hub

A bespoke IT Hub as described in PPDD 33 to serve the operating theatre suite.

7.1.11 Trolley Cleaning Area

Facilities are required where trolleys can be “dry” cleaned insitu within the theatre suite. Soiled trolleys will be cleaned within the central decontamination suite (viz. PPDD 24). The following functionality is required:

- Space for wiping a trolley (1 at a time);
- Clinical WHB;
- Local storage.

For details of the environmental parameters, refer section [5.0] of this PPDD.

7.1.12 Domestic Services Room

A bespoke domestic services room is required as described in PPDD 33 Neighbourhood Hubs to serve the dedicated hub and public areas.

7.1.13 Domestic Services Store

A bespoke domestic services store is required. The functionality can be referenced in PPDD 33, Neighbourhood Hubs.

7.1.14 Medical Gas – Local Storage

A bespoke local store is required for medical gas cylinders the functionality for which can be referenced within PPDD 33.

7.1.15 Switchgear

A repeatable switchgear cupboard is required to serve the dedicated hub and public areas as set out in the Functional Brief Table 24.

7.2 Central Admissions Area

7.2.1 Reception
A repeatable four place reception desk is required, as set out in the Functional Brief Table [7.2].

7.2.2 Waiting

A repeatable 30 place waiting area is required details of the functionality required are set out within Table 24 of the Functional Brief.

7.2.3 Office/Resource Base (4)

A repeatable office / resource base is required as set out within the Functional Brief Table 24.

7.2.4 Visitor Toilets

Separate repeatable male and female visitor toilets are required, it must be noted that sanitary facilities are not generally available within the clinical areas other than for patients. Details of the Trust’s Requirements can be referenced in the Functional Brief Table 24.

7.2.5 Interview Counselling Room

A repeatable Interview /Counselling room is required as set out in the Functional Brief Table 24.

7.2.6 WHB/PPE Station

A repeatable area is required where visitors to the operating theatre suite can wash / gel their hands. Details of the functionality required can be referenced in PPDD 33.

7.2.7 Changing/Preparation Area

Ten bespoke cubicles for changing, assessment and preparation by medical and nursing staff. Each cubicle must be able to accommodate a patient trolley. These changing/preparation rooms must be zoned into two areas to allow for the segregation of males and females.

The functionality of each changing/preparation area should be based upon the treatment cubicle within the Emergency Department PPDD 01.

7.2.8 Patient Storage Zone

A repeatable storage area is required to serve the changing/preparation areas to accommodate lockers for storing patient effects prior to their transfer to the post-operative recovery.

The functionality is set out in the Functional Brief Table 24.

7.2.9 Linen Store

A repeatable Linen Store is required. Details of the functionality can be referenced in Functional Brief.

<table>
<thead>
<tr>
<th>06 Operating Theatres</th>
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<tbody>
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<td>Health Quality Service reference: 0.0</td>
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<td>Implementation Date: July 2014</td>
</tr>
</tbody>
</table>
7.2.10 Examination Rooms

One consulting/examination rooms are required within the central admissions area. The functionality is set out within the Functional Brief Table 24.

7.2.11 Pre-Operative Waiting Area - Ambulant

Two 6 space changed repeatable waiting areas for patients who have changed prior to their procedure. Males and females are required to be separate and private. Separation/modesty screens are required in each area to accommodate the privacy and dignity of patients whilst on reclining chairs in a gowned state. The areas are to be configured as repeatable trolley waits and the functionality is set out in the Functional Brief.

Details of the functionality required are set out within Table 24 of the Functional Brief.

7.2.12 Sanitary Provision

Two sanitary facilities in the form of repeatable en-suites containing WC, WHB and shower are required to serve the male and female zones. Details of functionality set out in Functional Brief Table 24.

7.2.13 Bed/Trolley Wait

Four examination/treatment cubicles are required for the assessment and preparation of non-ambulant patients by nursing staff. These patients may be admitted on the day from the wards. For details of the functionality required, refer to Functional Brief Table 24.

These cubicles will also be used as children's waiting rooms.

7.2.14 Treatment Room

A repeatable treatment room is required as set out in the Functional Brief Table 24.

7.2.15 Clean Utility

A repeatable clean utility room is required as set out in the Functional Brief Table 24.

7.2.16 Staff Base/Clean Supplies

A repeatable 2 person staff base with clean supplies is required, as set out in the Functional Brief Table 24.

7.2.17 Dirty Utility

A repeatable Dirty Utility with macerator is required to serve the Central Admissions Area, as set out in the Functional Brief Table 24.
7.3 **Theatre Suite**

7.3.1 **Operating Theatre**

The theatres will have a repeatable design, regardless of whether they are utilised for Emergency, or Elective Inpatient surgery.

The operating theatres are repeatable in design to maximise flexibility and facilitate use by all specialties. This must include the capability for invasive surgery, laser surgery and ultra clean environment. All theatres must be designed to meet the radiation protection standards.

The patient, scrub team and anaesthetist occupy the central area, together with the equipment being used in the operative procedure. The remaining space is used by staff supplying items to the scrub team, moving equipment into place and monitoring patient progress.

Some types of surgery, for example, orthopaedics, require as many as seven trolleys for different sets of instruments at any one time. A large flexible space is required to accommodate these comfortably in an occupied theatre.

The Trust has developed an exemplar design of the general theatre – refer Functional Brief Table 24 in addition the following variants are required whilst maintaining the repeatable size and zoning.

**Table [7.3.1]: Operating Theatre Variants**

<table>
<thead>
<tr>
<th>Theatre</th>
<th>No.</th>
<th>Additions to exemplar</th>
<th>Omissions from exemplar</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>4</td>
<td>1 to be used for interventional radiology procedures (Endovascular); 2 fitted with laparoscopic equipment.</td>
<td>None</td>
</tr>
<tr>
<td>General – Emergency</td>
<td>4</td>
<td>2 with Laminar Flow; 1 with Laparoscopic equipment.</td>
<td></td>
</tr>
<tr>
<td>Trauma and Orthopaedic</td>
<td>2</td>
<td>Laminar Flow</td>
<td></td>
</tr>
<tr>
<td>Ophthalmology/ENT</td>
<td>1</td>
<td>1 fitted with microscope for ENT procedures. Child friendly in design.</td>
<td></td>
</tr>
</tbody>
</table>

7.3.2 **Anaesthetic Room**

The Trust has developed an Exemplar design for the anaesthetic room – refer Functional Brief Table 24. A patient will be transferred to the anaesthetic room from either a nursing unit or the
waiting area, with a nurse escort. Initial clinical procedures, for example, monitoring and the insertion of intravenous infusions, will commence in this room. The room should be large enough to accommodate 4 people as well as the patient. Privacy and maintenance of an undisturbed environment is essential. This room should be accessed from the corridor and have direct access into an operating theatre.

7.3.3 Scrub Up

Repeatable operating theatre scrub rooms, each to serve two theatres are required as set out in the Functional Brief Table 24.

7.3.4 Preparation Room

Repeatable operating theatre preparation rooms, each to serve two theatres are required as set out in the Functional Brief Table 24.

7.3.5 Trolley Parking Bay

Widened areas of corridor are required for storing trolleys whilst the patient is in the theatre and should accommodate a total of 8 empty trolleys.

7.3.6 Dirty Utility - Theatres

Repeatable operating theatre utility rooms are required, one per theatre – refer Functional Brief Table 24.

7.4 Recovery

7.4.1 Recovery Area – Post Anaesthetic Recovery

A recovery area should be located in a central area within the surgical facility. A 12 place bedded area will be provided in stage 1 recovery to serve the theatres. Of the 12 bays two should be separate for use by paediatrics patients. Staff will require 360 degree access to a patient, therefore an island solution is required in each bed space. Patients will leave this area to be transferred to a nursing unit.

Extended post-op recovery (up to 23 hour stay) is not required as patients will be transferred to in-patient Nursing Section.

The recovery bays should be accommodated within an enclosed room double stacked (central corridor). Each recovery space should accommodate:

- Minimum width of 3000mm “bed” centres;
- Minimum depth of 4000mm clinical space with a further 1000mm (i.e. a total 5000mm) to accommodate:
  - Administration;
  - Local storage;
  - PPE.
- Bed head pendant.

In addition the room must contain clinical handwash stations at each entrance.

The Trust’s environmental parameters can be referenced in Section [5.0] of this PPDD.

Details of the Trusts medical gas requirements can be referenced within the Functional Brief.

7.4.2 Staff Base/Clean Supplies

A repeatable 2 person staff base with resuscitation trolley and integrated clean supplies area together with a pneumatic tube station is required as set out in the Functional Brief Table 24.

7.4.3 Dirty Utility

A repeatable dirty utility with macerator is required as set out in the Functional Brief Table 24.

7.4.3 Clean Utility

A repeatable clean utility is required to serve the area as set out in the Functional Brief Table 24.

7.5 Shared Support/Storage

7.5.1 Blood Bank Refrigerator Room

This should be located with easy access from the operating theatres and the recovery areas. This area will also contain an ophthalmology tissue fridge.

7.5.2 Equipment Service Room

Separate on-site workshop facilities are required for equipment that needs regular maintenance and recharging. Technical support services should be available 24 hours a day. For details of the Trust’s Requirements in respect of Equipment Service Rooms refer PPDD 03 ICCU.

7.5.3 Mobile Equipment Bay

Repeatable open bays will be provided close to the operating theatres for the storage of imaging equipment and protective lead aprons or other mobile equipment for example fibre optic trolleys as set out in the Functional Brief Table 24.

7.5.4 Store: Satellite Pharmacy

Separate locked stores will be required for bulk pharmacy items prior to transfer to individual drugs cupboard in each anaesthetic room and the recovery areas. Details of the functionality required is based on a repeatable Clean Supplies area, refer to Functional Brief Section 24.
7.5.6 Store: Bulk Supplies

A suite of bulk supplies rooms are required. Packaged instrument trays and supplies are delivered on a daily basis. Sterile and non-sterile items are also stored here. Details of storage provision will be found in the Functional Brief Table 24.

7.5.7 Store: Clinical Equipment

A suite of clinical equipment stores are required for theatre equipment when not in use.

Details of provision will be found in the Functional Brief Table 24.

7.5.9 Store: Linen

Details of provision as set out in the Functional Brief Table 24.

7.5.9 Store: Departmental

Repeatable departmental stores are required in line with the Functional Brief Table 24.

7.5.10 Office

A single person office is required. Details of provision as set out in the Functional Brief Table 24.

7.5.11 Office – Resource Base

A repeatable non-allocated base for up to 4 staff to work at any one time on a sessional / ad-hoc basis as set out in the Functional Brief Table 24.

7.5.12 Domestic Services Room

A repeatable DSR as set out in the Functional Brief Table 24 serving the “clean core”.

7.5.13 Switchgear

Three repeatable switchgear rooms are required to serve the clean core and admissions suite as set out in the Functional Brief Table 24.

7.5.14 Sterile Instruments

A suite of three rooms is required for:

- Sterile instrument trays – clean receipts
- Clean instrument library
- Dirty instrument collection
Functionality is based on repeatable clean and dirty utility rooms as described within Functional Brief Table 24.

7.6 **Shared use of an Administration Zone**

Operating Theatres will make use of an Administration Zone.

The functional requirements are fully described within PPDD 19 Administration and are summarised below:

- Reprographics;
- Social area;
- Beverage bay;
- Office – open plan;
- Store – small;
- Library;
- Quiet rooms (for breakout);
- Seminar room;
- Domestic services room;
- Switchgear.

8.0 **Schedule of Accommodation**

The schedule of accommodation has been developed for the totality of the scheme as a series of tables. This schedule is appended to Schedule 8 part 3.
MIDLAND METROPOLITAN HOSPITAL

No 6
THEATRE OPERATIONAL POLICY
MIDLAND METROPOLITAN HOSPITAL
THEATRE DEPARTMENT
OPERATIONAL POLICY

KEY POINTS

1. To provide evidence based high quality, rapid, diagnostic, therapeutic surgical interventions for both elective and emergency surgery predominately as inpatients with the exception of obstetric surgery which will be undertaken in its own facility.

2. To ensure that care is delivered in a timely and caring manner in accordance with the patient’s needs

3. To provide local services to the population

4. To promote and undertake research

5. To ensure staff receive appropriate training and continuing professional development activities.

6. Seamless management of the patient journey maintaining the highest levels of patient care

7. Maintain patient’s privacy and dignity.

8. An environment conducive to ensure the rapid recovery of patients with complex needs.

9. Improve communication regarding patient interventions.

10. This policy applies to all Trust staff in all locations including temporary employees, locums, agency staff, contractors and visiting clinicians.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY.
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## APPENDICES
1. INTRODUCTION

1.1 This policy details the facilities, which the Sandwell and West Birmingham NHS Trust require for the Operating Theatres Department within the Midland Metropolitan Hospital. In summary general inpatient elective, emergency, trauma, and ophthalmology surgical facilities will be designed as one generic, co-located operating theatre complex.

1.2 This policy is designed to assist all healthcare professional involved in the care of patients attending the Operating Theatres and aims to;

- Outline the purpose and function of the clinical services/specialities provided in Operating Theatre Department.
- Ensure that all staff using the facility understand the philosophy of the service and work as a team providing care to patients.
- Describe the patient flow through the Operating Theatres.
- Describe the service as they will be delivered from the future Midland Metropolitan Hospital.
- Describe the purpose and function of the accommodation required.
- Identify adjacencies/co-locations required for the service delivery.
- Outline requirements for business continuity.
- Outline legislative and mandatory requirements for the delivery of services.

2. OTHER POLICIES TO WHICH THIS POLICY RELATES

- Protocol for calling in the 1st On call team
- Infection Control Policy (CO1001) (SWBH)
- Infection Control Policy on the Decontamination of Equipment (SWBH/COI/029)
- Interpreting Services (ORG076)
- Privacy and Dignity and Respect Policy (Pt Care 060)
- MMH Facilities Operational Policy

3. GLOSSARY AND DEFINITIONS

- G.A – general anaesthetic
- Laparoscopic- minimal invasive keyhole surgery with aid of laparoscope camera
- SSD- Sterile supplies department
- NCEPOD- National Confidential Enquiry into Patient Outcome & Death
- PAS-Patient Administration System
- ORMIS- real time integrated theatre information management
- EPR-Electronic patient record

4. PRINCIPLES

4.1 The facilities provided within the department are required to offer state of the art surgical intervention treatments; capable of supporting the full range of patients treated by the clinical services on the hospital site. The use of equipment and facilities will be maximised to provide an efficient and effective service.

The facilities are required to offer:

- Seamless management of the patient journey maintaining the highest levels of
patient care, privacy and dignity;
- An environment conducive to the rapid first stage recovery of patients with complex needs;
- Improved communication regarding patient interventions; direct physical link to the internal hospital street network thus ensuring ease of access from the Emergency department and the inpatient areas.

4.2 Models of Care

4.2.1 Based upon the segregation of elective and non-elective activity. The Trust therefore wishes to maintain separate flows for these different patient groups but would not anticipate the provision of dedicated equipment/facilities for any individual cohort.

4.2.2 There will be clear segregation between clean and dirty flows. Where there is a requirement for the flows to cross this will be restricted to minimal points, minimal distances and minimal occurrences within the department and during operational hours.

4.2.3 The model of care indicates that patients accessing the hospital for elective surgery will generally arrive on the day of surgery. All such patients will be directed to the central admissions area where they will undergo their administrative and clinical registration. Transfer to a ward / nursing unit will take place after the surgery and immediate post-operative recovery has been completed.

4.2.4 All patients will be treated with the uttermost respect, and their privacy and dignity maintained at all times within the facility.

4.2.5 Theatre provides a technologically advanced surgical service supported by highly skilled medical and multidisciplinary theatre staff in a reliable and safe environment. A computerised management system allows flexibility to respond to user needs, whilst maintaining the most efficient use of facilities.

4.2.6 The theatres will have a generic design, regardless of whether they are utilised for emergency or elective inpatient surgery.

4.2.7 The model of care adopted involves the admission of patients on the day of their operation with the exception of emergencies and those requiring pre operative in patient preparations.

4.2.8 The patient, scrub team and anaesthetist will occupy the central area, together with the equipment being used in the operative procedure. The remaining space is used by staff supplying items to the scrub team, moving equipment into place and monitoring patient progress. Some types of surgery, for example, orthopaedics, require as many as seven trolleys for different sets of instruments at any one time. A large flexible space is required to accommodate these comfortably in an occupied theatre.

4.3 Elective General Surgery

4.3.1 The vast majority of elective surgical inpatients will come into hospital on the day of surgery, having already had appropriate pre-operative assessment. They will register at reception and then proceed to a central admissions area, adjacent to theatres where they will go pre-operatively to be admitted and undergo any day-of-surgery assessment / preparation by anaesthetists and surgeons. From here,
patients will go directly into theatre, and only be admitted to a ward post-operatively. Admission times will usually be staggered such that patients do not all arrive at once.

4.3.2 Of the five general theatres, one will be fitted with a microscope for ENT and it will need to be a child friendly. It will also be equipped for ophthalmic surgery. One will be used for interventional radiology procedures and will be equipped with laparoscopic equipment. All general theatres will be used flexibly and not exclusively for any one speciality and by design will not exclude any general speciality.

4.4 Ophthalmology
Ophthalmic surgery will be undertaken in the theatre shared with ENT

4.4.1 Mission statement for Birmingham Midland Eye Centre;
To provide a world class sub speciality ophthalmic service, also caring for the local population. This service will be responsive to patient needs. We aim to be at the forefront of teaching and research.

4.4.2 To achieve this we will;
● be accessible to any patients requiring eye care
● be cost effective and efficient as possible
● to provide the best work environment for all staff and support professional development
● enhance understanding of eye disease in the community through patient support groups

4.4.3 Ophthalmology emergencies will be scheduled in the designated ophthalmology theatre. There will be no dedicated emergency ophthalmic theatre. During working hours emergency cases would have to interrupt elective lists or be done at the end of the day following elective lists which could delay treatment.

4.4.4 The ophthalmic theatre predominately for adult patients will also need to provide a child friendly environment when required.

4.5 Elective Orthopaedics with Laminar Flow
Two theatres will be used specifically for elective orthopaedic patients for joint and fracture repairs. This will be conducted in a sterile ultra clean environment to minimise the risk of infection.

4.6 Emergency Surgery
Emergency cases during normal working hours will be either booked for the allocated emergency theatre or in extreme circumstances will interrupt an elective session.

4.6.1 Two of the theatres will manage all of the general surgical cases listed, one of which will have laparoscopic facilities.

4.6.2 The remaining two will accommodate the orthopaedic trauma patients or any emergencies requiring laminar flow facilities.

4.7 Paediatric
Children requiring theatre procedures (mostly from the specialties of ophthalmology & ENT) will be clerked via the paediatric unit. The procedure will then be performed in the relevant theatre of that speciality.
4.7.1 Ophthalmic children will be admitted to the Children’s Unit.

4.7.2 All children will be escorted to the Theatres by a qualified children’s nurse. They will also be escorted by a parent who may wish to stay with them until they have been anaesthetised. There needs to be room in the anaesthetic rooms for one parent to accompany the child until they are asleep.

4.7.3 An anaesthetic room in the ENT/ophthalmology theatre, and the emergency and trauma theatres will need to be child friendly. One of the patient transfer zones will also need to be child friendly if the child cannot go directly to a child friendly anaesthetic room.

4.7.4 There needs to be a recovery area designated for children, if not then one area should be child friendly. When the child has recovered sufficiently to go back to the ward, the ward will be contacted and a qualified children’s nurse will escort the child back to the ward. The parents will be given the choice of going with the nurse to collect the child, and therefore access to the recovery area is required by the parent.

4.7.5 There needs to room outside the theatre for the other parent to wait as sometimes both parents want to come as far as the theatre to bring and collect the child.

4.7.5 It is good practice to have qualified children’s nurses in theatre and recovery areas.

4.8 Patch & Plan

The Patch and Plan pathway enables suitable patients with hand or lower arm injuries requiring urgent, but not immediate, surgery to be identified, treated, sent home and scheduled to be admitted for surgery in a dedicated theatre session. The process commences in Emergency Department and is clinically driven - patients are selected according to agreed clinical protocols and following assessment by a Trauma and Orthopaedic Registrar. The required documentation is collated centrally in ED for collection on the day before the planned theatre list. The patients will then be logged onto the Patient Administration System (PAS) via the IP Waiting List and booked into the designated Theatre session in ORMIS (Theatre system) ready for admission as planned. The process will be coordinated by the Surgical Care Practitioner this improves communication, theatre scheduling, access to patient information, and ensure that the activity is captured appropriately in the Electronic Patient Record (EPR).

4.9 Infected patients

It is anticipated that some patients with a positive screen for infection or are known to be infected may be listed for surgery. These patients will be scheduled at the end of the operative list. They will be admitted directly to anaesthetic room from their inpatient ward. Following surgery they will remain in the theatre and recovered and then transferred back to their inpatient bed.

5. ROLES AND RESPONSIBILITIES

5.1 The trust has a well established reputation for teaching at undergraduate & postgraduate level, & for research & non professional development. Most of the
professional groups listed are involved in these activities.

5.2 **Medical Staff –Surgeon**
Consultant specialist in surgery responsible for the undertaking of all surgical procedures.

5.3 **Medical Staff -Anaesthetist**
Specialist doctors who administer anaesthesia before during and after surgery

5.4 **Perioperative Nursing**
Perioperative nursing is a specialty that works with patients who are having operative or other invasive procedures. Perioperative nurses work closely with surgeons and anaesthetists. They perform preoperative, intraoperative, and postoperative care.

5.5 **Scrub Nurse** The instrument (scrub) nurse is a perioperative nurse that works directly with the surgeon within the sterile field. The scrub nurse passes instruments, sponges, and other items needed during the procedure. The title comes from the requirement to scrub their hands and arms with special disinfecting solutions.

5.6 **Operating Department Practitioner**
ODPs prepare the drugs and equipment needed for the patient to undergo anaesthesia. This may involve preparing and checking the anaesthetic machines, intravenous drugs / fluids, and devices to maintain the patient's airway (e.g. laryngeal masks or endo-tracheal tubes). ODPs will also communicate with the patient when they arrive in the anaesthetic room, verifying the pre-op check-list for allergies and past medical history. They assist the anaesthetist with the planned anaesthetic. They stay with the patient throughout their surgical intervention and alongside the anaesthetist help to maintain the "triad of anaesthesia" which consists of:

- Analgesia (pain control opioid and non-opioid analgesics etc.)
- Muscle Relaxation (to minimise patient movement during surgery and/or facilitate ventilation)
- Hypnosis (drug induced sleep)

5.7 **Specialist Nurses/practitioners**
Nurses have specialist knowledge of the procedures performed in theatre, and of the equipment required. They prepare patients for procedures, and recover them afterwards. They assist during procedures and have roles in patient monitoring, scrub technique, sedation and resuscitation.

5.8 **Porters**
Support workers who transfer patients on trolleys and equipment within theatres

6.0 **SERVICE DESCRIPTION/SCHEDULE OF ACCOMMODATION**

6.1 **Hours of Service**
The elective theatres will be planned on the basis of a minimum 10 sessions per week. There will be flexibility to increase sessions across all specialities.
6.1.1 Non elective and emergency theatres will be planned on the basis of 14 sessions per week. Elective and emergency theatres will be accessible twenty four hours and seven days per week.

6.2 Escorts
Escorts may include parents, mental health officers, prison guards and interpreters. All of which will require careful management through the department and access control. They must be accompanied by a member of staff at all times in clinical areas and be fully aware of their boundaries. They will need to apply gowns if proceeding to the anaesthetic room. If there is a requirement for entry into the theatre room then there must be a change into full theatre attire. This will be performed in the central admissions area in a patient change cubicle.

6.3 Patient Flow
6.3.1 Entry
6.3.2 All patients that arrive on the day of surgery will be asked to arrive at allocated times for both the morning and afternoon sessions. Control of the arrival time will avoid long waiting periods and ensure a better flow through the department. Patients will report to the reception in central admissions and will then be directed to the sub wait until called for by nursing staff who will then initiate the admission / assessment process.

6.3.3 In patients will enter the department from the lifts via the hub and be received at the bed transfer zone by the theatre staff. They may arrive by foot, wheelchair hospital bed or trolley. Handover of care will take place and the patient transferred to a theatre trolley if required. They will then proceed to the anaesthetic room.

6.3.4 Patients from the emergency departments will have a direct access and entry into the department. Level 2/3 patients from integrated critical care will enter the department directly via a dedicated route.

6.3.5 In general all specialities will be separated into elective and emergency patient flows. There will also be defined flows for some specialities e.g. paediatrics and ophthalmology.

6.3.6 Patients will follow a clockwise route through the department and will exit via the post op recovery to the hub.

6.3.7 It is envisaged that some ophthalmology patients will require preoperative intravenous infusions. For example insulin infusions, IV methylprednisilone. These will need to be prepared in a separate area away from the patient. The infusions will need to be administered in a suitable area where the patient can be safely observed.

6.3.8 Some inpatients will arrive at the department on a hospital bed accompanied by clinical staff and patient support equipment. The patient will be transferred onto the theatre table in the theatre suite and the hospital bed will be housed outside of the suite for the duration of the operation.

6.3.9 The principle of batching patients prior to the start of each session to enable the surgical/anaesthetic team to see all listed patients prior to the start of operating session will result in a high number of patients attending central admissions at the same time. It is envisaged that between 21 and 25 patients to be seen
across the elective theatres.

6.3.10 Patient hand over and checking procedure will be conducting in a private and dignified manner in an area conducive to the process and the maintenance of patient confidentiality.

6.3.11 Egress
When discharged from theatres, patients will be taken back to their respective wards via the Hub. Patients from integrated critical care or patients requiring level 2/3 care post operatively will be transferred via a dedicated route. Patients who have arrived on the day and who will remain as inpatients will have preferably had their admitting ward identified prior to their procedure. If this is not possible and no ward is identified on completion of the operation the patient will remain in recovery until a bed is available.

6.3.12 Elective and Emergency Patient Flow

![Elective and Emergency Patient Flow Diagram]
6.3.13 Paediatrics flow

Elective

Child friendly patient transfer zone

Emergency

Emergency dept

Paediatric Assessment Unit

Anaesthetic Room

Theatre

1st stage recovery paed designated area

Paediatric Inpatient Unit
6.3.14 Ophthalmology flow

6.4 Activity/Workload

6.4 ACCOMODATION

6.4.1 The Operating Theatre facilities will consist of;
- Central Admissions Area
- Theatre Suites
- Recovery
- Shared Support/Storage and Administration facilities

6.4.2 Central Admissions Area
All non emergency patients will enter the department via the reception area of the central admissions area. They will book in at reception and then wait in the waiting area. The exception will be paediatric patients; they will be cared for and
admitted and discharged on the Paediatric Hub. They will be escorted from and
to the paediatric area directly to and from the theatre areas and will not report to,
or wait in reception.

6.4.3 The majority of patients will have attended a pre-assessment appoint prior to
their admission date therefore the procedure at this point is to register and check
demographic information etc on the hospital IT system.

6.4.4 Reception staff will admit new patients and inform theatre staff of their arrival. In
patients will not book in at reception, they will be received by a member of the
theatre staff at the inpatient transfer zone.

6.4.5 All children will be admitted to the paediatric hub prior to theatre and not booked
into central admissions by reception staff.

6.4.6 Staff will take patient demographic information and enter it on the hospital IT
system. They may need to make requests for archived notes and obtain pre
assessment results and diagnostic tests.

6.4.7 **Reception Base and Office**
Administration duties and functions will be carried in this area. They will have
access to IT and communication equipment. This area will be used to receive
and register patients from the main waiting area and also from the inpatient
wards. At this point patients will either be instructed to change or directed to wait
or transferred through to the anaesthetics room.

6.4.8 **Waiting area**
Patients and escorts will wait in the waiting area until instructed by departmental
staff. Patients will be escorted from this area into the main department.
Paediatric patients will not wait in the main area but be escorted through to the
central admissions area or the anaesthetic room. Access to WCs. Separate
male and female.

6.4.9 **Change and Preparation Rooms**
Patients will be prepared for theatre in this area. Outdoor clothing and
belongings will be removed and theatre attire will be adorned. Clinical
assessment will be undertaken and treatment may be administered. This will
include pre operatively marking of limbs, signing of consent forms, pre op
medication etc. Efficient patient throughput will be vital to ensure patients are
streamed correctly and prevent bottlenecks through to the fourteen theatres.
Separate flows must be maintained through the facility. Privacy and dignity are
of paramount importance. Consent will be obtained and the marking of operating
site will be undertaken here.

6.4.10 All ophthalmology patients are seen on a slit lamp by the Consultant prior to the
start of the operation list. Patients may need to be dilated prior to the start of list
with all patients being dilated at the same time. This will be undertaken in the
consult examination rooms and the dilated patients will then wait in the pre
operative waiting area.

6.4.11 **Consult Exam Room**
Staff will undertake further patient treatment and assessment in the consult
examination room. This will include eye examination and the administration of
medication. Clinical and administrative tasks will be undertaken by nursing and
medical staff. Patient privacy and dignity will be assured. Staff will have access
to the patient management systems, medical and office supplies and equipment. Staff will ensure patient belongings are managed in accordance with the patient property policy. They will ensure that patients and escorts use the gown and hygiene facilities appropriately.

6.4.12 **Patient Property Storage Zone**
Patients will manage property in accordance with the hospital's patient property policy. Patients' belongings will be stored securely within lockers in the central admissions area. On discharge, patients will collect their belongings prior to leaving the department. Patients admitted on the day via central admissions who will remain as inpatients will have their belongings transferred to their relevant ward. Inpatients admitted to the ward prior to theatre will not bring personal belongings to the theatre. Relatives will be encouraged to take property home where possible on admission.

6.4.13 **Staff base**
Staff will use facilities at the base to communicate to other areas in the department e.g. anaesthetic room, recovery and staff restroom. It is envisaged that it will be a paper light system but there will be a need to hold patient notes in this area. Access to the hospital and theatre IT information systems is required.

6.4.14 **Clean and Dirty Utilities**
A clean utility is required for drug/infusion preparation and for the storage of medication. A generic dirty utility with macerator is required.

6.4.15 **Treatment Room**
Some patients may require pre operative treatments or procedures that require a treatment room environment. This will include infusions and where the patient needs to be more closely observed and monitored.

6.4.16 **Changed Wait**
The changed wait areas segregated into male and female must be conducive to waiting for periods up to two hours and privacy and dignity maintained. Access to WCs. Central admissions will need to have the capacity and flexibility to manage a varied caseload and bottlenecks in activity at the start of each session.

6.4.17 **Store Room**
For storage of linen.

6.4.18 **Interview Counselling Room**
Located at the entrance and adjacent to the waiting area this room will be used for private consultation prior to entering the main theatre area.

6.4.19 **Patient Transfer/Wait**
Individual private cubicles will be located at the entrance to theatres where inpatients will be transferred to the care of the theatre team by ward staff. The space will be used to accommodate the transfer from bed to trolley. There will be access to bed head services, nurse call and telephone to communicate with wards and the anaesthetic rooms.

6.4.20 One of the transfer zones will need to be child friendly if the child cannot proceed directly to the anaesthetic room. The area will accommodate a play leader and accompanying parents.
6.4.21 **Theatre Suite – 11 Theatres required (refer to PPDD 06 for detail)**

Only clinical staff will access to the main theatre suite in appropriate attire. Traffic through the theatre room should be minimised prior to the procedure and only for preparation of the room or access to scrub. Only staff necessary for the procedure should occupy the theatre room at any time. The Trust supports the principle of some shared areas between two theatres within the theatre suites. This has been agreed for the scrub and the preparation rooms. Two teams will be present in each area at any one time.

The operative procedure will be conducted in the theatre room by surgeons assisted by anaesthetist nurses and operating departing practitioners and ancillary staff. The scrub, preparation and dirty areas will be used exclusively for particular theatres and only by designated staff. All staff will work collaboratively using high tech equipment technologies and techniques. The highly skilled and experienced workforce will adhere to local and national guidelines, hospital policy and professional guidance.

6.4.22 **Anaesthetic Room**

The anaesthetic room will be used to conduct final patient preparations prior to the procedure. The anaesthetic room is accessible from the circulation zone. Staff should minimise egress between the doors leading into the theatre room. It should not be used as a thoroughfare to the operating room. Clinical staff will use monitoring equipment and prepare and administer drugs in this area. Anaesthetic equipment including infusion pumps will be used by staff and will accompany the patient through the theatre suite. Staff will access local storage for clean medical supplies and drugs.

Patients will enter the operating theatre via the anaesthetic room only. The mode of arrival will be either on foot, wheelchair or stretcher. Anaesthetic medication and equipment will be utilised in the preparation of the patient for theatre. These will be administered by a number of clinical staff working collaboratively. Patients will proceed to theatre when anaesthetised appropriately and all preparations are complete and on confirmation that all required resources are available.

6.4.23 **Scrub**

The scrub room will be accessible only from the theatre room and should be accessed only by staff that require to scrub. Staff will thoroughly cleanse their hands and lower arms in accordance with the infection control policy and adorn sterile gloves, gowns, masks and headgear.

6.4.24 **Preparation Room**

The preparation room will be used for instrument preparation for that procedure. Staff will transfer instruments packs from the bulk store and enter the room from the circulation corridor. The prepared instruments will enter theatres via the doors that lead directly into the operating theatre and not be taken out into the circulation corridor. Some procedures will require an extensive amount of equipment and several instrument trays to be prepared at once.

6.4.25 **Dirty Utility**

The dirty utility within the suite is exclusively for that theatre. All waste and contaminated instruments and linen for each theatre will be processed in their dirty utility. Staff will minimise journeys to and through the room. It should not be used as a thoroughfare into the theatre room.
6.4.26 **Post-Operative Recovery – 16 Individual Bays**
Staff will use monitoring and airway management equipment in this area to recover patients. Its location will enable them to communicate easily between the main theatres and the storage areas for equipment etc. In addition the support areas e.g. blood bank fridges and near-patient testing will be in close proximity. When the patient has suitably recovered from the anaesthetic the recovery staff will contact their relevant nursing unit. A member of staff will arrive and receive hand over from the recovery nurse and then transfer the patient to the nursing unit.

6.4.27 Post operatively patients will go to this area to recover. It will be predominately inpatients who will be recovered here. Some day cases will be recovered in 1st stage depending on the degree of anaesthesia and type of surgery. They will be closely monitored by clinical staff at all times. Patients will return to their ward from the recovery area. The bays will provide a private and safe space for the recovery of vulnerable patients.

6.4.28 **Paediatrics**
Where possible children will be recovered in the child friendly bays. When the child has suitably recovered from the anaesthetic the recovery staff will contact their relevant ward. A paediatric nurse will arrive and receive hand over from the recovery nurse and then transfer the child back to the paediatric unit.

6.4.29 Two of the bays will be designed to accommodate children but will not be for their exclusive use. When required adult bays can be used for paediatric patients and facilities will be available to make them child friendly such as projected pictures.

6.4.30 **Staff base/clean supplies**
It is important that staff can observe all the bays from the staff base. It will be used to conduct patient administrative duties. A contact point to other wards and department as well as internal areas within theatres. Staff will be able obtain dressings and medical supplies to support each of the recovery bays.

6.4.31 **Staff Facilities**

6.4.32 **Departmental Office**
Access to theatre staff only and will be used to support the administration and management function of the department. The office will be used to undertake clinical staff management tasks. Staff interviews will be conducted in private and administration duties using IT will be performed. The unit manager will be able to communicate with the rest the department and be in close proximity to the clinical areas. Personal files and operational policies and protocols will be accessible.

6.4.33 **Resource base**
The resource base will used by a variety of clinical and administrative staff. It will also be used by any member of staff requiring an area to undertake an administrative or communication activity whilst seated. Access to telephones and IT will be a requirement.

6.4.34 **Staff Changing**
Separate male and female changing areas. Theatre Staff will enter the changing rooms via the reception area; they will change into theatre clothing and then enter the theatre suite or their allocated work area. Clean theatre clothing of
various sizes will be available daily to attire staff for each theatre session. Disposable clothing will be available for emergency or infected cases. No theatre blues are to be worn outside the department. No theatre shoes, hats or masks are to be worn outside the department. Access to separate male and female shower and wc facilities. Foot washing facilities to be located at the entrance/exit of the staff changing facilities.

6.4.35 **Staff Rest Room with Beverage area**
Staff will take their breaks including meal breaks at designated times. Food and drink will be consumed in this area. There will be a requirement to communicate with all areas of the department.

6.4.36 **Seminar room**
The seminar room will be used to teach all grades of clinical staff. It will be multi functional and enable presentation to seated personnel. A booking in system will be operated. Audio visual equipment will be secured. Communication links to theatres will enable remote teaching.

6.4.37 **Reprographics area.**

6.4.38 **Support Areas**

6.4.39 **Dirty utility**
Refer to exemplar design in functional brief. This room is for staff use only and will predominantly be used by staff working within the main theatre rooms and the post operative recovery area.

6.4.40 Contaminated instruments will be transferred to this area from the theatre dirty utilities. HSSU staff will collect used instruments from here or the disposal hold. The dirty utility contains: yellow waste, orange waste, black waste, bins, used laundry bags, a sluice area, pulp products macerator machine, locked cupboard for housing COSHH products and some storage cupboards/shelving.

6.4.41 Full waste bags will be removed to central collection area on the hub by Ward Services officer (part of facilities division – refer to Ward services operational policy). Dirty goods to be stored in sealed dirty utility trolleys which will be moved at regular intervals for collection from the hub.

6.4.42 **Clean Utility**
This room is for staff use only. The room will be used to store clean medical and surgical supplies that are required for a variety of clinical procedures.

6.4.43 The clean utility will house a supply of clinical equipment (lines, masks, syringes, needles etc), plus other clinical supplies e.g. fluids, bandages, tapes etc). Drugs and dressings (in locked cabinet) will also be stored here. Re-supply will be through material management system and electronic ordering.

6.4.44 These supplies will be restocked on a daily basis by Ward Services officer (part of facilities division – please refer to their operational policy), pharmacy or the housekeeper as appropriate.

6.4.45 **Near Patient Testing**
If near patient testing facilities are required staff will access the adjacent critical care department
6.4.46 **Blood Bank Refrigerator and Freezer Room**
To include tissue fridge and freezer
This will be co-located with the near testing area and in close proximity to the theatres and recovery. It will provide blood products for patients who have been grouped and do not have any antibodies can have blood dispensed from the fridge and a label/form produced by the dedicated PC at the side. Emergency blood would also be available in this way.

6.4.47 Access to the fridge will need to be carefully controlled and the blood track system will take control of some of this. Physical security of the area that the fridge is located in will be essential.

6.4.48 The blood transfusion department will take full responsibility for managing the fridge, stocking it with blood, alarms, maintenance contracts etc. The theatre staff must ensure that it is only used using agreed procedures.

6.4.49 **Tissue Fridge Store – Located within Blood Bank/Freezer**
The Tissue Fridge will need to be located in close proximity to the theatres designated for ophthalmology. It will need to be in a secure area where there is no access by the general public or unauthorised personnel. Tissues samples will be stored in the fridge as per guidelines within the Human Tissue Act 2004 and directives of the Human Tissue Authority. Temperature control must be regulated and within the defined parameters. Continuous monitoring and recording of temperature is required as well as audible and visible alarms.

6.5.52 **Store Rooms**

6.4.51 **Bulk stores x 2**
Two bulk storage rooms are required to support the theatres. One in the proximity of the trauma and orthopaedic theatres and one in close proximity to the ophthalmology/ENT and general theatres. Staff will access the stores areas from the circulation corridors. They will be strategically placed to enable the quick access to equipment and medical supplies to each of the theatre and recovery areas.

Bulk stores will be accommodated on full height open racking. The area will be managed to ensure maximum utilisation of space and availability of goods upon requirement. Two weeks supply of consumables to include theatres packs is currently stored on approximately 320 linear metres of shelving.
See appendix 1 for current shelving description.

6.5.52 **Sterile Supplies- Sterile Instrument Trays Receipt- and Clean Instruments Library**
An area is required to receipt the sterile instrument trays which are transported to the theatre complex in enclosed trolleys (1.5x1.5x1m). It anticipated that there will be a maximum of twelve trolleys in this area at any one time.

A separate area is required to store clean instruments which are used to supplement / replace items on the sterile instruments trays received from the sterile instrument supplier. The area will have a workstation and PC to book in the instrument trays, log instrument issues and monitor stock levels. Full height open racking is required to accommodate the clean instruments.

These can be provided into two separate areas with interlinking doors or one open plan area. Each area will require a work station with PC, wash-hand basin,
PPE protection station is required.

The complete sets of instruments will be transported to the designated theatres

6.4.53 Dirty Instruments – Collection
Used instruments trays will be loaded onto the transport trolleys at the end of each theatre session. The trolleys will then be transferred to the dirty instrument store room. The trays will be booked out here and await collection. A work station with PC, wash-hand basin, PPE protection station is required. The room is to be located at the theatre exit, at the end of the dirty flow in close proximity to the facilities lifts.

6.4.54 Clinical Equipment Store x 2
Two clinical equipment storage rooms are required to support the theatres. One in the proximity of the trauma and orthopaedic theatres and one in close proximity to the ophthalmology/ENT and general theatres. Staff will access the stores areas from the circulation corridors. They will be strategically placed to enable the quick access to equipment for each of the theatre and recovery areas. These will include camera stacking equipment, mobile x-ray equipment and diathermy machines. Access to charging points and shelving and anchor points will be required. Refer to theatre equipment matrix for full list and storage requirements.

6.4.55 Prosthetic Store x4
Four prosthetic storage rooms are required to support the theatres. They need secure access control and clean air supply. One in the proximity of the trauma theatres, two adjacent to orthopaedic theatres and one close to the general theatres. Specific prosthetics will be stored in designated rooms to ease identification and minimise the risk of incorrect selection. Staff will access the stores areas from the circulation corridors. They will be strategically placed to enable the quick access to equipment for each of the theatre.

6.4.56 Large Store
A generic large store is required for adhoc theatre supplies and small items of equipment. Shelving and charging and anchor points will be required.

6.4.57 Linen Store
A generic linen store in close proximity to recovery is required.

6.4.58 Medical Gas store
A generic medical gas store room is required to store medical gas bottles of various sizes. Shelving and anchoring points will be required.

6.4.59 Satellite Pharmacy Store x2
One adjacent to Recovery, and one in close proximity to central admissions.

6.4.60 Trolley Cleaning Area – See PPDD 06 for description.

6.5 Interdepartmental Relationships
The department should be provided with linkages to the internal hospital street network, to ensure rapid and appropriate access, with no requirement for external transport or movement within the new Hospital. See PPDD06 for full description.

6.5.1 The key objective is the provision of surgical services and therefore the following internal departmental adjacencies will be key:
- The reception / central admissions and main waiting will be at the entrance of the surgical facilities;
- A counselling / interview room will be available directly off the central admissions area;
- Patient change / preparation areas will be adjacent to reception / admissions, and will link through to pre-op sub waiting areas;
- The operating theatres will be clustered together with their support rooms appropriately adjacent;
- Each theatre will have access to an anaesthetic room, preparation room, dirty utility, local store and scrub room;
- Preparation rooms, local stores, scrub & utilities will be adjacent to each theatre;
- Recovery areas will be readily accessible from the operating theatres;
- Storage areas will be included within the surgical facilities, easily accessible by staff but will be located away from the patient flows.

6.5.2 Essential and important external adjacencies are required to integrated critical care maternity delivery suite, emergency department and sterile services.

6.6 Business Continuity
6.6.1 In the event of a service failure in an individual theatre, elective or emergency activity will be rescheduled to another available theatre. If there is no capacity or available specialised theatre the elective case will be cancelled and rebooked. A scheduled non urgent elective case will be cancelled to accommodate an urgent displace emergency case. The risk of using Emergency theatres for elective work or visa versa will be risk assessed. The decision on which list or lists to disrupt will be determined by the discipline that is affected by the service loss and which course of action will have minimal disruption on the entire session or sessions.

6.6.2 Escalation
6.6.3 In the event of a major incident involving multiple surgical and trauma causalities all non urgent elective surgery will be cancelled to maximise emergency theatre capacity.

6.6.4 Designated elective theatres will be utilised to undertake emergency surgery at very short notice.

6.6.5 Major Equipment
6.6.6 Refer to PPDD No 06 and equipment responsibility matrix for equipment requirements.

6.6.7 Major Incident
The department will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

6.7 Clinical Support Services
6.7.1 Pharmacy
6.7.2 Pharmacy stores and delivery
6.7.3 Pharmacy supplies will be delivered to the department on a daily basis to the satellite pharmacy store. Items will then be further distributed from this point to
other clinical locations e.g. anaesthetic rooms and recovery.

6.7.4 General pharmacy supplies will be ordered electronically and be controlled using a materials management system.

6.7.5 General drugs and dressings which are issued via pharmacy will be stored in a locked cabinet situated in the clean utility.

6.7.6 Cytotoxic drugs to be delivered to theatres on a case by case basis and disposed of in a safe manner.

6.7.7 **Infection Control**

6.7.8 All staff will follow the Trust guidelines to manage the control of Infection as set out in Trust Policy. Refer to functional brief. Patients will be managed to minimise infection control risk. Theatres will be used as designated and patients listed appropriately.

6.7.9 Infected patients will be managed on the end of the list and recovered in the theatre. They will be admitted directly to the anaesthetic room. Infected patients will be recovered in theatre and not go to the recovery areas and return directly to their ward.

6.7.10 Contaminated patients beds and trolleys will be cleaned within the decontamination suite. There will be a provision to wipe down trolleys in the trolley parking bays.

6.7.11 Staff will ensure that clean and dirty flows are kept separate at all times. Staff will minimise movement into clean areas and will only do so when absolutely necessary.

6.7.12 **Decontamination of scopes**

All scopes will be decontaminated outside of the department. They will be transferred for cleaning at the end of each procedure using specifically designed trolleys/containers.

6.7.13 **Sterile Services**

- **Sterile Instruments**
  
  Currently three sterile instrument delivery/collections are made to receipts and distribution each day. It is envisaged that trust staff will transfer to and from the theatre receipt and collection areas. Theatre staff will then transfer and collect from the individual theatre suites.

- **Sterile supplies**
  
  Three deliveries each week are made with approximately 20 cages on each delivery. Stores will be delivered to maintain agreed stock levels. Supply levels will be reviewed every six months to ensure adequate and appropriate stock levels.

6.7.14 **Manual Handling**

6.7.15 All staff will adhere to the Trust Manual handling policy.

6.7.16 Refer to functional brief table and PPDD 06 section for bariatric provision in the anaesthetic rooms and a bay in recovery.

6.7.17 The design and layout of the equipment, clinical areas and storage areas in use
will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

6.7.18 Mechanical processes will be used in the moving and handling of people and loads wherever practical.

6.7.19 **Healthcare Records**
6.7.20 The clinical records will be primarily electronic and computer points will be provided in all clinical areas plus the office resource bases for use by clinical staff. There will be storage within the central admissions area for hard copies of patients notes for a theatre session.

6.8 **Non Clinical Support Services**
6.8.1 **IT**
6.8.2 The trust IT system will be used and access to electronic patient record (EPR), Theatre system ORMIS, Trust activity recording (IPM) and communications systems will be required. All operating theatres including anaesthetic rooms will require full IT access for patient monitoring data capture and reviewing of x-ray images and results. It is of paramount important that the surgeons and anaesthetists can access and view information at all times and whilst undertaking clinical procedures. There will be a means of wireless communication between all critical theatre staff at all times in any location within the theatre complex.

6.8.3 **Transport**
6.8.4 **Porter Service**
6.8.5 Primarily required for transporting patients form to and from the inpatient wards. They will also undertake other manual tasks to support the clinical staff. Refer to facilities Operational Policies section Portering Service.

6.8.6 **Linen**
Linen will be delivered to the central linen store on the hub by ward services. The ward service officer will ensue supplies of linen are transferred from the central store to the individual wards and topped up throughout the working day (0700 hrs until 2000hrs). Additional top ups required throughout the day will be arranged by the Ward Housekeeper.

6.8.7 **Domestic Service**
- Daily cleaning schedule
- Deep cleaning schedule
- Post Barrier nursing area clean
- Out of hours availability, ordering and contact details
- Cleaning blinds/curtains/screens
- Curtain exchange - how/ frequency etc

6.8.9 All the above in accordance with facilities operational policy.

6.8.10 **Maintenance**
A maintenance function will be required to ensure all equipment is safe. Maintenance work will be reported via telephone. A service will be provided in
the equipment service room for small mobile transportable items. Refer to PPDD06 section 7.5.5

6.8.11 **Security**
Refer to functional brief and whole hospital policy

6.8.12 **Door Entry System**
Entry to and egress from the department will be controlled by an automated access control system for staff. A video-intercom externally and internally will link to the staff base in central admissions from where access to and egress from the department by visitors will be controlled.

6.8.13 **Fire Procedure**
The Trust policy will be followed
Refer to PPDD06 and functional brief section

6.8.14 **Waste Management**
Patient flow and clean goods will flow in the same direction and dirty goods will be streamed in the opposite direction.

6.8.15 Waste to be bagged at the end of each operation and taken to the FM Hub waste bin.

6.8.16 Waste bins located in the dirty utility will be emptied throughout the day and transported to the central waste area located in the Hub.

6.8.17 Refer to facilities support operational policies – waste management and PPDD 24

6.8.18 **Imaging**
Elective and emergencies theatres will be supported by imaging services 24/7. The service provided by Radiology staff with mobile imaging equipment will be determined by the nature of the specific list, be it elective or emergency, the speciality and the theatre designation.

6.8.19 Mobile imaging equipment will be stored in mobile equipment bays. Radiology staff will retrieve and return equipment from and to this area and access all of the main theatres.

6.8.20 Each theatre will be equipped with facilities to enable the viewing of electronic x-ray images.

6.8.21 Three theatres will be equipped with laparoscopic imaging facilities.

6.8.22 One of the general elective theatres will be equipped with interventional radiology facilities to support services such as endovascular aneurysm repair activity and urology embolisation.

6.8.23 **Pathology**
To facilitate and support the rapid access to patient testing and results with no compromise in terms of quality.

6.8.24 Refer also to Near Patient Testing and Blood Bank Refrigerator Bay

6.8.25 Samples requiring transport to the laboratory should be sent via the air tube
system. All staff using the air tube system must follow the agreed procedure, a copy of which will be located at the air tube station.

6.8.26 Pathology staff will maintain a working relationship with the Infection Control team and follow all agreed policies and protocols, Trust-wide and departmental. Any change in protocol or procedure will involve consultation with the Control of Infection team.

6.8.27 Specimens stored in formaldehyde will be taken from the dirty utilities to the disposal hold by nursing staff.

6.8.28 All procedures will be governed by the human tissue act with regards to handling storage and transportation and disposal.

7. CONSULTATION
An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to the theatre management team and capital projects team for comments. The outcome of this consultation has been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS
Compliance with the requirements of the policy will be monitored by the Clinical Group Director of Operations. Evidence would be that the policy was included in the Theatre Quality manual with compliance audited as part of the clinical governance/theatre audit activity including monitoring of mandatory reading forms.

9. TRAINING AND AWARENESS
The policy will be issued to theatre staff as part of a local induction package and incorporate into the existing quality manual that is mandatory reading for all theatre staff. Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the pathology department and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY
The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. REVIEW
This policy will be reviewed in three years time. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY
- CPA standards for accreditation
- Human Tissue Act
- HBN15
- MHRA and EU Regulations for Blood Transfusion
- Anti Crime, Terrorism and Security Act 2001
- Cytology Screening Service regulations
- UKAS accreditation
- Home office Misuse of Drugs Legislation
- Ionising Radiation (Ni63 electron capture detector)
- Transport Regulations

13  FURTHER ENQUIRIES
13.1 Managers must inform new employees and remind existing employees of the requirements of the detail of this policy.

13.2 Copies of the policy are available on the trust intranet.

13.3 The theatre team will provide advice and support on the implementation of this policy.
Appendix 1

Current storage for consumables (comparative 11 theatres at Sandwell)

35 x (4 tier shelves x 2 metres) = 280 metres

10 x (2 tier shelves x 2 metres) = 40 metres

Total of 280+40 = **320 linear metres** of shelving required to accommodate 2 weeks supply of consumables.
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Four single treatment cubicles will be required. 

7.2 Sickle Cell & Thalassaemia

7.2.1 Treatment – Multi (SCAT) (6)

7.2.2 Treatment Cubicles

7.2.3 Interview/Counselling

7.2.5 Patient Sanitary Facilities

7.3 Recovery Facilities (MDPU) – All Shared with Interventional Radiology

7.3.1 Staff Base/Clean Supplies – Pre Discharge Stage 1

7.3.2 Stage 1 Recovery for Medical Daycase Procedures Unit

7.3.3 Patients Storage Zone

7.4 Dirty Utility with Macerator

7.5 Shared Recovery Support – Shared with Endoscopy

7.5.1 Staff Base/Clean Supplies – Pre Discharge Stage 2

7.5.2 Pre-Discharge Recovery Stage 2

7.5.3 Beverage Room

7.5.4 Patient Sanitary Facilities

7.6 Shared Support

7.6.1 Store - Large

7.6.2 Office

7.6.3 Resource Base

7.6.4 Domestic Services Room

7.6.5 Switchgear

7.7 Shared use of a Neighbourhood Hub

7.8 Shared use of an Administration Zone

8.0 Schedule of Accommodation

9.0 Glossary and Definitions
Disclaimer

This document has been prepared for use by Sandwell and West Birmingham Hospitals NHS Trust (SWBH) in connection with the titled project or named part thereof and should not be relied upon by any other person or used for any other project without an independent check being carried out as to its suitability and prior written authority of SWBH being obtained. Neither SWBH nor its advisors accept any responsibility or liability in connection with this document being used by any other person or being used for any other purpose other than the purpose for which it was commissioned nor do they accept any duty of care to any other person in connection therewith. Any person using or relying on this document for any other purpose agrees, and will by such use or reliance be taken to confirm his agreement, to hold SWBH and its advisors harmless from any and all losses and/or damages resulting therefrom.
1.0 Philosophy of Service

This policy details the facilities which the Sandwell and West Birmingham NHS Trust require for the Medical Daycase Procedures Unit within the new acute hospital. The functionality of a number of the rooms which are provided should be in line with the standard rooms outlined within the Functional Brief. The facilities provided within the department are required to offer:

- A state of the art range of diagnostic and treatment facilities capable of supporting the full range of patients treated by the clinical services on the hospital site;
- Seamless management of the patient journey maintaining the highest levels of patient privacy and dignity;
- An environment conducive to the rapid recovery of patients with complex needs;
- Improved communication regarding patient interventions;
- A facility, which has a direct physical link to the Internal Hospital Street Network thus ensuring ease of access from the Emergency, Outpatient and the Inpatient areas.

Patients will attend for expert opinion, diagnosis and treatment with specialist teams. The aim will be that the number of attendances will be minimised, in accordance with individual clinical need, therefore an objective in service delivery will be to ensure that services are available and accessible to facilitate maximum outcomes from each visit. The use of equipment and facilities will be maximised to provide efficient and effective services.

The Trust has identified a number of key strategic design principles, which underpin the content of this and all other policies:

- Establishment of service areas;
- Co-location of clinical support services to support individual specialties will only occur if the clinical support room is used by a single speciality and the volume of patients justifies the co-location;
- Co-location of functions to support all areas e.g. Emergency, Outpatients; Inpatient areas;
- Repeatable design of facilities to ensure maximum flexibility of use.

Patients will be attending for investigations and treatments such as biopsies, joint injections and lumbar punctures. Patients will attend the Medical Daycase Procedures Unit (MDPU) to receive intravenous therapy either in the form of non-oncology chemotherapy, all biological treatments or blood transfusions, or drug infusions and blood withdrawal. Areas of growth in future include drainage / treatment of ascites and haemofiltration.

This is a fast-developing area and it is anticipated that the range of procedures undertaken will change over time. The unit's accommodation therefore needs to be flexible to cater for these changing needs. The following list indicates some of the procedures that will take place in the various room types:

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Medical Procedures Treatment / Consulting Room

- Capsule Endoscopy;
- Diagnostic aspiration of joints;
- Enteral feeding;
- Biological therapy (intravenous);
- Chest aspirations;
- MRSA leg ulcers (may require isolation facilities);
- Bone marrow aspiration;
- Renal biopsy.

Medical Procedures Group Room

- Rheumatology – infusions, joint injections etc;
- Biological infusions;
- Haematology – blood transfusions etc;
- Blood & iron transfusions;
- Venisections / haemochromatosis;
- Endocrine function tests;
- Tensilon tests;
- Lumbar punctures;
- Sickle cell / thalassaemia (SCAT) blood transfusions.

Medical Procedures Consulting / Examination Room

- H pylori breath testing;
- GI physiology pressure measurements;
- Skin testing – immunology.

It is recognised that the models of service delivery adopted will alter over time. It is therefore essential that the facilities provided within the MDPU can respond to future changes in the technology surrounding the relevant services within the unit but also the changes in clinical and service models within the clinical services to which the area provides support.

Most patients attending the unit are expected to stay for between 3 and 6 hours. Some patients will need to spend longer in recovery. The maximum length of stay will be 12 hours.

The Medical Day Case Procedures Unit with provide both patients reception and patient recovery for the following departments:

- Medical Day Case Procedures Unit (PPDD 07);
- Endoscopy Unit (PPDD 08);

The Medical Day Case Procedures Unit with provide patient recovery for the following departments:

- Interventional Radiology (PPDD 11).
2.0 Scope of the Planning Policy

2.1 Specific Exclusions

In developing the model of care a number of services have been identified as not appropriate for provision within the unit and have therefore been specifically excluded from development within this specification.

- Children: nobody under the age of 16 will be treated in the unit;
- Chemotherapy and Haematology Oncology patients (BTC);
- Cardiac Catheterisation & Imaging Therapy (PPDD 09);
- Interventional radiology (PPDD 11);
- Endoscopies (PPDD 08);
- Surgical Day Cases which will take place in either the BTC or Sandwell Community Hospital;
- Radioactive injections (PPDD 11);
- Parkinson’s / mobility disorders assessment (these will take place in a community setting);
- Tilt Table testing for falls assessment (PPDD 16);
- Sleep testing which will not occur within the acute hospital but within patients own homes;
- Respiratory function (PPDD 16);
- Liver biopsies (PPDD 11);
- Thyroid biopsy > U/S guided in (PPDD 08);
- Fine needle aspiration of nodes Interventional Radiology (PPDD 11);
- Most dermatological treatment will take place in a community hospital or primary care setting, however laser based day case and PUVA will take place within the MDPU;
- Leg ulcers – dressings etc (Community / Primary Care);
- Dermatology PUVA Suite.

2.2 Activity Figures

Refer to Activity and Capacity Model Version 5.3.

2.3 Hours of Operation

The facilities will be planned on the basis of the unit being operational up to 16 sessions per week. The area will require access between 08.00 hours and 22.00 hours Monday to Friday, and 08.00 hours to 16.00 hours on Saturdays.
2.4 **Functional Content**

The Medical Daycase Procedures Unit facilities will include the following:

### 2.4.1 Treatment Area

- Staff Base;
- Patient Changing – Ambulant;
- Patient Changing Point;
- Interview/counselling room;
- Consulting/Examination Room;
- Procedure Room;
- Treatment Room – Multi (4);
- Treatment Room – Multi (6);
- Patient Sanitary Facilities;
- Clean utility;
- Dirty Utility.

### 2.4.2 Sickle Cell & Thalassaemia

- Treatment – Multi chaired (6);
- Resource Base: (4);
- Sanitary;
- Interview/counselling Room
- Treatment cubicles

### 2.4.3 Shared Recovery Facilities (MDPU + Imaging)

- Pre-discharge recovery staff base/clean supplies – Imaging PPDD
- Stage 1 Recovery for Medical Daycase Procedures Unit – Imaging PPDD
- Patients Storage Zone – Imaging PPDD
- Dirty Utility (with macerator) – Imaging PPDD

### 2.4.4 Shared Support Facilities with Endoscopy

- Pre-discharge recovery staff base/clean supplies – Endoscopy PPDD
- Pre-discharge recovery Stage 2 – Endoscopy PPDD
- Beverage Room – Endoscopy PPDD
- Patient Sanitary Facilities (OSFA) – Endoscopy PPDD

### 2.4.5 Shared Support

- Store – large;
- Office;
- Resource base (4);
- Domestic Services Room;
- Switchgear.

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2.4.6 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to support the clinical departments. In the case of Medical Daycase Procedures Unit the Neighbourhood Hub will provide:

- Facilities Management Support;
- Staff Welfare;
- Visitor Welfare.

2.4.7 Administration

The Trust advocates the use of Administration Zones (PPDD 19), which will be with the clinical areas they support.

2.5 Common Planning Policies

This planning policy has been developed to be read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wish to ensure consistency of approach within the facilities and as such:

- Advocate the use of repeatable rooms, as such only bespoke rooms and exceptions will be described in detail within this departmental PPDD;
- The Trust propose the use of Neighbourhood Hubs each of which will serve a number of departments and accommodate facilities shared between departments including facilities management.

3.0 Staffing

3.1 Staffing Profile (including Management)

The Trust has considered the numbers of staff likely to be on duty at any one time and the numbers who will require changing facilities at any one time, together with an estimate on the number of staff in training at any one time and it is considered that the facilities provided within the Neighbourhood Hub will meet the requirements of the outpatient department.

3.2 Staff Development, Education and Welfare

Staff welfare facilities in the form of separate sex toilets showers and change are provided within the dedicated Neighbourhood Hub. Secure lockable storage is provided for personnel property whilst staff are on duty.

The Trust has considered the numbers of staff likely require training at any one time and it is considered that the facilities provided within the Neighbourhood Hub will meet the training needs of the outpatient department.
4.0 Key Relationships

4.1 Departmental Relationships

The key objective is the provision of a medical day case service and therefore the following internal departmental adjacencies will be key:

- The reception and main waiting will be at the entrance of the unit and shared between the disciplines within the area;
- An interview/counselling room will be directly accessible from the waiting area;
- The store room and dirty utility will be readily accessible from the clinical areas;
- The recovery areas will be directly accessible from the treatment or consulting/treatment areas;
- The stage 1 and stage 2 recovery areas and the Interventional Radiology day areas, together with the endoscopy and imaging therapy stage 1 recovery areas will be described within this PPDD plus PPDDs 8 and 11.

The departmental relationships are shown in the diagram [4.1] below:

Diagram [4.1] Key Adjacencies
4.2 Workflow

4.2.1 Patient Flows

Patients will range from the medically unstable to the fully ambulant. The Trust would wish to ensure that all patients have equity of access and it must be recognised that the local population mirrors that nationally with an increasing proportion of older patients accessing healthcare.

The model of care indicates that patients accessing the hospital for pre-planned medical procedures will arrive on the day of treatment/investigation. All such patients will be directed to the single registration area where they will undergo their administrative and clinical registration prior to commencement of their treatment/investigation. Recovery requirements will be according to individual need, including a mix of trolley recovery and chair recovery, lasting between 15 minutes and eight hours. Patients will transfer to the pre-discharge recovery facilities after the procedure/investigation has been completed. It is therefore essential that there is a close relationship between the reception area, the procedure rooms and the recovery areas.

The design solution must also be sensitive to the differing cultural and religious requirements of the population, especially in terms of maintaining the privacy and dignity of individuals who may be partially clothed during stage 1 recovery. It is not anticipated that relatives or carers will have regular access to this unit, except for the reception and waiting areas.

Typical patient flows are indicated in diagram [4.2.1].

Diagram [4.2.1] Patient flows
4.2.2 Staff Flows

In the main, staff will be based in the Medical Daycase Procedures Unit. Typical staff flows are shown in diagram [4.2.2].

Diagram [4.2.2] Staff flows
4.2.3 Goods Flows

It is preferred that goods flows are kept as separate as possible from patient flows, by use of a service corridor. The services within the unit will draw on the Hospital for various supporting services including domestic, and portering services, plus supplies and waste disposal (further details provided within the Facilities Management policy). Provision should enable the clinical staff to access support facilities without leaving the clinical areas. Typical goods flows are shown in diagram [4.2.3].

Diagram [4.2.3] Goods flows

4.3 Interdepartmental Relationships

The department should be provided with linkages to the internal hospital street network, to ensure rapid and appropriate access, with no requirement for external transport or movement within the new Hospital.

- Endoscopy Unit. The Endoscopy Unit and MDPU should enable sharing of support areas, for example waiting, recovery and staff support;
- Interventional Radiology. The Interventional Radiology unit and the MDPU should be co-located to enable sharing of staff support facilities and recovery;
• Imaging – access to ultrasound;
• SCAT for bloodbank and pharmacy.

The relationships above have been summarised in Table [4.3].

Table [4.3] Interdepartmental relationships:

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<th>PPDD</th>
<th>Reasons</th>
<th>Category</th>
</tr>
</thead>
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<td>Endoscopy Unit</td>
<td>PPDD 08</td>
<td>Waiting, recovery and shared staff support facilities</td>
<td>Essential</td>
</tr>
<tr>
<td>Interventional Radiology</td>
<td>PPDD 11</td>
<td>Recovery Shared staff and patient support</td>
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</tr>
<tr>
<td>Imaging</td>
<td>PPDD 11</td>
<td>Patient transfer (Ultrasound)</td>
<td>Essential</td>
</tr>
</tbody>
</table>

## 5.0 Planning and Design Principles

The key design consideration is balancing the need for an appropriate patient flow with easy access, with the optimum sharing of support facilities of adjacent departments.

### 5.1 Ambience and Decoration

The unit must be designed to meet the needs of the patients, staff and relatives, providing ease of access and an environment that enhances the reduction of anxiety and supports patient dignity. Design should balance the need for a substantial level of high tech equipment in the clinical areas with the need for a non-institutional environment in the support areas.

The facility is to be family-friendly and non-institutional with particular emphasis on the use of colour, art, contrast and texture to provide a stimulating, non-threatening environment for all patients regardless of ability or impairment.

Although intensive clinical care will be delivered in this unit, from a patient perspective an environment which appears as non-clinical as possible is desired with a pleasant outlook and it is important that an attractive and stimulating environment is provided. In particular, the route for patient journeys to and from theatres must be given consideration.

The Trust would wish to utilise contrasting floor and door colours to help demarcate areas of “high sterility” for example individual bed bays or isolation rooms.

### 5.2 Wayfinding
Signage in the unit should clearly demarcate clinical and non-clinical areas and indicate the direction of the different patient access areas. Due consideration will be given to way finding as described in the Functional Brief.

Bidders should give consideration to the mix of specialities within MDPU e.g. ScaT. Consideration must also be given to the fact that ScaT activity will not always be planned care, in some instances people will attend in an emergency.

5.3 **Security and Observation**

The department must be secured by an access control system to prevent unauthorised access. The Trust’s Requirements in respect of the communications and network structure to support the security system is set out within Functional Brief.

The Trust’s Requirements in respect of the patient/staff call systems is set out within Functional Brief.

5.4 **Control of Infection**

The approach to control of infection within the unit can be referenced within the Functional Brief.

5.5 **Manual Handling**

The approach to Manual Handling can be referenced in the Functional Brief.

5.6 **Fire & Safety**

5.6.1 **Fire**

Precautions against fire will be taken, by staff working within the area. The Trust’s *Fire Safety Management Policy* will be adhered to and can be referenced within the Functional Brief.

5.6.2 **Safety**

Design features that contribute to safety include hand washing facilities, finishes and furniture, storage of chemicals.

5.6.3 **Radiological Protection**

There are no requirements within the Medical Daycase Procedures Unit.

5.7 **Privacy and Dignity**

The design should provide an environment, which respects the needs of all patients in terms of privacy and dignity as well as facilitating the delivery of good clinical practice and care.
5.8 **Environmental Parameters**

The design shall ensure that temperature and humidity control are in accordance with *HBN 52 Accommodation for Daycare Vol 3: Medical Investigation and Treatment Unit*.

Generally, all public areas and areas not occupied by patients will be controlled by a Building Management System (BMS) to the requirements of *HTM 03-01 Specialist Ventilation for Healthcare Premises: Part A Design & Validation*.

5.9 **Environmental Criteria**

5.9.1 **Natural Light**

The Design Brief developed by the Trust advocates the use of natural light. The Functional Brief sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

5.9.2 **Ventilation**

The Design Brief developed by the Trust advocates the use of natural ventilation. The Functional Brief sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

5.9.3 **Acoustic Criteria**

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

5.9.4 **Medical Gas and Power Supply Requirements**

The Design Brief developed by the Trust, Functional Brief sets out the Repeatable “bed head” service requirements, the table below sets out the bespoke requirements within the Medical Daycase Procedures Unit.

5.10 **Flexibility**

The accommodation must enable flexible use and allow for changes in medical, diagnostic and therapy needs of patients; changes in models of care and or service delivery.

5.11 **IM & T**

Details of the active components associated with IM&T can be found in Schedule 8 part 3 with additional reference in the Functional Brief. It is assumed that all patient records will be electronic and note entry and note review will take place within the clinical rooms.
5.12 **External Space and Courtyards**

Access to outside spaces (balconies, courtyards, gardens etc.) is desirable but not essential for staff and carers/relatives.

6.0 **Equipment**

The specific requirements for the Medical Daycase Procedures Unit will be addressed through the equipment selection in accordance with the Equipment responsibility Matrix in Schedule 13.

The ADB component Sheets set out the draft equipment list for the Medical Daycase Procedures Unit in accord with Schedule 13.

7.0 **Proposed Accommodation**

In developing proposals for the medical daycase procedures facilities reference must be made to *HBN 52 Accommodation for day care Vol 3 Medical Investigation and Treatment Unit*.

The schedule of accommodation has assumed a level of sharing based upon certain adjacencies stated. Should the design not achieve the appropriate adjacencies it may be necessary to review the Schedule to ensure that full functionality is delivered.

7.1 **Treatment Area**

The clinical support facilities listed within the treatment area will also serve the Sickle Cell & Thalassaemia and PUVA suites.

7.1.1 **Staff Base**

A repeatable 2 person staff base with resuscitation trolley and pneumatic tube station is required as set out in the Functional Brief Table 24.

7.1.2 **Patient Changing - Ambulant**

Two repeatable ambulant changing cubicles are required to serve the treatment areas. The functionality required can be referenced within the Functional Brief Table 24.

7.1.3 **Patient Changing Point**

A repeatable changing point is required where patients can acquire a gown and personal belonging container prior to changing cubicle. Details of the functionality required can be referenced in Functional Brief Table 24.
7.1.4 Interview/Counselling Rooms

A repeatable Interview/counselling room will be provided in line with the Functional Brief Table 24. This facility will be utilised by all sections of the Medical Daycase Procedures Unit.

7.1.5 Consulting/Examination Room

Three repeatable double sided consultation / examination rooms will be provided in line with the Functional Brief Table 24.

7.1.6 Procedure Room

A repeatable procedure room will be provided for treatment purposes as set out in the Functional Brief Table 24. The room should be located with convenient access from the waiting area.

7.1.7 Treatment – Multi (4)

Repeatable Treatment areas are required each which will accommodate four patients either on a chair or trolley within individual curtained bays. Details are as set out in the Functional Brief Table 24.

Each room must contain:

- 4 cubicled bay with a minimum of 2400mm bed centres;
- Inset WHB Station;
- Administration Station;
- Clean supplies zone.

The Trust has developed the following zoning diagram which underpins the schedule of accommodation.
**Diagram [7.1.7] Treatment Zoning Diagram**

**7.1.8 Treatment – Multi (6)**

A repeatable six person treatment area is required, the functionality should be as room [7.1.7] above increased to accommodate 6 cubicised bays.

**7.1.9 Patient Sanitary Facilities**

A pair of repeatable OSFA will be provided as set out in the Functional Brief Table 24.

**7.1.10 Clean Utility**

A repeatable clean utility is required as set out in the Functional Brief Table 24. This facility will be utilised by all sections of the MDP.

**7.1.11 Dirty Utility**

A repeatable dirty utility without macerator is required as set out in the Functional Brief Table 24. This facility will be utilised by all sections of the MDP.

**7.2 Sickle Cell & Thalassaemia**

A dedicated area is required for Sickle Cell / Thalassaemia. This suite will however share clinical support facilities with the MDPU Treatment suite described above with a separate entrance and identity. Located close to the access to MDPU.
7.2.1 Treatment – Multi (SCAT) (6)

To deliver mixed sex compliance 1x6 person treatment area is required the functionality should be as room [7.1.7] with cubicled bays and para 7.1.8.

7.2.2 Treatment Cubicles

Four single treatment cubicles will be required.

7.2.3 Interview/Counselling

A repeatable Interview/counselling room will be provided in line with the Functional Brief Table 24. This facility will be utilised by all sections of the Medical Daycase Procedures Unit.

7.2.4 Resource Base (4)

A repeatable base for up to 4 staff to work at any one time on a sessional / ad-hoc basis as set out in the Functional Brief Table 24.

7.2.5 Patient Sanitary Facilities

One OSFA WC will be provided as per Functional Brief Table 24.

7.4 Recovery Facilities (MDPU) – All Shared with Interventional Radiology

7.4.1 Staff Base/Clean Supplies – Pre Discharge Stage 1

A two person staff base is required within the stage 1 recovery area. It should be located so that staff can oversee the recovery area. Administrative duties associated with recovery and discharge and communications with other spaces within the Medical Daycase Procedures Unit will take place at the staff base.

This base requires an integrated clean supplies area as set out in the Functional Brief Table [7.2].

7.4.2 Stage 1 Recovery for Medical Daycase Procedures Unit

The recovery stage 1 area for the Medical Daycase Procedures Unit includes 4 trolleys spaces for patient recovery. Each trolley is contained in an individual curtained space. Patients may move from a treatment room to this area on a trolley, in a wheelchair or on foot. The patient will dress with privacy before moving to stage 2 areas.

Note: In addition to the above requirement for Medical Daycase Procedures Unit, Endoscopy, Cardiac Catheterisation and Interventional Radiology also have specific stage 1 recovery requirements as described in the following PPDDs:
7.4.3 Patients Storage Zone

Patients clothing will follow the model of a single destination clinic as described within the Functional Brief. The clothing storage facility should be easily accessible from the recovery area. A single provision is required based on a small store as described within Functional Brief Section 24.

7.4.4 Dirty Utility with Macerator

A repeatable dirty utility with macerator is required to serve the Stage 1 recovery area, as set out in the Functional Brief Table [7.2].

7.5 Shared Recovery Support – Shared with Endoscopy

7.5.1 Staff Base/Clean Supplies – Pre Discharge Stage 2

A repeatable 2 person staff base is required within the recovery area. It should be located so that staff can oversee the stage 2 recovery areas. Administrative duties associated with recovery and discharge and communications with other spaces within the Medical Daycase Procedures Unit will take place at the staff base. This base requires an integrated clean supplies area as set out in the Functional Brief Table 24.

7.5.2 Pre-Discharge Recovery Stage 2

The recovery stage 2 area is a type of open lounge furnished with informally arranged seating and occasional tables. Patients complete their recovery here and are prepared for discharge. This room needs to accommodate 5 patients.

The functionality is based on a repeatable Day Room which can be referenced within Functional Brief Table 24.

7.5.3 Beverage Room

A repeatable beverage room is required in line with Functional Brief Table 24.

7.5.4 Patient Sanitary Facilities

Repeatable OSFA facilities are to be provided as set out in the Functional Brief Table 24 in association with the recovery areas.
7.6  **Shared Support**

7.6.1  **Store - Large**

A general store should be provided for the storage of mobile and loose items of medical and other equipment and for general supplies as set out in the Functional Brief Table 24.

7.6.2  **Office**

A repeatable one person office is required as set out in the Functional Brief Table 24.

7.6.3  **Resource Base**

A non-allocated base for up to 4 staff to work at any one time on a sessional / ad-hoc basis as set out in the Functional Brief Table 24.

7.6.4  **Domestic Services Room**

A repeatable Domestic Services Room is required to serve the Medical Daycase areas as set out in the Functional Brief Table 24.

7.6.5  **Switchgear**

A repeatable switchgear room is required to serve the Medical Daycase areas, as set out in the Functional Brief Table 24.

7.7  **Shared use of a Neighbourhood Hub**

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to the clinical departments. In the case of the Medical Daycase Procedures Unit:

- Reception and waiting;
- Toilets – visitor;
- Wheelchair store;
- Staff changing facilities including showers;
- Staff toilets;
- Staff rest room;
- Beverage bay;
- Reprographics;
- Seminar room;
- Disposal hold;
- IT hub;
- Domestic services room;
- Domestic services store;
- Switchgear room;
- Sterile supplies store.

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<tr>
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<td>Version No. 10.0</td>
<td></td>
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<td></td>
<td>Implementation Date: July 2014</td>
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7.8 Shared use of an Administration Zone

The MDPU will make use of an Administration Zone.

The functional requirements are fully described within PPDD 19 Administration and are summarised below:

- Reprographics;
- Social area;
- Beverage bay;
- Office / Resource Base (4);
- Store – small;
- Library;
- Quiet rooms (for breakout);
- Seminar room;
- Domestic services room;
- Switchgear.

8.0 Schedule of Accommodation

The schedule of accommodation has been developed for the totality of the scheme as a series of tables. This schedule is appended to Schedule 8 part 3 and ITPD2.

9.0 Glossary and Definitions

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
MIDLAND METROPOLITAN HOSPITAL

No7
MEDICAL DAY CASE PROCEDURES UNIT inc
SICKLE CELL & THALASSEMIA UNIT
OPERATIONAL POLICY
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## APPENDICES

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Midland Metropolitan Hospital MDCPU & SCaT Operational Policy No. 7 V5.0 July 2014

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MIDLAND METROPOLITAN HOSPITAL
MDCPU & SCaT DEPARTMENT
OPERATIONAL POLICY

KEY POINTS

1. To provide evidence based high quality, treatment interventions

2. To ensure that the service is delivered in a timely and efficient manner in accordance with the Trusts needs.

3. To provide local services to the population

4. To promote and undertake research

5. To ensure staff receive appropriate training and continuing professional development activities.

6. Seamless management of the medical day case procedure services.

7. Maintain patient’s privacy and dignity.

8. An environment conducive to ensure the rapid delivery of treatments.

9. Improve communication regarding diagnostic interventions.

10. This policy applies to all Trust staff in all locations including temporary employees, locums, agency staff, contractors and visiting clinicians.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
1. INTRODUCTION
The Medical Day Case Procedures Unit (MDCPU) will offer timely and accessible provision of medical interventions in close collaboration with appropriate services within the hospital. This operational policy includes the medical day case interventions provided by a number of specialities. The Sickle cell and Thalassaemia service (SCAT) is also provided within a dedicated area of this unit.

2. OTHER POLICIES TO WHICH THIS POLICY RELATES
- Infection Control Policy (CO1001) (SWBH)
- Infection Control Policy on the Decontamination of Equipment (SWBH/COI/029)

3. GLOSSARY AND DEFINITIONS
- SCaT- Sickle Cell and Thalassaemia
- MDCPU-Medical Day Case Procedures Unit
- Haematology-Branch of medicine that deals with diseases of the blood
- Rheumatology-Branch of medicine dealing with the study and treatment of pathologies of the muscles, tendons or joints
- Respiratory Medicine-Branch of medicine that deals with diseases of the respiratory system
- Gastrointestinal-Adjective referring collectively to the stomach and small and large intestines
- Neurology-The branch of medical science that deals with the nervous system
- Vascular-Relating to or having vessels that conduct and circulate fluids
- Interventional Radiology-A subspecialty of radiology that provides Diagnostic information
- Immunology -The branch of medical science that studies the body's immune system

4. PRINCIPLES
4.1 Principles of Care;
- To provide a timely and accessible service.
- To reduce admissions.
- To reduce length of admissions.
- To provide support and advice to service users/family and community.
- To adopt a one stop approach to chronic illness management.
- To foster an environment conducive to self help and support within patient group.
- To liaise with primary care and other agencies in the community.

4.2 Monitoring of Chelation Treatment
This is provided for all patients who are iron overloaded and requiring medication. Supporting patients to maintain and adhere to treatment regimes, advice about initiating or stopping treatment. Ensuring that all necessary investigatory tests are conducted, endocrine, ophthalmology, auditory, cardiac, and liver.

4.3 Top Up Blood Transfusion- for Sickle and Thalassaemic Patients
This involves ensuring that patients’ haemoglobin is monitored and maintained to be within international guidelines, reminding patients to attend for monthly transfusion, cross match and locate venous or central access for blood transfusions.
4.4 Care of Central Line
This is carried out by experienced staff to ensure that patients are trained to manage these lines at home.

4.5 Initiating Blood Transfusion and Monitoring Throughout
These patients can be managed on recliner chairs for day case transfusion – current max 4 per day, (range 0-4), has increased by >100% since centre opened and will increase further by 2012. It is anticipated that there will be 40 transfusion dependent patients.

4.6 Red Cell Exchange
In Emergency Life Threatening Situations a skilled specialist nurse is required to perform this invasive and time consuming procedure that requires 1:1 monitoring and can take up to 6 hours to complete. These patients will need a bed.

4.7 Pain Management
Pain management is required for sickle cell patients and involves assessment by Specialist Nurse, implementation of treatment plan, monitoring for any sign of deterioration and responding accordingly. These patients will need a bed. The day case service will require 5 beds and 6 parker knolls and retain links with clinic rooms to reduce admission as an inpatient.

4.8 Specialist Nurse Outreach
This is provided daily for all Haemoglobinopathy inpatients to ensure that patients are receiving appropriate inpatients care, monitor for any signs of deterioration, reassure and support patients, support and educate nursing staff.

4.9 Screening Clinics
These clinics offer genetic counselling in line with new born screening programme. Support antenatal services in line with antenatal screening for haemoglobin disorders. These patients will need a private consultation room. Screening Clinics – current, 1 a week nurse led, numbers may increase more slowly if projected birth rates accurate. This aspect of work can be conducted outside of acute setting. The screened population covered is Sandwell based so it would be feasible to run these clinics in a satellite hub in the Sandwell area. Currently Antenatal screening of carriers is a joint clinic with midwife and Haemoglobinopathy nurse and takes place in Sandwell hospital. This clinic will also be transferable to wherever the antenatal service is based for Sandwell mothers to be.

4.10 Day Case Other
Additional investigations are provided and include GTT, Short synacthen, blood tests pre transfusion. Most patients attending the SCAT Unit are expected to stay for the whole day for pain management and at least 6 hours for a top up blood transfusion.

5. ROLES AND RESPONSIBILITIES

5.1 Leadership
The leadership model within the generic ward will consist of a Lead Nurse, a Doctor and a Therapist per ward. It is envisaged that the three Leads will work together to ensure clinical quality is provided within each ward environment.

5.2 Clinical Group Director of Nursing/Midwifery
The Chief Nurse has corporate professional nursing responsibility with the clinical group directors having professional nursing responsibility for their respective clinical groups and all in-patient areas and out-patient areas. They will lead the implementation and delivery of the clinical service strategy for across the clinical group; managing workforce and clinical governance and risk management issues. He/she will integrate corporate nursing plans with divisional clinical service plans and will lead for all patient experience and user involvement.

5.3 Matron
The Matron will hold overall clinical responsibility for the nursing care of the in-patient and out-patient areas including managing infection control issues, clinical escalation and capacity issues. He/she will act as innovator, motivator, key change agent and role model working with a high level of autonomy in order to ensure continuing improvement with the delivery of evidence based care and ensuring consistently high standards of care.

Ward Manager/Lead Nurse

Holds continuing responsibility for the day to day management of the ward environment, the services it provides, and the management of the staff including the professional development of staff and the management of sickness and absence. In addition the ward manager provides clinical care acting as expert, leader, role model, assessor and mentor.

5.4 Unit Manager
The unit will be under the jurisdiction of the Senior Sister for day to day management of the ward environment, the services it provides and the management of the staff. The clinical responsibility for care of the patients is the responsibility of the team, who will lead on clinical care working within designated clinical pathways and protocols.

5.5 Specialist Nursing Staff
A team of Nursing staff will be organised to enable appropriate sharing of staff across MDCPU, Endoscopy and Cardiac Imaging and Therapy. This will support effective cover across the three services, will minimise the wearing of lead coats, aid retention of staff and will encourage opportunity for learning. This will be the responsibility of the Lead Specialist Nurse for each area.

The service will be delivered by a range of disciplines following effective skill mix reviews and competency based training.

5.6 Nursing
The designated ‘nurse in charge’ is responsible on a shift by shift basis for providing leadership and co-ordination of workload in collaboration with and in the absence of the lead nurse. He/she will have responsibility for the supervision and support of staff and ensure that all clinical priorities are communicated to the nursing team within a timely manner, and that tasks are appropriately delegated to suitably qualified and competent members of the nursing and/or support team. He/she will manage staff breaks and staff will leave the ward area to access the shared staff rest rooms in the central hub areas adjacent to the ward or restaurant facilities provided within the hospital.

He/she will monitor ward capacity and workload and will ensure that all patients are allocated to an appropriate bed space with the appropriate monitoring requirements according to their individual clinical need within the generic ward. This may be either a four bedded bay or single room, which may have additional level 1 monitoring equipment.
5.7 Registered Nurses

Registered nurses are responsible for delivery of care and treatments as prescribed and according to clinical policies and protocols; including admission and discharge of patients.

The wards operate a “named nurse” policy with each patient allocated a named nurse and an associate nurse, who will co-ordinate and organise care. In addition to day to day care, nurses play an important role in the rehabilitation and education of patients.

Registered Nurses will appropriately delegate work to support staff.

5.8 Health Care Assistants

Under the direction and supervision of qualified nursing staff, HCA’s provide support to clinicians and patients for basic care needs.

Other Clinical Staff / Support Staff

5.9 Ward Clerks

Ward clerks support the nursing and medical teams by providing administrative services including reception cover, ordering stationary, record keeping, telephone enquiries, admission and discharge support.

6 SERVICE DESCRIPTION

6.1 The unit is divided into 2 distinct areas. These are as follows,

6.2 Medical day case procedures service

6.2.1 The Medical Day case Unit will provide facilities to be used by a range of specialities. These include;

- Haematology (Non chemotherapy Oncology and haematology)
- Endocrinology
- Rheumatology
- Respiratory Medicine
- Gastro Intestinal
- Neurology
- Motor Assessment
- Vascular / Leg Ulcers
- Interventional Radiology
- Immunology

6.2.2 Patients will be attending for investigations and treatments such as biopsies, lumbar punctures with a maximum length of stay of 12 hours and to receive intravenous therapy either in the form of non oncology chemotherapy or blood transfusions, or drug infusions and blood withdrawal.

6.2.3 The Unit will:

- Provide timely and accessible service.
- Adopt a one stop approach as far as is practical
- Separate flow of acutely ill and day patients
6.3 SCaT Service

6.3.1 The Sickle Cell and Thalassaemia Service (SCaT) provide the adult Haemoglobinopathy service for local and regional patients and enables patients to manage life long chronic conditions in an outpatient setting.

6.3.2 This is fostered using a multidisciplinary approach to chronic disease management incorporating Doctors, Specialist Nursing Staff, Community Nurses and a Psychologist and also by maintaining close ties with the primary care teams and voluntary groups.

6.3.3 The key objective is ensure admission avoidance and reduce length of stay in hospital by providing a day case outpatient facility that is geared to understanding and supporting this patient group. There has to be a remit to provide an unplanned care as work load can be variable for pain management but planned for blood transfusion procedures.

6.3.4 The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals and providing an interested and capable adult clinical service which has close links with the children’s service, an understanding of the developmental needs of young adults, and participates actively in the transition and will provide specifically for the needs of young people and will ensure that social, psychological, education and employment needs are addressed.

6.3.5 The service functions as regional tertiary referral centre. HOB and Sandwell patients form the largest group, and in addition the East, South and North Birmingham are all represented, others from Stoke, Coventry, Dudley and Peterborough also access this service.

6.4 Hours of Service

6.4.1 Hours of Service
The Medical Day Case Procedures Unit will be operational from 08.00 to 20.00 hours Monday to Friday and 08.00 to 16.00 hours Saturday. 24 hour seven day a week access is required to the unit.

6.5 Patient Flow
Patients will be referred to Medical Day Case Procedure Unit for planned procedures by hospital Clinicians and Specialist Nurses. Patients will attend for expert opinion, diagnosis and treatment with specialist teams.

6.5.1 Patient flows vary according to speciality however most are based on the following generic flow. Patient attendances will be minimised, in accordance with individual clinical need and are expected to stay within 3 and 8 hours, the maximum length of stay is 12 hours. Further details of pathways are included within each speciality description of procedures.
### 6.5 Medical Daycase Unit Clinical Pathway by Speciality

#### 6.5.1 Haematology (Non chemotherapy Oncology and haematology)
- Reception / Booking
- Staff Base
- Treatment area for 6 patients per day, based on working 88.00 to 20.00 hours (this can be shared area and a mix of beds and chairs)
- Discharge

#### 6.5.2 Endocrinology
- Endocrine testing (adrenal 2hrs, water dependent between 8 to 10 hrs)
- Reception / Booking
- Consulting / Examination room (supported by Blood Pressure, resuscitation and phlebotomy)
- Treatment / recovery area for continual monitoring
- Discharge

6.5.3 Rheumatology
Joint injections
- Reception / booking
- Consulting / Examination takes up to 40 minutes
- Discharge

Infusions
- Reception / booking
- Staff base
- Treatment area x 4 hrs – 8 hrs

6.5.4 Respiratory Medicine
Pleural aspiration
- Reception / book in
- Procedure (10 to 30 minutes)
- X ray – recovery (1 to 2 hrs)
- Discharge

Pleural Biopsy
- as above with procedure 30 – 40 minutes

6.5.4 Mantoux Testing
- Reception
- Consulting/Examination room (5 minutes)
- May require access to recovery
- Discharge

6.5.6 CT guided biopsy
- Reception / book in
- Procedure
- Recovery chest x ray
- Radiologist consulting / examination room
- Discharge

6.5.7 Cervical auxiliary guide biopsy
- Reception / book in
- Procedure
- recovery area
- discharge

6.5.8 Review of patients with pneumothorax
- Reception / book in
- consulting room
- x ray
- review
- discharge
6.5.9 **Gastro Intestinal**
- Biological Infusions
- Liver biopsy

6.5.10 **Neurology**
Lumbar Puncture – length of stay 8 hours
- Reception
- change
- Procedure in procedure room
- Recovery area for up to 6 hours
- Discharge

Motor Assessment
- Reception / booking
- Treatment in large treatment / assessment room with plinth, size of 2 bed spaces (3 clinicians working at a time)
- Discharge

IV Steroid (1 patient per week over a period of 3 consecutive days – duration of treatment is 1 hour 30 minutes
- Reception / booking
- Nurse base
- Bed space in treatment area where iv fluids are administered
- Discharge

6.5.11 **Vascular / Leg Ulcers**
- Angiography / angioplasty
- Procedure in Interventional Radiography (refer to PPDD No 11 Imaging section 7.6.14)
- Use of second stage recovery if required

Foam Therapy
- Reception / booking
- Change
- Procedure in procedure room
- Change
- Home

Botox
- Reception / booking
- Change
- Injection in Consulting/Examination room
- Home

6.5.12 **Interventional Radiology**
- Lung biopsy / liver biopsy
- Hickman lines
- Elective drainage
- Vertebroplastys
- Ultrasound guided synovial biopsy

Procedure in IR (refer to PPDD No 11 Imaging section 7.6.14)
Use of second stage recovery if required
6.5.13 **Immunology**
- De-sensitisation
- Reception / Booking
- Treatment time – between 15 and 30 minutes
- Discharge

6.5.14 **Patients with Special Needs**

The Medical Day Case Procedure Unit staff will support those adult patients who require the presence of a carer or escort due to a physical or mental condition to be accompanied whenever possible throughout their time in the unit, except during an emergency situation or when the safety of the patient or carer/escort is compromised.

6.6 **SCaT Clinical Pathway**

Patients are expected to stay 6-8 hours and the work can be broadly divided into two types of day case work:

6.6.1 **Unscheduled Patient Flow**

- Emergency day case in pain, life threatening complications such as septicaemia, central line blockage, central line sepsis, medication induced neutropenia.
- Step 1 Emergency day case- patient in pain via ambulance or walk in.
- Step 2 Partial booking in reception (notes available or requested as urgent).
- Step 3 Fast track by specialist nurses- (who assess, implement treatment in line with predetermined protocols and operational policy for SCaT) time to analgesia within 30mins (BSCH guidelines 2003).
- Step 4 Nurses assessment to determine whether admission to acute bed is required in which case urgent medical review. If evidence of complicated crisis require urgent review by medics. Hence need for adjacencies to X ray, labs, pharmacy and other.
- Step 5 Monitored on a bed for whole day.
- Step 6 Outcome- admit to acute bed in hospital or home with specialist discharge advice.
- Other emergency unscheduled work - Sepsis, fevers, neutropenias, blocked indwelling lines

6.6.2 **Scheduled patient flow**

Patients are predominately planned blood transfusions and red cell exchange procedures.

- Step 1 Patient attends for cross match and full blood count- bled by specialist nurses who are skilled at taking blood from patients with very difficult veins or from central lines. Day case blood transfusion booked on this day in agreement with patient. This service aim to provide flexible interventions in line with managing life long conditions.
- Step 2 Blood transfusions administered via cannula/central indwelling line by
Specialist Nurse who will also assess compliance to treatment, monitor effects of medication and offer support to manage condition.

- Step 3. Monitor the patient throughout blood transfusion procedure lasting up to 8 hours and requiring a parker knoll chair.
- Step 4. Specialist Nurses will assess and monitor compliance to long term therapies such as chelation and other disease modifying agents.
- Step 5. Discharge home.

6.6.3 For red cell exchange- The same process is used for red cell exchange with the addition of medical intervention which is required if a femoral line for venous access is required.

6.6.4 It is also anticipated that there will be a change in patient groups to see more transfusion dependent Thalassaemia and sickle patients and more complicated transfusion problems requiring specialist care (central venous access, specialist red cell provision, greater risk reactions). These patients are surviving longer and often require increasingly intensive interventions with more day case, clinic reviews to maintain health.

6.7 Proposed Accommodation
The unit’s accommodation needs to be flexible as this is a fast developing area and it is anticipated that the range of procedures will change over time.

6.7.1 Shared Facilities - Reception
The reception will be shared between Endoscopy, and Medical Day Case Procedure Unit. The area will be managed by a coordinating Matron who will manage the MDCPU and the shared areas to ensure that the unit works efficiently. The area will be staffed by specialist and generic staff who will be managed between the coordinating Matron and the Speciality Managers.

6.7.2 Patients for medical day case will initially report to the shared reception and then directed to the MDCPU staff base where they will be received and directed to the appropriate treatment room.

6.7.3 Treatment Area

6.7.4 Staff Base
It will be used to conduct patient administrative duties and as a contact point to other wards and departments. The base is equipped with a resuscitation trolley, networked computer and telephone, pneumatic tube station and clinical hand wash facilities.

6.7.5 Patient Changing - Ambulant
This suite of two changing rooms as detailed within the Functional Brief Version 9 will be used by patients who are required to change into a gown prior to a procedure within the treatment area.

6.7.6 Patient Changing Point
A changing point as detailed within the Functional Brief Version 9 is required where patients can acquire a gown and personal belonging container prior to going into a changing cubicle.

6.7.7 Interview /Counselling Room
This interview / counselling room will be based within the area dedicated to the SCaT service and will be shared with other specialities using the MDPU on a scheduled basis.

6.7.8. **Consulting / Examination Room**

These 3 consulting / examination rooms as detailed within the Functional Brief Version 9 will be used for initial assessment and consultation with a patient prior to a procedure and / or intervention being undertaken.

6.7.9 **Procedure Room**

This procedure room as detailed within the Functional Brief Version 9 is co-located to the waiting area and will be used for a variety of clinical investigations and the following procedures:

- Venisections/ haemochromatosis
- Endocrine function tests
- Tensilon tests
- Lumbar punctures
- Chest aspirations
- Skin / Wound Care e.g. leg ulcers
- Bone marrow aspiration
- Renal biopsy
- H pylori breath testing
- GI physiology pressure measurements

6.7.10 **Treatment Room – Multi (4)**

Two treatment rooms as detailed within the Functional Brief to accommodate up to 4 patients either on a chair or a trolley within a curtained bay and will be used for a range of investigations and or procedures which do not require to be undertaken within the procedure room and will be carried out by doctors, nurses or other appropriate staff. Each bay incorporates an administration area for clinicians to complete patient documentation with space for clean supplies and clinical hand washing facilities.

6.7.11 **Treatment Room – Multi (6)**

This treatment room as detailed within the Functional Brief will accommodate up to 6 patients either in a chair or on a trolley within individualised cubicle bays, each bay incorporates an administration area for clinicians to complete patient documentation with space for clean supplies and clinical hand washing facilities. The following procedures will be carried out within this area:

- Rheumatology – infusions etc
- Biological infusions
- Haematology – blood transfusions etc
- Blood & iron transfusions

6.7.12 **Patient Sanitary Facilities**

There are two generic OSFA toilets which are accessible to all patients within the treatment area as detailed within the Functional Brief.

6.7.13 **Clean Utility (shared with SCaT)**

This clean utility as detailed within the Functional Brief will be in close proximity to the treatment and procedure rooms. It includes a work surface/ drug preparation area and will accommodate a module storage unit for sterile clinical stock and
intravenous fluids. There will be a lockable fridge and lockable storage for TTO medication. There will be locked storage for medications, and a controlled drugs cupboard within the unit. There will be storage for dressing trolleys under the preparation area, and a clinical wash hand basin with non-touch taps. A standard drug fridge and lockable cupboard storage is required for drugs.

6.7.14 Nurses will prepare trolleys for clinical procedures in this room and return clean trolleys to the room after use. In addition a locked cupboard for housing flammable items and COSHH products is required.
Refer to Facilities Trust Managed Services Whole Hospital Policy for details of re-supply

6.7.15 **Dirty Utility without Macerator (shared with SCAT)**
This dirty utility as detailed within the Functional Brief Version 9 will contain a range of waste streams with waste disposal unit and sink will be in close proximity to the treatment and procedure rooms. It will contain cupboards for storing disposal vomit bowls and specimen oracles. Contaminated instruments will be held here temporarily following procedures until collected for decontamination. There will be a locked cupboard to accommodate dirty linen clinical waste. This will be removed from the department on a daily basis in line with Trust policy.

6.7.16 **SCaT Service Requires a Dedicated Facility**

6.7.17 **Treatment Individual Cubicles (SCAT) 4**
To deliver single sex compliance there will be a treatment area divided into individual cubicule bays furnished with a reclining chair each incorporating an administration area for clinicians to complete patient documentation with space for clean supplies and clinical hand washing facilities. The following procedures will be undertaken:

- Top up blood transfusions
- Automated/red blood cell exchange
- Day case pain management
- Monitoring of drug regimes

6.7.18 **Treatment Multi-Bay (SCAT) 6**
Open plan bay with six reclining chairs. Curtain track to each space to provide privacy.

6.7.19 **Patient Sanitary Facilities**

6.7.20 **Interview/Counselling Room**
This interview/counselling room as detailed within the Functional Brief Version 9 will be shared with other specialities using the MDPU on a scheduled basis and will be used by clinicians when there is a requirement for private dialogue with a patient and or relative/carer some of whom may be in an emotional state or when there is a need to break bad news.

6.7.21 **Resource Base**
This office will accommodate up to 4 persons and comprises of four office workstations with networked computers and telephones. This will be for the use of on-call doctors and consultants and nursing staff that are required to make confidential telephone calls. This office will be used by the SCaT Manager to allow her/him to carry out all activities that support the clinical management of the service.
6.7.22 WC – OFSA
One size fits all WC is required.

6.7.23 Recovery Facilities (MDCPU)

6.7.24 Staff Base/Clean Supplies – Pre Discharge Stage 2
It is important that staff can observe all patients from the staff base. It will be used to conduct patient administrative duties, a contact point to other wards and department as well as internal areas within theatres.

The base is equipped with an integrated clean supplies area as detailed within the Functional Brief, a networked computer and telephone and clinical hand wash facilities.

6.7.25 Shared Stage 1 Recovery for Medical Day Case Procedures Unit
The recovery area accommodates up to 4 MDCPU patients on trolleys (the total capacity of 10 includes 6 spaces designated for interventional radiology). Patients will change into gowns and a pre-procedural checklist completed. Following the procedure patients will be moved from a treatment room on a trolley, in a wheelchair or on foot to be recovered in this area. Patients will be provided with hot and cold beverages and pre-packed snacks on request. Access to male and female sanitary facilities are available.

6.7.26 To address privacy and dignity regulations that male and female patients who are ‘gowned’ a design solution is required to enable segregation. Patients will dress within the curtained trolley area before moving to the stage 2 areas.

6.7.27 In addition to the above Endoscopy, Interventional Radiology also have specific stage 1 recovery requirements as detailed within the following PPDDs:
- PPDD No 8 Endoscopy
- PPDD No 11 Imaging

6.7.28 Patients Storage Zone
Patients clothing will follow the model of a single destination clinic as detailed within the Functional Brief.

6.7.29 Dirty Utility with Macerator
This dirty utility room as detailed within the Functional Brief will contain a range of waste streams. It will contain cupboards for storing disposal vomit bowels and specimen recepticles. There is a locked cupboard to accommodate dirty linen clinical waste. This will be removed from the department on a daily basis in line with Trust policy.

6.7.30 Shared Stage 2 Recovery Pre – discharge & Support
This area will accommodate up to 5 persons and consists of informally arranged seating of chairs and occasional tables with a television. Patients will remain here until discharged home by the nursing staff with any relevant discharge information, prescribed medications and follow up appointments. Staff will be able to observe this area from a nursing station or base.

Pre-prepared snacks and beverages may be consumed here which have been prepared in the beverage bay. A supply of current reading material and leaflets about relevant clinical conditions will be available and notice boards to display information and notices about organisations helpful to patients attending the unit may be used here in addition to the reception area.
6.7.31 **Beverage Room**
This beverage room is located close to the stage 2 recovery area and will be used to prepare hot drinks and pre-prepared snacks for patients following procedures in all three clinical departments.

6.7.32 **Patient Sanitary Facilities**
These generic OSFA toilets are accessible to all patients within the recovery areas as detailed within the Functional Brief Version 9.

6.7.33 **Shared Support**

6.7.34 **Large Store**
This room will be used to store sufficient stock of consumables to meet the needs of the MDCPU and will comprise of shelving used for the storage of clinical equipment including disposables, there are a number of electrical sockets for charging equipment.

6.7.35 **Departmental Office**
This office will be used by the coordinating Matron / Manager and will be used by to allow her/him to carry out all activities that support the clinical management of the service. 1:1 meetings with staff, clinicians and other managers will be held here. It comprises of an office workstation with a networked computer, telephone and storage for books and files.

6.7.36 A wall mounted Key Safe with electronic digital lock will be located here to store controlled drug keys and drug cupboard keys.

6.7.37 **Resource Base for 4 Persons**
This office will be used by a range of staff from the multi-disciplinary teams as required and comprises of 4 office workstations with networked computers and telephones for completing patient records and arranging/ coordinating care.

6.7.38 **Domestic Services Room**
A generic Domestic Services room is required to serve the department the functionality for which is detailed within the Functional Brief Version 9. This room will be used to deliver day-to-day cleaning services and cleaning materials and equipment in daily use will be stored here.

6.8 **Interdepartmental Relationships**
MDCPU, IR and the Endoscopy Unit will work closely together. This will involve the use of shared areas as previously described. In addition staffing will be arranged to provide cover across the specialities.

6.8.1 The Medical Day Case Procedure Unit will work closely with the out patients service and this will involve direct booking through the use of timely and efficient methods using one stop approaches where appropriate.

6.8.2 There will need to be working links to the inpatient wards whereby appropriate procedures will be carried out in the Medical Day Case Procedure Unit. Clear liaison will need to be provided via the use of a Lead coordinating Nurse within the Medical day case Unit.

6.8.3 MCDPU will provide second stage recovery for Interventional Radiology
6.9 **Business Continuity**

6.9.1 **Escalation**
The use of initiative lists will be employed to manage additional demand.

6.9.2 Where rooms or equipment are unavailable the following contingencies will be put into place
- Clinical areas will be shared with the Endoscopy and Cardiac Imaging and Therapy Units where applicable.
- Leasing of equipment where applicable.
- Use of alternative space within the acute hospital or community hospitals where applicable.

6.9.3 **Major Equipment**
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit.

6.9.4 If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

6.9.5 If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure.

6.9.6 A loan of equipment is provided if repairs cannot be rectified immediately.

6.9.7 In the event of serious systems failure and immediate repair or loan equipment not being possible, then the department manager will consult with the medical staff and Divisional manager to cancel clinics accordingly.

6.9.8 **Equipment Replacement**
A formal rolling programme of replacing equipment will be implemented.

6.9.9 **Major Incident**
Refer to:
- Major Incident Plan
- Evacuation Plan

6.9.10 Each area will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

6.9.11 It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

6.9.12 **Regulatory Requirements**
- General Medical Council
- Nursing, Midwifery Council
6.10 Clinical Support Services

6.10.1 Pharmacy
Patients not discharged from the recovery bays will attend for dispensing and education of hospital only medicines.

6.10.2 Pathology
Referrals will be received via an IT solution. Specimens will be delivered to Pathology via the use of a pneumatic tube with the exception of blood products which are collected or delivered using the Porter service.

6.10.3 Infection Control
All staff will comply with Trust Infection Control Policies, all team members who undertake aseptic nursing procedures will adhere to infection control standards for cleaning trolleys to ensure that risk from infection is kept to a minimum.

6.10.4 Patients with TB, MRSA and HIV who are seen in the MDCPU unit will be treated at the end of lists where possible, and an area dedicated within the pre discharge (stage 2) recovery area for patients with Infectious conditions.

6.10.5 Electronic processes will identify patients with Infectious conditions to ensure that the appropriate actions are taken in relation to procedures, cleaning clinical and waiting areas and communicating to departments such as patient transport.

6.10.6 HSSU
Facilities staff will deliver sterile stores from the central store to the MDCPU.

6.10.7 Manual Handling
Refer to the Moving and Handling Policy.

6.10.8 The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

6.10.9 Healthcare Records
Refer to IM&T Strategy

6.10.10 Imaging
Imaging will be requested by contact with the imaging service. It is anticipated that this will be via an IT referral system.

6.10.11 Interpreting Services
Interpreting services will be available and booked by clerical staff. Refer to the interpreting Services – Access and Delivery Policy

6.11 Non Clinical Services

6.11.1 IT
Electronic Patient record (EPR), hospital communications and ordering systems will be required with access at main reception, nursing points and office resource base.

6.11.2 The booking system will be electronic which will be managed by the Matron / Manager of the Unit. It will be required to interface with Trust systems and allow access to clinical archives. The system will have the capacity to adjust the
appointment dependent on the condition and book the required type of room i.e. a treatment room and appropriate recovery time to ensure that the correct facilities are available. It will need to have the potential to have direct access for GP referrals. A percentage of the service should be allocated for unscheduled work.

6.11.3 **Transport**  
This will be required to transport patients where applicable and will be booked by the clerical staff via a central booking process.

6.11.4 **Porters Service**  
A porter’s service will be available and will be booked via telephone; wheelchairs will be used from the hub wheelchairs store.

6.11.5 **General Store Delivery**  
Facilities Support services – Material handling section to be developed.

6.11.6 **Catering**  
Meals, snacks and beverages will be required for patients who are in the unit all day and may be required following a procedure prior to discharge. These may be stored in a dedicated patient fridge situated in the beverage bay.

6.11.7 **Linen**  
Linen for beds, gowns and pillow cases will be required on a daily basis and dirty linen will require collection on a daily basis.

6.11.8 **Domestic Service**  
Refer to the Hospital Cleaning Service Policy. Daily cleaning will be required and the ability for additional cleans following the treatment of a patient with an infectious condition. This will need to be arranged at short notice.

6.11.9 **Maintenance**  
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.

6.11.10 **Security**  
Refer to the Security Policy. The Unit must be secured to prevent unauthorised access whilst ensuring easy exit. Staff access will be gained via swipe cards and proximity readers. Others needing access to the unit will be screened with audiovisual equipment.

6.11.11 **Fire Procedure**  
Refer to the Fire Safety Management Policy

6.11.12 **Waste Management**  
Refer to the Waste Management Policy.

6.11.13 **Waste Procedure**

- All clinical waste will be disposed of in yellow clinical waste bags. These will require incineration.
- All used sharps to be placed in the ‘sharps’ bin.
- Soiled instruments should be returned the HSDU for cleaning and re-sterilisation as per the current working policy available within the department reference.
Non clinical waste to be placed in black rubbish bags.

- The Spillage Protocol will be adhered to regarding disposal of items used for dealing with any spillages.
- Any confidential paperwork for disposal must go in the Hessian type bag identified for shredding material
- Other paper waste relating to non confidential material can go in a black bag or the cardboard paper recycling boxes.

7. CONSULTATION
An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to the clinical management team and capital projects team for comments. The outcome of this consultation has been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS
8.1 Compliance with the requirements of the policy will be monitored by the Clinical Group Director of Operations. Evidence would be that the policy was included in the Quality manual with compliance audited as part of the clinical governance/pathology audit activity including monitoring of mandatory reading forms.

9. TRAINING AND AWARENESS
9.1 The policy will be issued to pathology staff as part of a local induction package and incorporate into the existing quality manual that is mandatory reading for all staff. Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the pathology department and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY
10.1 The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. REVIEW
11.1 This policy will be reviewed in three years time. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY

13. FURTHER ENQUIRIES
13.1 Managers must inform new employees and remind existing employees of the requirements of the detail of this policy.
13.2 Copies of the policy are available on the trust intranet.

13.3 The medical day case team will provide advice and support on the implementation of this policy.
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| Name: G. Seager | Post: Project Director | Signature: |

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### 08 Endoscopy

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Disclaimer

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1.0 Philosophy of Service

This policy details the facilities, which the Sandwell and West Birmingham NHS Trust require for the Endoscopy Unit within the new acute hospital. The functionality of a number of the rooms which are provided should be in line with the standard rooms outlined within the Functional Brief. The facilities provided within the department are required to offer:

- A state of the art range of diagnostic and treatment facilities capable of supporting the full range of patients treated by the clinical services on the hospital site
- Seamless management of the patient journey maintaining the highest levels of patient privacy and dignity
- An environment conducive to the rapid recovery of patients with complex needs
- Improved communication regarding patient interventions
- A facility which has a direct physical link to the Internal Hospital Street Network thus ensuring ease of access from the Emergency, Outpatient and the Inpatient areas.

Patients will attend for expert opinion, diagnosis and treatment with specialist teams. The aim will be that the number of attendances will be minimised, in accordance with individual clinical need, therefore an objective in service delivery will be to ensure that services are available and accessible to facilitate maximum outcomes from each visit. The use of equipment and facilities will be maximised to provide efficient and effective services.

The Trust has identified a number of key strategic design principles, which underpin the content of this and all other policies:

- Establishment of service areas
- Co-location of clinical support services to support individual specialties will only occur if the clinical support room is used by a single speciality and the volume of patients justifies the co-location
- Co-location of functions to support all areas e.g. Emergency, Outpatients; Inpatient areas
- Repeatable design of facilities to ensure maximum flexibility of use.

The Endoscopy service will provide inpatient and outpatient diagnostic and therapeutic services for patients with GI symptoms:

- Upper GI endoscopy
- Colonoscopy
- Sigmoidoscopy
- Endoscopic Ultrasound.

In addition, other non GI endoscopic procedures will also be provided:

- Bronchoscopy
- Cystoscopy.

The overall Endoscopy provision across the Sandwell and West Birmingham area will take place in the following locations:
The Endoscopy Unit will provide cleaning and storage facilities to service the entire acute hospital site (for example theatres, outpatients (ENT scopes), Emergency Department, Imaging Department and the Integrated Critical Care Unit). The scope cleaning service will cater for the acute hospital site only, and is not intended to support the community hospitals. It is anticipated that advances in storage technology, allowing scopes to be stored in controlled environments, will facilitate more efficient and effective access to scopes when required out of hours. This PPDD reflects this model of care.

It is recognised that the models of service delivery adopted will alter over time. It is therefore essential that the facilities provided within the Endoscopy Unit can respond to future changes in the technology surrounding the relevant services within the Unit but also the changes in clinical and service models within the clinical services to which the area provides support.

2.0 Scope of Planning Policy

2.1 Specific Exclusions

In developing the model of care a number of services have been identified as not appropriate for provision within the Unit and have therefore been specifically excluded from development within this specification.

- One-stop clinics – These will take place at the BTC and Sandwell Community Hospital
- Bowel screening - These will take place at the BTC and Sandwell Community Hospital
- Procedures carried out in the Medical Daycase Procedures Unit (PPDD 07), Interventional Radiology (PPDD 11) or Cardiac Imaging & Therapy (PPDD 09) departments specific exclusions include:
  - Breath Tests – Medical Daycase Procedures Unit (PPDD 07)
  - Motility Tests – Medical Daycase Procedures Unit (PPDD 07)
  - Capsule Endoscopy – Medical Daycase Procedures Unit (PPDD 07)
  - Stent insertion (with fluoroscopy) – Interventional Radiology (PPDD 11)
  - Liver biopsy – requires bed or trolley, with up to 6hrs recovery – Medical Daycase Procedures Unit (PPDD 07)
  - Ascetic drainage (paracentesis) – Medical Daycase Procedures Unit (PPDD 07).
- There will be no service for paediatric patients (a limited number of adolescents are treated)
- Liver transplantation. However, there will be patients awaiting/requiring liver transplant who may require endoscopic procedures
- Endoscopic investigations - this take place in the ENT Outpatient Department;
- Nasoendoscopes.

2.2 Activity Figures

Refer to Activity and Capacity Model.
2.3 **Hours of Operation**

The facilities will be planned on the basis of the unit being operational up to 16 sessions per week. The area will require access twenty-four hours a day, seven days a week, and must be capable of receiving patients from the Emergency, Inpatient or Day case areas throughout that time period.

2.4 **Functional Content**

Note: The Endoscopy Unit and Medical Daycase Procedures Unit should be co-located to enable sharing of support areas, for example waiting, recovery and staff support.

The Endoscopy Unit facilities will include the following:

2.4.1 **Endoscopy Patient Areas**

- Reception
- Staff Base
- Patient waiting
- Patient sanitary facilities
- Shower / WC – assisted
- Consulting and examination rooms
- Ensuite WC/Bidet
- Ensuite WC/Bidet/Shower (2)
- Endoscopy room – general
- Endoscopy room – General with isolation lobby
- Shared Second Recovery
- Clean utility
- Dirty utility with Macerator
- Beverage room
- Interview/Counselling room
- Admission Recovery Room (8)
- Admission Recovery Room with Lobby (2).

2.4.2 **Endoscopy Cleaning & Support**

- Endoscopy Decontamination Room
- Dirty Access Room
- Endoscopy Cabinet Store
- Clean Access Room
- Endoscopy clean store
- Chemical Store
- Store – general
- Store – large
- Office
- Domestic services room
- Switchgear.
2.4.3 Facilities shared with and described in Medical Daycase Procedures Unit (PPDD 07)

- Reception
- Main waiting
- Interview counselling
- Stage 2 Recovery (chair) area
- Beverage preparation
- Resource Base.

2.4.4 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to the clinical departments. In the case of Endoscopy the Neighbourhood Hub will provide:

- Facilities management support
- Staff Welfare
- Visitor Welfare.

2.4.5 Administration

The Trust advocates the use of Administration Zones (PPDD 19), which will be co-located with the clinical areas they support.

2.5 Common Planning Policies

This planning policy has been developed to be read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wish to ensure consistency of approach within the facilities and as such:

- Advocate the use of repeatable rooms, as such only bespoke rooms and exceptions will be described in detail within this departmental PPDD
- The Trust propose the use of Neighbourhood Hubs each of which will serve a number of departments and accommodate facilities shared between departments including facilities management.

3.0 Staffing

3.1 Staff Development, Education and Welfare

Staff welfare facilities in the form of separate sex toilets showers and change are provided within the shared Neighbourhood Hub. Secure lockable storage is provided for personal property whilst staff are on duty.

There will be a variety of training taking place within the Endoscopy Unit, requiring a variety of shared and bespoke facilities. Training requirements have been identified and are included in the Table [3.2] below.
Table [3.2] Training facilities required by Endoscopy

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Training type</th>
<th>Facility type</th>
<th>Shared</th>
<th>Bespoke</th>
<th>No of people</th>
<th>Frequency of use</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>Induction</td>
<td>Meeting room</td>
<td>Yes</td>
<td>No</td>
<td>10</td>
<td>Intermittent</td>
</tr>
</tbody>
</table>

4.0 Key Relationships

4.1 Departmental Relationships

The key objective is the provision of an Endoscopy service and therefore the following internal departmental adjacencies will be key:

- The shared reception and main waiting will be at the entrance of the unit
- Patients will access the Endoscopy room directly from the admission / recovery area
- The Endoscopy cleaning rooms and dirty utility will be readily accessible from the Endoscopy rooms
- The interview / counselling room will be directly accessible from the waiting areas without having to first access the Endoscopy areas and stage 2 recovery area
- Stage 2 recovery will be a separate area from Stage 1 recovery / admission / recovery rooms
- WC’s adjacent to the waiting areas
- WC/Bidet ensuite to each admission / recovery area.

The departmental relationships are shown in the diagram [4.1] below:

Diagram [4.1] Key Adjacencies
4.2 Workflow

4.2.1 Patient Flows

Patients will generally be adults, whose medical condition will range from the medically unstable to the fully ambulant. The Trust would wish to ensure that all patients have equity of access and it must be recognised that the local population mirrors that nationally with an increasing proportion of older patients accessing healthcare.

The service model is based upon segregation of activity i.e. planned/unplanned; inpatient/outpatient. The Trust therefore wishes to maintain separate flows for these different patient groups but would not anticipate the provision of dedicated equipment/facilities for any individual cohort. It is anticipated that scheduling will provide a significant contribution to this approach but the design team should minimise the crossover between patient groups.

The model of care indicates that patients accessing the hospital for pre-planned inpatient endoscopy will arrive on the day of treatment/investigation. All such patients will be directed to the single registration area where they will undergo their administrative and clinical registration including any preparation required prior to commencement of their treatment/investigation. If required, transfer to a nursing unit will take place after the procedure/investigation has been completed. It is therefore essential that there is a close relationship between this reception area, the endoscopy rooms and the nursing units.

The design solution must also be sensitive to the differing cultural and religious requirements of the population, especially in terms of maintaining the privacy and dignity of individuals who may be partially clothed awaiting investigation/treatment/results. As a principle, the Trust does not wish patients who have changed or partially changed to share waiting facilities with those who have not.

It is not anticipated that relatives or carers will have regular access to this unit. However there will be exceptional circumstances when access will be required for other relatives or carers. In such cases, access must be controllable whilst ensuring individuals are welcomed.

Typical patient flows are indicated in diagram [4.2.1].
Diagram [4.2.1] Patient flows
Patient arrives at Endoscopy reception desk and the patients details are checked by reception staff.

Patients without a known or suspected communicable disease are requested to wait in the waiting area.

Patients with known or suspected communicable diseases taken immediately to lobbied admission/recovery room. Patients with suspected TB wear a mask when moving through department.

Patient taken to multi-purpose admission recovery room.

Admission process and consent taken.

Unchanged patients with known or suspected communicable diseases remain in allocated room.

Unchanged patients wait in admission/recovery room.

Colonscopy
Patients change into gown and wait in allocated room

Colonscopy
Patients change into gown and wait in allocated room

Clothes placed into a secure locker

Endoscopic Procedure

Recover in multi-purpose admission/recovery room close to toilet facilities

Shower

Discharge

<table>
<thead>
<tr>
<th>Health Quality Service reference:</th>
<th>Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Issue No.</th>
<th>Implementation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Feb 2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Version No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.0</td>
</tr>
</tbody>
</table>
4.2.2 Staff Flows

In the main, staff will be based in the Endoscopy Unit. Typical staff flows are shown in diagram [4.2.2].

Diagram [4.2.2] Staff flows

4.2.3 Goods Flows

It is preferred that goods flows are kept as separate as possible from patient flows, by use of a service corridor. The services within the department will draw on the Hospital for various supporting services including domestic, and portering services, plus supplies and waste disposal (reference should also be made to PPDD 24). Provision should enable the clinical staff to access support facilities without leaving the clinical areas. Typical goods flows are shown in diagram [4.2.3].
4.3 **Interdepartmental Relationships**

The department should be provided with linkages to the internal hospital street network, to ensure rapid and appropriate access, with no requirement for external transport or movement within the new Hospital.

- Medical Daycase Procedures Unit (MDPU) (PPDD 07). The Endoscopy Unit and MDPU should be co-located to enable sharing of support areas, for example waiting, 2nd stage recovery and staff support.
- The Medical Daycase Procedures Unit (PPDD 07) will share the reception area with endoscopy.
- The Emergency Department. A significant number of referrals for Endoscopy will be from the Emergency Department. Therefore ease of access will be required at all times of every day.
- A significant proportion of the patients referred to the unit will be referred from the Inpatient areas and therefore rapid access for endoscopic emergencies to the ward areas is essential.
- The endoscope cleaning and storage area must be accessible from other areas in the hospital, such as outpatients and theatres.
- Theatres – transfer of emergency cases.

---

**Diagram [4.2.3] Goods flows**

- Shared Neighbourhood Hub
- Goods Flows
- Clean Utility
- Domestic Services Room
- Store - General
- Store - Large
- Switchgear
- Consulting Examination Room
- Endoscopy Cabins
- Endoscopy Rooms
- Chemical Store
- Endoscopy Clean Store
- Clean Access Room
- Shared Resource Base
- Isolation Lobby
- Shared 2nd Recovery
- Shower /WC  - Assisted
- Staff Base
- Admission/ Recovery
- Patient Sanitary Facilities
- Ensuite WC/ Bidet
- Beverage Room
- Office - Departmental Manager
- Clean Access Room
- Isolation Lobby
- Shared 2nd Recovery
- Shower /WC-Assisted
- Staff Base
- Admission/ Recovery
- Patient Sanitary Facilities
- Ensuite WC/Bidet
- Beverage Room
- Office - Departmental Manager
- Clean Access Room
- Isolation Lobby
- Shared 2nd Recovery
- Shower /WC-Assisted
- Staff Base
- Admission/ Recovery
- Patient Sanitary Facilities
- Ensuite WC/Bidet
- Beverage Room
- Office - Departmental Manager
- Clean Access Room
- Isolation Lobby
- Shared 2nd Recovery
- Shower /WC-Assisted
- Staff Base
- Admission/ Recovery
- Patient Sanitary Facilities
- Ensuite WC/Bidet
- Beverage Room
- Office - Departmental Manager
- Clean Access Room
- Isolation Lobby
- Shared 2nd Recovery
- Shower /WC-Assisted
- Staff Base
- Admission/ Recovery
- Patient Sanitary Facilities
- Ensuite WC/Bidet
- Beverage Room
- Office - Departmental Manager
- Clean Access Room
- Isolation Lobby
- Shared 2nd Recovery
- Shower /WC-Assisted
- Staff Base
- Admission/ Recovery
- Patient Sanitary Facilities
- Ensuite WC/Bidet
- Beverage Room
- Office - Departmental Manager
- Clean Access Room
- Isolation Lobby
- Shared 2nd Recovery
- Shower /WC-Assisted
- Staff Base
- Admission/ Recovery
- Patient Sanitary Facilities
- Ensuite WC/Bidet
- Beverage Room
- Office - Departmental Manager
- Clean Access Room
- Isolation Lobby
- Shared 2nd Recovery
- Shower /WC-Assisted
- Staff Base
- Admission/ Recovery
- Patient Sanitary Facilities
- Ensuite WC/Bidet
- Beverage Room
- Office - Departmental Manager
- Clean Access Room
- Isolation Lobby
- Shared 2nd Recovery
- Shower /WC-Assisted
- Staff Base
- Admission/ Recovery
- Patient Sanitary Facilities
- Ensuite WC/Bidet
- Beverage Room
- Office - Departmental Manager
- Clean Access Room
- Isolation Lobby
- Shared 2nd Recovery
- Shower /WC-Assisted
- Staff Base
- Admission/ Recovery
- Patient Sanitary Facilities
- Ensuite WC/Bidet
- Beverage Room
- Office - Departmental Manager
- Clean Access Room
- Isolation Lobby
- Shared 2nd Recovery
- Shower /WC-Assisted
- Staff Base
- Admission/ Recovery
- Patient Sanitary Facilities
- Ensuite WC/Bidet
- Beverage Room
- Office - Departmental Manager
- Clean Access Room
- Isolation Lobby
- Shared 2nd Recovery
- Shower /WC-Assisted
- Staff Base
- Admission/ Recovery
- Patient Sanitary Facilities
- Ensuite WC/Bidet
- Bevera...
The relationships above have been summarised in the Table [4.3] below:

**Table [4.3] Interdepartmental relationships:**

<table>
<thead>
<tr>
<th>Close to</th>
<th>PPDD</th>
<th>Reasons</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Daycase Procedures Unit</td>
<td>PPDD 07</td>
<td>Waiting, 2nd stage recovery and shared staff support facilities</td>
<td>Essential</td>
</tr>
<tr>
<td>Interventional Radiology</td>
<td>PPDD 11</td>
<td>Waiting, 2nd stage recovery and shared staff support facilities</td>
<td>Essential</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>PPDD 01</td>
<td>Patient transfer</td>
<td>Desirable</td>
</tr>
<tr>
<td>Inpatient GI Wards</td>
<td>PPDD 02</td>
<td>Patient transfer</td>
<td>Important</td>
</tr>
<tr>
<td>Theatres</td>
<td>PPDD 06</td>
<td>Patient transfer</td>
<td>Important</td>
</tr>
</tbody>
</table>

### 5.0 Planning and Design Principles

The key design consideration is balancing the need for an appropriate patient flow with easy access, with the optimum sharing of support facilities of adjacent departments.

#### 5.1 Ambience and Decoration

The unit must be designed to meet the needs of the patients, staff and relatives, providing ease of access and an environment that enhances the reduction of anxiety and supports patient dignity. Design should balance the need for a substantial level of high tech equipment in the clinical areas with the need for a non-institutional environment in the support areas.

The facility is to be family-friendly and non-institutional with particular emphasis on the use of colour, art, contrast and texture to provide a stimulating, non-threatening environment for all patients regardless of ability or impairment.

Although intensive clinical care will be delivered in this unit, from a patient perspective an environment which appears as non clinical as possible is desired with a pleasant outlook and it is important that an attractive and stimulating environment is provided. In particular, the route for patient journeys to and from theatres must be given consideration.

The Trust would wish to utilise contrasting floor and door colours to help demarcate areas of “high sterility” for example individual bed bays or isolation rooms.
5.2 **Wayfinding**

Signage in the unit should clearly demarcate clinical and non-clinical areas and indicate the direction of the different patient access areas. Due consideration will be given to wayfinding as described in the Functional Brief.

5.3 **Security and Observation**

The department must be secured by an access control system to prevent unauthorised access whilst ensuring easy exit. Staff access will be gained via swipe cards and proximity readers. Others needing access to the unit will be screened with audiovisual equipment.

Access to the endoscope overnight storage and cleaning facilities area(s) needs to be controlled by an access control system.

Endoscope storage cupboards must be secure.

The Trust’s Requirements in respect Patient/Staff call systems is set out within the Functional Brief.

The Trust’s Requirements in respect of the communications and network structure to support the security system is set out within Functional Brief Section [6.6]

5.4 **Control of Infection**

The approach to control of infection within the unit can be referenced within the Functional Brief.

5.5 **Manual Handling**

The approach to Manual Handling can be referenced in the Functional Brief.

A tracked hoist system is required in an admission/recovery room to support safe lifting and handling in respect of bariatric patients up to 47 stone as described within the Functional Brief.

5.6 **Fire & Safety**

5.6.1 **Fire**

Precautions against fire will be taken, by staff working within the area. The Trust’s *Fire Safety Management Policy* will be adhered to and can be referenced within the Functional Brief.

5.6.2 **Safety**

Design features that contribute to safety include hand washing facilities, finishes and furniture, storage of chemicals.
5.6.3 Radiological Protection

One Endoscopy room should be lead lined for screening purposes.

5.7 Privacy and Dignity

The design should provide an environment, which respects the needs of all patients in terms of privacy and dignity as well as facilitating the delivery of good clinical practice and care.

5.8 Environmental Parameters

The design shall ensure that temperature and humidity control are in accordance with *HBN 52 Accommodation for Daycare Vol 2 Endoscopy Unit*.

Generally, all public areas and areas not occupied by patients will be controlled by a Building Management System (BMS) to the requirements of *HTM 03-01 Specialist Ventilation for Healthcare Premises: Part A Design & Validation*.

Endoscopy rooms (to keep patients warm when undressed) and endoscope cleaning (to keep staff cool when dressed in sterilising gear) should have adjustable temperature.

5.9 Natural Light & Ventilation

5.9.1 Natural Light

The Design Brief developed by the Trust advocates the use of natural light. The Functional Brief Section [5.9] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke natural light requirements within the Endoscopy Suite.

**Table [5.9.1] Natural Light Matrix**

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Essential</th>
<th>Desirable or None</th>
<th>External Wall</th>
<th>Atrium light</th>
<th>borrowed light / Tube Light</th>
<th>Roof Light</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1 Recovery</td>
<td>Essential</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Endoscopy Room - General</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Endoscope cleaning</td>
<td>Desirable</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Endoscope store</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>
5.9.2 Ventilation

The Design Brief developed by the Trust advocates the use of natural ventilation. The Functional Brief Section [5.10] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke environmental criteria within the Endoscopy Suite.

Table [5.9.2] Environmental Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Temperature</th>
<th>ac/hr</th>
<th>Pressure &amp; filtration</th>
<th>Notes in respect of permissible derogations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endoscopy Room – General</td>
<td>18</td>
<td>28</td>
<td>15</td>
<td>+ve F7 ii</td>
</tr>
<tr>
<td>Endoscopy Room General with isolation lobby</td>
<td>18</td>
<td>28</td>
<td>15</td>
<td>PPVL H12 ii</td>
</tr>
<tr>
<td>Endoscope cleaning Room</td>
<td>18</td>
<td>28</td>
<td>15</td>
<td>-ve F7 i</td>
</tr>
<tr>
<td>Endoscopy clean store</td>
<td>18</td>
<td>28</td>
<td>10</td>
<td>+ve F7 i</td>
</tr>
</tbody>
</table>

Refer to Functional Brief Table 12 for environmental notes and control criteria.

5.9.3 Acoustic Criteria

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief Section 5.8 sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke acoustic criteria within the Endoscopy Suite.

Table [5.9.3] Acoustic Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Rating to be achieved Functional Brief Table 5.8.A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1 Recovery</td>
<td>C</td>
</tr>
<tr>
<td>Endoscopy Room - All</td>
<td>B</td>
</tr>
<tr>
<td>Endoscope cleaning</td>
<td>D</td>
</tr>
<tr>
<td>Endoscope store</td>
<td>E</td>
</tr>
</tbody>
</table>
5.9.4 Medical Gas and Power Supply Requirements

The Design Brief developed by the Trust, sets out the Repeatable “bed head” service requirements, the table below sets out the bespoke requirements.

**Table [5.9.4]** Medical Gas and Power supply requirements

<table>
<thead>
<tr>
<th>Room Type</th>
<th>O₂</th>
<th>N₂O</th>
<th>N₂O/O₂</th>
<th>MA₄</th>
<th>SAT</th>
<th>VAC</th>
<th>AGS</th>
<th>H₂O₂</th>
<th>AVSU</th>
<th>Alarm</th>
<th>IPS</th>
<th>UPS</th>
<th>No. of Twin Sockets</th>
<th>Clinical Risk Category</th>
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<tbody>
<tr>
<td><strong>Endoscopy rooms</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Rooms</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>-</td>
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<td>-</td>
<td>1set</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>9</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Support</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Room (all types)</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1set</td>
<td></td>
<td>N</td>
<td>N</td>
<td>6</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

5.10 Flexibility

The accommodation must enable flexible use and allow for changes in medical, diagnostic and therapy needs of patients; changes in models of care and or service delivery.

5.11 IM & T

Details of the active components associated with IM&T can be found in Schedule 8 part 3 with additional reference in the Functional Brief Section [6.6]. It is assumed that all patient records will be electronic and note entry and note review will take place within the clinical rooms.

There should be an uninterruptible power supply to ensure computers and image capture systems do not go down with loss of data.

There should be telemedicine links with education facilities to allow endoscopic images/procedures to be relayed to the Education Centre for the purposes of training and delivery of live demonstrations.

5.12 External Space and Courtyards

Access to outside spaces (balconies, courtyards, gardens etc.) is desirable but not essential for staff and carers/relatives.
6.0 Equipment

The ADB component Sheets set out the draft equipment list for the Endoscopy Unit in accord with the Equipment Strategy contained within Schedule 13.

7.0 Proposed Accommodation

In developing proposals for the energy centre and associated ancillary facilities reference must be made to HBN 52 Accommodation for Daycare Vol 2 Endoscopy Unit and The Global Rating Scale for Endoscopy.

The schedule of accommodation has assumed a level of sharing based upon certain adjacencies stated. Should the design team not achieve the appropriate adjacencies it may be necessary to review the Schedule to ensure that full functionality is delivered.

The rooms described below are solely in respect of bespoke rooms or repeatable rooms which require modification.

For repeatable rooms refer to the Functional Brief.

7.1 Endoscopy: Patient Areas

7.1.1 Shared Reception

A repeatable reception is required details of the functionality required can be referenced within the Functional Brief Table [24].

7.1.2 Staff Base

A repeatable 2 place staff base with a resuscitation trolley is required in line with the Functional Brief Table [24].

7.1.3 Shared Waiting Area

A repeatable waiting area is required to accommodate up to 20 people, details of the functionality required can be referenced within the Functional Brief Section [7.9].

7.1.4 Patient Sanitary Facilities

A pair of repeatable OSFA is required to serve the waiting areas as set out in the Functional Brief Table [24].

7.1.5 Shower/WC – Fully Assisted

A repeatable fully assisted shower / toilet required. The functionality for which can be referenced within the Functional Brief Table [24].
An increased area has been included for the en suite to the bariatric room details of which should be as the exemplar shower / fully assisted toilet set out in the Functional Brief Table [24] with all fixtures and fittings accommodating patients of 47 stone.

7.1.6 Consult/Examination Room

A repeatable consult/examination room is required. The functionality for which can be referenced within the Functional Brief Table [24].

7.1.7 Ensuite WC/Bidet

For each admission/recovery room repeatable en-suite WC, WHB and bidet facilities are required. Two of these rooms are to include a shower.

The en-suite to the admission/recovery room accessible for bariatric patients should be as the exemplar OSFA toilet set out in the Functional Brief Table [24] with all fixtures and fittings accommodating patients of 47 stone.

7.1.8 Endoscopy Room - General

An Endoscopy room is required.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.1.9 Endoscopy Room – General with Isolation Lobby

An Endoscopy Room as in 7.1.8 above but incorporating a repeatable isolation lobby as Functional Brief Table [24].

7.1.10 Shared second stage Recovery

A repeatable room required for dressed post procedure patients.

7.1.11 Clean Utility

A repeatable clean utility is required as set out in the Functional Brief Table [24].

7.1.12 Dirty Utility with Macerator

A repeatable dirty utility with macerator should be provided where items of equipment may be cleaned, for the disposal of liquid and solid waste and for temporarily holding materials to be reprocessed and for disposal, as set out in the Functional Brief Table [24].
7.1.15 Beverage Room

A repeatable beverage room is required with adjacency to the Recovery Area. The functionality for which can be referenced within PPDD 02 section [7.3.1].

7.1.16 Interview/Counselling Room

A repeatable Interview /Counselling room is required as set out in the Functional Brief Table [24].

7.1.17 Admission/Recovery Room

Eight admission/recovery rooms are to be provided where patients will be prepared for and recovered from their endoscopy procedure. These rooms should allow monitoring from the adjacent nurse station whilst ensuring privacy can be maintained.

7.1.18 Admission/Recovery Room with Isolation Lobby

Two admission /recovery rooms are to be provided with the addition of an isolation lobby where patients will be prepared for and recovered from their endoscopy procedure. These rooms should allow monitoring from the adjacent nurse station whilst ensuring privacy can be maintained.

### 7.2 Endoscopy: Cleaning & Support

The scope cleaning and storage facilities will provide a service to the entire acute hospital site. Advances in storage technology are expected to allow scopes to be kept in a controlled environment for ease of access out of hours.

7.2.1 Endoscopy Decontamination Room

A bespoke room required for washing and processing scopes.

7.2.2 Endoscopy Clean Store

A bespoke store is required, accessed directly from the cleaning area in which processed scopes and equipment can be stored.

7.2.3 Dirty Access

A bespoke area required with access for used scopes to be stored.

7.2.4 Clean Access Room

A bespoke room is required where clean scopes are stored to await collection i.e. vacuum packed scopes.
7.2.5 Endoscopy Cabinet Storage

A bespoke area required with access to recover and store clean scopes inside scope cabinets.

7.2.6 Store - Chemical

A small chemical store should be provided as set out in the Functional Brief Table [24].

7.2.7 Store - Small

A repeatable equipment store should be provided for the storage of consumables.

7.2.8 Store - Large

This repeatable large store is required as set out in the Functional Brief Table [24] for clinical equipment.

7.2.9 Office

A repeatable single person office is required as set out in the Functional Brief Table [24].

7.2.10 Domestic Services Room

A repeatable Domestic Services room is required to serve Endoscopy as set out in the Functional Brief Table [24].

7.2.11 Switchgear

A repeatable switchgear room is required to serve Endoscopy, as set out in the Functional Brief Table [24].

7.3 Facilities shared with Medical Daycase Procedures Unit

Facilities shared with and described in Medical Daycase Procedures Unit (PPDD 07)

- Reception
- Waiting
- Interview / Counselling
- Stage 2 Recovery
- Beverage bay
- Resource Base.

7.4 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to the clinical departments. In the case of Endoscopy:

<table>
<thead>
<tr>
<th>08 Endoscopy</th>
<th>Code:</th>
<th>Issue No.</th>
<th>1</th>
</tr>
</thead>
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<tr>
<td>Health Quality Service reference: 0.0</td>
<td>Page 23 of 24</td>
<td>Version No.</td>
<td>10.0</td>
</tr>
<tr>
<td>Implementation Date: Feb 2014</td>
<td></td>
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</tbody>
</table>
7.5 **Shared use of an Administration Zone**

Endoscopy will make use of an Administration Zone.

The functional requirements are fully described within PPDD 19 Administration and are summarised below:

- Reprographics
- Social area
- Beverage bay
- Office – open plan
- Store – small
- Library
- Quiet rooms (for breakout)
- Seminar room
- Domestic services room
- Switchgear room
- Sterile supplies store.

8.0 **Schedule of Accommodation**

The Schedule of Accommodation has been developed for the totality of the scheme as a series of tables. This schedule is appended to Schedule 8 part 3.

9.0 **Glossary and Definitions**

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
MIDLAND METROPOLITAN HOSPITAL
ENDOSCOPY UNIT
OPERATIONAL POLICY

KEY POINTS

1. Outline the purpose and function of the clinical services/specialities provided in the Endoscopy Unit

2. To comply with Choice Framework – Policies and Procedure 01-06 and any subsequent policies to ensure best practices are met.

3. Ensure that all hospital staff using the facility understand the philosophy of the service and work as a team providing care to patients.

4. Describe the patient flow through the Endoscopy Unit.

5. Outline legislative and mandatory requirements for the delivery of services.

6. Describe the purpose and function of the accommodation required.

7. This policy applies to all Trust staff in all locations including temporary employees, locums, agency staff, contractors and visiting clinicians.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
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4. Policy Development Principles 9
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APPENDICES

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1. INTRODUCTION

1.1 The Endoscopy service will provide inpatient and outpatient diagnostic and therapeutic services for patients with GI symptoms:

- Upper GI endoscopy
- Colonoscopy
- Sigmoidoscopy
- Endoscopic procedures, for example percutaneous gastrostomy
- Endoscopic Ultrasound
- ERCP (Endoscopic Retrograde Cholangio Pancreatography)

1.2 In addition, other none GI endoscopic procedures will also be provided:

- Bronchoscopy
- Urology
- ENT

1.3 The Endoscopy service provides for ambulatory, inpatients, elective and emergencies, therefore the Unit require 24 hour access for the “on call “clinical staff. This will be accessed following contact with security.

1.4 It is recognised that the models of service delivery adopted will alter over time. It is therefore essential that the Endoscopy service can respond to future changes.

2 OTHER POLICIES TO WHICH THIS POLICY RELATES

- Antibiotic Prophylaxis in Gastrointestinal Endoscopy SWBH
- Decontamination
- Decontamination of Medical Devices
- Gastrointestinal Endoscopy by Non-Medical Personnel (Gastro 020) Mar13
- Glove Policy (ORG 107) SWBH
- Healthcare Waste and Sharps Management Policy (ORG 038) Jan13
- Infection Control Policy (CO1001) (SWBH)
- Infection Control Decontamination of Endoscopes (COI 030) Oct12
- Infection Control Decontamination-Equipment (COI/ 029) Feb13
- Interpreting Services (ORG076)
- Medical Devices management Policy (ORG 065) Oct12
- Privacy and Dignity and Respect Policy (Pt Care 060)
- Safe Surgery (WHO Checklist) Endoscopy Safety Checklist

3 GLOSSARY AND DEFINITIONS

3.1 Cannula
A small flexible tube inserted into a body cavity for draining off fluid or introducing medication

3.2 Endoscope/scope
Is a flexible tube which is inserted inside the body and can transmit images onto a monitor. The endoscope can be used to make diagnoses, perform biopsies and therapeutic procedures

3.3 Decontamination
Decontamination is the term given to a combination of processes that include:-
3.5 Tracking and Traceability
Is a system by which there is a clear process in place for tracking and tracing equipment and decontamination processes.

Within the context of the department all staff are allocated a unique number which allows staff to operate the equipment.

A unique number will also be allocated to each scope to ensure that the process can be validated and in the unlikely event that a scope needs to be traced following patient use an audit trail is available from point of cleaning to use.

3.6 Reverse Osmosis (RO)
Reverse Osmosis is a system designed to deliver bacteria free water to the endoscope washer disinfectors (EWDs)

3.7 Airborne Precautions
Infection control measures required to prevent the transmission of potentially pathogenic microorganisms by dissemination of droplet nuclei or dust particles carried in the air. The microorganisms may be dispersed widely. Appropriate air handling and ventilation is required to prevent airborne transmission.

3.8 Blood Precaution
Infection control measures required to prevent the transmission of potentially pathogenic microorganisms transmitted by inoculation. The giving of injections and the taking of blood specimens should only be undertaken by staff that have been trained and are competent.

3.9 Contact Precaution
Infection control measures required to prevent the transmission of potentially pathogenic microorganisms transmitted by person-to-person contact or indirect contact via a contaminated object. This is the most frequent mode of infection transmission.

3.10 Enteric Precautions
Infection control measures required to prevent the transmission of potentially pathogenic microorganisms transmitted by the faecal oral route this may be direct person-to-person contact or indirect contact via a contaminated surfaces/equipment.

3.11 Immuno-suppressed
Impairment of the immune response rendering the Host particularly susceptible to infection.

3.12 Protective Isolation
This term is used for patients who because of their disease or treatment are highly susceptible to infection and need protection from the risks of cross infection (This also includes all children under one year).

3.13 Source Isolation
Describes the procedure required for protection from infectious agents for which the route of transmission is often direct contact, air, dust, excretions and secretions.
3.14 Strict Isolation
This term is used to describe isolation procedures required for highly transmissible, dangerous infections.
In the event of a patient being admitted who fits into this category arrangements will be made to transfer them to a designated isolation unit as determined by Infection Control.

3.15 Fit Testing
Fit testing is the practice undertaken to ensure that a suitable protective mask worn by an individual meets validated standards for an effective contact between the wearer's skin and the face seal of the mask.

3.16 Infection
For the purpose of these guidelines the term infection relates to 'communicable infections'

3.17 Risk Assessment
Involves examining the level of risk posed by a hazard, consideration of those in danger and evaluating whether hazards are adequately controlled, taking into account any measures already in place.
Risk Assessment involves two distinct stages:
- Analysing risk, e.g. in terms of consequences and likelihood
- Evaluating risk in order to set priorities

4. POLICY DEVELOPMENT PRINCIPLES

4.1 This policy is designed to assist all healthcare professional involved in the care of patients requiring endoscopy procedures to include the care and management of patients with known or suspected communicable infections.

4.2 Outline the purpose and function of the clinical services/specialities provided in the Endoscopy Unit.

4.3 To comply with Choice Framework – Policies and Procedure 01-06 and any subsequent policies to ensure best practices are met.

4.4 Ensure that all hospital staff using the facility understand the philosophy of the service and work as a team providing care to patients.

4.5 Describe the patient pathway through the Endoscopy Unit.

4.6 Outline legislative and mandatory requirements for the delivery of services.

4.7 Describe the purpose and function of the accommodation required.

5. ROLES AND RESPONSIBILITIES

All staff involved in providing care or services to patients attending the endoscopy unit work cohesively to support the implementation of this policy. This includes ensuring that all interactions occur in a timely and seamless manner so that the patient has a positive experience and flows through the service as efficiently as possible.

The endoscopy nursing and support staff have access to appropriate training in endoscopy related competency frameworks. The workforce is subject to regular review in order to assess skill mix and employment work-streams.
The unit is staffed by experienced endoscopists and nurses. The allocation of nursing staff is the responsibility of the Sister or Senior Staff Nurse of the Endoscopy Unit.

5.1 Unit Manager
The unit manager will have specific responsibility for the nursing and administrative team.

5.2 Consultant Specialists
Specialist Consultant Physicians and Surgeons will have overall responsibility for the care of patients attending the endoscopy unit for investigations and treatment. The consultant or one of their designated doctors or nurse endoscopists will perform the endoscopy procedure.

5.3 Senior Medical Staff
Senior doctors who specialise in gastrointestinal and respiratory conditions and who undergo specialist training to enable them to carry out a wide range of endoscopic procedures, will carry out tests and treatment on behalf of the Consultants who hold overall responsibility for individual patient care.

5.4 Junior Doctors and Medical Students
Junior doctors and medical students may be present in the endoscopy unit and will work under the supervision of senior medical staff. This may include assisting with procedures, history taking etc.

5.5 Senior Nurse/Matron
Overall professional guidance and supervision for the nursing service within the endoscopy unit will be managed by the senior nurse/matron and is responsible for the day to day management of the units, services provided and clinical care, acting as expert, leader, assessor and mentor.

5.6 Nurse Consultant Endoscopist/Nurse Endoscopists
The nurse endoscopists will have undertaken specialist extended training and are able to carry out defined endoscopy procedures.

5.7 Lead Nurse
The lead nurse is responsible for the day to day management of the unit, services provided and clinical care, acting as expert, leader, assessor and mentor.

5.8 Nursing
The Specialist nurses are registered with the Nursing and Midwifery Council (NMC) and abide by the NMC professional code of conduct. They have considerable experience in the area of endoscopy and within their expanded role run clinics and perform procedures in other hospitals. They contribute greatly to the provision of the service in this area.

The Nursing team resource the process from beginning to end ensuring that there is a continuity of care, safety and efficiency. All staff working within the unit receive “in-house specialist training” and attend regular study days and courses to update their practice.

As endoscopy is an invasive procedure nurses who assist must be properly trained in the use of scopes, the administration of the drugs used and the management of the patient both normally and in an emergency situation. Senior staff should hold a current Immediate Life Support certificate.

Nursing staff are responsible for ensuring that all necessary equipment and ancillary equipment is ready and in working order for the endoscopy session.

A model of nursing to provide appropriate skills for each area will be adopted. The Nursing team will be led by a dedicated Specialist Nurse; staff will rotate between relevant units to ensure that competent nursing cover is available throughout shifts and to ensure ongoing increase of skills.
5.9 Health Care Assistants
Working under the direction of the qualified nurses they provide basic care to patients, undertake chaperone duties and are trained to carry out expanded roles such as decontamination of endoscopes and the taking of biopsies.

5.10 Clerical Staff
Working within the unit they provide the reception and administrative clerical duties to complete the smooth running of the endoscopy unit.

5.11 Decontamination/Endoscopy Technicians
Responsible for cleaning and disinfecting endoscopes, daily and weekly checks on EWDs

5.12 Microbiologists
Responsible for interpretation of microbiological total viable count (TVC) of water samples and organisms detected and advising in line with the ‘Failed Water Action Plan’

5.13 Infection Prevention and Control Team/Decontamination Manager
Is responsible for giving clinical advice as appropriate, and for advising on the decontamination of equipment and the environment

5.14 Sandwell and West Birmingham NHS Trust Contracts Manager for Sterile Supplies

5.15 Estates
All equipment e.g. beds, portable fans following service maintenance/repair should be decontaminated and identified as such prior to issuing to the unit.

5.17 Medical Engineering
Have the responsibility for carrying out or organising all maintenance, servicing, testing and validation of decontamination equipment owned by the trust.

Provide some training sessions for professional users as identified via the training Needs Analysis and matrix this includes training at induction of newly appointed staff and refresher training at prescribed intervals for existing staff.

All medical device equipment following service/maintenance/repair needs to be decontaminated and should be identified as such prior to issuing to the unit.

6. SERVICE DESCRIPTION/SCHEDULE OF ACCOMODATION

The Endoscopy Unit is located on the 1st floor

6.1 Hours of Service
The facilities will be planned on the basis of the unit being operational up to 16 sessions per week. 08.00 hours to 20.00 hours Monday to Friday and Saturday morning.

An on-call rota will operate to provide emergency service outside of these hours.

The area will require access twenty-four hours a day, seven days a week, and must be capable of receiving patients from the emergency, inpatient or day case areas throughout that time period. This will be available through secure access opened by appropriate systems.

6.2 Patient Flow
The Unit uses pooled lists whereby patients are triaged on to the most appropriate and timely endoscopy lists. This achieves equity in waiting times and throughput of patients together with a
direct access to service from General Practitioners

The service will aim to provide a segregation of activity according planned/unplanned and inpatient/outpatient activity. This will primarily be achieved through scheduling.

There will be comprehensive separation between pre and post procedure patients, including in – patients. Design should ensure that patients dressed in gowns do not have to walk through opposite sex areas, for instance to access toilet facilities, endoscopy rooms.

Referral Processes
6.2.1 Inpatient/Community Hospital Referral
The referral is completed by the parent team. The referral is then sent directly to the Endoscopy Unit team where the next available appointment is given.

6.2.2 Direct Access
GP refers patient on the appropriate Trust proforma for Endoscopy:
- 2 week fast tracks have allocated slots on each list.
- Urgent patients also have allocated slots on each list.
- All other patients referred are allocated slots as indicated on the proforma sheet.

6.2.3 Emergency in hours:
The Endoscopist on call arranges a suitable time with the endoscopy staff to perform the procedure as soon as possible i.e. during current endoscopy list or as soon as equipment and staff available.

6.2.4 Emergency out of hours:
The Unit covers an on call emergency staff rota to cover all out of hour’s endoscopy emergencies. This comprises of a consultant on call and two endoscopy nurses from 18.30 – 08.00 weekdays and weekends/bank holidays 365 days a year.

6.3 Arrival at the Endoscopy Unit
Patients will be asked to arrive at allocated times for both the morning and afternoon endoscopy sessions. Control of the arrival time will avoid long waiting periods and ensure a better flow through the Unit

Patients will report to the reception in the hub. The patient will then be directed to the endoscopy unit staff base who will then initiate the admission/assessment process using the multi-purpose admission rooms if an intervention is required at this stage.

Inpatients will be taken directly to the clinical area within endoscopy unit. Nursing staff from the ward will inform endoscopy staff of the patient’s arrival.

The patients’ identity will be checked by reception / Nursing staff by viewing of letter or identification wrist band for inpatients. Nursing staff will check that clinical records are available. If notes are not available the nursing staff will inform the clinician conducting the procedure before the procedure commences.

OR

Patients with communicable diseases or patients attending for bronchoscopy where TB is suspected will report to the reception and have their details checked. They will immediately be escorted to one of the multi-purpose admission/recovery rooms with isolation lobby.

This room will be exclusively for this patients use throughout their stay. Patients with suspected TB will be required to wear a surgical mask when moving through the unit but will be managed in the lobbied room.
6.3.1 Outpatient Admission Procedure

Each patient is allocated a hospital number prior to arrival and a correctly labelled folder with a full set of admission forms. The admission nurse will complete these with the patient as well as reviewing the completed health questionnaire which the patient brings with them. Basic observations are carried out by the nurse and a blood sugar level recorded for Diabetic patients. Every patient is given an identification wristband. The nurse should also discuss sedation with the patient allowing them to make an informed decision.

As endoscopy is an invasive procedure the patient is required to give express written consent. The patient has the right to be given sufficient information to allow an informed decision to be made. This should include enough information to ensure they understand the nature, consequences and any substantial risks of the proposed procedure and what if any alternatives are available. The patient has the right to withdraw consent at any time, and in this case the hospital protocol should be followed. If a patient requires sedation prior to the procedure being carried out a cannula is inserted by an appropriately trained person and secured safely.

The receptionist will check that transport will be available to take the patient home at the appropriate time.

6.3.2 Clinical Preparation for Admission

Nursing staff are responsible for ensuring that all necessary equipment and ancillary equipment is ready and in working order for the endoscopy session. Allocation of staff is the responsibility of the Sister or Senior Staff Nurse of the Endoscopy Unit.

In-patient wards must also be informed of any necessary preparation for the patients attending the Endoscopy Unit.

Admission Checking - When admitted the staff will do the following checks:

- Check the patient’s identity (this will be the second check as reception/ Nursing staff at base will conduct the first check)
- Complete the pre-procedure check list
- Check that the appropriate consent form has been signed
- Carry out all routine procedures for the preparation of the patient for the endoscopy procedure
- Ensure all discharge procedures and patient follow-ups are arranged
- Written information is given to the patient
- All patients to be discharged by a qualified nurse, allowing time for questioning by the patient and carer as any concerns related to the procedure outcome
- Transport - It is expected that patients will arrange their own transport to and from the Endoscopy Unit e.g. private car or taxi. Those having sedation must be accompanied.

6.3.3 Record Keeping

Documentation is designed to provide a quick and accurate method of recording a patient’s care whilst in the unit. This should include patient details, a health questionnaire, a pre-procedure record, a procedure record, a recovery record and discharge details.

6.3.4 Relatives and Escorts

Relatives or escorts must be available to take patients home unless the type of procedure enables total independence for discharge. Relatives/escorts should not normally be allowed into the clinical area, however escorts accompanying patients with special needs should be allowed to stay with the patient and most are in a position to act as patient advocate.

6.3.5 Patient Experience during Procedure:

Patients are given a realistic expectation of discomfort and pain prior to the procedure.
Endoscopy nurses are trained in recognising and helping control patient anxiety during endoscopic procedures.

The annual patient survey will assess patient comfort and report its findings to the Endoscopy Management Team for action. Additional quarterly comfort surveys will also assess comfort and individual anonymised data will be reported. Nursing documentation includes pain scores and assessment of comfort before, during and after endoscopic procedures. The pain scores are reported and presented at the Endoscopy Management Team and appropriate action taken.

Individual endoscopists scores will be reported and if problems are identified the Endoscopy Lead Clinician will monitor individual performance.

If individual performance is not improved after a three month review the Endoscopy Lead Clinician will request the Trust Clinical Governance and Clinical Risk Group to review the individual’s performance with regards to safe sedation techniques.

Patient complaints are processed in accordance with the Trust policy and guidance for documentation and writing statements.

6.3.6 Discharge Procedure

The minimum criteria for safe patient discharge has been formalised by the Royal College of Surgeons of England (1993). These are: stable vital signs, ability to leave the unit as the patient entered, toleration of oral fluids, ability to void urine, minimal nausea, adequate analgesia and appropriate aftercare. Post procedural advice is given to the patients and/or the escort, and a written report of the findings to be delivered to the GP. Information as to how and when to access any biopsy results is given.

Under exceptional circumstances surgical intervention may precipitate the need for the patient to be admitted to hospital for overnight stay. This may be due to unexpected complications or delayed recovery. In this situation the patient will need to be transferred to an in-patient bed.

Patients with known or suspected communicable infections will need to be identified during the discharge process in order that appropriate further management with regard to outpatient appointments or in-patient admissions can be arranged. These patients will be discharged from the Lobby Room areas and will not wait in the shared discharge area.

6.3.7 Communication of the Results

The endoscopist will generate a computerised report which will be sent to the GP and / or referring clinician, as well as extra comments in the medical notes.

A patient version of the report should be offered to each patient. Endoscopists can decide not to give a patient copy as long as this is documented in the patient records.

Follow-up patient appointments

The nurse responsible for the patients discharge will make the follow up appointment according to the information outlined on the discharge letter which is generated by the doctor who has undertaken the procedure.

The service will aim to provide a segregation of activity according to planned and unplanned activity.

6.4 Accommodation

6.4.1 Reception

The reception will be shared between Endoscopy and the Medical Day Case Procedure Unit.
(PP&DD No 07). The area will be managed by a coordinating Matron who will manage the MDCPU and the shared areas to ensure that the Unit works efficiently.

Endoscopy patients will initially report to the shared reception which will complete a meet and greet function and then direct the patient to the Endoscopy sub wait located with the staff base/reception. The patient will be collected from this area by Endoscopy staff and directed to multi-purpose admission/recovery rooms for an initial assessment, obtaining consent and examination and initial intervention if appropriate.

The following facilities are dedicated to the Endoscopy Service:

6.4.2 Staff Base
Staff base for two persons, this area will be used to co-ordinate and monitor the flow of patients through the Unit. It will act as the main focal point and house the resuscitation equipment and pneumatic tube point. Observation into the admission/recovery rooms is required.

6.4.3 Waiting Area
Patients will be directed to this area from the main reception area. This area has a comfortable and relaxing environment with domestic-type finishes and furnishings. Different types of seating are required and should include those suitable for elderly people. The layout should be informal with space for a patient in a wheelchair and for people using walking aids and there is easy access to the patient preparation rooms. A play area should be provided where children can play or read in safety.

Patients may be called from this area by endoscopy staff and directed to the consult exam room for an initial assessment, obtaining consent and examination and initial intervention if appropriate. Patients who are not required to change into a gown may return to this waiting area until called by the Endoscopy staff or directed to an admission/recovery room prior to their procedure.

6.4.4 Patient Sanitary Facilities
There are two designated male and female OSFA toilets accessible to all patients in proximity of the waiting area of the endoscopy unit as detailed within the Functional Brief.

6.4.5 Shower/WC – Full Assisted
This shower is co-located to the recovery and is provided for patients following interventions; it comprises of a shower, toilet and wash hand basin with non-touch taps.

6.4.6 Ten Multi-Purpose Admission/ Recovery Rooms with doors (2 rooms with Isolation Lobby)
Patients will change and prepare for their procedure and recover here. Two of these should be suitable for patients with known or suspected communicable diseases and at least two being suitable to accommodate hospital beds. These should have neutral pressure to HBN04 standard and pressurised lobby to ensure pressure is maintained. There must be provision in the ante room for a hand wash basin and space for protective clothing to be donned. Each of these rooms should have an ensuite attached to the room.

Two of which should be one dedicated en suite room with shower to accommodate phosphate enema patient examinations.

Bariatric patients will be managed within one of these designated rooms which will accommodate a patient weighing up to 298kg. Where there is demand for both it will be the patient requiring isolation who will take priority.

All rooms will require hand wash basins, oxygen and suction and sufficient power points for patient monitoring equipment.
All of these rooms should allow visual monitoring from the adjacent nurse station whilst ensuring privacy can be maintained during examination, changing etc.

The design should ensure that gender separation is maintained.

6.4.7 Consulting/Examination Room
This clinic room as detailed within the Functional Brief will be used by Doctors and Nurses for the consultation of patients and their relatives/carers or escorts in these rooms.

The entrance of the rooms must accommodate patients who are ambulant and wheelchair users.

There is sufficient space for a curtained area that provides privacy for patients to undress and dress. This room will contain an examination couch that is accessible from both sides.

Couch and equipment should be conducive for safe handling and must be height adjustable and on wheels, with adequate braking systems to allow easy movement.

The layout design of the room is aimed at facilitating the communication between patient and Practitioners in the open layout style. The consult exam rooms contain a computer that can show PAC (x-ray Imaging), patient records will be electronic and note entry and note review will take place within the clinical room. The room is equipped with call bell and panic alarm.

6.4.8 Interview/Counselling Room
This room as detailed within the Functional Brief will be used for medical and/or nursing staff where there is a requirement for private dialogue with individual patients and/or carers. The décor of the room should not be of a clinical design. Computer points and telephones should be discretely fitted and hidden from view. This room should also have a call bell/panic alarm fitted.

It is important that the patients, family and friends are able to leave the room if they so choose if they have received bad news without having to walk back through the clinical area.

6.4.9 Endoscopy Room – General
This endoscopy room is where all invasive procedures are carried out. These require computer points and telephone access and are capable of supporting all forms of endoscopy and offer a good diagnostic Service.

The minimum size for an ordinary endoscopy room is approximately 7.5 metres x 3.5 metres. This allows a standard trolley to be turned within the Unit, the siting of a light source/video processor on one wall and fixing of a video monitor opposite. If Pendant units are used they need to be versatile and allow the equipment to be easily moved. When it is not in use it needs to be able to be pushed close to the wall so that the equipment does not get in the way.

Care should be taken to ensure sound from the endoscopy room cannot be transmitted to the patient waiting/recovery area. Windows are not required and may positively be a disadvantage when procedures requiring Tran illumination are necessary (e.g. Colonoscopy). There should be facilities to have varying light levels ranging from bright to very subdued.

Dimmer lights are ideal for background lighting when the main lights have been switched off.

Following the procedure the patient will be transferred either by trolley, wheelchair or on foot to the recovery area.

6.4.10 Endoscopy room with Isolation Lobby
One of the general endoscopy rooms has an integrated isolation lobby for use when carrying out procedures with infectious patients.
Additionally it will be used to accommodate the needs of patients of up to 298kg as detailed within the Functional Brief table and includes a tracked hoist system.

6.4.11 Clean Utility
This clean utility as detailed within the Functional Brief will be in close proximity to the treatment and procedure rooms. It includes a work surface/ drug preparation area and will accommodate a module storage unit for sterile clinical stock and intravenous fluids. There will be a lockable fridge and lockable storage for TTO medication. There will be locked storage for medications, and a controlled drugs cupboard within the unit. There will be storage for dressing trolleys under the preparation area, and a clinical wash hand basin with non-touch taps. A standard drug fridge and lockable cupboard storage is required for drugs.

Nurses will prepare trolleys for clinical procedures in this room and return clean trolleys to the room after use. In addition a locked cupboard for housing flammable items and CoSHH products is required. Refer to Facilities Trust Managed Services Whole Hospital Policy for details of re-supply

6.4.12 Dirty Utility
This dirty utility room as detailed within the Functional Brief will contain a range of waste streams with waste disposal unit and sink will be in close proximity to the treatment and procedure rooms. It will contain cupboards for storage and specimen receptacles and facilities for testing urine. Contaminated instruments will be held here temporarily following procedures until collected for decontamination this equipment will be decanted into the correct containers for waste disposal or collection for decontamination. There will be a locked cupboard to accommodate dirty linen clinical waste. This will be removed from the department on a daily basis in line with Trust policy.

6.4.13 2nd Stage Pre-Discharge Recovery
This area is shared with the medical Day Case Procedures Unit and will accommodate up to 5 persons and consists of informally arranged seating of chairs and occasional tables with a television. Patients will remain here until discharged home by the nursing staff with any relevant discharge information, prescribed medications and follow up appointments.

Pre-prepared snacks and beverages may be consumed here which have been prepared in the beverage bay. A supply of current reading material and leaflets about relevant clinical conditions will be available and notice boards to display information and notices about organisations helpful to patients attending the unit may be used here in addition to the reception area.

6.4.14 Beverage Bay
The beverage bay is located adjacent to the recovery area, where staff can prepare light refreshments for patients i.e. pre prepared sandwiches or toast and beverages for consumption during the recovery period.

6.5 Endoscopy: Cleaning and Support
6.5.1 Endoscopy Decontamination Room
The cleaning process of the scopes is essential to the provision of the service. All staff receives fundamental training in the care and handling of the endoscopes and they are required to adhere to COSHH regulations and abide by the trust Health and Safety and Infection Control Regulations.

The Endoscopy decontamination area should have separate dirty and clean storage, entry and exit points, with one way flow of equipment from dirty to clean area. This can best be achieved by use of “pass-through” Automated Endoscope Re-processors and therefore the area should be designed around such equipment. Adequate ventilation and extraction should be provided to for protection from hazardous substances. There should be two height adjustable double sinks, as well as dedicated hand washing basins.
The room is equipped with washing and disinfecting equipment, drying and storage cabinets for flexible endoscopes, flexible accessories for endoscopes and other accessories for endoscopes with a ‘dirty’ area where equipment can be reprocessed. There are storage facilities for a working supply of consumables i.e. liquid disinfectant, personal protective equipment – gloves, goggles and impermeable aprons. Clinical hand washing facilities are also provided.

These areas will require uninterrupted power supply to the cleaning machines.

As this area is located close to the endoscopy room’s care must be taken to ensure that privacy for patients in the endoscopy rooms is maintained.

6.5.2 Endoscopy Clean Store
This bespoke store room is accessed directly from the decontamination area in which processed scopes and equipment will be stored. This room will require access from the corridor for use by theatres out of hours.

6.5.3 Cabinet Storage
This room will contain bespoke storage cabinets for clean scopes.

6.5.4 Store – General
This is a staff only area and will be used to store sufficient stock of consumables to meet the needs of the endoscopy unit and mobile and loose items of medical and other equipment.

6.5.5 Store – Large
This is a staff only area and will be used to store clinical equipment.

6.5.6 Chemical Store
This room will be used for the storage of chemical supplies.

6.5.7 Dirty Access Room
This room will be used for parking of scopes from other departments prior to cleaning.

6.6 Support Accommodation
6.6.1 Office
The unit manager’s office will be used by to allow her/him to carry out all activities that support the clinical management of the service. 1:1 meetings with staff, clinicians and other managers will be held here. It comprises of an office workstation with a networked computer, telephone and storage for books and files.

A wall mounted Key Safe with electronic digital lock will be located here to store controlled drug keys and drug cupboard keys out of core hours.

6.6.2 Resource Base
This office will be used by a range of staff from the multi-disciplinary teams as required and comprises of 4 office workstations with networked computers and telephones for completing patient records and arranging/ coordinating care.

6.6.3 Store: Linen
A generic store room as detailed within the Functional Brief will be used to store sufficient stock of linen and gowns to meet the needs of the endoscopy unit, for infection control purposes the door should be kept closed at all times.

6.6.4 Domestic Services Room
A generic Domestic Services room is required to serve the department the functionality for which is
detailed within the Functional Brief. This room will be used to deliver day-to-day cleaning services and cleaning materials and equipment in daily use will be stored here.

The type and number of items of equipment and materials to be stored will depend upon the finishes provided, the number and deployment of domestic services staff, and the frequency of cleaning.

6.6.5 Staff Changing Facilities
These are located within the neighbourhood hub as detailed within the Functional Brief.

6.7 Interdepartmental Relationships
The Endoscopy Unit will provide cleaning and storage facilities to service the entire acute hospital site. The scope cleaning service will cater for the acute hospital site only, and is not intended to support the community hospitals. It is anticipated that advances in storage technology, allowing scopes to be stored in controlled environments, will facilitate more efficient and effective access to scopes when required out of hours.

The Endoscopy service will work closely with the following departments and will require close adjacency to each:

- Medical Day Case Procedures Unit (MDPU)
- The Endoscopy Unit will share support areas with the MPDU, including reception, waiting, 2nd stage recovery and staff support.
- The Emergency Department - a significant number of referrals for Endoscopy will be from the Emergency Department.
- Inpatient Wards - a significant proportion of the patients referred to the Endoscopy Unit will be referred from the inpatient areas and in some cases patients will require transfer to the wards following day case endoscopy.
  
  The inpatient wards will require access to emergency Endoscopy services 24 hours a day. This will require an on call system and communication of this to key individuals working on the inpatient wards.
- Theatres - transfer of emergency cases to theatres.
- Integrated Critical Care Unit
- Equipment is taken to ICCU to complete procedures as appropriate.

6.8 Business Continuity
6.8.1 Escalation
Waiting List Initiatives will be employed to manage escalating demand. The waiting lists will be continually monitored to allow additional sessions to be arranged when necessary.

If the Endoscopy Unit is unavailable, staff will liaise with other Endoscopy Units i.e. the BTC or Sandwell Community Hospital and use these facilities when possible.

Alternative facilities within the acute hospital i.e. theatres will be utilised where it is possible to use portable equipment.

6.8.2 Major Equipment
Routine maintenance of all equipment will be carried out at the intervals recommended by the
manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit.

If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure.

A loan of equipment is provided if repairs cannot be rectified immediately.

If in the event of serious systems failure and immediate repair or loan equipment not being possible, then the department manager will consult with the medical staff and Clinical Group Director of Operations and reschedule endoscopy sessions accordingly.

6.8.3 Equipment Replacement
All equipment requires regular maintenance, servicing and replacement as part of a planned programme.

6.8.4 Major Incident
Refer to:
- Major Incident Plan
- Evacuation Plan

Each area will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

6.8.5 Regulatory Requirements
The Global Rating Scale GRS (see regulations required in sec 14) is used to assess the Endoscopy Unit standards and audit of practice. Regular business meetings and user meetings are arranged to feedback audit data, to discuss, implement change, generate action plans and monitor and evaluate the agreed actions.

The Unit complies with all current British Gastroenterology Society and National Endoscopy Guidelines:
- Global Rating Scale
- Guidance from Joint Advisory Group for gastrointestinal endoscopy
- General Medical Council
- Nursing, Midwifery Council

6.9 Clinical Support Services
6.9.1 Pharmacy
Pharmacy sedative, pain killers, infusion of iron will be required from the pharmacy.

Refer to Pharmacy PP&DD No 18 and Operational Policy which describes the Pharmacy services. General pharmacy supplies will be ordered electronically and be controlled using a material handling systems.
6.9.2 Pathology
Specialist pathology input will be required regarding the receipt of biopsies and assessment and reporting of specimens. Tissue specimens will be transferred to pathology by the portering service.

6.9.3 Infection Control
All staff will comply with Trust Infection Control Policies, all team members who undertake aseptic nursing procedures will adhere to infection control standards for cleaning trolleys to ensure that risk from infection is kept to a minimum.

The cleaning and disinfection of endoscopes is a specialised practice and requires specific training. British Society of Gastroenterology guidelines for this process are available on the intranet. Decontamination advice and guidance can be found in MHRA Devise Bulletin DB2002 (05) available from www.mhra.gov.uk.

Biopsy Port Valves covering the working channel must be discarded after all procedures involving the passage of biopsy forceps, guide wires and/or other accessories through the endoscope. The optimum method for decontaminating air/water and suction valves is currently under review.

Tracking and traceability is the process which ensures each endoscope is cleaned and processed in an automatic washer disinfector in accordance with the manufactures instructions and each process produces decontamination labels to prove this. These are inserted into individual patient’s notes.

Ancillary Equipment
This will be disposable as far as possible the only exceptions to this are: - oesophageal dilators.

Electronic back up records of each process are also made and kept on computer. Reusable accessories should only be used in situations where no single use equivalent accessory exists and procedures should be available for tracking each patient use in these circumstances.

- Air / water, and suction valve cleaning:
- Clean with brush
- Check ‘O’ rings in tact (seals)
- Ultrasonic for 20 minutes after each case
- Run under water
- Apply thin silicone oil
- Cold disinfect or Autoclave

Single use accessories are always to be used in preference to reusable accessories.

Single use biopsy forceps, guide wires and cytology brushes will be used in order to minimise any possible risk of transmitting prion disease.

Trust Infection Control Guidance will be followed. In addition to this, patients with TB, MRSA and HIV who are seen in the Endoscopy Unit will be treated at the end of lists, and in rooms dedicated within the recovery area for patients with infectious conditions.

Electronic processes will identify patients with infectious conditions to ensure that the appropriate actions are taken in relation to procedures, cleaning clinical and waiting areas and communicating to departments such as patient transport.

6.9.4 Sterile Supplies
Facilities staff will deliver sterile stores from the central store to the Endoscopy Unit.
6.9.5 Manual Handling
Refer to the Moving and Handling Policy.

The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions these must be of reachable height or have specially designed ladders to access high shelves safely

6.9.6 Imaging
Certain procedures such as ERCP

6.9.7 Interpreting Services
Interpreting services will be available and booked by clerical staff. Refer to the interpreting Services – Access and Delivery Policy

6.10 Non Clinical Services
6.10.1 IT
IT will need to efficiently provide patient records, and reporting functions in each specialist area. Support and maintenance will be required to ensure that services are not affected. Detail of process to be developed with the relevant service.

6.10.2 Transport
Transport will be required to provide timely and accessible transport for outpatients attending appointments. This will need to ensure that individuals do not have to wait more than 1 hour. The detail of this process is to be developed with the relevant service.

6.10.3 Porters Service
Designated portering arrangements will be provided by the facilities division. Wheelchairs will be used from the hub wheelchair store. When patients are on a trolley two people will be required i.e. nurse escort and porter.

6.10.4 General Store Delivery
Facilities support services – Material handling section to be developed.

6.10.5 Catering
Tea, coffee and toast are available to patients post procedure. A beverage room is provided for this purpose. Sandwiches can also be ordered for a patient if this is considered necessary, especially for diabetic patients or those who need to stay in the unit most of the day for observations.

6.10.6 Linen
Clean linen will be required to be delivered and dirty linen collected on a daily basis. Unsoiled linen (linen that is not stained by body fluids or blood) will be placed in white bags and soiled linen in red bags, (contaminated linen). This will be collected from the dirty utility where it will be stored in dirty linen containers.

6.10.7 Domestic Service
Refer to the Hospital Cleaning Service Policy

Cleaning is required daily after 18.30 hours and when required to clean following the treatment of an infectious patient. If cleaning is required outside these hours the unit manager will contact the
domestic supervisor.

6.10.8 Maintenance
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.

6.10.9 Security
Refer to the Security Policy

The unit must be secured to prevent unauthorised access whilst ensuring easy exit. Others needing access to the unit will be screened with audio-visual equipment. Endoscopy units house a great deal of expensive equipment and should therefore be regarded as areas requiring a high level of security. This can be a full time clerical officer, at other times the unit must be secured with high quality door locks or code locks which will prevent easy access to an intruder.

6.10.10 Fire Procedure
Refer to the Fire Safety Management

On hearing the fire alarm, a designated person will attend the location board and ascertain the location of the fire. The receptionist will also attend and return to the muster point and inform the person in charge. If a fire is discovered in the endoscopy unit the appropriate call point alarm will be activated and the Fire Drill Policy set in motion.

6.10.11 Waste Management
Refer to the Waste Management Policy

- All clinical waste will be disposed of in yellow clinical waste bags. These go for incineration.
- All used sharps to be placed in the ‘sharps’ bin.
- Soiled instruments should be returned to the decontamination unit for cleaning and re-sterilisation as per the decontamination operational policy. (available within the unit)
- Non clinical waste to be placed in black rubbish bins.
- The Spillage Protocol will be adhered to regarding disposal of items used for dealing with spillages.
- Any confidential paperwork for disposal must go in the Hessian type bag identified for shredding material.
- Other paper waste relating to non-confidential material can go in a black bag or the cardboard paper recycling boxes.
- Bins will have adequate space and sufficient collections to ensure that rubbish is not left on the floor, and bins should be a design which allows bags of rubbish to be placed in the bin safely.

7. CONSULTATION

An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to all nurses, clinical group management team and capital projects team for comments. The outcome of this consultation has been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS

Compliance with the requirements of the policy will be monitored by the Clinical Group Director of Operations for Medicine and the Endoscopy Unit Manager.
9. TRAINING AND AWARENESS

Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the endoscopy department and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY

The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. REVIEW

This policy will be reviewed in three years' time. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY


13. FURTHER ENQUIRIES

Contact the Clinical Group Director of Operations for Medicine or the Endoscopy Unit Manager for further information on the implementation of this policy.
Appendix A  Patient Pathway

Patient arrives at Endoscopy reception desk and the patients details are checked by reception staff

Patients without a known or suspected communicable disease are requested to wait in the waiting area

Patients with known or suspected communicable diseases

Patient taken to multi-purpose admission recovery room
Admission process and consent taken

Unchanged patients with known or suspected communicable diseases remain in allocated room

Colonoscopy Patients change into gown and wait in allocated room

Unchanged wait in reception sub wait

Sigmoidoscopy Patients change into gown have enema given in bowel preparation room and wait there for procedure
### Name Designation

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
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<tbody>
<tr>
<td>W. Chapman</td>
<td>Nurse Consultant</td>
</tr>
<tr>
<td>N. Trudgill</td>
<td>Consultant Gastroenterologist</td>
</tr>
<tr>
<td>J. Clark</td>
<td>Service Redesign Manager</td>
</tr>
<tr>
<td>M. Lewis</td>
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</tr>
<tr>
<td>P. Wilson</td>
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</tr>
<tr>
<td>S. Pal</td>
<td>Endoscopy Sister</td>
</tr>
<tr>
<td>B. Satish</td>
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<tr>
<td>K. Wheatley</td>
<td>Colorectal Surgeon</td>
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<td>C. Bromley</td>
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<tr>
<td>T. Simcox</td>
<td>Sister Integrated Day Services</td>
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<tr>
<td>K. Kadow</td>
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<tr>
<td>R. Deverajan</td>
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<tr>
<td>M. Beveridge</td>
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<td>D. McLeod</td>
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<td>L. Walsh</td>
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<td>J. Dunn</td>
<td>RCRH Service redesign Director</td>
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<tr>
<td>C. Renells</td>
<td>General Manager Medicine B</td>
</tr>
<tr>
<td>R. Kinnersley</td>
<td>Head of Capital Projects</td>
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<tr>
<td>S. Slater</td>
<td>Capital Projects Manager</td>
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V2.0, V2.01, V2.02, V2.03, V2.04, V2.05, V3.0

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**Diagram:**

1. **Endoscopic Procedure**
2. **Recover in multi-purpose admission/recovery room close to toilet facilities**
3. **Discharge**
4. **Clothes placed into a secure locker**
5. **Shower**
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<thead>
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<td>Divisional General Manager Medicine</td>
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<tr>
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<tr>
<td>R. Evans</td>
<td>Lead Nurse Infection Control</td>
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<tr>
<td>P. Finch</td>
<td>Security Advisor</td>
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### Proposed Accommodation

#### 7.0 Proposed Accommodation

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Disclaimer

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1.0  Philosophy of Service

This policy details the facilities, which the Sandwell and West Birmingham Hospitals NHS Trust require for the Cardiac Imaging and Therapies within the new acute hospital. The functionality of a number of the rooms, which are provided, should be in line with the standard rooms outlined within the Functional Brief. The facilities provided within the department are required to offer:

- A state of the art range of diagnostic and treatment facilities capable of supporting the full range of patients treated by the clinical services on the hospital site;
- Seamless management of the patient journey maintaining the highest levels of patient privacy and dignity;
- An environment conducive to the rapid recovery of patients with complex needs;
- Improved communication regarding patient interventions;
- Opportunities for multi-professional skills training;
- A facility, which has a direct physical link to the Internal Hospital Street Network thus ensuring ease of access from the Emergency Department and to the Coronary Care Inpatient area.

Patients will attend for expert opinion, consultation diagnosis and treatment with specialist teams. The aim will be that the number of attendances will be minimised, in accordance with individual clinical need, therefore an objective in service delivery will be to ensure that services are available and accessible to facilitate maximum outcomes from each visit. The use of equipment and facilities will be maximised to provide efficient and effective services.

Team bases within the Cardiac Imaging and Therapy will be provided for a number of specialties to facilitate multidisciplinary working and concentration on patient populations and specific care pathways.

The Trust has identified a number of key strategic design principles, which underpin the content of this and all other policies:

- Establishment of service areas
- Co-location of clinical support services to support individual specialties will only occur if the clinical support room is used by a single speciality and the volume of patients justifies the co-location
- Co-location of functions to support all areas for example Imaging; Operating Theatres
- Repeatable design of facilities to ensure maximum flexibility of use.

The Cardiac Imaging and Therapy will aim to offer:

- A service that will be timely, accessible as clinical need dictates, 24 hours a day, seven days a week
- A service that will fully meet the needs of the patient, whether they be emergency or elective, carried out whilst either an inpatient or an outpatient.
The service will provide:

- Diagnostic and interventional procedures for patients presenting with acute coronary syndrome;
- Facilities for insertion of temporary or permanent pacemakers, Cardiac Resynchronisation Therapy, and Inplantable Cardioverter Defibrillators;
- Temporary pacemakers are fitted either in the Pacing Room on Coronary Care Unit or the Cardiac Catheterisation Laboratory depending on the patient’s circumstances;
- A range of other procedures in the treatment of heart disease, e.g., Percutaneous Transuminal Mitral Commissurotomy reveal, pericardiocentesis, electrophysiological procedures.

Patients are currently received directly by Cardiac Imaging and Therapy, they will always access the facilities via a host department as set out below, however future patient pathways may be reviewed:

- Day Case – Pre-assessment and handover will take place in the Medical Daycase Procedures Unit and patients will be taken directly to the catheter laboratory. A comprehensive timetable will be produced weekly detailing name of patient, procedure, consultant and catheter laboratory number;
- Inpatients – Access directly to the trolley wait/recovery within Cardiac Imaging and not via the Medical Daycase Procedures Unit, these patients will be wheeled directly into the catheter laboratory from this waiting/recovery area;
- Elective Inpatients – Pre-assessment and handover will take place in the Medical Daycase Procedures Unit and patients will be taken directly to the catheter laboratory;
- Emergency Department - Some patients will be taken directly to Cardiac Imaging and Therapy from the Emergency Department for example, for primary or rescue angioplasty/PCI.

2.0 Scope of Planning

2.1 Specific Exclusions

In developing the model of care a number of services have been identified as not appropriate for provision within the department and have therefore been specifically excluded from development within this specification:

- Paediatrics;
- Bariatric Patients above 25 stone.

2.2 Activity Figures

Refer to Activity and Capacity Model.
2.3 Hours of Operation

The facilities will be planned on the basis of the department being operational up to 16 sessions per week per laboratory. The area will require access twenty-four hours a day, seven days a week, and must be capable of receiving patients from either the Inpatient or Emergency areas throughout that time period.

- It is intended that general catheter laboratories will each run 3 sessions a day to allow for patient choice. Opening times from start of procedures to finish would be 09:00 am to 20:30 pm Monday to Friday and 08:00 am to 13:00pm on a Saturday. Patients will recover within Medical Daycase Procedures Unit until 22.00pm In total each laboratory will run 16 sessions per week (one session would be 4 hours);
- The device therapy laboratory will run 2-3 sessions Monday to Friday and one session on Saturday morning;
- It must be noted that one electrophysiology procedure can take up to 7-8 hours;
- Any emergencies outside these hours will be treated by the Cardiology on-call team.

2.4 Functional Content

The Cardiac Imaging and Therapy facilities will include the following:

2.4.1 Admission/Recovery Area

- Staff Base
- Admission Recover Rooms (12)
- Beverage Bay
- Patient Sanitary Facilities
- Interview/Counselling Room
- Office

2.4.2 Catheter Suite

- Staff Change (m/f);
- Catheterisation Preparation rooms;
- Scrub room;
- Catheterisation Laboratory - Single Plane;
- Catheterisation Laboratory – Biplane (2);
- Catheterisation Laboratory – Control Room/Haemodynamics Control Room (2);
- Catheter Laboratory Computer room;
- UPS room;
- Plant room;
- Clean Utility;
- Dirty Utility with macerator;
- Store: Clinical Supplies;
- Store: Catheter and Devices;
- Store: Equipment;
- Domestic Services room;
2.4.2  Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to the clinical departments. In the case of the Cardiac Imaging and Therapy the Neighbourhood Hub will provide:

- Facilities management support;
- Staff Change Facilities (Admissions/Recovery Staff);
- Staff welfare;
- Visitor welfare.

2.4.3  Shared use of an Administration Zone

The Trust advocates the use of Administration Zones (PPDD 19), which will be co-located with the clinical areas they support.

2.5  Common Planning Policies

This planning policy has been developed to be read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wish to ensure consistency of approach within the facilities and as such:

- Advocate the use of repeatable rooms, as such only bespoke rooms and exceptions will be described in detail within this Departmental PPDD;
- The Trust propose the use of Neighbourhood Hubs each of which will serve a number of departments and accommodate facilities shared between departments including facilities management.

3.0  Staffing

3.1  Staffing Profile (including Management)

Table [3.1A] sets out the Trust’s requirements in respect of the number of staff who will normally be working in the Cardiac Imaging and Therapy department at any one time. This table includes the numbers likely to be on duty at any one time.

Table [3.1A] Total staffing

<table>
<thead>
<tr>
<th>Staff in Cardiac imaging &amp; therapy department</th>
<th>Number of staff 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff on duty at any one time</td>
<td>24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>09 Cardiac Imaging and Therapy</th>
<th>Code:</th>
<th>Issue No.</th>
<th>Health Quality Service reference:</th>
<th>Version No.</th>
<th>Implementation Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>0.0</td>
<td>10</td>
<td>July 2014</td>
</tr>
</tbody>
</table>
3.2 Staff Development, Education and Welfare

Staff welfare facilities in the form of separate sex toilets, showers and change are provided within the shared Neighbourhood Hub. Secure lockable storage is provided for personal property whilst staff are on duty.

There will be a variety of training taking place within the Cardiac Imaging and Therapy Department, requiring a variety of shared and bespoke facilities. Training requirements have been identified and are included in the table [3.2] below.

Table [3.2] Projected 2012/13

<table>
<thead>
<tr>
<th>Training type</th>
<th>Facility type</th>
<th>Shared with others</th>
<th>Bespoke</th>
<th>Number of people</th>
<th>Frequency of use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff training</td>
<td>Meeting room</td>
<td>Yes</td>
<td>No</td>
<td>10</td>
<td>Intermittent</td>
</tr>
<tr>
<td>Appraisal/counselling/meeting</td>
<td>Interview room</td>
<td>Yes</td>
<td>No</td>
<td>Up to 6</td>
<td>Intermittent</td>
</tr>
<tr>
<td>MDT meetings</td>
<td>Seminar room</td>
<td>Yes</td>
<td>No</td>
<td>Up to 20</td>
<td>Intermittent</td>
</tr>
<tr>
<td>Management meetings</td>
<td>Seminar room</td>
<td>Yes</td>
<td>No</td>
<td>Up to 20</td>
<td>Intermittent</td>
</tr>
</tbody>
</table>

4.0 Key Relationships

4.1 Departmental Relationships

The key objective is the provision of an essential cardiac imaging and therapy service and therefore the following internal departmental adjacencies will be key:

- The trolley waiting space will be located near to the entrance of the Department;
- The catheterisation laboratory and scrub room will be immediately adjacent to each other;
- The laboratory area will be directly accessible from the preparation room;
- The utility areas will be accessible without leaving the clinical areas.

The departmental relationships are shown in the diagram [4.1]:

---

09 Cardiac Imaging and Therapy

Health Quality Service reference: 0.0

Code: Page 9 of 23

Issue No. 1

Version No. 10

Implementation Date: July 2014
4.2 Workflow

4.2.1 Patient Flows

Patient’s medical condition will range from the medically unstable to the fully ambulant. The Trust would wish to ensure that all patients have equity of access and it must be recognised that the local population mirrors that nationally with an increasing proportion of older patients accessing healthcare.

The design solution must also be sensitive to the differing cultural and religious requirements of the population, especially in terms of maintaining the privacy and dignity of individuals who may be partially clothed awaiting investigation/treatment/results. As a principle, the Trust does not wish patients who have changed or partially changed to share waiting facilities with those who have not.

Nurses will receive patients and ensure that preparation for the procedure is complete. If an inpatient, the nurse takes hand over from the nurse escort into the designated inpatient ward area. On completion of the procedure, the patient will return to this area for immediate care until the nurse escort arrives from the inpatient areas. Daycase patients are admitted directly to the Cardiac Imaging and Therapy Department as the list progresses. Typical patient flows are indicated in diagram [4.2.1].

Diagram [4.2.1] Patient flows
4.2.2 Staff Flows

In the main, staff will be based in the Cardiac Imaging and Therapy Department. Typical staff flows are shown in diagram [4.2.2].

**DIAGRAM [4.2.2] Staff flows**
4.2.3 Goods Flows

It is preferred that goods flows are kept as separate as possible from patient flows. The services within the department will draw on the Hospital for various supporting services including domestic, and portering services, plus supplies and waste disposal (see also PPDD 24). Provision should enable the clinical staff to access support facilities without leaving the clinical areas. Typical goods flows are shown in diagram [4.2.3].

Diagram [4.2.3] Goods flows

4.3 Interdepartmental Relationships

Cardiac Imaging and Therapy should be provided with linkages to the internal hospital street network to ensure rapid and appropriate access, with no requirement for external transport or movement within the new Hospital. It is expected that the unit will be accessed from more than one clinical service.

- Inpatient Wards. It will be essential that the timely transfer of patients can occur between the nursing units and the department. In view of the primary nature of this relationship to some specialties, for example, the Coronary Care wards the co-location of at least one inpatient cluster at the same level as the Cardiac Imaging and Therapy Department would be a significant advantage. The maximum journey time from Coronary Care must not exceed one minute. The Trust desire for dedicated route for inpatients away separate from ambulatory patients;
- Medical Daycase Procedures Unit. Some elective patients will be ‘pre-assessed and handed over’ in the Medical Daycase Procedures Unit and then transferred to the Cardiac Imaging and Therapy Department for their procedure;
- The Emergency Department including AAU. The volume of patients requiring transfer from the Emergency Department will be relatively low in volume but will be acute in terms of the speed with which they need to access the unit. It is therefore essential that if these
facilities are not located on the same floor there is prioritised access to these areas maximum one -minute journey time.

The significant relationships above have been summarised in the table [4.3] below.

**Table [4.3] Interdepartmental relationships: Cardiac Imaging and Therapy.**

<table>
<thead>
<tr>
<th>Close to</th>
<th>PPDD</th>
<th>Reasons</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interventional Radiology</td>
<td>PPDD 11</td>
<td>Staff transfer and shared support facilities</td>
<td>Important</td>
</tr>
<tr>
<td>Medical Daycase Procedures Unit</td>
<td>PPDD 07</td>
<td>Patient transfer</td>
<td>Desirable</td>
</tr>
<tr>
<td>Emergency Department including AAU</td>
<td>PPDD 01</td>
<td>Patient Transfer</td>
<td>Essential</td>
</tr>
<tr>
<td>Repeatable Inpatients</td>
<td>PPDD 02</td>
<td>Patient transfer</td>
<td>Desirable</td>
</tr>
<tr>
<td>Cardiology inpatients</td>
<td>PPDD 02</td>
<td>Patient transfer</td>
<td>Important</td>
</tr>
<tr>
<td>ICU</td>
<td>PPDD 02</td>
<td>Patient transfer</td>
<td>Essential</td>
</tr>
<tr>
<td>Cardiology Diagnostics, Neurophysiology &amp; Respiratory Physiology</td>
<td>PPDD 16</td>
<td>Staff and equipment transfer</td>
<td>Important</td>
</tr>
</tbody>
</table>

**5.0 Planning and Design Principles**

The key design consideration is balancing the need for an appropriate patient flow with easy access, with the optimum sharing of clinical support facilities of adjacent departments within the wider Radiology Department. For example, clean and dirty utilities or staff welfare facilities.

**5.1 Ambience and Decoration**

The unit must be designed to meet the needs of the patients and staff, providing ease of access and an environment that enhances the reduction of anxiety and supports patient dignity. Design should balance the need for a substantial level of high tech equipment in the clinical areas with the need for a non-institutional environment in the support areas.

The facility is to be family-friendly and non-institutional with particular emphasis on the use of colour, art, contrast and texture to provide a stimulating, non-threatening environment for all patients regardless of ability or impairment. Although intensive clinical care will be delivered in this unit, from a patient perspective an environment which appears as non clinical as possible is desired with a pleasant outlook and it is important that an attractive and stimulating environment is provided. In particular, the route for patient journeys to and from theatres must be given consideration.

The Trust would wish to utilise contrasting floor and door colours to help demarcate areas of “high sterility” for example individual bed bays or isolation rooms.
5.2 **Wayfinding**

Signage in the department should clearly demarcate and indicate the direction of the different areas. Due consideration will be given to wayfinding as described in the Functional Brief.

5.3 **Security and Observation**

The department must be secured by an access control system to prevent unauthorised access. Others needing access to the department will be screened with audiovisual equipment.

The Trust's Requirements in respect Patient/Staff call systems is set out within Functional Brief.

The Trust's requirements in respect of the communications network structure to support the security and call systems is set out within Functional Brief.

5.4 **Control of Infection**

The approach to control of infection within the department can be referenced within the Functional Brief.

5.5 **Manual Handling**

The approach to Manual Handling can be referenced in the Functional Brief.

5.6 **Fire & Safety**

5.6.1 Fire

Precautions against fire will be taken, by staff working within the area. The Trust’s *Fire Safety Management Policy* will be adhered to and can be referenced within the Functional Brief.

5.6.2 Safety

Design features that contribute to safety include hand washing facilities, finishes and furniture, storage of chemicals must be utilised.

Slip resistant finishes (R13 to DIN 51097) should be utilised through the catheterisation laboratory.

5.6.3 Radiation Protection

The environment of the Catheterisation Laboratories will be controlled by *IRMER* (Ionising Radiation Medical Exposure Regulations). All staff must wear film badges and lead coats to enter the rooms. All staff working in the department will adhere to the *Trust’s Radiation Protection Policy*. Radiation Protection Entry Warning lights and Notices are required to all areas, which require radiological protection.
5.7 Privacy and Dignity

The design should provide an environment, which respects the needs of all patients in terms of privacy and dignity as well as facilitating the delivery of good clinical practice and care.

Bidders should refer to the Trust’s Privacy and Dignity Policy.

5.8 Environmental Parameters

The design shall ensure that temperature and humidity control are in accordance with *HBN 06 Facilities for Diagnostic Imaging and Interventional Radiology Vol 1*. requirement for the temperature in certain areas to be adjusted outside of the parameters laid down in *HTM 03-01 Specialist Ventilation for Healthcare Premises: Part A Design & Validation*.

Generally, all public areas and areas not occupied by patients will be controlled by a Building Management System (BMS) to the requirements of *HTM 03-01 Specialist Ventilation for Healthcare Premises: Part A Design & Validation*.

5.9 Environmental Criteria

5.9.1 Natural Light

The Design Brief developed by the Trust advocates the use of natural light. The Functional Brief Section 5.6 sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

Natural light must not be provided within the catheterisation laboratories.

The following table sets out the requirements for bespoke natural light requirements within Cardiac Imaging & Therapy.

Table [5.9.1] Natural Light Matrix

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Essential Desirable or None</th>
<th>External Wall</th>
<th>Atrium</th>
<th>borrowed light</th>
<th>Roof Light / Tube</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catheterisation (single plane)</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Catheterisation (bi-plane)</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Control Rooms</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Computer room</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>
5.9.2 Natural Ventilation

The Design Brief developed by the Trust advocates the use of natural ventilation. The Functional Brief sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke environmental criteria within Cardiac Imaging & Therapy.

**Table [5.9.2] Environmental Criteria**

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Temperature</th>
<th>ac/hr</th>
<th>Pressure &amp; filtration</th>
<th>Notes in respect of permissible derogations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cath Labs (all)</td>
<td>Min 15°C</td>
<td>15</td>
<td>+ve F7</td>
<td>ii</td>
</tr>
<tr>
<td></td>
<td>Max 22°C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control Rooms</td>
<td>Min 18°C</td>
<td>15</td>
<td></td>
<td>i</td>
</tr>
<tr>
<td></td>
<td>Max 25°C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catheter Lab Computer Services Room</td>
<td>Min 18°C</td>
<td>6</td>
<td></td>
<td>i</td>
</tr>
<tr>
<td></td>
<td>Max 25°C</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5.9.3 Acoustic Criteria

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke acoustic criteria within Cardiac Imaging and Therapy.

**Table [5.9.3] Acoustic Criteria**

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Rating to be achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catheterisation (single plane)</td>
<td>B</td>
</tr>
<tr>
<td>Catheterisation (bi-plane)</td>
<td>B</td>
</tr>
<tr>
<td>Control Rooms</td>
<td>B</td>
</tr>
<tr>
<td>Computer room</td>
<td>D</td>
</tr>
</tbody>
</table>

5.9.4 Medical Gas and Power Supply Requirements

The Design Brief developed by the Trust, Functional Brief Table [7.2.1] sets out the Repeatable "bed head" service requirements, the table below sets out the bespoke requirements within Cardiac Imaging and Therapy.
Table [5.9.4] Medical Gas and Power supply requirements

<table>
<thead>
<tr>
<th>Room Type</th>
<th>O₂</th>
<th>N₂O</th>
<th>N₂O/O₂</th>
<th>MA4</th>
<th>SAT</th>
<th>Vac</th>
<th>AGS</th>
<th>He/O₂</th>
<th>AVSU</th>
<th>Alarm</th>
<th>IPS</th>
<th>UPS</th>
<th>No. of Twin Sockets</th>
<th>Clinical Risk Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigation Rooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catheterisation Laboratory</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>3</td>
<td>1</td>
<td>-</td>
<td>1 Set</td>
<td>1 set for each AVSU</td>
<td>Y</td>
<td>Y</td>
<td>9</td>
<td>5</td>
</tr>
</tbody>
</table>

### 5.10 Flexibility

The accommodation must enable flexible use and allow for changes in medical, diagnostic and therapy needs of patients; changes in models of care and or service delivery. The design of the building should allow expansion or reduction of the number of patients accommodated without affecting the operational effectiveness of the facility.

It is recognised that the models of service delivery adopted will alter over time. It is therefore essential that the facilities provided within the Catheterisation Laboratory area can respond to future changes in the technology surrounding the relevant services within the Imaging area but also the changes in clinical and service models within the clinical services to which the area provides support.

### 5.11 IM & T

Details of the active components associated with IM and T can be found in the Functional Brief Section 3.4 and Schedule 8 part 3. It is assumed that all patient records will be electronic and note entry and note review will take place within the clinical rooms.

### 5.12 External Space and Courtyards

Access to outside spaces (balconies, courtyards, gardens etc.) is desirable but not essential for staff and carers/relatives waiting for patients.

### 6.0 Equipment

The specific requirements for the Cardiac Imaging and Therapy Department will be addressed through the equipment selection in accordance with the Equipment responsibility Matrix in Schedule 13.

The ADB component Sheets set out the draft equipment list for cardiac imaging and therapy in accord with the equipment strategy in schedule 13.
7.0 Proposed Accommodation

The operational functionality of the areas listed below is specific to the requirements of the hospital. Where areas of accommodation to be provided within different elements of the project are deemed to have the same repeatable functionality, these are outlined in the Functional Brief document.

For repeatable rooms refer to the Functional Brief

The designer’s attention should also be drawn to the following:

- HBN 06 Facilities for diagnostic imaging and interventional radiology Vol 2 Diagnostic Imaging PACS and Specialist Imaging;
- HBN 28 Facilities for Cardiac Services;

The rooms described below are solely in respect of bespoke rooms or repeatable rooms, which require modification:

7.1 Admission/Recovery Area

7.1.1 Staff Base

A repeatable two person staff base with pneumatic tube station is required. It should be located so that staff can oversee the recovery area. Administrative duties associated with recovery and discharge and communications will take place at the staff base. This base requires an integrated clean supplies area as set out in the Functional Brief Table [24].

7.1.2 Admission/Recovery Rooms (12)

Twelve admission/recovery rooms with doors are required. The design should ensure that gender separation is maintained.

Comprising of the following:

- 8 x general beds/trolley
- 1 x bariatric bed/trolley to accommodate a patient weighing up to 298kg
- 3 x reclining chairs

All rooms will require hand wash basins, oxygen and suction and sufficient power points for patient monitoring equipment.

7.1.3 Beverage Bay

A repeatable beverage Bay is required as set out in Functional Brief Table [24].
7.1.4 Patient Sanitary Facilities

A pair of repeatable OSFA toilets will be provided as set out in the Functional Brief Table [24].

7.1.5 Interview/Counselling Room

A repeatable interview room will be provided in line with the Functional Brief Table [24].

7.1.19 Office

A repeatable single person office is required as set out in the Functional Brief Table [24].

7.2 Cardiac Catheter Suite

7.2.1 Staff Change

Two staff changing facilities without access to sanitary facilities are required to serve the catheterisation suite, each to accommodate 10 lockers and include a uniform issue / exchange point as set out within the Functional Brief Table [24].

7.2.2 Catheter Preparation Room

Each laboratory should be served by a repeatable preparation area for opening packs and lay up. This should be provided en-suite to the catheterisation laboratory it serves, in a separate compartment. The functionality requirement should be as set out in the Functional Brief Table [24].

7.2.3 Scrub Room

Repeatable scrub rooms will be provided, one dedicated to each laboratory. These should be based upon the principles as set out in the Functional Brief Table [24] reduced in size as a two position scrub sink is required in lieu of a three position.

7.2.4 Catheterisation Laboratory (Single Plane)

A single plane catheterisation laboratory is required to undertake angioplasty and PCI for emergency and elective episodes. This laboratory must be capable of undertaking a series of procedures. The laboratory requires a ceiling mounted and optionally moveable pendant for anaesthetic services and a ceiling mounted investigation lamp. Ceiling mounted X-ray equipment suitable for analysis of coronary vessels together with an operating theatre light and fixed ceiling mounted halogen spotlight is required.

The laboratory should accommodate a minimum of six team members, two nurses, ECG technician, radiographer, two clinicians together with up to three others (students / visitors) and the patient. The major items of equipment as set out within section [6.0] above.

Details of the Trusts environmental requirements are referenced in Section [5.0] of this PPDD.
Details of the Trust's Bed Head service requirements are referenced in Section [5.0] of this PPDD.

7.2.5 Catheterisation Laboratory (Biplane)

Two biplane catheterisation laboratories are required to undertake angioplasty and PCI for emergency and elective episodes. These laboratories must be capable of undertaking a series of procedures. Each laboratory requires a ceiling mounted and optionally moveable pendant for anaesthetic services and a ceiling mounted investigation lamp.

Ceiling mounted X-ray equipment suitable for analysis of coronary vessels together with an operating theatre light and fixed ceiling mounted halogen spotlight is required.

Each laboratory should accommodate a minimum of six team members, two nurses, ECG technician, radiographer, two clinicians together with up to three others (students / visitors) and the patient. The major items of equipment as set out within section [6.0] above.

Details of the Trusts environmental requirements are referenced in Section [5.0] of this PPDD.

Details of the Trust's Bed Head service requirements are referenced in Section [5.0] of this PPDD.

7.2.6 Catheterisation Laboratory (Control Room/Haemodynamic Control Room)

Two control room/haemodynamic control room laboratories are required.

Each laboratory should be served by a control area for the cardiac physiologists, which conventionally is provided en-suite to the catheterisation laboratory it serves, in a separate compartment, radiation protected and having visual and voice contact with the laboratory.

The technician undertaking the examination or procedure must have a clear and unobstructed view of the in-room ceiling or trolley-mounted monitors.

Direct view of the patient's head with Consultant access to the patient's right hand body side is required. The technician also needs visual and audio access to the consultant.

Access and egress for the control room must not be via the catheterisation laboratory.

Details of the Trusts environmental requirements are referenced in Section [5.0] of this PPDD.

7.2.7 Catheterisation Computer Room

Accommodation is required for a dedicated X-ray imaging generator and imaging computer equipment serving the laboratories. The preferred location for all of this equipment is an adjacent room accessed from within the laboratory by sound attenuating radiation protected doors. The practice of providing access to this room from outside the laboratory is positively discouraged on safety and maintenance efficiency grounds.
7.2.8 UPS Room

A repeatable UPS room is required as set out in Functional Brief Table [24].

7.2.9 Plant Room

A repeatable plant room is required as set out in Functional Brief Table [24].

7.2.10 Clean Utility

A repeatable clean utility is required to serve Cardiac Imaging and Therapy located in close proximity to the dirty utility, as set out in the Functional Brief Table [24] enhanced to include the following additional facilities:

- Work surface/ drug preparation area (with storage for trolleys underneath);
- Module storage unit for sterile clinical stock and intravenous fluids;
- Lockable fridge and lockable storage for medication;
- Controlled drugs cupboard within the unit;
- Clinical wash hand basin with non-touch taps;
- Standard drug fridge and lockable cupboard storage (for drugs).

In addition a locked cupboard for housing flammable items and CoSHH products is required. Refer to Facilities Trust Managed Services Whole Hospital Policy for details of re-supply.

7.2.11 Dirty Utility with Macerator

A repeatable dirty utility with macerator is required to serve Cardiac Imaging and Therapy, as set out in the Functional Brief Table [24]. The room is required to be immediately adjacent to the catheterisation laboratories and in close proximity to the clean utility.

7.2.12 Store: Clinical Supplies

Repeatable store room is required as set out in the Functional Brief Table [24] specifically for storage of clinical supplies.

7.2.13 Store: Catheters and Devices

Repeatable store room is required as set out in the Functional Brief Table [24] specifically for storage of catheters and devices.

7.2.14 Store: Equipment

Repeatable store room is required as set out in the Functional Brief Table [24] specifically for storage of equipment (EP etc.) this must include charging points including 12-lead ECG and echo machines.
- Equipment (EP etc) this must include charging points including 12-lead ECG and echo machines;
- Catheters and devices;
- Clinical supplies.

### 7.2.15 Domestic Services Room

A repeatable Domestic Services room is required to serve the department as set out in the Functional Brief Table [24].

### 7.2.16 Store: Linen

A repeatable linen store is required as set out in the Functional Brief Table [24].

### 7.2.17 Equipment Bay

A repeatable equipment bay is required as set out in the Functional Brief Table [24] specifically for storage of mobile imaging equipment and other large items of equipment.

### 7.2.18 Switchgear

A repeatable switchgear room is required to serve the department, as set out in the Functional Brief Table [24].

### 7.2 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to the clinical departments. In the case of Cardiac Imaging & Therapy:

- Reception and waiting;
- Toilets – visitor;
- Wheelchair store;
- Staff changing facilities including showers;
- Staff toilets;
- Staff rest room;
- Beverage bay;
- Reprographics;
- Seminar room;
- Disposal hold;
- IT hub;
- Domestic services room;
- Domestic services store;
- Switchgear room;
- Sterile supplies store.
7.3 **Shared use of an Administration Zone**

Cardiac Imaging & Therapy will make use of an administration Zone.

The functional requirements are fully described within PPDD 19 Administration and are summarised below:

- Reprographics;
- Social area;
- Beverage bay;
- Office – open plan;
- Store – small;
- Library;
- Quiet rooms (for breakout);
- Seminar room;
- Domestic services room;
- Switchgear.

7.4 **Facilities shared with and described in the Medical Daycase Procedures Unit**

7.4.1 **Patient Reception**

A bespoke provision described within PPDD 07.

7.4.2 **Patient Preparation**

A bespoke provision described within PPDD 07.

7.4.3 **Stage 2 Recovery**

A bespoke provision described within PPDD 07.

8.0 **Schedule of Accommodation**

The schedule of accommodation has been developed for the totality of the scheme as a series of tables. This schedule is included in Schedule 8 part 3.

9.0 **Glossary and Definitions**

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
MIDLAND METROPOLITAN HOSPITAL

No. 09
CARDIAC IMAGING & THERAPY
(CATHETER LABORATORY SUITE)
OPERATIONAL POLICY
MIDLAND METROPOLITAN HOSPITAL
CARDIAC IMAGING & THERAPY
(CATHETER LABORATORY SUITE)
OPERATIONAL POLICY

KEY POINTS

1. To define the service provided by the cardiac catheterisation laboratory, this policy includes the general principles of the service and description of the area.

2. Describe the patient pathway through the Catheter Laboratory Suite.

3. Outline legislative and mandatory requirements for the delivery of services.

4. Describe the purpose and function of the accommodation required.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
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## APPENDICES

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1. INTRODUCTION

1.1 Government policy on coronary heart disease (CHD) has been co-ordinated in recent years through the Coronary Heart Disease National Service Framework (DH 2000), which introduced a programme to reduce premature deaths from CHD, and promote faster and more equal access to cardiac services.

1.2 The NHS Heart Improvement Programme is continuing to facilitate the strategic service developments initiated by the NSF. This is a national programme that works with clinical cardiac networks and NHS organisations to deliver improvements in cardiac services.

1.3 Although there has been significant progress in recent years CHD remains the most common cause of death in the UK, as well as a significant cause of ill health and disability.

2. OTHER POLICIES TO WHICH THIS POLICY RELATES

- Acute Coronary Syndrome Guidelines (cardio 02) March 2013
- Infection Control Policy (CO1001) (SWBH)
- Infection Control Policy on the Decontamination of Equipment (SWBH/COI/029)
- Ionising Radiations Safety Policy (SWBH/Org/119)
- Interpreting Services (ORG076)
- Guidelines for the Safe Use of Sedation in Adults (SWBH/Anaes03)
- Policy for the Management of Medical Devices (including medical equipment) (SWBH/ORG/065)
- Policy for the Safe Use of Medical Devices (SWBH/ORG/066)
- Privacy and Dignity and Respect Policy (Pt Care 060)

3. GLOSSARY AND DEFINITIONS

3.1 CHD – Coronary Heart Disease

3.2 MI – Myocardial Infarction

3.3 CABG – Coronary Artery Bypass Graft

3.4 AMI – Acute Myocardial Infarction

3.5 PCI – Percutaneous Coronary Intervention (also known as angioplasty or stenting)

3.6 PCCI – Primary Percutaneous Coronary Intervention

3.7 LVAD – Left Ventricular Assist Devices

3.8 ICD – Implantable Cardiac Defibrillator

3.9 CRT – Cardiac Resynchronisation Therapy

3.10 CTB – Call to Balloon Time

3.11 DTB – Door to Balloon Time
3.12 PPM – Permanent Pacemaker

3.13 Ionising radiations - x-rays and emissions from radionuclide sources (gamma and beta radiations).

4. **POLICY DEVELOPMENT PRINCIPLES**

4.1 This policy is designed to assist all healthcare professionals involved in the care of all patients attending for procedures and outlines the purpose and function of the cardiac imaging service.

4.2 To define the service provided by the cardiac catheterisation laboratory, this policy includes the general principles of the service and description of the area.

4.3 Describe the patient pathway through the Catheter Laboratory Suite.

4.4 Outline legislative and mandatory requirements for the delivery of services.

4.5 Describe the purpose and function of the accommodation required.

5. **ROLES AND RESPONSIBILITIES**

The cardiac catheter laboratory is supported by an integrated multi disciplinary healthcare team comprising of Cardiologists, Specialist Registrars (SpR), Cardiac Nurses, Cardiac Physiologists and Radiographers.

All staff involved in providing care or services to patients attending the catheter laboratory suite work cohesively to support the implementation of this policy. This includes ensuring that all interactions occur in a timely and seamless manner so that the patient has a positive experience and flows through the service as efficiently as possible.

5.1 **Cardiology Consultant/Specialist Registrar (SpR)**

The operator, either a cardiology consultant or specialist registrar (SpR), is responsible for placing the catheters, putting in stents, and carrying out the study itself.

5.2 **Cardiac Nurses**

The cardiology ward is staffed out of hours to ensure that when there is an alert there is always a nurse available to open the catheter lab and to greet the patient on arrival.

Nurses work across the catheter laboratory and admission/recovery area.

In the catheter laboratory the nurse sets up the trolleys, administers drugs, and looks after the patient pre and post procedure. A scrub nurse ensures cleanliness and delivery of appropriate equipment throughout the procedure.

In the admission/recovery area the nurses prepare the patient pre procedure and care for the patient following hand over from the catheter lab nurse post procedure up until discharge or transfer to the cardiology ward.

5.3 **Radiographer**
The radiographer is trained in the use of ionized radiation. He or she is responsible for moving equipment, setting doses to keep radiation low, and ensuring radiation safety in the labs.

5.4 Cardiac Physiologist
The cardiac physiologist measures and records ECGs and blood pressure during procedures as well as builds a report based on what catheters are used and the when they are placed.

5.5 Health Care Assistants
Working under the direction of the qualified nurses they provide basic care to patients, undertake chaperone duties and are trained to carry out expanded roles.

5.6 Clerical Staff
Clerical staff within the cardiology department will provide the administrative clerical duties to complete the smooth running of the catheter suite. Reception staff provided by the Medical Records department will support the reception desk and carry out receptionist clerical duties, obtain computerised results and operate appointment systems.

5.7 Portering Staff
Porters work closely with staff in both the catheter lab and admission/recovery area to ensure the timely arrival and departure of patients.

5.9 Estates
All equipment e.g. beds, portable fans following service maintenance/repair should be decontaminated and identified as such prior to issuing to the catheter lab suite.

5.10 Medical Engineering
Have the responsibility for carrying out or organising all maintenance, servicing, testing and validation of equipment owned by the trust.

Provide some training sessions for professional users as identified via the training Needs Analysis and matrix this includes training at induction of newly appointed staff and refresher training at prescribed intervals for existing staff.

All medical device equipment following service/maintenance/repair needs to be decontaminated and should be identified as such prior to issuing to the catheter lab suite.

6. SERVICE DESCRIPTION/SCHEDULE OF ACCOMODATION

6.1 Hours of Service
The Catheter Laboratory Suite is located on the 2nd floor and the service will operate primarily between the hours of 09.00 – 20.30 hours Monday to Friday and Saturday 08.00 – 13.00 hours.

All procedures required to be undertaken outside of these hours will be via the on-call service. It is a requirement for on-call staff to be on site within 30 minutes of taking a call to attend the catheter suite in the event of an emergency (national database MINAP).

24 hour access to the catheter laboratory suite will be required.

Whilst the Catheter Lab is in operation there is a Consultant Cardiologist available on site.

The Catheter Laboratory Suite is co-located to the cardiology ward with direct access between the 2 areas. Emergency in-patients will access the catheter laboratory suite via this route.
6.2 Patient Pathway

Referrals
Referrals predominately come through Rapid Access Chest Pain Clinic, Cardiology Outpatient Clinics, Referring Consultants and recent in-patients.

The service will provide:
- Diagnostic and interventional procedures for patients presenting with acute coronary syndrome.
- Facilities for insertion of temporary or permanent pacemakers and devices including ICD, CRT and ILR.
- A range of other procedures in the treatment of heart disease e.g. PTMC, pericardiocentesis, trans-oesophageal echocardiography and cardio versions.

These procedures may be elective, emergency or urgent. All procedures are undertaken by a Consultant Cardiologist or appropriately trained personnel under the guidance of the Cardiology Consultant.

6.2.1 Elective Day Case Patients
Patients may arrive by ambulance, car, and public transport or on foot and will often have an escort. The Cardiac Catheter Suite is signposted from all points of entry into the hospital and site maps and helpdesks are located at all points of entry.

Clear signage is provided to ensure all patients, as well as patients with low vision, are easily able to follow.

Car parking spaces for patients with disabilities are available and clearly signposted in the car park.

Departments are clearly signposted as they enter the building. If patients are unsure, there is an information desk where staff will be able to provide guidance.

There is further signage, in both corridors and lifts, around the hospital leading patients to the different departmental locations.

6.2.2 Inpatients
Patients are transferred from the cardiology ward either by chair or on a bed accompanied by a nurse and porter. Following the procedure the patient is transferred back to the cardiology ward on a bed by a nurse and porter.

6.2.3 Emergency Admissions
Emergency patients are taken directly to the catheter laboratory by the ambulance crew if a 999 or by emergency department staff if the patient has self presented and admitted to the cardiology ward post procedure. The patient will be transferred on a bed by a nurse and a porter.

Exclusion Criteria
No paediatric intervention or investigation is undertaken within this service.

Accommodation

6.3 Admission/Recovery Area

6.3.1 Staff Base
It will be used to conduct patient administrative duties and as a contact point to other departments and provides an area for the clinical staff to carry out tasks that are necessary to support the service.
The base is equipped with a resuscitation trolley, networked computer and telephone and should be ergonomically designed to minimise injury.

On arrival the patient will be greeted by the reception staff, the patient's details will be validated and amendments to personal details by the receptionist via the electronic patient record system.

6.3.2 Twelve Admission/Recovery Rooms with doors
The design should ensure that gender separation is maintained.

Comprising of the following:
- 8 x general beds/trolley
- 1 x bariatric bed/trolley to accommodate a patient weighing up to 298kg
- 3 x reclining chairs

Day of Procedure
The patient is welcomed by the nursing staff and allocated a bed/trolley space.

Patients with an infection will have been identified by their previous attendances/admissions and the appropriate alert attached to their electronic record, for patients with known infections these patients will be scheduled at the end of the list.

All rooms will require hand wash basins, oxygen and suction and sufficient power points for patient monitoring equipment.

Patients will change into a gown and store their belongings in a secure locker.

The admitting nurse will:
Complete documentation and the pre-procedure checklist including:
- Patients ID and attach ID wristband (red band if patient has any known allergies)
- When the patient last ate
- No change in clinical condition
- Reconfirm consent and that the patient is still happy to proceed
- Pulse, blood pressure, temperature and oxygen saturations to be documented
- BMs to be documented if patient is diabetic
- Blood taken and sent to pathology for INR (via pneumatic tube) if patient is on warfarin
- Intravenous cannula to be sited
- Intravenous fluids to be set up if indicated

The patient will be escorted to the catheter laboratory for their procedure either walking, on a chair or on a bed.

Following the procedure the patient will be safely transferred onto their bed/trolley and the catheter laboratory nurse will escort the patient back to the recovery area and handover the patients care to the recovery nurse for monitoring, observation and recovery.

If an introducer has been inserted in either the femoral or radial artery during the procedure this will be removed as per local guidelines by trained and competent staff.

All of these rooms should allow visual monitoring from the nurse base whilst ensuring privacy can be maintained during examination, changing etc.

Patients will remain here until discharged home by the nursing staff with any relevant discharge information, prescribed medications and follow up appointments.

Relatives/friends will be telephoned when a discharge time is agreed, some patients are required
to stay overnight and they are transferred to the cardiology ward where single sex accommodation requirements are met.

Pre-prepared snacks and beverages may be consumed here which have been prepared in the beverage bay. A supply of current reading material and leaflets about relevant clinical conditions will be available and notice boards to display information and notices about organisations helpful to patients attending the catheter laboratory suite may be used here.

Bed Management
Bed management will have been informed by the pre assessment nurse prior to the day of procedure of patients who require an overnight stay. On occasion day cases may need to be admitted post procedure, these patients will be referred to bed management for the provision of an appropriate bed.

6.3.3 Beverage Bay
The beverage bay is located adjacent to the recovery area, where staff can prepare light refreshments for patients i.e. pre prepared sandwiches or toast and beverages for consumption during the recovery period.

6.3.4 Patient Sanitary Facilities
Male and Female generic OSFA toilet will be provided as detailed within in the Functional Brief.

6.3.5 Interview/Counselling Room
These rooms as detailed within the Functional Brief will be used by clinical staff to discuss in private patients conditions with family members, sensitive and sometimes distressing information may be imparted.

6.3.6 Departmental Manager Office
This room will be used by the Nurse Manager to allow her/him to carry out all activities that support the clinical management of the service. One to one meetings with staff, clinicians and other managers will be held here. It comprises of an office workstation with a networked computer, telephone and storage for books and files.

A wall mounted Key Safe with electronic digital lock will be located here to store controlled drug keys and drug cupboard keys out of core hours.

6.4 Cardiac Catheter Suite
6.4.1 Staff Change Female
The changing area has compartmentalised storage space for theatre clothing and laundry skips are provided for soiled theatre clothing. Seating is available for dressing and undressing and there are facilities for the storage of theatre foot ware on boot racks in a space supplied with mechanical extraction to limit odours.

Sanitary and shower facilities are available which include a dry changing area equipped with mirrors and a hairdryer.

6.4.2 Staff Change Male
The changing area has compartmentalised storage space for theatre clothing and laundry skips are provided for soiled theatre clothing. Seating is available for dressing and undressing and there are facilities for the storage of theatre foot ware on boot racks in a space supplied with mechanical extraction to limit odours.

- A theatre foot ware washer is located between the male and female changing areas.
- Sanitary and shower facilities are available in each changing area which include a dry changing area equipped with mirrors, hairdryer and a shaving point.
- Male and female changing areas are located away from the patient areas and in close proximity to the theatres to minimise the movement of staff in their theatre clothes.
- A theatre foot ware washer is located between the male and female changing areas.

A leaded apron rack is required, located at the entrance to the catheter laboratory suite, outside the control area.

### 6.4.3 Catheterisation Preparation Rooms

There is a dedicated preparation room for each catheter laboratory as detailed within the Functional Brief.

The preparation room will be used for instrument preparation for that procedure. Staff will transfer instruments packs from the store and enter the room from the circulation corridor. The prepared instruments will enter the catheter labs via the doors that lead directly into the catheter labs and not be taken out into the circulation corridor.

### 6.4.4 Scrub Up

There is a dedicated scrub for each catheter laboratory as detailed within the Functional Brief.

**Clinical Procedure**

The scrub rooms will be accessed only by staff required to scrub. Staff will thoroughly cleanse their hands and lower arms in accordance with the infection control policy and adorn sterile gloves, gowns, masks and headgear.

The environment of the Catheterisation Laboratories will be controlled by *IRMER* (Ionising Radiation Medical Exposure Regulations) and all staff must wear film badges and lead coats to enter the rooms.

All staff working in the Catheter Laboratory Suite will adhere to the *Trust’s Radiation Protection Policy*.

Radiation Protection Entry Warning lights and Notices are required to all areas.

The warning lamps must give a clear indication in red when they are energised, and the illuminated signs should incorporate the legend “do not enter”, visible only when illuminated.

The clinical procedure will take place with x-ray/fluoroscopy equipment, invasive haemodynamic monitoring facilities, resuscitation facilities and consumable equipment.

At the end of the procedure the radiography and cardiac diagnostic teams complete the reporting documentation.

### 6.4.5 One Catheter Laboratory Single Plane

This catheter laboratory will be used to undertake angioplasty and PCI, both elective and emergency as detailed within PP&DD 09. There is enclosed storage for equipment and consumables, including a rack for catheters;

### 6.4.6 Two Catheter Laboratories Bi Plane

These catheter laboratories will be used to undertake angioplasty and PCI for emergency and elective in addition to a series of procedures as detailed within PP&DD 09. There is enclosed storage for equipment and consumables, including a rack for catheters;

### 6.4.7 Two Catheter Laboratory Control Room/Haemodynamic Control Room

Each laboratory is served by a control area for the cardiac physiologists, which is provided en-suite to the catheterisation laboratory it serves, in a separate compartment, radiation protected and having visual and voice contact with the laboratory as detailed within PP&DD 09.
Each control room provides a viewing window into each laboratory served. This should provide a clear view of the patient table in the laboratory. There is direct access between the control room and the catheter laboratory.

The technician also needs visual and audio access to the consultant as detailed within PP&DD 09. Access and egress for the control room is via the circulation corridor.

6.4.8 Catheter Laboratory Computer Room
This room is required for a dedicated X-ray imaging generator and imaging computer equipment serving the laboratories as detailed within PP&DD 09.

6.4.9 UPS Room
As detailed within the Functional Brief

6.4.10 Plant Room
As detailed within the Functional Brief

6.4.11 Clean Utility Room
This clean utility as detailed within the Functional Brief is in close proximity to the dirty utility room. It includes a work surface/ drug preparation area and will accommodate a module storage unit for sterile clinical stock and intravenous fluids. There will be a lockable fridge and lockable storage for medication and a controlled drugs cupboard within the unit. There will be storage for trolleys under the preparation area, and a clinical wash hand basin with non-touch taps. A standard drug fridge and lockable cupboard storage is required for drugs.

In addition a locked cupboard for housing flammable items and CoSHH products is required. Refer to Facilities Trust Managed Services Whole Hospital Policy for details of re-supply

6.4.12 Dirty Utility Room
This dirty utility room with a macerator as detailed within the Functional Brief will contain a range of waste streams with waste disposal unit and sink and cupboards for storage.

This dirty utility will be used for staff to return used equipment after use in the catheter laboratories. Contaminated instruments will be held here temporarily following procedures this equipment will be decanted into the correct containers for waste disposal or collection for decontamination. There will be a locked cupboard to accommodate dirty linen clinical waste. This will be removed from the department on a daily basis in line with Trust policy.

Please refer to the Facilities Whole Hospital Policy for details of collection.

6.4.13 Store: Clinical Supplies
The majority of stock is sterile and carefully packaged requires careful storage and handling.

6.4.14 Store: Catheters and Devices
Stock is sterile and carefully packaged.

6.4.15 Store: Equipment
This is a staff only area and will be used to store clinical equipment.

6.4.16 Domestic Services
A generic Domestic Services room is required to serve the department the functionality for which is detailed within the Functional Brief. This room will be used to deliver day-to-day cleaning services and cleaning materials and equipment in daily use will be stored here.

The type and number of items of equipment and materials to be stored will depend upon the
finishes provided, the number and deployment of domestic services staff, and the frequency of cleaning.

6.4.17 Store: Linen
A generic store room as detailed within the Functional Brief will be used to store sufficient stock of linen and gowns to meet the needs of the Catheter Suite, for infection control purposes the door should be kept closed at all times.

6.4.18 Equipment Bay
This bay will be used to store mobile imaging equipment and other large items of equipment required.
6.4.19 Staff Changing Facilities (Admission/Recovery Staff)
These are located within the neighbourhood hub as detailed within the Functional Brief.

6.4  Interdepartmental Relationships
- Main Entrance and concourse
- Cardiac Diagnostics Department
- Cardiology Ward
- Emergency Department
- Pharmacy

6.5  Business Continuity
6.5.1 Escalation
Waiting List Initiatives will be employed to manage escalating demand. The waiting lists will be continually monitored to allow additional sessions to be arranged when necessary.

If appropriate planned tests will be transferred to the other trust sites if there is sufficient capacity.

6.5.2 Major Equipment
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit.

If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure.

A loan of equipment is provided if repairs cannot be rectified immediately.

In the event of serious systems failure and immediate repair or loan equipment not being possible, then the department manager will consult with the medical staff and Clinical Group Director to cancel clinics accordingly.

6.6  Major Incident
Refer to:
- Major Incident Plan
- Evacuation Plan

Each area will act in accordance to the trusts wide major incident plan in the event of a declaration...
of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

6.7 Regulatory Requirements

- British Cardiac Society guidelines.
- Society for Cardiological Science and Technology.
- Work to local and national procedures/guidelines.
- Radiations Regulations 1999
- Health and Safety at Work Act 1974

6.8 Clinical Support Services

6.8.1 Pharmacy

Refer to Pharmacy PP&DD No 18 and Operational Policy which describes the Pharmacy services. General pharmacy supplies will be ordered electronically and be controlled using a material handling systems.

6.8.2 Infection Control

All staff will comply with Trust Infection Control Policies, all team members who undertake aseptic nursing procedures will adhere to infection control standards for cleaning trolleys to ensure that risk from infection is kept to a minimum.

Single use accessories are always to be used in preference to reusable accessories.

Trust Infection Control Guidance will be followed. In addition to this, patients with TB, MRSA and HIV who are seen in the Catheter Lab Suite will be treated at the end of lists, and in rooms dedicated within the recovery area for patients with infectious conditions.

Electronic processes will identify patients with infectious conditions to ensure that the appropriate actions are taken in relation to procedures, cleaning clinical and waiting areas and communicating to departments such as patient transport.

6.8.3 Sterile Supplies

Facilities staff will deliver sterile stores from the central store to the department.

6.8.4 Manual Handling

Refer to the Moving and Handling Policy.

The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

6.8.5 Interpreting Services

Interpreting services will be available and booked by clerical staff. Refer to the interpreting Services – Access and Delivery Policy
6.9 Non Clinical Services

6.9.1 IT

Electronic Patient record (EPR), hospital communications and ordering systems will be required.

6.9.2 Transport

This will be required to transport patients where applicable and will be booked by the clerical staff via a central booking process.

6.9.3 Porters Service

A porter’s service will be available and will be booked via telephone; wheelchairs will be used from the hub wheelchairs store. When patients are on a trolley two people will be required i.e. nurse escort and porter.

6.9.4 General Store Delivery

Facilities Support services – Material handling section to be developed.

6.9.5 Catering

Beverage bay to make hot drinks and provision of sandwiches for patients post procedure.

6.9.6 Linen

Clean linen will be required to be delivered and dirty linen collected on a daily basis. Unsoiled linen (linen that is not stained by body fluids or blood) will be placed in white bags and soiled linen in red bags, (contaminated linen). This will be collected from the dirty utility where it will be stored in dirty linen containers.

6.9.7 Domestic Service

Refer to the Hospital Cleaning Service Policy

Cleaning is required daily after 20.30 hours and when required to clean following the treatment of an infectious patient. If cleaning is required outside these hours the catheter lab manager will contact the domestic supervisor.

6.9.8 Maintenance

Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.

6.9.9 Security

Refer to the Security Policy

Security Guard Service

- Security officers will be available 24hours 365 days per year. Their prime responsibility will be to provide a safe, secure environment by maintaining the safety of all persons and property on the site. This includes the protection of patients, staff, service providers and visitors against violent acts or abuse; theft; criminal damage; malicious tampering and arson. The essence of the security service will be to provide effective crime prevention measures and a quick response when required, in respect of any security related issue.

Emergency Call System

- Emergency Call System will be required in all rooms as most staff work alone with patients in sound proof room and may need urgent assistance for either the patients or themselves if at risk.
The Emergency Call System is linked to both the Reception Desk and the Security Base. Security staff will respond to the alarm and take whatever action is necessary to ensure the safety of the Trust’s staff/refer to the Functional Brief.

6.9.10 Fire Procedure
Refer to the Fire Safety Management Policy

6.9.11 Waste Management
Refer to the Waste Management Policy
- All clinical waste will be disposed of in yellow clinical waste bags. These go for incineration.
- All used sharps to be placed in the ‘sharps’ bin.
- Soiled instruments should be returned to the decontamination unit for cleaning and re-sterilisation as per the decontamination operational policy. (available within the endoscopy suite)
- Non clinical waste to be placed in black rubbish bins.
- The Spillage Protocol will be adhered to regarding disposal of items used for dealing with spillages.
- Any confidential paperwork for disposal must go in the Hessian type bag identified for shredding material.
- Other paper waste relating to non confidential material can go in a black bag or the cardboard paper recycling boxes.
- Bins will have adequate space and sufficient collections to ensure that rubbish is not left on the floor, and bins should be a design which allows bags of rubbish to be placed in the bin safely.

7. CONSULTATION
An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to all unit staff, clinical group management team and capital projects team for comments. The outcome of this consultation and the outcomes of the boot camp engagement process have been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS

Compliance with the requirements of the policy will be monitored by the Cardiology Matron.

9. TRAINING AND AWARENESS

Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the cardiac catheter laboratory suite and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY

The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.
11. REVIEW

This policy will be reviewed in three years time. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY

National Service Framework (NSF) for Coronary Heart Disease (CHD 1)

British Association for Cardiac Rehabilitation (BACR)

Scottish Intercollegiate Guidelines Network (SIGN) for Cardiac Rehabilitation

NICE Clinical Guideline 48 (MI: secondary prevention)

BACR Standards and Core Components for Cardiac Rehabilitation (2007)

DH Commissioning Pack for Cardiac Rehabilitation (2010)

British Cardiovascular Society: Commissioning of Cardiac Services (2011)

NHS Heart Improvement Programme

Health Building Note Cardiac Facilities 2013

Health Building Note 06 – Facilities for Diagnostic Imaging and Interventional Radiology

13. FURTHER ENQUIRIES

Contact the Cardiology Matron/Catheter laboratory Suite co-ordinator for further information on the implementation of this policy
Appendix A  Patient Pathway

Emergency Admission

999
Direct admission to catheter laboratory by paramedics

Patient self presented in ED
Direct admission catheter laboratory directly with nurse escort

Emergency In-Patient
Direct transfer from cardiology ward

Procedure completed

Transferred to recovery by nurse and porter
Admission documentation completed

Patient transferred to cardiology ward once fully recovered

Elective Admission

Elective In-Patient
Patient transferred from ward to admission/recovery area

Patient requiring overnight stay

Elective Day Case
Patient admitted from home to admission/recovery area

Procedure completed

Transferred to recovery by nurse and porter

Patient transferred back to cardiology ward once fully recovered by nurse and porter

Discharged Home
### Appendix B  Operational Policy Development/Distribution/History/Consultation

V0.0, V1.0, V2.0, V2.01, V2.02, V2.03, V3.0

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<tr>
<td>L. Tyler</td>
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</tr>
<tr>
<td>N. Price</td>
<td>Senior Cardiac Physiologist</td>
</tr>
<tr>
<td>R. Naylor</td>
<td>Senior Cardiac Physiologist</td>
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<tr>
<td>J. Dunn</td>
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<tr>
<td>R. Kinnersley</td>
<td>Head of Capital Projects</td>
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<td>S. Slater</td>
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<td>J. Clark</td>
<td>Service Redesign Manager</td>
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<td>P. Scott</td>
<td>Capital Projects Manager</td>
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<td>R. Evans</td>
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<td>Z. Braham</td>
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<tr>
<td>S. Lee</td>
<td>Superintendent Radiographer</td>
</tr>
<tr>
<td>J. Burke</td>
<td>Clinical Nurse Specialist Cardiac Rehabilitation</td>
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**Imaging**

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<td>F Leahy / J Benham</td>
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<tr>
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Name: G. Seager  Post: Project Director  Signature:
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Disclaimer

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1.0 Philosophy of Service

This policy details the facilities which the Sandwell and West Birmingham Hospitals NHS Trust require for the Imaging Department within the new acute hospital. The functionality of a number of the rooms which are provided should be in line with the standard rooms outlined within the Functional Brief. The facilities provided within the department are required to offer:

- A state of the art range of diagnostic and treatment facilities capable of supporting the full range of patients treated by the clinical services on the hospital site
- Seamless management of the patient journey maintaining the highest levels of patient privacy and dignity
- An environment conducive to the rapid recovery of patients with complex needs
- Improved communication regarding patient interventions
- A facility which has a direct physical link to the internal hospital street network thus ensuring ease of access from the Emergency Department and Critical Care, outpatient and the inpatient areas.

Patients will attend for expert opinion, diagnosis and treatment with specialist teams. The aim will be that the number of attendances will be minimised, in accordance with individual clinical need, therefore an objective in service delivery will be to ensure that services are available and accessible to facilitate maximum outcomes from each visit. The use of equipment and facilities will be maximised to provide efficient and effective services.

The Trust has identified a number of key strategic design principles, which underpin the content of this and all other PPDDs:

- Establishment of service areas
- Co-location of clinical support services to support individual specialties will only occur if the clinical support room is used by a single speciality and the volume of patients justifies the co-location
- Co-location of functions to support all areas e.g. outpatients; inpatient areas
- Repeatable design of facilities to ensure maximum flexibility of use.

It is recognised that the models of service delivery adopted will alter over time. It is therefore essential that the facilities provided within the imaging area can respond to future changes in the technology surrounding the relevant services within the imaging area but also the changes in clinical and service models within the clinical services to which the area provides support.

DR is more efficient in terms of rapid patient throughput, but possibly less flexible, and the equipment is certainly more expensive. However, as DR become more flexible, it will tend to become the first choice in most areas. The new facilities should be designed as 100% DR.

The department will provide a comprehensive radiation protection service both in relation to the management of radionuclides and the associated waste issues and also in relation to the use of both ionising and non-ionising radiations.

The department will provide expertise in image processing and computer systems management for Imaging Services in general.
This Imaging Planning Policy and Design Description encompass the following disciplines:

- Plain Film Imaging
- Ultrasound
- Magnetic Resonance Imaging (MRI)
- Computerised Tomography (CT)
- Interventional Radiology (IR) including Fluoroscopy
- Physics and Nuclear Medicine
- Radiopharmacy
- Mobile medical vehicles – docking station.

1.1 Plain Film Imaging

Provides a service predominately to inpatients with some outpatients. Referrals include a facility for IVU intravenous urograms. Facilities required are:

- Four rooms including two for dedicated use in the Emergency Department.

1.2 Ultrasound

Provides a service to the Emergency Department, Inpatients and Outpatients. The two broad divisions are general ultrasound and women’s ultrasound.

1.2.1 General has a number of sub specialities

- Abdominal & Pelvic
- Vascular
- Musculoskeletal
- Paediatrics.

1.2.2 Women’s

- Obstetrics
- Gynaecology.

1.3 Magnetic Resonance Imaging (MRI)

Provides a service to the Emergency Department, inpatient and some outpatients, including cardiac MR.

The MRI must have the functionality to deliver a service to ventilated patients.
1.4 **Computerised Tomography (CT)**

Provides a service to inpatients, some outpatients and the Emergency Department.

There is an essential clinical adjacency for this facility to be co-located with the Emergency Department.

1.5 **Interventional Radiology / Fluoroscopy**

The Interventional Radiology / Fluoroscopy service provide a wide range of therapeutic and diagnostic procedures, including:

- **Vascular (non cardiac):**
  - Angiography
  - Angioplasty and stenting
  - Embolisation.

- **Non vascular:**
  - Nephrostomy
  - Ureteric stenting
  - Biliary drainage / stenting
  - Colonic stenting
  - Vertebroplasty
  - Bone biopsies
  - Ultrasound-guided soft tissue biopsies
  - Image guided drainage
  - Radiofrequency ablation.

- Fluoroscopy
- ERCP.

1.6 **Physics and Nuclear Medicine Department**

The department will provide a comprehensive nuclear medicine imaging service based on four SPECT/CT gamma camera systems with associated image processing systems.

- The bidders are asked to reflect within their design the need for adaptability of the space to provide a PET scanner
- The service provision will encompass the full range of diagnostic nuclear medicine studies
- The department will operate an active research and development programme based on the application of current diagnostic studies as well as the continued development of new diagnostic studies
- The department will provide a wide range of in-vitro diagnostic studies with laboratory and sample measurement systems for both gamma and beta emitting radionuclides
- A NaI (Tl) probe facility will be available for in-vivo organ uptake measurements
- A wide range of radionuclide therapies will also be provided. Currently these are for non-cancerous conditions;
The department will provide a national krypton generator service. This will operate mainly from the University of Birmingham but staff and administration will be based in the department.

A comprehensive Radiation Protection and QA functions will also be provided to the Trust

General scientific and IT Imaging support will be provided.

### 1.7 Radiopharmacy

The SWBT Radiopharmacy is one of the leading departments in the UK, with a national and international reputation for excellence, training and research. Its head of department sits on the National Radiopharmacy Group committee and the department is a regional centre, auditing and giving advice and support to eight smaller Radiopharmacies around the Midlands. As such, it is able to recruit high calibre staff and is involved in more than a simple supply service to Nuclear Medicine.

Radiopharmacy is an essential requirement for the provision of Nuclear Medicine Services at the Trust. The Radiopharmacy has and will continue to have SLAs with five other Trusts.

The design solution must provide a state of the art facility capable of supporting the full range of diagnostic and therapeutic procedures for patients treated by the Nuclear Medicine department on the hospital site and to external customers around the region.

The key functions undertaken within the Radiopharmacy are:

- The manufacture of aseptic radiopharmaceutical products for SWBH Trust Nuclear Medicine patients and external customers around the West Midlands including dispensing for individual patients (inpatient or outpatient). The Radiopharmacy supplies other Trusts. The department must therefore be directly accessible for drivers and there must be space available for drivers to wait and for proper handover of radioactive material to take place. To manufacture radiopharmaceuticals on this scale for same day use requires 3 laminar flow cabinets in a grade B clean room with 3-stage change and a grade D support area.

- Undertaking clinical trials and research in the Trust and across the region. The Radiopharmacy is the only unit in the West Midlands with a licence to manufacture radiopharmaceutical clinical trial material. It is therefore its aim to provide a facility capable of supporting clinical trial and research activity in the Trust and by its customers. This requires a separate clean room and clean change, due to the nature of the material being manipulated (long-lived radioactive material; items of animal origin such as mouse antibodies).

- Supplying the full range of blood labelling services. This requires a separate clean room, support room and two change rooms (3-stage change is required). There must be a link (via a hatch) to the main technetium clean room, but the room pressures must ensure that air does not move from the blood room to the other clean rooms. Blood must move in and out of the department by a separate route and separate in and out hatches are required.

- Provision of advice and information to Trust Nuclear Medicine patients and staff, medical, nursing and other professional staff to ensure the safe and appropriate selection, use and administration of Radioactive and non-radioactive adjunct pharmaceuticals.
• Provision of advice to radiopharmacies in the West Midlands. The Radiopharmacy is a regional centre, and as well as supplying other Trusts, it supports radiopharmacy services in the West Midlands Region, providing advice and training as well as carrying out annual audits and quarterly visits (Royal Shrewsbury Hospital, North Staffordshire University Hospital, University Hospital Birmingham, Hereford County Hospital, Worcestershire Royal Infirmary, Walsgrave Hospital, Queens Hospital Burton and New Cross Hospital in Wolverhampton). This requires the department to have access to meeting rooms
• Supporting the seamless management of the patient journey by maintaining the highest levels of patient safety via a fully quality assured system with facilities that comply with BS EN ISO 14644-1:1999; the layout is therefore determined not only by workload, but also by legislative requirements and current good practice
• Improved communication regarding patient interventions. Good interaction with Nuclear Medicine is essential for patient counselling and provision on advice regarding issues such as effects of concomitant drug therapy at short notice.

1.8 Mobile Docking Station

A docking station is required capable of accommodating 2 vehicles simultaneously in order that mobile medical vehicles, both diagnostic and interventional can utilised by the Trust to supplement the permanent acute facilities.

2.0 Scope of the Planning Policy

2.1 Specific Exclusions

In developing the model of care a number of services have been identified as not appropriate for provision within the department and have therefore been specifically excluded from development within this specification.

• Primary Care based diagnostic services - the clinical model which underpins this development has at its core the delivery of patient care as close to patients' homes as is clinically appropriate and practical. Some diagnostic and treatment facilities will therefore be provided on a community basis and are excluded from this PPDD.

The following Imaging Services will be undertaken in the Emergency department:

• Plain film
• Mobile ultrasound.

The Trust will utilise the following mobile imaging equipments within other clinical departments (refer Functional Brief Table [3.5.3]):

• Image Intensifiers with C arm
• Ultrasound Machines
• Plain Film.
Antenatal ultrasound will be undertaken in the outpatient Antenatal Clinic.

The Trust will provide the following services at other locations as well as the acute site:

- CT
- MR
- Ultrasound
- Plain Film.

The following services will be undertaken at locations other than the acute site:

- Dexa scanning
- Mammography.

In developing the model of care a number of services have been identified as not appropriate for provision within the department and have therefore been specifically excluded from development within this specification.

- Non-radiopharmacy aseptic work (This provision will be undertaken within the Pharmacy PPDD 18)

### 2.2 Activity Figures

Refer to Activity and capacity model.

It should be noted that Radiopharmacy is not able to spread the preparation of doses throughout the day, as is the case in pharmacy aseptic units. Most of the doses are needed for 09:00am and must be prepared prior to this time on a daily basis (most must be used within 12 hours or less). There are some other preparations – listed separately in the table below – which take significant time to prepare. Some, such as white cell radionlabelling and preparation of therapy doses, require two technologists for up to 4 hours each per dose. Simply using the total number of doses prepared is not an appropriate measure of the size of the operation.

### 2.3 Hours of Operation

The facilities will be planned on the basis of the department being operational up to 16 sessions per week. The area will however require access twenty-four hours a day, seven days a week, and must be capable of receiving patients from either Emergency Department, Inpatient, Daycase or Outpatient areas throughout that time period.

Facilities which require availability 24/7:

- Plain film
- Radiopharmacy
- Radioactive store
- CT
- MRI
Ultrasound
Interventional Radiology.

Bidders should note that the radiopharmacy and radioactive store will require access twenty-four hours a day, seven days a week in order to receive deliveries of radioactive material in compliance with the Radioactive Material (Road Transport) Regulations 2002.

2.4 Functional Content

The Imaging department facilities will include the following:

2.4.1 Dedicated use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to the clinical departments.

- Staff Changing facilities
- Staff showers
- Staff toilets
- Reprographics
- Disposal hold
- IT Hub
- Medical gas – local storage
- Domestic Services Room
- Store – domestic services
- Switchgear.

2.4.2 Reception

- Reception
- Waiting Area
- Childrens play area
- WC
- WHB/PPE Station.

2.4.3 Plain Film Imaging

- Inpatient waiting area
- Patient changing facilities
- Patient changing point
- Waiting area
- Patient toilets
- Linen storage
- Staff base
- General RDR rooms
- Reporting Area
- Office.
2.4.4 Ultrasound

- Staff Base
- Sub Wait
- Children’s sub wait
- Bed / Trolley Wait
- Ultrasound rooms
- Patient Changing
- Patient toilets
- Linen storage
- Mobile imaging parking bay
- Store: large
- Office.

2.4.5 Shared Areas for Plain Film and Ultrasound

- Clean Utility
- Dirty Utility
- Office (1)
- Switchgear.

2.4.6 MRI and CT Department

- MRI Scanning Rooms
- Control room
- Reporting area
- Engineering/Technical Room
- CT Scanning Rooms
- CT Control room
- Reporting area
- Bed / Trolley Wait
- Interview / Counselling
- Patient changing facilities
- Patient changing point
- Sub Wait (changed)
- Sub Wait (unchanged)
- Patient Sanitary facilities
- Cannulation & Metal check area
- Clean Utility
- Dirty Utility
- Store – Linen
- Store: large
- Store – Equipment
- Staff Base
- Domestic Service Room - non-ferromagnetic
- Office
- Switchgear.
2.4.7 Interventional Radiology

- Bed / Trolley Wait
- Patient Sanitary facilities
- Barium preparation
- Patient WC/Barium enema
- IR Procedure room (Standard)
- IR Procedure room (Angiography)
- Scrub area
- Control room
- Staff Change
- Ultrasound room
- Consulting/examination room
- Stage 1 recovery /trolley wait
- Beverage room
- Staff base / clean supplies
- Clean Utility
- Dirty Utility
- Store – Linen
- Store – small
- Office
- Domestic Services
- Switchgear.

2.4.8 Physics and Nuclear Medicine

- Staff Base
- Sub waiting (“Cold”)
- Patients WC’s (‘cold’)
- Sub waiting (Hot)
- Sub waiting - Paediatric (“Hot”)
- Trolley Wait (“Hot”)
- Trolley Wait - Barrier
- Linen store
- Patients WC’s (‘Hot’)
- Dirty Utility with macerator
- Radionuclide injection preparation area
- Patient injection rooms
- Radionuclide Gamma Camera Imaging
- Radionuclide Gamma Camera Imaging (bespoke)
- Control Room
- Consulting/examination room
- Accessible Changing Room
- Patient Changing Point
- Radiopharmaceutical Dispensary Area
- In-vitro Sample Preparation, Dispensing & Counting
- Consult/Exam Cardiac Stress Rooms
- Reporting
- Ultrasound
- Staff Base
- Utility - Radioactive Waste Store
- Office
- PACS Room
- Staff Rest Room
- Beverage Bay
- Seminar Room
- Switchgear.

### 2.4.9 Radiopharmacy

- Waiting area / dispatch area (6 persons)
- Grade D changing rooms
- Grade D support room (Small)
- Grade D support room (Large)
- Grade B changing rooms
- Grade B clean room (Routine Diagnostics)
- Grade B clean room (Manufacture)
- Grade B clean room (Radiolabelling Blood Products)
- Quality Control / Research Laboratory
- Radioactive store / delivery room
- Non-Radioactive store room
- Decontamination Shower
- Office
- Office / Resource Base (4)
- Domestic services room
- Clean Utility
- WC – Staff
- Switchgear.

### 2.4.10 External Functionality

- Store – External – Solid Waste
- Store – External – Quick Decay
- Store – External – Low Level Waste
- Mobile vehicle docking station.

### 2.4.11 Administration

The Trust advocates the use of Administration Zones (PPDD 19), which will be collocated with the clinical areas they support.
2.4.12 Facilities shared with and described in Medical Day Procedures (PPDD 07)

- Recovery Suite
- Mobile Docking Station (external)
- Beverage preparation.

2.5 Common Planning Policies

This planning policy has been developed to be read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wish to ensure consistency of approach within the facilities and as such:

- Advocate the use of repeatable rooms, as such only bespoke rooms and exceptions will be described in detail within this departmental PPDD.

3.0 Staffing

3.1 Staffing Profile (including Management)

Refer to the Trust's staffing profile for the acute hospital.

3.2 Staff Development, Education and Welfare

Staff welfare facilities in the form of separate sex toilets showers and change are provided within the dedicated Neighbourhood Hub. Secure lockable storage is provided for personnel property whilst staff are on duty.

There will be a variety of training taking place within the Imaging department, requiring a variety of shared and bespoke facilities.

4.0 Key Relationships

4.1 Departmental Relationships

The key objective is the provision of an Imaging service and therefore the following internal departmental adjacencies will be key:

- The reception will be at the entrance of the department and will serve all disciplines
- It is imperative that the reception and local Clinical Administration Zone are coterminous in order that the reception can deal with bookings & staff on the front desk can ask for assist in difficult cases. Many procedures require specific preparation which may need to be tailored to individual needs. Other appointments need to be timed to coincide with clinic appointments, or with the menstrual cycle in women
Most departments have an administrative office placed adjacent to the reception area; the reception can then deal with bookings & staff on the front desk can ask for help in difficult cases. Staff are often shared, with helpers or students performing admin tasks.

- Patient changing and WC facilities will be directly accessible from waiting areas.
- The ultrasound facility is focused upon high volume, rapid turnover investigations and must be located close to the main waiting area and patient entrance.
- The ultrasound and WC facilities will be closely adjacent.
- The utility areas must be accessible without leaving the clinical areas.
- Staff changing and rest facilities will be accessible within a dedicated Neighbourhood Hub.

The key adjacency within Interventional Radiology is:

- The control room and sterile prep areas will be directly accessible from the procedure rooms. There must not be direct access from corridor to the procedure room. Access for visiting medical staff should be via the control area during procedures as the main doors to the IR suite will be locked.

The key adjacency within Nuclear Medicine and Radiopharmacy are:

- The Radiopharmacy and Nuclear Medicine should be co-terminus for the easy transport and provision of labelled radiopharmaceuticals and labelled cell procedures.
- The entrance to Radiopharmacy should be such that radioactive consignments can be dispatched to Trust and external customers.
- The management of radiopharmaceutical supplies will require direct delivery, via Receipt and Distribution centre and local storage of bulk items. It is essential that the department has direct access for such deliveries and would therefore anticipate location at ground level. Radioactive material is delivered out of hours and this must be delivered directly to the radioactive store. Security measures must be such that all legislation covering prevention of terrorism is addressed.
- Entry of items into the clean rooms must be kept separate to the movement of blood products through the department.

The departmental relationships are shown in the diagram [4.1]:

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<td>Implementation Date:</td>
<td>July 2014</td>
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4.2 Workflow

4.2.1 Patient Flows

Patients will generally be adults, whose medical condition will range from the medically unstable to the fully ambulant. The Trust would wish to ensure that all patients have equity of access and it must be recognised that the majority of patients will be adults, but treatment will be provided for children.

The design solution must also be sensitive to the differing cultural and religious requirements of the population, especially in terms of maintaining the privacy and dignity of individuals who may be partially clothed awaiting investigation/treatment/results. As a principle, the Trust does not wish patients who have changed or partially changed to share waiting facilities with those who have not. In addition “hot” and “cold” waiting must be kept separate in Nuclear Medicine.

Patients will not access Radiopharmacy. All patient contact will take place either in Nuclear Medicine or the shared Imaging support facilities.

Typical patient flows are indicated in diagram [4.2.1].
Diagram [4.2.1] Patient flows

4.2.2 Staff Flows

In the main, staff will be based in the Imaging department. Typical staff flows are shown in diagram [4.2.2].

Diagram [4.2.2] Staff flows
4.2.3 Goods Flows

Goods flows must be kept as separate as possible from patient flows, via a service corridor. The services within the department will draw on the hospital for various supporting services including domestic, and portering services, together with supplies and waste disposal (further details provided within the Facilities Management PPDD 24 and Neighbourhood Hubs PPDD 33). Provision should enable the clinical staff to access support facilities without leaving the clinical areas. Typical goods flows are shown in diagram [4.2.3].

In addition a dedicated delivery / dispatch point is required within radiopharmacy for goods in and out; internal deliveries via pharmacy or supplies.

Diagram [4.2.3] Goods flows

4.3 Interdepartmental Relationships

The department should be provided with linkages to the internal hospital street network as one element of a main Radiology Department, to ensure rapid and appropriate access, with no requirement for external transport or movement within the new Hospital.

- The Emergency Department. There will be dedicated imaging facilities and staff within the Emergency Department. Emergency patients requiring Plain X-rays will therefore not be required to transfer to the main Imaging department but there will be a direct professional and resources link
- The Emergency Department. A significant number of referrals for CT and MRI scan will be from the Emergency Department. Therefore ease of access will be required at all times of every day

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<td>Page 22 of 58</td>
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</table>
- Outpatients Department. Patients will be referred from the Outpatients Department and therefore consideration must be given to an adjacency with appropriate clinics to optimise patient flows
- Inpatient Wards. A significant proportion of the patients referred to the department will be referred from the inpatient areas and therefore access to the ward areas must be given consideration
- Medical Day Procedures. The imaging department will utilise a recovery area within the adjacent Medical Daycase procedures unit as such rapid access is required
- Endoscopy: Access for scope cleaning and storage; staff overlap between Endoscopy and ERCP
- Operating theatres. The Radiopharmacy Department processes patients' platelets for use in eye surgery
- Pharmacy Department. The Quality Control Pharmacist has responsibilities for the Quality Assurance of the Radiopharmacy process and close liaison is therefore necessary
- Future direct access to CT Suite from ambulance via pre-alert required
- Direct lift or other access required from ICCU to CT

The relationships above have been summarised in the table [4.3] below.

### Table [4.3] Interdepartmental relationships: Imaging.

<table>
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<td>Inpatient area</td>
<td>PPDD 02</td>
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<tr>
<td>MRI &amp; CT</td>
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<td>Interventional Radiology including Fluoroscopy</td>
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<td>Shared recovery and staff support facilities</td>
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<td>Medical Day Procedures</td>
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<tr>
<td>Emergency Department</td>
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<td>Patient Transfer</td>
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<td>Inpatient area incl. AAU</td>
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<td>Endoscopy</td>
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**Physics and Nuclear Medicine**

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**Radiopharmacy**

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### 5.0 Planning and Design Principles

The key design consideration is balancing the need for an appropriate patient flow with easy access, with the optimum sharing of clinical support facilities of adjacent departments within the wider Radiology Department. For example, Reception or staff welfare facilities.

The facility will include a licensed Radiopharmacy Unit which should complying with all current guidelines and relevant legislation.

Nuclear medicine facilities need to comply with Environment Agency requirements for radioactive materials, HSE, Counter terrorism security (an integral part of new Environment Agency regulations from 2008) and patient safety issues (ARSAC, IRMER and general HSE).

The following Agencies should be contacted by the designers for comment prior to finalising any proposals:

- The Medicines and Healthcare products Regulatory Agency (MHRA)
- The Police.
5.1 Ambience and Decoration

The unit must be designed to meet the needs of the patients, staff and relatives, providing ease of access and an environment that enhances the reduction of anxiety and supports patient dignity. Design should balance the need for a substantial level of high tech equipment in the clinical areas with the need for a non-institutional environment in the support areas.

The facility is to be family-friendly and non-institutional with particular emphasis on the use of colour, art, contrast and texture to provide a stimulating, non-threatening environment for all patients regardless of ability or impairment.

Although modern scanning equipment has the potential to appear intimidating and is often operated close to the patient giving difficulties for claustrophobic patients, from a patient perspective an environment which appears as non clinical as possible is desired with a pleasant outlook and it is important that an attractive and stimulating environment is provided.

The use of mood lighting within imaging rooms is a requirement of the Trust.

The Trust would wish to utilise contrasting floor and door colours to help demarcate areas within the department.

Radioisotopes are used extensively throughout the imaging department both within individual rooms and communication spaces. The choice of finishes, fixtures and fittings must reflect this.

The radiopharmacy aseptic suite and support areas must be fully compliant with the regulation (refer references above, coving, smooth surfaces which support ease of cleaning and decontamination).

5.2 Way finding

Signage in the department should clearly demarcate and indicate the direction of the different areas. Due consideration will be given to way finding as described in the Functional Brief.

5.3 Security and Observation

The department must be secured to prevent unauthorised access whilst ensuring easy exit. Staff access will be gained via swipe cards and proximity readers. Others needing access to the department will be screened with audiovisual equipment.

Security within Radiopharmacy and Nuclear Medicine must conform to the security standards laid down by Special Branch for the security of radioactive materials.

The Trust’s Requirements in respect Patient/Staff call systems is set out within Functional Brief Table [20].

The Trust’s requirements in respect of the communications and network system to support the security and call systems is set out within Functional Brief.
5.4 **Control of Infection**

In addition to the repeatable requirements to control of infection within the department set within the Functional Brief the following specific issues are to be addressed:

- The path taken by any blood products through the radiopharmacy department must be separate to that taken by non-blood products. There must be appropriate pressure differential between the routine diagnostic clean room and the blood clean room to prevent air from the blood room flowing back into the diagnostic room.

5.5 **Manual Handling**

In addition to the repeatable requirements for manual handling within the department set within the Functional Brief the following specific issues are to be addressed.

5.5.1 Patients

Extensive use will be made of mobile hoisting within the imaging department.

5.5.2 Equipment

Generators weighing 16-25kg are taken into the Nuclear Medicine department twice a week from the radioactive store. The generator is to be removed from the store on a trolley and then transferred via hoists into the routine diagnostic clean room. A dedicated mobile hoist is required in the support area and also in the routine diagnostic clean room.

5.6 **Fire & Safety**

5.6.1 Fire

Precautions against fire will be taken, by staff working within the area. The Trust’s *Fire Safety Management Policy* will be adhered to and can be referenced within the Functional Brief.

Particular attention is required in respect of the effect of exhaust ducts on the spread of fire originating in the radiopharmacy physics and nuclear medicine in respect of radioactive emissions. Any horizontal evacuation escape routes must not traverse the “hot” areas of radio-pharmacy or nuclear medicine.

5.6.2 Safety

Design features that contribute to safety include hand washing facilities, finishes and furniture, storage of chemicals. Special equipment such as exhaust protective cabinets and fume cupboards will be required. Provision should be made for the storage of first aid products, chemical poison antidotes and eye-care items.
5.6.3 Radiation Protection

The environment of the Imaging Department will be controlled by the following:

- IRR99 (Ionising Radiations Regulations 1999)
- Radioactive Substances Act 1993
- IRMER (Ionising Radiation Medical Exposure Regulations 2000)
- MHRA requirements for radiopharmaceutical dispensing
- Requirements for Environment Agency (outlined in Medical and Dental Guidance Notes)
- Requirements for security of radioactive sources as outlined in special branch document
- Radioactive Substances Act 1993
- The requirements of the Environment Agency.

All staff must wear film badges and lead coats to enter designated rooms. Special arrangements will be given to pregnant patients or staff. All staff working in the department will adhere to the Trust’s Radiation Protection Policy.

The Bidders will need input from their own RPA body with respect to the design specifications of the X-ray rooms and radionuclide facilities, and the Trust RPA can advise the Trust on appropriateness.

5.7 Privacy and Dignity

The design should provide an environment which respects the needs of all patients in terms of privacy and dignity as well as facilitating the delivery of good clinical practice and care.

Bidders should refer to the Trust’s Privacy and Dignity Policy on this issue.

5.8 Environmental Parameters

The design shall ensure that temperature and humidity control are in accordance with HBN 06 Facilities for Diagnostic Imaging and Interventional Radiology Volumes 1 & 2 and HBN 14-01 Pharmacy and Radiopharmacy Facilities.

Generally, all public areas and areas not occupied by patients will be controlled by a Building Management System (BMS) to the requirements of HTM 03-01 Specialist Ventilation for Healthcare Premises: Part A: Design & Validation.

A controlled environment is required to all imaging and intervention rooms in addition GA’s are administered in the intervention rooms.

The following environmental parameters are required within radiopharmacy in attention the design must comply with BS5295. Temperature and humidity should be capable of independent control in specific areas, to prevent large differentials between small rooms containing heat producing equipment (e.g. isolators) and other areas for example, store room, documentation area. A working temperature should be maintained as follows:

<table>
<thead>
<tr>
<th>Environmental Parameters</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperature</td>
<td>18°C - 22°C</td>
</tr>
<tr>
<td>Humidity</td>
<td>30% - 60%</td>
</tr>
</tbody>
</table>

---

11 Imaging department

File Pathway: S:\2010 Estates and Technical Team\PFI\P1

Issue. 1

Implementation Date: July 2014
- 21°C +/-2 in changing rooms
- 20°C +/- 2 in all other areas
- Relative Humidity should be maintained at 45% +/- 5.

The air filtration system should be capable of achieving these grades in the unmanned state within 20 minutes of completion of work. HEPA filters should be rated at 99.995% efficiency when tested with DOP in accordance with current standards (EN 1822 Class H14). The Unit should be designed to provide 25 air changes per hour (minimum 20) in each clean room.

Room pressures should provide a minimum differential between clean rooms of 10 Pascals, taking into account any air exhausted through isolators to the outside atmosphere. A minimum of 15 Pascals differential should be provided between the clean area and general uncontrolled areas. Automatic dampers should be provided to maintain the pressure differentials.

HEPA filters/air diffusers should be ceiling mounted. Air exit from rooms should be low level via pressure relief flaps. A means of detecting any out of hours air supply problems should be provided, for example, a pressure sensor in the supply duct connected via a relay switch to a visible alarm that requires a controlled reset and is not automatically reset. Visible alarms should be failsafe if a bulb blows e.g. “normal condition” light goes out and “fault” light comes on. An audible alarm should also be provided and means of ascertaining the duration of the shutdown.

The following environmental parameters are required within Nuclear medicine:

- Where Xenon 133 is used within one of the injection areas, it needs venting directly outside.

The design of the plant room supply the Radiopharmacy Unit should address the need for restricted access under Radiopharmacy control, in order to prevent the air supply being switched off in the middle of any procedure. In addition, the Trust is liable for the performance of the plant. The individuals named on the Radiopharmacy Manufacturer’s Specials Licence will be expected by the Medicines and Healthcare products Agency (MHRA) to have control over its maintenance and immediate access to any maintenance reports.

Design of plant should ensure that the position of the air inlet maximises air quality and position of both air inlet and exhaust ducts minimises the chance for entry of contaminants (e.g. smoke, fumes, dirt, birds, vermin, insects etc).

The air handling plant must be dedicated to supplying only the controlled areas of the aseptic suite. In addition the air from the Blood labelling and Clinical Trials Clean Rooms must not pass into the Radiopharmacy Preparation Room.

A duplex air handling unit plant should be provided to ensure continuity of service in the event of plant failure.

HEPA filters should be of standard size to facilitate future replacement.
5.9 **Environmental Criteria**

5.9.1 **Natural Light**

The Design Brief developed by the Trust advocates the use of both natural light and natural ventilation. The Functional Brief Section 5.6 sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions. The areas highlighted below are specific to the Imaging PPDD.

The following table sets out the requirements for bespoke natural light requirements within the Imaging Suite.

**Table [5.9.1] Natural Light Matrix**

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Essential</th>
<th>Desirable or None</th>
<th>External Wall</th>
<th>Atrium</th>
<th>borrowed light</th>
<th>Roof Light / Tube</th>
</tr>
</thead>
<tbody>
<tr>
<td>General RDR</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>MRI Scanning Room</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>MRI/CT Control Room</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>MRI Technical Room</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>CT Scanning Room</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Barium Preparation</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>IR Standard</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>IR Angiography</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>IR Control Room</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Radionuclide Injection Preparation</td>
<td>Desirable</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Radionuclide Injection</td>
<td>Desirable</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>RI Gamma Camera Imaging</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>RI Control Room</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Radiopharmaceutical Dispensing</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>In Vitro Samples</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Utility Radioactive Waste</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Radiopharmacy Dispatch</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Grade D Changing</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Grade D Support</td>
<td>Desirable</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>
### 5.9.2 Ventilation

The Design Brief developed by the Trust advocates the use of natural ventilation. The Functional Brief sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The environmental and ventilation standards within the whole of the Radiopharmacy facility must comply to the EGGMP (Orange Guide) and Radiology Protection Advisor standards. The following table sets out the requirements for bespoke environmental criteria within the Imaging Suite.

#### Table [5.9.2] Environmental Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Temperature Min (°C)</th>
<th>Temperature Max (°C)</th>
<th>ac/hr</th>
<th>Pressure &amp; filtration</th>
<th>Notes in respect of permissible derogations</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-Ray General RDR</td>
<td>18</td>
<td>25</td>
<td>15</td>
<td>+ve</td>
<td>F7 i</td>
</tr>
<tr>
<td>MRI Scanning Room</td>
<td>18</td>
<td>25</td>
<td>15</td>
<td>+ve</td>
<td>F7 iii</td>
</tr>
<tr>
<td>Control Room (all)</td>
<td>18</td>
<td>25</td>
<td>15</td>
<td>+ve</td>
<td>F7 i</td>
</tr>
<tr>
<td>MRI Engineering/Technical Room</td>
<td>18</td>
<td>25</td>
<td>15</td>
<td>+ve</td>
<td>F7 i</td>
</tr>
<tr>
<td>CT Scanner</td>
<td>18</td>
<td>25</td>
<td>15</td>
<td>+ve</td>
<td>F7 iii</td>
</tr>
<tr>
<td>Barium Preparation</td>
<td>18</td>
<td>28</td>
<td>15</td>
<td>+ve</td>
<td>F7 iv</td>
</tr>
<tr>
<td>IR Room (all)</td>
<td>18</td>
<td>25</td>
<td>25</td>
<td>HTM 03</td>
<td>H12 iii</td>
</tr>
<tr>
<td>Radionuclide Injection Preparation</td>
<td>18</td>
<td>25</td>
<td>15</td>
<td>+ve</td>
<td>F7 i</td>
</tr>
<tr>
<td>Patient Injection</td>
<td>18</td>
<td>25</td>
<td>15</td>
<td>+ve</td>
<td>F7 iv</td>
</tr>
<tr>
<td>Radionuclide Gamma Camera Imaging</td>
<td>18</td>
<td>25</td>
<td>15</td>
<td>+ve</td>
<td>F7 i</td>
</tr>
<tr>
<td>Radiopharmaceutical Dispensing Area</td>
<td>18</td>
<td>25</td>
<td>15</td>
<td>-ve</td>
<td>F7 i</td>
</tr>
<tr>
<td>In Vitro Sample Preparation Dispensing and Counting</td>
<td>18</td>
<td>25</td>
<td>15</td>
<td>-ve</td>
<td>F7 i</td>
</tr>
<tr>
<td>Radioactive Waste</td>
<td>18</td>
<td>28</td>
<td>15</td>
<td>-ve</td>
<td>F7 v</td>
</tr>
<tr>
<td><strong>RADIOPHARMACY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade D Change (4)</td>
<td>18</td>
<td>25</td>
<td>10</td>
<td>-ve</td>
<td>F7 iv</td>
</tr>
<tr>
<td>Grade D Support (all) (4)</td>
<td>18</td>
<td>25</td>
<td>10</td>
<td>-ve</td>
<td>F7 iv</td>
</tr>
<tr>
<td>Grade B Changing (5)</td>
<td>18</td>
<td>25</td>
<td>10</td>
<td>+ve</td>
<td>H14 iv</td>
</tr>
<tr>
<td>Grade B Clean Room (all) (5)</td>
<td>18</td>
<td>22</td>
<td>20</td>
<td></td>
<td>H14 iii</td>
</tr>
</tbody>
</table>

---

**Midland Metropolitan Hospital**

**Planning Policy & Design Description**

**Sandwell & West Birmingham Hospitals NHS Trust**

<table>
<thead>
<tr>
<th>Grade B Changing</th>
<th>None</th>
<th>N</th>
<th>N</th>
<th>N</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade B Clean Room</td>
<td>Desirable</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>QC Laboratory</td>
<td>Desirable</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Radioactive Delivery Room</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>
Refer to Functional Brief Tables 12 and 13 for Environmental Criteria Notes and Control

5.9.3 Acoustic Criteria

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke acoustic criteria within the Imaging Suite.

**Table 5.9.3** Acoustic Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Rating to be achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>General RDR</td>
<td>B</td>
</tr>
<tr>
<td>MRI Scanning Room</td>
<td>B</td>
</tr>
<tr>
<td>MRI/CT Control Room</td>
<td>B</td>
</tr>
<tr>
<td>MRI Technical Room</td>
<td>C</td>
</tr>
<tr>
<td>CT Scanning Room</td>
<td>B</td>
</tr>
<tr>
<td>Barium Preparation</td>
<td>D</td>
</tr>
<tr>
<td>IR Standard</td>
<td>B</td>
</tr>
<tr>
<td>IR Angiography</td>
<td>B</td>
</tr>
<tr>
<td>IR Control Room</td>
<td>B</td>
</tr>
<tr>
<td>Radionuclide Injection Preparation</td>
<td>D</td>
</tr>
<tr>
<td>Radionuclide Injection</td>
<td>B</td>
</tr>
<tr>
<td>RI Gamma Camera Imaging</td>
<td>B</td>
</tr>
<tr>
<td>RI Control Room</td>
<td>B</td>
</tr>
<tr>
<td>Radiopharmaceutical Dispensing</td>
<td>D</td>
</tr>
<tr>
<td>In Vitro Samples</td>
<td>D</td>
</tr>
<tr>
<td>Utility Radioactive Waste</td>
<td>E</td>
</tr>
<tr>
<td>Radiopharmacy Dispatch</td>
<td>D</td>
</tr>
<tr>
<td>Grade D Changing</td>
<td>D</td>
</tr>
<tr>
<td>Grade D Support</td>
<td>D</td>
</tr>
<tr>
<td>Grade B Changing</td>
<td>D</td>
</tr>
<tr>
<td>Grade B Clean Room</td>
<td>D</td>
</tr>
<tr>
<td>QC Laboratory</td>
<td>D</td>
</tr>
<tr>
<td>Radioactive Delivery Room</td>
<td>E</td>
</tr>
</tbody>
</table>
5.9.4 Medical Gas and Power supply requirements

The Design Brief developed by the Trust, Functional Brief Table [7.2.1] sets out the Repeatable "bed head" service requirements, the table below sets out the bespoke requirements within the Imaging Suite.

**Table [5.9.4] Medical Gas and Power supply requirements**

<table>
<thead>
<tr>
<th>Room Type</th>
<th>Medical Gas Requirements</th>
<th>Associated Power and Alarm Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigation Rooms (All Procedure Rooms)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRI Scanning Room</td>
<td>2 1 - 1 - 3 1 - 2 Sets</td>
<td>1 set for each AVSU</td>
</tr>
<tr>
<td>General RDR</td>
<td>1 - - 1 - 1 - - 1 set</td>
<td>N N 6 4</td>
</tr>
<tr>
<td>CT Scanning Room</td>
<td>2 1 - 1 - 3 1 - 2 Sets</td>
<td>1 set for each AVSU</td>
</tr>
<tr>
<td>IR Standard</td>
<td>2 1 - 1 - 3 1 - 2 Sets</td>
<td>1 set for each AVSU</td>
</tr>
<tr>
<td>IR Angiography</td>
<td>2 1 - 1 - 3 1 - 2 Sets</td>
<td>1 set for each AVSU</td>
</tr>
<tr>
<td>RI Gamma Camera Imaging</td>
<td>2 - - 1 - 3 1 - 2 Sets</td>
<td>1 set for each AVSU</td>
</tr>
<tr>
<td>CT/MRI Anaesthetic and Recovery</td>
<td>2 1 - 1 - 3 1 - 2 Sets</td>
<td>1 set for each AVSU</td>
</tr>
</tbody>
</table>

5.10 Flexibility

In addition to the macro flexibility set out in the Functional Brief the accommodation must enable flexible use and allow for changes in medical, diagnostic and therapy needs of patients; changes in models of care and or service delivery.
It is recognised that the models of service delivery adopted will alter over time. It is therefore essential that the facilities provided can respond to future changes in the technology surrounding the relevant services but also the changes in clinical and service models within the clinical services to which the area provides support.

### 5.11 IM & T

Details of the active components associated with IM&T can be found in the Functional Brief Section 3.4. It is assumed that all patient records will be electronic and note entry and note review will take place within the clinical rooms.

The following links are required:

- All reporting workstations, clinical & reception areas will require access to RIS & patient information system
- Telemedicine links from invasive rooms to seminar room.

Details of the active components associated with IM&T can be found in section [6] with additional reference in the Functional Brief Radiopharmacy must utilise hands free communication technology and must comply with Grade B status.

### 5.12 External Space and Courtyards

Access to outside spaces (balconies, courtyards, gardens etc.) is desirable but not essential for staff and carers/relatives waiting for patients.

In addition access is required to the radioactive external stores and mobile medical vehicle docking stations refer section [7.7].

### 6.0 Equipment

The specific requirements for the Imaging Department will be addressed through the equipment selection in accordance with the Equipment Responsibility Matrix in Schedule 13.

The ADB Component sheets set out the draft equipment list for the imaging department suite in accord with Schedule 13.

### 7.0 Proposed Accommodation

In developing proposals for the imaging facilities reference must be made to:

- HBN 06 Facilities for diagnostic imaging and interventional radiology Vol 1
- HBN 06 Facilities for diagnostic imaging and interventional radiology Vol 2 Diagnostic Imaging PACS and specialist imaging
The operational functionality of the areas listed below is specific to the requirements of the hospital. It is anticipated that the department will be fully PACS providing access to report and images via digital networks other hospitals. Where areas of accommodation to be provided within different elements of the project are deemed to have the same repeatable functionality, these are outlined in the Functional brief document. The overall design should be based upon the principles contained within HBN 06, including room adjacency, services, radiation protection and layout.

Although there are identified facilities to be shared by all modalities within the Radiology Department, the Trust is willing to consider the sharing of other support facilities between modalities should the design solution permit this. Examples would include clean and dirty utility areas. Where the design solution does not support sharing of facilities consideration must be given to the impact on the quantum and size of rooms provided.

The schedule of accommodation has assumed a level of sharing based upon certain adjacencies stated. Should the design team not achieve the appropriate adjacencies it may be necessary to review the Schedule to ensure that full functionality is delivered.

In line with the desire to separate activities the Trust is keen to distinguish between the front of house and back of house functions including administration. The supporting administration is described within the administration zone below.

The rooms described below are solely in respect of bespoke rooms or repeatable rooms which require modification.

For repeatable rooms refer to the Functional Brief.

The Imaging department facilities will include the following:

7.1 Dedicated use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to the clinical departments.

Bidders should note that this should be conveniently located to serve all members of staff.

The functional requirements are fully described within PPDD 33 Neighbourhood Hubs and are summarised below:

7.1.1 Staff Changing

Separate repeatable staff changing is required for 40 males and 60 females. For details of the functionality required refer to Functional Brief Table [24].
7.1.2 Staff Showers

Separate repeatable male and female ambulant showers are required, accessed from the corresponding changing area as set out in the Functional Brief Table [24].

7.1.3 Staff Toilets

Separate repeatable male and female ambulant toilets are required to be located out with the changing areas as set out in the Functional Brief Table [24] located in a central location within the department.

7.1.4 Reprographics

A reprographics facility is required to serve the Imaging hub as set out in the Functional Brief Table [24].

7.1.5 Disposal Hold

A repeatable Disposal Hold is required as detailed within the Functional Brief Table [24].

7.1.6 IT Hub

A repeatable IT hub is required as detailed within the Functional Brief Table [24].

7.1.7 Medical Gas – Local Storage

A repeatable local store is required for medical gas cylinders the functionality for which can be referenced within Functional Brief Table [24].

7.1.8 Domestic Services

A repeatable Domestic Services room is required to serve this dedicated Hub the functionality for which is described within Functional Brief Table [24].

7.1.9 Store Domestic Services

A repeatable domestic services store is required. The functionality can be referenced within Functional Brief Table [24].

7.1.10 Switchgear

A repeatable switchgear room is required as set out in the Functional Brief Table [24].
7.1.11 Staff Rest

A repeatable 20 person staff rest facility is required to serve Imaging. Details of the functionality required are set out within the Functional Brief Table [24].

7.1.12 Beverage Bay

A repeatable Beverage facility is required as set out in the Functional Brief Table [24]. This facility should be co-located with the Staff Rest Room.

7.1.13 Seminar Room

A repeatable 20 place seminar room is required as set out in the Functional Brief Table [24].

7.2 Reception

7.2.1 Reception

A repeatable 4 person reception as set out in the Functional Brief Table [24] is required to serve all patients requiring radiological assessment / investigation. It is anticipated that the accompanying escort will register patients attending from other areas within the Hospital.

7.2.2 Waiting

A repeatable waiting area for 20 persons is required, details of the functionality set out within Table [24] of the Functional Brief.

7.2.3 Children’s Play

A dedicated repeatable 5 place children’s “waiting and play area is required, details of the functionality required are set out within Table [24] of the Functional Brief.

7.2.4 WC

Separate repeatable male and female visitor toilets are required, it must be noted that sanitary facilities are not generally available within the clinical areas other than for patients. Details of the Trust’s Requirements can be referenced in the Functional Brief Table [24].

7.2.5 WHB / PPE Station

A repeatable area is required where visitors to imaging can wash / gel their hands and don appropriate PPE. Details of the functionality required are set out within the Functional Brief PPDD Table [24].
7.3 Plain Film Imaging

7.3.1 Inpatient Waiting Area

A discreet area will be provided for inpatients, on beds, trolleys or wheelchairs, to wait for investigations with full bed head functionality. This area should be easily accessible from all rooms but ensure privacy and dignity is maintained. One bay must have the ability to be screen for control of infection purposes.

For details of the Trusts functional requirements, refer to the Functional Brief Table [24].

7.3.2 Patient Changing - Ambulant

A suite of two ambulant changing facilities are required the functionality for which can be referenced in the Functional Brief Table [24].

7.3.3 Patient Changing – Accessible

In addition to the ambulant changing facilities one accessible facilities are required the functionality for which can be referenced in the Functional Brief Table [24].

7.3.4 Sub Wait

A repeatable waiting area for 10 persons is required, details of the functionality set out within Table [24] of the Functional Brief.

7.3.5 Patient Toilets

There should be one repeatable OSFA toilet accessible to all patients within the plain film area and one en-suite OSFA toilet to the IVU room as set out in the Functional Brief Table [24].

7.3.6 Linen Storage

A repeatable linen store is required as set out in the Functional Brief Table [24].

7.3.7 Staff Base

A repeatable 2 person staff base with resuscitation trolley is required as set out within the Functional Brief Table [24]. This should be sited in close proximity to the IVU room.

7.3.8 General RDR Rooms

There need to be two bespoke rooms, and two in the emergency department. These should be adjoining each other.
These high volume rapid turnover rooms should be located close to the main waiting area and patient entrances. The rooms should be co-located to enable flexibility of room utilisation and staffing. All rooms should have ready access to the utility areas without staff passing through patient waiting areas.

One room (in main department) needs to be set up to allow IVUs, close to the viewing area, in case assistance is required for an emergency (i.e. contrast reaction).

The functionality should be based upon *HBN 06 Facilities for Diagnostic Imaging and Interventional Radiology Appendix 1, example plans page 146.*

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

Details of the Trust’s Bed Head service requirements can be referenced within Section 5 of this PPDD.

**7.3.9 Reporting Area**

Two repeatable 4 station reporting station are required, this should allow up to 3 people to gather around each workstation. These rooms should be accessible from the corridor in close proximity to the control rooms. Details of the functionality can be referenced in the Functional Brief Table [24].

Details of the Trusts environmental parameters can be referenced within section [5..0] of this PPDD.

**7.3.10 Office**

A repeatable single person office is required as set out within the Functional Brief Table [24], which should be co-located with the clinical area.

**7.4 Ultrasound**

**7.4.1 Staff Base (2)**

A repeatable 2-person staff base is required to serve the ultrasound suite. Details of the functionality required can be referenced in Functional Brief Table [24].

**7.4.2 Sub Wait**

A repeatable waiting area for 10 persons is required, details of the functionality set out within [24] of the Functional Brief.
7.4.3 Children’s Sub Wait

A dedicated repeatable 5 person children’s sub waiting and play area is required, details of the functionality required are set out within Table [24] of the Functional Brief.

7.4.4 Bed / Trolley Wait

A discreet area will be provided for inpatients, on beds, trolleys or wheelchairs, to wait for investigations with full bed head functionality. This area should be easily accessible from all rooms but ensure privacy is maintained. Bidders are required to be mindful of the need to achieve single sex compliance within the facility.

Details of the functionality required, refer Functional Brief Table [24].

7.4.5 Ultrasound Rooms

The room should have blackout, ability to vary light levels locally and be capable of accommodating a patient in a bed. Each room must be equipped for standard ultrasound procedures including biopsies and ultrasound guided interventions as set out in the Functional Brief Table [24].

7.4.6 Patient Changing - Ambulant

The patient change areas should be accessible from the waiting area. Once gowned, patients should access a non-public sub-wait adjacent to the relevant investigation room. A secure patient locker will be provided adjacent to the changing cubicles for the storage of patient belongings. Repeatable two ambulant changing facilities (one per ultrasound room) are required the functionality for which can be referenced in the Functional Brief Table [24].

7.4.7 Patient Changing – Accessible

In addition to the ambulant changing facilities repeatable one accessible facilities are required the functionality for which can be referenced in the Functional Brief Table [24].

7.4.8 Patient Toilets

There should be two repeatable OSFA toilets accessible to all patients within the ultrasound area as set out within the Functional Brief Table [24].

7.4.9 Linen Storage

A repeatable linen store is required as set out in the Functional Brief Table [24].

7.4.10 Mobile Equipment Bay

A repeatable mobile equipment bay is required as set out in the Functional Brief Table [24].
7.4.11 Store: Large

A repeatable large store is required for the storage of gel and equipment (e.g. probes) as set out within the Functional Brief Table [24].

7.4.12 Office

A repeatable single person office is required as set out in the Functional Brief Table [24], which should be co-located with the clinical area.

7.5 Shared Areas for Plain Film and Ultrasound

7.5.1 Clean Utility

A repeatable clean utility is required to serve general imaging as set out in the Functional Brief Table [24].

7.5.2 Dirty Utility

A repeatable dirty utility with additional functionality to be used as a scope cleaning room is required as set out in the Functional Brief Table [24].

7.5.3 Office (1)

A repeatable single person office is required located between plain film and ultrasound. The functionality can be referenced within the Functional Brief table [24].

7.5.4 Switchgear

A repeatable switchgear room is required to serve this area as set out in the Functional Brief Table [24].

7.6 MRI and CT Department

The MRI and CT facilities will include the following:

MRI Area

7.6.1 MRI Scanning Rooms

Each scanning room must be adjacent to a control room with visual and aural contact but no direct access. The scanner must be aligned to the patient observation window in order to provide the radiographer with a full-length view of the MRI scanner together with the centre of the scanner gantry from the control room. Both scanning rooms must be capable of managing patients who have received sedation, general anaesthetic or who are ventilated.
The lobby to the MRI room should be sufficient in size to accommodate a trolley and an emergency resus team and equipment.

One room must be suitable for cardiac imaging, including stress imaging.

The structure/envelope will need to facilitate access to change the magnets when they are obsolete.

The functionality should be based upon *HBN 06 Facilities for Diagnostic Imaging and Interventional Radiology Appendix 1, example plans page 181* with the additional requirement that these rooms should be paired.

Details of the Trust's environmental parameters can be referenced within section [5.0] of this PPDD.

Details of the Trust's Bed Head service requirements can be referenced within Section 5 of this PPDD.

### 7.6.2 Control Room

One control room shared between the two rooms, however there should be no direct view through from one scanner room to the other. Staff must have good observation of the patient through the long axis of the MRI from the control desk or workstation. Staff will need to communicate with patients in the scanning room both audio and visual. Access to the scanning room directly from the control room is essential as is the ability to access the control room from the corridor. The scanner room doors will be locked remotely from the control room.

Details of the Trust's environmental parameters can be referenced within section [5.0] of this PPDD.

### 7.6.3 Engineering/Technical Room

An engineering/technical room will be provided for the control equipment for scanners – access by engineers is required. No direct access to MR room required.

Details of the Trust's environmental parameters can be referenced within section [5.0] of this PPDD.

### CT Area

### 7.6.4 CT Scanning Rooms

The entrance to the scanner should be from the waiting area/ vestibule rather than directly from a corridor. It is also preferable that the doors be non-aligned, so that passers by cannot see into the scanner.
Each must be adjacent to the control room with visual and aural contact and direct access. The scanner must be aligned to the patient observation window in order to provide the radiographer with a full-length view of the CT scanner together with the centre of the scanner gantry from the control room. Both scanning rooms must be capable of managing patients who have received sedation or general anaesthetic.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

Details of the Trust's Bed Head service requirements can be referenced within Section 5 of this PPDD.

### 7.6.5 CT Control Room

The CT control area is required for each CT scanning room. The entrance doors to the CT scanning room must be visible from the control room and staff must have good observation of the patient through the long axis of the CT from the control desk or workstation. Staff will need audio-visual communication with patients in the scanning.

Access to the scanning room directly from the control room is essential as is the ability to access the control room from the corridor. Direct access to the CT scanning room is required.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

### Facilities shared between MRI and CT:

#### 7.6.6 Reporting Area

Two repeatable 4 person reporting station is required, this should allow up to 3 people to gather around each workstation. These rooms should be accessible from the corridor in close proximity to the control rooms. Details of the functionality can be referenced in the Functional Brief Table [24].

#### 7.6.7 Bed / Trolley Wait

A discreet area will be provided for inpatients, on beds or trolleys, to wait for investigations with full bed head functionality. This area should be easily accessible from all rooms but ensure privacy is maintained. Bidders are required to be mindful of the need to achieve single sex compliance within the facility.

For details of the functionality required, refer Functional Brief Table [24].

#### 7.6.8 Interview / Counselling

A repeatable Interview counselling rooms are required to serve the MRI / CT areas, details of the functionality required can be referenced in the Functional Brief table [24]. In addition to this a metal check function is required in this room.
7.6.9 Patient Changing - Ambulant

The patient change areas should be accessible from the waiting area. Once gowned, patients should access a non-public sub-wait adjacent to the relevant investigation room. A secure patient locker will be provided adjacent to the changing cubicles for the storage of patient belongings. To accommodate 6 at any one time.

A repeatable ambulant changing cubicle is required to be located adjacent to the waiting areas. Patients belongings will follow the patient as described in the model Functional Brief section [3.4.1] for interventional procedures. Details of the functionality required are set out within Functional Brief Table [7.2].

7.6.10 Patient Changing – Accessible

Two repeatable accessible changing cubicle is required to be located adjacent to the waiting areas. Patients belongings will follow the patient as described in the model Functional Brief section [3.4.1] for interventional procedures. Details of the functionality required are set out within Functional Brief Table [24].

7.6.11 Patient Changing Point

A repeatable patient changing point is required. Details of the functionality can be referenced in Functional Brief Table [24].

7.6.12 Sub Wait (Unchanged)

A repeatable waiting area for 5 persons is required with a method of separation/modesty screens to accommodate the privacy and dignity of patients in a state of undress. Bidders are required to be mindful of the need to achieve single sex compliance within the facility. Details of the functionality set out within Table [24] of the Functional Brief.

7.6.13 Sub Wait (changed)

A repeatable waiting area for 5 persons is required with a method of separation/modesty screens to accommodate the privacy and dignity of patients in a state of undress. Bidders are required to be mindful of the need to achieve single sex compliance within the facility. Details of the functionality set out within Table [24] of the Functional Brief.

7.6.14 Patient Sanitary Facilities

A pair of repeatable OSFA toilets are required as set out within the Functional Brief Table [24].
7.6.15 Cannulation

This repeatable area is for inserting venflons. A small working area with a clinical hand wash basin and space for 2 chairs. It should be located in the “undressed” area of the department.

- The functionality should be based upon a repeatable treatment area as set out in the Functional Brief Table [24].

7.6.16 Clean Utility

A repeatable clean utility is required to serve the MTI / CT area as set out in the Functional Brief Table [24].

7.6.17 Dirty Utility

A repeatable dirty utility with macerator is required to serve MRI / CT, as set out in the Functional Brief Table [24].

7.6.18 Store – Linen

A repeatable linen store is required to serve MRI / CT as set out in the Functional Brief Table [24].

7.6.19 Store: Large

A repeatable large store is required for equipment storage as set out within the Functional Brief Table [24].

7.6.20 Store – Equipment

A repeatable small store for equipment is required as set out in Functional Brief Table [24].

7.6.21 Staff Base (2)

A repeatable 2 person Staff base with resuscitation is required as set out in the Functional Brief Table [24].

7.6.22 Domestic Service Room - non-ferromagnetic

A repeatable domestic services room is required as set out in the Functional Brief Table [24]. A non metallic mop & bucket are the only non-repeatable elements required.

7.6.23 Office

A repeatable single person office is required as set out in the Functional Brief Table [24], which should be co-located with the clinical area.

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<th>Issue. 1</th>
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</tbody>
</table>
7.6.24 Switchgear

A repeatable switchgear room is required to serve this area as set out in the Functional Brief Table [24].

7.6.25 Anaesthetic/Recovery Room

A dual function Anaesthetic/Recovery room is required to administer GA and for the patient to recover under supervision.

7.7 Interventional Radiology and Fluoroscopy

The Interventional Radiology and Fluoroscopy facilities will include the following:

7.7.1 Bed / Trolley Wait

A repeatable 3 place inpatient waiting area is required in line with the Functional Brief. One bay must have the ability to be screen for control of infection purposes.

Bidders must ensure that the function of this space meets mixed sex compliance.

This will be utilised by in patients arriving via the Medical Daycase Procedures Unit for IR procedures and fluoroscopy.

For details of functionality, refer to Functional Brief Table [24].

7.7.2 Barium Preparation

This should be a bespoke en-suite to the fluoroscopy and multifunctional rooms. It also provides a clean storage area.

The functionality should be based upon HBN 06 Facilities for Diagnostic Imaging and Interventional Radiology section [5.5.3] with the additional requirement that these rooms should be paired.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.7.3 Patient WC/Barium enema

A repeatable OSFA WC will be provided to administer an enema, prior to a procedure as set out in the Functional Brief Table [24]. The following changes are however required:

- Additional Door direct to IR room in lieu of wall mounted change table.
7.7.4 IR Procedures Room (Standard/Flouroscopy)

All imaging will be undertaken using an image intensifier combined with an X ray source mounted on a moveable multi-angular c-arm arrangement. Images will be viewed in real time using procedure room monitors. Patients will always be on a patient table during the procedure. Clinical staff may remain in the room during the majority of the procedure or move to the control area. Assumption that ERCP will be done in either the barium (repeatable) or dual function room; layout of these rooms should allow for use of endoscopy equipment.

Details of the Trust’s Environmental Parameters can be referenced within Section 5 of this PPDD.

Details of the Trust’s Bed Head service requirements can be referenced within Section 5 of this PPDD.

7.7.5 IR Procedures Room (Angiography)

All imaging will be undertaken using an image intensifier combined with an X ray source mounted on a moveable multi-angular c-arm arrangement. Images will be viewed in real time using procedure room monitors. Patients will always be on a patient table during the procedure. Clinical staff may remain in the room during the majority of the procedure or move to the control area. Assumption that ERCP will be done in either the barium (repeatable) or dual function room; layout of these rooms should allow for use of endoscopy equipment.

The IR room will be used for endovascular aneurysm repairs. There needs to be room for 10 occupants. The entrance needs to be via a lobby.

Details of the Trust’s environmental parameters can be referenced within section [5.0] of this PPDD.

Details of the Trust’s Bed Head service requirements can be referenced within Section 5 of this PPDD.

7.7.6 Scrub Area

Repeatable scrub rooms are required to serve the IR and dual function rooms.

This should be based upon the principles as set out in the Functional Brief Table [24] reduced in size as a two position scrub sink is required in lieu of a three position.

7.7.7 Control Room

The main and dual function procedure rooms should be served by a shared control room. The person undertaking the examination or procedure must have a clear and unobstructed view of the in-room mounted monitors. The control areas need PACS access.
Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.7.8 Staff Change

Two staff changing facilities, without access to en-suite sanitary facilities, are required to serve the interventional radiology suites, each to accommodate 10 lockers and include a uniform issue / exchange point as set out within the Functional Brief Table [24].

7.7.9 Ultrasound Room

A repeatable ultrasound room is required as set out in the Functional Brief Table [24].

7.7.10 Consulting/Examination Room

A repeatable single-sided consulting/examination room is required, accessible to fully clothed patients, and relatives, as set out in the Functional Brief Table [24].

7.7.11 Stage 1 Recovery /Trolley Wait

The recovery stage 1 area/trolley wait should accommodated 6 trolleys. Patients may move from a treatment room to this area on a trolley, in a wheelchair or on foot. The patient will dress with privacy before moving to stage 2 areas.

Bidders must ensure that they achieve single sex agenda within the function of this space.

For details of the functionality, refer Functional Brief Table [24].

7.7.12 Beverage Room

A repeatable beverage room is required to serve the recovery area, details of the functionality required can be referenced in Functional Brief Table [24].

7.7.13 Staff Base / Clean Supplies – Pre discharge recovery

A repeatable 2 person staff base with resuscitation trolley and integrated clean supplies area together with a pneumatic tube station is required is required as set out in the Functional Brief Table [24] It should be located so that staff can oversee the recovery area.

7.7.14 Clean Utility

A repeatable clean utility is required to serve IR, to hold clinical packs used in the procedures may be delivered to the department prepared, as set out in the Functional Brief Table [24]. This provision could be shared with Nuclear Medicine subject to location.
7.7.15 Dirty Utility

A repeatable dirty utility with macerator is required to serve IR and should be located close to the procedure rooms, as set out in the Functional Brief Table [24]. This provision could be shared with Nuclear Medicine subject to location.

7.7.16 Store - Linen

A repeatable linen Store is required as set out in the Functional Brief Table [24].

7.7.17 Store – Small

A small repeatable store is required this will accommodate light source, but not the endoscopes in imaging. The functionality required is as set out in the Functional Brief Table [24].

7.7.18 Office

A repeatable single person office is required as set out in the Functional Brief Table [24], which should be co-located with the clinical area.

7.7.19 Domestic Services

A repeatable domestic services room is required to serve Interventional Radiology and Fluoroscopy details of the functionality required can be referenced in the Functional Brief table [24]. This provision could be shared with Radiopharmacy subject to location.

7.7.20 Switchgear

A repeatable switchgear room is required to serve this area as set out in the Functional Brief Table [24].

7.8 Physics and Nuclear Medicine

The Trust require separate waiting facilities for post injected patients with higher levels of radioactivity (‘hot’ wait), as distinct from other categories (‘cold’ waits). Patients also need to be given specific instructions regarding their drug regimes and out-patient restrictions and to deal with the patients having multiple views that day.

It is assumed that Physics and Nuclear Medicine will make shared use of the clean and dirty utilities located with Interventional Radiology.

7.8.1 Staff Base

A repeatable 2 person staff base with resuscitation trolley is required in line with the Functional Brief Table [24].
7.8.2  Sub Waiting ("Cold")

A repeatable waiting area for 15 persons is required, details of the functionality set out within Table [24] of the Functional Brief.

7.8.3  Patients WC’s ("Cold")

A pair of repeatable OSFA toilets are required as set out in the Functional Brief Table [24].

7.8.4  Store – Linen

A repeatable linen store is required as set out in the Functional Brief Table [24].

7.8.5  Sub Waiting ("Hot")

A repeatable waiting area for 15 persons is required, details of the functionality set out within the Functional Brief Table [24]. Patients will wait for up to three hours post treatment.

7.8.6  Sub Waiting - Paediatric ("Hot")

A repeatable waiting area accommodating up to five children is required. Patients wait here both before their injection, and for 3 hours afterwards.

Details of the functionality required are set out within the Functional Brief Table [24].

7.8.7  Trolley Wait ("Hot")

A two-bedded bay is required for bed bound inpatients. Patients wait here both before their injection, and for 3 hours afterwards. Bidders are required to be mindful of the need to achieve single sex compliance within the facility.

For details of the functionality required, refer to Functional Brief Table [24]7.2.

7.8.8  Trolley Wait – Barrier

A single position enclosed trolley wait is required to facilitate barrier nursing, fully glazed partitions/doors with blinds are required to the circulation area.

For details of the functionality required, refer to Functional Brief Table [24].

7.8.9  Patients WC’s ("Hot")

A pair of repeatable OSFA toilets are required as set out in the Functional Brief Table [24].
7.8.10 Radionuclide Injection Preparation Area

The Trust require a radionuclide injection preparation area as set out in *HBN 06 Facilities for Diagnostic Imaging and Interventional Radiology* section [8.59].

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.8.11 Patient Injection Rooms

Patients will be prepared for procedures, given appropriate counselling and advice and receive injections as appropriate with suitable chair for patient injections. These rooms require forced air extraction for aerosol dispersal.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.8.12 Radionuclide Gamma Camera Imaging

In addition to the floor mounted gamma camera each room must accommodate up to 4 work stations for viewing and processing of images, plus up to 4 collimators. Clinical staff will remain in the room whilst the imaging procedure is undertaken, and therefore whilst respecting the need to care for the patient the room should be zoned to ensure that administrative functions are separated from the patient/camera area. Immediate access to the post injection sub wait will be required.

One room will be larger to provide future adaptability.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

Details of the Trust’s Bed Head service requirements can be referenced within Section 5 of this PPDD.

7.8.13 Control Room

A shared bespoke control area situated between two camera rooms should be provided. The doors to these rooms must prevent unauthorised access.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.8.14 Consulting/Examination Room

A repeatable consulting/examination room, with double-sided couch access as set out in the Functional Brief Table [7.2] for patient assessment. This room will also be used for cardiac stress testing. This room will also need to be suitable for radionuclide administration of 131 therapy
capsules and other radionuclide oral capsule formulations. This room will also be utilised for patient in-vivo counting.

7.8.15 Patient Changing - Accessible

A repeatable accessible changing room is required in line with the Functional Brief Table [24]. This room should be located near to the camera rooms.

7.8.16 Patient Changing Point

A repeatable patient changing point is required. Details of the functionality can be referenced in Functional Brief Table [24].

7.8.17 Radiopharmaceutical Dispensary Area

A secure area for radiopharmaceutical dispensing of patient injections is required. These will be dispensed within a dispensing fume cabinet with shielding. The room requires a secure shielded store area for sealed sources.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.8.18 In-vitro Sample Preparation, Dispensing & Counting

A laboratory area for the preparation of patient samples (mainly blood and urine) for automatic sample counters, both for gamma-emitting and for beta emitting samples. Storage area for biological samples including 24-hour urine collections. Laboratory bench space with centrifuge is required. Storage cabinets for appropriate laboratory equipment.

An area for automatic sample counters for both gamma-emitting samples and for liquid scintillation samples. In addition a large volume shielded NaI(Tl) gamma counter facility to be installed in this area. The latter facility can also be used in the Consulting/Examination Room for patient and staff uptake measurements.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.8.19 Cardiac Stress Room

Cardiac stress will require a standard double sided consulting / examination room as set out within the Functional Brief table [24].

7.8.20 Reporting

A reporting area is required as set out in the Functional Brief Table [24], with terminals for gamma cameras (four) with PACS terminal facilities.
7.8.21 Ultrasound Room

The ultrasound room will require a standard double sided consulting / examination room as set out within the Functional Brief table [24].

7.8.22 Staff Base

A repeatable 2 person staff base with resuscitation is required to serve Physics and Nuclear Medicine the functionality for which can be referenced in the Functional Brief table [24]

7.8.23 Utility - Radioactive Waste Store

A facility is required with a disposal sluice for the disposal of liquid radioactive waste. The drain run should follow a direct approach to the site main drain. This facility also needs to have shielded storage cupboard capacity for long-term (90 day) storage of radioactive waste.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.8.24 Dirty Utility

A repeatable dirty utility with macerator is required to serve IR and should be located close to the procedure rooms, as set out in the Functional Brief Table [24].

7.8.25 Office

A repeatable single person office is required as set out in the Functional Brief Table [24], which should be co-located with the clinical area.

7.8.26 Office - PACS

A repeatable single person office is required as set out in the Functional Brief Table [24], which should be co-located with the PACS Data room.

7.8.27 Data Room - PACS

A repeatable IT Hub is required as set out in the Functional Brief Table [24].

7.8.28 Switchgear

A repeatable switchgear room is required to serve this area as set out in the Functional Brief Table [24].
7.9 Radiopharmacy

The design must comply with Medicines and Healthcare Products Agency (MHRA) requirements and ensure the finished unit will be granted a Manufacturers ‘Specials’ Licence. Where grades of rooms are referred to, this is taken from the Rules and Guidance for Manufacturers 2007 Annex 1 (‘Orange Guide’).

The overall design of the clean rooms must be based upon the principles contained within BS5295 / BS EN ISO 14644-1:1999.

7.9.1 Waiting Area / Dispatch Area (6 persons)

The Radiopharmacy supplies several other Trust’s with radiopharmaceuticals, all of whom have drivers who come to the Department to take delivery of Type A Radioactive packages. This facility provides accommodation where drivers can wait and undertake signed handover of radiopharmaceutical products.

A sink is required in the dispatch area for decontamination of equipment used in the suite.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.9.2 Grade D Changing Rooms

Before entering the Radiopharmacy room, staff must follow a wash and change routine. They must first remove outer clothing and shoes and store them on the entry side of a step over bench which marks the boundary between dirty and clean apparel. After stepping over the bench, staff put on dedicated clothing and footwear already stored in the changing area.

Once robed, washed and gloved, staff then enter the grade D support room. Changing rooms should be designed as airlocks and used to provide separation of the different stages of changing and so minimise microbial and particulate contamination of protective clothing.

They should receive their own supply of filtered air from a ceiling vent and must have interlocking doors. Current guidelines (See Rules and guidance for Pharmaceutical Manufacturers and distributors 2002) state that Grade D support rooms must have grade D change rooms. This must be handwashing facilities just prior to the entrance. No WHBs are permitted in change rooms.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.9.3 Grade D Support Room (Small).

A small Grade D support room for blood labelling and the manipulation of blood products is required. There must be separate hatches from this room into each of the clean rooms and separate hatches for material coming out of each clean room. This room requires a packing area.
and there must be a low-level hatch for movement of trolleys containing type A radioactive containers out. Materials and items of equipment to be used in the Radiopharmacy will be transferred from the stores to the support room via a pass through an airlock hatch. Solutions to be manipulated in the aseptic room will be prepared in the support room. Finished products will be inspected, labelled and held for a short time in this room. Type A containers will be packed in this room and passed through to the dispatch area via a low-level hatch.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.9.4 Grade D Support Room (Large).

A larger Grade D support room for non-blood work is required. There must be separate hatches from this room into each of the clean rooms and separate hatches for material coming out of each clean room. This room requires a packing area and there must be a low-level hatch for movement of trolleys containing type A radioactive containers out. Materials and items of equipment to be used in the Radiopharmacy will be transferred from the stores to the support room via a pass through an airlock hatch. Solutions to be manipulated in the aseptic room will be prepared in the support room. Finished products will be inspected, labelled and held for a short time in this room. Type A containers will be packed in this room and passed through to the dispatch area via a low-level hatch. Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.9.5 Grade B Changing Rooms

Each clean room must have a separate second grade B change room associated with it. Before entering the Grade B clean rooms, staff must follow a detailed wash and change routine and these second clean rooms must also have a step over bench marking the boundary between dirty and clean areas. After stepping over the bench, staff put on sterilised clean room clothing and footwear already stored in the changing area. Once robed, washed and gloved, staff then enter the aseptic room. Changing rooms should be designed as airlocks and used to provide separation of the different stages of changing and so minimise microbial and particulate contamination of protective clothing. They should receive their own supply of filtered air from a ceiling vent and be interlocking. No WHBs are permitted in the change room.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.9.6 Grade B Clean Room (Routine Diagnostics)

This must be the biggest room and able to hold 3 microbiological safety cabinets (complying with BS5276). The routine diagnostic clean room is used for all short-lived diagnostic work, including manufacture of agents for myocardial perfusion imaging. Radiopharmacy dispensing should be carried out in a microbiological safety cabinet (BS 5276) equipped with a HEPA filtered air supply
complying with grade A in the EC guide to Good Manufacturing Practice. All points of access and egress from the Radiopharmacy room should be fitted with an interlocked or alarmed door system.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.9.7 Grade B Clean Room (Manufacture)

A clean room is required for the manufacture of clinical trial / research / therapy products. This requires a separate suite (clean room and changing facility) as most therapy products and many trial and research products use long-lived radioisotopes and material of animal origin, such as mouse antibodies. The room must be of sufficient size to house two isolators. Radiopharmacy dispensing should be carried out in a microbiological safety cabinet (BS 5276) equipped with a HEPA filtered air supply complying with grade A in the EC guide to Good Manufacturing Practice. All points of access and egress from the Radiopharmacy room should be fitted with an interlocked or alarmed door system.

The department is the only one in the West Midlands with an IMP licence. This is required for the manufacture of clinical trial material.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.9.8 Grade B Clean Room (Radiolabelling Blood Products)

This facility must be almost entirely separate, with dedicated 1st change; support room, 2nd change and clean room. There must be separate in and out hatches to allow the blood to move in and out of the department by a separate route. A connecting hatch is required to the clean room used for diagnostic work to allow transfer of the radioisotope. Air pressures must be higher in the diagnostic clean room. Radiopharmacy dispensing should be carried out in a microbiological safety cabinet (BS 5276) equipped with a HEPA filtered air supply complying with grade A in the EC guide to Good Manufacturing Practice. All points of access and egress from the Radiopharmacy room should be fitted with an interlocked or alarmed door system.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.9.9 Quality Control / Research Laboratory

This is required to carry out testing of manufacture materials, and must contain a fume cupboard for handling volatile materials; an automatic gamma counter and a chromatogram scanner for processing results of assays, and an HPLC machine for testing of IMP / trial material if necessary. There must be a hatch to the Grade D support room but the door must be independent from the clean areas.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.
7.9.10 Radioactive Store / Delivery Room

This must comply with all current recommendations for Prevention of Terrorism. This store is for intermediate / long-lived waste to allow up to 90 days for decay. It will be acceptable for this room to act as a delivery point for contained boxes as well as a store for used radioactive material. Lead-lined safes are required for storage.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.9.11 Non-Radioactive Store Room

Storage space should be provided for materials such as boxes of all sizes of gloves – both sterile and non-sterile; distilled water (20 bottles are stored at any one time); syringes, needles and all the other consumables, limited unpacked materials will be kept here.

The functionality should be based upon a repeatable store as defined within the Functional Brief Table [24].

7.9.12 Decontamination Shower

A decontamination shower is required, located in radiopharmacy but shared with all other imaging users. Details of the functionality required are based on a repeatable staff shower as set out within the Functional Brief Table [24].

7.9.13 Office

A repeatable single person office is required as set out in the Functional Brief Table [24], which should be co-located with the clinical area.

7.9.14 Office / Resource Base (4)

Repeatable office resource bases are required to serve radiopharmacy the functionality for which can be referenced as set out within the Functional Brief Table [24].

7.9.15 Domestic Services Room

A repeatable Domestic Services room is required to serve radiopharmacy as set out in the Functional Brief Table [24]. This facility could be shared with Interventional Radiology subject to location.

7.9.16 Clean Utility

A repeatable clean utility as set out in the Functional Brief Table [24].
7.9.17 WC - Staff

A repeatable staff WC is required as set out in Functional Brief Table [24].

7.9.18 Switchgear

A repeatable switchgear room is required to serve radiopharmacy as set out in the Functional Brief Table [7.2].

**7.10 External Functionality**

7.10.1 Store – External – Solid Waste

An external secure locked store is required for transport container for solid radioactive waste. There are separate requirements for short-lived and long lived radioactive waste storage, which requires two transport container systems.

7.10.2 Store – External – Quick Decay

An external (lockable) area will be provided for quick-decay material. There are separate requirements for short-lived and long lived radioactive waste storage, which requires two transport container systems.

7.10.3 Store – External – Low Level Waste

An External Waste Store area is required for a special radioactive waste skip for low level radioactive waste to be collected. There are separate requirements for short-lived and long lived radioactive waste storage, which requires two transport container systems.

7.10.4 Mobile Vehicle Docking Station

A docking station is required capable of accommodating 2 vehicles simultaneously in order that mobile medical vehicles, both diagnostic and interventional can utilised by the Trust to supplement the permanent acute facilities.

**7.11 Shared use of an Administration Zone**

Imaging will make use of an Administration Zone to accommodate:

- Desk space for:
  - Lead Superintendent Radiographers;
  - Deputy Radiographers;
  - Superintendent Radiographers;
  - General Reporting Area;
  - Nurse Manager;
  - Consultants;
• Registrars;
• Clinical director;
• Clinical tutor;
• Chief Technologist / Deputy Accommodation;
• Consultant Radiopharmacist;
• Technical office (Nuclear Medicine);
• Consultants (Nuclear Medicine);
• Departmental Head / Radiation Protection Adviser Accommodation;
• Operational Physicist Area;
• Specialist Registrar Area;
• Technologist Accommodation;
• Operational Space for Management of the Krypton Service;
• Operational Space for Imaging Quality Assurance;
• Admin manager;
• Secretaries office.

The functional requirements are fully described within PPDD 19 Administration and are summarised below:

• Reprographics;
• Social area;
• Beverage bay;
• Office – open plan;
• Store – small;
• Library;
• Quiet rooms (for breakout);
• Seminar room;
• Domestic services room;
• Switchgear.

8.0 Schedule of Accommodation

The schedule of accommodation has been developed for the totality of the scheme as a series of tables. This schedule is appended to Schedule 8 part 3.

9.0 Glossary and Definitions

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
MIDLAND METROPOLITAN HOSPITAL

No.11
IMAGING DEPARTMENT
OPERATIONAL POLICY
KEY POINTS

1. To provide evidence based high quality, rapid diagnostic and therapeutic interventions

2. To ensure that care is delivered in a timely and caring manner in accordance with the patient’s needs

3. To provide local services to the population

4. To promote and undertake research

5. To ensure staff receive appropriate training and continuing professional development activities.

6. Seamless management of the patient journey maintaining the highest levels of patient care

7. Maintain patient’s privacy and dignity.

8. An environment conducive to ensure the rapid recovery of patients with complex needs.

9. Improve communication regarding patient interventions.

10. This policy applies to all Trust staff in all locations including temporary employees, locums, agency staff, contractors and visiting clinicians.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
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1. INTRODUCTION

1.1 This policy details the facilities, which the Sandwell and West Birmingham NHS Trust require for the Imaging Department within the Midland Metropolitan Hospital.

1.2 The facilities provided within the department are required to offer a range of diagnostic and treatment facilities capable of supporting the full range of patients treated by the clinical services on the hospital site.

1.3 Patients will attend for expert opinion, diagnosis and treatment with specialist teams. The aim will be that the number of attendances will be minimised, in accordance with individual clinical need, therefore an objective in service delivery will be to ensure that services are available and accessible to facilitate maximum outcomes from each visit.

2. OTHER POLICIES TO WHICH THIS POLICY RELATES

- Infection Control Policy (CO1001) (SWBH)
- Infection Control Policy on the Decontamination of Equipment (SWBH/COI/029)
- Interpreting Services (ORG076)
- Privacy and Dignity and Respect Policy (Pt Care 060)

3. GLOSSARY AND DEFINITIONS

3.1 CT - is an abbreviation of computerised tomography. The scan uses X-rays and a computer to create detailed images of the inside of the body and usually displays the images as slices.

3.2 Ultrasound - an ultrasound scan, sometimes called a sonogram, is a procedure that uses high frequency sound waves to create an image of part of the inside of the body, such as the abdomen.

3.3 MRI - magnetic resonance imaging uses strong magnetic fields and radio waves to produce a detailed image of the inside of the body, and similar to CT, usually displays the images as slices.

3.4 X ray - an X-ray is a widely used diagnostic test to examine the inside of the body. X-rays are a very effective way of detecting problems with bones, (such as fractures), identify problems with soft tissue, (such as pneumonia) or to detect foreign objects.

4. POLICY DEVELOPMENT PRINCIPLES

4.1 This policy is designed to assist all healthcare professional involved in the care of patients attending the Imaging Department.

4.2 Outline the purpose and function of the clinical services/specialities provided in the Imaging Department.

4.3 Ensure that all staff using the facility understand the philosophy of the service and work as a team providing care to patients.

4.4 Describe the patient flow through the Imaging Department.
4.5 Describe the service as they will be delivered from the future Midland Metropolitan Hospital.

4.6 Describe the purpose and function of the accommodation required.

4.7 Identify adjacencies/co-locations required for the service delivery.

4.8 Outline requirements for business continuity.

4.9 Outline legislative and mandatory requirements for the delivery of services.

5. ROLES AND RESPONSIBILITIES

The Trust has a well established reputation for teaching at undergraduate & postgraduate level, & for research & non professional development. Most of the professional groups listed are involved in these activities.

5.1 Consultant Radiologist
Clinical radiologists are medical specialists who provide a diagnostic imaging service to patients. Patients are referred to clinical radiologists for assistance in both diagnosis and deciding upon the best management of a patient's problems. In appropriate cases, radiologists use minimally invasive methods to take samples of patients' tissues (biopsy) or treat diseases; for example, diseases of arteries, the liver, and drainage of abscesses.

5.2 Diagnostic Radiographer
Diagnostic radiographers position patients and acquire images that assist clinicians in the diagnosis of injuries and diseases and contribute towards establishing treatment plans. They have a patient care role, working in multidisciplinary teams, in a variety of hospital departments, including theatre, Emergency Department and on the wards, using portable equipment. The amount of time and type of contact they have with patients depends on the specialist area they work in. They use X-ray, computed tomography (CT), PET/CT, angiography, fluoroscopy (real-time imaging), ultrasound, magnetic resonance imaging (MRI) and nuclear medicine to produce images of organs and body part.

5.3 Sonographer
Sonographers are radiographers with specialised skills within the field of ultrasound.

5.4 Imaging Department Assistants (IDA)
Assist during imaging examinations, providing direct care, maintenance of equipment and administrative duties in order to ensure a high quality of service to patients.

5.5 Specialist Nurses
Nurses have specialist knowledge of the procedures performed in imaging, and of the equipment required. They prepare patients for procedures, and recover them afterwards. They assist during procedures and have roles in patient monitoring, scrub technique, sedation and resuscitation.

5.6 Radio Pharmacists
Radio pharmacists supervise the manufacture, quality control and supply of radiopharmaceuticals, which are radioactive substances given to patients for diagnosis or treatment. They provide a clinical pharmaceutical service, advising on interactions with other drugs and on doses, in order to optimise patient safety.

5.7 Radio Pharmacy Technologists
Radio pharmacy technologists are involved in the manufacture, supply and quality control of
radiopharmaceuticals for use in diagnostic and therapeutic procedures, as well as radio labelling blood products and radiopharmaceuticals for clinical trials.

5.8 Nuclear Medicine Physicians

Nuclear medicine physicians are medical specialists who provide an imaging service to patients. Patients are referred to nuclear medicines for assistance in diagnosis. Procedures typically involve the patient swallowing or being injected with bespoke radioactive isotopes. In selected cases, larger doses of isotopes need to be used to treat patients.

5.9 Clinical Technologists

Clinical Technologists are involved with the dispensing, administration and imaging of a wide range of nuclear medicine investigations, both imaging and non-imaging. They may also assist with some therapy administrations.

5.10 Physicists

Physicists have a variety of roles including:

- Advising and monitoring all ionising radiation safety aspects relating to patients, staff and the general public including the statutory role of Radiation Protection Advisor (RPA).
- Scientific and clinical roles within nuclear medicine, diagnostic radiology, US and neurovascular.
- Advising on, and carrying out, imaging equipment quality assurance & procurement IT, particularly with reference to PACS and RIS.

5.11 Administration and Clerical Staff

Provide reception duties to the clinics and clerical support to the department.

5.12 Porters

The facilities division will provide a porter’s service to the department.

6. SERVICE DESCRIPTION/SCHEDULE OF ACCOMODATION

6.1 Hours of Service

The Imaging Department is located on the 1st floor and based on 16 sessions per week, 4 hours per session. The imaging department will be fully open between the hours of 08.00 hours to 20.00 hours Monday to Friday and a session available on Saturday morning. Selected services will be available continuously.

Access will be required to the department from the Emergency Department 24 hours, 7 days per week. This entrance from the Emergency Department will be security controlled. 24/7 access will also be required via the main entrance.

24 hour 7 days a week access to the radioactive store must comply with the Radioactive Material (Road Transport) Regulations 2002.

People accompanying patients will preferably be limited to one, with a maximum of two. This requirement will be added to the initial booking letter. Additional people in excess of this number will be asked to wait in the hub area outside of the department.

Patients will be discouraged from bringing children by a statement within the appointment letter. Further guidance will be obtained using agreed local policy if children do attend appointments with adults.
6.1.1 Patient Flow (refer to Appendix 1)

6.1.2 Goods Flow
For all goods flows, separate flows from the main patient and visitor flows will be used as far as is practical.

A) To Radio Pharmacy
Delivery drivers will report to main reception if it is an unplanned visit. Where the delivery is planned the driver will go directly to radiopharmacy.

Delivery drivers will arrive at vehicular access and have direct access to radiopharmacy department. Extended opening required for radiopharmacy preparations.

B) Out-of-Hours Deliveries
Security will be contacted on arrival. A lift will be used to minimise lifting and risk of injury. If this is not available an alternative route through the main hospital will be used as the use of stairs is not practical.

Hatches between the grade D support room and the dispatch area will be used for deliveries and dispatches. A low level hatch and a bench-top level hatch will be required. For further detail refer to PPDD11.

C) Specimen Flows from Imaging to Pathology
These will be transported where appropriate by pneumatic tube which is located in Plain Film / IR. Two pneumatic tubes will be required

Specimens that cannot travel by tube will be delivered by porters.

6.2 Accommodation

6.2.1 Central Bookings Function
The central booking hub will be used for all diagnostic bookings with sufficient office space to accommodate imaging administration staff.

All referrals from the acute site, community out-reach centres and GP direct access bookings to be forwarded to central booking office as required.

The office will be staffed between the hours of 08.00 hours and 20.00 hours and Saturday morning to enable an efficient and effective booking service and ensure that telephone queries and telephone bookings can be received.

Booking staff will liaise with the community sites to offer support for day to day management of bookings. Appointments will be offered at acute or community sites to deliver accessible care close to patients.

All ward patients have appointments scheduled for the same day and within times as directed by national and local guidelines e.g. Stroke, Cancer etc.

Where possible out patients will have appointments scheduled the same day or patients will leave the department with a scheduled appointment.

All queries will be directed to the booking office.

6.2.2 Reception
A main reception will provide a “meet and greet” function, and support efficient patient flows. The receptionist function will control access to the department. Reception will be manned by 4
receptionist/clerical officers between the hours of 0800 and 2000 hours, Monday to Friday and Saturday morning and is the focal point of the imaging department and will serve the whole department. All patients will register here on arrival to the department.

Individual clinicians, radiographers or IDAs will be informed of the patient's arrival via an IT solution. Signage will ensure patients can find their way to each individual department.

Patient and visitor numbers will be limited; advice will be given in initial appointment letters to ensure that patients are aware of these limits; Visitors escorting patients will be restricted to the main reception area.

The reception area will contain seating, toilets and a main reception desk for 4 people. This will have access to an automatic door release for allowing entrance into the main corridor and from there access to the sub waits within each department.

6.2.3 Waiting Area
This waiting area is large enough to accommodate 20 people and is co-located to the play area to enable parents/carers to supervise their children.

6.2.4 Children’s Play and Wait
A secure play area for up to 5 children taking account of the separate needs of younger and older children will be equipped with toys and play activities

6.2.5 Sanitary Facilities
Male and female sanitary facilities will be easily accessible from the waiting area and will be large enough to accommodate a wheelchair and helper these facilities will need to accommodate people who have disabilities and will have hand washing facilities

6.2.6 Wash Hand Basin / PPE station
Visitors to the imaging department will be requested to wash/gel their hands and where appropriate don protective clothing i.e. apron and gloves.

6.2.7 Staff Changing
Separate male and female changing facilities are provided.

The allocation of lockers is based on the service being delivered between 08.00 hours and 20.00 hours, each member of staff on duty will require their own locker; staff rota’s will involve an overlap and shifts can vary in length and be up to 12 hours. Flexibility will be required for shift lengths to vary. This will increase the numbers of staff requiring access to a locker at any one time.

Lockers which can be secured without the use of keys will ensure that keys are not lost and therefore the lockers are used to full capacity.

Staff will arrive for their shift and change in the hub changing rooms and lock their belongings in a communal locker. This complies with the Trust uniform policy.

Staff will have a facility to store valuable item whilst at work and items of uniform such as shoes when they leave work. In addition a facility to store larger outdoor items such as coats will be available for use.

Staff uniforms will be laundered by staff at home in accordance with the trust uniform policy

Staff will then proceed to their clinical area.

Staff within interventional radiology will need to complete a further change within the department
prior to carrying out procedures.

6.2.8 Staff Showers
Male and female showers are available shower facilities are available in each changing area which include a dry changing area equipped with mirrors, hairdryer and a shaving point in the male change.

6.2.9 WC Staff Sanitary facilities (ambulant)
Male and female toilets are located out with the changing areas as detailed within the Functional Brief. These toilets will be located within a central area of the imaging department for ease of access for staff.

6.2.10 Staff Rest Room
This area is where up to 12 members of staff can relax and take meal breaks it is comfortably furnished with soft furnishings. Facilities for purchasing food and beverages will be available at hub level and in the main restaurant areas.

6.2.11 Beverage Bay
There is direct access from the staff rest room into a beverage bay for making beverages and snacks and for washing-up. Hand washing facilities are available.

6.2.12 Reprographics
A photocopying machine is located here for use by the imaging department as detailed within the Functional Brief.

6.2.13 Seminar Room
This room will be capable of accommodating up to 20 people and will be used to undertake multidisciplinary meetings and training. Video conferencing capability with Interventional Radiology and Fluoroscopy room is available plus the large/education/lecture theatre in the academic block. There is functionality for PACS images to be shown and the room is equipped with a ceiling mounted projector and widescreen which can be connected to presenters own laptops.

6.2.14 Disposal Hold
A generic Disposal Hold is required as detailed within the Functional Brief. The room is lockable and secure with sufficient space provided for the safe holding of waste and/or equipment prior to its disposal and/or reprocessing. Separate bins are supplied for clinical and domestic waste, cytotoxic waste is held in special containers.

6.2.15 IT Hub
A generic IT Hub is required as detailed within the Functional Brief.

6.2.16 Medical Gas – Local Storage
A generic local store is required for medical gas cylinders the functionality for which can be referenced within Functional Brief.

6.2.17 Domestic Services Room
A generic Domestic Services room is required the functionality for which is detailed within the Functional Brief. This room will be used to deliver day-to-day cleaning services and cleaning materials and equipment in daily use will be stored here.

6.2.18 Store: Domestic Services
A generic Domestic service stores is required the functionality for which is detailed within the Functional Brief, there is sufficient storage space for a vacuum cleaner and scrubbing/polishing machine for hard floors. CoSHH requirements for the storage of cleaning materials will be adhered
6.3 Plain Film Imaging

6.3.1 Inpatient Waiting Area / Patient bed / Trolley Wait
Patients who are waiting for procedures on a bed or a trolley will be situated in this area. It is considered to be a clinical area and will require access to wash hand basins, oxygen and staff call as detailed within the Functional Brief which describes bed head services. Patients who are bed bound may require the use of a dirty utility.

One bay will be used in the control of infection, to house infected patients awaiting either their procedure or before returning to ward. The other 2 bays will be utilised by in patients prior to their procedures or whilst awaiting escort to be returned to their ward/unit.

6.3.2 Patient Changing Room – Ambulant
This suite of two changing rooms as detailed within the Functional Brief will be accessible from the main waiting area and then provide a flow into the clinical rooms. The changing rooms both ambulant and accessible will be designed to preserve safety and privacy and dignity for both patients in the clinical area and in the changing / waiting areas. This design will need to ensure that patients do not enter the clinical rooms whilst the previous test is underway (exposing the patient to unnecessary radiation) and comprising the privacy and dignity of both patients and also to ensure that people do not enter the changing areas from either the corridor or clinical room when they are in use.

Patients will leave their possessions and valuables locked in the changing room whilst the test is conducted and return to the same changing room.

6.3.3 Patient Changing Room – Accessible
One changing room as detailed within the Functional Brief will be accessible from the main waiting area with the other door leading outside the x-ray rooms. Each room is large enough to accommodate a wheelchair.

The accessible rooms will need to be located adjacent to 2 of the clinical rooms to increase access to these rooms.

6.3.4 Sub Waiting Area
This area is large enough to accommodate 5 people, patients will have been directed to the area by the clerical staff at the main reception desk and asked to take a seat until the radiographer is free to meet and greet the patient.

Members of staff will have delegated responsibility for supervision of the sub waiting areas. As far as practicable patient waiting areas will ensure that privacy and dignity is maintained whilst allowing appropriate supervision by staff.

The radiographer will have been notified of the patient’s arrival by the reception staff, if required the patient will be directed to the patient changing area located in the sub wait and asked to change into a gown.

6.3.5 Patient Toilets
There are 2 patient toilets which are accessible to all patients within the plain film areas as detailed within the Functional Brief.

6.3.6 Store - Linen
This room as detailed within the Functional Brief will be used to store sufficient stock of linen and gowns to meet the needs of the department, for infection control purposes the door should be kept
closed at all times.

6.3.7 Staff Base
Imaging and clerical staff will have access to confidential patient information, either through the computerised systems or telephone.

The workstation provides an area for the clinical staff to carry out tasks that are necessary to support the service and should be ergonomically designed to minimise injury.

Access to a computer, printer, telephone, resuscitation equipment, air tube station and hand washing facilities

6.3.8 Two Plain film (General RDR) Rooms
At the entrance to each room is a safety sign and warning lamp to comply with statutory requirements for radiological protection. The warning lamp will give a clear indication in red when it is switched on and the sign will state ‘Do not enter’ Doors must have some kind of lock on them for radiation protection reasons during medical exposures.

Activities that occur:
- Radio diagnosis of patient while lying on a table or standing at a bucky, using specialist equipment.
- Transfer of patient from wheelchair to table
- Storage of clean and disposable items
- Administration work, using a computer and printer
- Clinical hand washing
- Safe operation of specialist equipment from behind a protective screen

Each room is equipped with an administration computer, telephone and clinical hand washing facilities.

6.3.9 Departmental Office Manager
This office as detailed within the Functional Brief will be used for appraisals, consultations and discussions with colleagues and other personnel. The office is equipped with a workstation, telephone, filing cabinet and shelving for books and periodicals.

6.4 Ultrasound Rooms

6.4.1 Staff Base
Imaging and clerical staff will have access to confidential patient information, either through the computerised systems or telephone.

The workstation provides an area for the clinical staff to carry out tasks that are necessary to support the service and should be ergonomically designed to minimise injury.

Access to a computer, printer, telephone, resuscitation equipment, air tube station and hand washing facilities

6.4.2 Sub Waiting Area
This area is large enough to accommodate 5 people, patients will have been directed to the area by the clerical staff at the main reception desk and asked to take a seat until the radiographer is free to meet and greet the patient.

Members of staff will have delegated responsibility for supervision of the sub waiting areas. As far as practicable patient waiting areas will ensure that privacy and dignity is maintained whilst allowing appropriate supervision by staff.

6.4.3 Patient Changing
Two ambulant patient changing rooms are required. One accessible patient changing room is
required. Access to two patient toilets is required.

6.4.4 Children’s Play and Wait
A secure play area for up to 5 children taking account of the separate needs of younger and older children will be equipped with toys and play activities.

6.4.5 Bed / Trolley Wait
This clinical area provides space for inpatients on beds or trolleys and is required for patients who are waiting for investigations, full bed head provision is supplied with oxygen, medical gases, suction, nurse call, telephone and clinical hand wash facilities are available. The area is easily accessible from all the rooms ensuring that privacy and dignity standards are maintained.

Shared Areas for Plain Film and Ultrasound

6.4.6 Reporting Area
An eight person reporting room is required in this area. The entrance to the reporting rooms will be from quiet corridors, not busy corridors with patient flows and the doors will have controlled access.

The room will be used by imaging staff and will be equipped with workstations each with 2 chairs with internet access and telephones with silent indication of an incoming call. The workstations will allow sufficient room to allow 3 people to gather around each workstation which are separated by screens providing effective sound insulation.

There is sufficient space at each desk to accommodate two high resolution (5MP) monitors and additional monitors, some desks will accommodate additional proprietary workstations for CT, MR etc. The lighting will be capable of being dimmed, and any sources of natural light will be controlled with blinds and the floor covering and decoration will be designed to reduce noise & ensure a peaceful environment. The ventilation/ air conditioning will be sufficient to ensure a comfortable environment despite the number of computer workstations in the room.

This room is where the two CR plate readers will be located, and where radiographers perform clerical functions and checking associated with capturing and manipulating the images and sending to PACS. This room is immediately accessible from the plain film rooms. There are also some light boxes for viewing historic images with an image digitiser and facilities to make DVDs of images.

6.4.7 Reporting Office for 1 Person
The single reporting room will be adjacent to the larger room. It will contain a desk with a workstation and a telephone. There will be sufficient space to accommodate a secretary to type reports directly. The lighting will be adjustable, as in the larger room.

6.4.8 Four Ultrasound Rooms
The doorways of the 2 larger ultrasound rooms should be wide enough to accommodate a wheelchair or trolley.

It will require an USS machine (to minimise movement of machine between the EGAU and Imaging Department) and have a height adjustable examination couch with dignity curtains which is accessible from both sides.

The room will require air conditioning, having either no windows or black out curtains to ensure that the scan machine can operate to its optimum efficiency.

Small storage systems will be required to store for clinical storage and light weight consumables, at reachable height.
In addition the scanning room has:
- Clinical hand wash basin with non-touch taps
- Workstation comprising of a desk, desk chair, IT access, telephone point and access to CRIS Imaging system
- 2 patient chairs
- Adequate space for general and clinical waste bins
- Gynaecology light
- Apron and glove storage

Emergency call button, suction and oxygen, nurse call button and overhead lighting are available.

6.4.9 Scope Cleaning Room
The cleaning process of the scopes is essential to the provision of the service. All staff receives fundamental training in the care and handling of the endoscopes and they are required to adhere to COSHH regulations and abide by the trust Health and Safety and Infection Control Regulations.

The room is equipped with:
- Separate wash-hand basin for use by staff conducting decontamination
- Sink unit comprising of two dedicated sinks with a separate or shared water supply for washing and rinsing of instruments, drainer and storage cupboards and an area to store scopes for collection for decontamination.

6.4.10 Clean Utility
This utility room is required to serve the general imaging as detailed within the Functional Brief and it will include clinical hand washing facilities and wheeled/mobile storage racking for essential patient supplies, storage of HSSU. Staff will prepare trolleys for clinical procedures in this room and the room will be used for preparation and storage of all drugs, medicines and lotions, and for a working supply of clean medical and surgical supplies, in addition a locked cupboard for housing COSHH products is required.

6.4.11 Dirty Utility (with Macerator)
This utility room is required to serve the general imaging as detailed within the Functional Brief located in close proximity to the clean utility room it will be used for the disposal of liquid waste. It will include clinical hand washing facilities and storage cupboards. Dressing trolleys and other equipment will be cleaned in this room and for the temporary holding of items requiring sterilisation or disposal.

6.5 MRI
MRI is a special technique that uses powerful magnets, radio waves and computers to produce detailed images (or scans) of the inside of the body. MRI can help diagnose and monitor many different medical conditions. It's suitable for every part of the body, including the bones, soft tissues (such as blood vessels, ligaments and muscles) and the brain. MRI does not use X-rays.

6.5.3 Two MRI Scanner Rooms
The entrance into the MRI scanner rooms will be from the waiting area. Staff will require the ability to control the entrance of the scan rooms to preserve patient safety. In order to do this the entrance door to the scanning room must be visible from the control room. A small proportion of adult patients may require heavy sedation or anaesthesia and have a somewhat different scanning process. Anaesthetics will be administered in the dedicated recovery room and maintained during scanning by the use of piped gases and appropriate monitoring.

After scanning, patients who will require recovery time will be transferred to the dedicated recovery room by the imaging staff.

Clinical Management of Patients
Clinical management of patients within the MRI suite can be described under four main headings,
- pre-examination discussion;
- preparation procedures;
- MRI examination;
- Post-examination procedures.

Procedure
Hearing aids should be removed to prevent damage, however patients with hearing loss will need to hear and understand instructions from staff before, during and immediately after the examination. Accordingly, the MRI unit must be equipped with pneumatic speech systems and in some instances ear tubes can also be attached. Patients who are profoundly deaf, or have some other disqualifying implant, are likely to be referred for CT scanning as an alternative to MRI.

A MRI safety questionnaire will be completed and checked with the patient prior to them going on the scanner.

A scan can take between 15 minutes and an hour and a half, depending on the specific examination. A contrast medium (dye) may be used to make some tissues show up more clearly.

The patient is asked to lie on their back on a movable table, which slides inside the cylinder shaped scanner. Generally the part of the body being examined is placed in the middle of the scanner. The scanner is open ended so the patient is not completely enclosed at any time. When the scan is complete, the table is removed from the scanner and the patient is able to go home.

6.5.4 MRI Scanner Control Room
The radiographer operates the scanner from behind a window, and is able to see and hear the patient during the scan. It can take several minutes for each image to be taken and the patient is given an alarm call button to hold during the scan, which they can press to get the radiographer's attention. There is an administration computer and telephone available.

6.5.5 Engineering Technical Room
This room will be used for the scanner control equipment, there is no direct access from the MRI room but access is required for engineering staff.

6.6 CT
6.6.1 Two CT Scanning Rooms
The entrances to the scanning rooms are from the waiting area, the doors to the rooms are non-aligned to ensure patients privacy and dignity is maintained. Each room is adjacent to the control room with visual and aural contact and direct access.

The scanner must be aligned to the patient observation window in order to provide the radiographer with a full-length view of the CT scanner together with the centre of the scanner gantry from the control room. The room will accommodate the CT scanning unit and the associated patient couch, which will be integrated with the CT scanning gantry and limited storage facilities. A contrast warmer is also located in the room and clinical hand washing facilities. Both rooms must be capable of managing patients who have received sedation or general anaesthetic. Anaesthesia may be induced either in the examination room or in the dedicated room.

6.6.2 CT Control Room
The entrance door to the CT scanning room must be visible from the control room and staff must have good observation of the patient through the long axis of the CT from the control desk or workstation. Staff will need to communicate with patients in the scanning room by intercom. An administration computer and 3D work station is available.

Access to the scanning room directly from the control room is essential as is the ability to access the control room from the corridor.
There needs to be access to the CT & MRI scanning rooms for staff via the controls rooms with a separate patient entrance to the scanning rooms. These rooms will have notice boards to display clinical information.

6.7 MRI and CT Shared Areas

6.7.1 One Reporting Office for 4 Persons
A four person reporting station as detailed within the Functional Brief; the entrance to the reporting room will be from quiet corridors, not busy corridors with patient flows and the doors will have controlled access.

The rooms will be used by imaging staff and are equipped with workstations each with 2 chairs with internet access and telephones with silent indication of an incoming call. The room is large enough to allow up to 3 people to gather around each workstation which are separated by screens providing effective sound insulation.

There is sufficient space at each desk to accommodate two high resolution (5MP) monitors and additional monitors, some desks will accommodate additional proprietary workstations for CT, MR etc. The lighting will be capable of being dimmed, and any sources of natural light will be controlled with blinds and the floor covering and decoration will be designed to reduce noise & ensure a peaceful environment. The ventilation/air conditioning will be sufficient to ensure a comfortable environment despite the number of computer workstations in the room.

6.7.2 Single Reporting Room - Office
The single reporting room will be adjacent to the larger room. It will contain a desk with a workstation and a telephone. There will be sufficient space to accommodate a secretary to type reports directly. The lighting will be adjustable, as in the larger room. This room should be adjacent to MR scanner.

6.7.3 Recovery Room
A recovery room is required located close to the CT and MRI scan rooms. This will be used to recover patients who are receiving general anaesthetic (GA) the room will require;

- Space for a trolley, and space to transport the patients in and out of the room on the trolley
- A resuscitation trolley needs to be nearby (not necessarily a separate trolley). Room will need to be located within easy access to the staff base where the resuscitation trolley is located.
- Bed head services: piped oxygen x 2, piped medical air x 1, piped NO x 1, piped suction x 1.
- At least 6 power sockets, ideally on an uninterruptible supply.
- There are no specific air conditioning requirements.

6.7.4 Bed/Trolley Wait
Disabled patients have special problems in gaining access to MRI services. Wheelchairs are unlikely to be suitable for entry into the MRI room though entry to the surrounding suite will not represent a difficulty.

In order to maintain satisfactory DDA access; it will be necessary for the department to have access to MRI safe wheelchairs and trolleys.

6.7.5 Interview/ Counselling – (“Metal Check”)
This room as detailed within the Functional Brief will be used by radiographers who will undertake a checklist with the patient and, if necessary, involve the referring clinician. A metal check function is also required.

6.7.6 Patient Changing – Ambulant
The patient change areas are accessible from the waiting area and equipped with 6 lockers. Depending on the anatomy to be examined, the patient will normally be asked to change into an examination gown and all valuables and common metallic objects will be deposited into a locker, so that they are not taken into the examination room itself. Plastic or aluminium keys can be used for these lockers so that the patient may retain possession.

Once the patient has changed they will take a seat in the changed sub waiting area.

6.7.7 Patient Changing Room – Accessible
The patient change area is accessible from the waiting area and is large enough to accommodate the patient a wheelchair and 1 carer. The patient's belongings will follow the patient as detailed within the Functional Brief.

Once the patient has changed they will take a seat in the changed sub waiting area until called.

6.7.8 Patient Changing Point
A changing point as detailed within the Functional Brief is required where patients can acquire a gown and personal belonging container prior to going into a changing cubicle.

6.7.9 Sub Waiting Area (Unchanged)
This generic waiting area will accommodate 5 persons. Patients will take a seat until the radiographer is free to meet and greet the patient.

Members of staff will have delegated responsibility for supervision of the sub waiting areas. As far as practicable patient waiting areas will ensure that privacy and dignity is maintained whilst allowing appropriate supervision by staff.

6.7.10 Sub Waiting Area (Changed)
This generic waiting area will accommodate 5 persons. Patients will take a seat until the radiographer is free to meet and greet the patient.

Members of staff will have delegated responsibility for supervision of the sub waiting areas. As far as practicable patient waiting areas will ensure that privacy and dignity is maintained whilst allowing appropriate supervision by staff.

To address privacy and dignity regulations that male and female patients who are 'gowned' do not sit in the same waiting area, a design solution is required to enable segregation.

6.7.11 Patient Sanitary Facilities
There are two OSFA toilets accessible to all patients as detailed within Functional Brief.

6.7.12 Cannulation Room
This area is adjacent to the unchanged area of the department in close proximity to the scanning rooms and be capable of accommodating up to 2 patients in reclining chairs for use with patients who may feel faint who require a cannula to be inserted. Clinical hand wash facilities are available.

6.7.13 Clean Utility
This utility room is required to serve the general imaging as detailed within Functional Brief and it will include clinical hand washing facilities and wheeled/mobile storage racking for essential patient supplies, storage of sterile supplies. Staff will prepare trolleys for clinical procedures in this room and the room will be used for preparation and storage of all drugs, medicines and lotions, and for a working supply of clean medical and surgical supplies, in addition a locked cupboard for housing CoSHH products is required.

6.7.14 Dirty Utility (with Macerator)
This utility room is required to serve the general imaging as detailed within the Functional Brief.
located in close proximity to the clean utility room it will be used for the disposal of liquid waste. It will include clinical hand washing facilities and storage cupboards. Dressing trolleys and other equipment will be cleaned in this room and for the temporary holding of items requiring sterilisation or disposal.

6.7.15 Store – Linen
This room as detailed within the Functional Brief will be used to store sufficient stock of linen and gowns to meet the needs of the department, for infection control purposes the door should be kept closed at all times.

6.7.16 Store – Large
This room as detailed within the Functional Brief will be used to store sufficient stock of consumables, gel and equipment e.g. probes to meet the needs of the department.

6.7.17 Staff Base for 2 Persons (with Resuscitation Trolley)
Imaging and clerical staff will have access to confidential patient information, either through the computerised systems or telephone.

The workstation provides an area for the clinical staff to carry out tasks that are necessary to support the service and should be ergonomically designed to minimise injury.

Access is required to a computer, printer, telephone, resuscitation equipment, air tube station and hand washing facilities.

6.7.18 Domestic Services Room
A generic Domestic service stores is required the functionality for which is detailed within the Functional Brief there is sufficient storage space for a vacuum cleaner and scrubbing/polishing machine for hard floors. CoSHH requirements for the storage of cleaning materials will be adhered to.
A non-metallic mop and bucket are the only non-generic elements and is essential for cleaning of the MRI scanner rooms.

6.7.19 Departmental Office Manager
This office as detailed within the Functional Brief will be used for appraisals, consultations and discussions with colleagues and other personnel. The office is equipped with a workstation, telephone, filing cabinet and shelving for books and periodicals.

6.8 Interventional Radiology and Fluoroscopy

6.8.1 Patient Pathway
Patients who are scheduled for a procedure will be admitted via the Medical Day Case Unit and escorted to the 1st stage recovery area, where they will be asked to change into a gown if required and outdoor clothes placed in a lockable locker.
The pre-procedure checklist including consent will be undertaken here prior to the procedure being undertaken. The patient will then be escorted to one of the interventional rooms for the procedure to be undertaken and escorted back to the 1st stage recovery area either on a trolley, wheelchair or walking dependant on the procedure.

The patient will then either be transferred to the 2nd Stage recovery area to await discharge or may be discharged home directly from the 1st stage recovery

Members of staff will have delegated responsibility for supervision of the sub waiting areas. As far as practicable patient waiting areas will ensure that privacy and dignity is maintained whilst allowing appropriate supervision by staff.

To address privacy and dignity regulations that male and female patients who are ‘gowned’ do not sit in the same waiting area, a design solution is required to enable segregation.
6.8.2 Patient Bed / Trolley Wait
This clinical area provides space for 3 inpatients on beds or trolleys and is required for patients who are waiting for investigations, full bed head provision is supplied with oxygen, medical gases, suction, nurse call, telephone and clinical hand wash facilities are available.

The area is easily accessible from all the rooms ensuring that privacy and dignity standards are maintained.

One bay will be used in the control of infection, to house infected patients awaiting either their procedure or before returning to ward. The other 2 bays will be utilised by either in patients or day case patients arriving from Medical Day Case Unit, prior to their procedures or whilst awaiting escort to be returned to their ward/unit.

Patients will be transferred from medical day case on a chair or trolley.

6.8.3 Patient Changing Point
A changing point as detailed within the Functional Brief is required where patients can acquire a gown and personal belonging container prior to going into a changing cubicle.

6.8.4 Patient Sanitary Facilities
There is one toilet adjacent to the ultra sound room, and a second toilet is adjacent to the 1st stage recovery area.

6.8.5 Barium Preparation
This bespoke en-suite room provides immediate access to the procedure rooms. In this clean environment, all products will be stored to enable barium enemas/meals to be carried out in the adjacent fluoroscopy room. There is a requirement for a large sink in addition to clinical hand washing facilities.

6.8.6 Patient WC/Barium Enema
There is one toilet adjacent to the barium room for quick and easy access for patients following a barium enema. The toilet must be locked from the barium side of the room as well as internally to avoid accidental exposure of this patient if they re-entered the barium room after their procedure had finished and a new procedure had begun.

6.8.7 Fluoroscopy Procedure Rooms – (general)
All imaging will require an image intensifier combined with an x-ray source mounted on a moveable multi-angular c-arm arrangement. Images will be viewed in real time using procedure room monitors. Patients will lie on a patient table during the procedure. Clinical staff may remain in the room during the majority of the procedure or move to the control area. These rooms will allow the use of endoscopy equipment.

6.8.8 IR Procedures Room – (Angiography)
The room is accessed via a lobby entrance and all imaging will require an image intensifier combined with an x-ray source mounted on a moveable multi-angular c-arm arrangement. Images will be viewed in real time using procedure room monitors. Patients will lie on a patient table during the procedure. The room is large enough to accommodate up to ten clinical staff some of whom may remain in the room during the majority of the procedure or move to the control area. These rooms will allow the use of endoscopy equipment.

6.8.9 Dual Function Procedure Room
This room will be equipped with a moveable C arm and a tilting table so that it may be used for either fluoroscopy or angiography procedures.
6.8.10 Scrub Area
These rooms will support the IR and dual function rooms as detailed within Functional Brief but reduced in size to a two position scrub sink.

6.8.11 Control Room
The main and dual function procedure rooms are served by this control room, the clinician undertaking the examination or procedure requires a clear and unobstructed view of the in-room mounted monitors. The control area has access to PACS.

6.8.12 Staff Change
Two staff changing facilities without en-suite or sanitary facilities are provided for the IR suites, each are equipped with 10 lockers and a uniform exchange point as detailed within Functional Brief.

6.8.13 Ultra Sound Room
This ultrasound room as detailed within the Functional Brief requires blackout blinds and the ability to vary light levels locally and be capable of accommodating a patient in a bed/procedure trolley and is large enough to accommodate three people and is equipped for both standard ultrasound procedures and the performance of interventional procedures including biopsies and ultrasound guided interventions.

The room is equipped with in-room patient monitoring facilities, piped medical gases (air and oxygen) and suction a diagnostic quality workstation, administration computer, telephone and clinical hand washing facilities.

6.8.14 Consulting/ Examination Room
This examination room as detailed within the Functional Brief will be used for consultations with patients and relatives/carers.

6.8.15 Stage 1 Recovery (shared with the MDPU)
The recovery area accommodates up to 10 patients on motorised beds which can be converted into chairs. Patients will change into gowns and a pre-procedural checklist will be completed. Following the procedure patients will be recovered in this area. The majority of patients will be discharged directly from the recovery area, however if required they may be transferred to the 2nd stage recovery area shared with the Endoscopy Suite and the MDPU. Patients will be provided with hot and cold beverages and pre-packed snacks on request, sanitary facilities are available.

6.8.16 Stage 2 Recovery (Access to)
This recovery area is furnished with reclining chairs and there is access to hot and cold beverages on request. This area is situated in MDPU.

6.8.17 Beverage Room
This room as detailed within the Functional Brief will be used by staff for making beverages and snacks for post-procedure patients in the recovery area.

6.8.18 Staff Base/Clean Supplies – 1st Stage Recovery
A two person staff base as detailed within the Functional Brief is located to ensure that staff can observe all patients from the staff base. It will be used to conduct patient administrative duties, a contact point to other wards and department as well as internal areas within theatres.

The base is equipped with a resuscitation trolley, integrated clean supplies area, networked computer and telephone and pneumatic tube, clinical hand wash facilities are required.

6.8.19 Clean Utility
This utility room as detailed within the Functional Brief will be shared with the Physics and Nuclear
Medicine department the room includes clinical hand washing facilities and wheeled/mobile storage racking for essential patient supplies, storage of sterile supplies. Staff will prepare trolleys for clinical procedures in this room and the room will be used for preparation and storage of all drugs, medicines and lotions, and for a working supply of clean medical and surgical supplies, in addition IR equipment and theatre packs and a locked cupboard for housing CoSHH products is required.

6.8.20 Dirty Utility (with Macerator)
This utility room is located in close proximity to the procedure rooms and clean utility room as detailed within the Functional Brief will be shared with the Physics and Nuclear Medicine department and will be used for the disposal of liquid waste. It will include clinical hand washing facilities and storage cupboards. Dressing trolleys and other equipment will be cleaned in this room and for the temporary holding of items requiring sterilisation or disposal.

6.8.21 Store – Linen
This room as detailed within the Functional Brief is located in close proximity to stage 1 recovery and will be used to store sufficient stock of linen, sheets, blankets, pillowcases, slings and patient gowns to meet the needs of the department for a minimum of 2 days, for infection control purposes the door should be kept closed at all times.

6.8.22 Store – Small
This room as detailed within the Functional Brief will be used to accommodate light source, but not the endoscopes in imaging

6.8.23 Departmental Office Manager
This office as detailed within the Functional Brief will be used for appraisals, consultations and discussions with colleagues and other personnel. The office is equipped with a workstation, telephone, filing cabinet and shelving for books.

A wall mounted Key Safe with electronic digital lock will be located here to store controlled drug keys and drug cupboard keys.

6.8.24 Domestic Services Room
A generic Domestic Services room is required to serve the department the functionality for which is detailed within the Functional Brief. This room will be used to deliver day-to-day cleaning services and cleaning materials and equipment in daily use will be stored here.

6.9 Physics and Nuclear Medicine

6.9.1 Staff Base for 2 Persons (with Resuscitation Trolley)
Imaging and clerical staff will have access to confidential patient information, either through the computerised systems or telephone.

The workstation provides an area for the clinical staff to carry out tasks that are necessary to support the service and should be ergonomically designed to minimise injury.
Access to a computer, printer, telephone, resuscitation equipment and hand washing facilities

6.9.2 Sub Waiting (“Cold”)
This sub waiting area as detailed within the Functional Brief accommodates up to 15 persons. Patients will wait here pre injection, some patients may have to wait for up to 1 hour while a suitable time interval elapses prior to or during their examination.

6.9.3 Two Patients WC’s (“Cold”)
There are two OSFA toilets accessible to all patients as detailed within the Functional Brief.
6.9.4 Store – Linen
This room as detailed within the Functional Brief will be used to store sufficient stock of linen and gowns to meet the needs of the department, for infection control purposes the door should be kept closed at all times.

6.9.5 Sub Waiting (“Hot”)
This sub waiting area as detailed within the Functional Brief accommodates up to 15 persons. Patients will wait here post injection and waiting for, or between, scans for up to 3 hours.

A water fountain is accessible as patients require access to fluids to ensure that they do not become dehydrated. Patient entertainment system is provided i.e. television or background music.

Patient Flows are managed by nuclear medicine staff.

6.9.6 Sub Waiting - Paediatric (“Hot”)
This sub waiting area as detailed within the Functional Brief accommodates up to 5 children with parents/carers equipped with a range of toys that conform to infection control standards and a patient entertainment system is provided i.e. television or background music.

Children will be cared for in this area pre and post injection for up to 3 hours, a water fountain is accessible as children require access to fluids to ensure that they do not become dehydrated.

Children Flows are managed by nuclear medicine staff.

6.9.7 Trolley Wait (“Hot”)
This 2 bedded bay will be used by in patients who are unable to mobilise they will wait here pre and post injection for up to 3 hours. Staff will be available to provide cold drinks and assist patients with their sanitary needs.

6.9.8 Trolley Wait – Barrier
This area will be used for barrier nursing one patient at a time; the area has a fully glazed partition and door with privacy blinds. The patient will wait here pre and post injection for up to 3 hours. Staff will be available to provide cold drinks and assist patients with their sanitary needs.

6.9.10 Two Patients WCs (“Hot”)
There are two OSFA toilets accessible to all patients as detailed within the Functional Brief.

6.9.11 Radionuclide Injection Preparation Area
A secure area for radiopharmaceutical dispensing, measurement and labelling of patient injections is required. These will be dispensed within a dispensing fume cabinet with appropriate lead shielding. The room requires a secure shielded store area for sealed sources.

6.9.12 Two Patient Injection Rooms
Patients will be prepared for procedures, given appropriate counselling and advice and receive injections as appropriate with suitable chair for patient injections. One of these two rooms requires forced air extraction for aerosol dispersal.

6.9.13 Four Radionuclide Gamma Camera Imaging
A floor mounted gamma camera to be installed in each room plus up to 4 collimators. Each camera also requires a separate UPS power supply and a controlled temperature environment. Immediate access to the post injection sub wait will be required. It is important to note that these rooms need a rectangular configuration to suit the shape of gamma camera systems. Ideal shape is approx 4.6 x 7.9 m (36 sqm). Dimmed / subdued lighting is required to reduce the brightness of lights when patients need to lie still for 30 minutes during interventions. One needs to be larger to provide future adaptability for PET scanner.
6.9.14 Two Control Rooms
This control room is located between the two camera rooms with open access to the camera rooms, except for the SPECT/CT systems where a lead-lined door access is required. There is an ordinary glass panelling window for patient observation except for SPECT/CT where lead glass is required.

6.9.15 Consultation Examination Room
A generic consulting/examination room, with double-sided couch access for patient assessment. These rooms will also be used for cardiac stress testing and so need to be suitable for radionuclide administrations.

6.9.16 Patient Changing - Accessible
A generic accessible patient changing room is required as detailed within the Functional Brief. This room should be located near to the camera rooms.

6.9.17 Patient Changing Point
A changing point as detailed within the Functional Brief is required where patients can acquire a gown and personal belonging container prior to going into a changing cubicle.

6.9.18 Radio-Pharmaceutical Dispensing Area
This secure area will be used for radiopharmaceutical dispensing of patient injections which will be dispensed within a dispensing fume cabinet with shielding.

6.9.19 In-Vitro Sample Preparation, Dispensing and Counting
A laboratory area for the preparation of patient samples (mainly blood and urine) for automatic sample counters, both for gamma-emitting and for beta emitting samples. There is a storage area for biological samples including 24-hour urine collections.

The room is furnished with a laboratory bench space with centrifuge and storage cabinets for appropriate laboratory equipment and an area for automatic sample counters for both gamma-emitting samples and for liquid scintillation samples.

Additionally there is mobile a shielded NaI (Tl) gamma counter facility which can also be used in the consulting/examination room for patient and staff uptake measurements

6.9.20 Cardiac Stress Room
This generic consulting/examination room as detailed within the Functional Brief will be used for patient assessment and for patient in-vivo counting. The room is also suitable for radionuclide administration of 131 therapy capsules and other radionuclide oral capsule formulations.

6.9.21 Reporting
The reporting room is equipped with four terminals for gamma cameras and PACS terminal facilities, it will be used for clinical image processing and for software writing and analysis in addition to clinician’s ‘hot’ reporting.

6.9.22 Staff Base for 2 Persons (with Resuscitation Trolley)
Imaging and clerical staff will have access to confidential patient information, either through the computerised systems or telephone.

The workstation provides an area for the clinical staff to carry out tasks that are necessary to support the service and should be ergonomically designed to minimise injury. Access to a computer, printer, telephone, resuscitation equipment and hand washing facilities

6.9.23 Utility - Radioactive Waste Store
This utility room will be used for the disposal of liquid radioactive waste via a disposal sluice and includes a heavy lead-shielded storage cupboards capacity for long-term (90day) storage of

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radioactive waste.

6.9.24 Departmental Office Manager
This office as detailed within the Functional Brief will be used for appraisals, consultations and discussions with colleagues and other personnel. The office is equipped with a workstation, telephone, filing cabinet and shelving for books and periodicals.

6.10 Radio Pharmacy
6.10.1 Waiting Area / Dispatch Area (Six Persons)
The radio pharmacy department supplies a number of external trusts with radiopharmaceuticals, all of whom have drivers who come to the department to take delivery of Type A Radioactive packages. This area will be used by drivers waiting to take signed delivery of the packages. A sink is available for decontamination of equipment used in the suite.

6.10.2 Grade D Changing Rooms
Before entering the Radio pharmacy room, staff must follow a wash and change routine. They must first remove outer clothing and shoes and store them on the entry side of a step over bench which marks the boundary between dirty and clean apparel. After stepping over the bench, staff put on dedicated clothing and footwear already stored in the changing area.

Once robed, washed and gloved, staff will then enter the grade D support room. Changing rooms are designed as airlocks and used to provide separation of the different stages of changing and so minimise microbial and particulate contamination of protective clothing.

They receive their own supply of filtered air from a ceiling vent and have interlocking doors with hand washing facilities just prior to the entrance.

6.10.3 Grade D Support Room (Small)
This room will be used for blood labelling and the manipulation of blood products is required. There are separate hatches from this room into each of the clean rooms and separate hatches for material coming out of each clean room.

There is a packing area with a low-level hatch for movement of trolleys containing Type A radioactive containers out. Materials and items of equipment to be used in the Radio pharmacy will be transferred from the stores to the support room via a pass through an airlock hatch. Solutions to be manipulated in the aseptic room will be prepared in the support room. Finished products will be inspected, labelled and held for a short time in this room. Type A containers will be packed in this room and passed through to the dispatch area via a low-level hatch.

6.10.4 Grade D Support Room – (Large)
This larger room will be used for non-blood work and there are separate hatches from this room into each of the clean rooms and separate hatches for material coming out of each clean room. This room requires a packing area and there must be a low-level hatch for movement of trolleys containing type A radioactive containers out.

Materials and items of equipment to be used in the Radio pharmacy will be transferred from the stores to the support room via a pass through an airlock hatch. Solutions to be manipulated in the aseptic room will be prepared in the support room. Finished products will be inspected, labelled and held for a short time in this room. Type A containers will be packed in this room and passed through to the dispatch area via a low-level hatch.

6.10.5 Grade B Changing Rooms
Each clean room has a separate second grade B change room associated with it, before entering the Grade B clean rooms, staff must follow a detailed wash and change routine and these second clean rooms also have a step over bench marking the boundary between the dirty and clean areas.
After stepping over the bench, staff put on sterilised clean room clothing and footwear already stored in the changing area. Once robed, washed and gloved staff then enter the aseptic room.

Changing rooms are designed as airlocks and used to provide separation of the different stages of changing and so minimise microbial and particulate contamination of protective clothing. They receive their own supply of filtered air from a ceiling vent and are interlocking.

6.10.6 Grade B Clean Room (Routine Diagnostics)
This routine diagnostic clean room is used for all short-lived diagnostic work, including the manufacture of agents for myocardial perfusion imaging. Radio pharmacy dispensing is carried out in a microbiological safety cabinet (B S 5276) equipped with a HEPA filtered air supply complying with grade A in the EC guide to Good Manufacturing Practice. All points of access and egress from the Radio pharmacy room is fitted with an interlocked or alarmed door system.

6.10.7 Grade B Clean Room (Manufacture)
This clean room is required for the manufacture of clinical trial / research / therapy products. There is a separate suite (clean room and changing facility) as most therapy products and many trial and research products use long-lived radioisotopes and material of animal origin, such as mouse antibodies.

The room is large enough to accommodate two isolators. Radio pharmacy dispensing is carried out in a microbiological safety cabinet (BS 5276) equipped with a HEPA filtered air supply complying with grade A in the EC guide to Good Manufacturing Practice.

All points of access and egress from the Radio pharmacy room are fitted with an interlocked or alarmed door system.

N.B: The department is the only one in the West Midlands with an IMP licence. This is required for the manufacture of clinical trial material.

6.10.8 Grade B Clean Room (Radio Labelling Blood Products)
This facility is almost entirely separate, with dedicated 1st change; support room, 2nd change and clean room. There are separate in and out hatches to allow the blood to move in and out of the department by a separate route.

A connecting hatch to the clean room which is used for diagnostic work allows transfer of the radioisotope. Air pressures must be higher in the diagnostic clean room. Radio pharmacy dispensing is carried out in a microbiological safety cabinet (BS 5276) equipped with a HEPA filtered air supply complying with grade A in the EC guide to Good Manufacturing Practice.

All points of access and egress from the Radio pharmacy room is fitted with an interlocked or alarmed door system.

6.10.9 Quality Control / Research Laboratory
This room is required to carry out testing of manufacture materials, and contains a fume cupboard for handling volatile materials; an automatic gamma counter and a chromatogram scanner for processing results of assays, and an HPLC machine for testing of IMP / trial material if necessary. There is a hatch to the Grade D support room but the door is independent from the clean areas.

6.10.10 Radioactive Store / Delivery Room
This room is compliant with all current recommendations for prevention of terrorism the store will also be used for intermediate/long-lived waste to allow up to 90 days for decay.

It can also be used as a delivery point for contained boxes as well as a store for used radioactive material with lead lined safes for storage.
6.10.11 Non – Radioactive Store Room
This room will be used to provide storage space for materials such as boxes of all sizes of gloves – both sterile and non-sterile; distilled water (20 bottles are stored at any one time); syringes, needles and all the other consumables, limited unpacked materials will be kept here.

6.10.12 Decontamination Shower
This shower will be used for decontamination purposes and is shared between Radio pharmacy and Nuclear Medicine.

6.10.13 Departmental Office Manager
This office as detailed within the Functional Brief will be used for appraisals, consultations and discussions with colleagues and other personnel. The office is equipped with a workstation, telephone, filing cabinet and shelving for books and periodicals.

6.10.14 Office/Resource Base (4)
A four person reporting station as detailed within the Functional Brief the entrance to the reporting room will be from quiet corridors, not busy corridors with patient flows and the doors will have controlled access.

The rooms will be used by radio pharmacy staff and are equipped with workstations each with 2 chairs with internet access and telephones with silent indication of an incoming call. The room is large enough to allow up to 3 people to gather around each workstation which are separated by screens providing effective sound insulation.

The lighting will be capable of being dimmed, and any sources of natural light will be controlled with blinds and the floor covering and decoration will be designed to reduce noise & ensure a peaceful environment. The ventilation/ air conditioning will be sufficient to ensure a comfortable environment despite the number of computer workstations in the room.

6.10.15 Domestic Services Room
A generic Domestic Services room is required to serve the department, the functionality for which is detailed within the Functional Brief. This room will be used to deliver day-to-day cleaning services and cleaning materials and equipment in daily use will be stored here.

6.11 External Facilities
6.11.1 Store – External - Solid Waste
This external secure locked store is used for transport container for solid radioactive waste. There are separate requirements for short-lived and long lived radioactive waste storage, which requires two transport container systems.

6.11.2 Store – External - Quick Decay
This external (lockable) area is used for quick-decay material. There are separate requirements for short-lived and long lived radioactive waste storage, which requires two transport container systems.

6.11.3 Store – External - Low Level Waste
This external waste store area is used for a special radioactive waste skip for low level radioactive waste to be collected. There are separate requirements for short-lived and long lived radioactive waste storage, which requires two transport container systems.

6.11.4 Mobile Vehicle Docking Station
A docking station is available capable of accommodating two vehicles simultaneously in order that mobile medical vehicles, both diagnostic and interventional, can be used by the Trust to supplement the permanent facilities. While this area is in use it will require IT access to confidential patient data, access to sanitary facilities for patients & staff, and access to equipment for cleaning the scanner between patients to comply with infection control procedures. Facilities will enable...
inpatients & outpatients to change and wait while maintaining privacy and dignity.

6.12 Interdepartmental Relationships
- Emergency Department
- Imaging is central to other clinical/non-clinical services

6.13 Business Continuity
System designed with some redundancy/capacity and community facilities will provide a service in the event of problems on the acute site.

Two docking stations for mobile equipment will allow for planned downtime.

6.13.1 Escalation
Possible contingencies requiring business continuity plans to be in place:
- Infection
- Equipment breakdown
- Equipment replacement
- IT failure

6.13.2 Major Equipment
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit.

If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure. A loan of equipment is provided if repairs cannot be rectified immediately.

In the event of serious systems failure and immediate repair or loan equipment not being possible, then the department manager will consult with the medical staff and Clinical Group Director of Operations to cancel sessions accordingly.

6.13.3 Equipment Replacement
All equipment requires regular maintenance, servicing and replacement as part of a planned programme.

6.14 Major Incident
Refer to:
- Major Incident Plan
- Evacuation Plan

Each area will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.
System designed with some redundancy/capacity and community facilities will provide a service in the event of problems on the acute site.

6.15 Regulatory Requirements

- IR(ME)R 1999
- Radioactive Substances Act 1993
- COSHH 1999
- Health Building Note 14-01
- BS5295 / BS EN ISO 14644-1:1999
- Ionising Radiation Regulations 1999

6.16 Clinical Support Services

6.16.1 Pharmacy

Outpatients will attend for dispensing and education of hospital only medicines. Regular weekly supplies of medication and contrast media will be required by the imaging department.

6.16.2 Pathology

Referrals will be received via an IT solution. Specimens will be delivered to pathology via the use of a pneumatic tube with the exception of blood products which are collected or delivered using the portering service.

- Specimens from biopsies and blood samples will be collected by the portering service and delivered to Pathology.
- Access to blood bank required
- Cytopathology presence might be required for some examinations e.g. FNA.

6.16.3 Infection Control

All staff will comply with Trust Infection Control Policies, all team members who undertake aseptic nursing procedures will adhere to infection control standards for cleaning trolleys to ensure that risk from infection is kept to a minimum.

Where appropriate, patients with serious infectious diseases will be seen within the ward environment with the use of mobile machinery.

Ward staff will notify imaging staff of this at the point of referral so appropriate arrangements can be made. The IT system needs to incorporate this functionality.

Infection control will be managed by clear communication through the use of alerts on patient healthcare records either in written record and/ or within Electronic Patient records. This will refer to patients arriving and leaving the clinical areas.

Inpatient ward staff will notify the clinical areas prior to interventions to ensure that the appropriate measures can be taken to avoid the spread of Infection. Infectious patients will be treated individually to isolate any possibility of the spread of infection. Clinical areas will be cleaned after these interventions have taken place.

Any clinical areas that require cleaning between patients domestic services will be contacted by telephone to arrange this in advance if possible. If this is not possible the area will remain unavailable until it has been cleaned.

NB: Please refer to Ward services operational policy within Facilities support services which states that planned and ad hoc cleaning will be delivered.
Equipment used will be decontaminated using approved methods

6.16.4 Sterile Supplies
Facilities staff will deliver sterile stores from the central store to the imaging department; reusable items will be picked up and recycled post sterilisation.

6.16.5 Manual Handling
Refer to the Moving and Handling Policy.

The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions these must be of reachable height or have specially designed ladders to access high shelves safely

- A mobile hoist will be available within the department.
- Each department will have the use of moving and handling aids such as sliding sheets and boards.
- All equipment within the department will be height adjustable where possible.
- There must be sufficient space min 2.5 m to allow for circular movement of goods if mechanised systems are required.
- Where possible distances for moving goods will be minimised.
- Doors and corridors will be of sufficient width with automatically opening doors to allow ease of movement of beds and loads.
- Floors within the service will be level to allow for ease of movement.
- Access to weighing scales will be required.
- Ceiling track hoist will be located in a central location for use by the whole department to transfer patients from wheelchair to couch as appropriate.
- Floors within the service will be level to allow for ease of movement.
- Access to weighing scales will be needed
- Radio pharmacy will require a dedicated mobile hoist for the grade B routine diagnostics clean room. This is required for transfer of the radioactive generators. A trolley is required to move the generator into the large support room via a low-level hatch.

6.16.6 Imaging
Not Applicable.

6.16.7 Interpreting Services
Interpreting services will be available and booked by clerical staff. Refer to the interpreting Services – Access and Delivery Policy

6.17 Non Clinical Services

6.17.1 IT
IT will need to efficiently provide patient records, and reporting functions in each specialist area. Support and maintenance will be required to ensure that services are not affected. Detail of process to be developed with the relevant service.

6.17.2 Transport
Transport will be required to provide timely and accessible transport for outpatients attending appointments. This will need to ensure that individuals do not have to wait more than 1 hour. The detail of this process is to be developed with the relevant service.
6.17.3 Porters Service
Designated portering arrangements will be provided by the facilities division. The service heads will ensure that this is scheduled in an efficient way in liaison with ward staff.

6.17.4 General Store Delivery
Facilities support services – Material handling section to be developed.

6.17.5 Catering
- Water fountains required for patient/staff areas
- Requirement for patients with prolonged waiting time e.g. NM/IR
- Sandwiches for day case patient.
- Very occasionally meals for diabetic patients.
- Patients will be able to access the public food courts/retail outlets.

6.17.6 Linen
Clean linen will be required to be delivered and dirty linen collected on a daily basis. Detail of process to be developed with the relevant service.

6.17.7 Domestic Service
Refer to the Hospital Cleaning Service Policy

6.17.8 Maintenance/EBME/Radiation Protection
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.

The temperature must be controlled: the parameters are between 18 and 25 degrees.

6.17.9 Security
Refer to the Security Policy

Security will be ensured through the use of the main reception area. The Imaging department as a whole will be secured and only accessed by authorised staff with the use of an appropriate mechanism such as a swipe card or similar. This can be unlocked remotely by reception from the reception area and department staff.

Each clinical room will contain an emergency buzzer/panic alarm which will ring in the central area at the reception desk. This is required to alert staff outside of the clinical room in the event that a staff member requires assistance because a patient is ill or if they are threatened with violent behaviour.

The departments will be locked outside of 0800 hours and 2000 hours, however they will be accessible for emergency use where patients will be escorted by a member of staff.

Within the department each sub wait will be outside of the main department and the staff who has been alerted via an IT solution of the patient’s arrival will go to the sub wait and collect the patient. They will be accompanied throughout their intervention and escorted from the individual department by the clinician at the end of their intervention.

Rooms which contain expensive equipment will be locked when not in use even within the secure areas of the individual departments.

Requirements of Specials Branch/Counter-terrorism in terms of security of radioactive material
must be complied with. This applies to all supervised or controlled radiation areas, and in particular, the arrangements for receipt of radioactive material into the Radio pharmacy which may be delivered out of hours.

6.17.10 Fire Procedure
Refer to the Fire Safety Management Policy - exit from the building will not be through radio pharmacy.

6.17.11 Waste Management
Refer to the Waste Management Policy

Radioactive waste disposal facilities are available within Radio pharmacy for this purpose (this equates to approximately five patients per day).

Radioactive waste will be stored in a lockable bin in a secure area ideally located by a door to outside for ease of collection. The storage and disposal of radioactive waste will be controlled by procedures outlined in the regulations listed above. A number of wheeled skip will be provided in accessible external store to store this waste, refer to PPDD 11 and 5.12 of this policy.

The store must be sited at a convenient location for Radio pharmacy and Nuclear Medicine, which minimises the transfer time as the waste is often moved around unshielded, and does not impinge on the clinical areas.

A dedicated plant will be required to process waste from this service.

- All clinical waste will be disposed of in yellow clinical waste bags. These go for incineration.
- All used sharps to be placed in the 'sharps' bin.
- Soiled instruments should be returned to the decontamination unit for cleaning and re-sterilisation as per the decontamination operational policy. (available within the endoscopy suite).
- Non clinical waste to be placed in black rubbish bins.
- The Spillage Protocol will be adhered to regarding disposal of items used for dealing with spillages.
- Any confidential paperwork for disposal must go in the Hessian type bag identified for shredding material.
- Other paper waste relating to non confidential material can go in a black bag or the cardboard paper recycling boxes.
- Bins will have adequate space and sufficient collections to ensure that rubbish is not left on the floor, and bins should be a design which allows bags of rubbish to be placed in the bin safely.

7. CONSULTATION

An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to all radiologists, radiographers, nurses, clinical group management team and capital projects team for comments. The outcome of this consultation has been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS

Compliance with the requirements of the policy will be monitored by the Clinical Group Director of Operations and Matron for imaging.
9. TRAINING AND AWARENESS

Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the imaging department and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY

The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. REVIEW

This policy will be reviewed in three years time. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY

The Royal College of Radiologists Professional Standards

Further references for Radio Pharmacy
(The most important documents at this point are listed in the main document. Electronic copies will be sought where possible).


PIC/S Guide to good Practices for Preparation of Medicinal Products in Pharmacies


Biotechnology-performance criteria for microbiological safety cabinets BS EN 12469 London: British Standards Institute, 2000

Biotechnology-Guidance on testing procedures for clean ability BS EN 12296: London: British Standards Institute, 1998
Biotechnology-Guidance on testing procedures for leak tightness BS EN 12298: London: British Standards Institute, 1998

Metrology and test methods-Part 3. BS EN ISO14644 London: British Standards Institute

Design, construction and start-up-Part 4 BS EN ISO 14644 London: British Standards Institute
Operations-Part 5 BS EN ISO 14644 London: British Standards Institute

Terms and Definitions- Part 6. BS EN ISO 14644 London: British Standards Institute

Separative enclosures (clean air hoods, glove boxes, isolators mini environments)-Part 7. London: British Standards Institute
Clean rooms and associated controlled environments-Bio contamination Control. BS EN ISO 14698 London: British Standards Institute

High efficiency air filters (HEPA and ULPA)-Part 1: Classification, performance testing, marking. BS EN 1822-1 London: British Standards Institute, 1998


Categorisation of biological agents according to hazard and categories of containment Fourth Edition Advisory Committee on Dangerous Pathogens1995


The Radioactive Material (Road Transport) (Great Britain) Regulations 1996 SI No 1350 London, HMSO 1996
Pharmacy Clean room Capital Schemes. NHS Pharmaceutical Quality Assurance Committee, March 2003 (New edition currently in progress)


HBN - Health Building Note 06 Facilities for Diagnostic Imaging and Interventional Radiology – Department of Health 2001

13. FURTHER ENQUIRIES
Contact the Clinical Group Director of Operations or Matron for further information on the
implementation of this policy.

APPENDIX A  Patient Pathway

Inpatients (Escorted)

Patient reports to main reception hub Alert sub-department via IT system

Meet, greet & direct to department sub-wait
Allow through locked entrance to the imaging department

Inpatients
Wait in dedicated waiting area with appropriate resources

Outpatients with a maximum of 2 persons accompanying

Outpatients
Wait in sub wait OP called through locked access by imaging staff. Patient changes as necessary & waits in cubicle or changed waiting area
Appendix B - Operational Policy Development/Distribution/History/Consultation

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<td>RCRH Clinical Lead</td>
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<td>J. Morton</td>
<td>Divisional General Manager</td>
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<tr>
<td>J. Stanley</td>
<td>Superintendent Radiographer</td>
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<td>J. Mansell</td>
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<td>P. Finch</td>
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Policy No: 14  Outpatients Department

Department / Service: Outpatients Department
Originator: Estates and Technical Team
Approved by: Version 10.0
Designation:
Date of approval:

Name: G. Seager  Post: Project Director  Signature:
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Disclaimer

This document has been prepared for use by Sandwell and West Birmingham Hospitals NHS Trust (SWBH) in connection with the titled project or named part thereof and should not be relied upon by any other person or used for any other project without an independent check being carried out as to it suitability and prior written authority of SWBH being obtained. Neither SWBH nor its advisors accept any responsibility or liability in connection with this document being used by any other person or being used for any other purpose other than the purpose for which it was commissioned nor do they accept any duty of care to any other person in connection therewith. Any person using or relying on this document for any other purpose agrees, and will by such use or reliance be taken to confirm his agreement, to hold SWBH and its advisors harmless from any and all losses and/or damages resulting there from.
1.0 Philosophy of Service

This policy details the facilities, which the Sandwell and West Birmingham Hospitals NHS Trust require for the Outpatient Department within the new acute hospital. The Trust acknowledges that future outpatient service reconfiguration is expected to shift 85% of the quantum of activity that is currently carried out on the acute site, into the community. The remaining 15% will be accommodated in the new outpatient facilities in the acute hospital.

The outpatient clinic facilities provided within the hospital will be paediatrics, urodynamics and antenatal. All other clinics will be run from community facilities.

The functionality of a number of the rooms to be provided should be in line with the standard rooms outlined within the Functional Brief. The facilities provided within the three departments are required to offer:

- Integration across primary and secondary care to ensure seamless management of the patient journey
- Improved communication regarding patient interventions
- A facility which has a direct physical link to the Internal Hospital Street Network thus ensuring ease of access.

Patients will attend for expert opinion, diagnosis and treatment with specialist teams. All specialties will see their patients within bespoke outpatient accommodation, on a scheduled basis. The aim will be that the number of attendances will be minimised, in accordance with individual clinical need, therefore an objective in service delivery will be to ensure that services are available and accessible to facilitate maximum outcomes from each visit. The use of equipment and facilities will be maximised to provide efficient and effective services.

It is recognised that the models of service delivery adopted will alter over time. It is therefore essential that the facilities provided within the Outpatients Department can respond to future changes in the technology.

The Trust has identified a number of key strategic design principles, which underpin the content of this and all other policies:

- Establishment of service areas
- Co-location of clinical support services to support individual specialties will only occur if the clinical support room is used by a single speciality and the volume of patients justifies the co-location.

Those activities requiring bespoke accommodation are listed below:

- Urodynamics
- Paediatrics
- Ante Natal.
2.0 Scope of Planning Policy

2.1 Specific Exclusions

In developing the model of care a number of services have been identified as not appropriate for provision within the Department and have therefore been specifically excluded from development within this specification and named below:

- Breast care/screening. This is provided within the Birmingham Treatment Centre
- Oncology. This is provided in the Birmingham Treatment Centre
- Colposcopy. This is provided in the Birmingham Treatment Centre
- Gynaecology. This is provided in the Birmingham Treatment Centre and Sandwell Community Hospital
- Adult ophthalmology. This will be provided within a community location
- Oral and Maxillo Facial. This will be provided within a community location
- Dermatology. This will be provided within a community location
- Infertility. This will be provided within a community location
- Orthotics. This will be provided within a community location
- Cardiac Rehab. This will be provided within a community location.

The only outpatient activity to be undertaken within the new acute hospital is paediatric, antenatal and urodynamic.

2.2 Activity Figures

The assumptions for repeatable and bespoke outpatients are that there will be 16 sessions per week. Each session will last 210 minutes. OPD appointment time assumptions of 30 minutes for new appointments and 20 minutes for review (follow up) appointments.

2.3 Hours of Operation

The facilities will be planned on the basis of the department being operational up to 16 sessions per week, where a session is 3.5 hours. This is expected to be 3 sessions per day and 1 session on Saturdays. The Outpatient facilities will be operational for 52 weeks of the year.

2.4 Functional Content

The bespoke Outpatient Department facilities will include the following mix of repeatable and bespoke space:

2.4.1 Urodynamics

- Patient Change
- Sanitary Facilities
- Urodynamics room with ensuite
- Consultation/examination room
- Clean Utility
- Dirty Utility
- Store – Urodynamics
- Reception
- Waiting Area
- Treatment Room
- Office.

2.4.2 Paediatrics

- Reception
- Children’s play/wait
- Waiting Area
- Sanitary Facilities
- Baby Change
- Baby Feed
- Treatment Room
- Consultation/Examination
- Point of Care Testing Room
- Orthoptic Clinical Room
- Dark Room
- Paediatric Audiology Test Room
- Observation Room
- Evoked Response Audiometry Test Room
- Phlebotomy Room
- Dirty Utility
- Clean Utility
- Store: Medium
- Interview/Counselling Room
- Observation Room
- Staff Base
- Office.

2.4.3 Ante Natal Clinic

- Reception
- Staff Base/Clean supplies
- Waiting area
- Phlebotomy
- Sanitary Facilities
- Interview/Counselling (3)
- Consulting/Examination (7)
- Point of Care Testing Room
- Treatment room
- Ultrasound Room (5)
- Store
- Clean Utility
- Dirty Utility

---

**14 Outpatients Department**

<table>
<thead>
<tr>
<th>Code:</th>
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<td>S:\AHP Estates and Technical Team</td>
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<td>10.0</td>
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<td>Implementation Date:</td>
<td>July 2014</td>
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</table>
Resource Base.

2.4.4 Shared Facilities (Bespoke Clinics)

- Domestic Services.

2.4.5 Dedicated use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to support the clinical departments. In the case of Outpatients the Neighbourhood Hubs will provide:

- Reception and waiting
- Visitor welfare facilities
- WHB / PPE Station
- Staff welfare facilities
- Seminar Room
- Facilities management – soft services.

2.4.6 Administration Zone

The Trust advocates the use of Administration Zones (PPDD 19), which will be co-located within the clinical areas they support.

2.5 Common Planning Policies

This planning policy has been developed to be read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wish to ensure consistency of approach within the facilities and as such:

- Advocate the use of repeatable rooms, as such only bespoke rooms and exceptions will be described in detail within this departmental PPDD.

The Trust proposes the use of Neighbourhood Hubs each of which will serve a number of departments and accommodate facilities shared between departments including facilities management.

3.0 Staffing

3.1 Staffing Profile (including Management)

The Trust has considered the numbers of staff likely to be on duty at any one time and the numbers who will require changing facilities at any one time, together with an estimate on the number of staff in training at any one time and it is considered that the facilities provided within the Neighbourhood Hubs will meet the requirements of the outpatient department.
3.1.1 Staff Development, Education and Welfare

Staff welfare facilities in the form of separate sex toilets, showers, and change are provided within the Neighbourhood Hubs. Secure lockable storage is provided for personal property whilst staff are on duty.

The Trust has considered the numbers of staff likely to require training at any one time and it is considered that the facilities provided within the Neighbourhood Hubs will meet the training needs of the outpatient department.

4.0 Key Relationships

4.1 Departmental Relationships

This document covers three distinct outpatients clinic areas:

- Urodynamic Clinic
- Paediatric Clinic
- Antenatal Clinic

It is important that these clinic areas can be accessed easily from the main entrance. The key departmental relationships for these clinics are as follows:

**Urodynamic Clinic**

A key departmental relationship will be urology inpatient ward.

Use of a neighbourhood hub will provide shared staff and visitor welfare facilities.

**Paediatric Clinic**

A key departmental adjacency is the paediatric inpatient ward. This clinic should be located adjacent to the inpatient ward.

Facilities will be provided for children and young people, for example: children’s play/waiting area, baby feeding and changing facilities, adolescent waiting area.

A small provision for paediatric Ophthalmology and Audiology services is included within this clinic area.

Use of a neighbourhood hub will provide shared staff and visitor welfare facilities.

**Antenatal Clinic**

A key departmental adjacency is to the maternity delivery suite. This clinic should be located adjacent to the delivery suite and maternity facilities.
Shared use of a neighbourhood hub will provide staff and visitor welfare facilities.

The departmental relationships are shown in the diagram [4.1]:

**Diagram [4.1] Key Adjacencies**

4.2 Workflow

4.2.1 Patient Flows

Patients and their carers/escorts must be able to access the Outpatient Department via a dedicated concourse, without having to pass through any other patient or clinical area in order to do so. It is essential that the entrance is adjacent to a ‘patient drop off’ point, including capacity for ambulance transfers and movements.

Patient’s condition will range from the assisted wheelchair user to the fully ambulant. The Trust would wish to ensure that all patients have equity of access and it must be recognised that the local population mirrors that nationally with an increasing proportion of older patients accessing healthcare.

Apart from the bespoke areas within the department, all specialities will see outpatients in the repeatable facilities. This will be achieved by clinic scheduling. Typical patient flows are indicated in diagram [4.2.1].
4.2.2 Staff Flows

There will be staff who are based in the Outpatients Department and staff that work across the inpatient/outpatient areas of a specific specialty. Typical staff flows are shown in diagram [4.2.2].
4.2.3 Goods Flows

It is preferred that goods flows are kept as separate as possible from patient flows, by use of a service corridor. The services within the department will draw on the Hospital for various supporting services including domestic, and portering services, plus supplies and waste disposal (further details provided within the Facilities Management policy (PPDD24). Provision should enable the clinical staff to access support facilities without leaving the clinical areas. Typical goods flows are shown in diagram [4.2.3].

Diagram [4.2.3] Goods flows

4.3 Interdepartmental Relationships

The department should be provided with linkages to the internal hospital street network, and close to the main hospital entrance, to ensure rapid and appropriate access for outpatients and their carers/escorts.

- Main Entrance. Patients require easy access to the Outpatients Department without the need to pass through other clinical areas
- Imaging Department. The Imaging Department and Outpatient Departments should be co-located for routine and complex imaging, to promote a one-stop approach for patients and reduce the number of attendances
Emergency Department. The Trust’s Major Incident Plan will include use of OPD in the event of a major incident
Cardiac Catheterisation. Patients may require transfer to this department
Interventional Radiology. Patients may require transfer to this department
Endoscopy. Patients may require transfer to this department
Ultrasound in Imaging. Women will access to the ultrasound facilities within the Imaging Department as part of their outpatient visit. NB: This does not include women attending the Ante Natal Clinics
Medical records
Medical Day Procedures. Particularly for haemoglobinopathy for urgent blood transfusions
Pharmacy – many patients will require access to the pharmacy following an outpatient appointment
Transport – due to the age profile of patients in ophthalmology there is a much greater dependency on ambulance drop off for patients therefore ambulance access should be close
Delivery Suite. Patients may require transfer to this department
Obstetric Theatres. Patients may require transfer to this area.

Easy access must also be provided for the movement of patients, and staff to other areas of the site and the delivery of bulk items. The relationships above have been summarised in table [4.3].

Table [4.3] Interdepartmental relationships: Outpatients.

<table>
<thead>
<tr>
<th>Close to</th>
<th>PPDD</th>
<th>Reasons</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Entrance</td>
<td>PPDD 32</td>
<td>Ease of access</td>
<td>Essential</td>
</tr>
<tr>
<td>Imaging</td>
<td>PPDD 11</td>
<td>Appropriate patient pathway</td>
<td>Essential</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>PPDD 01</td>
<td>Use of facilities in the event of a major incident</td>
<td>Important</td>
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<tr>
<td>Inpatient Wards</td>
<td>PPDD 02</td>
<td>Patient transfer</td>
<td>Important</td>
</tr>
<tr>
<td>Cardiac Imaging and Therapy</td>
<td>PPDD 09</td>
<td>Patient transfer</td>
<td>Desirable</td>
</tr>
<tr>
<td>Interventional Radiology</td>
<td>PPDD 11</td>
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<td>Desirable</td>
</tr>
<tr>
<td>Medical Records</td>
<td>Functional Brief</td>
<td>Patient record transfer</td>
<td>Desirable</td>
</tr>
<tr>
<td>Endoscopy</td>
<td>PPDD 08</td>
<td>Patient transfer</td>
<td>Desirable</td>
</tr>
<tr>
<td>Medical Daycase Procedures Unit</td>
<td>PPDD 07</td>
<td>Patient transfer</td>
<td>Desirable</td>
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<td>Pharmacy</td>
<td>PPDD 18</td>
<td>Patient transfer</td>
<td>Important</td>
</tr>
<tr>
<td>Cardiology Diagnostics, Clinical Neurophysiology and Respiratory Physiology</td>
<td>PPDD 16</td>
<td>Patient transfer</td>
<td>Essential</td>
</tr>
<tr>
<td>Maternity Delivery Suite</td>
<td>PPDD 04</td>
<td>Patient transfer</td>
<td>Desirable</td>
</tr>
<tr>
<td>Operating Theatres</td>
<td>PPDD 06</td>
<td>Patient transfer</td>
<td>Desirable</td>
</tr>
</tbody>
</table>
5.0 Planning and Design Principles

The key design consideration is balancing the need for an appropriate patient flow with easy access, with the optimum sharing of support facilities.

5.1 Ambience and Decoration

The facility is to be family-friendly and non-institutional with particular emphasis on the use of colour, art, contrast and texture to provide a stimulating, non-threatening environment for all patients regardless of ability or impairment.

The design should access the research available on hospital environments contained within ITPD v2, particularly for older people and the visually impaired: for example, all toilet doors the same colour, contrasted with other doors; colour coding of bed areas to allow patients to identify “their” area. Consideration must be given to the clear differentiation of each clinic area. The paediatric and antenatal clinics need to be ‘child-friendly’.

5.2 Wayfinding

Signage in the Department should clearly demarcate clinical and non clinical areas and indicate the direction of the specialty specific and general areas. Due consideration will be given to wayfinding as described in the Functional Brief.

5.3 Security and Observation

The Department will be locked electronically during out of hours to prevent unauthorised access.

The Trust’s Requirements in respect of Patient/Staff call systems is set out within Functional Brief Table [3.4B].

The Trust’s Requirements in respect of the communications and network structure to support the security system is set out within Functional Brief Section 3.4.

5.4 Control of Infection

The approach to control of infection within the Department can be referenced within the Functional Brief.

5.5 Manual Handling

The approach to Manual Handling can be referenced in the Functional Brief.

No specific provision is required for bariatric Patients within the outpatient clinic areas.
In proximity to the OPD entrance there should be an inset floor scale for the weighing of bariatric patients, whilst maintaining privacy and dignity.

5.6 Fire and Safety

5.6.1 Fire

Precautions against fire will be taken, by staff working within the area. The Trust’s Fire Safety Management Policy will be adhered to and can be referenced within the Functional Brief.

5.6.2 Safety

Design features that contribute to safety include hand washing facilities, finishes and furniture, storage of chemicals. Lasers will be used in certain rooms as described within section [7] and therefore these rooms must conform to DB(2008(03) MHRA Device Bulletin "Guidance on the safe use of lasers, intense light source systems and LEDs in medical, surgical, dental and aesthetic practices"

5.6.3 Radiological Protection

Rooms with specific requirements are described within section [7.0].

5.7 Privacy and Dignity

The design should provide an environment, which respects the needs of all patients in terms of privacy and dignity as well as facilitating the delivery of good clinical practice and care.

5.8 Environmental Parameters

The design team shall ensure that temperature and humidity control are in accordance with HBN 12 Outpatients department, HBN 12 Outpatients department Sup 3 ENT and audiology clinics, hearing aid centre and HBN 12 Outpatients department Sup 4 Ophthalmology.

Generally, all public areas and areas not occupied by patients will be controlled by a Building Management System (BMS) to the requirements of HTM 03-01 Specialist ventilation for healthcare premises: Part A Design & Validation.

5.9 Environmental Criteria

5.9.1 Natural Light

The Design Brief developed by the Trust advocates the use of natural light. The Functional Brief Section [5.6] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.
5.9.2 Ventilation

The Design Brief developed by the Trust advocates the use of natural ventilation. The Functional Brief Section [5.7] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke environmental criteria within Outpatients.

**Table [5.9.2] Environmental Criteria**

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Temperature</th>
<th>ac/hr</th>
<th>Pressure &amp; filtration</th>
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<tr>
<td>Urodynamics Room</td>
<td>18 Min °C</td>
<td>25 Max °C</td>
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</table>

5.9.3 Acoustic Criteria

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief Section [5.8] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

5.9.4 Medical Gas and Power Supply Requirements

The Design Brief developed by the Trust, Functional Brief Table [7.2.1] sets out the Repeatable “bed head” service requirements.

5.10 Flexibility

In addition to the macro flexibility set out in the Functional Brief section [4.3.2] the accommodation must enable flexible use and allow for changes in medical, diagnostic and therapy needs of patients; changes in models of care and or service delivery. It is of paramount importance that the boundaries between adjacent outpatient clusters can flex on a sessional basis including all communications and nurse call.

5.11 IM & T

Details of the active components associated with IM&T can be found in Schedule 8 part 3 with additional reference in the Functional Brief Section [3.4]. It is assumed that the majority of patient records will be electronic and note entry and note review will take place within the clinical rooms. A health record retrieval area has been scheduled for historical notes.

The following links are required:
Telemedicine links with Education Facilities from the seminar room in the Neighbourhood Hubs as detailed in Functional Brief Table [7.2].

5.12 **External Space and Courtyards**

Access to outside spaces (courtyards, gardens etc.) is desirable but not essential for staff and patients.

6.0 **Equipment**

The specific requirements for the Outpatient Department will be addressed through the equipment selection in accordance with the Equipment responsibility Matrix in Schedule 13.

The ADB component sheets schedules out the equipment list for all Outpatient departments in accord with Schedule 13.

7.0 **Proposed Accommodation**

In developing proposals for the outpatient facilities reference must be made to:

- HBN 12 Outpatients Department
- HBN 12 Outpatients Department Sup 3: ENT and Audiology clinics hearing aid centre
- HBN 09-02 Maternity Care Facilities
- HBN 23 Hospital Accommodation for Children and Young People.

The rooms described below are solely in respect of bespoke rooms or repeatable rooms which require modification.

For repeatable rooms refer to the Functional Brief.

7.1 **Repeatable Clinics**

The repeatable facilities in the repeatable clinic clusters will be provided in line with the Functional Brief. Each cluster will consist of:

7.1.1 **Staff Base**

A repeatable 2 person staff base with a resuscitation trolley is required as set out in the Functional Brief Table [24].

7.2 **Urodynamics**

This department will undertake investigations of the upper and lower urinary tract for outpatients. A full range of investigations will be undertaken in the department, including:

- Flow studies
7.2.1 Reception

A repeatable reception desk for two people should be provided.

7.2.2 Waiting Area

One repeatable waiting area is required for patients within the urodynamics clinic area. This should include a wheelchair parking bay. Bidders should refer to the Trust’s Privacy and Dignity Policy in respect of this area.

7.2.3 Patient Change

One accessible changing room is required with a lockable locker as set out in the Functional Brief Table [24]. The room should have direct access to the Urodynamics Room.

7.2.4 En Suite

Repeatable en-suite facilities are required which will accommodate the following facilities:

- WC with concealed cistern
- Wash Basin
- Shower (level access).

7.2.5 Urodynamics Room

A bespoke urodynamic facility is required. Blackout capability and adjustable lighting will be required as ultrasound examinations will be undertaken in this bespoke facility. The room must be able to accommodate a mobile image intensifier brought in for specific diagnostic procedures.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.2.6 Consulting / Examination

A repeatable double sided consulting room is required in line with the Functional Brief Table [24]. A repeatable en-suite must be accessed from the Consulting room.

7.2.7 Treatment Room

A repeatable treatment room of 20sqm is required as set out in the Functional Brief Table [24].
7.2.8 Clean Utility

A repeatable clean utility room is required as set out in the Functional Brief Table [24].

7.2.9 Dirty Utility

Both the clinical flows and procedures rooms require direct access to a repeatable dirty utility without macerator as set out in the Functional Brief Table [24].

7.2.10 Domestic Room

A repeatable domestic room should be provided within this area as set out in the Functional Brief Table [24].

7.2.11 Store – Urodynamics

A small store will be provided as set out in the Functional Brief Table [24].

7.2.12 Office

A repeatable single person office is required as set out in the Functional Brief Table [24].

7.2.13 Sanitary Facilities

One repeatable OSFA toilet is required as set out in the Functional Brief Table [24].

7.3 Paediatrics

7.3.1 Reception

A repeatable two person reception is required as set out in the Functional Brief Table [24].

7.3.2 Children’s Play and Wait

A ten person children’s play area will be provided for children to be supervised by patients and/or their escorts. This area should include provision for parents to park pushchairs and prams whilst attending the Paediatric clinics.

Details of the functionality required are set out within the Functional Brief.

7.3.3 Waiting Area

A repeatable thirty person waiting area will be provided as set out in the Functional Brief Table [24]. This should be adjacent to the Reception and Children’s Play and Wait Area. An area should be sectioned off to provide an adolescent waiting area.
7.3.4 Sanitary Facilities

One repeatable OSFA toilet is required as set out in the Functional Brief Table [24].

7.3.5 Baby Change

A repeatable baby changing room is required to be located within the clinical area, closest to the paediatric area but accessible from other areas without the need to enter the paediatric area.

Details of the Trust’s Requirements are included within PPDD 32 Main Entrance Section [7.0].

7.3.6 Baby Feed

A repeatable baby feeding room is required to be located within the clinical area, closest to the paediatric area but accessible from other areas without the need to enter the paediatric area.

Details of the Trust's Requirements are included within PPDD 32 Main Entrance Section [7.0].

7.3.7 Interview/Counselling Room

A repeatable interview/counselling room is required as set out in the Functional Brief Table [24].

7.3.8 Treatment Room

A repeatable treatment room is required as set out in the Functional Brief Table [24].

7.3.9 Consultation / Examination Room

Six repeatable double sided consultation/examination rooms are required in line with the Functional Brief Table [24]. One of these rooms should be modified to undertake child protection activity.

7.3.10 Staff Base

A staff base is required for two people as set out in the Functional Brief Table [24].

7.3.10 Point of Care Testing Room

Repeatable near patient testing facilities with pneumatic tube stations are required, the functionality for which can be referenced in Functional Brief section [24].

7.3.11 Orthoptic Clinical Room

A repeatable orthoptic clinical room is required as set out in the Functional Brief Table [24].
7.3.12 Dark Room

A bespoke dark rooms is required.

The room will contain:

- LEE screen
- Field binocular single vision.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.3.13 Paediatric Audiology Test Room

A bespoke room is required for paediatric audiology testing. Paediatric patients will receive treatment in this room as listed below:

- Hearing test (pure tone/speech audiometry) with patient positioned in front of observation window
- Tympanometry with patient positioned away from observation window
- Sound field-testing (paediatrics)
- Speech audiometry
- Otoacoustic emissions.

The functionality should be based on the repeatable treatment room as set out in the Functional Brief Table [24] and support the activity with the following modifications:

- Soundproofing
- Observation window linked to adjacent Observation Room
- Use of transducers
- Use of audiometer.

7.3.14 Observation Room

A bespoke observation room is required to support the Audiology Test Room. This room should be based on the repeatable consulting/interview room as set out in the Functional Brief Table [24].

7.3.15 Evoked Response Audiometry Test Room

A bespoke room is required for evoked response audiometry testing and should be based on the repeatable treatment room as set out in the Functional Brief Table [24].

7.3.16 Observation Room

A bespoke room is required for evoked response audiometry testing and should be based on the repeatable treatment room as set out in the Functional Brief Table [24].
7.3.17 Phlebotomy Room

A bespoke room is required with functionality based on repeatable Consult Exam Rooms referenced within the Functional Brief Table [24]. This will cover phlebotomy services for all paediatric outpatients. Adjacency to the pneumatic tube system is essential. This room will need to accommodate a patient in a reclining chair/couch and be accessible on both sides. It should be able to accommodate the following:

- Will need to be suitable for children over 5 years
- Phlebotomist chair
- Work surface
- Racking system for consumables
- Waste disposal facilities, i.e., sharps and non-sharps
- Sample racks for blood and non-blood specimens
- Fixed multi-directional lighting
- Label printer
- Bar code reader and PID checking software
- Call forward system or patient numbering system
- Call systems for emergency use
- Telephone.

7.3.18 Interview/Counselling Room

A repeatable interview counselling room should be provided as set out in the Functional Brief Table [24].

7.3.19 Staff Base/Clean Supplies

A repeatable two person staff base with clean supplies is required as set out in Functional Brief Table [24].

7.3.20 Dirty Utility

A repeatable dirty utility without macerator room is required as set out in the Functional Brief Table [24].

7.3.21 Clean Utility

A repeatable clean utility room is required as set out in the Functional Brief Table [24].

7.3.22 Store: Medium

Storage will be provided as set out in the Functional Brief Table [24].
7.3.23 Office

A repeatable single person office is required as set out in the Functional Brief Table [24].

7.4 Ante Natal Clinic

7.4.1 Reception

A repeatable four person reception is required as set out in the Functional Brief Table [24].

7.4.2 Staff Base / Clean Supplies

A repeatable two person staff base with clean supplies is required as set out in the Functional Brief Table [24].

7.4.3 Waiting Area

A repeatable 20 person waiting area is required as set out within the Functional Brief. This area should include provision for parents to park pushchairs and prams whilst attending the Ante Natal Clinic. This area should include a children’s play and wait area.

7.4.4 Sanitary Facilities

Two repeatable OSFA toilets are required as set out in the Functional Brief Table [24].

7.4.5 Phlebotomy Room

A bespoke 2-station phlebotomy room is required to be located within the clinical area, close to the paediatric area but accessible from other areas without the need to enter the paediatric area.

7.4.6 Interview / Counselling

Three repeatable interview/counselling rooms are required as set out in the Functional Brief Table [24].

7.4.7 Consulting / Examination

Seven repeatable double sided consulting/examination rooms are required as set out in the Functional Brief Table [24].

7.4.8 Staff Base

A staff base is required for two people as set out in the Functional Brief Table [24].
7.4.9 Point of Care Testing Room

Repeatable near patient testing facilities with pneumatic tube stations are required, the functionality for which can be referenced in Functional Brief section [24].

7.4.10 Treatment Room

A repeatable treatment room is required. The functionality can be referenced within the Functional Brief Table [24].

7.4.11 Ultrasound Room

Four repeatable ultrasound rooms are required as set out in the Functional Brief Table [24].

7.4.12 Clean Utility

A repeatable clean utility is required to serve the Ante Natal clinics. The functionality for which can be referenced in the Functional Brief Table [24].

7.4.13 Dirty Utility

A repeatable dirty utility with macerator is required to serve the Ante Natal clinics. The functionality for which can be referenced in the Functional Brief Table [24].

7.4.14 Store – Medium

A repeatable store is required. The functionality for which can be referenced in the Functional Brief Table [24].

7.4.15 Domestic Services Room

A repeatable domestic services room will be provided as set out in the Functional Brief Table [24].

7.4.16 Resource Base

A repeatable non-allocated base for up to 4 staff to work at any time on a sessional/ad hoc basis as set out in the Functional Brief Table [24].

7.5 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide support to the clinical departments. In the case of the Outpatients Department:

- Reception and waiting
- Toilets – visitor
- Wheelchair store

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Staff changing facilities including showers
Staff toilets
Staff rest room
Beverage bay
Reprographics
Seminar room
Regen Kitchen
Disposal hold
IT hub
Domestic services room
Domestic services store
Linen store
Switchgear room
Sterile supplies store.

7.6 Shared use of and Administration Zone

Outpatients will make use of an Administration Zone.

The functional requirements are fully described within PPDD 19 Administration and are summarised below:

- Reprographics
- Social area
- Beverage bay
- Office – open plan
- Store – small
- Library
- Quiet rooms (for breakout)
- Seminar room
- Domestic services room
- Switchgear.

8.0 Schedule of Accommodation

The schedule of accommodation has been developed for the totality of the scheme as a series of tables. This schedule is appended to Schedule 8 part 3.

9.0 Glossary and Definitions

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
MIDLAND METROPOLITAN HOSPITAL

No. 14a
ANTENATAL CLINIC OPERATIONAL POLICY
MIDLAND METROPOLITAN HOSPITAL
ANTENATAL CLINIC OPERATIONAL POLICY

KEY POINTS

1. This policy is designed to assist all healthcare professionals involved in the care of all women during the antenatal period and outlines the purpose and function of a maternity service provided in an outpatient setting.

2. The policy details the facilities required for the antenatal clinic within the Midland Metropolitan Hospital.

3. The Ante Natal Clinic aims to offer the local population a high quality service that is, timely in the delivery of care to meet their health needs and streamlined to ensure that patients have their consultation, investigation, diagnosis treatment, health education and antenatal surveillance for the duration of the pregnancy and in the post natal period if required

4. To provide a service that encompasses all aspects of obstetric care from the provision of ante natal screening, diagnostic testing, discussing sensitive issues, bereavement support and high risk surveillance.

5. This policy applies to all Trust staff in all locations including temporary employees, locums, agency staff, contractors and visiting clinicians.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
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1. INTRODUCTION

1.1 The Ante Natal Clinic aims to offer the local population a high quality service that is, timely in the delivery of care to meet their health needs and streamlined to ensure that patients have their consultation, investigation, diagnosis treatment, health education and antenatal surveillance for the duration of the pregnancy and in the post natal period if required.

1.2 To provide a service that encompasses all aspects of obstetric care from the provision of ante natal screening, diagnostic testing, discussing sensitive issues, bereavement support and high risk surveillance.

1.3 To provide high quality evidence based patient-centred antenatal care in a safe, clean environment while at all times treating patients as individuals respecting their privacy, dignity, culture and religious beliefs.

1.4 The service will provide scheduled outpatients consultations and treatments for high risk obstetric patients.

1.5 Opportunity for women to meet in one to one situations privately with clinical specialists.

1.6 Opportunity for women with complex needs to meet with a multidisciplinary team.

2. OTHER POLICIES TO WHICH THIS POLICY RELATES

- Antenatal Care (MAT025)
- Antibiotics in Obstetrics (MAT/140)
- Asthma in Obstetric Patients
- Diabetes in Pregnancy (MAT/016)
- Infection Control Policy (CO1001) (SWBH)
- Interpreting Services (ORG076)
- Management of Chicken Pox or Shingles in Pregnancy
- Point of Care Testing Policy (ORG110) (SWBH)
- Privacy and Dignity and Respect Policy (Pt Care 060)
- Referral when a Fetal Abnormality is detected in pregnancy and Support for parents

3. GLOSSARY AND DEFINITIONS

3.1 Lead Professional : “Professional who will give a substantial part of the care personally and who is responsible for ensuring that the women has access to care from other professionals as appropriate” (DOH 1993). The professional may be a Midwife, General Practitioner or Consultant Obstetrician.

3.2 Consultant Led Care: Responsible for the provision of obstetric care to women with complex pregnancies.

3.3 Named Midwife: Is the Midwife responsible for the provision of Midwifery care to the woman and for ensuring that the woman receives care appropriate to her needs.

3.4 Midwifery Led Care: Responsible for the provision of the entire episode of care for women with un-complicated pregnancies (Low Risk).
3.5 Non-attender / defaulter (DNA): a pregnant woman who having presented initially to her GP, been referred to the appropriate hospital / midwife for care, but who subsequently does not attend for care either persistently or attends sporadically.

4. POLICY DEVELOPMENT PRINCIPLES

4.1 This policy is designed to assist all healthcare professionals involved in the care of all women during the antenatal period and outlines the purpose and function of a maternity service provided in an outpatient department.

4.2 To ensure all staff using the facility understand the philosophy of the service and work as a team providing family friendly care to patients and the provision of a service that is fair, accessible and meets the needs of all individuals.

4.3 To provide facilities for an initial contact visit to the acute service so that women and their families can become familiar with the acute service they will attend for the birth of their baby.

4.4 To ensure the antenatal clinic is easily accessible from the street so that pregnant women have fast access to antenatal care.

4.5 To ensure that ultrasound imagining is within antenatal clinic to aid immediate diagnostics.

4.6 To provide high quality individual evidence based patient centred care, addressing patient’s individual concerns and needs in a sensitive manner.

4.7 To provide safe and effective care for women with complex pregnancies.

4.8 To ensure there are robust pathways in place to facilitate referral to other disciplines/agencies such as delivery suite, theatre, ITU or other outpatient facilities as required to provide holistic care.

4.9 The midwifery/clinical team provide support to patients by listening to each individual’s concerns, and also act as patient advocate and chaperone as required.

4.10 To provide direct access to essential services such as ultrasound scans, haematology and occasionally emergency access to delivery suite or obstetric theatre.

4.11 Provide an environment whereby a patient’s privacy, confidentiality and dignity are maintained.

4.12 To see patients in time order, adhering to individual appointment times for each patient.

4.13 To provide comfortable waiting facilities for women and their families who are waiting for their appointments, further tests or referrals.

4.14 To ensure reception areas are safe and secure with computer access that ensures receptionists have access to appointment booking systems, pathology/haematology results and booking systems for appointments both within the department and across the region.

4.15 To ensure there is sufficient space for women to gain access with baby buggies etc.

4.16 To provide facilities for nappy changing and baby feeding that are comfortable and secure.
5. **ROLES AND RESPONSIBILITIES**

The clinical service will be delivered through a multidisciplinary team that comprises of Consultant obstetricians, trainee doctors, midwives, midwife specialists, student midwives, sonographers, health care assistants, phlebotomists and visiting physicians such as endocrinologists, psychiatrists and anaesthetists.

5.1 **Lead Professional**
The lead professional will be responsible for:
- Acting as a central point of communication.
- Co-ordinating the whole package of care for woman.
- Ensuring that screening tests, treatment and referrals are initiated as necessary and those results are disseminated and acted upon.

5.2 **Named Midwife**
All women, regardless of their risk status will be assigned a named midwife. The woman will be informed of the name of her midwife at the first contact with the midwifery service and this will be clearly written on the Pregnancy Notes. The named midwife will be responsible for monitoring and ensuring that the woman receives appropriate care.

5.3 **Midwifery Health Care Assistant**
Working under the direction of the midwife they provide basic care to women.

5.4 **Sonographer**
A Sonographer is a radiographer with specialised skills within the field of ultrasound.

5.5 **Phlebotomist**
Phlebotomists are specialised clinical support workers/assistant healthcare scientists who collect blood from patients for examination in laboratories.

5.6 **Clerical Staff**
Clerical staff within the outpatients department will provide the administrative clerical duties to complete the smooth running of the department. Reception staff provided by the Medical Records department will support the reception desk and carry out receptionist clerical duties, obtain computerised results and operate appointment systems.

5.7 **Corporate and Clinical Administration**
Antenatal clinic staff will make use of an administration zone as detailed within the Functional Brief.

6. **SERVICE DESCRIPTION/SCHEDULE OF ACCOMODATION**

6.1 **Hours of Service**
The Antenatal Department will be open for 15 sessions from 0.800 hours to 20.00 hours Monday to Friday.

6.2 **Patient Pathway**
Women may arrive by car, public transport or on foot and will often be accompanied by a partner or small children. The antenatal clinic is signposted from all points of entry into the hospital and site maps and helpdesks are located at all points of entry.

Clear signage is provided to ensure all patients, as well as patients with low vision, are easily able to follow.

Car parking spaces for patients with disabilities are available and clearly signposted in the car.
park.

The clinic is clearly signposted as they enter the building. If patients are unsure, there is an information desk where staff will be able to provide guidance.

All patients attending for a booked appointment will register their attendance for outpatient appointments on the self check in kiosks and amend their personal details if required. The system is not designed to replace receptionists and a member of staff is always available to help should a patient not wish or is unable to use the kiosks.

6.3 Accommodation

6.3.1 Ante Natal Reception Desk

Women are greeted on arrival to the clinic by the reception staff, details will be validated and amendments to personal details made by the receptionist via the electronic patient record system if the woman has been unable to do this themselves via the check in facility. They will then be asked to take a seat in the waiting area.

6.3.2 Waiting Area

Women, partners and children will wait in this area after booking in with the receptionist. A Healthcare Assistant will escort the patients from the waiting area to the clinic room. This area should have comfortable seating for pregnant women and their partners with access to a water cooler; pushchair/buggy park and children’s play area.

Information about what clinics are being held will be visible on notice boards and updated by clerical staff before morning, afternoon and evening clinic sessions on a daily basis. A range of patients’ information literature will be available in the waiting area and within the education/information suite plus on the wall mounted television displaying a range of relevant patient information and health promotion advice.

6.3.3 Phlebotomy Room

A venepuncture room with two separate phlebotomy stations will provide a dedicated service to the ante-natal clinic to support the high volume of patient testing undertaken. This activity includes Glucose Tolerance Testing and blood samples taken as indicated throughout the pregnancy.

Samples requiring transport to the laboratory should be sent via the pneumatic tube system which is required to be located next to the venepuncture rooms to ensure speedy transfer of blood specimens to the pathology department. All staff using the air tube system must follow the agreed procedure, a copy of which will be located within the room.

Each phlebotomy station is equipped to provide all services and consists of the following items:

- Patient phlebotomy reclining chair/couch, right and left handed, adjustable, easily cleaned.
- Phlebotomist’s chair, adjustable
- Adequate work surface, height adjustable, of clinical standard
- Racking system for consumables
- Waste disposal facilities, clinical and non-clinical, sharps and non-sharps
- Sample racks for blood and non-blood specimens
- Mobile examination light
- Computer and label printer
- Bar code readers and PID checking software
- Privacy, visual and sound
- Call forward system, or patient numbering system
- Call systems for emergency use
- Telephone
- Patient seating in a waiting area
- Sample storage facilities
- Water supply, drinking, hand basins
- Adequate air circulation, ventilation and air conditioning
- Secure cupboards, lockers and doors

The majority of women will attend for blood tests prior to their consultation with the consultant; however some women may arrive by appointment times with their appointment letter for a glucose tolerance test.

On arrival they will be greeted by a phlebotomist and asked to take a seat in the waiting area and will be called into the venepuncture room for a blood specimen to be taken, they will then be asked to return and wait in the waiting area whilst the blood test is performed in pathology. Dependant on the result the patient will either be informed that they do not have gestational diabetes and will be directed to the waiting area to be seen by the consultant or asked to drink a sugary drink and remain in the waiting area for 2 hours when they will be called back into the venepuncture room to have a second blood specimen obtained, they will then be told to wait for the results of the test.

When the test results have been received from pathology the patient will be seen by the Consultant in the consulting room.

6.3.4 Three Interview/Counselling Rooms
These rooms as detailed within the Functional Brief will be used for medical and/or midwifery staff where there is a requirement for private dialogue with individual patients and/or carers. The décor of the room should not be of a clinical design. Computer points and telephones should be discretely fitted and hidden from view. These rooms should also have call bells/panic alarm fitted.

It is important that the woman, family and friends are able to leave the room if they so choose after receiving bad news without having to meet up with other anxious families or walk back through the clinical area.

6.3.5 Seven Consulting Examination Dual Access Rooms
These clinic rooms as detailed within the Functional Brief will be used by Doctors, Midwives and Allied Health Professionals for the consultation of patients and their relatives/carers or escorts in these rooms. Patients will be escorted to the rooms by the health care assistants from sub waiting area.

The entrance of the rooms must accommodate patients who are ambulant and wheelchair users and parents with small children in pushchairs/buggies.

Bariatric women will be managed within three designated consulting rooms which will accommodate a woman weighing up to 298kg.

There is sufficient space for a curtained area that provides privacy for patients to undress and dress. These rooms contain an examination couch that is accessible from both sides.

Couch and equipment should be conducive for safe handling and must be height adjustable and on wheels, with adequate braking systems to allow easy movement.

The layout design of the room is aimed at facilitating the communication between patient and Practitioners in the open layout style. The consult exam rooms contain a computer that can show PAC (x-ray imaging), the majority of patient records will be electronic and note entry and note review will take place within the clinical rooms.

All these rooms should have call bells and panic alarms.
6.3.6 Patient Sanitary Facilities
Two toilets are provided as detailed within the Functional Brief.

6.3.7 Point of Care Testing Room
This will be used by midwives and support staff to take and record a range of measurements i.e. weight, height, blood sugar, blood pressure and the collecting and testing of urine specimens.

6.3.8 Five Ultrasound Scan Rooms
Patient appointments for scans will be managed by the receptionist at the reception desk within the Ante Natal Clinic

These rooms as detailed within the Functional Brief will support the delivery of patient care and will be located within the Ante Natal Clinic with adjacent sanitary facilities

All rooms require height adjustable examination couches with access on both sides and air conditioning.

6.3.9 Treatment Room
This room as detailed within the Functional Brief will be used by midwives and support staff. The area is sufficient to allow wheelchair access to turn freely.

Other functions in this area include the use of computers to check patients’ information that has a direct bearing on or from the Outpatients appointment.

This room will be located close to the consulting examination rooms and with easy access to and from the waiting areas.

6.3.10 Resource Office Base
This resource office as detailed within the Functional Brief will be used by the clinical team to allow them carry out all activities that support the clinical management of the service.

A wall mounted Key Safe with electronic digital lock will be located here to store controlled drug keys and drug cupboard keys.

6.3.11 Clean Utility
One outpatient clean utility is required as detailed within the Functional Brief full exemplar requirements for the clean utility. It must include wheeled/mobile storage racking for essential patient supplies.

The room will be used to store clean medical and surgical supplies that are required for a variety of clinical procedures with outpatients and minor procedures and a supply of clinical equipment (syringes, needles etc), drugs and dressings (in locked cabinet) plus other supplies e.g. bandages and tapes and pharmacy refrigeration. In addition a locked cupboard for housing COSHH products is required.

Refer to Facilities Trust Managed Services Whole Hospital Policy for details of re-supply.

6.3.12 Dirty Utility
One outpatient dirty utility with macerator is required as detailed within the Functional Brief and will contain a range of waste streams.

6.3.13 Store (Medium): General
This store room as detailed within the Functional Brief will store sufficient stocks of consumables and linen to meet the needs of the antenatal consulting suite.
6.3.14 Staff Changing Facilities
These are located within the neighbourhood hub as detailed within the Functional Brief.

6.3.15 General Facilities
- General Cleaning Services
- Decontamination of Instruments
- Equipment to be returned for decontamination will be collected by the generic site service team.

6.4 Interdepartmental Relationships
- Main entrance and concourse
- Delivery suite
- Obstetric theatres
- Gynaecology
- Pathology laboratory services
- Imaging
- Pharmacy
- Toilet facilities
- Refreshment area
- Patient Transport Services

6.5 Business Continuity
6.5.1 Escalation
- Pandemic flu plan
- Managing Annual Leave
- Capacity Control Policy
- Sickness Absence Policy
- Doctors Absence Policy

6.5.2 Major Equipment
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit.

If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure.

A loan of equipment is provided if repairs cannot be rectified immediately.

In the event of serious systems failure and immediate repair or loan equipment not being possible, then the department manager will consult with the medical staff and Clinical Group Director to cancel clinics accordingly.

6.5.3 Equipment Replacement
There is a formal rolling programme of replacing equipment.

Speciality specific equipment for each of the eight consulting rooms
- Scan machines
- Pinnard Stethoscope
- CTG machines
- Sonicaid
- Data scope with varying sized cuff
- Sphygmomanometer with varying sized cuff
- Examination couches (height adjustable, electronic) to accommodate bariatric patients.
- Flexible examination lights

Additional requirements within the antenatal clinic area
- 2 Blood glucose monitoring system (high specification)
- Haemoglobin monitoring system (high specification)
- Weighing scales (high specification) to accommodate bariatric patients.
- Height measuring equipment

6.6 Major Incident
Refer to:
- Major Incident Plan
- Evacuation Plan

Each area will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

6.7 Regulatory Requirements
- Mandatory training,
- CNST requirements for training.
- CNST C/S audit.
- Supervisor of Midwives - annual review to identify training requirements.
- Working time Directive regulating working patterns

6.8 Clinical Support Services
6.8.1 Pharmacy
Women will attend for dispensing and education of hospital only medicines.

6.8.2 Pathology
Referrals will be received via an IT solution. Specimens will be delivered to Pathology via the use of a pneumatic tube with the exception of blood products which are collected or delivered using the Porter service.

6.8.3 Infection Control
All staff will comply with Trust Infection Control Policies, all team members who undertake aseptic nursing procedures will adhere to infection control standards for cleaning trolleys to ensure that risk from infection is kept to a minimum.

6.8.4 Sterile Supplies
Facilities staff will deliver sterile stores from the central store to the antenatal clinic.

6.8.5 Manual Handling
Refer to the Moving and Handling Policy.
The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

6.8.6 Imaging
Imaging will be requested by contact with the imaging service. It is anticipated that this will be via an IT referral system.

6.8.7 Interpreting Services
Interpreting services will be available and booked by clerical staff. Refer to the interpreting Services – Access and Delivery Policy.

6.9 Non Clinical Services
6.9.1 IT
Electronic Patient record (EPR), hospital communications and ordering systems will be required with access at main reception, nursing points and office resource base.

6.9.2 Transport
This will be required to transport patients where applicable and will be booked by the clerical staff via a central booking process.

6.9.3 Porters Service
A porter’s service will be available and will be booked via telephone; wheelchairs will be used from the hub wheelchairs store.

6.9.4 General Store Delivery
Facilities Support services – Materials handling section to be developed.

6.9.5 Catering
Patients will be able to access the public food courts/retail outlets.

6.9.6 Linen
Linen will be delivered to the central linen store.

6.9.7 Domestic Service
Refer to the Hospital Cleaning Service Policy

6.9.8 Maintenance
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.

6.9.9 Security
Refer to the Security Policy
Security Guard Service
- Security officers will be available 24hours 365 days per year. Their prime responsibility will be to provide a safe, secure environment by maintaining the safety of all persons and property on the site. This includes the protection of patients, staff, service providers and visitors against violent acts or abuse; theft; criminal damage; malicious tampering and arson. The essence of the security service will be to provide effective crime prevention measures and a quick response when required, in respect of any security related issue.
Emergency Call System
- The Emergency Call System is linked to both the Reception Desk and the Security Base. Security staff will respond to the alarm and take whatever action is necessary to ensure the safety of the Trust’s staff/ refer to the Functional Brief.

6.9.10 Fire Procedure
Refer to the Fire Safety Management Policy.

6.9.11 Waste Management
Refer to the Waste Management Policy
- All clinical waste will be disposed of in yellow clinical waste bags. These go for incineration.
- All used sharps to be placed in the ‘sharps’ bin.
- Soiled instruments should be returned to the decontamination unit for cleaning and re-sterilisation as per the decontamination operational policy (available within the endoscopy suite).
- Non clinical waste to be placed in black rubbish bins.
- The Spillage Protocol will be adhered to regarding disposal of items used for dealing with spillages.
- Any confidential paperwork for disposal must go in the Hessian type bag identified for shredding material.
- Other paper waste relating to non confidential material can go in a black bag or the cardboard paper recycling boxes.
- Bins will have adequate space and sufficient collections to ensure that rubbish is not left on the floor, and bins should be a design which allows bags of rubbish to be placed in the bin safely.

7. CONSULTATION
An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to all consultant obstetricians, lead midwives, clinical group management team and capital projects team for comments. The outcome of this consultation and the outcomes of the boot camp engagement process have been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS
Compliance with the requirements of the policy will be monitored by the Matron for Antenatal Midwifery Services.

9. TRAINING AND AWARENESS
Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the maternity unit and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY
The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment
Toolkit, the results for which are monitored centrally.

11. REVIEW

This policy will be reviewed in three years time unless requires earlier review. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY


HBN - Health Building Note Maternity Department Note 21 – Department of Health 1996

13. FURTHER ENQUIRIES

Contact the Director of Midwifery or Consultant Midwife for further information on the implementation of this policy.
APPENDIX A – Patient Pathway

Patients arrive in main hospital entrance and are directed to the location of the antenatal clinic by the written information and map sent out with their appointment.

All patients attending for a booked appointment will register their attendance for outpatient appointments on the self check in kiosks and amend their personal details if required. Clinics are clearly signposted as they enter the building. If patients are unsure, there is an information desk where staff will be able to provide guidance and also help should a patient require assistance with wheelchairs etc.

Patient greeted by the reception staff in the antenatal clinic sub-waiting area.

Booked scan appointment directed to scan sub-wait

Scan performed

Phlebotomy

HCA takes patients weight, height, BMI, urinalysis, temperature and pulse rate as required and electronically documents results. HCA can check status of previous order comms, specimens relevant for consultation and perform phlebotomy as ordered by medical staff. Blood specimens to be sent to pathology via pneumatic tube located near patient testing room

Patient escorted back to sub waiting area & clinic HCA will call through to consultation to see with a Doctor or Healthcare Practitioner

Patient leaves consultation with plan of care, prescription supplied by medical staff/consultant where applicable.

Recption clerk signs patient out of the clinic

Patient directed to pharmacy for the dispensing of urgent & hospital only medicines, all other medication supplied by neighbourhood community pharmacy using FP10 [HP]
APPENDIX B - Patient Flow to Ultrasound Scan within the Antenatal clinic

With a maximum of one accompanying person, Patients will be scanned from the antenatal clinic, maternity ward, and delivery suite

Imaging staff will meet, greet and direct to department sub wait

Patients wait in sub wait, called through by imaging staff.

Examination completed

When bad news is broken, a midwife is called from Ante Natal Clinic as soon as possible to discuss further specialist care/intervention/support.

Further scans if indicated will be booked at the ANC reception.

Escorted from the department and to the appropriate area (i.e. to ward, delivery suite ANC for review)

Patient given any follow up appointments or information about when to return in labour or preparation for elective section pathway
## APPENDIX C - Operational Policy Development/Distribution/History/Consultation

Version 0.00, V0.01, V0.02, V0.03, V1.00, V2.0, V2.01, V2.02

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MIDLAND METROPOLITAN HOSPITAL

No. 14b
PAEDIATRIC OUTPATIENT DEPARTMENT
OPERATIONAL POLICY
KEY POINTS

1. This policy is designed to assist all healthcare professionals involved in the care of all children during the outpatient period and outlines the purpose and function of the paediatric service.

2. The policy details the facilities required for the paediatric outpatient department within the Midland Metropolitan Hospital.

3. The purpose of the paediatric outpatient facility is to ensure children and families requiring a consultation are assessed, investigated, diagnosed and treatment initiated in a timely and efficient manner, ensuring the child and family have had their needs met.

4. Children and young people will receive appropriate high quality, evidence-based hospital care, developed through clinical governance and delivered by staff with the required set of skills.

5. Care will be provided in an appropriate location and in an environment that is safe and well suited to the age and stage of development of the child or young person.

6. Children and young people will receive care that is integrated and co-ordinated around their particular needs, and the needs of their family.

7. Children and Young People attending the Trust should have an experience that meets their specific needs and complies with the standard set by the NSF for Children and young people this specific need applies to all departments where the child/ young person visits.

8. This policy applies to all Trust staff in all locations including temporary employees, locums, agency staff, contractors and visiting clinicians.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
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Appendices

Appendix A Operational Policy Development/Distribution/History/Consultation 19/20
1. INTRODUCTION

1.1 The largest activity within the Children’s Outpatients Department is Paediatric General Medicine as an overarching specialty encompassing the full range of conditions with which a child may present.

1.2 Most consultants have a subspecialty interest; however, within the Hospital the prime service is for general medical conditions.

1.3 Children and their families have specific needs and requirements that are quite separate to that of the adult client.

1.4 The staff within the Children’s Outpatient Services will provide a safe, family centred environment for the child and their family.

1.5 Children and their families have the right to be cared for by appropriately registered and / or experienced staff that has the skills and knowledge to meet their specific needs in a sensitive, efficient manner.

1.6 In order to provide the most appropriate environment the children will be seen in a purpose built area which is secure and separate from the adult outpatient facility.

1.7 The department will be decorated in a child friendly manner and staffed by appropriately qualified/experienced nurses, supported by clerical staff, play workers and ancillary staff.

2. OTHER POLICIES TO WHICH THIS POLICY RELATES

- Asthma in Children – Medical Management (Paed 025) (SWBH)
- Asthma in Very Young Children
- Bruising and Bleeding Tendency in Children (Paed/031)
- Developmental Delay; investigations (Paed/09) (SWBH)
- Diabetes Care of Young People (Paed/clin/021) Dec 12
- Diabetes; Newly diagnosed in a Well Child (Paed/08)
- Diabetes Paediatrics Transition Policy (Paed 173) Dec 12
- Epilepsy in Children (Paed/135)
- Equations used in Paediatric Practice (Paed 138) Aug 11
- Facial Bell's Palsy in Children (Paed 162) Aug 11
- Faltering growth in Early Childhood (Paed 174) Feb 13
- Infection Control Policy (CO1001) (SWBH)
- Inhaler Devices for Children with Asthma
- Interpreting Services (ORG076)
- Peak Flow Monitoring in Children
- Privacy and Dignity and Respect Policy (Pt Care 060)

3. GLOSSARY AND DEFINITIONS
3.1 Paediatrics - The branch of medicine concerned with the treatment of infants and children
3.2 GP - General Practitioner
3.3 Psychotherapy - The branch of psychiatry concerned with psychological methods
3.4 ENT – The branch of medicine dealing with the ear, nose and throat
3.5 Audiology – the measurement of hearing
3.6 Ophthalmology - the branch of medicine concerned with the eye and its diseases
3.7 Orthoptic – diagnostic, assessment, therapeutic and monitoring service for children and adults

4. POLICY DEVELOPMENT PRINCIPLES

4.1 This policy is designed to assist all healthcare professionals involved in the care of children attending for outpatient consultations and to outline the purpose and function of a paediatric service provided in an outpatient department.

4.2 To ensure all staff using the facility understand the philosophy of the service and work as a team providing family friendly care to children.

4.3 To deliver hospital services that meet the needs of children, young people and their parents, and provide effective and safe care, through appropriately trained and skilled staff working in suitable, child-friendly, and safe environments.

4.4 Children and young people should receive care that is integrated and co-ordinated around their particular needs, and the needs of their family.

4.5 Children and their parents should be treated with respect and given support and information to enable them to understand and cope with the illness or injury, and the treatment needed.

4.6 That parents and Carers when appropriate should be encouraged to be active partners in decisions about their health and care, and, where possible, be able to exercise choice.

4.7 Treat children as children, and young people as young people.

4.8 Are concerned with the overall experience for the child and family.

4.9 Treat children, young people and parents as partners in care.

4.10 Integrate and co-ordinate services around the child and family’s particular needs.

4.11 Every paediatric general and specialty clinic will have a policy on transition to adult services which will be the responsibility of a named person

Covering:

- Timing of transfer - a flexible approach will be adopted that takes developmental readiness into account, and links to other social transitions such as leaving school.

- A preparation period and education programme, during this time the young person will be helped to identify and develop the skills needed to achieve satisfactory transition to the adult clinic.
4.12 Work in partnership with children, young people, and parents to plan and shape services and to develop the workforce.

4.13 To provide a facility to see children and young people up to the age of 16 years, the exception is, children with additional needs who are receiving specialist care and who need to be supported through the transition into adult services who may continue to use the facility until this transition is completed.

4.14 Ensure that information provided is up-to-date and meets the needs of children, young people and their parents.

5. ROLES AND RESPONSIBILITIES

5.1 Medical
Medical staff will attend the department for the scheduled sessions.

5.2 Nursing
Nurses will be allocated to clinics scheduled to best meet the needs of the service.

The children’s area will be staffed by appropriately qualified/experienced staff including play therapist/workers. Clinical Nurse Specialists will attend the department for the scheduled sessions.

Orthoptist
A specialist in Orthoptic works with ophthalmologists, assessing squints, double vision and other abnormalities of binocular vision prior to treatment and are then involved in monitoring the treatment’s success.

An allied health professional who diagnoses and treats patients with eye alignment and eye movement disorders as well as binocular vision disorders. Specialising in evaluating the visual system and muscle function, especially with infants, children, and young people.

5.3 Other Clinical Staff
Health Care professionals will attend the department for the scheduled sessions. Psychotherapy Staff will be given appropriate space and to enable them to meet children in the department in a quiet space where they will be free from interruptions.

6. SERVICE DESCRIPTION/SCHEDULE OF ACCOMODATION

6.1 Hours of Service
Outpatient clinics will be scheduled from Monday to Friday, morning and afternoon sessions and a Saturday morning session.

Outside these hours all internal door within the department must be kept locked.

The appointments for patients attending these clinics are on a schedule basis only and include all
referrals from any Health Care Practitioner.

The department will operate from 08.30 to 19.00 hours (or until the clinic session finishes) on Monday to Friday and 09.00 to 13.00 hours Saturday. Outside these hours all internal doors within the department must be kept locked.

The potential for access on an ad-hoc basis for additional ad hoc clinics to address waiting time issues is required.

6.1.2 Patient Pathway
The Children’s Outpatient Department will provide a service for new and follow up patients and their families including other speciality clinics i.e. general surgery, plastic surgery and ENT.

Children and their parent(s) may arrive by ambulance, car, and public transport or on foot.

Outpatients are signposted from all points of entry into the hospital and site maps and helpdesks are located at all points of entry.

Clear signage is provided to ensure all children, as well as children with low vision, are easily able to follow.

Car parking spaces for patients with disabilities are available and clearly signposted in the car park.

The parents of children attending for a booked appointment will register their child’s attendance for outpatient appointments on the self check in kiosks and amend their child’s personal details if required.

Clinics are clearly signposted as they enter the building. If parents are unsure, there is an information desk where staff will be able to provide guidance and also help should a patient require assistance with wheelchairs etc.

There is further signage, in both corridors and lifts, around the hospital leading patients to the different OPD locations.

Children, Young People and their families will attend the outpatient department via:
- GP referrals through Choose and Book or letter.
- Follow up appointments after an in-patient episode.
- Follow up appointments for day cases or ward attendees.
- Follow up appointment following well baby episode i.e. discharge from maternity services.
- Requests from tertiary centres to follow up patients locally either by resident team or visiting teams.
- Referral from Community Paediatric Nurses.
- Referral from Community Paediatricians.
- Referral from Social Services.
- Referral from Local Education Authority.

6.2 Accommodation

6.2.1 Reception Desk (child friendly design)
The reception desk is low enough to allow children to see the faces of the staff sitting behind the desk, the parent will hand the receptionist their letter of appointment and the child’s details will be validated and amendments to personal details made if applicable via the electronic patient record system if the parent has been unable to do this themselves via the check in facility.
Children presenting are not expected to have a higher ratio of infections than that of the normal population and they are also asked for such information, if known, on their health check questionnaire sent prior to the appointment.

Children with an infection will have been identified by their previous attendances or admissions and the appropriate alert attached to their electronic record, for children with known infections these children will be scheduled to be seen at the end of a clinic session. There are no additional requirements stipulated for separation of infected patients in the general waiting area.

The child and parent(s) will be asked to take a seat to await their consultation. The clinic nurse/HCA will call the child and parents/escorts and escort them to the consulting room.

6.2.2 Sub Waiting Area
Children and parents will wait in this area prior to being seen by the clinic nurses and clinicians.

This area will be located close to the play area to enable parents/escorts to supervise their children.

Information about what clinics are been held will be visible on notice boards and updated by clerical staff before morning, afternoon and evening sessions daily.

A range of patients’ information literature will be available in the waiting areas and within the education/information suite plus on the wall mounted television displaying a range of patient information and health promotion advice.

Control system for DVD’s will be located within the local neighbourhood hub as detailed within PP&DD No 33 Neighbourhood Hub.

6.2.3 Play Area
A secure play area for children taking account of the separate needs of younger and older children will be equipped with toys and play activities and a play therapist/worker will be available to set up toys and activities at the beginning of each clinic session.

6.2.4 Pram & Buggy Park
This area is collocated to the waiting area and will be used to store baby/toddler prams and buggies during clinic visit.

6.2.5 Adolescent Wait
Young people can wait in this area. A television and computer games, magazines and health promotion leaflets appropriate to young people will be available in this area. An area within the main waiting area will be sectioned off.

6.2.6 Point of Care Testing Room (POCT)
The nursing staff will collect the child/young person and parent(s) from the waiting area and escort them into the room where they will take and record a range of measurements i.e. weight, height, blood sugar, blood pressure and the collecting and testing of urine specimens.

They will then return to the waiting area until they are called into the consulting/examination room for their appointment.

6.2.7 Treatment Room
This room as detailed within the Functional Brief is located close to the Consulting Examination rooms and with easy access to and from the waiting areas.
Glove and apron and antibacterial solutions dispensers are required immediately outside. The area is sufficient to allow wheelchair access to turn freely.

Other functions in this area include the use of computers to check patients’ information that has a direct bearing on or from the Outpatients appointment.

6.2.8 Cluster of Six Consulting/Examination Rooms
Doctors, Nurses and Allied Health Professionals will consult with the child and their parents in these rooms.
The child and parent(s) will be escorted to the rooms by the nursing staff from main waiting area.

These clinical rooms are child and family friendly with play facilities and will be used for consultation, examination, minor diagnostic and treatment procedures the layout as detailed within the Functional Brief with adequate space to accommodate wheelchairs. One of the clinic rooms will have colposcopy and adequate lighting for child sex abuse examinations to take place.

There is a curtained area that provides privacy for children to undress and dress. At the end of the consultation the family will be asked to report to the reception desk to hand in the appointment slip for the clerk to make any further appointments or discharge electronically from the clinic.

6.2.9 Phlebotomy Room
A venepuncture room with phlebotomy station will provide a dedicated service to the paediatric clinic.

Samples requiring transport to the laboratory should be sent via the pneumatic tube system which is required to be located next to the venepuncture rooms to ensure speedy transfer of blood specimens to the pathology department. All staff using the air tube system must follow the agreed procedure, a copy of which will be located within the room.

Each phlebotomy station is equipped to provide all services and consists of the following items:
- Patient phlebotomy reclining chair/couch, right and left handed, adjustable, easily cleaned.
- Phlebotomist's chair, adjustable
- Adequate work surface, height adjustable, of clinical standard
- Racking system for consumables
- Waste disposal facilities, clinical and non-clinical, sharps and non-sharps
- Sample racks for blood and non-blood specimens
- Mobile examination light
- Computer and label printer
- Bar code readers and PID checking software
- Privacy, visual and sound
- Call forward system, or patient numbering system
- Call systems for emergency use
- Telephone
- Patient seating in a waiting area
- Sample storage facilities
- Water supply, drinking, hand basins
- Adequate air circulation, ventilation and air conditioning
- Secure cupboards, lockers and doors

6.2.10 Interview/Counselling Room
This interview/counselling rooms as detailed within the Functional Brief will be used by children, family members and staff some of whom may be in an emotional state where there is a requirement for private dialogue or breaking bad news.

It is important that children, family and friends are able to leave the room if they so choose after
receiving bad news without having to meet up with other anxious families or walk back through the clinical area.

6.3 Audiology

6.3.1 Paediatric Test Room

Consisting of:

Sound-proofed room in which children will undergo diagnostic audiology testing accompanied by parent/guardian and audiologist:-

- Pure-tone audiometry
- Tympanometry
- Otoacoustic emissions
- Visual re-inforced audiometry (VRA)
- Performance testing
- Speech audiometry

Sound-field VRA testing – the child is seated on the parents lap in the centre of the room. Sounds are presented via loudspeakers at 90 degrees to each ear at a minimum distance of 1.3m. An audiologist sits facing the child and distracts the child with small toys placed on a low table between themselves and the child.

Speech audiometry – a set of toys are placed on a low table at which the child is seated at a minimum distance of 1.3m from a loudspeaker. An audiologist sits adjacent to the child and the child is asked to identify the toys from instructions presented from the loudspeaker. The parent will sit independently.

Otoacoustic emissions – this equipment is PC based and would be sited on a trolley/table. The child will be placed on the parents lap/ in a pushchair/carrycot. The audiologist places a small rubber tip into the ear canal and operates the equipment from a seated position.

6.3.2 Evoked Response Audiometry Test Room

Consisting of:

Observation room from which audiologist will be seated at worktop by the observation window and operate the ERA equipment. Audiologist will also undertake some testing inside the sound proof room.

Sound-proofed and electrically screened room in which children will undergo evoked response audiometry:-

- Brainstem evoked response audiometry (neurological)
- Brainstem evoked response audiometry (threshold – under sedation/natural sleep/GA)
- Cochlear microphonic
- Cortical evoked response audiometry
- Electrocochleography

Other tests:

- Otoacoustic emissions
- Tympanometry

Children will be seated on a parents lap in a recliner chair situated in close proximity to a window through to the observation room. Electrodes are attached to the child’s head and transducers placed over/in the child’s ears. The electrodes and transducers are linked back to the equipment via a patch panel.

Testing under sedation or GA:

For babies / children aged over 3 months these tests are often undertaken with the child under sedation or GA.
sedation (currently one session per week). Rarely these tests are also undertaken with the patient under GA (approx. one session per year).

Patient flow for sedation – patient admitted onto paediatric day unit, and brought through to the ERA Test Room when they are asleep on a trolley by a paediatric nurse and porter.

Patient flow for GA – child admitted onto the paediatric ward, and anaesthetised in theatre (ideally located away from any diathermy – due to electrical interference). The test equipment will then be taken to theatre to undertake the testing. After the test the child is taken back to the ward for discharge. This procedure (GA) is rarely performed (approx one session per year). If the child is having another surgical procedure at the same time, the test equipment is again taken up to theatre for the tests to be undertaken.

Access is required to both clean and dirty utility rooms during clinical sessions.

6.4 Ophthalmology/Orthoptic Service
The service is linked to general ophthalmic outpatient services.

Surgical In-Patient
Children who require post operative orthoptic review before they are discharged, the receptionist will contact the orthoptic department to arrange an appointment time. The child and parent will be escorted by a paediatric nurse or HCA from the paediatric ward to the department.

6.4.1 Orthoptic Clinic Room
Each workstation must have a height adjustable chair for the examiner, a stable chair for the patient and at least one chair for parent/nurse.

The room needs to be 6 metres long and will therefore not require separate vision channels

6.4.2 Dark Room
This room needs to be 3 metres square Lee’s screen and field binocular single vision equipment is required

6.5.1 Sanitary Facilities
One generic OSFA toilet will be provided as detailed within in the Functional Brief.

6.5.2 Baby Change
This room is located off the sub waiting area and comprises of a WC and non touch hand washing facilities and is for the use by a child/young person who may require the assistance of one person. This area has seating, a nappy changing unit and facilities for the disposal for soiled nappies and other waste.

6.5.3 Breast Feeding Room
This room is located adjacent to the baby changing facilities and will be used for nursing mothers to breast-feed. Facilities for the disposal of waste and non touch hand washing facilities are provided.

6.5.4 Clean Utility
This clean utility as detailed within the Functional Brief will be used to store clean medical and surgical supplies that are required for a variety of clinical procedures with outpatients and minor procedures and a supply of clinical equipment (syringes, needles etc), drugs and dressings (in locked cabinet) plus other supplies e.g. bandages and tapes, pharmacy refrigeration and several dressing instrument trolleys.

Nurses will prepare trolleys for clinical procedures in this room and return clean trolleys to the room.
after use. In addition a locked cupboard for housing COSHH products is required.

For safety reasons the resuscitation trolley for the children’s outpatient department will be stored in this room.

Refer to Facilities Trust Managed Services Whole Hospital Policy for details of re-supply

6.5.5 Dirty Utility without Macerator
This dirty utility as detailed within the Functional Brief will be used for staff to return used equipment after use in the department. This equipment will be decanted into the correct containers for waste disposal or collection. Please refer to the Facilities Whole Hospital Policy for details of collection.

6.5.6 Department Manager’s Office
This room will be used by the outpatient clinic manager to allow him/her to carry out all activities that support the clinical management of the service. One to one meetings with staff, clinicians and other managers will be held here.

A wall mounted Key Safe with electronic digital lock will be located here to store controlled drug keys and drug cupboard keys out of core hours.

6.5.7 Store
This store room will store sufficient stock of consumables and linen to meet the needs of the paediatric outpatient consulting suite.

Consumables and linen will be re-supplied will be through materials handling system and electronic ordering, these supplies will be restocked on a daily basis by Ward Services officer (part of facilities division – please refer to their operational policy), pharmacy or the housekeeper as appropriate.

Supplies will be stored in racking which is easily reached or appropriate stairs provided to ensure safe use.

6.5.8 Staff Changing Facilities
These are located within the neighbourhood hub as detailed within the Functional Brief.

6.5.9 Staff base for two required.

6.6 Interdepartmental Relationships
There should be easy access to/from diagnostics/ pharmacy and support services and the journey to other departments must be double pushchair friendly.

- Main entrance and concourse
- Imaging
- Emergency Centre
- Radiology
- Pharmacy
- Cardiology Diagnostics, Clinical Neurophysiology and Respiratory Physiology

6.7 Business Continuity
6.7.1 Escalation
- Pandemic flu plan
- Managing Annual Leave
- Capacity Control Policy
6.7.2 Major Equipment
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit. If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure.

A loan of equipment is provided if repairs cannot be rectified immediately.

In the event of serious systems failure and immediate repair or loan equipment not being possible, then the department manager will consult with the medical staff and Clinical Group Director to cancel clinics accordingly.

6.7.3 Equipment Replacement
A formal rolling programme of replacing equipment

6.8 Major Incident
Refer to:
- Major Incident Plan
- Evacuation Plan

Each area will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

6.9 Regulatory Requirements
- Nursing, Midwifery Council – to be staffed by RSCN/RNCB
- Patient Confidentiality and data protection Act
- National local guidance and procedures on child protection.
- Paediatric Life Support training
- In line with existing health and safety standards i.e. fire, moving and handling, COSHH, infection control, waste management.

6.10 Clinical Support Services
6.10.1 Pharmacy
Children and parent(s) will attend for dispensing and education of hospital only medicines.

6.10.2 Pathology
Referrals will be received via an IT solution. Specimens will be delivered to Pathology via the use of a pneumatic tube with the exception of blood products which are collected or delivered using the Porter service.
6.10.3 Infection Control
All staff will comply with Trust Infection Control Policies, all team members who undertake aseptic nursing procedures will adhere to infection control standards for cleaning trolleys to ensure that risk from infection is kept to a minimum.

Decontamination of equipment will be completed centrally.

Hospital transport will be cleaned following use by a child with an infectious condition.

6.10.4 Therapies
Refer to Therapy Operational Policy and PP&DD No 02. Referrals will be through multi disciplinary team communications.

6.10.5 Sterile Supplies
Facilities staff will deliver sterile stores from the central store to the paediatric outpatient department.

6.10.6 Manual Handling
Refer to the Moving and Handling Policy.

The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

6.10.7 Imaging
Imaging will be requested by contact with the imaging service. It is anticipated that this will be via an IT referral system.

6.10.8 Interpreting Services
Interpreting services will be available and booked by clerical staff. Refer to the interpreting Services – Access and Delivery Policy

6.11 Non Clinical Services
6.11.1 IT
Electronic Patient record (EPR), hospital communications and ordering systems will be required with access at main reception, nursing points and office resource base.

6.11.2 Transport
This will be required to transport patients where applicable and will be booked by the clerical staff via a central booking process.

6.11.3 Porters Service
A porter’s service will be available and will be booked via telephone; wheelchairs will be used from the hub wheelchairs store.

6.11.4 General Store Delivery
Facilities Support services – Materials handling section to be developed.

6.11.5 Catering
Children and parent(s) will be able to access the public food courts/retail outlets.
6.11.6 Linen
Linen will be delivered to the central linen store

6.11.7 Domestic Service
Refer to the Hospital Cleaning Service Policy

Equipment to be returned for decontamination will be collected by Facilities staff to be returned for
decontamination.

Where individual pieces of furniture of equipment require deep cleaning, this will be arranged
directly with ward services.

6.11.8 Equipment
Routine maintenance of all equipment will be carried out at the intervals recommended by the
manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a
dated and signed report on the tests made and results obtained, where appropriate, should be
provided by the service engineer at the conclusion of each visit.

6.11.9 Security
Refer to the Security Policy

Security Guard Service
- Security officers will be available 24hours 365 days per year. Their prime responsibility will
  be to provide a safe, secure environment by maintaining the safety of all persons and
  property on the site. This includes the protection of patients, staff, service providers and
  visitors against violent acts or abuse; theft; criminal damage; malicious tampering and
  arson. The essence of the security service will be to provide effective crime prevention
  measures and a quick response when required, in respect of any security related issue.

Emergency Call System
- The Emergency Call System is linked to both the Reception Desk and the Security Base.
  Security staff will respond to the alarm and take whatever action is necessary to ensure the
  safety of the Trust’s staff/ refer to the Functional Brief.

6.11.10 Fire Procedure
Refer to the Fire Safety Management Policy.

6.11.11 Waste Management
Refer to the Waste Management Policy.

- All clinical waste will be disposed of in yellow clinical waste bags. These go for incineration.
- All used sharps to be placed in the ‘sharps’ bin.
- Soiled instruments should be returned to the decontamination unit for cleaning and re-
  sterilisation as per the decontamination operational policy. (available within the endoscopy
  suite).
- Non clinical waste to be placed in black rubbish bins.
- The Spillage Protocol will be adhered to regarding disposal of items used for dealing with
  spillages.
- Any confidential paperwork for disposal must go in the Hessian type bag identified for
  shredding material.
- Other paper waste relating to non confidential material can go in a black bag or the
  cardboard paper recycling boxes.
- Bins will have adequate space and sufficient collections to ensure that rubbish is not left on
the floor, and bins should be a design which allows bags of rubbish to be placed in the bin safely.

7. CONSULTATION

An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to all consultant paediatricians, paediatric nursing staff, clinical group management team and capital projects team for comments. The outcome of this consultation has been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS

Compliance with the requirements of the policy will be monitored by the Matron for Paediatrics.

9. TRAINING AND AWARENESS

Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the paediatric unit and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY

The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. REVIEW

This policy will be reviewed in three years time unless requires earlier review. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY

Getting the right start: National Service Framework for Children, Young People and Maternity Services - Department of Health 2003


HBN - Health Building Note 12 Outpatients – Department of Health 2004

HBN – Health Building Note 23 Hospital Accommodation for Children and Young People – Department of Health 2004

HBN - Health Building Note 12 Supplement 3 ENT and audiology clinics hearing aid centre – Department of Health 1994
13. FURTHER ENQUIRIES

Contact the Matron for Children’s Services for further information on the implementation of this policy.

Appendix A - Operational Policy Development/Distribution/History/Consultation

Version 0.00, V1.0, V1.01, V1.0, V1.01

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<tbody>
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<td>S. Sivakumar</td>
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<td>Head of Capital Projects</td>
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<td>S. Slater</td>
<td>Capital Projects Manager</td>
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<td>Clinical Group Director of Operations</td>
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MIDLAND METROPOLITAN HOSPITAL

No. 14c
URODYNAMICS UNIT OPERATIONAL POLICY
KEY POINTS

1. The purpose of the urodynamics service is to provide a diagnostic service for patients with lower tract urinary symptoms.

2. A full range of modern diagnostic equipment with computerised recording of results, image capture and appropriate training facilities are available.

3. Patients will attend for:
   - Flow rate studies
   - Conventional Urodynamics
   - Videourodynamic

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
Contents

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2. Other policies to which this policy relates 5
3. Glossary and definitions 5
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1. INTRODUCTION

1.1 The purpose of the urodynamics service is to provide a diagnostic service for patients with lower tract urinary symptoms during an inpatient admission and also for planned outpatient attendances.

1.2 By using pooled urodynamics lists it is possible to achieve equity in waiting times and throughput of patients.

1.3 Patients will attend for:
   - Flow rate studies
   - Conventional Urodynamics
   - Videourodynamic

1.4 A full range of modern diagnostic equipment with computerised recording of results, image capture and appropriate training facilities are available.

2. OTHER POLICIES TO WHICH THIS POLICY RELATES

   - Infection Control Policy (CO1001) (SWBH)
   - Interpreting Services (ORG076)
   - Privacy and Dignity and Respect Policy (Pt Care 060)

3. GLOSSARY AND DEFINITIONS

3.1 OPD – Outpatient Department
3.2 CNS – Clinical Nurse Specialist
3.3 HCA – Health Care Assistant

4. POLICY DEVELOPMENT PRINCIPLES

4.1 This policy is designed to assist all healthcare professionals involved in the care of all patients attending for investigation(s) and outlines the purpose and function of the urodynamics service provided in an outpatient department.

4.2 To ensure all staff using the facility understand the philosophy of the service and work as a team providing family friendly care to patients and the provision of a service that is fair, accessible and meets the needs of all individuals.

4.3 To deliver hospital services that meet the needs of patients and their families/carers, and provide effective and safe care, through appropriately trained and skilled staff working in suitable, friendly, and safe environments.

4.4 Patients and their families/carers should be treated with respect and given support and information to enable them to understand and cope with the illness or injury, and the treatment needed.

4.5 That patients are encouraged to be active partners in decisions about their health and care, and be able to exercise choice.

5. ROLES AND RESPONSIBILITIES
5.1 Consultant Physicians/Surgeons
The consultant provides expert advice to the team.

5.2 Urodynamic Nursing Staff
The urodynamics nursing and support staff have access to appropriate training in urodynamics related competency frameworks. The workforce is subject to regular review in order to assess skill mix and employment work-streams.

5.3 Health Care Assistants
Working under the direction of the qualified nurses they provide basic care to patients and undertake chaperone duties.

5.4 Clerical Staff
Working within the Outpatients department they provide the administrative clerical duties to complete the smooth running of the department.

5.5 Receptionist Staff
They provide reception duties for both the reception desk and carry out receptionist clerical duties.

5.6 Medical Records - Administrative Support
They will ensure smooth transfer of medical, social care and other relevant records, provision of summaries, including a handheld summary for the patient’s own use, and efficiently organised appointments.

6. SERVICE DESCRIPTION/SCHEDULE OF ACCOMMODATION

6.1 Hours of Service
The Department will routinely be open between the hours of 08.00 – 20.00, Monday to Friday and between the hours of 09.00 – 13.00 on Saturday. Outside these hours all internal doors within the department must be kept locked.

The potential for access on an ad-hoc basis for additional ad hoc clinics to address waiting time issues is required.

Clinics will be scheduled from Monday to Friday, morning, afternoon and evening sessions and a Saturday morning session. The appointments for patients attending these clinics are on a schedule basis only and include all referrals from any Health Care Practitioner.

Video urodynamics sessions will be planned for a maximum of 4 patients due to the requirement to use an image intensifier this will need to be transferred from the theatre suite and trained personnel from the imaging department rostered to the clinic.

It is recognised that the models of service delivery adopted will alter over time. This requires physical capacity and flexibility to alter hours of operation and it is therefore essential that the Urodynamics service can respond to future changes.

6.2 Patient Pathway

Referral Processes

From OPD
Patient brings referral to Booked Admissions where appropriate waiting time guidelines are adhered to before offering patient next available slot. If this is not convenient a new date will be negotiated.
In Patient’s
A small proportion of the patients referred to the unit will be referred from the Inpatient areas. The referral is completed on the ward round and sent to booked admissions where the next available appointment is given.

In some cases patients will require transfer to the wards following procedure. This will require communication of this to key individuals working on the inpatient wards

Direct Access
GPs will not have direct referral access to this service.

Outpatients

Arrival at the Urodynamics Unit
Patients will be asked to arrive at allocated times for both the morning and afternoon sessions. Control of the arrival time will avoid long waiting periods and ensure a better flow through the Unit.

Patients may arrive by ambulance, car, and public transport or on foot and will often be accompanied. The urodynamic unit is signposted from all points of entry into the hospital and site maps and helpdesks are located at all points of entry.

Clear signage is provided to ensure all patients, as well as patients with low vision, are easily able to follow.

Car parking spaces for patients with disabilities are available and clearly signposted in the car park.

Clinics are clearly signposted as they enter the building. If patients are unsure, there is an information desk where staff will be able to provide guidance.

All patients attending for a booked outpatient appointment will register their attendance for outpatient appointments on the self check in kiosks and amend their personal details if required.

The system is not designed to replace receptionists and a member of staff is always available to help should a patient not wish or is unable to use the kiosks and also provide help should a patient require assistance with wheelchairs etc.

Inpatients

Inpatients requiring urodynamic diagnostic service will be booked onto the appropriate list from the ward and given a pre-arranged appointment time and informed of any necessary preparation for the patients attending the urodynamics unit.

They will be escorted by a nurse and porter in a wheelchair if required and on arrival the clinical nurse specialist will welcome the patient and check the patient’s identification wristband to confirm the details are correct on the computer system. Where there is a requirement for clinical records these will accompany the patient.

6.2 Accommodation

6.2.1 Outpatient Reception Desk

It will be used to conduct patient administrative duties and as a contact point to other departments and provides administrative tasks that are necessary to support the clinics.

Patient details will be validated and amendments to personal details made by the receptionist via the electronic patient record system if the patient has been unable to do this themselves via the check in facility.
6.2.2 Waiting Area
Patient’s relatives/escorts will be asked to take a seat in the urodynamic unit waiting area to await their consultation.

Patients presenting are not expected to have a higher ratio of infections than that of the normal population and they are also asked for such information, if known, on their health check questionnaire sent prior to the appointment.

Patients with an infection will have been identified by their previous attendances/admissions and the appropriate alert attached to their electronic record, for patients with known infections these patients will be scheduled to be seen at the end of a clinic session.

There are no additional requirements stipulated for separation of infected patients in the general waiting area.

WC – OSFA - is required adjacent to the waiting area.

6.2.3 Consulting Examination Room
Doctors and Clinical Nurse Specialists will consult with the patients and their relatives/carers or escorts in this room as required prior to treatment. Patients will be escorted to the room by the nursing staff from a shared sub waiting area.

This room as detailed within the Functional Brief will be used for consultation, examination and consent for procedure.

6.2.4 Urodynamic Service Patient Change
The changing room is equipped with a lockable patient locker for patient’s clothes and must be large enough for one person changing at one time and large enough to accommodate a wheelchair patient and 1 carer if required.

The room requires direct access into the urodynamics room, the patient will be called into the changing room and asked to change into a gown and lock their clothes and belongings in the locker provided and asked to wait in the changing room until called into the urodynamics room for treatment. Patients will not be required to wait in excess of 5 minutes.

6.2.5 Urodynamics Room
Clinical preparation for admission
Nursing staff are responsible for ensuring that all necessary equipment and ancillary equipment is ready and in working order for the session.
A lockable cupboard with worktop is required for storage of additional equipment for Urodynamics machine, catheters and contrast medium.

Procedure
- Patient called into the urodynamics room from the adjoining changing room by the nurse.
- Patient requested to lie on a table with a tilting capability as required for use with an image intensifier.
- Patient connected to urodynamics machine via catheters.
- Bladder filled and recorded on computer.
- Catheters removed and patient requested to void into flow rate machine attached to urodynamics machine.
- Patient informed that they can go home and directed to changing room to change back into their outdoor clothes.

Outpatients
In addition to the points above
The clinical nurse specialist will check that transport will be available to take the patient home at the appropriate time.

Outpatient Relatives and Escorts
Relatives or escorts must be available to take patients home unless the type of procedure enables total independence for discharge.

Escorts accompanying patients with special needs should be allowed to stay with their client as most are in a position to act as patient advocate.

6.2.6 En-suite WC
This en-suite WC is wheelchair accessible and equipped with wash hand basin and is located directly off from the urodynamics room.

6.2.7 Dirty Utility
This dirty utility room as detailed within the Functional Brief will contain a range of waste streams with waste disposal unit and sink will be in close proximity to the urodynamics room. It will contain cupboards for storage, specimen containers and facilities for testing urine.

Contaminated instruments will be held here temporarily following procedures until collected for decontamination. There will be a locked cupboard to accommodate dirty linen clinical waste. This will be removed from the department on a daily basis in line with Trust policy.

6.2.8 Clean Utility
This clean utility as detailed within the Functional Brief will be in close proximity to the treatment and procedure rooms. It includes a work surface/ drug preparation area and will accommodate a module storage unit for sterile clinical stock and intravenous fluids. There will be storage for dressing trolleys under the preparation area, and a clinical wash hand basin with non-touch taps. A standard drug fridge and lockable cupboard storage is required for drugs.

Nurses will prepare trolleys for clinical procedures in this room and return clean trolleys to the room after use. In addition a locked cupboard for housing flammable items and COSHH products is required.

Refer to Facilities Trust Managed Services Whole Hospital Policy for details of re-supply

6.2.9 Store Room
This store room as detailed within the Functional Brief will be used to store sufficient stock of non clinical consumables to meet the needs of the Urodynamics department. Refer to Facilities Support Services Whole Hospital Policy.

6.2.10 Departmental Manager's Office
This room will be used by the clinical nurse specialist to allow her/him to carry out all activities that support the clinical management of the service. One to one meetings with staff, clinicians and other managers will be held here.

A wall mounted Key Safe with electronic digital lock will be located here to store controlled drug keys and drug cupboard keys.

6.2.11 Staff Changing Facilities
These are located within the neighbourhood hub as detailed within the Functional Brief.

6.3 Interdepartmental Relationships
- Main entrance and concourse
6.4 Business Continuity

6.4.1 Escalation

- Pandemic flu plan
- Managing Annual Leave
- Capacity Control Policy
- Sickness Absence Policy
- Doctors Absence Policy

6.4.2 Major Equipment

Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit.

If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure.

A loan of equipment is provided if repairs cannot be rectified immediately.

In the event of serious systems failure and immediate repair or loan equipment not being possible, then the department manager will consult with the medical staff and Clinical Group Director to cancel clinics accordingly.

6.4.3 Equipment Replacement

There is a formal rolling programme of replacing equipment.

6.5 Major Incident

Refer to:
- Major Incident Plan
- Evacuation Plan

Each area will act in accordance to the trust's wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

6.6 Regulatory Requirements

- Mandatory training,
- Working time Directive regulating working patterns

6.7 Clinical Support Services

6.7.1 Pharmacy

Outpatients will attend for dispensing and education of hospital only medicines.
6.7.2 Pathology
Referrals will be received via an IT solution. Specimens will be delivered to Pathology via the use of a pneumatic tube with the exception of blood products which are collected or delivered using the Porter service.

6.7.3 Infection Control
All staff will comply with Trust Infection Control Policies, all team members who undertake aseptic nursing procedures will adhere to infection control standards for cleaning trolleys to ensure that risk from infection is kept to a minimum.

6.7.4 Sterile Supplies
Facilities staff will deliver sterile stores from the central store to the urodynamic clinic.

6.7.5 Manual Handling
Refer to the Moving and Handling Policy.

The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

6.7.6 Imaging
Imaging will be requested by contact with the imaging service. It is anticipated that this will be via an IT referral system.

6.7.7 Interpreting Services
Interpreting services will be available and booked by clerical staff. Refer to the interpreting Services – Access and Delivery Policy

6.8 Non Clinical Services
6.8.1 IT
Electronic Patient record (EPR), hospital communications and ordering systems will be required with access at main reception, nursing points and office resource base.

6.8.2 Transport
This will be required to transport patients where applicable and will be booked by the clerical staff via a central booking process.

6.8.3 Porters Service
A porter’s service will be available and will be booked via telephone; wheelchairs will be used from the hub wheelchairs store.

6.8.4 General Store Delivery
Facilities Support services – Materials handling section to be developed.

6.8.5 Catering
Patients will be able to access the public food courts/retail outlets.

6.8.6 Linen
Linen will be delivered to the central linen store.

6.8.7 Domestic Service
Refer to the Hospital Cleaning Service Policy
6.8.8 Maintenance
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.

6.8.9 Security
Refer to the Security Policy

6.8.10 Fire Procedure
Refer to the Fire Safety Management Policy

6.8.11 Waste Management
Refer to the Waste Management Policy

- All clinical waste will be disposed of in yellow clinical waste bags. These go for incineration.
- All used sharps to be placed in the ‘sharps’ bin.
- Soiled instruments should be returned to the decontamination unit for cleaning and re-sterilisation as per the decontamination operational policy. (available within the endoscopy suite).
- Non clinical waste to be placed in black rubbish bins.
- The Spillage Protocol will be adhered to regarding disposal of items used for dealing with spillages.
- Any confidential paperwork for disposal must go in the Hessian type bag identified for shredding material.
- Other paper waste relating to non confidential material can go in a black bag or the cardboard paper recycling boxes.
- Bins will have adequate space and sufficient collections to ensure that rubbish is not left on the floor, and bins should be a design which allows bags of rubbish to be placed in the bin safely.

7. CONSULTATION
An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to all urology consultants, nursing staff, clinical group management team and capital projects team for comments. The outcome of this consultation and the outcomes of the boot camp engagement process have been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS
Compliance with the requirements of the policy will be monitored by the urodynamics unit manager.

9. TRAINING AND AWARENESS
Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the urodynamics unit and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY
The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. REVIEW

This policy will be reviewed in three years time unless requires earlier review. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY

HBN - Health Building Note 12 Outpatients – Department of Health 2004

13. FURTHER ENQUIRIES

Contact the urodynamics unit manager for further information on the implementation of this policy.
APPENDIX A – Patient Pathway

Patient directed to the Urodynamic Unit waiting area by the outpatient receptionist

Nursing staff will be aware of the patient’s arrival via the electronic self check in or by reception staff checking the patient into the clinic

Patient called into the co-located changing room and asked to change into a gown, outdoor clothes stored in a secure locker

Patient called into procedure room

Patient requested to lie on table and connected to Urodynamics machine via catheters

Bladder filled and recorded on computer

Catheters removed and patient requested to void in toilet

Patient informed that they can go home and directed back to changing room to change into outdoor clothes

Room and equipment prepared by Nurse/Doctor for next patient

Patient returns to sub waiting area, where relative carer is waiting

Receptionist to book follow-up appointment (where applicable)
Appendix B - Operational Policy Development/Distribution/History/Consultation

Version 0.00, V0.01, V0.02, V0.03, V1.0, V2.0, V2.01, V2.02, V2.03, V2.0, V3.0

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>P. Ryan</td>
<td>Consultant Urologist</td>
</tr>
<tr>
<td>M. Howell</td>
<td>Clinical Nurse Specialist</td>
</tr>
<tr>
<td>R. Deverajan</td>
<td>Consultant Urologist</td>
</tr>
<tr>
<td>S. Corless</td>
<td>Service Redesign Manager</td>
</tr>
<tr>
<td>D. Beale</td>
<td>Capital Projects Manager</td>
</tr>
</tbody>
</table>

V4.0

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>M. Budhoo</td>
<td>Clinical Group Director</td>
</tr>
<tr>
<td>P. Ryan</td>
<td>Consultant Urologist</td>
</tr>
<tr>
<td>M. Howell</td>
<td>Clinical Nurse Specialist</td>
</tr>
<tr>
<td>M. Beveridge</td>
<td>Clinical Group Director of Operations</td>
</tr>
<tr>
<td>S. Corless</td>
<td>Service Redesign Manager</td>
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<td>D. Beale</td>
<td>Capital Projects Manager</td>
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</table>
### Policy No: 15

#### Medical Illustration

<table>
<thead>
<tr>
<th>Department / Service:</th>
<th>Medical Illustration</th>
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</thead>
<tbody>
<tr>
<td><strong>Originator:</strong></td>
<td>Estates and Technical Team</td>
</tr>
<tr>
<td><strong>Approved by:</strong></td>
<td>Version 10.0</td>
</tr>
<tr>
<td><strong>Designation:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of approval:</strong></td>
<td></td>
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</table>

| Name: G. Seager       | Post: Project Director | Signature: |

---

**15 Medical Illustration**

<table>
<thead>
<tr>
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<th>Code:</th>
<th>Issue.</th>
<th>Implementation Date:</th>
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<tr>
<td>0.0</td>
<td>Page 1 of 18</td>
<td>1</td>
<td>July 2014</td>
</tr>
</tbody>
</table>
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Disclaimer
This document has been prepared for use by Sandwell and West Birmingham Hospitals NHS Trust (SWBH) in connection with the titled project or named part thereof and should not be relied upon by any other person or used for any other project without an independent check being carried out as to its suitability and prior written authority of SWBH being obtained. Neither SWBH nor its advisors accept any responsibility or liability in connection with this document being used by any other person or being used for any other purpose other than the purpose for which it was commissioned nor do they accept any duty of care to any other person in connection therewith. Any person using or relying on this document for any other purpose agrees, and will by such use or reliance be taken to confirm his agreement, to hold SWBH and its advisors harmless from any and all losses and/or damages resulting there from.
1.0 Philosophy of Service

This document details the facilities which the Sandwell and West Birmingham Hospitals NHS Trust require to deliver a Medical Illustration Service on the new hospital site. The functionality of a number of rooms, which are to be provided, should be in line with the standard rooms described in the Functional Brief.

The facilities provided within Medical Illustration are required to offer:

- A clearly defined area within the clinical areas of the hospital
- Improved communication regarding patient interventions
- Increased scope for collaborative interdisciplinary and interagency working
- A service will be provided to the Inpatients, Emergency Department, Outpatients and Theatres.

The Medical Illustration Service provides support to the Trust's clinical and educational activities. The service includes:

- Complex clinical photography:
  - On-demand response to theatres and Inpatients (this service includes ophthalmic photography, for which specific rooms are to be allocated)
  - Ability to attend clinics as required
  - Maintain presence in department for outpatients and hospital staff.
- Video recording of clinical conditions.

2.0 Scope of Planning Policy

2.1 Specific Exclusions

In developing the model of care a number of services have been identified as not core to the Medical Illustration department and have therefore been specifically excluded from this document.

These can be summarised as:

- Radiological Imaging.

2.2 Activity Figures

Refer to Activity and Capacity Model Version 5.3.
2.3 Hours of Operation

The department’s operational hours will be governed primarily by the requirement to support specialist outpatient clinics and inpatient work (8am to 8pm, Monday to Friday, and Saturday morning). May be required to access 24/7 in the event of incident.

2.4 Functional Content

A summary of the Medical Illustration Department functional areas is provided here but reference should be made to the detailed schedule of accommodation. The accommodation and facilities required to support the above will consist of the following:

2.4.1 Medical Illustration Department (Clinical)

- Patient changing facilities & change point
- Studio – clinical photography
- Storage - secure
- Office
- Domestic Services
- Switchgear
- Reception.

2.4.2 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to support the clinical departments. In the case of Medical Illustration the Neighbourhood Hub will provide:

- Reception and waiting
- Visitor welfare facilities
- Staff welfare facilities
- Facilities management – soft services.

2.4.3 Administration

The Trust advocates the use of Administration Zones (PPDD 19), which will be co-located with the clinical areas they support.
2.5 Common Planning Policies

This planning policy has been developed to be read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wish to ensure consistency of approach within the facilities and as such:

- Advocate the use of repeatable rooms, as such only bespoke rooms and exceptions will be described in detail within this departmental PPDD
- The Trust proposes the use of Neighbourhood Hubs each of which will serve a number of departments and accommodate facilities shared between departments including facilities management.

3.0 Staffing

3.1 Staffing Profile

Refer to the Trusts staff numbers.

3.2 Staff Development, Education and Welfare

Staff welfare facilities in the form of separate sex toilets showers and change are provided within the Neighbourhood Hub. Secure lockable storage is provided for personal property whilst staff are on duty.

There will be a variety of training taking place within the Medical Illustration Department, requiring a variety of shared and bespoke facilities. Training requirements have been identified and are included in the table [3.2] below.

Table [3.2] Staff Development, Education and Welfare

<table>
<thead>
<tr>
<th>Training type</th>
<th>Facility type</th>
<th>Shared with others</th>
<th>Bespoke</th>
<th>Number of people</th>
<th>Frequency of use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appraisal</td>
<td>Interview room</td>
<td>Yes</td>
<td>No</td>
<td>2/3</td>
<td>Intermittent</td>
</tr>
<tr>
<td>Counselling</td>
<td>Interview room</td>
<td>Yes</td>
<td>No</td>
<td>2/3</td>
<td>Intermittent</td>
</tr>
</tbody>
</table>
4.0 Key Relationships

4.1 Departmental Relationships

The key objective is the provision of a comprehensive Medical Illustration Service and therefore the following departmental adjacencies will be key:

- Direct access is required from the waiting area to the changing facilities
- Direct access is required from the changing facilities to the clinical photography studio
- Patients will occasionally be transferred by bed or trolley NB. No clinical support facilities are included within this department
- The work rooms do not need to be accessed by patients
- The secure storage should be easily accessible by staff from the studios and work room.

Diagram [4.1] Key adjacencies
4.2 Workflow

4.2.1 Patient Flows

Patients of all ages will attend the Medical Illustration Department. They will attend with a broad range of problems/issues which are considered by clinical staff to require a video or photographic record. Patients must be able to access the department from the main hospital street via a dedicated entrance. They should not have to pass through any other patient area in order to do this. Access to the centre will be required for patients usually during normal working hours. Patients may be referred from clinicians working in the inpatient or outpatient areas. Typical patient flows are indicated in diagram [4.2.1].

Diagram [4.2.1] Patient flows
4.2.2 Staff Flows

Typical staff flows are shown in diagram [4.2.2].

Diagram [4.2.2] Staff flows

4.2.3 Goods Flows

It is preferred that goods flows are kept as separate as possible from patient flows via a service corridor. Typical goods flows are shown in diagram [4.2.3].
### 4.3 Interdepartmental Relationships

Easy access must be provided via a service corridor for the delivery of stores and the removal of waste. The design should facilitate the separate flows of patients, staff and goods wherever possible. This is particularly important where there is the potential for patients to be in a state of undress.

An adjacency matrix may be referenced within the Functional Brief which provides an initial analysis of the required linkages developed by maximum time for patient transfers.

- Inpatients and Specialist Outpatients: Staff from the Medical Illustration Department provide a service to a variety of Outpatient clinics and inpatients, and so the Medical Illustration Department should be located in close proximity to the inpatient wards.

The table below summarises key issues and categorises level of requirement into Essential, Important or Desirable.

#### Table [4.3] Key adjacencies:

<table>
<thead>
<tr>
<th>Close to</th>
<th>PPDD</th>
<th>Reasons</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatients</td>
<td>PPDD 14</td>
<td>Staff transfer</td>
<td>Desirable</td>
</tr>
</tbody>
</table>

---

**Diagram [4.2.3] Goods flows**

- Patient Changing Facilities
- Studio – Clinical Photography
- Secure Storage
- Domestic Services Room
- Switchgear
- Medical Illustration
- Shared Administration Zone
- Office – Departmental Manager
- Shared Neighbourhood Hub
5.0 Planning and Design Principles

5.1 Ambience and Decoration

The unit must be designed to meet the needs of the patients and staff, providing ease of access and an environment that enhances the reduction of anxiety and supports patient dignity.

The facility is to be non-institutional with particular emphasis on the use of colour, art, contrast and texture to provide a stimulating, non-threatening environment for all patients regardless of ability or impairment.

The Trust would wish to utilise contrasting floor and door colours to help demarcate areas within the department.

The colour scheme within the photographic areas must be as set out below due to the nature of the photographic work. Unless otherwise stated the department must be neutral matt grey.

5.1.1 Studios

Walls need to be matt white to reduce reflections and light spillage.

5.2 Wayfinding

Signage in the department should clearly demarcate and indicate the direction of the different areas. Due consideration will be given to way finding as described in the Functional Brief.

5.3 Security and Observation

The Trust approach to security on the hospital may be referenced in the Functional Brief.

Entry to the Department for staff will be gained via automated access control and visitors will be permitted entry by audio-visual automated access controls.

The Trust’s Requirements in respect Patient/Staff call systems is set out within The Functional Brief Table [20].

The Trust’s requirements in respect of the communications network structure to support the security and call systems is set out within Functional Brief Section [6.6].

5.4 Control of Infection

The approach to control of infection within the department can be referenced within the Functional Brief. All blackout blinds should be washable.
5.5 Manual Handling

The approach to Manual Handling can be referenced within the Functional Brief.

5.6 Fire & Safety

5.6.1 Fire

Precautions against fire will be taken by staff working within the department. The Trust’s Fire Safety Management Policy will be adhered to and can be referenced within the Functional Brief.

5.6.2 Safety

Design features that contribute to safety include hand washing facilities, finishes and furniture, storage of chemicals.

5.6.3 Radiological Protection

There are no specific radiological protection issues in respect of the Medical Illustration.

5.7 Privacy and Dignity

The design of the department needs to provide an environment which respects the needs of all patients, in terms of privacy and dignity as well as facilitating the delivery of confidential communication.

5.8 Environmental Parameters

The design shall ensure that temperature and humidity control are in accordance with the NHS agenda for consumerism, for patients to be able to control, within limits, the temperature of their environment.

Generally, all public areas, concourses, seminar meeting rooms, offices and areas not occupied by patients will be controlled by a Building Management System (BMS) to the requirements of HTM 03-01 Specialist ventilation for healthcare premises: Part A Design & Validation.

The environmental systems must prevent the Studio and finishing becoming excessively hot due to lights and machinery such as computers and laminators – the ability to control the temperature within each room will be a necessity.
5.9 **Environmental Criteria**

5.9.1 **Natural Light**

The Design Brief developed by the Trust advocates the use of natural light. The Functional Brief Section [5.9] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the bespoke requirements for natural light within Medical illustration.

**Table [5.9.1] Natural Light Matrix**

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Essential</th>
<th>Desirable</th>
<th>External Wall</th>
<th>Atrium</th>
<th>Light</th>
<th>Roof Light / Tube</th>
<th>Percentage variation allowed from Trust’s Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Studio – Clinical Photography</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Zero</td>
</tr>
</tbody>
</table>

5.9.2 **Ventilation**

The Design Brief developed by the Trust advocates the use of natural ventilation. The Functional Brief Section [5.10] sets out measurable requirements for each of the Repeatable Rooms, and Repeatable Functions.

The following table sets out the requirements for bespoke environmental criteria within Medical Illustration.

**Table [5.9.2] Environmental Criteria**

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Temperature Min °C</th>
<th>Temperature Max °C</th>
<th>ac/hr</th>
<th>Pressure &amp; filtration</th>
<th>Notes in respect of permissible derogations</th>
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</thead>
<tbody>
<tr>
<td>Studio – Clinical Photography</td>
<td>18</td>
<td>25</td>
<td>10</td>
<td>-ve</td>
<td>F7</td>
</tr>
</tbody>
</table>

5.9.3 **Acoustic Criteria**

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief Section [5.11] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke acoustic criteria within Medical illustration.
Table [5.9.3] Acoustic Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Rating to be achieved</th>
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<tbody>
<tr>
<td></td>
<td><strong>Functional Brief</strong></td>
</tr>
<tr>
<td>Studio – Clinical Photography</td>
<td>Table 5.8A</td>
</tr>
<tr>
<td></td>
<td>D</td>
</tr>
</tbody>
</table>

5.9.4 Medical Gas and Power Supply Requirements

There are no Medical Gas requirements within the Medical Illustration Department.

5.10 Flexibility

The design needs to support staff in managing:

- The fluctuating demand for services
- Future changes in model of care.

5.11 IM & T

Details of the active components associated with IM&T can be found in the Functional Brief Section [6.6].

It is assumed that all patient records will be electronic and captured images will be digital.

5.12 External Space and Courtyards

Access to outside spaces (courtyards and gardens) may be desirable for staff and relatives, but not necessary to deliver the required medical illustration service.

6.0 Equipment

The specific requirements for this department will be addressed through the equipment selection in accordance with Schedule 13.

The ADB Component Sheets schedules out the draft equipment list for Medical Illustration in accord with Schedule 13.
7.0 Proposed Accommodation

In describing the accommodation and its functional relationships the facilities have been separated into their basic functionalities. The operational functionality of the areas listed below is specific to the requirements of the hospital. Where areas of accommodation to be provided within different elements of the design are deemed to have the same repeatable functionality, these are outlined in the Functional Brief.

7.1 Medical Illustration Department

7.1.1 Patient Changing Facilities

One repeatable accessible changing room will be provided for patients in line with the Functional Brief Table [24].

A repeatable changing point is required within the changing facilities where patients can acquire a gown and personal belonging container, and dispose of used gowns following their procedure.

7.1.2 Studio – Clinical Photography

A bespoke Studio is required for clinical photography. It is important within this department that the photographic areas achieve the precise ergonomic parameters outlined below in order to allow the appropriate lenses to be used when photographing patients as it is essential in clinical photography that the images do not display any distortion that would derive an unusable clinical image.

In order to facilitate focal length of photographic lenses the bespoke clinical photography studio needs to be 7.5m x 5.0m with a minimum ceiling height of 2.9m to accommodate overhead photographic lights and tracks. This bespoke room requires black out facilities. The building fabric must be capable of accommodating and safely and securely supporting background paper rolls.

In addition there must be a ceiling mounted hi-glide lighting system to allow the mounting and movement of photographic lighting units including the ceiling mounted electrical power points.

Clinical handwashing facilities are required in this area as set out in the Functional Brief section [7.8].

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

In addition the Trust require the IMT & T functionality and administration and call systems as set out in Functional Brief.

7.1.3 Store - Secure

A repeatable medium secure store is required as set out in the Functional Brief Table [24].
7.1.4 Office

A repeatable two person office is required as set out in the Functional Brief Table [24].

7.1.5 Domestic Services Room

A repeatable domestic services room will be provided as set out in the Functional Brief Table [24].

7.1.6 Switchgear

A repeatable switchgear room will be provided as set out in the Functional Brief Table [24].

7.1.7 Reception

A bespoke reception desk for one person will be provided.

7.2 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to the clinical departments. In the case of Medical Illustration:

- Reception and waiting
- Toilets – visitor
- Wheelchair store
- Staff changing facilities including showers
- Staff toilets
- Staff rest room
- Beverage bay
- Reprographics
- Seminar room
- Disposal hold
- IT hub
- Domestic services room
- Domestic services store
- Switchgear room
- Sterile supplies store.
7.3 **Shared use of and Administration Zone**

Medical Illustrations will make use of an Administration Zone.

The functional requirements are fully described within PPDD 19 Administration and are summarised below:

- Reprographics
- Social area
- Beverage bay
- Office – open plan
- Store – small
- Library
- Quiet rooms (for breakout)
- Seminar room
- Domestic services room
- Switchgear.

8.0 **Schedule of Accommodation**

The schedule of accommodation has been developed for the totality of the scheme as a series of tables. This schedule is appended to Schedule 8 part 3.

9.0 **Glossary and Definitions**

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
MIDLAND METROPOLITAN HOSPITAL

No.15
MEDICAL ILLUSTRATION OPERATIONAL POLICY
MIDLAND METROPOLITAN HOSPITAL
MEDICAL ILLUSTRATION OPERATIONAL POLICY

KEY POINTS

1. The Medical Illustration Department aims to provide a professional bespoke proactive, adaptable and timely service to the Trust in the areas of Photography and Graphic Design.

2. Clinical photography is used to visually record a patient’s medical condition and form part of the patient’s notes.

3. To adhere to the Trust’s Photographic & Video Recording Consent and Confidentiality Policy.

4. To Comply with the Institute of Medical Illustrators Code of Practice.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
## Contents

<table>
<thead>
<tr>
<th></th>
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## Appendices

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1. INTRODUCTION

1.1 The Medical Illustration Department aims to provide a professional bespoke proactive, adaptable and timely service to the Trust in the areas of Photography and Graphic Design.

1.2 To provide photographic support to medical and surgical specialities.

1.3 Clinical photography is used to visually record a patient’s medical condition and form part of the patient’s notes.

1.4 Clinical photographs are taken to help doctors and other health professionals to monitor clinical conditions. They are often used as part of the planning process alongside other tests such as x-rays, scans and blood tests.

1.5 Many photographs taken by clinical photographers are also used for teaching doctors, nurses and other medical professionals.

2. OTHER POLICIES TO WHICH THIS POLICY RELATES

- Interpreting Services (ORG076)
- Privacy and Dignity and Respect Policy (Pt Care 060)
- Major Incident Plan
- Photographic & Video Recording Consent and Confidentiality Policy

3. GLOSSARY AND DEFINITIONS

3.1 Medical Photography – photography of patients using digital photographic equipment for records, teaching and diagnostic purposes.

3.2 Ophthalmic Photography – diagnostic photography of the retina.

3.3 Large format – large size printers producing large posters up to A0 size.

4. POLICY DEVELOPMENT PRINCIPLES

4.1 This policy is designed to assist all healthcare workers involved in the care of patients attending the medical illustration department.

4.2 To preserve patient privacy and dignity at all times.

4.3 To adhere to the Trust’s Photographic & Video Recording Consent and Confidentiality Policy.

4.4 To Comply with the Institute of Medical Illustrators Code of Practice.

4.5 To comply with compulsory professional registration standards.

4.6 Gatekeepers of the Trust’s Photographic & Video Recording Consent and Confidentiality Policy.
5. ROLES AND RESPONSIBILITIES

Medical illustrators, also known as clinical photographers, are specialised photographers who produce photographs, videos and other graphical images for use in the healthcare sector.

They are trained to record a wide variety of medical conditions from routine (for example pre and post – operative photographs) to highly complex photography (for example UV & 3D photographs).

They also use their graphic design, editing and artistic skills to produce materials for medical lectures and conferences.

5.1 Head of Medical Illustration
Responsible for managing all aspects of all Medical Illustration areas (both photography and graphics) on all Trust sites.

5.2 Senior Medical Photographer
Specialised photographer trained in medical photography including specialist ophthalmic photography.

5.3 Medical Photographer
Specialised photographer trained in medical photography including Diabetic Screening Photography.

5.4 Head Graphic Designer
Specialist trained in advanced graphic design and every day running of the graphics department.

5.5 Senior Graphic Designer
Specialist trained to carry out advanced graphic design work.

5.6 Graphic Designer
Specialist trained to carry out graphic design work.

5.7 Graphics Finisher
Specialist trained to carry out graphics finishing work such as laminating and binding.

5.8 Receptionist
Provide the reception function for the department.

5.9 Administrator
Provide the administrator function for the graphics department.

6. SERVICE DESCRIPTION/SCHEDULE OF ACCOMODATION

6.1 Hours of Service
The Department will routinely be open between the hours of 08.00 – 20.00, Monday to Friday and between the hours of 09.00 – 13.00 on Saturday. Outside these hours all internal doors within the department must be kept locked.

24 hour access will be required in emergency situations please refer to the Major Incident Plan.
6.2 Patient Pathway

The photography service is divided into:

- Complex diagnostic retinal photography
- Video recording of clinical Conditions
- Technical Services

All patient groups will where applicable receive a service from the Medical Illustration Department. Referrals will be made to the department via the medical/surgical clinicians and/or the Specialist Nurse.

6.2.1 Inpatient Attending the Department

Inpatients will come from the wards to the Medical Illustration Department to be photographed. Porters may be used to transfer patients as appropriate, this will be arranged by ward staff via telephone.

On arrival to the department the patient will be booked in and personal details will be validated.

The patient will then be asked into the studio where the clinical photographer will explain what photographs he/she will need to take.

Depending on which part of the body needs photographing, the patient may be asked to remove jewellery, make-up and/or clothing. The photographer will also explain and show the patient how they will need to sit or stand.

Sometimes mirrors and retractors may be used to assist with seeing into the mouth and hair bands or grips may be used to keep hair away from the face.

On occasions, when photographs of a sensitive nature are required, it may not be possible for the same sex photographer to take the photographs. On these occasions a chaperone will be present.

6.2.2 Inpatients on the Ward

If required patients will be photographed on the wards and photography staff will travel to where the patient is to photograph them.

6.3 Accommodation

6.3.1 Reception

A single person reception is required to book patients in.

6.3.2 Patient Changing Facilities with Storage Point

Patients will get undressed as necessary before being photographed in the studio, and will then dress again afterwards. A storage point for clothes is provided to store a gown and personal belongings. A container will be provided for patients clothing etc whilst in the studio.

6.3.3 Staff Changing Facilities

These are located within the neighbourhood hub as detailed within the Functional Brief.

6.3.4 Studio – Clinical Photography

A studio is provided for all of the patients who come to the department to be photographed. Refer to PPDD for specification.

6.3.5 Store

This medium sized store will be used for the storage of spare equipment and replacement stock.

6.3.6 Office for Two Persons

This office will be used by photography staff working at MMH. It will require networked computers

Midland Metropolitan Hospital
No15 Medical Illustration Operational Policy V5.0 July 2014
and access to telephone. This office will need to be adjacent to the Photography studio.

6.3.7 Clinical Administration
On occasions Medical Photography staff will require access to administration space.

6.4 Interdepartmental Relationships
- Inpatient wards
- Emergency Department

6.5 Business Continuity
6.5.1 Escalation
Photography
Adopt ward photography techniques for continuation of general photography service. Images managed on Trust wide e-film system. Lease equipment from hospital suppliers in short term.

Within the Trust’s Photographic & Video Recording Consent and Confidentiality Policy there is a list of authorised individuals within the service who can take photographs as a contingency plan.

Medical Illustration is a support service therefore the service expands with demand. Need for new staff (when required) is normally recognised in business planning.

6.5.2 Major Equipment
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit.

If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure.

A loan of equipment is provided if repairs cannot be rectified immediately.

In the event of serious systems failure and immediate repair or loan equipment not being possible, then the department manager will consult with the medical staff and Clinical Group Director to cancel clinics accordingly.

6.5.3 Equipment Replacement
There is a formal rolling programme of replacing equipment.

6.6 Major Incident
Refer to:
- Major Incident Plan
- Evacuation Plan

Each area will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared,
based upon the required response, time of day and business continuity needs.

6.7 Regulatory Requirements

- SWBH Photographic & Video Recording Consent and Confidentiality Policy.
- Institute of Medical Illustrators Code of Conduct.
- Compulsory Professional registration standards.
- CNST Standards for Patient Information.

6.8 Clinical Support Services

6.8.1 Pharmacy
Not applicable

6.8.2 Pathology
Referrals will be received via an IT solution. Specimens will be delivered to Pathology via the use of a pneumatic tube with the exception of blood products which are collected or delivered using the Porter service.

6.8.3 Infection Control
Procedures are in place for infection control e.g. all photographic equipment will be decontaminated in the department when brought back from ward areas/theatres etc. ‘Face to face’ photography staff are at high risk of cross infection.

Processes are required to ensure that all medical photography staff are fully informed if they are referred patients who have infectious conditions. Departmental cleaning protocols are in place for appropriate cleaning of equipment to take place in the department.

Other cleaning procedures will be followed as required, refer to protocol for cleaning equipment used at the eye centre following the photography of an infected patient.

Infection control advice is taken from the Lead Nurse within the Imaging division and also from the departmental infection control champions. Infection control champions attend training workshops when required.

Relevant infection control audits are carried out within the department as required. Staff will be updated on a regular basis regarding infection control issues/changes etc.

All dental mirrors and lip retractors used for oral surgery photography are cleaned by sterile services

6.8.4 Sterile Supplies
Facilities staff will deliver sterile stores from the central store to the medical illustration department.

6.8.5 Manual Handling
Refer to the Moving and Handling Policy.

The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

All doors need to be a minimum of 1.4 metres to allow for ease of movement of patients in wheelchairs, loads and large equipment. All floors need to be level to allow for ease of movement.
Any storage systems used must be of reachable height or have specially designed ladders to access high shelves safely.

The department stores large amounts of paper which is quite heavy and difficult to move. Therefore it is necessary to ensure that there is sufficient and appropriate storage to allow paper to be stored safely.

6.8.6 Imaging
Imaging will be requested by contact with the imaging service. It is anticipated that this will be via an IT referral system.

6.8.7 Interpreting Services
Interpreting services will be available and booked by clerical staff. Refer to the interpreting Services – Access and Delivery Policy

6.9 Non Clinical Services
6.9.1 IT
Electronic Patient record (EPR), hospital communications and ordering systems will be required with access at main reception, nursing points and office resource base.

6.9.2 Transport
This will be required to transport patients where applicable and will be booked by the clerical staff via a central booking process.

6.9.3 Porters Service
A porter’s service will be available and will be booked via telephone; wheelchairs will be used from the hub wheelchairs store.

6.9.4 General Store Delivery
Facilities Support services – Material handling section to be developed.

6.9.5 Catering
Patients will be able to access the public food courts/retail outlets.

6.9.6 Linen
A supply of linen is required for use in the studio this will be accessible from the central linen store located in the neighbourhood hub.

6.9.7 Domestic Service
Refer to the Hospital Cleaning Service Policy

6.9.8 Maintenance
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.

6.9.9 Security
Refer to the Security Policy
Expensive digital equipment will be kept in locked cupboards and storage areas when not in use.

6.9.10 Fire Procedure
Refer to the Fire Safety Management Policy
6.9.11 Waste Management

Refer to the Waste Management Policy

- All clinical waste will be disposed of in yellow clinical waste bags. These go for incineration.
- All used sharps to be placed in the ‘sharps’ bin.
- Soiled instruments should be returned to the decontamination unit for cleaning and re-sterilisation as per the decontamination operational policy. (available within the endoscopy suite).
- Non clinical waste to be placed in black rubbish bins.
- The Spillage Protocol will be adhered to regarding disposal of items used for dealing with spillages.
- Any confidential paperwork for disposal must go in the Hessian type bag identified for shredding material.
- Other paper waste relating to non confidential material can go in a black bag or the cardboard paper recycling boxes.
- Bins will have adequate space and sufficient collections to ensure that rubbish is not left on the floor, and bins should be a design which allows bags of rubbish to be placed in the bin safely.

7. CONSULTATION

An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to all urology consultants, nursing staff, clinical group management team and capital projects team for comments. The outcome of this consultation and the outcomes of the boot camp engagement process have been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS

Compliance with the requirements of the policy will be monitored by the medical illustration departmental manager.

9. TRAINING AND AWARENESS

Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the department and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY

The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.
11. REVIEW

This policy will be reviewed in three years time unless requires earlier review. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY

Institute of Medical Illustrators – National Guidelines

13. FURTHER ENQUIRIES

Contact the medical illustration manager for further information on the implementation of this policy.
Appendix A - Operational Policy Development/Distribution/History/Consultation

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<td>T. Faulkner</td>
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<td>J. Clarke</td>
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<td>J. Leahy</td>
<td>Right Care Right Here Divisional Lead</td>
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<td>D. Beale</td>
<td>Capital Projects Manager</td>
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<td>C. Titman</td>
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<td><strong>Name:</strong> G. Seager</td>
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### 6.0 Equipment

#### 7.0 Proposed Accommodation

1. Facilities Shared by all three Departments
2. Reception/Staff Base
3. Beverage Bay
4. Patient Changing - Ambulant
5. Subwait - Changed
6. Wait – Unchanged
7. Children's Play and Wait (5)
8. Bed/Trolley Waiting Area
9. Patient Sanitary Facilities
10. Clean Utility
11. Dirty Utility with Macerator
12. Resource Base
13. Domestic Services
14. Switchgear
15. Medical Gases – Local Store/Manifold
16. Store - Large

#### 7.2 Cardiology Diagnostics

1. Exercise Tolerance Testing/Echo Room
2. Echo Rooms
3. Ambulatory Monitoring Room
4. ECG Rooms
5. Pacing – Monitoring Room
6. Store - Large
7. Reporting Room
8. Clean Supplies
9. Office

#### 7.3 Clinical Neurophysiology

1. Nerve Conduction Studies
2. Consult/Examination Room
3. Electroencephalogram (EEG) – Patient Area
4. Electroencephalogram (EEG) – Recording Room
5. Store - Large
6. Reporting Room
7. Clean Supplies
8. Office
7.4 Respiratory Physiology

7.4.1 Respiratory Testing Room

7.4.2 Consulting Room for Sleep Diagnostics/Therapeutics

7.4.3 Walking Assessment

7.4.4 Store - Large

7.4.5 Reporting Room

7.5 Shared use of a Neighbourhood Hub

7.6 Shared use of an Administration Zone

8.0 Schedule of Accommodation

9.0 Glossary and Definitions
Disclaimer

This document has been prepared for use by Sandwell and West Birmingham Hospitals NHS Trust (SWBH) in connection with the titled project or named part thereof and should not be relied upon by any other person or used for any other project without an independent check being carried out as to it suitability and prior written authority of SWBH being obtained. Neither SWBH nor its advisors accept any responsibility or liability in connection with this document being used by any other person or being used for any other purpose other than the purpose for which it was commissioned nor do they accept any duty of care to any other person in connection therewith. Any person using or relying on this document for any other purpose agrees, and will by such use or reliance be taken to confirm his agreement, to hold SWBH and its advisors harmless from any and all losses and/or damages resulting there from.
1.0 Philosophy of Service

This policy details the facilities which the Sandwell and West Birmingham Hospitals NHS Trust requires for the Cardiology Diagnostics, Neurophysiological Diagnostics and Respiratory Physiology Diagnostics & Therapeutics facilities within the new acute hospital. The functionality of a number of the rooms to be provided should be in line with the standard rooms outlined within the Functional Brief.

Each department will be required to offer:

- Opportunities for multi-professional skills training;
- Good communication regarding patient interventions;
- Increased scope for collaborative interdisciplinary working.

The 3 separate departments comprise diagnostic and therapeutic components including:

- Functional investigation of the central and peripheral nervous systems;
- Evaluating the effects of pharmacological strategies;
- Monitoring disease progression/remission;
- Assessment of fitness/suitability for surgical intervention;
- One stop outpatient services for Neurology, Paediatrics and Trauma & Orthopaedic.

Patients may attend for the Respiratory, Neurophysiology or Cardiac Departments as part of an outpatient or inpatient episode. The aim will be that the number of attendances will be minimised, in accordance with individual clinical need, therefore an objective in service delivery will be to ensure that services are available and accessible to facilitate maximum outcomes from each visit. The use of equipment and facilities will be maximised to provide efficient and effective services.

The Trust has identified a number of key strategic design principles, which underpin the content of this and all other policies:

- Co-location of clinical support services to support individual specialties. Bespoke facilities will only be provided if the clinical support room is used by a single speciality and the volume of patients justifies the co-location.

It is recognised that the models of service delivery adopted will alter over time. It is therefore essential that the facilities provided for use by Cardiology Diagnostics, Clinical Neurophysiology and Respiratory Physiology Departments can respond to future changes in the technology surrounding the relevant services within each Department.
1.1 **Cardiology Diagnostics**

The Cardiology Diagnostic Service will provide a service to all patients who require cardiological investigations.

- Outpatient Service is located within the acute hospital site;
- Outpatient Services located within a Community setting (refer specific exclusions);
- In-patient Service provided from acute hospital site either on wards or by inpatients being transported to the Cardiology Diagnostic Department within acute hospital site during normal working hours.

The following Cardiology Diagnostics investigations for all patients regardless of speciality will be undertaken in the Physiological Measurement Department:

- Electrocardiograms – 12 lead and CSMs;
- Exercise tolerance tests;
- Echocardiograms – Transthoracic;
- Echocardiograms – Stress;
- Echo Bubble studies plus contrast studies;
- 24 hour electrocardiograms – application and analysis;
- 24 hour blood pressure monitoring – application and analysis;
- Event recorders – application and analysis;
- Pacemaker and devices clinic and follow-up.

Staff from Cardiology Diagnostic Department will support the cardiologists in the Cardiac Imaging Suite.

### 1.2 Clinical Neurophysiology

Clinical Neurophysiology Department within the new acute hospital form part of an integrated Physiological Measurement Facility. The facilities provided within the department are required to offer:

- A range of diagnostic procedures and therapeutic interventions delivered in timely manner;
- Contribute to patient pathway and improve patient outcomes;
- Cost effective Integration across primary and secondary care to ensure seamless management of the patient journey;
- Provide training opportunities and increase for multi-professional skills training;
- Appropriate communication regarding patient interventions;
- Increased scope for collaborative interdisciplinary working;
- A facility, which has a direct physical link to the Internal Hospital Street Network thus ensuring ease of access;
- Integration across primary and secondary care to ensure seamless management of the patient journey;
- A facility, which has a direct physical link to the Internal Hospital Street Network thus ensuring ease of access.
Patients will attend for Clinical Neurophysiology investigations from an Inpatient (from this and other Trusts), Outpatient attendance or via General Practitioner direct access. The service is provided across the whole of the West Midlands and is accessed by many acute, mental health and primary care Trusts and directly by General Practitioners. The service is accessed across the whole patient population including neonates and challenging adults. Most attendances are independent of other activities but there will be some one-stop clinics available in conjunction with neurology and Trauma and Orthopaedics (T&O).

A portable service is available for Electroencephalograms to all acute Trusts (24/7) for clinical emergencies, the equipment is stored within department and reporting takes place within reporting rooms in the department.

The reasons for referral will be any condition affecting the central and peripheral nervous systems or impacting upon those systems e.g. Epilepsy, Carpal Tunnel Syndrome, Degenerative disorders (Motor Neurone Disease etc), Multiple Sclerosis, encephalitis / encephalopathy’s. The investigations can be split into three main categories:

- Electroencephalography (EEG);
- Peripheral Neurophysiology (including EMG / NCS);
- Evoked potentials.

One epilepsy clinic (currently at Birmingham Treatment Centre) is provided for in conjunction with neurology with some patients accessing Electroencephalograms prior to the appointment. A one stop carpal tunnel service is provided in conjunction with T&O.

1.3 Respiratory Physiology

Respiratory Physiology Service comprises outpatient and inpatient services for patients aged 16 and upwards.

Inpatient service provided from acute hospital site either on wards or by inpatients being transported to the Respiratory Physiology Department.

The Respiratory Model of Care requires acute setting; Future developments will include direct access (which may increase activity but not change the functionality) and telemedicine. A major factor is the interaction between the physiologist and the patient to achieve the best possible results.

Respiratory Physiology provides a service to patients who are being transferred onto long term ventilation, both non-invasive and invasive), Obstructive Sleep Apnoea/Hypopnoea Syndrome and transfers from outreach teams for ventilation and CPAP.

Most investigations for sleep disordered breathing are performed in the patients’ home. Patients take the equipment home and do not stay overnight. The equipment required is small in size and will not impact on space requirements within the Department.

There a smaller number of inpatients requiring these investigations which are performed on the wards. No additional functionality is required at the bedside for this function.
The February 2008 appraisal for CPAP produced by NICE provided additional impetus to the use of new technology within the service.

Respiratory Physiology provides diagnostic investigations for:

- All respiratory patients;
- Cardiology patients;
- Rheumatology and connective tissue patients;
- Haematology patients;
- General Medicine;
- Pre-Operative Assessments;
- Referral from other Trusts for specialist investigations;
- Sleep Disordered Breathing.

Respiratory Physiology provides Assessment and Therapeutic Interventions within the department for:

- Obstructive Sleep Apnoea/Hypopnoea Syndrome;
- Central Sleep Apnoea;
- Overlap Syndrome;
- Obesity Hypoventilation;
- Patients with Respiratory Failure (Type I and II);
- Long Term and Ambulatory Oxygen;
- Patients requiring long term domiciliary Invasive ventilation via tracheostomy;
- Patients requiring Non Invasive Ventilation both acute and chronic.

2.0 Scope of the Planning Policy

2.1 Specific Exclusions

In developing the model of care a number of services have been identified as not appropriate for provision within the facilities and have therefore been specifically excluded from development within this specification.

- Current activity in Birmingham Treatment Centre.

Activity provided by the three departments will also be undertaken in Community settings.

The following Cardiology Diagnostics will be performed in the community setting with appropriate staffing:

- Electrocardiograms 12 lead and CSMs;
- Echocardiograms – transthoracic, bubble, stores, contrast;
- 24 hour electrocardiograms – application and analysis;
- 24 hour blood pressure monitoring – application and analysis;
• Event recordings – application and analysis
• Pacemaker and device follow up clinics.

The following Clinical Neurophysiology can be performed in the community setting with appropriate staffing:

• None

The following Respiratory Physiology Investigations will be performed in a community setting with appropriate staffing:

• Sleep studies already take place in the Community.

Whilst these functions may take place in the community it is anticipated that very little activity (numbers of patients) will occur in the community as a direct result of the low supply nationally of qualified practitioners who can perform the test. The second consideration is the cost of duplicated very expensive equipment and the reduction of efficacy.

2.2 Activity Figures

Refer to Activity and Capacity Model.

2.3 Hours of Operation

The facilities will be planned on the basis of the three Departments being operational up to 11 sessions per week, where a session is 3.5 hours. This is expected to be two sessions per day and one session on Saturdays. Typically a two session day will be from 08:00am until 18:00pm.

Neurophysiology and Cardiology clinics can be carried out during ‘out of hours’ and therefore the accommodation will need to be available until 20:00.

The Emergency EEG service, respiratory service plus cardiology on call, PPCI and devices. These departments will be required to operate 24/7 and clinical staff will require 24hr access to the Department for equipment and reporting.

2.4 Functional Content

The Cardiology Diagnostics, Clinical Neurophysiology and Respiratory Physiology Departments’ facilities will include the following:

2.4.1 Facilities shared by the three departments

Provided they are sized appropriately and allow each service to operate according to their policies without impinging upon each other. It should be noted that Clinical Neurophysiology has a high proportion of children as outpatients:
- Reception/Staff Base;
- Beverage Bay;
- Patient Changing / Shower;
- Patient Changing;
- Sub Waiting – Changed;
- Waiting Area – Unchanged;
- Children’s Play and Wait;
- Bed/Trolley Waiting Area;
- Patient Sanitary facilities;
- Clean Utility;
- Dirty Utility;
- Resource Base;
- Store Large;
- Domestic Services;
- Switchgear;
- Medical gases – local store/manifold.

2.4.2 Cardiology Diagnostics

- Exercise tolerance testing/Echo Room;
- Echo Rooms;
- Ambulatory Monitoring;
- ECG Rooms;
- Pacing - Monitoring Room;
- Store – Large;
- Reporting Room;
- Clean Supplies;
- Office.

2.4.3 Clinical Neurophysiology

- Nerve Conduction Studies;
- Consult/exam;
- Electroencephalogram (EEG) – patient area;
- Electroencephalogram (EEG) – recording room;
- Store – Large;
- Reporting Room;
- Clean Supplies;
- Office.

2.4.4 Respiratory Physiology

- Respiratory testing room;
- Consulting room for sleep diagnostics/therapeutics;
- Walking Assessment;
- Store – Large;
- Reporting Room.
2.4.5 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to support the clinical departments. In the case of the Cardiology Diagnostics, Clinical Neurophysiology and Respiratory Physiology Departments’ Cluster.

The Neighbourhood Hub will provide:

- Reception and waiting;
- Visitor welfare facilities;
- Staff welfare facilities;
- Facilities management – soft services.

2.4.6 Administration

The Trust advocates the use of Administration Zones (PPDD 19), which will be co-located with the clinical areas they support.

2.5 Common Planning Policies

This planning policy has been developed to be read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wish to ensure consistency of approach within the facilities and as such:

- Advocate the use of repeatable rooms, as such only bespoke rooms and exceptions will be described in detail within this departmental PPDD;
- The Trust proposes the use of Neighbourhood Hubs each of which will serve a number of departments and accommodate facilities shared between departments including facilities management.

3.0 Staffing

3.1 Staffing Profile (including management)

Refer to the Trust's staffing numbers.

3.2 Staff Development, Education and Welfare

Staff welfare facilities in the form of separate sex toilets showers and change are provided within the Neighbourhood Hub. Secure lockable storage is provided for personal property whilst staff are on duty.

There will be a variety of training taking place within the facilities, requiring a variety of shared and bespoke facilities. Training requirements have been identified and are included in the table [3.2] below.
Table [3.2] Training facilities required for Physiological Measurement

<table>
<thead>
<tr>
<th>Facility type</th>
<th>Shared</th>
<th>Bespoke</th>
<th>No of people</th>
<th>Frequency of use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology Diagnostics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting room</td>
<td>Yes</td>
<td>No</td>
<td>25 rooms</td>
<td>Intermittent</td>
</tr>
<tr>
<td>Repeatable Bookable Meeting</td>
<td>Yes</td>
<td>No</td>
<td>Up to 50</td>
<td>Intermittent</td>
</tr>
<tr>
<td>room</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Neurophysiology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting room</td>
<td>Yes</td>
<td>No</td>
<td>15</td>
<td>Intermittent</td>
</tr>
<tr>
<td>Respiratory Physiology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting room</td>
<td>Yes</td>
<td>No</td>
<td>20</td>
<td>Intermittent</td>
</tr>
</tbody>
</table>

4.0 Key Relationships

4.1 Departmental Relationships

The key objective is the provision of Physiological Measurement facilities, integrated with the Outpatient Department and therefore the following internal departmental adjacencies will be key:

- The facilities should be designed as a ‘cluster’ arrangement;
- A waiting area will be provided at the front of the facilities for patients prior to tests being performed;
- Sanitary facilities will be available directly accessible from the waiting area;
- An equipment store will be provided it should be accessed via a service corridor and from clinical areas as it, has extra equipment for use in the multi-use room.

Diagram [4.1] Key Adjacencies
4.2 Workflow

4.2.1 Patient Flows

Patients and their carers/escorts must be able to access the Physiological Measurement, without having to pass through any other patient or clinical area in order to do so. Patient’s condition will range from beds, incubators, stretcher, and assisted wheelchair user to the fully ambulant. The Trust would wish to ensure that all patients have equity of access and it must be recognised that the local population mirrors that nationally with an increasing proportion of older patients accessing healthcare. Typical patient flows are indicated in diagram [4.2.1].

Diagram [4.2.1] Patient flows
4.2.2 Staff Flows

Diagram [4.2.2] Staff flows

4.2.3 Goods Flows

Goods flows must be kept as separate from patient flows, by use of a service corridor. The services within these facilities will draw on the hospital for various supporting services including domestic services, portering, supplies and waste disposal (further details provided within the Facilities Management PPDD 24). Provision should enable the clinical staff to access support facilities without leaving the clinical areas. Typical goods flows are shown in diagram [4.2.3].
4.3 Interdepartmental Relationships

The facilities should be provided with linkages to the internal hospital street network, to ensure rapid and appropriate access for outpatients and their carers/escorts.

- Inpatient areas. There is likely to be a requirement for medical inpatients to access these facilities and therefore access via the internal hospital street network is essential to avoid external transport.

However patients from other Trust’s will be arriving via external transport and therefore need to access the department.

Access must also be provided for the movement of patients, and staff to other areas of the site and the delivery of bulk items. The relationships above have been summarised in the table [4.3].
Table [4.3] Interdepartmental relationships:

<table>
<thead>
<tr>
<th>Close to</th>
<th>PPDD</th>
<th>Reasons</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Entrance</td>
<td>PPDD 32</td>
<td>Ease of access &amp; Patient Transport</td>
<td>Essential</td>
</tr>
<tr>
<td>Outpatients Department</td>
<td>PPDD 14</td>
<td>Patient pathway</td>
<td>Essential</td>
</tr>
<tr>
<td>Inpatient areas</td>
<td>PPDD 02</td>
<td>Patient transfer</td>
<td>Essential</td>
</tr>
</tbody>
</table>

The Cardiology Diagnostics Service is accessed by all specialities, but the following are more prominent:

- Cardiology;
- Elderly Care;
- Emergency Department;
- AAAU;
- General Medicine;
- General Surgery
- Oncology.

The Clinical Neurophysiology service is accessed by most specialities but the following are more prominent:

- Paediatrics;
- Neurology;
- Trauma and Orthopaedics;
- General Medicine;
- Rheumatology;
- Mental Health.

The Respiratory Physiology service is accessed by most specialities but the following are more prominent:

- Respiratory Medicine;
- Rheumatology;
- Cardiology;
- Neurology;
- Clinical Haematology;
- ENT;
- Vascular Surgery.

5.0 Planning and Design Principles
The key design consideration is balancing the need for an appropriate patient flow with easy access, with the optimum sharing of support facilities.
5.1 Ambience and Decoration

The unit must be designed to meet the needs of the patients and staff, providing ease of access and an environment that enhances the reduction of anxiety and supports patient dignity. Design should balance the need for a substantial level of high tech equipment in the clinical areas with the need for a non-institutional environment in the support areas.

The facility is to be family-friendly and non-institutional with particular emphasis on the use of colour, art, contrast and texture to provide a stimulating, non-threatening environment for all patients regardless of ability or impairment. However, the décor must not contain patterns. Although clinical care will be delivered in this unit, from a patient perspective an environment which appears as non clinical as possible is desired with a pleasant outlook and it is important that an attractive and stimulating environment is provided. In particular, the route for patient journeys to and from the clinics must be given consideration.

The Trust would wish to utilise contrasting floor and door colours to help demarcate areas of “high sterility” for example individual bed bays or isolation rooms.

5.2 Wayfinding

Signage in the area should clearly demarcate clinical and non-clinical areas and indicate the direction of the specialty specific and general areas. Due consideration will be given to way finding as described in the Functional Brief.

5.3 Security and Observation

The facilities will be locked during out of hours subject to section 2.3 to prevent unauthorised access. Careful attention should be given to the design of waiting, ease of visual contact with colleagues.

The Trust’s Requirements in respect of Patient/Staff call systems is set out within Functional Brief Table [3.4B].

*The Trust’s requirements in respect of the communications network structure to support the security and call systems is set out within Functional Brief Section 3.4.*

5.4 Control of Infection

The approach to control of infection within the facilities can be referenced within the Functional Brief.

5.5 Manual Handling

The approach to Manual Handling can be referenced in the Functional Brief.
The ergonomics of all the facilities are to be capable of accommodating patients up to 47 stone. In addition the Respiratory testing room should accommodate patients up to 60 stone.

The Trust anticipates the use of mobile hoists not H-frames within these clinical rooms other than on 47 stone straight track hoist in echo cardiology.

Due to the ergonomics of the plethysomograph chambers within Respiratory Physiology patients are required to transfer themselves.

### 5.6 Fire and Safety

#### 5.6.1 Fire

Precautions against fire will be taken by staff working within the area. The Trust’s *Fire Safety Management Policy* must be adhered to and can be referenced within the Functional Brief.

The Fire precautions in respect of the local gas storage / manifold will require specific attention.

#### 5.6.2 Safety

The Clinical Neurophysiology and Cardiology facilities, provided in dedicated accommodation is required to be electrically screened and or not located in an electrically hostile area because of the nature of the work.

Equipment within the respiratory physiology areas is very sensitive to vibration.

#### 5.6.3 Radiological Protection

There are no specific issues of radiological protection to this PPDD.

### 5.7 Privacy and Dignity

The design should provide an environment, which respects the needs of all patients in terms of privacy and dignity as well as facilitating the delivery of good clinical practice and care.

There should be no noise spread between rooms, particularly to the neurophysiology areas where sleep tests are undertaken.

Significant noise is made in Respiratory Physiology and Cardiology Diagnostics in encouraging patients to perform breathing procedures required for the various tests and running on a treadmill for exercise tolerance testing. This can impinge on other services. Refer section [5.9.3] Acoustic Criteria.
5.8 **Environmental Parameters**

The design shall ensure that temperature and humidity control are in accordance with *HBN 12 Outpatients Department*. There is a requirement for the temperature all areas to be individually controllable and for certain areas to be adjusted outside of the parameters laid down in *HTM 03-01 Specialist ventilation for healthcare premises: Part A Design & Validation*. The minimum and maximum temperatures for these areas are shown below:

Generally, all public areas and areas not occupied by patients will be controlled by a Building Management System (BMS) to the requirements of *HTM 03-01 Specialist ventilation for healthcare premises: Part A Design & Validation*.

Temperature variation and high temperature upper limits must be mitigated against within Respiratory Physiology.

Temperature fluctuation results in excessive recalibration of lung function equipment. Gases (and that includes what we breathe in and out) vary in volume according to ambient temperature. Measurements have to be standardised by correct volumes to body temperature pressure standards.

Patients are routinely enclosed in sealed devices (whole body plethysmographs) for several minutes at a time. These get hot inside and if the ambient temperature is greater than (>22-23ºC) then it becomes very difficult to keep patients in them for the required time and as such complete the investigation.

5.9 **Environmental Criteria**

5.9.1 Natural Light

The Design Brief developed by the Trust advocates the use of both natural light and natural ventilation. The Functional Brief Section 5.6 sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

Black out is required to all evoked potential and sleep laboratories in neurophysiology and the echo and 24-hour tape rooms in cardiac investigations.

The following table sets out the requirements for bespoke natural light requirements within these departments.
Table [5.9.1] Natural Light Matrix

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Essential Desirable or None</th>
<th>External Wall</th>
<th>Atrium light</th>
<th>Borrowed light</th>
<th>Roof Light / Tube</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed Wait</td>
<td>Desirable</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Gas Manifold</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Exercise Testing</td>
<td>Essential</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>EEG – recording rooms</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Cardiology Diagnostic rooms</td>
<td>Desirable</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>EEG patient area - recording</td>
<td>Desirable</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>EMG/NCS/EP rooms</td>
<td>Desirable</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Respiratory and Consulting rooms</td>
<td>Desirable</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

5.9.2 Natural Ventilation

The Design Brief developed by the Trust advocates the use of natural ventilation. The Functional Brief Section 5.7 sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke environmental criteria within these departments.

Table [5.9.2] Environmental Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Temperature</th>
<th>ac/hr</th>
<th>Notes in respect of permissible derogations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Min °C</td>
<td>Max °C</td>
<td>Pressure &amp; filtration</td>
</tr>
<tr>
<td>Cardiology Diagnostics</td>
<td>18</td>
<td>25</td>
<td>F7 i</td>
</tr>
<tr>
<td>Cardiology Diagnostics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(all rooms)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Neurophysiology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurophysiology Rooms</td>
<td>18</td>
<td>25</td>
<td>F7 i</td>
</tr>
<tr>
<td>(all rooms)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory Physiology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory and Consulting rooms</td>
<td>21</td>
<td>23</td>
<td>F7 i</td>
</tr>
</tbody>
</table>

5.9.3 Acoustic Criteria

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief Section 5.8 sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.
The following table sets out the requirements for bespoke acoustic criteria within these departments.

**Table [5.9.3] Acoustic Criteria**

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Rating to be achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Shared Facilities</strong></td>
<td></td>
</tr>
<tr>
<td>Bed Wait</td>
<td>C</td>
</tr>
<tr>
<td>Gas Manifold</td>
<td>E</td>
</tr>
<tr>
<td><strong>Cardiology Diagnostics</strong></td>
<td></td>
</tr>
<tr>
<td>Exercise Testing</td>
<td>A</td>
</tr>
<tr>
<td><strong>Clinical Neurophysiology</strong></td>
<td></td>
</tr>
<tr>
<td>EEG – recording rooms</td>
<td>C</td>
</tr>
<tr>
<td>EEG patient area - recording</td>
<td>A</td>
</tr>
<tr>
<td>EMG/NCS/EP rooms</td>
<td>A</td>
</tr>
<tr>
<td><strong>Respiratory Physiology</strong></td>
<td></td>
</tr>
<tr>
<td>Respiratory and Consulting rooms</td>
<td>B</td>
</tr>
</tbody>
</table>

### 5.9.4 Medical Gas and Power Supply Requirements

The Design Brief developed by the Trust, Functional Brief Table [7.2.1] sets out the repeatable “bed head” service requirements, the table below sets out the bespoke requirements within these departments.

**Table [5.9.4] Medical Gas and associated power supply requirements**

<table>
<thead>
<tr>
<th>Room Type</th>
<th>O₂</th>
<th>N₂O</th>
<th>N₂O/O₂</th>
<th>MA₄</th>
<th>SAT</th>
<th>Vac</th>
<th>AGS</th>
<th>He/O₂</th>
<th>AVSU</th>
<th>Alarm</th>
<th>UPS</th>
<th>No. of Twin Sockets</th>
<th>Clinical Risk Category</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Shared Facilities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology Diagnostics (all rooms)</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>set</td>
<td>Y</td>
<td>N</td>
<td>6</td>
</tr>
<tr>
<td><strong>Clinical Neurophysiology</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EEG – Recording Rooms</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>set</td>
<td>N</td>
<td>N</td>
<td>6</td>
</tr>
<tr>
<td>EEG – Patient Area recording</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>set</td>
<td>N</td>
<td>N</td>
<td>6</td>
</tr>
<tr>
<td>EMG/NCS/EP rooms</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>set</td>
<td>N</td>
<td>N</td>
<td>6</td>
</tr>
<tr>
<td><strong>Respiratory Physiology</strong></td>
<td></td>
<td></td>
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**16 Cardiology, Neurophysiology & Respiratory Physiology**

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Reference should be made to the local gas manifold section [7.1.12] of this PPDD. A local dedicated and bespoke manifold room is required to serve respiratory physiology in terms of special gas mixtures, the standard mix is 0.3%CO, 0.3%CH₄, 0.3% C₂H₂, 21%O₂, balance Nitrogen.

5.10 **Flexibility**

The accommodation must enable flexible use and allow for changes in medical, diagnostic and therapy needs of patients; changes in models of care and or service delivery.

5.11 **IM & T**

Details of the active components associated with IM&T can be found in the Functional Brief Section 3.4 and schedule 8 part 3. It is assumed that the all patient records will be electronic and note entry and note review will take place within the clinical rooms.

The introduction of telemedicine for cardiology and respiratory physiology is likely to occur in the future and the IM&T solution must allow for this development.

Telemedicine links between neurophysiology and inpatient beds on Paediatrics and cluster with neurology beds.

5.12 **External Space and Courtyards**

Access to outside spaces (courtyards, gardens etc.) is essential for staff and patients.

6.0 **Equipment**

The specific requirements for the Physiological Measurement accommodation will be addressed through the equipment selection in accordance with the Equipment Responsibility Matrix in the Schedule 13.

The ADB Component Sheets schedule out the draft equipment list for list for Cardiology, Neurophysiology and Respiratory Physiology in accord with Schedule 13.

7.0 **Proposed Accommodation**

The schedule of accommodation has assumed a level of sharing based upon certain adjacencies stated. Should the design team not achieve the appropriate adjacencies it may be necessary to review the Schedule to ensure that full functionality is delivered.

The rooms described below are solely in respect of bespoke rooms or repeatable rooms, which require modification. For repeatable rooms refer to the Functional Brief.
Bidder’s attention should be made to the following publications:

- NSF for Coronary Heart Disease;
- NSF – Coronary Heart Disease chapter six dedicated to heart failure;
- NSF – Coronary Heart Disease chapter Eight Arrhythmias and Sudden Cardiac Death;
- Development of Implantable Cardioverter Defibrillators (ICD);
- NICE – New Technology Appraisal CPAP Continuous positive airway pressure for the treatment of obstructive sleep apnoea/hypopnoea syndrome;
- NICE – Implantable cardioverter defibrillators for arrhythmias: Review of Technology Appraisal 11;
- NICE – Use of NIV in Motor Neurone Disease. COPD strategy 2011
- NICE – TLOC, NICE Chest Pain. SCST, BCIS,BCS,LCCP,HRUK,BSE.

7.1 Facilities Shared by all three Departments

7.1.1 Reception/Staff Base

A repeatable 3 person reception together with a pneumatic tube station is required as set out in the Functional Brief Table [24] It should be located so that staff can oversee the waiting areas.

7.1.2 Beverage Bay

A repeatable beverage bay is required as set out in Functional Brief Table [24].

7.1.3 Patient Changing - Ambulant

Most patients will change within the room in which they are having their test. However two repeatable ambulant changing cubicles need to be provided located adjacent to the waiting areas.

Patients belongings will follow the patient for interventional procedures.

Details of the functionality required are set out within Functional Brief Table [24].

7.1.4 Subwait - Changed

Two repeatable waiting areas for 3 persons is required (one male and one female). Most patients will change within the room in which they are having their test. However, if patients who have changed are required to wait they will do so within this area.

Details of the functionality required are set out within section [5.5.1] and Table [5.5.1] of the Functional Brief.
7.1.5 Wait – Unchanged

A repeatable waiting area for 10 persons is required, details of functionality set out within Table [24] of the Functional Brief.

7.1.6 Children’s Play and Wait (5)

A dedicated repeatable 5 place children’s play and wait area is required, details of the functionality required are set out within Table [24] of the Functional Brief.

7.1.7 Bed/Trolley Waiting Area

A repeatable waiting area for 4 bed/trolleys is required. It is assumed that a patient escort will remain with the patients however this area should be immediately accessible to departmental clinical staff. Each space requires a standard bed head. For details of functionality required, refer PPDD 01 [7.11.2].

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.1.8 Patient Sanitary Facilities

A pair of repeatable OSFA facilities are required within each of the clinical areas co-located with the changing area as set out within the Functional Brief Table [24].

7.1.9 Clean Utility

A repeatable clean utility is required as set out in the Functional Brief Table [24].

7.1.10 Dirty Utility with Macerator

A repeatable dirty utility with macerator is required as set out in the Functional Brief Table [24].

7.1.11 Resource Base

A repeatable resource base is required in line with the Functional Brief Table [24]. This room should be co-located with the reception.

7.1.12 Domestic Services

A repeatable domestic services room is required in line with the Functional Brief Table [24].

7.1.13 Switchgear

Two repeatable switchgear cupboards are required to serve the whole department as set out in the Functional Brief Table [24].
7.1.15 Medical Gases – Local Store/Manifold

A local dedicated and bespoke manifold room is required to serve Respiratory Physiology in terms of special gas mixtures, which are routinely used for measurement of Diffusion, Pulmonary Capillary Blood Flow. The storage of bulk / space (capacity for a 2 month refill period), as gas suppliers make these gas mixtures in batches will be within the main medical gas facilities (viz. PPDD 35). It is anticipated that the spatial requirements will be based upon the repeatable linen room (Functional Brief Table [24]) and access from the corridor with a twin bottle manifold assembly.

The Trust’s Environmental Requirements are detailed in section [5.0] of this PPDD.

Details of the medical gases required can be referenced in section [5] of this PPDD.

7.1.16 Store - Large

A repeatable store in line with the Functional Brief Table [24] is required.

7.2 Cardiology Diagnostics

7.2.1 Exercise Tolerance Testing/Echo Room

A bespoke Exercise Tolerance Testing room is required. This should be based upon the principles set out within Functional Brief Table [24] based on a repeatable ultrasound room. The Zone for assessment being increased in width from 3250mm to 3900mm to include the following:

- Examination Couch;
- Treadmill & associated recording equipment together with a resuscitation trolley and defibrillator adjacent to the WHB assembly;
- Trolley for DSE Kit.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.2.2 Echo Rooms

Two bespoke Echo rooms are required. These should be based upon the principles set out within Functional Brief Table [24], based on a repeatable ultrasound room. Including:

- Workstation Assembly;
- WHB & PPE Station;
- Cubicle Curtain Track;
- Weighing and height station.

The functionality for this room is based on a repeatable Ultrasound Room, details for which can be referenced in the Functional Brief Table [24].
- In addition, “bed head” services described in Functional Brief Section [24] (ultrasound) is required.

One room should be equipped with a straight 47 stone straight track hoist for manual handling.

### 7.2.3 Ambulatory Monitoring Room

A repeatable Ambulant Monitoring room is required. This should be based upon the functionality set out within Functional Brief Section [24] consulting examination room – single sided.

### 7.2.4 ECG Rooms

Two repeatable ECG rooms are required. These should be based upon the Functionality set out within Functional Brief Section [24] for a repeatable Ultrasound Room. Including:

- Workstation Assembly;
- WHB & PPE Station;
- Cubicle Curtain Track;
- These rooms will require electrical screening.

### 7.2.5 Pacing – Monitoring Room

A repeatable Pacing - Monitoring room is required. This should be based upon the functionality set out within Functional Brief Section [24] for a Consulting Examination Room. Including:

- Workstation Assembly;
- WHB & PPE Station;
- Cubicle Curtain Track;
- This room will require electrical screening.

### 7.2.6 Store - Large

A repeatable large Store is required as set out within the Functional Brief Table [24].

### 7.2.7 Reporting Room

A repeatable reporting room is required in line with the Functional Brief.

### 7.2.8 Clean Supplies

A repeatable store is required for clean supplies. The functionality should be based upon a repeatable clean utility room as set out in the Functional Brief Table [24].

### 7.2.9 Office

A repeatable single person office is to be provided, in line with the Functional Brief Table [24].
7.3 **Clinical Neurophysiology**

7.3.1 **Nerve Conduction Studies**

A bespoke multi-purpose room, to be utilised for nerve conduction studies EMG, EMP and EP is required. This should be based upon the Trust's repeatable consult exam room which can be referenced within the Functional Brief appendix [3] diagram [23.1] including:

- Workstation Assembly;
- WHB & PPE station;
- Cubicle curtain track.

Space is required for the special couch used in upper and lower tests, together with equipment, which rotates around the patient.

Specific high levels of sound insulation are required to the room which are described in Functional Brief Section 5.8.

The Trust's environmental requirements are described in Section 5 of this PPDD.

This room requires electrical screening.

7.3.2 **Consult/Examination Room**

A repeatable consultation / examination room will be provided in line with the Functional Brief Table [7.2].

7.3.3 **Electroencephalogram (EEG) – Patient Area**

A bespoke room based upon the principles a repeatable consult/exam room as described within the Functional Brief Table [24]. Including:

- Workstation Assembly;
- WHB & PPE station;
- Cubicle curtain track.

In addition to bed access from the general circulation this room requires direct access to the adjoining recording rooms together with a glazed viewing screen with integral blackout blinds.

- The Trust’s environmental requirements are described in Section 5 of this PPDD. This room requires electrical screening and blackout.

It is anticipated that this room will allow all electroencephalograms including sleep electroencephalograms to be undertaken. Split screen video and two way audio is required from this facility with the adjoining recording room. This room needs to provide a soundproofed, quiet environment for the purpose of patient sleep testing.
7.3.4 Electroencephalogram (EEG) – Recording Room

A bespoke recording room is required as an adjoining sub-room to the Electroencephalogram (EEG) - Patient Area (7.3.3) with connecting doors and windows to view patients but with the ability to darken the room (dimmer required for varying light re patient needs) and to communicate with patient via intercom if doors closed.

The Trusts Environmental requirements are described in section 5 of this PPDD.

7.3.5 Store - Large

A repeatable large store is required for storage of equipment in line with the Functional Brief Table [24].

7.3.6 Reporting Room

A repeatable reporting room is required in line with the Functional Brief Table [24].

7.3.7 Clean Supplies

A repeatable store is required for clean supplies. The functionality should be based upon a repeatable clean utility room as set out in the Functional Brief Table [24].

7.3.8 Office

A repeatable single person office is to be provided, in line with the Functional Brief Table [24].

7.4 Respiratory Physiology

7.4.1 Respiratory Testing Room

A bespoke room is required for General Respiratory Physiology Testing; This should be based upon the Trust’s repeatable consult exam room which can be referenced within the Functional Brief Table [24].

Including:

- Workstation Assembly;
- WHB & PPE Station;
- Cubicle Curtain Track.

Space is required for wheelchair access to the testing equipment, accommodate up to 2 relatives /carers, and 1 trainee to observe, together with space for the physiologist to operate the testing system.
Storage cupboards and drawers for accessories, spare parts and consumables should also be provided.

In addition to the repeatable consulting / examination “bed head” services described in Section 5 of this PPDD, piped medical gas provision is required to serve the whole body plethysmograph chamber as follows:

- Oxygen;
- Medical air (4 bar);
- Special Gas (refer Medical Gas manifold room [7.1.15]).

The Trust’s environmental requirements are described in Section 5 of this PPDD.

7.4.2 Consulting Room for Sleep Diagnostics/Therapeutics

A bespoke room is required for sleep diagnostics and therapeutics. This should be based upon the Trust’s repeatable consulting examination room which can be referenced within the Functional Brief section [24]. The following changes are however required:

- Additional storage facilities;
- Additional IT equipment which comprises the Reporting Stations.

7.4.3 Walking Assessment

Field Exercise Testing is commonly used for investigation and assessment of a variety of conditions including Ambulatory Oxygen Assessment. An area is required with a minimum walking distance of 30 metres. The Trust acknowledges the size of this facility and as such would propose that the departmental corridor is increased in width to a minimum of 2400mm to allow this to take place within the departmental circulation space. (The SoA has been developed as an extra over space on this basis). A further widening of the space is required at both ends to accommodate the following:

- Chair;
- Calibrated weight & height assembly;
- Administration / reporting area.

7.4.4 Store - Large

A repeatable large store is required as set out in the Functional Brief Table [24]. This room will be used to store stores ad equipment.

7.4.5 Reporting Room

A repeatable reporting room is required in line with the Functional Brief Table [24].
7.5 **Shared use of a Neighbourhood Hub**

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to the clinical departments. In the case of Cardiology Diagnostics, Clinical Neurophysiology and Respiratory Physiology:

- Reception and waiting;
- Toilets – visitor;
- Wheelchair store;
- Staff changing facilities including showers;
- Staff toilets;
- Staff rest room;
- Beverage bay;
- Reprographics;
- Seminar room;
- Disposal hold;
- IT hub;
- Domestic services room;
- Domestic services store;
- Switchgear room;
- Sterile supplies store.

7.6 **Shared use of an Administration Zone**

Cardiology Diagnostics, Clinical Neurophysiology and Respiratory Physiology Departments will make use of an Administration Zone.

The functional requirements are fully described within PPDD 19 Administration and are summarised below:

- Reprographics;
- Social area;
- Beverage bay;
- Office – open plan;
- Store – small;
- Library;
- Quiet rooms (for breakout);
- Seminar room;
- Domestic services room;
- Switchgear.

8.0 **Schedule of Accommodation**

The schedule of accommodation has been developed for the totality of the scheme as a series of tables. This schedule is appended to Schedule 8 part 3.
9.0 Glossary and Definitions

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
MIDLAND METROPOLITAN HOSPITAL

16a
CARDIAC DIAGNOSTIC DEPARTMENT
OPERATIONAL POLICY
MIDLAND METROPOLITAN HOSPITAL
CARDIAC DIAGNOSTICS
OPERATIONAL POLICY

KEY POINTS

1. The Cardiology Diagnostic Service will provide a service to all patients who require cardiological investigations.

2. The service will operate between 0.900 – 17.00 hours Monday to Friday.

3. To provide high quality timely interventions / investigations from all specialities requiring cardiology diagnostics.

4. Ensure effective communication regarding patient interventions.

5. To provide opportunities for multi-professional highly trained staff with specialist and specific skills that have undergone vigorous training.

6. Increased scope for collaborative interdisciplinary working.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
### Contents

1. Introduction  
2. Other policies to which this policy relates  
3. Glossary and definitions  
4. Policy Development Principles  
5. Roles and Responsibilities  
6. Service Description/Schedule of Accommodation  
7. Consultation  
8. Auditable standards/monitoring effectiveness  
9. Training and awareness  
10. Equality and Diversity  
11. Review  
12. Reference documents and bibliography  
13. Further enquiries  

### APPENDICES

- **Appendix A**  Patient Pathway  
- **Appendix B**   Operational Policy Development/Distribution/History/Consultation
1. **INTRODUCTION**

1.1 The Cardiology Diagnostic Service will provide a service to all patients who require cardiological investigations.

1.2 The following Cardiology Diagnostics investigations for all patients regardless of speciality will be undertaken:

- 12 Lead Electrocardiograms
- Carotid Sinus Massages.
- Exercise Tolerance tests
- Echocardiograms – Transthoracic
- Echocardiograms – Stress
- Echocardiograms Bubble and Contrast studies
- 24 hour electrocardiograms – application and analysis
- 24 hour blood pressure monitoring – application and analysis
- Event recorders – application and analysis
- Reporting of all the above tests (to take place in the reporting room)
- Pacemaker and devices checks-remote and F2F

2. **OTHER POLCIES TO WHICH THIS POLICY RELATES**

- Infection Control Policy (CO1001) (SWBH)
- Infection Control Policy on the Decontamination of Equipment (SWBH/COI/029)
- Interpreting Services (ORG076)
- Privacy and Dignity and Respect Policy (Pt Care 060)

3. **GLOSSARY AND DEFINITIONS**

3.1 ETT – Exercise Tolerance Test

3.2 ECG - Electrocardiogram

3.3 ECHO - Echocardiogram

4. **POLICY DEVELOPMENT PRINCIPLES**

4.1 This policy is designed to assist all healthcare professionals involved in the care of all patients attending for investigation(s) and outlines the purpose and function of the cardiac diagnostic service.

4.2 To ensure all staff using the facility understand the philosophy of the service and work as a team providing family friendly care to patients and the provision of a service that is fair, accessible and meets the needs of all individuals

4.3 To deliver hospital services that meet the needs of patients and their families/carers, and provide effective and safe care, through appropriately trained and skilled staff working in suitable, friendly, and safe environments.

4.4 Patients and their families/carers should be treated with respect and given support and information to enable them to understand and cope with the illness or injury, and the treatment needed.
4.5 That patients are encouraged to be active partners in decisions about their health and care, and be able to exercise choice.

5. ROLES AND RESPONSIBILITIES

The clinical service will be delivered through a multidisciplinary team that comprises of:

5.1 Service Manager
Responsible for the day to day management of the department, services provided, clinical care, acting as expert, leader, assessor and mentor.

5.2 Cardiac Physiologists and Cardiographers
Undertake diagnostics procedures and cardiac physiologist undertake the reporting of subsequent results.

5.3 Clerical Staff
Clerical staff within the cardiac diagnostic department will provide the administrative clerical duties to complete the smooth running of the department. Reception staff provided by the Medical Records department will support the reception desk and carry out receptionist clerical duties, obtain computerised results and operate appointment systems.

6. SERVICE DESCRIPTION/SCHEDULE OF ACCOMMODATION

6.1 Hours of Service
The service will operate between 0.900 – 17.00 hours Monday to Friday.

This may be extended if initiative clinics are provided and sufficient staffing compliment. 24 hour access may be required for access to pacing/devices/notes, or to access an echo machine for echocardiograms.

6.1.2 Referral Process
In-patient referrals from all specialities are received via phone, fax or electronically.

Appointments are made by cardiology clerical staff who are trained in the use of CVIS (TOMCAT), the staff are multi skilled and include a variety of clerical duties specific to cardiology (e.g. CVIS diaries; CRT booking; home monitoring; ICD paperwork, audit data collection for the DOH etc)

6.1.3 Patient Pathway
Out Patients may arrive by ambulance, car, and public transport or on foot and will often have an escort. The Cardiac Diagnostic Department is signposted from all points of entry into the hospital and site maps and helpdesks are located at all points of entry.

Clear signage is provided to ensure all patients, as well as patients with low vision, are easily able to follow.

Car parking spaces for patients with disabilities are available and clearly signposted in the car park.

Departments are clearly signposted as they enter the building. If patients are unsure, there is an information desk where staff will be able to provide guidance.

There is further signage, in both corridors and lifts, around the hospital leading patients to the
different departmental locations.

Inpatients are escorted to the department by a porter and/or a member of nursing staff.

6.2 Accommodation

6.2.1 Staff Base/Reception (shared)
The reception areas will be shared with Respiratory Physiology and Neurophysiology; one reception will be provided managing all patients on arrival to department.

6.2.2 Waiting Area/Child Wait/Play (shared)
The waiting areas consist of 1 unchanged wait for 10 persons, changed wait with wheelchair area and a child wait and play for 5. This area will require entertainment in the form of TV.

6.2.3 Patient Bed / Trolley Wait (shared)
This area is located adjacent to the reception area. The staff at reception will need to be able to observe patients in this area. Clinical bed head gasses will be required these include oxygen, suction and emergency call.

6.2.4 Changing Rooms (shared)
These 2 changing rooms are equipped with lockable patient lockers for patient’s clothes and must be large enough for one person changing at one time and large enough to accommodate a wheelchair patient and 1 carer if required.

6.2.5 En-suite/Assisted Shower Room (co-located to exercise tolerance test room)
A shower room with assisted shower is provided for patients who require a shower after their procedure/exercise stress test.

6.2.6 Patient Sanitary Facilities
Male and female sanitary facilities will be easily accessible from the waiting area and will be large enough to accommodate a wheelchair and helper these facilities will need to accommodate people who have disabilities and will have hand washing facilities

6.2.7 Echo Rooms
The echo rooms (minimum 20m2 – BSE guidelines) are used to undertake echocardiograms, standard, contrast bubbles, stress, and CRT optimisation. Need to be undertaken in a darkened room with dimmer switch or adjustable lighting. There will be the patient and possible escort, cardiac physiologist and maybe a trainee in the room. The test is an ultrasound scan of the heart and takes about 45 min per echo. These scans are downloaded through the network to Medcon, and reported in the reporting room to allow efficient patient workflow. The echo machines generate a lot of heat so the room needs to be independently capable of adjusting the temperature to cooler settings. They also need to be performed in the dark. Preferably in an internal room with no windows, otherwise a blackout facility is required.

6.2.8 Ambulatory Monitoring Room
The ambulatory monitoring room is to be used to apply and remove 24 hour ECG recorders, 24 hour BP recorders and also cardiac event recorders. A patient, sometimes carer or relative, the cardiac physiologist and on occasion a trainee will be in the room during the procedure.

24 hour ECG/24 hour BP is attached whilst explaining what it is and what is required on day one. The patient returns the following day to have it removed and ask if they had symptoms.

Event recorders are attached for 4 weeks so explanation given on how to manage it and how to change their batteries, how to remove for bathing and how to replace. This process takes about 30 minutes to apply and 5 minutes to add on their return. The recordings from all above devices are downloaded and reported in the reporting room to allow efficient patient workflow.
6.2.9 ECG Room
The ECG room is used to undertake 12 lead ECG recordings. In the room is cardiographer, the patient who is having the ECG, and on occasion an additional person learning how to perform an ECG. Each ECG takes approximately 10 minutes and up to 50 ECG’s can be completed per day. ECG’s are transmitted wirelessly to the Cardiology IT system Sentinel, which are then reported in the reporting room to allow efficient patient workflow.

6.2.10 Pacing Room
The pacing room is used for pacemaker and devices checks and reprogramming. Two cardiac physiologists, plus patient, sometimes carer or relative are present in the room. Each pacemaker check takes about 20 minutes. Home monitoring will take place where patients are assessed remotely in the clinic room via a workstation. Tests are carried out using programmers on trolleys (resuscitation trolley size).

6.2.11 Exercise Tolerance/Echo Room
The exercise tolerance test room will undertake exercise tolerance tests. At least 2 ILS trained Cardiac Physiologists **MUST** be present (or 1 plus a Doctor) with the patient. They are dressed for walking/running i.e. suitable footwear, tee shirt, shorts or loose clothing. The patient and machines generate a lot of heat so the room needs to be independently capable of adjusting the temperature to cooler settings. This is a **HIGH RISK** procedure with a potential for some patients to go into a cardiac arrest. These patients may need to go immediately to catheter lab so adjacency is desirable.

It must be equipped with an emergency pull and alarm; piped oxygen and suction; a defibrillator, and resuscitation trolley. Echo machine and trolley for DSE kit.

The patient walks or/and runs on a treadmill for as long as they can until they have symptoms or are too exhausted to carry on, or reach the criteria for the end of test. The test can take approx 40 – 50 minutes, depends how long they exercise. Some patients will need to be admitted to an acute ward setting following this test due to potentially life threatening results.

The noise generated by patients during exercise should not be audible in adjacent rooms. Floors need to withstand the combined weight of bariatric patients and exercise treadmills.

The patient and machines generate a lot of heat so the room needs to be independently capable of adjusting the temperature to cooler settings. Black out facility or dimmer to control lighting.

6.2.12 Reporting Room
The reporting room is needed to analyse 24 hour ECG, 24 hour BP’s and Event recorders and echocardiograms. The systems used are the Sentinel; Cardioconnect, and Medcon workstations. Several cardiac physiologists, sometimes with a trainee will analyse 24 hour ECG, 24hr BP, CER’s and echo recordings this takes about 30mins per recording (average). There will be 5 workstations with the computers in this room. Several staff members will be reporting in the room. The area is separate to the clinical rooms where the analysis and reports of the tests take place. As some reports can take up to an hour, it allows the steady patient workflow to not be interrupted in the clinical rooms. Some reporting is done in the dark, therefore adjustable lighting control is needed to dim the lighting when required.

6.2.13 Resource Base (Shared)
This area will be used by staff in this area for clinical recording and managing patient flow.

6.2.14 Office for Department Manager (Shared)
This room will be used by the clinical team to allow them to carry out all activities that support the clinical management of the service. One to one meetings with staff, clinicians and other managers will be held here.
A wall mounted key safe with electronic digital lock will be located here to store controlled drug keys and drug cupboard keys.

6.2.15 Dirty Utility (Shared)
This dirty utility room as detailed within the Functional Brief will contain a range of waste streams with waste disposal unit and sink. It will contain cupboards for storage, specimen containers and facilities for testing urine.

Contaminated instruments will be held here temporarily following procedures until collected for decontamination. There will be a locked cupboard to accommodate dirty linen clinical waste. This will be removed from the department on a daily basis in line with Trust policy.

6.2.16 Clean Utility (Shared)
This clean utility as detailed within the Functional Brief will be in close proximity to the treatment and procedure rooms. It includes a work surface/ drug preparation area and will accommodate a module storage unit for sterile clinical stock and intravenous fluids. There will be storage for dressing trolleys under the preparation area, and a clinical wash hand basin with non-touch taps. A standard drug fridge and lockable cupboard storage is required for drugs.

In addition a locked cupboard for housing flammable items and CoSHH products is required. Refer to Facilities Trust Managed Services Whole Hospital Policy for details of re-supply.

6.2.17 Store
This large store room will be used to store stocks of consumables. Access to shared storage for non-essential items.

6.2.18 Domestic Services Room (Shared)
A generic Domestic service stores is required the functionality for which is detailed within the Functional Brief there is sufficient storage space for a vacuum cleaner and scrubbing/polishing machine for hard floors. CoSHH requirements for the storage of cleaning materials will be adhered to.

6.2.19 Administration
On occasions there may be a need for administration staff to use the administration area in the neighbourhood hub.

6.2.20 Staff Changing Facilities
These are located within the neighbourhood hub as detailed within the Functional Brief.

6.3 Interdepartmental Relationships
- Cardiac Imaging (Catheter Laboratory)
- Cardiology Ward

6.4 Business Continuity
6.4.1 Escalation
Initiative clinics will be utilised if required and where appropriate planned tests will be transferred to the other trust sites if there is sufficient capacity.

6.4.2 Major Equipment
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit.
If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure.

A loan of equipment is provided if repairs cannot be rectified immediately.

In the event of serious systems failure and immediate repair or loan equipment not being possible, then the department manager will consult with the medical staff and Clinical Group Director to cancel clinics accordingly.

6.5 Major Incident
Refer to:
- Major Incident Plan
- Evacuation Plan

Each area will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

6.6 Regulatory Requirements
- British Cardiac Society guidelines.
- Society for Cardiological Science and Technology.
- British Society of Echo cardiographers.
- Work to local and national procedures/guidelines.

6.7 Clinical Support Services

6.7.1 Pharmacy
Refer to Pharmacy PP&DD No 18 and Operational Policy which describes the Pharmacy services. General pharmacy supplies will be ordered electronically and be controlled using a material handling systems.

6.7.2 Infection Control
Where applicable the service will take mobile machinery to the patient in isolation where appropriate and possible.

6.7.3 Sterile Supplies
Facilities staff will deliver sterile stores from the central store to the department.

6.7.4 Manual Handling
Refer to the Moving and Handling Policy.

The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.
6.7.5 Interpreting Services
Interpreting services will be available and booked by clerical staff. Refer to the interpreting Services – Access and Delivery Policy

6.8 Non Clinical Services
6.8.1 IT
Electronic Patient record (EPR), hospital communications and ordering systems will be required.

6.8.2 Transport
This will be required to transport patients where applicable and will be booked by the clerical staff via a central booking process.

6.8.3 Porters Service
A porter’s service will be available and will be booked via telephone; wheelchairs will be used from the hub wheelchairs store.

6.8.4 General Store Delivery
Facilities Support services – Materials handling section to be developed.

6.8.5 Catering
Refreshments will be required for patients who may be located in the department for a long period of time for investigations. Drinking water is required as standard for all patients, as clinically applicable.

The service will need to be able to access hot/cold drinks and sandwiches for lunch for patients spending prolonged period of time in the department.

6.8.6 Linen
Linen will be delivered to the central linen store and is required to be delivered and stocked for use in all of the rooms; this will include sheets, pillow cases, blankets and patients gowns.

Dirty Linen will need to be collected from the department on a daily basis.

6.8.7 Domestic Service
Refer to the Hospital Cleaning Service Policy

6.8.8 Maintenance
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.

6.8.9 Security
Refer to the Security Policy

Rooms will be locked when not in use to secure valuable equipment.

Security Guard Service
- Security officers will be available 24 hours 365 days per year. Their prime responsibility will be to provide a safe, secure environment by maintaining the safety of all persons and property on the site. This includes the protection of patients, staff, service providers and visitors against violent acts or abuse; theft; criminal damage; malicious tampering and arson. The essence of the security service will be to provide effective crime prevention measures and a quick response when required, in respect of any security related issue.
Emergency Call System
- Emergency Call System will be required in all rooms as most staff work alone with patients in sound proof room and may need urgent assistance for either the patients or themselves if at risk.
- The Emergency Call System is linked to both the Reception Desk and the Security Base. Security staff will respond to the alarm and take whatever action is necessary to ensure the safety of the Trust’s staff/ refer to the Functional Brief.

6.8.10 Fire Procedure
Refer to the Fire Safety Management Policy

6.8.11 Waste Management
Refer to the Waste Management Policy
- All clinical waste will be disposed of in yellow clinical waste bags. These go for incineration.
- All used sharps to be placed in the ‘sharps’ bin.
- Soiled instruments should be returned to the decontamination unit for cleaning and re-sterilisation as per the decontamination operational policy (available within the endoscopy suite).
- Non clinical waste to be placed in black rubbish bins.
- The Spillage Protocol will be adhered to regarding disposal of items used for dealing with spillages.
- Any confidential paperwork for disposal must go in the Hessian type bag identified for shredding material.
- Other paper waste relating to non confidential material can go in a black bag or the cardboard paper recycling boxes.
- Bins will have adequate space and sufficient collections to ensure that rubbish is not left on the floor, and bins should be a design which allows bags of rubbish to be placed in the bin safely.

7. CONSULTATION
An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to all departmental staff, clinical group management team and capital projects team for comments. The outcome of this consultation and the outcomes of the boot camp engagement process have been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS
Compliance with the requirements of the policy will be monitored by the Cardiac Diagnostic Departmental Manager.

9. TRAINING AND AWARENESS
Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the cardiac diagnostic unit and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY
The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. REVIEW

This policy will be reviewed in three years time. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY

13. FURTHER ENQUIRIES

Contact the Clinical Lead for Cardiac Diagnostics for further information on the implementation of this policy.
APPENDIX A - Patient Pathway

Patients will be referred to the Department from Hospital Clinicians and GP’s.

- In-patients with nurse escort

- Outpatients (accompanied by 2 persons maximum)

- Patient(s) report reception desk (shared with cardiology and respiratory)

- Patient greeted by receptionist, appointment details validated and patient directed to sub-waiting area. Clinical staff notified of patients arrival

- Patient called into treatment area and changes into gown (if required)

- Changing as appropriate

- Test takes place here

- Shower and change post ETT

- Escorted from department

- Receptionist contacts portering staff

- Back to Dr in clinics for results OR Booking of further appointment if required at main reception

- Leave Hospital

- Patient escorted back to ward
# APPENDIX B Operational Policy Development/Distribution/History/Consultation

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<tr>
<td>R. Ahmad</td>
<td>Clinical Director Cardiology</td>
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<tr>
<td>L. Tyler</td>
<td>Cardiac Diagnostics Manager</td>
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<tr>
<td>N. Price</td>
<td>Senior Cardiac Physiologist</td>
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<tr>
<td>R. Naylor</td>
<td>Senior Cardiac Physiologist</td>
</tr>
<tr>
<td>J. Dunn</td>
<td>2010 Implementation Director</td>
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<tr>
<td>R. Kinnersley</td>
<td>Head of Capital Projects</td>
</tr>
<tr>
<td>S. Slater</td>
<td>Capital Projects Manager</td>
</tr>
<tr>
<td>J. Clark</td>
<td>Service Redesign Manager</td>
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<tr>
<td>A. Burge</td>
<td>Clinical Lead Neurophysiology</td>
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<tr>
<td>S. Corless</td>
<td>Service Redesign Manager</td>
</tr>
<tr>
<td>P. Scott</td>
<td>Capital Projects Manager</td>
</tr>
<tr>
<td>S. Mosses</td>
<td>Ergonomics Advisor</td>
</tr>
<tr>
<td>R. Evans</td>
<td>Lead Nurse Infection Control</td>
</tr>
<tr>
<td>P. Finch</td>
<td>Security Advisor</td>
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<tr>
<td>L. Tyler</td>
<td>Cardiac Diagnostics Manager</td>
</tr>
<tr>
<td>M. Lang</td>
<td>Respiratory Physiology Deputy Manager</td>
</tr>
<tr>
<td>N. Price</td>
<td>Senior Cardiac Physiologist</td>
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MIDLAND METROPLITAN HOSPITAL

No. 16b
RESPIRATORY PHYSIOLOGY DEPARTMENT
OPERATIONAL POLICY
KEY POINTS

1. To provide diagnostic investigations, therapeutic interventions, monitor the effects of therapeutic interventions both pharmacological and non-pharmacological.

2. To provide patient support in a timely manner for those patients with known or suspected pulmonary and other pathologies.

3. To provide timely access to clinical assessments and interventions.

4. To provide timely reporting of such interventions.

5. To ensure services are provided with privacy and dignity.

6. To work effectively within the multi disciplinary team.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
### Contents

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### APPENDICES

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1. **INTRODUCTION**

1.1 The Respiratory Physiology Service is an integral part of the Department of Thoracic Medicine.

1.2 Respiratory Physiology provides diagnostic investigations for following patient groups:
- Respiratory
- Cardiology
- Rheumatology and Mixed Connective Tissue Disease
- Haematology
- General Medicine
- Neurology
- Pre-Operative and Invasive Procedure Assessment (e.g. CT guided biopsy)
- Referrals from other Trusts for specialist investigations (e.g. Cardiopulmonary Exercise, Bronchial Challenge
- Sleep Disordered Breathing

1.3 The service provides high quality diagnostics to:
- Assist in the early and accurate diagnosis of any respiratory disorders including those which arise during sleep.
- The management of diagnosed respiratory pathologies by pharmacological or other means.
- The treatment of sleep disordered breathing using state of the art Constant Positive Airway Pressure (CPAP), and Non Invasive Ventilation (NIV) therapies and assessment,
- Provide long term monitoring of cognitive impairment in those with sleep disordered breathing.
- To provide diagnostic investigations, therapeutic interventions, monitor the effects of therapeutic interventions both pharmacological and non-pharmacological.
- To provide patient support in a timely manner for those patients with known or suspected pulmonary and other pathologies.

1.4 The Respiratory Physiology service comprises diagnostic and therapeutic components including:
- Functional investigation of the respiratory system.
- Evaluating the effects of pharmacological strategies.
- Monitoring disease progression/remission.
- Assessment of fitness/suitability for invasive procedures including thoracic and cardiac surgery.
- Implementation, evaluation and monitoring of therapeutic strategies such as Constant Positive Airways Pressure, Non-Invasive Positive Pressure Ventilation and Assessment of Appropriate Drug Delivery Modalities.

1.5 The service is provided primarily to Birmingham and Sandwell with a small number of referrals originating from other areas of the country for specialist investigation such as cardio-pulmonary exercise studies, assessment of respiratory muscle dysfunction, bronchial challenge, and the diagnosis and therapeutic management of sleep disordered breathing; primarily obstructive sleep apnoea/hypopnoea syndrome.

1.6 The service will be delivered on three sites across the Trust, these are:
- The Midland Metropolitan Hospital will be focussed primarily on the provision of inpatient care.
- The Birmingham Treatment Centre (main department)
- Sandwell Treatment Centre (outpatient service)
1.7 There are outpatient and inpatient service components for patients aged 16 and upwards. Paediatric diagnostic investigations will continue to be provided by the specialist team at Birmingham Children’s Hospital.

1.8 Respiratory Physiology provides Assessment and Therapeutic Interventions within the department for:
- Obstructive Sleep Apnoea/Hypopnoea Syndrome
- Central Sleep Apnoea
- Overlap Syndrome
- Obesity Hypoventilation
- Patients in Respiratory Failure (Type I and Type II)
- Long Term and Ambulatory Oxygen
- Long term invasive ventilation via tracheostomy in a non-hospital setting
- Non Invasive Ventilation for acute cases in an acute hospital setting
- Non Invasive Ventilation for chronic cases in a non-hospital setting

2. OTHER POLICIES TO WHICH THIS POLICY RELATES
- Infection Control Policy (CO1001) (SWBH)
- Infection Control Policy on the Decontamination of Equipment (SWBH/COI/029)
- Interpreting Services (ORG076)
- Privacy and Dignity and Respect Policy (Pt Care 060)

3. GLOSSARY AND DEFINITIONS
3.1 Respiratory Medicine - involves the care of patients with all forms of respiratory disease

4. POLICY DEVELOPMENT PRINCIPLES
4.1 This policy is designed to assist all healthcare professionals involved in the care of all patients attending for investigation(s) and outlines the purpose and function of the respiratory physiology service provided in an outpatient department.

4.2 To ensure all staff using the facility understand the philosophy of the service and work as a team providing family friendly care to patients and the provision of a service that is fair, accessible and meets the needs of all individuals.

4.3 To deliver hospital services that meet the needs of patients and their families/carers, and provide effective and safe care, through appropriately trained and skilled staff working in suitable, friendly, and safe environments.

4.4 Patients and their families/carers should be treated with respect and given support and information to enable them to understand and cope with the illness or injury, and the treatment needed.

4.5 That patients are encouraged to be active partners in decisions about their health and care, and be able to exercise choice.

5. ROLES AND RESPONSIBILITIES
5.1 Healthcare Science Staff
Are highly skilled practitioners who perform a wide range of routine and highly complex diagnostic
tests to assess all aspects of lung function, at rest, on exercise or during sleep. Sleep disorders are also assessed by sleep scientists and technologists using a variety of non-invasive sleep measuring systems.

5.2 Clerical Staff
Clerical staff within the respiratory physiology department will provide the administrative clerical duties to complete the smooth running of the department. Reception staff provided by the Medical Records department will support the reception desk and carry out receptionist clerical duties, obtain computerised results and operate appointment systems.

6. SERVICE DESCRIPTION/SCHEDULE OF ACCOMMODATION

6.1 Hours of Service
The Department will routinely be open between the hours of 09.00 – 17.00 hours, Monday to Friday and between the hours of 09.00 – 13.00 on Saturday plus standard office hours of 08.00 – 20.00 hours Monday to Friday and Saturday 08.00 – 13.00 hours.

Outside these hours all internal doors within the department must be kept locked.

Access will be required 24 hours a day seven days a week for emergency use should contingency arrangements be required to manage escalation in demand. Refer to major incident plan.

Clinics will be scheduled from Monday to Friday, morning and afternoon and a Saturday morning session. The appointments for patients attending these clinics are on a schedule basis only and include all referrals from any Health Care Practitioner.

No on-call service is provided for diagnostic investigations. However, it is possible that an on-call service may be provided at some stage for highly specialist therapeutic intervention – e.g. non-invasive ventilation.

6.1.2 Patient Pathway
Inpatients
Inpatients requiring respiratory physiology investigations will be booked onto the appropriate list from the ward and given a pre-arranged appointment time and informed of any necessary preparation for the patients attending the unit. They will be escorted by a nurse and porter in a wheelchair if required.

6.3 Accommodation
All treatment and consulting rooms should have adequate space to accommodate wheelchairs and transfers for either side. All couches and equipment should be conducive for safe handling i.e. must be height adjustable and on wheels, with adequate braking systems to allow easy movement.

6.3.1 Staff Base/Reception (shared)
The reception areas will be shared with Neurophysiology and Cardiology; one reception will be provided managing all patients on arrival to department.

6.3.2 Waiting Area/Child Wait/Play (shared)
The waiting areas consist of 1 unchanged wait for 10 persons, changed wait with wheelchair area and a child wait and play for 5. This area will require entertainment in the form of TV.

6.3.3 Bed/Trolley Wait (shared)
This area is located adjacent to the reception area. The staff at reception will need to be able to
observe patients in this area. Clinical bed head gasses will be required these include oxygen, suction and emergency call.

6.3.4 En-suite/Assisted Shower Room (shared)
A shower room with assisted shower is provided for patients who require a shower after their procedure.

6.2.5 Patient Sanitary Facilities
Male and female sanitary facilities will be easily accessible from the waiting area and will be large enough to accommodate a wheel chair and helper these facilities will need to accommodate people who have disabilities and will have hand washing facilities

6.3.6 Consulting Room/Sleep Diagnostics/Therapeutic Assessment Room
This room is subdivided into two distinct areas: The consulting area will be used for Sleep Therapeutics (CPAP) and Non-Invasive Ventilation consultations.
- Sleep Diagnostics and Therapeutics
- Overnight Oximetry
- Multi-Channel Sleep Studies
- CPAP Treat/Review
- NIV Treat/Review

6.3.7 Respiratory Testing Room
This respiratory testing room will provide routine lung function investigations including measurement of dynamic and static lung volumes, gas diffusion, respiratory muscle assessment, bronchial challenge, and airways resistance. Patients with known or suspected TB must not have respiratory function tests performed. The following respiratory function investigations that will be undertaken are:
- Flow Volume Loop
- Single Breath TLCO Lung Volume (Whole body Plethysmography)
- Reversibility
- Arterial/Arteriolised Capillary Blood Gases
- Skin Prick Allergy Tests
- Field Exercise
- Assessment of Neuromuscular Dysfunction
- Bronchial Challenge (Mannitol)

6.3.8 Reporting Room
This will be used for clinicians for clinical reporting, recording and administration to allow ease of access to the clinical areas. The equipment required in this office will be bespoke and not able to be shared with other clinicians.

6.3.9 Walking Assessment Area
This area is 30 metres long and is provided with seating at each end to allow field exercise testing for assessment of exercise induced asthma, oxygen desaturation on exercise and formal nebuliser therapy assessment using timed/shuttle walk tests.

6.3.10 Dirty Utility (shared)
This dirty utility room as detailed within the Functional Brief will contain a range of waste streams with waste disposal unit and sink. It will contain cupboards for storage, specimen containers and facilities for testing urine.

Contaminated instruments will be held here temporarily following procedures until collected for decontamination. There will be a locked cupboard to accommodate dirty linen clinical waste. This will be removed from the department on a daily basis in line with Trust policy.
6.3.11 Clean Utility (shared)
This clean utility as detailed within the Functional Brief will be in close proximity to the treatment and procedure rooms. It includes a work surface/drug preparation area and will accommodate a module storage unit for sterile clinical stock and intravenous fluids. There will be storage for dressing trolleys under the preparation area, and a clinical wash hand basin with non-touch taps. A standard drug fridge and lockable cupboard storage is required for drugs.

In addition a locked cupboard for housing flammable items and CoSHH products is required.

Refer to Facilities Trust Managed Services Whole Hospital Policy for details of re-supply

6.3.12 Store
This large store room will be used to store stocks of CPAP, NIV machines plus the whole range of patient interfaces and accessories required to support the existing and future client bases. Access to shared storage for non-essential items.

6.3.13 Resource Base (shared)
This area will be used by staff in this area for clinical recording and managing patient flow.

6.3.14 Departmental Manager’s Office (shared)
This room will be used by the clinical team to allow her/him to carry out all activities that support the clinical management of the service. One to one meetings with staff, clinicians and other managers will be held here.

A wall mounted Key Safe with electronic digital lock will be located here to store controlled drug keys and drug cupboard keys.

6.3.15 Domestic Store (shared)
A generic Domestic service stores is required the functionality for which is detailed within the Functional Brief there is sufficient storage space for a vacuum cleaner and scrubbing/polishing machine for hard floors. CoSHH requirements for the storage of cleaning materials will be adhered to.

6.3.16 Administration
On occasions there may be a need for administration staff to use the administration area in the neighbourhood hub

6.3.17 Medical Gas: Local Store & Manifold
Storage of Gas Cylinders in the manifold store room
- Gas cylinders will be stored externally to the department in the local store / manifold (refer to PPDD 16. These will be the TLCO mix cylinders which contain 0.3% CO, 0.3% CH4, 0.3% C2H2, 21% O2, balance N2 and Fit to Fly Test Cylinders with 15% O2, balance N2.

- The portering service will be responsible for collection/delivery of empty/full cylinders to/from the gas store. A member of the Respiratory Physiology team will be responsible for verifying cylinder identity and will accompany the porter to the gas store for this purpose.

- The Respiratory Physiology service will be able to monitor and control expenditure of the gas cylinders.

6.3.18 Staff Changing Facilities
These are located within the neighbourhood hub as detailed within the Functional Brief.
6.4 Interdepartmental Relationships

- Clinicians in all specialties.
- Wards to communicate regarding patients previous tests and/or admissions.
- Porter Service and arrangements when providing service to Inpatients.
- Patient transport when providing service to outpatients.

6.5 Business Continuity

6.5.1 Escalation

- Pandemic flu plan
- Managing Annual Leave
- Capacity Control Policy
- Sickness Absence Policy
- Doctors Absence Policy

6.5.2 Major Equipment

Qualified and Assistant Physiologists check equipment each time it is used. Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit. If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure.

A loan of equipment is provided if repairs cannot be rectified immediately.

In the event of serious systems failure and immediate repair or loan equipment not being possible, then the department manager will consult with the medical staff and Clinical Group Director to cancel clinics accordingly.

6.5.3 Equipment Replacement

There is a formal rolling programme of replacing equipment.

6.6 Major Incident

Refer to:

- Major Incident Plan
- Evacuation Plan

Each area will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

6.7 Regulatory Requirements

- Mandatory Training
- Working time Directive regulating working patterns
- All staff working within the Respiratory Physiology department must comply with national and international guidelines, trust and departmental standards, policies, protocols and
guidelines.

- The department is an active participant in regional and national quality assurance schemes.
- All staff must undertake CPD and recognise their responsibilities under clinical governance.

6.8 Clinical Support Services

6.8.1 Pharmacy
Refer to Pharmacy PP&DD No 18 and Operational Policy which describes the Pharmacy services. Drugs are required for routine patient testing (short acting β2 agonists and anticholinergics). The department will also use Mannitol capsules purchased in proprietary kits for bronchial challenge. These will be stored within the drugs fridge within the department. Ordering will made to the pharmacy and collected from the pharmacy department. General pharmacy supplies will be ordered electronically and be controlled using a material handling systems.

6.8.2 Pathology
Referrals will be received via an IT solution. Specimens will be delivered to Pathology via the use of a pneumatic tube with the exception of blood products which are collected or delivered using the Porter service.

6.8.3 Infection Control
All staff will comply with Trust Infection Control Policies. Patients with infections conditions will be tested at the end of a day and appropriate precautions are taken along with equipment cleaning. Cleaning that is required will be arranged with Facilities staff via a telephone booking system.

For immuno-compromised patients, they are tested at the beginning of a day.

Information to identify infectious patients is collected routinely during the referral process.

6.8.4 Sterile Supplies
Facilities staff will deliver sterile stores from the central store to the respiratory physiology department.

6.8.5 Manual Handling
Refer to the Moving and Handling Policy.

The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

6.8.6 Imaging
Imaging will be requested by contact with the imaging service. It is anticipated that this will be via an IT referral system.

6.8.7 Interpreting Services
Interpreting services will be available and booked by clerical staff. Refer to the interpreting Services – Access and Delivery Policy

6.9 Non Clinical Services
6.9.1 IT
Electronic Patient record (EPR), hospital communications and ordering systems will be required with access at main reception and office resource base.

6.9.2 Transport
This will be required to transport patients where applicable and will be booked by the clerical staff
via a central booking process.

6.9.3 Porters Service
A porter’s service will be available and will be booked via telephone; wheelchairs will be used from the hub wheelchairs store.

6.9.4 General Store Delivery
Facilities Support services – Materials handling section to be developed.

6.9.5 Catering
Patients will be able to access the public food courts/retail outlets.

6.9.6 Linen
Linen will be delivered to the central linen store.

6.9.7 Domestic Service
Refer to the Hospital Cleaning Service Policy

6.9.8 Maintenance
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.

6.9.9 Security
Refer to the Security Policy

Rooms will be locked when not in use to secure valuable equipment.

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- Security officers will be available 24 hours 365 days per year. Their prime responsibility will be to provide a safe, secure environment by maintaining the safety of all persons and property on the site. This includes the protection of patients, staff, service providers and visitors against violent acts or abuse; theft; criminal damage; malicious tampering and arson. The essence of the security service will be to provide effective crime prevention measures and a quick response when required, in respect of any security related issue.

Emergency Call System
- Emergency Call System will be required in all rooms as most staff work alone with patients in sound proof room and may need urgent assistance for either the patients or themselves if at risk.

- The Emergency Call System is linked to both the Reception Desk and the Security Base. Security staff will respond to the alarm and take whatever action is necessary to ensure the safety of the Trust’s staff/ refer to the Functional Brief.

6.9.10 Fire Procedure
Refer to the Fire Safety Management Policy

6.9.11 Waste Management
Refer to the Waste Management Policy

- All clinical waste will be disposed of in yellow clinical waste bags. These go for incineration.
- All used sharps to be placed in the 'sharps' bin.
- Soiled instruments should be returned to the decontamination unit for cleaning and re-sterilisation as per the decontamination operational policy. (available within the endoscopy suite)
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- Other paper waste relating to non confidential material can go in a black bag or the cardboard paper recycling boxes.
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7. CONSULTATION

An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to all members of the respiratory physiology team, clinical group management team and capital projects team for comments. The outcome of this consultation and the outcomes of the boot camp engagement process have been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS

Compliance with the requirements of the policy will be monitored by the respiratory physiology manager.

9. TRAINING AND AWARENESS

Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the respiratory physiology department and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY

The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. REVIEW

This policy will be reviewed in three years time unless requires earlier review. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY

HBN - Health Building Note 12 Outpatients – Department of Health 2004
13. **FURTHER ENQUIRIES**

Contact the Respiratory Physiology departmental manager for further information on the implementation of this policy.
APPENDIX A - Patient Pathway

Patients will be referred to the Department from Hospital Clinicians and GP’s.

Referral Process
Inpatients are either escorted to the reception area by a porter or member of nursing staff
Referrals are received via post, fax, post, email, directly booked by patients (choose and book) etc.

1. Patient(s) report reception desk (shared with cardiology and respiratory)
2. Patient greeted by receptionist, appointment details validated and patient directed to sub-waiting area. Clinical staff notified of patients arrival
3. Patient called into treatment area and changes into gown (if required)
4. Test(s) performed
5. Patient changes back into own clothes
6. In-patient(s) return to waiting area, receptionist will arrange for a porter to take the patient back to the ward. Patients without a nurse escort will be monitored by neurophysiology staff
7. Escorted back to ward
## APPENDIX B - Operational Policy Development/Distribution/History/Consultation

Version 0.00, V1.0, V2.0, V2.01, V2.02, V2.03, V3.0

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<td>A. Moore</td>
<td>Respiratory Physiology Clinical Lead/Manager</td>
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<tr>
<td>M. Lang</td>
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<tr>
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<td>Security Advisor</td>
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MIDLAND METROPOLITAN HOSPITAL

16c
CLINICAL NEUROPHYSIOLOGY
DEPARTMENT OPERATIONAL POLICY
MIDLAND METROPOLITAN HOSPITAL
CLINICAL NEUROPHYSIOLOGY DEPARTMENT
OPERATIONAL POLICY

KEY POINTS

1. This policy is designed to assist all healthcare professionals involved in the care of patients attending the Neurophysiology Department.

2. The policy details the facilities required for the Neurophysiology Department within the Midland Metropolitan Hospital.

3. Clinical Neurophysiology is provided to Inpatients, Outpatients or via GP direct access. The service is accessed across the whole patient population including neonates and challenging adults.

4. The services aim to minimise the number of attendances, in accordance with individual clinical need, therefore an objective in service delivery will be to ensure that services are available and accessible to facilitate maximum outcomes from each visit.

5. This policy applies to all Trust staff in all locations including temporary employees, locums, agency staff, contractors and visiting clinicians.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
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APPENDICES

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1. INTRODUCTION

The Clinical Neurophysiology Department is a clinically led service, involved in the provision and development of a high quality diagnostic service. The service comprises of the following:

- Electrophysiological investigation of the central and peripheral nervous systems.
- Evaluating the effects of pharmacological strategies.
- Monitoring disease progression/remission.
- Provision of clinical advice.
- One stop Epilepsy clinic (in collaboration with Neurology).

1.2 The emphasis of the service is not only to provide high quality diagnostics, not available to many areas across the region, but that the clinical expertise is of great importance with clinical advice being a key element of service provision for many of the referring clinicians.

1.3 Clinical Neurophysiology is provided to Inpatients, Outpatients or via GP direct access. The service is accessed across the whole patient population including neonates and challenging adults.

1.4 The services aims to minimise the number of attendances, in accordance with individual clinical need, therefore an objective in service delivery will be to ensure that services are available and accessible to facilitate maximum outcomes from each visit.

1.5 The use of equipment and facilities will be maximised to provide efficient and effective services.

2. OTHER POLICIES TO WHICH THIS POLICY RELATES

- Infection Control Policy (CO1001) (SWBH)
- Infection Control Policy on the Decontamination of Equipment (SWBH/COI/029)
- Interpreting Services (ORG076)
- Privacy and Dignity and Respect Policy (Pt Care 060)

3. GLOSSARY AND DEFINITIONS

3.1 Electroencephalography (EEG)

3.2 Peripheral Neurophysiology (including EMG / NCS)

3.3 Evoked potentials

4. POLICY DEVELOPMENT PRINCIPLES

4.1 The provision of timely, high quality diagnostic services as appropriate to clinical needs of patients.

4.2 The provision of clinical advice in this discipline.

4.3 To meet local and national waiting time targets.

4.4 To provide training for healthcare science (HCS) and medical staff to ensure continuity of future service provision.
4.5 To generate income.
4.6 To be responsive to the needs to service users.
4.7 To provide timely access to clinical assessments investigations and interventions.
4.8 To provide timely reporting of such interventions.
4.9 To ensure services are provided with privacy and dignity.
4.10 To work effectively within the multi disciplinary team.

5. ROLES AND RESPONSIBILITIES

The clinical service will be delivered through a multidisciplinary team that comprises of

5.1 Consultant Clinical Neurophysiologist
To provide a clinical service to patients, performing direct clinics as well as reporting functions for investigations of clinical physiologists.
- Provides off site EEG on call reporting service.
- Will undertake clinics in all trust locations as required.
- Will be involved in teaching, research, audit and providing clinical leadership within this specialty.

5.2 Consultant Healthcare Scientist
Involved with the strategic development of the service and to maintain and manage the clinical neurophysiology service.
- Provides clinical services to patients.
- Participate in the on-call rota.
- Report investigations of clinical physiologist.
- Involved with research, audit etc as appropriate.

5.3 Deputy Manager/Highly Specialist Clinical Physiologist/Healthcare Science Staff
Deputises in the absence of the service manager and contributes to the day to day running of the Clinical Neurophysiology service.
- Provides a specialist clinical service (lead for Evoked Potential) and performs/report on other investigations.
- Participate in the on-call rota.

5.4 Specialist Clinical Physiologists
To provide leadership, development, training, research and audit in their areas of specialism.
- To participate in the day to day running of the service.
- To undertake all other investigations and provide reports.
- Participate in the on-call rota.

5.5 Clinical Physiologists
To perform, report on a range of neurophysiology investigations, including when appropriate off site services to participate in training, development and audit.

5.6 Senior HCS assistant
- Assists with clinics within neurophysiology including use of equipment.
- Managing the throughput of their clinics and participation as required during the investigations.
- Stocking up of all clinical areas.
5.7 Senior Administration lead
Monitors and assists with the making of appointments and all other reception duties.
- Ensure effective use of clinics and meet patient targets.
- Monitor reception staff.
- Provide information/reports from Prism as appropriate e.g. waiting time targets.
- Participation in providing a quality patient focused service.

5.8 Medical Secretaries
Provides all administration support to CCN, producing all the reports for investigations undertaken following all the process requires.
- Ensure that all in-patient reports are actioned and available to referrer on the day of the test – liaising with appropriate clinical staff to achieve this.

5.9 Receptionist
To receive patients, receive and make appointments ensuring maximum throughput, communication with a wide range of professionals with regards to patients attending (Inpatient and outpatient, other trusts etc), including transport. To use Prism, ICM, IPM and Choose and Book systems as appropriate.

6. SERVICE DESCRIPTION/SCHEDULE OF ACCOMODATION
The Neurophysiology Department is located on the 2nd floor

6.1 Hours of Service
The Department will be open.
- 08.00 - 20.00 hours
- 08.00 - 18.00 hours Saturday
- For scheduled clinics and Initiative clinics

6.1.2 Neurophysiology private patient clinics can be carried out during ‘out of hours’ and therefore the accommodation will be used for this purpose until 20.00 hours.

6.1.3 The Emergency EEG service and respiratory service operate 24 hours a day 7 days a week and clinical staff will require 24hour access to the department for equipment and reporting.

6.1.4 Specialist monitoring for CFAM or Telemetry will also require access 24 hour 7 days per week

6.1.5 Staff will require access to the department before opening hours to the patients.

6.2 Patient Pathway
The reasons for referral will be any condition affecting the central and peripheral nervous systems or impacting upon those systems e.g. Epilepsy, Carpal Tunnel Syndrome, Degenerative disorders (MND etc), Multiple Sclerosis, encephalitis / encephalopathy’s. The investigations can be split into 3 main categories:
- Electroencephalography (EEG)
- Specialist Long term EEG procedures:-
  - Telemetry – this is long term EEG monitoring on patients on a ward. This is planned activity patient is bought into the ward, (neuro), has the kit applied and is monitored over 24 hrs to a week.
  - Continuous EEG monitoring in the ICU (CFAM)
  - Peripheral Neurophysiology (including EMG / NCS)
- Evoked potentials
Inpatients are escorted to the department by a porter and/or a member of nursing staff.

Out Patients may arrive by ambulance, car, and public transport or on foot and will often have an escort. The Clinical Neurophysiology Department is signposted from all points of entry into the hospital and site maps and helpdesks are located at all points of entry.

Clear signage is provided to ensure all patients, as well as patients with low vision, are easily able to follow.

Car parking spaces for patients with disabilities are available and clearly signposted in the car park.

Departments are clearly signposted as they enter the building. If patients are unsure, there is an information desk where staff will be able to provide guidance.

There is further signage, in both corridors and lifts, around the hospital leading patients to the different departmental locations.

6.3 Accommodation

6.3.1 Staff Base /Reception (shared)
The reception areas will be shared with Respiratory Physiology and Cardiology; one reception will be provided managing all patients on arrival to department.

6.3.2 Waiting Area/Child Wait/Play (shared)
The waiting areas consist of 1 unchanged wait for 10 persons, changed wait with wheelchair area and a child wait and play for 5. This area will require entertainment in the form of TV.

6.3.3 Patient Bed / Trolley Wait (shared)
This area is located adjacent to the reception area. The staff at reception will need to be able to observe patients in this area. Clinical bed head gasses will be required these include oxygen, suction and emergency call.

6.3.4 Changing Rooms (shared)
These 2 changing rooms are equipped with lockable patient lockers for patient’s clothes and must be large enough for one person changing at one time and large enough to accommodate a wheelchair patient and 1 carer if required.

6.3.5 En-suite/Assisted Shower Room (shared)
A shower room with assisted shower is provided for patients who require a shower after their procedure.

6.3.6 Patient Sanitary Facilities (Shared)
Male and female sanitary facilities will be easily accessible from the waiting area and will be large enough to accommodate a wheel chair and helper these facilities will need to accommodate people who have disabilities and will have hand washing facilities

6.3.7 Nerve Conduction Room
A NSC / EMG Room used for a wide range of nerve conduction studies, electromyography studies; can include medical examinations as part of the process (I/P & O/P).

This clinical room will need to be electronically screened to ensure that interference from other areas is not picked up.

Equipment needs to move safely around the patient, bed/couch needs to be in middle of the room
as the patient will be required to get changed, and privacy around the couch area is required in the form of curtains.
Access is required for trolleys, chairs, beds etc; this includes a special couch for moving arms and legs into varying locations required.

- Ceiling mounted hoist for patients onto bed required.
- Clinical hand washing facilities
- Dirty linen, domestic and clinical waste including sharps facilities are also required.
- Hot water will need to be available within the room, this will be used to warm patients hands and feet and is necessary prior to testing.
- A microwave will also be required within the room.
- Small lockable inflammable cabinet for storage of toxic substances.

The room is ventilated as toxic substances e.g. mentholated spirits are used. Patients may need to warm hands and feet for investigation and staff may be required to fill bowls with warm water for this purpose.

Trolleys are required for consumables and storage space. In addition procedure trolleys will be set up for each case close to user.

There will be Lone practitioners (for some clinics), to ensure safety a panic alarm is required.

Bed head services required:
- Emergency Nurse Call
- Secondary emergency call
- 4x twin socket outlets – essential supply. Need to replicated on each wall
- Piped oxygen and vacuum
- 4x network points to facilitate moving the equipment around the patient safely without trailing wires
- Telephone

Security – coded lock required on the door.

6.3.8 EEG Recording Room (With Patient Area and Recording Area)
1 EEG room will be used for wide range of electroencephalograms with split screen video recordings, for all patients including paediatrics both in-patient and out-patients.

Patients can be alert, required to sleep, in various states of consciousness, or have prolonged video monitoring.

The service caters for many children, investigations can be long and without the help of sedation therefore the area needs to be child friendly and contain toys for distraction.

The procedure requires ability to record in a sub room, with connecting doors and window to view patients but with the ability to darken the room (dimmer required for varying light re patient needs). Staff will need to be able to communicate with the patient via intercom if the doors are closed.

Use of toxic substances
Glue, acetone will require ventilation and a lockable small inflammables cabinet for this purpose.

Trolleys for consumables will be used for the investigations and an appropriate height adjustable bed.

Access for trolleys, chairs, beds etc, needed.
- Ceiling mounted hoist for patients onto bed.
- Dirty linen, domestic and clinical waste facilities required.
- Requires trolleys for consumables and storage space and procedure trolleys set up for each case close to user
- Lone practitioners - panic alarm required.
- Requires emergency call facilities.

Bed head services required:
- Emergency Nurse Call
- Secondary emergency call
- 4xtwin socket outlets – essential supply. Need to replicated on each wall
- Piped oxygen and vacuum
- 4xnetwork points to facilitate moving the equipment around the patient safely without trailing wires
- Telephone

Security – coded lock required on the door.

There is recording room adjoined to the patient area with direct access into the patient area. This room will require a connection through the wall for equipment controlled in the sub room i.e. patch panel equipment will include a head box, photic stim light and video camera. This room needs to be electronically screened.

6.3.9 Reporting/Consult Room
One reporting/consult rooms will be provided for clinical staff to report EEGs, and to support peripheral neurophysiology clinics which occur in tandem with reporting sessions which require direct interaction with patients in EMG / NCS rooms. It will require 2 x computer networked stations, NP data base for reports and EEG reader station.

6.3.10 Clean Supplies
This store as detailed within the Functional Brief table 7.2 will be used for storage of sterile supplies, i.e. electrodes. The room is equipped with small wall mounted drug cupboard and drug fridge.

6.3.11 Resource Base (shared)
This area will be used by staff in this area for clinical recording and managing patient flow.

6.3.12 Office for Department Manager
This room will be used by the clinical team to allow her/him to carry out all activities that support the clinical management of the service. One to one meetings with staff, clinicians and other managers will be held here.

A wall mounted Key Safe with electronic digital lock will be located here to store controlled drug keys and drug cupboard keys.

6.3.13 Dirty Utility (shared)
This dirty utility room as detailed within the Functional Brief will contain a range of waste streams with waste disposal unit and sink. It will contain cupboards for storage, specimen containers and facilities for testing urine.

Contaminated instruments will be held here temporarily following procedures until collected for decontamination. There will be a locked cupboard to accommodate dirty linen clinical waste. This will be removed from the department on a daily basis in line with Trust policy.

6.3.14 Clean Utility (shared)
This clean utility as detailed within the Functional Brief will be in close proximity to the treatment and procedure rooms. It includes a work surface/ drug preparation area and will accommodate a module storage unit for sterile clinical stock and intravenous fluids. There will be storage for
dressing trolleys under the preparation area, and a clinical wash hand basin with non-touch taps. A standard drug fridge and lockable cupboard storage is required for drugs.

In addition a locked cupboard for housing flammable items and CoSHH products is required.

Refer to Facilities Trust Managed Services Whole Hospital Policy for details of re-supply

6.3.15 Large Equipment Store Room
1 large equipment room store room for ancillary equipment e.g. flash stimulator, screens for EP room, TV/DVD trolley for children etc.

6.2.16 Domestic Services Room (shared)
A generic Domestic service stores is required the functionality for which is detailed within the Functional Brief there is sufficient storage space for a vacuum cleaner and scrubbing/polishing machine for hard floors. CoSHH requirements for the storage of cleaning materials will be adhered to.

6.3.17 Administration
On occasions there may be a need for administration staff to use the administration area in the neighbourhood hub

6.3.18 Medical Gas: Local Store & Manifold
- Gas cylinders will be stored externally to the department in the local store / manifold. These will be the TLCO mix cylinders which contain 0.3% CO, 0.3% CH4, 0.3% C2H2, 21% O2, balance N2 and Fit to Fly Test Cylinders with 15% O2, balance N2.
- The portering service will be responsible for collection/delivery of empty/full cylinders to/from the gas store.
- A member of the Respiratory Physiology team will be responsible for verifying cylinder identity and will accompany the porter to the gas store for this purpose.
- The Respiratory Physiology service will be able to monitor and control expenditure of the gas cylinders.

6.3.19 Staff Changing Facilities
These are located within the neighbourhood hub as detailed within the Functional Brief.

6.4 Interdepartmental Relationships
Clinicians in a range of specialties/wards to communicate regarding patient’s previous tests and/or admissions.

The Clinical Neurophysiology service is accessed by most specialities but the following are more prominent:

- Paediatrics
- Neurology
- Trauma and Orthopaedics
- General Medicine
- Rheumatology
- Mental Health
- Intensive Care
- Out Patients department (in particular for one stop clinics).
- Porter Service and arrangements when providing service to Inpatients.
- Patient transport when providing service to outpatients and IP from other trusts.
Interpreting services.

6.5 Business Continuity

6.5.1 Escalation

Use of initiative clinics as appropriate

Should an emergency result in either the room or equipment being unavailable the following contingencies would be used to ensure that the service can be continued:

- Need to obtain ‘space’ elsewhere through lease or rearrangements within the hospital.
- Lease equipment to use within alternative area until resolved.
- Outsource to another provider until resolved.

6.5.2 Major Equipment

Refer to equipment matrix within the Functional Brief.

Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit.

If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure.

A loan of equipment is provided if repairs cannot be rectified immediately.

In the event of serious systems failure and immediate repair or loan equipment not being possible, then the department manager will consult with the medical staff and Clinical Group Director to cancel clinics accordingly.

6.6 Major Incident

Refer to:
- Major Incident Plan
- Evacuation Plan

Each area will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

6.7 Regulatory Requirements

- Mandatory Training
- CNST requirements for training.

6.8 Clinical Support Services

6.8.1 Pharmacy

Refer to Pharmacy PP&DD No 18 and Operational Policy which describes the Pharmacy services. The service will require a supply of chemicals and drugs for investigations. General pharmacy
supplies will be ordered electronically and be controlled using a material handling systems.

6.8.2 Infection Control
Where applicable the service will take mobile machinery to the patient in isolation where appropriate and possible.

Ward staff / Neurophysiology staff to ensure that Neurophysiology service are aware of patients with infections to ensure that patients are scheduled appropriately i.e. at the end of treatments sessions to allow cleaning of areas after interventions.

Follow Trust Infection control policies to ensure that best practice is followed to manage infection risks.

6.8.3 Sterile Supplies
Facilities staff will deliver sterile stores from the central store to the department. Minimal requirements for supplies e.g. sterilisation of electrodes including needles.

6.8.4 Manual Handling
Refer to the Moving and Handling Policy.

The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

6.8.5 Interpreting Services
Interpreting services will be available and booked by clerical staff. Refer to the interpreting Services – Access and Delivery Policy.

6.9 Non Clinical Services
6.9.1 IT
The service will require IT solutions to ensure that reception function will allow alerting of clinicians for appointments and booking.

IT will be required for patient data base to provide the following: patient records, appointment diaries, reporting functions which connect to all diagnostic equipment enabling to way transfer, patient demographics, and reports, data analysis and reporting functions to allow efficient flow of information within the service.

Business support service should be included in the package.

Patient data base connects to the main system – PIMM, access to reports by clinicians in multi locations.

IT will need to maintain servers and back up facilities for storage of patient data from EMG and EEG clinics in a seamless way with regard to the offsite facilities which need to link.

6.9.2 Transport
This will be required to transport patients where applicable and will be booked by the clerical staff via a central booking process.

6.9.3 Porters Service
A porter’s service will be available and will be booked via telephone; wheelchairs will be used from the hub wheelchairs store.
6.9.4 General Store Delivery  
Facilities Support services – Materials handling section to be developed.

6.9.5 Catering  
Refreshments will be required for patients who may be located in the department for a long period of time for investigations. Drinking water is required as standard for all patients, as clinically applicable.

The service will need to be able to access hot/cold drinks and sandwiches for lunch for patients spending prolonged period of time in the department.

6.9.6 Linen  
Linen will be delivered to the central linen store and is required to be delivered and stocked for use in all of the rooms; this will include sheets, pillow cases, blankets and patients gowns.

Dirty Linen will need to be collected from the department on a daily basis.

6.9.7 Domestic Service  
Refer to the Hospital Cleaning Service Policy.

6.9.8 Maintenance  
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.

6.9.9 Security  
Refer to the Security Policy.

Specific requirements for the Department  
Security will be maintained by the use of secure procedures. The Patient will report to a main reception. Patients will be collected from the sub wait by the clinician and escorted from the area once the intervention is complete. Rooms will be locked when not in use to secure valuable equipment.

Security Service  
- Security officers will be available 24 hours 365 days per year. Their prime responsibility will be to provide a safe, secure environment by maintaining the safety of all persons and property on the site. This includes the protection of patients, staff, service providers and visitors against violent acts or abuse; theft; criminal damage; malicious tampering and arson. The essence of the security service will be to provide effective crime prevention measures and a quick response when required, in respect of any security related issue.

Emergency Call System  
- Emergency Call System will be required in all rooms as most staff work alone with patients in sound proof room and may need urgent assistance for either the patients or themselves if at risk.

- The Emergency Call System is linked to both the Reception Desk and the Security Base. Security staff will respond to the alarm and take whatever action is necessary to ensure the safety of the Trust’s staff/ refer to the Functional Brief.

6.9.10 Fire Procedure  
Refer to the Fire Safety Management Policy
6.9.11 Waste Management

Refer to the Waste Management Policy

- All clinical waste will be disposed of in yellow clinical waste bags. These go for incineration.
- All used sharps to be placed in the ‘sharps’ bin.
- Soiled instruments should be returned to the decontamination unit for cleaning and re-sterilisation as per the decontamination operational policy. (available within the endoscopy suite).
- Non clinical waste to be placed in black rubbish bins.
- The Spillage Protocol will be adhered to regarding disposal of items used for dealing with spillages.
- Any confidential paperwork for disposal must go in the Hessian type bag identified for shredding material.
- Other paper waste relating to non confidential material can go in a black bag or the cardboard paper recycling boxes.
- Bins will have adequate space and sufficient collections to ensure that rubbish is not left on the floor, and bins should be a design which allows bags of rubbish to be placed in the bin safely.

7. CONSULTATION

An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to all neurophysiology staff, clinical group management team and capital projects team for comments. The outcome of this consultation and the outcomes of the boot camp engagement process have been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS

Compliance with the requirements of the policy will be monitored by the Neurophysiology Departmental Manager.

9. TRAINING AND AWARENESS

Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the neurophysiology unit and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY

The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. REVIEW

This policy will be reviewed in three years time. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.
12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY

13. FURTHER ENQUIRIES
Contact the Clinical Lead for Clinical Neurophysiology for further information on the implementation of this policy.
**APPENDIX A - PATIENT PATHWAY**

Patients will be referred to the Department from Hospital Clinicians and GP’s.

**Referral Process**
Inpatients are either escorted to the reception area by a porter or member of nursing staff. Referrals are received via post, fax, post, email, directly booked by patients (choose and book) etc.

- **In-patients with nurse escort**

- **Outpatients (accompanied by 2 persons maximum)**

  - **Patient(s) report reception desk (shared with cardiology and respiratory)**

    - **Patient greeted by receptionist, appointment details validated and patient directed to sub-waiting area. Clinical staff notified of patients arrival**

    - **Patient called into treatment area and changes into gown (if required)**

    - **Test(s) performed**

    - **Patient changes back into own clothes**

- **In-patient(s)**
  - Return to waiting area, receptionist will arrange for a porter to take the patient back to the ward. Patients without a nurse escort will be monitored by neurophysiology staff

- **Escorted back to ward**

- **Outpatient(s)**
  - Receptionist will arrange further appointment if required

- **Ambulance transfer back to referring hospital**

- **Home**
### APPENDIX B Operational Policy Development/Distribution/History/Consultation

**V0.0, V1.0, V2.0, V2.01, V2.02, V3.0**

<table>
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<tr>
<th>Name</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
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<td>A. Burge</td>
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<td>A. Brown</td>
<td>Divisional General Manager Medicine</td>
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<td>J. Dunn</td>
<td>2010 Implementation Director</td>
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<td>Capital Projects Manager</td>
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<td>J. Clark</td>
<td>Service Redesign Manager</td>
</tr>
</tbody>
</table>

**V4.0**

<table>
<thead>
<tr>
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<th>Designation</th>
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<tbody>
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<td>Capital Projects Manager</td>
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<td>S. Mosses</td>
<td>Ergonomics Advisor</td>
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<td>R. Evans</td>
<td>Lead Nurse Infection Control</td>
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<td>P. Finch</td>
<td>Security Advisor</td>
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<td>L. Tyler</td>
<td>Cardiac Diagnostics Manager</td>
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<td>M. Lang</td>
<td>Respiratory Physiology Deputy Manager</td>
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<tr>
<td>N. Price</td>
<td>Cardiac Physiologist</td>
</tr>
<tr>
<td>Department / Service:</td>
<td>Pathology</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Originator:</td>
<td>Estates and Technical Team</td>
</tr>
<tr>
<td>Approved by:</td>
<td></td>
</tr>
<tr>
<td>Designation:</td>
<td>Version 10</td>
</tr>
<tr>
<td>Date of approval:</td>
<td></td>
</tr>
</tbody>
</table>

| Name: G. Seager       |
| Post: Project Director|
| Signature:            |
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Disclaimer

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1.0 Philosophy of Service

This policy details the facilities, which the Sandwell and West Birmingham Hospitals NHS Trust require for the provision of an Essential Laboratory and blood bank service within the new acute hospital. Capacity will be required to undertake the following activity:

- All urgent requests – 24 hours a day seven days a week
- All Emergency Department Work
- All Hospital requests that require a return of results within 3-4 hours.

The facilities will include the following services:

- Specimen Reception
- Essential Laboratory: Combined
  - Haematology
  - Biochemistry.
- Histopathology (frozen sections)
- Blood bank
- Support Accommodation
- Admin Space
- QC Validation.

The diagram below represents the approach which the Trust wishes to achieve within the new facilities:

Diagram [1.0]: Essential Laboratory and Blood bank
Out of Acute Hospital Service – Sandwell Laboratory

In addition the following services are included within other departmental Planning Policies and Design Descriptions and are summarised within section [2.1] Specific exclusions:

- Near Patient Testing;
- Phlebotomy Services;
- Services delivered by CCG’s.

The Trust has identified a number of key strategic design principles, which underpin the content of this and all other policies:

- Enable departments to work interactively using modern technology and also maintaining specialist areas;
- Co-location of clinical support services to support individual specialties will only occur if the clinical support room is used by a single speciality and the volume of patients justifies the co-location;
- The functionality of the acute hospital pathology service is fully dependent on the delivery of the out of hospital service.

2.0 Scope of the Planning Policy

2.1 Specific Exclusions

In developing the facility requirements for the pathology unit, a number of services have been identified as not necessary for provision within this facility on the acute hospital site and have therefore been specifically excluded from this PPDD.
2.1.1 Phlebotomy

- Inpatient - the main pathology laboratory will be the administrative base for the phlebotomy service;
- Outpatients.

2.1.2 Near Patient Testing

The following lists other departments in which near patient testing takes place and is included within the other PPDDs. NPT training will be provided by the Pathology department on a daily basis and will utilise shared hub facilities.

Table [2.1.2] Near patient testing

<table>
<thead>
<tr>
<th>Location</th>
<th>PPDD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department</td>
<td>PPDD 01</td>
</tr>
<tr>
<td>Repeatable Inpatients (Acute Adult Assessment Unit)</td>
<td>PPDD 02</td>
</tr>
<tr>
<td>Integrated Critical Care Unit</td>
<td>PPDD 03</td>
</tr>
<tr>
<td>Maternity Delivery Suite</td>
<td>PPDD 04</td>
</tr>
<tr>
<td>Neonatal Unit</td>
<td>PPDD 05</td>
</tr>
<tr>
<td>OPD</td>
<td>PPDD 14</td>
</tr>
</tbody>
</table>

2.1.3 Long Term Storage

Long term storage of specimens will be off site.

2.3 Hours of Operation

The facilities will be planned on the basis of being available every day 24 hours per day, seven days per week.

Lone workers will be in blood sciences 24/7 and will be required to receive any samples at all times.

2.4 Functional Content

The pathology unit facilities will include the following:

2.4.1 Shared Areas

- Specimen Reception/Sorting Area/ Dispatch including air tube system
- Blood products receipt/dispatch out of hours
- Store – Bulk
- Haematology Microscopy Room
- Disposal Hold
- Store – Cold room
- Domestic Services Room
- Switchgear
- Dirty Utility -No Macerator.

2.4.2 Laboratories

- Combined Essential Laboratory
- Histology Frozen Section Room
- Laboratory – Blood Transfusion (blood analysis and cross-matching)
- QC Validation room.

2.4.3 Support Accommodation

- Staff Change
- Beverage Bay
- WC
- Staff Shower
- Departmental Office.

2.4.4 Administration

The Trust advocates the use of Administration Zones (PPDD 19), which will be co-located with the clinical areas they support.

2.4.5 Shared External Functionality

The following external facilities are required in close proximity to the bulks stores area:

- Loading Bay.

2.5 Common Planning Policies

This planning policy has been developed to be read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wish to ensure consistency of approach within the facilities and as such:

- Advocate the use of Repeatable Rooms, as such only Bespoke Rooms and exceptions will be described in detail within this departmental PPDD
- The Trust propose the use of Neighbourhood Hubs each of which will serve a number of departments and accommodate facilities shared between departments including facilities management.

3.0 Staffing

3.1 Staffing Profile
Refer to Trust’s staffing numbers.

3.2 **Staff Development, Education and Welfare**

Staff welfare facilities in the form of separate sex toilets showers and change are provided within the dedicated Neighbourhood Hub. Secure lockable storage is provided for personal property whilst staff are on duty.

There will be a variety of training taking place within the Neighbourhood Hub, requiring a variety of shared and bespoke facilities. Training requirements have been identified and are included in the following table:

**Table [3.2A] Training facilities required for Blood Sciences**

<table>
<thead>
<tr>
<th>Training type</th>
<th>Facility type</th>
<th>Shared</th>
<th>Bespoke</th>
<th>No of people</th>
<th>Frequency of use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haematology and Biochemistry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Induction</td>
<td>Meeting room</td>
<td>Yes</td>
<td>No</td>
<td>10</td>
<td>Intermittent</td>
</tr>
<tr>
<td>Teaching &amp; seminars</td>
<td>Seminar room</td>
<td>Yes</td>
<td>No</td>
<td>20</td>
<td>Intermittent</td>
</tr>
</tbody>
</table>

4.0 **Key Relationships**

4.1 **Departmental Relationships**

The key objective is the provision of a Pathology Essential Laboratory and Blood Dispatch Service to the acute hospital site and therefore the following internal adjacencies will be key:

- There will be a single specimen reception area within the Pathology Unit, which will process all test requests and distribute samples to the laboratory. It will have a direct and secure connection to the outside, although a significant number of samples will be transported via pneumatic air tube transport systems. The system should be designed in accordance with *HTM 2009 Pneumatic air tube transport systems - Design considerations and Good practice guide*
- Immediately adjacent to the reception area, a specimen sorting area for processing request forms and producing labels should be provided
- A specimen processing area should be provided for centrifuging, aliquoting and dispatching samples to the appropriate laboratory
- All administration areas should be sited outside the laboratory zones but adjacent to allow for integrated management
- Staff facilities will be available to support the functioning of the unit. These will be separate from the laboratories but integral to the unit
- Non-laboratory support spaces will be required to store supplies, service equipment and deal with waste. These may be accessible and shared by all pathology services
- The cold room should be centrally located.
4.2 Workflow

4.2.1 General pathology specimen flows

Specimens dealt with will arrive from a number of sources (both in person and by pneumatic tube), including:

- In patient nursing sections
- Outpatients Departments
- Emergency Department
- Operating Theatres
- Integrated Critical Care Unit.

The diagram [4.2.1] below indicates typical flows for specimens.

Diagram [4.2.1] Pathology – general specimen flows
4.2.2 Blood Science Flows

Haematology flows & blood grouping and cross matching.

General haematology tests include red and white cell counts, platelet estimation, sedimentation rate assessment and bone marrow studies. Special procedures include serology, coagulation studies, electrophoresis, red cell enzyme analysis, detection of abnormal haemoglobins and immunology. Diagram [4.2.2A] indicates typical flows in blood bank.

Diagram [4.2.2A] Blood transfusion workflows

Diagram [4.2.2B] Automated biochemistry and Haematology workflows
4.2.3 Histopathology Work Flows

Most urgent histopathology specimens are received from the operating theatres. Diagram [4.2.3A] describes the Histology Workflows.

Diagram [4.2.3A] Histology workflows for frozen sections

4.2.4 General Staff Flows

There will be staff that are based in individual specialty service areas within the Pathology Unit together with administrative and support staff that facilitate service delivery to the acute hospital regardless of specialty.

4.2.5 Goods Flows

The following diagram shows goods flows (both processed and unprocessed) between the Pathology Laboratories and both the acute hospital and off site.
Diagram [4.2.5] Goods Flows

4.3 Interdepartmental Relationships

- Space will be required for vehicles to manoeuvre and direct access for a perimeter road will be essential
- Ward areas. There will be a requirement for discreet transfer of specimens to the laboratories
- Theatres. There will be a requirement for transfer of specimens to the Laboratories. Therefore good access will be required and a discreet adjacency would be desirable
- There needs to be direct but restricted access to the Department from the hospital street network to allow visitors and couriers into the Department
- A pneumatic air tube will be required for the transfer of specimens to and from other departments to stations within the pathology facility.

The relationships above have been summarised in table [4.3].
Table [4.3] Interdepartmental relationships: Pathology Unit.

<table>
<thead>
<tr>
<th>Close to</th>
<th>PPDD</th>
<th>Reasons</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perimeter road</td>
<td>Functional Brief</td>
<td>Access to the Specimen (Phlebotomy) transfer</td>
<td>Essential</td>
</tr>
<tr>
<td>Outpatients</td>
<td>PPDD 14</td>
<td>Specimen transfers</td>
<td>Important</td>
</tr>
<tr>
<td>Inpatient areas</td>
<td>PPDD 02</td>
<td>Specimen transfers</td>
<td>Desirable</td>
</tr>
<tr>
<td>Operating Theatres</td>
<td>PPDD 06</td>
<td>Specimen transfers (Blood Bank)</td>
<td>Desirable</td>
</tr>
<tr>
<td>Mortuary</td>
<td>PPDD 30</td>
<td>Specimen transfers</td>
<td>Desirable</td>
</tr>
</tbody>
</table>

5.0 Planning and Design Principles

The key design consideration is balancing the need for an appropriate specimen flow with easy access with the optimum sharing of support facilities.

5.1 Ambience and Decoration

Good interior design can contribute to staff morale and the aim should be to create a pleasant, comfortable and safe environment throughout the facility within the constraints of practice.

The design must give consideration to the activities carried out within a laboratory setting when choosing such items as floor covering, wall finishes, all of which must comply with HBN 15 Facilities for pathology services and UKAS Accreditation requirements.

5.2 Wayfinding

Clear signage should be provided to promote appropriate access to and within the pathology department.

Due consideration must be given to way finding as described in the Functional Brief.

5.3 Security and Observation

The Department will be locked outside of the core hours to prevent unauthorised access. Good security is also essential due to the serious danger presented to unauthorised persons from exposure to potential hazards in laboratories. The entire Pathology Unit should be designed as a secure area, with all entrances capable of being controlled in accordance with the Functional Brief. The security of pathogens and toxins is of paramount importance. Where microbiological cultures are present, reference should be made to the Anti-terrorism, Crime and Security Act 2001 and Home Office: Security Standards for Laboratories (Subject of Part 7 of the Anti-Terrorism, Crime and Security Act 2001). There should be no corridor traversing pathology as a link to other departments.
The department stores medico-legal specimens, prescription drugs, Home Office regulated controlled drugs, and poisons. These departments should be planned as a secure area with all entrances access controlled. The Department should be zonally alarmed to include panic alarms for staff working alone out of hours. The number of entrances should be limited to deter unauthorised access and control authorised access. Alarms are required as follows:

- External fire doors to be alarmed
- Internal zoned building alarm (movement sensor)
- To protect controlled drugs storage areas
- Panic alarms for lone workers.

The Trust’s requirements in respect of the communications network structure to support the security system is set out within Functional Brief Section [6.6].

5.4 Control of Infection

Facilities should be designed for easy frequent and thorough cleaning. Clinical hand-wash basins together with alcohol hand rub dispensers, PPE and eye wash stations are required at the entrance to each laboratory area.

5.5 Manual Handling

Bulk deliveries will use pallet trucks and trolleys to receive and distribute to departments. Waste bins will be collected by trolley to be place in yellow receiver trolleys which will be placed in a secure environment to be sent on to the hospital clinic waste centre.

5.6 Fire & Safety

5.6.1 Fire

Precautions against fire will be taken, by staff working within the area. The Trust Fire Safety Management Policy will be adhered to and can be referenced within the Functional Brief. Fire doors requiring frequent access should be held open on magnetic releases linked to the fire alarm system for automatic closure.

5.6.2 Safety

Design features that contribute to safety include hand washing facilities, finishes and furniture, storage of chemicals. Special equipment such as exhaust protective cabinets and fume cupboards will be required. Provision must be made for the storage of first aid products, chemical poison antidotes and eye-care items.

One drench shower will be required to be shared across all areas.

5.6.3 Radiological Protection

There are no specific issues within the Pathology Department.
5.7 Privacy

The design must provide an environment, which respects the needs of all staff as well as facilitating the delivery of good service delivery.

5.8 Environmental Parameters

The design shall ensure that temperature and humidity control are in accordance with HBN 15 Facilities for pathology services. A Building Management System (BMS) will control all areas to the requirements of HTM 03-01 Specialist ventilation for healthcare premises: Part A Design & Validation:

5.9 Environmental Criteria

5.9.1 Natural Light

The Design Brief developed by the Trust advocates the use of natural light. The Functional Brief Section [5.9] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions. The area highlighted below is specific to this PPDD.

The main laboratory should have benches with natural light, ideally north facing. The Trust would wish to maximise the amount of internal glazing within the department, both in laboratory to laboratory and laboratory to circulation routes.

The following table sets out the requirements for bespoke natural light requirements within Pathology.

Table [5.9.1] Natural Light Matrix

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Essential or None</th>
<th>External Wall</th>
<th>Atrium</th>
<th>Borrowed Light</th>
<th>Roof Light/Tube</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential Laboratory</td>
<td>Essential</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Specialist Laboratory</td>
<td>Desirable</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Specimen Reception</td>
<td>Desirable</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Cold Room</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

5.9.2 Ventilation

The Design Brief developed by the Trust advocates the use of natural ventilation. The Functional Brief Section [5.10] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The requirements for specialist ventilation systems and general ventilation rates for use within the Pathology Laboratory should comply with HBN 15, Facilities for Pathology Services.
The following table sets out the requirements for bespoke environmental criteria within Pathology.

**Table [5.9.2] Environmental Criteria**

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Temperature (°C)</th>
<th>ac/hr</th>
<th>Pressure &amp; filtration</th>
<th>Notes in respect of permissible derogations</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Laboratory Areas</td>
<td>18</td>
<td>25</td>
<td>10</td>
<td>F7  i</td>
</tr>
<tr>
<td>Wash Up</td>
<td>18</td>
<td>28</td>
<td>10</td>
<td>-ve F7 i</td>
</tr>
<tr>
<td>Specimen Reception (all)</td>
<td>18</td>
<td>25</td>
<td>5</td>
<td>F7  i</td>
</tr>
<tr>
<td>Cold Room</td>
<td>0°C</td>
<td>4°C</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**5.9.3 Acoustic Criteria**

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief Section [5.11] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke environmental criteria within Pathology.

**Table [5.9.3] Acoustic Criteria**

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Rating to be achieved to Table 5.8A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential Laboratory</td>
<td>D</td>
</tr>
<tr>
<td>Specialist Laboratory</td>
<td>D</td>
</tr>
<tr>
<td>Specimen Reception</td>
<td>D</td>
</tr>
<tr>
<td>Cold Room</td>
<td>E</td>
</tr>
</tbody>
</table>

**5.9.4 Industrial & Pathology Gas Supply Requirements**

None required.

**5.9.5 Water Services**

A reverse osmosis water purification system is required to serve equipment specified in the Room Data Sheet.

**5.10 Flexibility**

Consideration should be given to the need to allow for growth and change irrespective of the scale of the work and scientific disciplines involved. To avoid being constrained by initial requirements, a flexible and/or adaptable design should be adopted. A flexible design may incorporate:
- Modular repetitive bays of laboratories – each laboratory having a locally agreed standard pattern of benches and services;
- Service outlets arranged in a regular grid or pattern, with service runs in floor ducts, above ceilings or in vertical ducts. This will ensure that any work position is able to make use of the full range of services provided.

Laboratories planned on a modular concept allow maximum flexibility and future adaptation as well as the standardisation of mechanical and electrical systems.

5.11 IM & T

Details of the active components associated with IM&T can be found in section 6 with additional reference in the Functional Brief Section [6.6] and Schedule 8 part 3.

The dedicated Pathology server will be housed within the IT room located in the Neighbourhood Hub adjacent to Pathology.

5.12 Externals

The Pathology Department require access to:

- Loading Bay and vehicle turning
- Drop off zone for goods and samples.

6.0 Equipment

The specific requirements for the Pathology Department will be addressed through the equipment selection in accordance with the Equipment Responsibility Matrix (ERM) described within Schedule 13.

The ADB Component Sheets schedule out the draft equipment list for list for pathology in accord with Schedule 13.

7.0 Proposed Accommodation

In developing proposals for pathology, reference must be made to HBN 15 Facilities for pathology services.

The rooms described below are solely in respect of Bespoke Rooms or Repeatable Rooms, which require modification. For Repeatable Rooms refer to the Functional Brief.

The schedule of accommodation has assumed a level of sharing based upon the adjacencies described above. Should the design team not achieve the appropriate adjacencies it may be necessary to review the schedule to ensure that full functionality is delivered.
7.0.1 Laboratory Zoning

The Trust has assumed the following in respect of the design of the repeatable laboratory spaces:

- Laboratory Furniture – HTM67 Page 13 Option 1
- Each laboratory has been assessed in terms of Laboratory Metre Run ‘LMR’.

It is anticipated that the LMR will be achieved as a combination of wall and peninsular arrangements whilst maintaining 3600mm centres. This area includes the spatial allowance for both casework and floor standing equipment. It is assumed that double socket outlets and IT / Data outlets will be provided at a rate of one double at 1200mm centres.

Each individual laboratory area requires 1500mm door and half access and a Pathology WHB/ PPE station. In addition, a WHB/PPE station with space to remove or hang white coats is required at the entrance/exit of the laboratory area.

7.1 Shared Areas

7.1.1 Specimen Reception/Sorting/Dispatch Area

A bespoke provision:

- Specimens will be received via pneumatic air tube transport system
- Samples will be delivered by patients, staff or couriers, with collection by couriers
- Receipt of highly secure samples which need tracking and separate storage in line with HMC polices
- Specimen sorting area - an area to lay out specimens and prepare them for centrifuges and analysis
- Adjacent to the specimen sorting area, a separate specimen processing area should be provided for centrifuging, aliquoting and dispatching samples to the appropriate laboratory. Space will be required for centrifuges (4), a laboratory sink and a refrigerator/freezer
- Workstations (5) for clerical duties associated with booking samples, 17LMR.

The environmental Criteria are as set out within Section [5] of this PPDD.

7.1.2 Blood Products Receipt and Distribution

A bespoke provision should be made for holding microbiology and blood specimens taken outside normal working hours plus a facility for cross-matched blood (at 4°C room temperature). This will require access by staff without entering the secure specimen reception area, and be secure to prevent unauthorised access.

This area should contain a lobby accessible only by authorised Trust staff. Off the lobby there should be a pass through fridge for blood, a pass through fridge for delivery of samples, and a pass-through hatch to the specimen reception for samples delivered out of hours which require storage at room temperature. Each of these three areas should provide access on one side for pathology staff and on the lobby side for other Trust staff to collect/deliver from without having access to any other pathology area.
This lobby should accommodate a clinical hand-washing station for staff/patients/couriers to wash their hands.

The environmental criteria are as set out within section [5.0] of this PPDD.

7.1.3 Store – Bulk

A provision for large items of consumables and equipment, to meet the requirements set out within HBN15 section 4.47. The bulk store entrance needs to be near front entrance but separate as this is where deliveries will be located. The facility is based on a repeatable store referenced in the Functional Brief Table [24].

7.1.4 Haematology Microscopy Room

This room will be used for reviewing and reporting on haematology blood films.

7.1.5 Disposal Hold

A bespoke provision to meet the requirements set out within HBN15 section 4.54 & 4.55. The environmental criteria are as set out within section [5.0] of this PPDD.

7.1.6 Store – Cold Room and Freezer Storage

A bespoke cold room with level access with a storage capacity of 12m³. This will include storage for all departments.

Accommodation will be required for freezer space which will be maintained at between -20°C and 80°C.

Appropriate stainless steel modular racking is required.

For details of the Trust environmental parameters refer section [5.0] of this PPDD.

7.1.7 Domestic Services

A repeatable room is required to serve the laboratory areas as set out in the Functional Brief Table [24].

7.1.8 Switchgear

Three repeatable switchgear rooms are required to the laboratories as set out in the Functional Brief Table [24].

7.1.9 Dirty Utility without a macerator

A repeatable dirty utility without a macerator is required. Cleaning and decontamination transportation boxes will be undertaken in this room.
7.1.10 Essential Laboratory

An open plan laboratory space is required to promote and develop integrated working across all disciplines.

This facility will include shared automated platforms and associated robotics for the following departments:

- Clinical Biochemistry
- Haematology.

In addition to a pathology WHB / PPE station this area requires 30 LMR to accommodate the following:

- Six large analysers
- Robotic facilities
- Refrigerators will be required for storing samples for seven days (up to no 50,000)
- Reagent sink
- Approx. 6 x 350-650L standalone fridges.

The Environmental Criteria set out within Section [5] of this PPDD.

- This area will require temperature control as analysers will only operate between fixed temperatures. Flexibility should be achieved around water and electricity supplies to allow future change to equipment.

7.2 Laboratories

7.2.1 Blood Transfusion (blood analysis and cross-matching)

In addition to a pathology WHB / PPE station this area requires 30 LMR to accommodate the following:

- To be located near the specimen reception for out of hours blood collection and delivery
- Adjacent to haematology and blood sciences area to facilitate staffing out of hours
- Facilities for blood grouping and cross matching (12 workstations)
- Facilities will be available for the storing of blood received from the Regional Blood Transfusion Service and samples of patient’s blood
- Reagent sink.

The environmental Criteria as set out within Section [5] of this PPDD for a standard laboratory is required to serve this laboratory.

7.2.2 Frozen Section Room - Histology

A room is required for undertaking frozen sections. The room needs to be capable of accommodating microscopes and equipment for staining.
7.2.3 QC Validation Room

A repeatable single person resource room is required to serve this section.

7.3 Support Accommodation

7.3.1 Staff Change

Separate repeatable male and female staff change for 10 lockers as described in section [7.8] of the Functional Brief.

7.3.2 WC

Separate repeatable male and female ambulant staff toilets as described in section [7.8] of the Functional Brief. The toilets will form part of the Staff Change area.

7.3.3 Staff Shower

A repeatable shower as described in section [7.8]. This shower will have dual functionality as a drench/washdown shower and will therefore be positioned close to the entrance/exit of the laboratory area.

7.3.4 Departmental Office

This room will be provided for departmental managers to undertake managerial duties.

7.4 Shared External Functionality

The following external facilities are required in close proximity to the bulk stores area:

7.4.1 Loading Bay

Access is essential to the loading/delivery bay of all pathology stores. Further detail is described within PPDD 24 and the Functional Brief.

8.0 Schedule of Accommodation

The schedule of accommodation has been developed for the totality of the scheme as a series of tables. This schedule is appended to Schedule 8 part 3.

9.0 Glossary and Definitions

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
MIDLAND METROPOLITAN HOSPITAL

No17
PATHOLOGY
OPERATIONAL POLICY
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MIDLAND METROPOLITAN HOSPITAL
PATHOLOGY DEPARTMENT
OPERATIONAL POLICY

KEY POINTS

1. To provide evidence based high quality, rapid diagnostic interventions

2. To ensure that the service is delivered in a timely and efficient manner in accordance with the Trust’s needs.

3. To provide local services to the population

4. To promote and undertake research

5. To ensure staff receive appropriate training and continuing professional development activities.

6. Seamless management of the pathology essential/specialist services.

7. Maintain patient’s privacy and dignity.

8. An environment conducive to ensure the rapid delivery of test results.

9. Improve communication regarding diagnostic interventions.

10. This policy applies to all Trust staff in all locations including temporary employees, locums, agency staff, contractors and visiting clinicians.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
1. INTRODUCTION

1.1 This policy details the facilities, which the Sandwell and West Birmingham NHS Trust require for the Pathology services within the Midland Metropolitan Hospital.

1.2 This policy is designed to assist all healthcare professional involved in the provision of pathology services and aims to;

1.3 Outline the purpose and function of the clinical services/specialities provided in Pathology Department.

1.4 Ensure that all staff using the facility understand the philosophy of the service and work as a team.

1.5 Describe the patient flow through the department.

1.6 Describe the service as they will be delivered from the future Midland Metropolitan Hospital.

1.7 Describe the purpose and function of the accommodation required.

1.8 Identify adjacencies/co-locations required for the service delivery.

1.9 Outline requirements for business continuity.

1.10 Outline legislative and mandatory requirements for the delivery of services.

2. OTHER POLICIES TO WHICH THIS POLICY RELATES

 Infection Control Policy (CO1001) (SWBH)
 Infection Control Policy on the Decontamination of Equipment (SWBH/COI/029)

3. GLOSSARY AND DEFINITIONS

3.1 Pathology - study of disease

3.2 Pathologist - A pathologist is a physician who specializes in the diagnosis of disease by examining cells, body fluids and tissues.

3.3 Histopathology - refers to the microscopic examination of tissue in order to study the manifestations of disease.

3.4 Hb - Haemoglobin

3.5 Fbc - Full blood count

4. PRINCIPLES

4.1 The Acute hospital pathology department will provide a high quality, timely, analytical and interpretative service to assist in clinical diagnosis, preventative medicine, research, teaching and training. This department will be part of SWBH Pathology Service as well as the Pan Birmingham Network.
4.2 A core on site laboratory providing an essential and urgent service will be supported by an off-site comprehensive pathology service.

4.3 The facilities are required to offer:
- Seamless management of the pathology essential/specialist services.
- An environment conducive to ensure the rapid delivery of test results.
- Improve communication regarding diagnostic interventions.

4.4 **Service Objectives**
4.4.1 Maintain Clinical Pathology UKAS Accreditation, licenses for Human Tissue Authority, and MHRA regulations for blood banks.

4.4.2 Provision of appropriate services 24 hours a day, 7 days a week.

4.4.3 Ensure turnaround times help meet Trust Targets such as diagnostic waits, A&E 4-hour waits, cancer targets and GUM targets.

4.4.4 Ensure that all staff are well trained and undertake CPD and Mandatory training based on annual reviews and the skill mix is regularly reviewed.

4.4.5 Deliver financial balance.

4.4.6 Maintain or improve contract activity.

4.4.7 Maintain good communications with all staff and ensure that sickness absence is within Trust Targets.

5. **ROLES AND RESPONSIBILITIES**

5.1 Pathologist- Clinical validation, authorisation and service lead.

5.2 Biomedical Scientist- to provide scientific analytical interpretation.

5.3 Laboratory Assistant – to support services with the biomedical scientist and pathologists.

6. **SERVICE DESCRIPTION**

6.1 **New Integrated approach with Pathology Integrated Laboratories.**

6.1.1 To ensure maximisation of income streams and make full use of equipment and staff that are required to meet the peaks in demand from the new hospital work.

6.1.2 The acute hospital pathology service includes phlebotomy, transport, comprehensive range of investigations, and clinical interpretation, and appropriate near patient testing. The facilities will include the following services:

6.1.3 Essential Laboratory
- Biochemistry;
- Haematology
- Blood bank.
- Histology (frozen sections)
6.1.4 The provision required will be more than a hot lab for urgent specimens and provide the entire blood bank service.

6.1.5 Capacity will be required to undertake the following activity;
- All urgent requests – 24hrs day
- All emergency department work
- All hospital requests that require a return of results within 3 to 4hrs

6.1.6 The diagrams below represent the new integrated approach which the Trust wishes to achieve within the new facilities:

6.1.7 **New Acute Hospital Service**

6.1.8 **Out of Acute Hospital Service – Sandwell Laboratory**

6.2 **Hours of Service**

6.2.1 The facilities will be planned on the basis of being available every day 24 hours per day.

6.2.2 **Opening times:**

6.2.3 The core operational are 08.00 – 20.00

Outside of these times an emergency on-call service will be provided to blood sciences, microbiology and toxicology by a lone worker 24/7.
6.2.4 Reception Opening:
6.2.5 Visitors and delivery: Sample Delivery: 24/7

6.2.5 Specimen Flow
6.2.6 General pathology specimen flows will arrive from a number of sources, in person or by pneumatic air tube including:
   - In patients;
   - Outpatients;
   - Emergency centre;
   - Operating theatres;
   - Integrated critical care unit;

6.3 Activity/Workload
6.3.1 Projected activity levels within the pathology department are detailed within the activity capacity model. It is assumed that blood requests will continue to rise at around 5% per year and microbiology and histopathology at 2% per year.

6.4 Proposed Accommodation
6.4.1 Specimen Reception/Sorting Area/Dispatch
6.4.2 Common reception servicing the Essential Laboratory for all automation– for receipt/dispatch and sorting of specimens and dispatch.
6.4.3 Out of hours reception and blood dispatch-out of hours including specimen storage to include specimen storage.

6.4.4 Local Hub
6.4.5 The local hub will provide facilities shared by all Pathology departments which will include, reception, waiting, white coat store and staff facilities. Accommodate up to twenty staff changing at one time. Rest room and beverage area for out hours staff.

6.4.6 Combined Essential Laboratory
   - Haematology
   - Biochemistry
     To accommodate analyser machines.

6.4.7 Haematology Microscopy/Reporting
   - Haematology blood films – for reviewing and reporting

6.4.8 The Haematology service provides the following services; blood grouping and cross matching. General haematology tests include red and white cell counts, platelet estimation, sedimentation rate assessment and bone marrow studies. Special procedures include serology, coagulation studies, electrophoresis, red cell enzyme analysis, detection of abnormal haemoglobins and immunology.

6.4.9 Histopathology Room – Frozen Sections
6.4.10 A room will be required for undertaking frozen sections equipped with microscope and cryostat equipment for staining etc. This will include reporting.

6.4.11 Blood bank/dispatch

6.4.12 Fully equipped provision with refrigerated facilities- the entire blood bank service will be provided from this site.

6.4.13 Bulk Store

6.4.14 Daily topping up of stock items.

6.4.15 Storage of reagents and blood bottles request forms and other laboratory consumables and will include lockable storage facilities for chemicals and flammables.

6.4.16 One large store preferred to two smaller stores. Large pallets will be delivered directly to this area on a daily basis. Goods will be unpackaged and then distributed throughout the department. Items will arrive on pallet trucks. Bespoke modular shelving will be required.

6.4.17 Cold Room

6.4.18 The area will need to be accessible out-of-hours but only to pathology staff. For the storage of reagents and clinical samples. Appropriate stainless steel modular racking and standard chest freezer.

6.4.19 Dirty Utility

6.4.20 A generic dirty utility with sluice and without macerator is required.

6.4.21 Cleaning and decontamination of transportation boxes in this room.

6.4.22 Disposal Hold

6.4.23 Disposal hold area is required with separate waste streams. Access required from the laboratory and also the circulation corridor for collections by portering staff.

6.4.24 Administration Zone

6.4.25 Clinical administration space is required for clinical haematologist, biochemists and microbiologist to undertake their in patient and outpatient clinical commitments. Clinical admin space required for secretarial support e.g. haematology secretaries.

6.4.26 Administration function will take place in shared administration zone. These will include office accommodation, seminar rooms, meetings rooms and reprographics.

6.4.27 Departmental Manager's Office

6.4.28 Departmental offices will be provided for the laboratory managers to undertake clinical management duties. Consultant and clinical scientist staff will require areas within the respective departments, immediately adjacent to the laboratories to undertake clinical work and clinical administration tasks.

6.4.29 QC Validation Room

6.4.30 UKAS standards and health and safety standards stipulate this is undertaken in a
separate area from the laboratory area. A quiet room is required in close proximity to laboratories to undertake quality control and validation.

6.4.31 Externals
- Loading Bay
- Flammable chemical store

6.4.32 Deliveries will be regularly received and will be moved directly to the bulk store. A push button will be used to alert staff of the arrival of deliveries.

6.4.33 Haematology has large clinical components and for efficiency we the clinical staff should be located in a single area close to the laboratory and yet still able to perform clinically based office work e.g. have access to case notes.

6.4.34 Staff Change

6.4.35 Staff changing facilities to include showers and WCs.

6.5 Interdepartmental Relationships
6.5.1 Key adjacencies / interface with other departments
- Perimeter road: pathology will require access to the perimeter road for deliveries of goods, specimens and collection of boxes. Timely receipt of clinical samples by post and courier.
- Outpatients: Pathology will require access for regular speedy delivery of samples for quick turnaround times of results.
- Inpatient Areas: For urgent request
- Operating Theatres: for urgent samples and transfusion requests
- Emergency Department: for urgent samples and transfusion requests.

6.6 Transfer of Specimens
6.6.1 A pneumatic air tube will be required for the transfer of specimens to and from other departments to stations within the pathology facility. The system should be designed in accordance with HTN 2009.

6.6.2 Receipt of samples requiring special procedures or needing higher security.
A provision is required in the reception area to receive samples requiring special procedures or needing higher security. It is required to separate HM coroners and police samples from routine pathology samples on delivery. A secure area in Specimen Reception is required for the receipt of forensic samples.

6.7 Business Continuity
6.7.1 To develop reciprocal arrangements with neighbouring trusts.

6.7.2 Escalation
6.7.4 Outsourcing when at capacity

6.7.5 Major Equipment

6.7.6 Equipment and Benching
6.7.7 Equipment requirements are detailed within the PPDD 17 for Benching and Gases requirements.

6.7.8 Major Incident
Each area will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the ward will undertake their roles and responsibilities as defined in the relevant action card.

6.7.9 It is the responsibility of each ward manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

6.7.10 Allocation of areas within the pathology department to facilitate the implementation of the major incident scheme to be determined by the type of incident.

6.8 Clinical Support Services

6.8.1 Infection Control
6.8.2 Facilities should be designed for easy frequent and thorough cleaning of equipment and surfaces. Clinical hand-wash basins together with alcohol hand rub dispensers, PPE and eye wash stations are required at the entrance to each laboratory area.

6.8.3 Procedures for handling leaking or damaged samples exist in all departments. Cleaning and decontamination of transportation boxes would take place either in the specimen reception area of wash-up area.

6.8.4 Safe handling processes for high risk specimens following regulations

6.8.5 Manual Handling
6.8.6 As far as possible mechanised systems will be used throughout the pathology department. Mechanical block and slide storage must be on appropriate racking systems which promote safe handling to minimise injury to staff.

6.8.7 FM staff will deliver bulk deliveries to the bulk store using pallet trucks. On receipt of the goods pathology stores will unpack goods and redistribute sorted items to the individual internal departments using trolleys. Discarded pallets will be collected from the bulk store by FM either on completion of that delivery or on the next delivery. Adhoc requests to FM may be required to ensure used pallets are removed promptly and not allowed to stockpile. Waste bins will be collected by trolley to be placed in yellow receiver trolleys which will be placed in a secure environment to in the disposal hold to be sent on to the hospital clinic waste centre.

6.8.8 Solvent moving from external store. Check appropriate space

Appropriate space will be available for mechanical equipment for safe turning and use of appropriate equipment including installation of major equipment.

All work stations must be ergonomically designed to suit the type of work that will be undertaken. This should be done with the supporting furniture in mind. Laboratory work stations should have adequate knee space underneath the desk to avoid twisting, when seated.
6.8.9 **Healthcare Records**
Electronic records will be primarily used and systems will be paper light using pathology and hospital computer software and processes.

6.8.10 **Non Clinical Support Services**

6.8.11 **IT**
6.8.12 Referrals will be received via an IT solution
The department will use a clinical information system, which all staff will have a duty to contribute to.
Standard and ad-hoc reports will be available from this system for audit purposes. Senior staff will be able to interrogate the system for departmental analyses. Video Links lab to lab within main integrated lab.

6.8.13 **Transport**
6.8.14 External deliveries to and from pathology including goods, blood products samples and equipment. This will be required to transport samples from community hub and other community locations to the acute hospital.

6.8.15 **Out-of-hours:** supplies, including blood and samples

6.8.16 **Portering Service**
6.8.17 Manual delivery of samples when air tube system is unavailable would require 15 minute response for unplanned urgent deliveries.

6.8.18 **Stores Deliveries**
6.8.19 FM staff will deliver bulk deliveries to the bulk store using pallet trucks. On receipt of the goods pathology stores will unpack goods and redistribute sorted items to the individual internal departments using trolleys. Discarded pallets will be collected from the bulk store by FM either on completion of that delivery or on the next delivery. Adhoc requests to FM may be required to ensure used pallets are removed promptly and not allowed to stockpile.

6.8.20 **Linen**
6.8.21 White coats will be collected, laundered and returned on a weekly basis. Coats delivered each week from an offsite laundry and stored in designated area. Soiled coats to be collected by laundry service and stored in linen bags in disposal hold to await collection

6.8.22 **Domestic Service**
6.8.23 Adherence to pathology waste management procedure and facilities support services policy.

6.8.24 **Maintenance**
6.8.26 Pathology staff will contact the maintenance provider to order and arrange maintenance work
A regular maintenance schedule will be in place for the department.

6.8.23 **Security**
6.8.24 Refer to whole hospital policy and functional brief.
Only pathology staff will have access into the department. All visitors will report to reception and will be escorted to their destination.
6.9 **Visitors**

6.9.1 From reception visitors to the department will report to specimen reception who will control access through the main door. Visitors will not be permitted further access unless escorted beyond specimen reception. Only pathology staff will have access to the internal departments beyond specimen reception.

6.9.2 Out of hours access will be restricted. There will be two entry/exist points into the blood bank. This will provide internal access for pathology staff and external access to blood products for non pathology staff but restrict their access into the internal departments.

6.9.3 All exits will be locked and alarmed. In the event of a fire alarm and deactivation of access control fire marshals/security will physically monitor exits doors if it is safe to do so.

6.10 **Fire Procedure**

- Following trust procedures.
- Follow safe procedures for storage of flammable chemicals.

6.11 **Waste Management**

- Following of the Trust waste policy with segregated waste streams.

6.11.1 Clinical waste disposal will be standardised across the department. Laboratory waste will be taken to the disposal hold by lab staff into segregated streams. Porters will collect from disposal hold. This room will require access from lab and external corridor. The quantity of empty containers supplied and frequency of removal of full containers will be such that the laboratories will always have sufficient waste disposal capacity.

6.11.2 Non clinical waste will be disposed of in accordance with the facilities management waste management policy.

6.11.3 Light packaging from the pallet deliveries to the bulk store will be taken to the waste disposal by the pathology store staff.

7. **CONSULTATION**

An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to the pathology management team and capital projects team for comments. The outcome of this consultation has been reflected within the policy.

8. **AUDITABLE STANDARDS/MONITORING EFFECTIVENESS**

8.1 Compliance with the requirements of the policy will be monitored by the Clinical Group Director of Operations.

Evidence would be that the policy was included in the Pathology Quality manual with compliance audited as part of the clinical governance/pathology audit activity including monitoring of mandatory reading forms.

9. **TRAINING AND AWARENESS**

9.1 The policy will be issued to pathology staff as part of a local induction package (ref-global document Pathology Induction PROC-G-B4-30) and incorporate into the existing quality manual that is mandatory reading for all pathology staff. Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the pathology department and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.
10. **EQUALITY AND DIVERSITY**
10.1 The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. **REVIEW**
11.1 This policy will be reviewed in three years time. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. **REFERENCE DOCUMENTS AND BIBLIOGRAPHY**
- CPA standards for accreditation
- Human Tissue Act
- HBN15
- MHRA and EU Regulations for Blood Transfusion
- Anti Crime, Terrorism and Security Act 2001
- Cytology Screening Service regulations
- UKAS accreditation
- Home office Misuse of Drugs Legislation
- Ionising Radiation (Ni63 electron capture detector)
- Transport Regulations

13. **FURTHER ENQUIRIES**
13.1 Managers must inform new employees and remind existing employees of the requirements of the detail of this policy.

13.2 Copies of the policy are available on the Trust intranet.

13.3 The pathology team will provide advice and support on the implementation of this policy.
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Disclaimer

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1.0 Philosophy of Service

This policy details the facilities, which the Sandwell and West Birmingham Hospitals NHS Trust require for the pharmaceutical department within the new acute hospital.

The facilities provided within this department are required to offer:

- A state of the art range of facilities capable of supporting the full range of patients treated by the clinical services on the hospital site;
- Improved communication regarding patient interventions;
- A facility, which has a direct physical link to the Internal Hospital Street Network thus ensuring ease of access from the Emergency Department and the Inpatient areas.

The Trust has identified a number of key strategic design principles, which underpin the content of this and all other policies:

- Establishment of service areas;
- Co-location of clinical support services to support individual specialties will only occur if the clinical support room is used by a single speciality and the volume of patients justifies the co-location;
- Co-location of functions to support all areas e.g. Emergency, Outpatients; Inpatient areas;
- Repeatable design of facilities to ensure maximum flexibility of use.

The key functions undertaken within the Pharmacy Department are:

- The management of medicines across the Trust, their safe custody and cost effective use;
- The dispensing of pharmaceutical products to patients in all clinical areas including dispensing for individual patients (inpatient or outpatient), and supplying stocks of medicinal products to nursing units, departments;
- Provision of advice and information to patients, medical, nursing and other professional staff to ensure the safe and appropriate selection, use and administration of medicines;
- The procurement and storage of pharmaceuticals, pharmaceutical products, and medical gases. For the purposes of this document the terms pharmaceutical products does include intravenous fluids;
- Ensuring the quality of unlicensed medicinal products and repackaged medicines and the environment, including aseptics, in which they are made;
- The teaching of undergraduate pharmacy students in clinical pharmacy;
- Research and development of formulations of medicines;
- Extemporaneous preparation of specialist dermatologicals;
- Supporting the CSM Adverse Drug Reaction Scheme;
- The conducting of clinical trials.

The Trust does not wish to develop a service model based upon multiple dispensaries but a single dispensary in the acute hospital, which is accessed discretely by staff and patients.
Clinical pharmaceutical services to in-patients will be provided by pharmaceutical staff based within the inpatient areas, these staff will utilise the hot desk space provided on each ward.

The model of pharmaceutical care in inpatient areas is that of a near-patient pharmacist, based on the ward. The pharmaceutical team will require a “hot desk” in the 96 bed cluster, together with a link to the Pharmacy IT software and a medicine label printer associated with the desk. Lockable (digital) medicine cupboards capable of easy washing will be available at each bed.

Patients and staff will require access to the pharmacy reception. Outpatients will attend for dispensing and education of hospital only medicines.

The management of pharmaceutical supplies will require delivery, via Receipt and Distribution centre and local storage of bulk items. It is therefore essential that the department has direct access for such deliveries and would therefore require a location at ground level.

Although it is acknowledged that a limited supply of IV fluids will be retained within the Pharmacy this specification has been developed upon the assumption that such items will be capable of ward/departmental direct deliveries, and this is reflected in the storage allowances within the Schedule of accommodation.

The Trust would also anticipate that full advantage is taken in developing the design solution of the advances in technology, which affect Pharmacy services including electronic prescribing and automation of stock control, dispensing/distribution and the provision of a pneumatic tube system capable of transporting toxic and cytotoxic medicines.

The service model, which the Trust is seeking to establish, is centred upon proactive involvement of the Pharmacist in the care of the patient, which will necessitate significant input from the pharmaceutical team within the patient areas including ICCU and the nursing units. However, although staff will regularly function outside the main department it is anticipated that some of the staff support facilities will be provided within the department.

### 2.0 Scope of Planning Policy

#### 2.1 Specific Exclusions

In developing the model of care a number of areas have been identified as not appropriate for provision within the Pharmacy Department and have therefore been specifically excluded from development within this specification.

- Emergency Department satellite Pharmacy;
- Outpatient Pharmacy;
- Radiopharmaceutical preparation has been excluded but QC support to Radiopharmacy (PPDD 11) will be provided from the Pharmacy;
- Medical gas cylinders and piped oxygen has been excluded, but QC support for medical gasses will be provided from the Pharmacy;
• Genito-urinary will be provided in a community hub;
• Facilities for storage of fluids for haemodialysis will not be required;
• The Aseptic Unit and dispensary within the BTC will remain fully operational;
• Batch storage of paper records (must be kept for 30 yrs) – off-site storage required.

The pharmacy service will require additional functionality embedded within other PPDDs which are described as noted below:

• The pharmaceutical team will require a “hot desk” in the in patient areas each 96 bed cluster, together with a link to pharmacy software through the Trust’s IT system and a medicine label printer associated with the desk;
• Lockable (digital) medicine cupboards capable of easy washing will be available at each bed;
• Urgent medication required by patients attending the Emergency Department will be provided from a pre-packed, pre-labelled supply in the Emergency Department and not dispensed at the pharmacy (PPDD 01);
• Inpatient areas and departments requiring medicines will have sufficient secure, separate storage for all medicines as set out in the Functional Brief Table [5.3.2];
• Prescription charge collection machines within the main concourse;
• Inpatient areas and departments requiring medicines facilities for removal of pharmaceutical (toxic) and cytotoxic waste. This will be included within the Neighbourhood Hub disposal holds.

2.2 Activity Figures

The Trust has identified the likely capacity requirements for the Pharmacy department. These requirements have been based on predicted numbers of items prescribed. Refer to the Activity and Capacity Model Version 5.3.

The assumptions underpinning this capacity require modifying as, in conjunction with PCTs, we have developed a new model of pharmaceutical care to outpatients. Dispensing of general outpatients is decreasing (down by 1000 items per month from 2006) but that of chemotherapy and hospital only medicines is increasing.

It is expected that the number of outpatient items will be 30% of 2006 figures.

2.3 Hours of Operation

It is anticipated that the department will operate 7 days per week over an extended day which is likely to be 08.00am to 20.00 pm. The on-call pharmacist will require 24/7 access to the dispensary and stores area, and medicines information. There will however be an emergency service requirement, which is assumed to be on the basis of automated delivery of emergency medicines to a secure collection point. Initiation of this delivery will be via remote access to the Pharmacy IT software.
2.4 **Functional Content**

A summary of the central Pharmacy facilities is provided here but reference should be made to the detailed schedule of accommodation. The accommodation consists of the following:

2.4.1 Reception & Dispensary

- Reception/Pharmacy Counter;
- Out of Hours area;
- Interview/Counselling;
- Dispensary;
- Assembly & Repacking Room;
- Resource Base;
- Medicine and Information Room.

2.4.2 Storage

- Store – General;
- Store – Cold Room;
- Store - Secure Store/Controlled drugs;
- Store – Containers;
- Store - Returned Medicines;
- Store – Unlicensed and Non-formulary Drugs;
- Store – Quarantine;
- Store - Clinical trials, unlicensed and sample medicines
- Dirty Utility – No macerator.

2.4.3 Quality Assurance

- QC Laboratory;
- Office - Quality Control.

2.4.4 Support Facilities

- Domestic Services;
- Switchgear.

2.4.5 External Functionality

- Flammables store.

2.4.6 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to support the clinical departments. In the case of Pharmacy the Neighbourhood Hub will provide:
- Reception and waiting;
- Visitor welfare facilities;
- Staff welfare facilities;
- Facilities management – soft services.

2.4.7 Administration

The Trust advocates the use of Administration Zones (PPDD 19), which will be co-located with the clinical areas they support.

2.5 Common Planning Policies

This planning policy has been developed to be read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wish to ensure consistency of approach within the facilities and as such:

- Advocate the use of repeatable rooms, as such only bespoke rooms and exceptions will be described in detail within this departmental PPDD;
- The Trust proposes the use of Neighbourhood Hubs each of which will serve a number of departments and accommodate facilities shared between departments including facilities management.

3.0 Staffing

3.1 Staffing Profile (including Management)

Refer to the Trust's staffing numbers.

3.2 Staff Development, Education and Welfare

Staff welfare facilities in the form of separate sex toilets, showers and change are provided within the shared Neighbourhood Hub. Secure lockable storage is provided for personal property whilst staff are on duty.

Future training requirements have been identified and are included in the following table [3.2].
Table [3.2] Training facilities required

<table>
<thead>
<tr>
<th>Training type</th>
<th>Facility type</th>
<th>Shared</th>
<th>Bespoke</th>
<th>No of people</th>
<th>Frequency of use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Induction</td>
<td>Seminar Room</td>
<td>Yes</td>
<td>No</td>
<td>20</td>
<td>Intermittent</td>
</tr>
<tr>
<td>CPD</td>
<td>Seminar Room</td>
<td>Yes</td>
<td>No</td>
<td>20</td>
<td>Intermittent</td>
</tr>
<tr>
<td>Pre-registration training</td>
<td>Seminar Room</td>
<td>Yes</td>
<td>No</td>
<td>40</td>
<td>Intermittent</td>
</tr>
<tr>
<td>Undergraduate clinical training</td>
<td>Seminar Room</td>
<td>Yes</td>
<td>No</td>
<td>40</td>
<td>Weekly</td>
</tr>
</tbody>
</table>

The seminar room should contain audio-visual and projection equipment to teach undergraduate and postgraduate students in clinical pharmacy. Up to 40 students at a time attend these sessions which are normally held weekly.

4.0 Key Relationships

4.1 Departmental Relationships

The key objective is the provision of Pharmaceutical services and therefore the following internal departmental adjacencies will be key:

- The Dispensary is the “hub” serving the Pharmacy Department;
- Pharmacy Administrative offices should be adjacent to the Dispensary for supervisory and communication purposes;
- Other staff accommodation should not be positioned in the high priority area surrounding the dispensary;
- The Quality Assurance office should be adjacent to the QA Laboratory in order to exercise supervision;
- External Flammable Store should be located close to the main Receipt and Distribution Centre.

The Pharmacy relationships are shown in diagram [4.1]:

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Implementation Date: Feb 2014

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Diagram [4.1] Key Adjacencies

4.2 Workflow

4.2.1 Patient Flows

Patients will not require access into the main Pharmacy areas, but will be served from Reception. Outpatients may attend the Dispensary, following an outpatient consultation. Typical patient flows are indicated in diagram [4.2.1].

Diagram [4.2.1] Patient flows
### 4.2.2 Staff Flows

In the main, staff will be based within the Pharmacy Department. Typical staff flows are shown in diagram [4.2.2].

**Diagram [4.2.2] Staff flows**

### 4.2.3 Goods Flows

The areas within the Pharmacy will draw on the Hospital for various supporting services including domestic services, together with supplies and waste disposal (further details provided within the Facilities Management policy PPDD 24 and Neighbourhood Hubs PPDD 33). Provision should enable the staff to access support facilities without leaving the Pharmacy areas. Typical goods flows are shown in diagram [4.2.3].

Controlled drugs need direct signing over to pharmacist so pharmacy should be close to Receipt and Distribution Centre PPDD 24. There should be external access directly to the pharmacy for medicines requiring personal handover to a pharmacist.
4.3 Interdepartmental Relationships

The Pharmacy should be provided with linkages to the internal hospital street network, for easy distribution of pharmaceuticals to wards and departments.

- The Pharmacy should be accessible in terms of the Receipt and Distribution Centre (PPDD 24) so that Pharmacy staff can take immediate delivery of goods, which have to be hand delivered to a pharmacist;
- Main pharmacy workload is associated with inpatients; FP10s to be used for routine outpatient’s medication; specialist treatments / hospital only medication to be dispensed from hospital pharmacy;
- QC to be located close to radiopharmacy;
- It is desirable that the Dispensary is close (within one minute travel time) to the Acute Adult Assessment Unit.
Table [4.3] Interdepartmental relationships: Pharmacy

<table>
<thead>
<tr>
<th>Close to</th>
<th>PPDD</th>
<th>Reasons</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt and Distribution Centre</td>
<td>PPDD 24</td>
<td>Immediate delivery of goods</td>
<td>Desirable</td>
</tr>
<tr>
<td>Outpatient Department</td>
<td>PPDD 14</td>
<td>Service provision</td>
<td>Desirable</td>
</tr>
<tr>
<td>Acute Adult Assessment Unit</td>
<td>PPDD 02</td>
<td>Service provision to acutely ill patients</td>
<td>Desirable</td>
</tr>
<tr>
<td>Radiopharmacy</td>
<td>PPDD 11</td>
<td>Pharmacy QC support</td>
<td>Desirable</td>
</tr>
</tbody>
</table>

5.0 Planning and Design Principles

5.1 Ambience and Decoration

The Pharmacy reception must be designed to meet the needs of patients, providing ease of access and an environment that enhances clear communication, privacy & dignity. The operational areas within the Pharmacy must be designed to be conducive to efficient working and contribute to staff morale.

5.2 Wayfinding

Clear signage should be provided to promote appropriate access to and within the Pharmacy Department. Signage should direct patients to areas where they can pay their prescription charge (viz. PPDD 32), and then on to pharmacy reception.

5.3 Security and Observation

The Pharmacy should be planned as a secure area with all entrances capable of being controlled in accordance with the Functional Brief. The number of entrances should be minimised with attendant supervision to deter unauthorised access. There should be no corridor traversing the Department as a link to other departments. See Functional Brief for security arrangements.

There should be a secure zone around the perimeter of the Department. The reception area should be outside this zone, and enable access out of hours for emergency medicines. There should be CCTV coverage of the pharmacy’s reception and emergency medicine storage areas.
The staff entrance should have access control and be located in an area which is inaccessible to the public. The pharmacy prescription counter should be high and wide to prevent staff from coming into direct contact with patients. A glass screen should be installed using a minimum of 7.5mm laminated glass. A personal attack alarm should be fitted behind the counter. The pharmacy counter/counter is to be monitored by CCTV. Controlled and other drugs are to be stored in accordance with existing regulations.

Alarm and security systems should be as follows:

- Alarm system throughout including doors and panic / threat alarm;
- All entrance / exit doors swipe card plus limited internal zone to the 24/7 areas;
- Alarm system linked to controlled drug storage areas;
- Alarm system re air handling plant & isolators;
- Alarm system linked to temperature controlled storage areas;
- Doors allowing access to the Pharmacy should close and lock automatically. Only pharmaceutical and security staff should be authorised to deactivate the Pharmacy alarm. Only pharmaceutical staff should be able to access the Controlled Drug Storage Room.

The Trust's requirements in respect of the communications network structure to support the security and call systems is set out within Functional Brief Section 3.4.

5.4 Control of Infection

The approach to control of infection within the Pharmacy can be referenced within the Functional Brief.

5.5 Manual Handling

The approach to Manual Handling can be referenced in the Functional Brief.

5.6 Fire & Safety

5.6.1 Fire

Precautions against fire will be taken by staff working within the area. The Trust Fire Safety Management Policy will be adhered to and can be referenced within the Functional Brief.

Flammable store is required within the Pharmacy Department within metal cupboards.

5.6.2 Safety

Design features that contribute to safety include hand washing facilities, finishes and furniture, storage of chemicals. Special equipment such as exhaust protective cabinets and fume cupboards will be required. Provision should be made for the storage of first aid products, chemical poison antidotes and eye-care items.
5.6.3 Radiological Protection

There are no radiological protection issues in respect of the Pharmacy Department.

5.7 Privacy and Dignity

The design should provide an environment, which respects the needs of all patients with wheelchair access, including blind and deaf persons in terms of privacy and dignity as well as facilitating the delivery of good clinical practice and care.

The dispensary needs to allow for private one to one discussions with patients. The design needs to take this into consideration through the use of for example, acoustic booths and dividers.

5.8 Environmental Parameters

The design shall ensure that temperature and humidity control are in accordance with HBN 14-01 Pharmacy and Radiopharmacy facilities. All areas not occupied by patients will be controlled by a Building Management System (BMS) to the requirements of HTM 03-01 Specialist ventilation for healthcare premises: Part A Design & Validation. However, there is a requirement for the temperature in certain areas to be adjusted outside of the parameters laid down in HTM 03-01 Specialist ventilation for healthcare premises: Part A Design & Validation.

All areas storing medicines will be temperature controlled to a maximum of 25°C with a recording monitoring system linked to Quality Assurance. Storage areas for medicines that require refrigeration or freezing will require a recordable monitoring system for Quality Assurance, with the following specific requirements:

- Dispensary temperature controlled 18 to 25°C;
- General Store temperature controlled 18 to 25°C;
- Refrigerated storage 2 to 8°C;
- Freezer storage -20 to 0°C;
- Separate quarantine store, temperature controlled 18 to 25°C;
- Separate clinical trials & unlicensed medicines store temperature controlled 16 to 25°C.

The design must take account of the Rules and Guidance for Pharmaceutical Manufacturers and Distributors (The Orange Guide) requirements.

Employing the services of companies with specific expertise in the design and build of hospital pharmacy departments is strongly supported particularly in relation to automation and aseptic manufacturing.
5.9 Environmental Criteria

5.9.1 Natural Light

The Design Brief developed by the Trust advocates the use of natural light. The Functional Brief Section 5.6 sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke natural light requirements within the Pharmacy department.

Table [5.9.1] Natural Light Matrix

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Essential</th>
<th>Desirable or None</th>
<th>External Wall</th>
<th>Atrium</th>
<th>Light</th>
<th>Roof Light / Tube</th>
<th>Percentage variation allowed from Trust’s Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of Hours Area</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
<td>Zero</td>
</tr>
<tr>
<td>Dispensary</td>
<td>Desirable</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td></td>
<td>30% (I)</td>
</tr>
<tr>
<td>Store: Cold Room</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>QC Laboratory</td>
<td>Desirable</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td></td>
<td>30% (I)</td>
</tr>
</tbody>
</table>

5.9.2 Ventilation

The Design Brief developed by the Trust advocates the use of natural ventilation. The Functional Brief Section 5.7 sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

Pharmacy facilities require air supply criteria of grade D.

The following table sets out the requirements for bespoke environmental criteria within the Pharmacy Department.

Table [5.9.2] Environmental Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Temperature</th>
<th>ac/hr</th>
<th>Pressure &amp; filtration</th>
<th>Notes in respect of permissible derogations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Min °C</td>
<td>Max °C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reception and Out of Hours Area</td>
<td>18</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dispensary</td>
<td>18</td>
<td>25</td>
<td>5</td>
<td>F7</td>
</tr>
<tr>
<td>Clean Room (all)</td>
<td>18</td>
<td>25</td>
<td>10</td>
<td>-ve F7</td>
</tr>
<tr>
<td>Assembly and repacking Room</td>
<td>18</td>
<td>25</td>
<td>5</td>
<td>F7</td>
</tr>
<tr>
<td>QC Laboratory</td>
<td>18</td>
<td>25</td>
<td>10</td>
<td>-ve F7</td>
</tr>
</tbody>
</table>
5.9.3 Acoustic Criteria

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief Section 5.8 sets out measurable requirements for each of the Repeatable.

The following table sets out the requirements for bespoke acoustic criteria within the Pharmacy Department.

Table [5.9.3] Acoustic Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Rating to be achieved to Functional Brief Table 5.8A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of Hours Area</td>
<td>E</td>
</tr>
<tr>
<td>Dispensary</td>
<td>C</td>
</tr>
<tr>
<td>Store: Cold Room</td>
<td>E</td>
</tr>
<tr>
<td>QC Laboratory</td>
<td>D</td>
</tr>
</tbody>
</table>

The A-weighted sound pressure level range for clean room installation lies between 55 dB and 65 dB.

5.9.4 Industrial & Pharmaceutical Gas Supply Requirements

There are no Medical Gas requirements within the Pharmacy areas.

5.10 Flexibility

The accommodation must enable flexible use and allow for changes in models of care and or service delivery.

5.11 IM & T

Details of the active components associated with IM&T can be found in Schedule 8 part 3 with additional reference in ADB component sheets contained in Schedule 13. Local communications and server systems requirements will be supported through the Neighbourhood Hub (PPDD 33).

Specific IT systems to be supported include the following:

- Automated dispensing systems;
- Electronic prescribing;
- Work tracking;
- Patient call system;
- Bar coding re drugs, prescriptions, patient identification.
5.12 External Space and Courtyards

Access to outside spaces (balconies, courtyards, gardens etc.) is not essential for staff or patients but gives opportunities to utilise natural lighting of rooms.

External design should take account of the need for pharmacy deliveries to be receipted directly by a pharmacist.

A separate external flammable store is required.

6.0 Equipment

The specific requirements for the Pharmacy will be addressed through the equipment selection in accordance with the Equipment Responsibility Matrix in Schedule 13.

The ADB component sheets schedule out the draft equipment list for pharmacy in accord with schedule 13.

7.0 Proposed Accommodation

In developing proposals for pharmacy reference must be made to:

- HBN 14-01 Pharmacy and Radiopharmacy Facilities;
- SMS A professional approach to managing security in the NHS;
- NSF Elderly Chapter 9 medicines;
- NSF Medicines and Older People: implementing medicines-related aspects of the NSF for Older People;
- NSF for Children, Young People and Maternity services – Medicines;
- Eudralax- Volume 4 – Medicinal Products for Human & Veterinary Use: A guide to good dispensing practice;
- NICE National Patient Safety Agency;
- Health care Commission Acute hospitals portfolio The Best Medicine – The Management of Medicines, in the Acute and Specialist Trusts;
- MCR Guidelines for Good Clinical Practice in Clinical Trials;

The schedule of accommodation has assumed a level of sharing based upon certain adjacencies stated. Should the design not achieve the appropriate adjacencies it may be necessary to review the Schedule to ensure that full functionality is delivered. The Pharmacy will require to be secured from other areas. For repeatable rooms refer to the Functional Brief.
7.1 **Reception and Dispensary**

7.1.1 Reception/Pharmacy Counter

A bespoke reception area is required allowing wheelchair access to a counter, manned by a receptionist to meet and greet patients and staff.

7.1.2 Out of Hours Area

There should be a bespoke separate and secure room from which inpatient areas may collect items. This facility must be co-located with the Reception area.

Hospital staff should have 24-hour access to this area but not to the Pharmacy.

The following functionality is required:

- Locker storage (8,000mm shelving);
- Drugs refrigerator;
- Shelving IV fluids (6,000mm);
- Pneumatic tube station;
- Outlet from the robotic dispensary system (refer section [7.2.1]).

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.1.3 Interview/ Counselling

A repeatable interview/ counselling rooms are required co-located with the reception area, containing a central bench with room for a pharmacist on the dispensing side, and a wheelchair, patient and carer on the other. The bench should have a computer monitor and access to educational material. These should be as set out within the Functional Brief.

For details of the Trusts environmental parameters, refer to the repeatable interview/counselling room as set out within the Functional Brief Table [7.2].

7.1.4 Dispensary

Within the dispensary there will be four large bench areas to accommodate robotic dispensing points, electronic counting devices, liquid measures and small balances. Potable mains water is required for the preparation of some medicines. An area fitted with stainless steel sinks should be dedicated for the preparation of small quantities of solutions and other wet products. The pneumatic tube collection point should be provided in the dispensary.

A sink is required for equipment washing together with clinical hand-washing facilities. There should be no physical barrier between the dispensary and the general store area.
A dedicated space within the dispensary is required for extemporaneous preparation - the compounding of creams and ointments, which may be particularly susceptible to microbial and other contamination during preparation. The room should achieve the air supply criteria of grade D. This facility should include a workbench to house an ungulator and hot slab (2,000mm total length) and one person adjacent to a fume cupboard used for patch tests.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.1.5 Assembly & Repacking Room

The function of this support room is to repackage items in a form suitable for patient use. It is assumed that only bought-in products will be packaged in this area. This facility should include a workbench with computer station and space for two people. It must be adjacent to the dispensary.

Details of the Trusts environmental parameters are as for the Dispensary (7.1.4)

7.1.6 Resource Base

In addition to the administration described within the shared administration zone below, a repeatable four person resource base is required as set out in the Functional Brief Table [7.2].

7.1.7 Medicine Information Room

A repeatable room is required for information, education and training of medicine.

7.2 Storage

Storage facilities should be located adjacent to the goods reception / unpacking area with easy access to the dispensary area. The flooring for all storage areas should be robust to carry metal and glass shelving, storing closely packed medicine bottles.

A suite of repeatable walk-in cool stores are required each with a 3600mm of shelving, which may be stored below ordinary room temperature. These would be utilised for the following functions which need to be stored separately:

- Medicinal products;
- Quarantine products;
- Clinical trials & unlicensed medicines.

All benches will require 2 knee holes on one side of each bench and cupboards underneath. There should be no shelving on these benches. Wall mounted shelving should be sloping with a barrier at the edge of the shelf so that stock slides towards the picker. Entry to the rear of the shelving is required to add new stock.
7.2.1 Store - General

The general store consists of an unpacking area (2000mm of workbench) and 2 freezers (-25 to -15° C) adjacent to the automated dispensing system (robot). There should be no physical barrier between the general store and the dispensary.

All temperature controlled storage areas should be fitted with an alarm system.

For details of the Trusts environmental parameters, refer to a repeatable store room as set out within the Functional Brief Table [7.2].

7.2.2 Store – Cold Room

The cold store should be adjacent to the general store.

For details of the Trusts environmental parameters, refer to a repeatable store room as set out within the Functional Brief Table [7.2].

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD.

7.2.3 Store – Secure Store/Controlled Drugs

Controlled drug storage within the pharmacy should be a separate lockable room, with 2000mm workbench room for two people and 24,000mm shelving 600mm deep. This room should have secure walls floors and ceiling.

This room should contain the controlled drug trolley 1800 x 600. A maximum of two people will be working in the room.

For details of the Trusts environmental parameters, refer to a repeatable store room as set out within the Functional Brief Table [7.2].

7.2.4 Store - Containers

30,000mm shelving for glass medicine bottles is required.

For details of the Trusts environmental parameters, refer to a repeatable store room as set out within the Functional Brief Table [7.2] with the following modifications:

- A sink assembly for washing / decontamination of containers;
- A clinical handwash basin assembly.
7.2.5 Store – Returned Medicines

A returns store is required consisting of an unpacking area, 2,000mm of workbench, adjacent to the automated dispensing system (robot), manned by three people. The functionality for which should be based upon a repeatable store room as set out within the Functional Brief Table [7.2].

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD for a repeatable Dispensary.

7.2.6 Store – Unlicensed and Non-formulary Drugs

A store is required for unlicensed and non-formulary drugs, consisting of 48,000mm of shelving.

The functionality for which should be based upon a repeatable store room as set out within the Functional Brief Table [7.2].

7.2.7 Store - Quarantine

A quarantine store is required consisting of 18,000mm of shelving.

The functionality for which should be based upon a repeatable store room as set out within the Functional Brief Table [7.2].

7.2.8 Store – Clinical Trials, Unlicensed and Sample Medicines

A store for clinical trial materials, unlicensed and sample medicines is required consisting of 288,000mm of shelving with 2,000mm workbench, desk and filing (2 x 4 drawer cabinets) for clinical trial protocols.

Details of the Trusts environmental parameters can be referenced within section [5.0] of this PPDD for a repeatable Dispensary.

7.2.9 Dirty Utility

A repeatable dirty utility without macerator is required.

7.3 Quality Assurance

The Quality Assurance service of products supports those working within aseptics, radiopharmacy and medical gases. This can be located either within the main pharmacy or the radiopharmacy.
7.3.1 Quality Control (QC) Laboratory

A bespoke laboratory requires two floor standing incubators, fridge, freezer, laboratory benches with sink, for three people. Functionality should include an equipment bench for gas testing and environmental monitoring fume cupboard.

Details of the Trust's environmental parameters can be referenced within section [5.0] of this PPDD.

7.3.2 Office – Quality Control

A repeatable four person resource base is required as set out in the Functional Brief Table [7.2]. This should be connected to the QC Laboratory and adjacent to the repacking room.

7.4 Support Facilities

7.4.1 Domestic Services

A repeatable domestic services room is required to serve the totality (excluding the Aseptic Suite) of the Pharmacy Department as set out in the Functional Brief Table [7.2].

7.4.2 Switchgear

Two repeatable switchgear rooms are required to the Pharmacy Department as set out in the Functional Brief Table [7.2].

7.5 External Functionality

7.5.1 Flammables Store

A bespoke external flammables store is required, adjacent to the delivery loading bay, containing 18 linear metres bench space and 54 linear metres of shelving.

7.6 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to the clinical departments. In the case of Pharmacy:

- Reception and waiting;
- Toilets – visitor;
- Wheelchair store;
- Staff changing facilities including showers;
- Staff toilets;
- Staff rest room;
- Beverage bay;
- Reprographics;
- Seminar room;
- Disposal hold;
- IT hub;
- Domestic services room;
- Domestic services store;
- Switchgear room;
- Sterile supplies store.

7.7 **Shared use of an Administration Zone**

Pharmacy will make use of an administration Zone for:

- Senior Managers (4 people) – 3 desks;
- Divisional Pharmacists (8 people) – 4 desks;
- Medicines Information (5 people) – 5 desks;
- CSM Adverse Drug Reaction Team (7 people) - 7 desks;
- Pharmacists in Training (10 people) – 1 desk.

The functional requirements are fully described within PPDD 19 Administration and are summarised below:

- Reprographics;
- Social area;
- Beverage bay;
- Office – open plan;
- Store – small;
- Library;
- Quiet rooms (for breakout);
- Seminar room;
- Domestic services room;
- Switchgear.

8.0 **Schedule of Accommodation**

The schedule of accommodation has been developed for the totality of the scheme as a series of tables. This schedule is included in Schedule 8 part 3.

9.0 **Glossary and Definitions**

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
MIDLAND METROPOLITAN HOSPITAL

No18
PHARMACY
OPERATIONAL POLICY
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MIDLAND METROPOLITAN HOSPITAL
PHARMACY DEPARTMENT
OPERATIONAL POLICY

KEY POINTS

1. To provide evidence based high quality, rapid medicine management.
2. To ensure that the service is delivered in a timely and efficient manner in accordance with the Trust’s needs.
3. To provide local services to the population
4. To promote and undertake research
5. To ensure staff receive appropriate training and continuing professional development activities.
6. Seamless management of the pharmacy essential/specialist services.
7. Maintain patient’s privacy and dignity.
8. An environment conducive to ensure the rapid delivery of test results.
9. Improve communication regarding diagnostic interventions.
10. This policy applies to all Trust staff in all locations including temporary employees, locums, agency staff, contractors and visiting clinicians.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
1. **INTRODUCTION**

1.1 This policy is designed to assist all healthcare professionals involved in the care of delivering the pharmacy service and provide for the safe and secure use of medicines by giving overarching guidance on the prescribing, requisitioning, storage and administration of all medications.

Pharmacy services are essential, as almost all patients are given some form of medicine during their medical care. The pharmacy staff provide a vital role in ensuring the safe prescription, supply and administration of medicines for inpatients and outpatients.

1.2 The Healthcare Commission’s Standards for Better Health require that organisations keep patients safe by having systems to ensure that medicines are handled safely and securely. The Healthcare Commission requires that the Trust has a Medicines Management Strategy which is regularly reviewed. The NHS Litigation Authority’s Pilot Risk Management Standards requires certain medicine related policies to be in place. The importance of effective medicines management has also been illustrated by specific questions relating to use of medicines being included in the National Patient Survey.

1.3 Medicines management encompasses the selection, procurement, delivery and administration of medicines including intravenous fluids and controlled drugs in accordance with Trust policy.

This includes:

- Medicines given as part of in-patient care or as part of the discharge process
- Patient self-medication
- Recording of administration
- Medication errors and discrepancies
- Accountability and responsibility

2. **OTHER POLICIES TO WHICH THIS POLICY RELATES**

2.1 Regulatory Requirements;
Pharmacy is one of the tightest controlled and externally audited areas of the Trust. Many activities are controlled by primary legislation:-

- The Medicines Act 1968 and subsequent amendments.
- The Misuse of Drugs Act and subsequent amendments. [Currently under review post Shipman].
- EC guide to Good Manufacturing Practice.
- HTM 2025 re temperature parameters.
- Other activities are controlled by EU legislation as interpreted by the Medicines Health Regulatory Agency [MHRA], and the Royal Pharmaceutical Society of Great Britain. The latter are the main influences on dispensing and preparation of aseptically manufactured medicines.

These corporate bodies usually inspect annually and at least every two years and can close all dispensing and preparation immediately, if it is below standard.
3. GLOSSARY AND DEFINITIONS

3.1 Medicinal Product/Medicine

3.2 For the purpose of the policies outlined a medicinal product’ (or a Medicine’) is defined as a substance or article, or an ingredient of either of these, (not being an instrument, apparatus or appliance) supplied for administration to human beings for a medicinal purpose.

3.3 Medicinal purpose means any one or more of the following: -

- Treating or preventing disease
- Diagnosing disease or ascertaining the existence, degree or extent of a physiological condition.
- Contraception
- Inducing anaesthesia
- Otherwise preventing or interfering with the normal operation of physiological function, whether permanently or temporarily, and whether by way of terminating, reducing or postponing, or increasing or accelerating, the
- Operation of that function or in any other way.

3.4 Exclusions:

- Disinfectants -being applied to inanimate objects.
- Reagents
- Sterile Non-Injectable Water
- Un-medicated dressings, ligatures and sutures
- Whole blood and products obtainable from the Blood Transfusion Service
- Medical Gases except that sections 7 and 8 (i.e. prescribing and requisitioning) apply for Oxygen.
- Antiseptics used as cleansing agents for the skin and wounds and Barium
- Contrast media are exempted from the requirements of section 7 and 8 (i.e. prescribing and requisitioning).

3.5 Hospital
Any establishment maintained by the Trust for the prevention and treatment of human ailments.

3.6 Controlled Drug
Any medicine included in Schedules 1, 2 and 3 of the Misuse of Drugs Regulations 1985.

3.7 Medical Officer
A person registered with the General Medical Council (Medical Act 1983).

3.8 Prescription
A request for a medicine to be dispensed and administered to a patient

3.9 Medicine Sheet
A combined order and record of administration of medicines for patients in hospital.

4. PRINCIPLES
4.1 To manage medicines in all aspects from the strategic planning of medication use within the Trust and local health economy, to helping individual patients manage their own medicines to achieve optimum pharmaceutical care.

4.2 The responsible provision of medication with a defined therapeutic goal, without unexpected untoward effects, and achieve optimum pharmaceutical care.

4.3 The key functions undertaken within the Pharmacy Department are:

- The management of medicines, their safe custody and cost effective use.
- The dispensing of pharmaceutical products to patients in all clinical areas including dispensing for individual patients (inpatient or outpatient) and supplying stocks of medicinal products to nursing units, departments.
- Provision of advice and information to patients, medical, nursing and other professional staff to ensure the safe and appropriate selection, use and administration of medicines;
- The procurement and storage of pharmaceuticals, pharmaceutical products, and medical gases.
- Ensuring the quality of unlicensed medicinal products and repackaged medicines and the environment in which they are made.
- Extemporaneous preparation of specialist dermatologicals.

5. ROLES AND RESPONSIBILITIES

5.1 Pharmacist
5.2 A person registered in the register of Pharmaceutical Chemists established in pursuance of the Pharmacy Act 1852, and maintained in pursuance of Section 2(1) of the Pharmacy Act 1 1954.

5.3 Head of Pharmaceutical Services
The pharmacist appointed as the professional head and manager of the pharmacy services.

5.4 Responsible Pharmacist
The pharmacist appointed to secure the safe and effective running of a pharmacy in relation to the sale and supply of medicines.

5.5 Superintendent Pharmacist
The pharmacist appointed to directly manage the keeping, preparing, dispensing and supplying of medicinal products.

5.6 Pharmacy Technician
A Technician holding an NVQ III, BTEC/SCOTVEC, City and Guilds or Apothecary Hall qualification in Pharmaceutical Science, and registered with the General Pharmaceutical Council.

5.7 Dispensary Pharmacists
Check and confirm the clinical suitability of the prescription prior to dispensing, unless previously confirmed by the Ward Pharmacist.

5.8 Ward Pharmacist
Check and confirm the clinical suitability of the prescription as soon as reasonably practicable, and authorise dispensing.
5.9 **Pharmaceutical Staff**
Monitor the accuracy of dispensing by recording errors made before a final check, undertaken prior to the medicine leaving the dispensary. The Head Pharmacist and head Technician will monitor the reporting system, and notify any trends in errors either of medication selection, labelling or personnel to the Head of Service. Advise on storage conditions on wards/departments.

6 **SERVICE DESCRIPTION**

6.1 Pharmacy Provision consists of:

6.1.1 **Outpatient Provision**
Where outpatient prescriptions for hospital only medicines are provided these will be supplied at main pharmacy reception. This will include provision for the Dermatology speciality.

6.1.2 Private counselling room are available and used for discussing how patients will manage their medication and integrate into their lifestyle.

6.1.3 **Inpatient Provision**
Pharmaceutical care will be combined with ward medicines management, by a cluster based pharmaceutical team. Members of the team will be available on site between 08.00 hours and 20.00 hours. The size and experience of the cluster pharmaceutical team will vary with the nature of the cluster. Critical care, admission and oncology areas will require more, very experienced clinical pharmacists than rehabilitation areas. Accommodation will be provided for eight members of pharmaceutical staff in each cluster. An access to IT software and a medicine label printer will be required as detailed within PPDD No 18 Pharmacy.

6.1.4 Automated drug dispensing will be provided within the wards. This will be supplement with additional drug dispensing on each of the clinical hubs.

6.1.5 There is an emergency service requirement out-of-hours, this will be based upon an automated delivery of emergency medicines to a secure collection point, and initiation of this delivery will be via remote access to the IT software and will be used for staff from the wards to access urgent medication.

6.1.6 Provision to Inpatient assessment areas will be prioritised. Staff collecting medicines at the main reception at the dispensary will require a means of identification, make themselves known to the receptionist and collect urgent medication.

6.1.7 **Aseptic Provision**
Aseptically prepared medicines will be transferred in from the Trust's aseptic unit at its community sites to support departments such as Medical Day Case Procedure Unit and Haematology Ward.

6.2 **Hours of Service**
It is anticipated that the department will operate seven days per week over an extended day which is likely to be 08.00 am to 10.00 pm. The on-call pharmacist will require 24 hour/7 day access to the dispensary and stores area, and medicines information.

6.2.1 There will however be an emergency service requirement, which is assumed to be on the basis of automated delivery of emergency medicines to a secure collection point. Initiation of this delivery will be via remote access to the Pharmacy IT software.
6.3 **Patient Flow**
Patients will not require access into the main Pharmacy areas, but will be served from Reception. Outpatients may attend the dispensary following an outpatient consultation this will include provision to dermatology outpatients.

6.3.1 It is anticipated that there will be minimal direct patient access as community pharmacies will be accessed. Use of FP10 [HP]'s will enable outpatients to have their medication dispensed by their neighbourhood community pharmacy.

6.4 **Proposed Accommodation**
The management of pharmaceutical supplies will require delivery, via Receipt and Distribution centre and local secure storage of bulk items. It is therefore essential that the department has direct access for such deliveries.

6.4.1 It is anticipated that full advantage is taken in developing the design solution of the advances in technology, which affect Pharmacy services including electronic prescribing and automation of stock control, dispensing/distribution and the provision of a pneumatic tube system capable of transporting toxic medicines.

6.4.2 **Reception and Dispensary**
- Reception/Pharmacy Counter
- Out of hours area
- Medicine information Private counselling
- Dispensary; An automated picking and storage system (robot) will be used. The benches will require two knee holes on one side of each bench and cupboards underneath. There should be no shelving on these benches. Elsewhere, shelving should be sloping with a barrier at the edge of the shelf so that stock slides towards the picker. Entry to the rear of the shelving is required to add new stock.
- Assembly and Repacking Room
- Administration
- Five person sub-wait

6.4.3 **Reception/Pharmacy Counter**
Prescriptions will be received here and items dispensed, seating is provided for visitors with space for wheelchair access to the pharmacy counter which is staffed by a receptionist who will provide a meet and greet service to both patients and staff. Outpatients will be instructed to wait in the medicines information room or atrium for collection of medication.

6.4.4 **Out of Hours Area**
This is a bespoke separate staff only secure room from which inpatient areas may collect items. This facility must be co-located with the reception area. A store for holding emergency stocks is located here including a refrigerator, index system and a method of recording items taken.

6.4.5 Local arrangements need to be agreed for out-of-hours or emergency access for nursing staff to the pharmacy.

6.4.6 **Medicine Information Room**
A generic interview/ counselling rooms is required co-located with the reception area, containing a central bench with room for a pharmacist on the dispensing side, and a wheelchair, patient and carer on the other. The bench should have a
computer monitor and access to educational material. A water fountain is required for patients waiting or for those who may be required to take medication(s), notice boards displaying patient information are provided.

6.4.7 **Dispensary**

Within the dispensary there will be a large bench area to accommodate robotic dispensing points, electronic counting devices, liquid measures and small balances. Potable mains water is required for the preparation of some medicines. An area fitted with stainless steel sinks should be dedicated for the preparation of small quantities of solutions and other wet products. The pneumatic tube collection point should be provided in the dispensary.

A sink is required for equipment washing together with clinical hand-washing facilities. There should be no physical barrier between the dispensary and the general store area.

6.4.8 A dedicated space within the dispensary is required for extemporaneous preparation - the compounding of creams and ointments, which may be particularly susceptible to microbial and other contamination during preparation. The room should achieve the air supply criteria of grade D. This facility should include a workbench to house an ungulator and hot slab (2,000mm total length) and one person adjacent to a fume cupboard used for patch tests.

6.4.9 **Assembly and Repacking Room**

The function of this support room is to repackage items in a form suitable for patient use. It is assumed that only bought-in products will be packaged in this area. This facility should include a workbench with computer station and space for two people. It must be adjacent to the dispensary.

6.4.10 **Resource Base**

This office will be used by a range of staff from the pharmacy teams as required and comprises of 4 office workstations with networked computers and telephones for completing patient records and arranging/coordinating care.

6.5 **Storage**

A conveyor system from the main storage areas to the 4 benches in the dispensary, this may be developed with the automated dispensing system. Each of the storage areas will require a white board. The storage temperature for all areas where medicines are stored must be maintained below 25°C, but warm enough for staff to work while seated. Cool rooms, fridges and freezers are obvious exceptions to this. Computer points are required, 6 in the dispensary and 1 in all other rooms except the cold store and a phone point in each area. (May require more than one computer point in the store)

- Store – General
- Store - Secure Store/Controlled drugs
- Store – Containers
- Store - Returned Medicines
- Store – Unlicensed and Non-formulary Drugs
- Store – Quarantine
- Store - Clinical trials, unlicensed and sample medicines

Details of the environmental parameters for storage rooms are referenced within the Functional Brief Version 9 and PPDD No 18 Pharmacy.
6.5.1 **Store – General**  
This general store room comprises of an unpacking area and 2 freezers and is fitted with constant temperature monitoring and a temperature alarm system.

6.5.2 **Store – Cold Room**  
This store room is located adjacent to the general store room.

6.5.3 **Store – Secure Store/Controlled Drugs**  
This lockable room is used to securely store controlled drugs and includes a workbench for 2 people and a controlled drug trolley.

6.5.6 **Store – Containers**  
Glass containers/medicine bottles will be washed and stored in this store room, clinical hand washing facilities with non touch taps are required.

6.5.7 **Store – Returned Medicines**  
A returns store is required consisting of an unpacking area with a workbench, adjacent to the automated dispensing system (robot), and is large enough to accommodate 3 people.

6.5.8 **Store – Unlicensed and Non-formulary Drugs**  
This store is required for unlicensed and non-formulary drugs that are essential to patient care but for which there are no licensed equivalents.

6.5.9 **Store – Quarantine**  
Medicines that may need to be quarantined pending the results of quality control assessments will be stored here prior to release for general issue.

6.5.10 **Store – Clinical Trials, Unlicensed and Sample Medicines**  
Clinical trials material, unlicensed and sample medicines will be stored here as they require segregation from other pharmaceutical supplies and will be kept with associated trial material issues and documentation. Space is also required for storing archived records, trials monitoring and MHRA inspection activities as well as the need for facilities for processing questionnaires require the provision of office facilities with filing cabinets.

6.6 **Support facilities**

6.6.1 **Domestic Services Room**
A generic domestic Services room is required to serve the pharmacy department the functionality for which is detailed within Functional Brief. This room will be used to deliver day-to-day cleaning services with the exception of the aseptic suite and cleaning materials and equipment in daily use will be stored here.

The type and number of items of equipment and materials to be stored will depend upon the finishes provided, the number and deployment of domestic services staff, and the frequency of cleaning.

6.6.3 **Dirty utility**  
A generic dirty utility without macerator is required to despise pharmaceutical components.

6.6.4 **Single Person Office**

6.7 **External Functionality**
6.7.1 **Flammables Store**
A bespoke external flammables store is required, adjacent to the delivery loading bay, containing bench areas and shelving.

6.7.2 **Good Flows**
Goods arrive in receipt and distribution centre and medicines taken immediately to the pharmacy where they will be delivered by dedicated porters to the ward medicine storage.

6.7.3 Prescription only medicines and Controlled Drugs must be delivered to the Pharmacy as they require a pharmacist’s signature.

6.7.4 **Interdepartmental Relationships**
- Medical day case procedures will need to be adjacent to the pharmacy due to the use of aseptic techniques.
- The pharmacists providing a service to the inpatient service require a close adjacency to the inpatient ward cluster in which they work.
- Medical day case procedures will need to be adjacent to the pharmacy due to the use of aseptic techniques.
- The pharmacists providing a service to the inpatient service require a close adjacency to the inpatient ward cluster in which they work.

6.8 **Business Continuity**
The contribution that pharmacists can make will depend on the setting in which they routinely provide services and their qualifications and expertise. Community pharmacies are often located in the heart of communities. They can make an important contribution in support of self-care, dispensing/repeat dispensing of routine medicines, signposting other NHS services, supplying regular medicines to vulnerable people such as residents of care homes or those with long-term conditions and maintaining medicine supplies.

6.8.1 Hospital pharmacists will play an important part in making the best use of available medicines including the appropriate use of patients’ own medicines and facilitating the discharge of patients with adequate supplies of medicines. Where there are shortages of some medicines, pharmacists are well placed to advise on the use of
alternative medicines that have a similar effect.

6.8.2 Pharmacies will play an important part in educating the community, providing positive health messages and advising patients and members of the public on medicine supply issues. Specialist clinical pharmacists may be able to support doctors and other healthcare professionals in all settings, including primary care, hospitals and the community, including:

- Mechanisms for dealing with an increased number of enquiries from patients and members of the public, including signposting to nationally available information resources.
- The potential for specialist clinical pharmacists to support the care provided to their patients outside the hospital setting by colleagues in primary care.
- The management of issues that could arise if continuity of care normally provided through third parties, such as homecare suppliers, is interrupted.
- Maximising skill mix in the delivery of core functions to enable pharmacists to concentrate on patients with complex medication problems.
- Flexible working arrangements and scope to support the work of other hospitals in the area depending on staff and transport availability.
- Providing timely training in order to underpin the most flexible possible use of staff during a period of severe workforce shortage.

6.8.3 We are obliged to purchase what we can from licensed units, only preparing in-house what is needed for our patients. In the event of closure of the aseptic unit we would purchase from the unit in BTC, then from other local hospitals then from further a field.

6.8.4 In the event of closure of the dispensary we would look to outsource all dispensing to other hospitals or community pharmacies as described above.

6.8.5 The robot system will specify separate independent components so that residual functionality will be maintained. Outsourcing as described above may be required.

6.8.6 The pharmacy computer system is managed by IT. The contingency plans for IT would be relied upon.

6.8.7 Escalation
An extension of medicines management services may be necessary to ensure continuity of acute care, to reduce routine demands on medical and nursing colleagues and to contribute to the support for specific groups of patients who would normally be treated in hospital. In all situations, hospital pharmacies will have a key role in doing everything possible to facilitate the best use of available resources by:

- Ensuring appropriate use of patients’ own medicines during their admission
- Advising other clinicians on decisions about medicine use and supporting inpatient care through clinical pharmacy and medicines management activities facilitating timely discharge of patients with adequate supplies of medicines and encouraging appropriate self-care.
• Managing logistical problems to support patient care and maintain confidence in the medicines supply chain continuing as far as possible the supply and management of medicines under existing service level agreements to other settings and providers (e.g. mental health trusts, independent hospitals etc) contributing to infection prevention and control measures.

• Medicines management will extend to therapeutic substitution.

• Identifying opportunities for pharmacists to assume responsibilities (e.g. discharge transcribing/prescribing) normally undertaken by other staff who may not be available.

6.8.8 **Major Equipment**
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit.

6.8.9 **Major Incident**

Refer to:

• Major Incident Plan
• Evacuation Plan

6.8.10 Each area will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

6.8.11 It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

6.9 **Clinical Support Services**

6.9.1 **Pathology**

Links to results [via patient administration system] will be required. Intercom link to antibiotic pharmacist’s office

6.9.2 **Infection Control**

All staff will comply with Trust Infection Control Policies, all team members who undertake aseptic nursing procedures will adhere to infection control standards for cleaning trolleys to ensure that risk from infection is kept to a minimum.

Needs to be adequate storage for safe segregation of waste.

All medicines to be stored at least 30 mm above the floor.

Comply with Trust policy for Infection control.

6.9.3 **Sterile Services**

6.9.4 **Manual Handling**

Refer to the Moving and Handling Policy.

6.9.5 The design and layout of the equipment, clinical areas and storage areas in use will
be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

6.9.6 Expertise will be sought to ensure the storage facilities are conducive for minimum handling.

6.9.7 Space will be allowed for the use of electric truck for the unloading of goods and loading onto storage systems.

6.9.8 All storage will be ergonomically designed to avoid stooping, stretching and twisting where possible.

6.10 Non Clinical Services

6.10.1 IT
Electronic Patient record (EPR), hospital communications and ordering systems will be required with access at main reception, nursing points and office resource base.

6.10.2 Transport
This will be required to transport patients where applicable and will be booked by the clerical staff via a central booking process.

6.10.3 Porters Service
A porter’s service will be available and will be booked via telephone; wheelchairs will be used from the hub wheelchairs store.

6.10.4 General Store Delivery
Facilities Support services – Material handling section to be developed.

6.10.5 Catering
Patients will be able to access the public food courts/retail outlets.

6.10.6 Linen
Linen will be delivered to the central linen store.

6.10.7 Domestic Service
Refer to PPDD 24 (Facilities)

6.10.8 Maintenance
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.

6.10.9 Security
Refer to the Security Policy

6.10.10 Fire Procedure
Refer to the Fire Safety Management Policy

6.10.11 Waste Management
Refer to PPDD 24 (Facilities)
7. CONSULTATION
An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to the management team and capital projects team for comments. The outcome of this consultation has been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS
Compliance with the requirements of the policy will be monitored by the Clinical Group Director of Operations.

Evidence would be that the policy was included in the Pathology Quality manual with compliance audited as part of the clinical governance/pathology audit activity including monitoring of mandatory reading forms.

9. TRAINING AND AWARENESS
The policy will be issued to pharmacy staff as part of a local induction package and incorporate into the existing quality manual that is mandatory reading for all pathology staff. Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the pathology department and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY
The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. REVIEW
This policy will be reviewed in three years time. Earlier review may be required response to exceptional circumstances, or relevant changes in guidance.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY

- SMS A professional approach to managing security in the NHS
- NSF Elderly Chapter 9 medicines
- NSF Medicines and Older People: implementing medicines-related aspects of the NSF for Older People
- NSF for Children, Young People and Maternity services – Medicines
- Eudralax- Volume 4 – Medicinal Products for Human & Veterinary Use: A guide to good dispensing practice
- NICE National Patient Safety Agency
- Health care Commission Acute hospitals portfolio The Best Medicine – The Management of Medicines, in the Acute and Specialist Trusts
- MCR Guidelines for Good Clinical Practice in Clinical Trials
- The Safe and Secure Handling of Medicines: A Team Approach. Royal Pharmaceutical
13 FURTHER ENQUIRIES

13.1 Managers must inform new employees and remind existing employees of the requirements of the detail of this policy.

13.2 Copies of the policy are available on the Trust intranet.

13.3 The pharmacy team will provide advice and support on the implementation of this policy.
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| Name: G. Seager | Post: Project Director | Signature: |

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**Midland Metropolitan Hospital**

Planning Policy & Design Description

**Sandwell & West Birmingham Hospitals NHS Trust**
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Disclaimer

This document has been prepared for use by Sandwell and West Birmingham Hospitals NHS Trust (SWBH) in connection with the titled project or named part thereof and should not be relied upon by any other person or used for any other project without an independent check being carried out as to its suitability and prior written authority of SWBH being obtained. Neither SWBH nor its advisors accept any responsibility or liability in connection with this document being used by any other person or being used for any other purpose other than the purpose for which it was commissioned nor do they accept any duty of care to any other person in connection therewith. Any person using or relying on this document for any other purpose agrees, and will by such use or reliance be taken to confirm his agreement, to hold SWBH and its advisors harmless from any and all losses and/or damages resulting therefrom.
1.0 Philosophy of Service

Staff working within Sandwell and West Birmingham NHS Trust will require administration accommodation to support efficient and effective work practice. Where staff are required to meet with patients and/or their escort/representative, this will take place either in a clinical area where interview/counselling rooms will be provided, or at concourse level where a suite of public access accommodation will be provided. It is therefore explicit that in the main, the administration accommodation is for hospital staff and trade representatives and not patients or visitors.

The clinical administration accommodation may include the following functions:

- Consultants
- Matrons
- Clinical Nurse Specialists
- Medical secretaries
- Infection Control
- Staff who require use of a desk whilst working within the building.

2.0 Scope of the Planning Policy

2.1 Specific Exclusions

A suite of offices and interview counselling rooms is included within the Main Entrance (PPDD 32) for staff who regularly need to interface with members of the public.

2.2 Activity

Not Applicable.

2.3 Hours of Access

The facility will be available to staff 24/7.

2.4 Functional Content

A summary of the Administration facilities is provided here but reference should be made to the detailed schedule of accommodation. The support accommodation is based upon clusters of 25 people, generally in pairs. The accommodation consists of the following:

- Personal storage assembly
- Quiet room
- Meeting room
- Seminar room (shared)
- Store
- Social Area
- Beverage bay
- Reprographics

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2.4.1 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to support the hospital departments. In the case of the Administration Zones the Neighbourhood Hub will provide:

- Reception and Waiting
- Visitor welfare facilities
- Staff welfare facilities
- Facilities management – soft services.

2.5 Common Planning Policies

This planning policy has been developed to read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wishes to ensure consistency of approach within the facilities and as such:

- Advocate the use of repeatable rooms, as such only bespoke rooms and exceptions will be described in detail within this departmental PPDD
- The Trust proposes the use of Neighbourhood Hubs each of which will serve a number of departments and accommodate facilities shared between departments including facilities management.

3.0 Staffing

3.1 Staff Development: Education and Training

Staff welfare facilities in the form of separate sex toilets, showers and change are provided within the Neighbourhood Hub.

The Trust has considered the numbers of staff likely require training at any one time and it is considered that the facilities provided within the administration zones, neighbourhood hubs and education and training department will meet the training needs.

4.0 Key Relationships

4.1 Departmental Relationships

The key objective for the administration facilities on the acute site is to provide centralised office and support facilities for the Trust. The support accommodation will be provided for every 50 multi-person office spaces. Therefore there will be scope for considering co-location of reception and/or waiting areas when the design solution is being worked through. The departmental relationships required are:
The quiet rooms should be easily accessible from the multi-person offices. These may be grouped together or in 2/3 groups dependent on design solution.

The seminar room and beverage bay should be centrally located for ease of access by all.

The facilities will require support from the following non-clinical services:

- Security
- Portering – for deliveries of Post and Goods and for the management of waste.

### 4.2 Workflows

Patients or their representatives/visitors will not access the administration accommodation.

Typical staff flows are shown in diagram [4.2].

#### Diagram [4.2] Staff flows

![Diagram of staff flows](image)

### 4.3 Interdepartmental Relationships

The administration should be co-located with, or in close proximity to, the relevant clinical areas, and therefore in several smaller areas.

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5.0 Planning and Design Principles

5.1 Ambience and Decoration

Opportunities should be taken to maximise natural ventilation and natural light in all rooms. Rooms should have wall colours which promote a calm and relaxing atmosphere.

The Trust has a vision to provide a “quality” environment in which administrative staff will be based. A holistic approach is required to the range of accommodation required. The Trust vision has been captured as a series of “theme boards” which are included as an appendix to this PPDD.

5.2 Wayfinding

Signage in and at the entrance of the administration accommodation should clearly indicate the support facilities.

5.3 Security and Observation

The department must be secured by an access control system to prevent unauthorised access.

The Trust’s requirements in respect of the communications network structure to support the security system is set out within Functional Brief Section [6.6].

5.4 Control of Infection

The approach to control of infection can be referenced within the Functional Brief.

5.5 Manual Handling

The general hospital approach to Manual Handling can be referenced within the Functional Brief.

5.6 Fire & Safety

5.6.1 Fire

Precautions against fire will be taken, by staff working within the area. The Trust’s Fire Safety Management Policy will be adhered to and can be referenced within the Functional Brief.

5.6.2 Safety

Design features that contribute to safety include hand washing facilities, finishes and furniture.

5.6.3 Radiological Protection

There is no requirement for radiological protection the administration zones.
5.7 Privacy

The design of the facilities needs to provide an environment which respects the needs of all in terms of the promotion of efficient and effective working, as well as facilitating the delivery of confidential communication.

5.8 Environmental Parameters

The design of the facilities shall ensure that temperature and humidity control are controlled by a Building Management System (BMS) to the requirements of *HTM 03-01 Specialist ventilation for healthcare premises: Part A Design & Validation*.

5.9 Environmental Criteria

5.9.1 Natural Light

The Design Brief developed by the Trust advocates the use of natural light. The Functional Brief sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

5.9.2 Ventilation

The Design Brief developed by the Trust advocates the use of natural ventilation. The Functional Brief sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

5.9.3 Acoustic Criteria

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

5.9.4 Medical Gas and Power Supply Requirements

There are no Medical Gas requirements within the Administration areas.

5.10 Flexibility

The design needs to enable flexibility of use of the accommodation, to meet future patterns of working and also the numbers of people meeting together at any one time.

5.11 IM & T

Details of the active components associated with IM&T can be found in the Functional Brief.

5.12 External Space and Courtyards

Access to outside spaces (courtyards and gardens) is desirable but not essential.
6.0 Equipment

The specific requirements for these facilities will be addressed through the equipment selection in accordance with the Equipment Responsibility Matrix in Schedule 13.

The component sheets of the ADB Sheets schedule out the equipment list corporate and clinical administration in accord with Schedule 13.

7.0 Proposed Accommodation

The rooms described below are solely in respect of Bespoke Rooms or Repeatable Rooms which require modification.

For Repeatable Rooms refer to the Functional Brief.

7.1 Administration Zone

Each administration zone will include as a minimum the following accommodation.

7.1.1 Personal Storage Assembly

Within each administration zone personal storage is required for staff and teams to accommodate the following:

- Working paper documents
- Personal / team reference materials
- Personal items
- Small tools or equipment.

7.1.2 Quiet Room

Within each administration zone four quiet rooms (2 per 25 place office) are required. These should accommodate a single staff member who wishes to undertake private study, make confidential phone calls or have access to an environment for detailed work requiring concentration.

These spaces need to achieve the following:

- Maintain Acoustic Privacy
- Access to IT.

The ergonomic parameter must include:

- Single glazed door and side screen preferably full height
- Furniture consisting of a work surface and chair
Access to IM&T (end devices, telephones and computers to be brought in as required).

Detail of the Trust’s Requirements in respect of Environmental and IM&T Criteria can be referenced as follows:

- Natural light – Functional Brief section [5.9] (office)
- Heating & Ventilation – Functional Brief section [5.10] (office)
- Acoustic parameters – Functional Brief section [5.11] (office)

### 7.1.3 Meeting Room

Within each administration zone two meeting rooms (1 per 25 place office) are required. These should accommodate meetings and discussions for up to six people and be based upon the principles set out for a repeatable interview counselling as referenced within Functional Brief Table [24] with the following additional functionality:

- Able to facilitate ‘round table’, group discussion and interviews, small workshops and group activities
- Paperless meetings, i.e., electronic support for agenda, minutes and documents
- Provision for laptop computer presentation or projected images onto a screen.

### 7.1.4 Seminar Room (shared)

A repeatable seminar room is required (1 per 50 place office), with twenty place provision for activity as set out in the Functional Brief Table [24] and Section [7.12].

### 7.1.5 Store

A repeatable departmental store is required as set out in the Functional Brief Table [24] and Section [7.11] to serve each Administration Zone.

### 7.1.6 Social Area

An allowance of 6.0m² has been made to accommodate a social area within the open plan areas arranged in an informal configuration for social interaction and the consuming of beverages. The environmental parameters should be as set out within section [5.10] of the Functional Brief for a day room.

### 7.1.7 Beverage Bay

A repeatable beverage bay will be provided which should be co-located with the Breakout Area as set out in the Functional Brief Table [24] and Section [7.8].
7.2 **Shared use of a Neighbourhood Hub**

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to the clinical departments. In the case of Administration:

- Reception
- Toilets – visitor
- Staff changing facilities including showers
- Staff toilets
- Staff rest room
- Beverage bay
- Reprographics
- Seminar room
- Disposal hold
- IT hub
- Domestic services room
- Domestic services store
- Switchgear room.

8.0 **Schedule of Accommodation**

The schedule of accommodation has been developed for the totality of the scheme as a series of tables. This schedule is appended to Schedule 8 part 3. Appendix 1 illustrates an example of the Trust’s vision for office accommodation.

9.0 **Glossary and Definitions**

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
Appendix 1: Office Accommodation – The Trust’s vision
ADMINISTRATION OPERATIONAL POLICY

KEY POINTS

- This policy outlines how the administration facilities will work in the Midland Metropolitan Hospital.

- The administration service will provide efficient and effective working facilities for the staff of the Trust in an agile working environment which works to paper-light principles.

- Flexible workstations will be provided for all staff that can be booked in advance

- Facilities will be provided for quiet working, meetings, teleconferencing and social interaction.

- Flexible workstations can be booked in advance within a staff member’s own ‘home area’ or another home area if proximity is not possible

- The administration facility will be available 24/7

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
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1 Introduction

The Trust is committed to ensuring that the Midland Metropolitan Hospital (MMH) administration facilities are utilised effectively and provide an optimal working environment.

This policy outlines how this will be achieved.

2 Objectives

The objectives of the policy are to:

- Outline how the administration facilities will work in the Midland Metropolitan Hospital
- Inform and support the Planning Policy and Design Descriptions in the specification for the Midland Metropolitan Hospital

3 Scope

The scope of the policy is the Midland Metropolitan Hospital only. The scope includes all staff and others using the department.

4 Definitions

4.1 Flexible Workstation
Workstations not allocated to any particular member of staff, sometimes know as ‘hot desks’.

4.2 Home Areas
Areas identified for particular groups of people through operational arrangements following the opening of the Midland Metropolitan hospital.

4.3 Corporate Administration
The majority of corporate administration will not be based in the Midland Metropolitan Hospital and will be located within retained estate. Clinical administration will be based within the building.

4.4 Timing Out
This will occur when staff do not arrive at a desk or meeting room as booked. A time period will be set after which, if staff do not arrive, the space can be used by any others requiring it.

4.5 Clean Desk Protocol
The protocol outlined in this policy which states that staff must not leave any items on a desk when they vacate it and should leave it tidy as found on arrival.

4.6 Tidy Room Protocol
The protocol outlined in this policy which states that staff must not leave any items in a room when they vacate it and should leave it tidy as found on arrival.
5 Roles and Responsibilities

5.1 Lead Director

(The lead director will be the Chief Operating Officer in consultation with the Director of Estates)

- To ensure that the policy is implemented on the opening of the Midland Metropolitan Hospital
- To initiate the transitional projects required to move to the new ways of working

5.2 Group Manager

- To ensure that effective home areas are implemented
- To ensure that administration accommodation capacity supports demand for the division
- To foster flexible working arrangements and culture to move towards new ways of working
- To ensure that staff follow this policy

5.3 IT

- To provide technology-based solutions and ongoing support for the function outlined in this policy

5.4 All Staff

- To use the facilities in the manner set out by this policy
- Co-operate with the Trust’s implementation of this policy

6 Philosophy of Service

6.1 Service Objectives

The objectives of the administration service are to:

- Facilitate all administration activities of Trust staff
- Provide ergonomically suitable work stations supported by effective technology
- Maximise wireless technology and flexibility so that staff can undertake administrative tasks in any convenient location when use of a formal workstation is not required
- Ensure that quiet areas for work, confidential phone calls and meetings are available to staff
- Provide bookable meeting rooms
- Enable effective communications between individuals and groups using technology for access regardless of location
- Provide reprographics and other office facilities as required
- Support social interaction and effective team working
- Provide a good working environment that supports productivity and staff morale
• Provide storage processes and facilities in line with a ‘paper-light’ approach to document management

6.2 Principles of Service

The administration service will provide efficient and effective working facilities for the staff of the Trust. It is not anticipated that patients or members of the public will be using the service.

The service will maximise utilisation of administration accommodation. This will require provision of:

• Flexible workstations for all staff that can be booked in advance
• Facilities which can be booked for quiet working, meetings, teleconferencing, and social interaction.

Working practices will be developed which, together with staff working together in home areas, will ensure that team working will be enhanced.

The Trust will adopt flexible approaches to working with some staff working from remote locations where service delivery will allow.

IM&T and telecommunications technology will be used to maintain effective administration functions.

6.3 Service Description

6.3.1 Administration

Administration will be based close to clinical departments in the main hospital building and may be used by the following staff groups:

• Consultants
• Matrons
• Clinical Nurse Specialists
• Infection Control
• Medical secretaries
• Staff who require temporary use of a desk whilst working within the building

Other staff will work in administration facilities based in retained estate, unless based within departments such as PALS or the Facilities general office, who will work within agile working areas within the departments. Where corporate administration staff require temporary access to desk space within the building, desks will be bookable within the administration areas.

6.3.2 Zone Structure and Home Areas

The proposed accommodation is described within PPDD19 and Functional Brief.

The zone structure ensures that each group of 50 workstations has a set of support accommodation as described in this section.
Working practices will be developed to define ‘home areas’ within zones to provide space for teams to work in close proximity with each other and with colleagues in other similarly oriented teams.

However, the boundaries of home areas will be flexible to enable full utilisation of the area. This will ensure flexibility across home areas at peak times and allow any member of staff to work in any ‘home area’ in any zone to ensure access to workstations and to allow a staff member to work closely with another team for specific purposes.

Protocols will be developed to ensure fair access.

6.3.3 Flexible Workspace

There will be no allocated workstations.

Flexible workstations will be booked in advance within a staff member’s own ‘home area’ or another home area if proximity is not possible.

Staff will report to the desk booked at the specified time and log their arrival. Failure to arrive within a specified time will result in ‘timing out’ allowing the desk to become free for others to use.

When a booking has not been previously made staff may use any desk not already in use and not booked on arrival. This can be within their ‘home area’ if available (and required) or it can be within any other area.

A clean desk protocol will be established to ensure that users are able to access a tidy space whenever required. Storage will be provided to allow staff to keep items they require while working in the administration areas.

6.3.4 Special Requirements

Special requirements will be taken into account to support equality and diversity. Staff members requiring very specific adjustments to workstations will be allocated priority on the space adapted for them. However, when not in use the space can be used by others.

Provision of common special requirements will be provided across all areas, for example: a number of ergonomic chairs for back and neck pain sufferers will be available across all zones. Furniture and equipment will have built in flexibility for height where possible.

6.3.5 Telecommunications

The provision of communications technology will enable calls to follow staff working at flexible workstations.

Teleconferencing facilities will be available to staff requiring this function for their job roles.

6.3.6 IM&T

Staff will use fixed desk top computers or laptops according to the requirement of their job roles.

Staff requiring specific software will be able to access it regardless of location – this will be enabled by new IT software management policy supported by new technology as required.
Staff needing to move their administration function to remote locations will use laptop computers with appropriate encryption and security arrangements being provided by the IM&T department. Staff will follow strict information governance policy as defined by the Trust. Laptop users will insert their laptops into a docking station at work to use ergonomically suitable working conditions.

All staff will make use of individual and / or shared space on Trust servers to ensure safety of data and work saved. Work will not be saved onto the local hard disks of desk top computers. The transition to these arrangements will be managed by the IM&T department prior to the move to the new hospital.

Staff may need to use laptop computers in other areas such as meeting rooms, clinical areas, the restaurant and rest areas. This approach will not be encouraged for more than short periods of time to avoid health and safety / issues of appropriateness. Wireless technology will be provided throughout the new hospital and corporate administration building to enable use of mobile technology as required.

6.3.7 Storage

The Trust will develop team and individual storage solutions for electronic documents and paper where still required in a ‘paper light environment’

The section above describes a transition to shared drives for storage of electronic documents. Electronic document handling solutions will be developed to store documents requiring careful governance requiring the implementation of retention regulations.

Some secure storage of paper documents will still be required but this will be minimised. Use of off-site storage will be considered if required during the transition to ‘paper-light’ processes. This will require an occasional ability to move heavy files to and from the storage area.

Storage of the following may be required:

- Working documents on paper
- Personal / team reference materials
- Personal items
- Small tools or equipment

A variety of filing and storage solutions will be developed for a minimal amount of items that need to be stored.

6.3.8 Printing and Document Production

The printing of documents will be minimised in the transition to a ‘paper-light environment’. This should be reinforced as much as possible to reduce the cost, environmental and storage implications of generating paper.

However, it is likely that some printing will be required during the transition and also in the longer term for specific purposes. Streamlined printing facilities will be provided at zone level requiring data safety features to ensure that only authorised staff members can collect printed materials.
6.3.9 **Quiet working**

Quiet rooms will provide privacy to enable staff to:

- Manage confidential conversations with individuals.
- Have quiet time for detailed work requiring concentration.
- Make confidential phone calls using mobile phones. Fixed phone terminals will not be required in these quiet rooms as they are not intended to be adopted as dedicated office space for individuals.

These rooms will be bookable or can be accessed when needed if available. Shorter timeslots will be adopted to ensure that utilisation is maximised. ‘Time out’ rules will be applied as described above for workstations.

6.3.10 **Meeting rooms**

Meeting rooms for up to six people can be booked in advance or accessed when required if free. ‘Time out’ rules will be applied as described above for workstations.

These rooms will be used for meetings of all types, group discussions, interviews, small workshops and group activities requiring input from more than one person.

Meeting room design will enable staff to manage their meetings without the use of paper for meeting agenda, minutes and documents. Laptop computers / other electronic solutions will be used rather than paper.

A tidy room policy will be adopted to ensure that rooms are ready for use at any time.

6.3.11 **Seminar Rooms**

Seminar rooms, for 20 people, will be used for meetings, training and seminars.

Seminar room design will enable staff to manage their meetings without the use of paper for meeting agenda, minutes and documents. Laptop computers / other electronic solutions will be used rather than paper.

Ceiling mounted data projectors will be provided.

Extensive wireless connectivity, high spec broadband / IT links or network points will be provided with capacity to support:

- Video and teleconferencing
- Telemedicine
- PACS
- E-Learning, webinars etc
- Remote viewing of surgical and other procedures
- Portable learning technologies
- Facility for online learning/tutoring/discussions/forums for education and training purposes (e.g. unrestricted access to internet-based learning options)

A tidy room policy will be adopted to ensure that rooms are ready for use at any time.

These rooms will be booked through an integrated booking service.
6.3.12 Breakout / Social Interaction

Staff will use breakout areas for informal work meetings such as brainstorming, catching up, handing over, induction meetings etc.

These areas will also be used for social interaction.

Beverage areas will be used to prepare drinks and snacks.

7 Hours of Service

This facility will be available to staff 24/7.

8 Staff and Goods Flows

Staff and goods flows are outlined in PPDD 19. The core area will be the multi-person office with support services located within easy access from across the zone.

Goods flows will be kept as separate as possible.

Flows between workstations and support services need to minimise disturbance caused by staff walking past desks on route to facilities.

Way finding needs to be really clear using colour or other devices to define zones, home areas, meeting rooms etc. to minimise disturbance cause by staff asking the way.

9 Activity/Workload

The activities supported by the Administration service include:

- Working at a computer
- Making telephone calls
- Teleconferencing
- Having meetings
- Managing documents
- Printing documents
- Reading documents
- Advising staff / working together
- Social and informal interaction
- Thinking and preparing

10 Description of Functionality

10.1 Proposed Accommodation

The proposed accommodation is described in PPDD 19 and PPDD00. In summary:

Per 50 workstations:

- Small meeting rooms (one per 25 workstations) for up to 6 people
- Quiet rooms / privacy booths (two per 25 workstations) for a maximum of one person working at a desk with a phone, plus space for one other to be seated
- Seminar room, seating 20. One per 50 workstations to be provided.
- Break out / social area to accommodate six people in an informal configuration
- Team and personal storage
- Beverage Bay

Other accommodation as described in PPDD 19

10.2 Interdepartmental Relationships

There are no interdepartmental relationships; although it would be appropriate for ‘home areas’ to be located close to the relevant clinical working environment. This will impact on working practices rather than the design.

11 Staffing

11.1 Staffing Profile

Flexible working arrangements will enable administration to take place within 240 clinical administration workstations

Additional corporate administration facilities will be available in the retained estate.

11.2 Staff Development, Education and Welfare

Staff development and education will take place in seminar rooms in the administration zones, in neighbourhood hubs near working areas, in facilities booked in the Education and Training department, or in training facilities provided in retained estate.

Staff welfare facilities will be accessed in neighbourhood hubs in line with PPDD33. This will include toilets and showers for staff. It will also include reception and waiting for visitors.

12 Business Continuity

12.1 Escalation

12.1.1 Desk / Meeting Room Space Demand Exceeding Supply

Demand and capacity will be reviewed as part of a transition project which will start at least two years before commissioning of the new hospital. It is assumed that working practices will have changed considerably by the time the hospital opens with the result that peaks in demand will be minimised.

However, it is acknowledged that pressure on facilities will occur at times until new working practices are embedded. Escalation to group managers may be required to ensure business continuity if demand for workstations exceeds supply at certain times of day.

Escalation measures would include use of wireless functionality to use laptops in locations across the hospital.
12.2 Non-availability of Administration Space

Non-availability of single administration zones of more than half a day will be mitigated by:

- Consolidation into other zones
- Cancellation of non-essential meetings and utilising the space that yields
- Prioritisation of operational tasks required to deliver the service

Non-availability of multiple zones will be mitigated by the measures above with strict prioritisation imposed.

Short term non-availability (< 2 hours) will be managed depending on circumstances – the most likely circumstances will be that staff vacate and return to clinical areas/wait for desk space to become available.

12.3 Major Incident

Gold control will be located within Level 4 administration zone. In the event of a major incident this area will be managed in line with the major incident policy. PPDD 19 will record requirements for the suite of rooms required.

In the event of a major incident staff will act in accordance with their roles as described on major incident action cards.

A major incident within the site requiring evacuation will require all staff to leave the building in line with evacuation procedures.

13 Regulatory Requirements

The service will be managed in line with the following regulatory requirements:

- Health and safety at work
- Data protection act
- Freedom of information act
- Retention of records
- Clinical Support Services

14 Clinical Support Services

14.1 Pharmacy
N/A

14.2 Infection Control
N/A

14.3 HSSU
N/A
14.4 Manual Handling

Staff will handle all goods in line with the Trust Manual Handling Policy.

14.5 Healthcare Records

Staff will manage healthcare records in line with the Trust Health Records Policy.

15 Non Clinical Support Services

15.1 IT

IT services will be required to maintain business continuity in administration zones. Staff will contact the IT helpdesk in case of problems.

15.2 Transport

N/A

15.3 Portering Service

N/A

15.4 Catering

Catering will sometimes be required for the provision of refreshments when events are held in administration seminar / meeting rooms.

15.5 Linen

N/A

15.6 Domestic Service

Domestic services will be required to maintain a clean environment.

15.7 Maintenance

Maintenance will be required to repair and maintain the built environment.

15.8 Security

Security measures will be required out of hours when risk levels increase for workers entering / leaving the building alone.

15.9 Fire Procedure

Staff will act in line with the Trust Fire Policy.
15.10 Waste Management

Paper production will be minimised as far as is as possible. However, some waste is likely to be created. Sustainable approaches to disposal will be used. Confidential waste will be destroyed safely ensuring that data is not disclosed.
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Disclaimer

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<table>
<thead>
<tr>
<th>20 Multi Faith Centre</th>
<th>Code:</th>
<th>Issue: 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Quality Service reference: 0.0</td>
<td>Version No. 11.0</td>
<td>Implementation Date: June 2014</td>
</tr>
<tr>
<td>Page 4 of 17</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1.0 Philosophy of Service

The population of Sandwell and West Birmingham, and the staff working within the Trust are of a wide diversity of cultures and religions. The Trust requires the provision of a facility which can meet those differing needs as effectively and sensitively as possible. The Multi Faith Centre must offer a place for worship and quiet contemplation, which is acceptable to the major religions of the local population and staff, whilst also being sensitive to the needs of other faiths, and those of no religious faith.

The Trust employs a Multi Faith Team of Chaplains. It is anticipated that a single facility will be provided to support the whole hospital for use by patients, visitors and staff, volunteers and students. The design should not focus an emphasis on any particular faith and a location which is central and accessible for all stakeholders is essential.

The Trust’s motto for the prayer areas is "open to all and always open". The Trust aspires for this to be the policy in the new acute facilities.

2.0 Scope of Planning

2.1 Specific Exclusions

None.

2.2 Activity and Scope

The basis for arriving at the total provision and functional requirement was developed through discussion with the relevant stakeholders and the "space is medicine" workshop.

2.3 Hours of Access

The prayer areas to the Multi Faith Centre will be available for 24 hours of every day. Bed (Kings Fund bed with orthopaedic attachments / system support equipment) and wheelchair access for patients must be provided. Chaplains are on call for 24 hours a day and require access to the Centre at any time.

2.4 Functional Content

The Multi Faith accommodation consists of the following facilities:

- Worship Area:
  - Worship Area
  - Ablutions
  - Worship Support Area.
- Public Areas:
  - WC - OSFA
  - Breakout Space
  - Interview Counselling.
- Administration & Support:
  - Administration
  - Beverage Bay
  - Storage
  - Domestic Services
  - Switchgear
  - Quiet Space.

2.4.1 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to support the clinical departments. In the case of the Multi Faith Centre the Neighbourhood Hub will provide:

- Reception and waiting
- Visitor welfare facilities
- Staff welfare facilities
- Facilities management – soft services.

2.5 Common Planning Policies

This planning policy has been developed to be read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wish to ensure consistency of approach within the facilities and as such:

- Advocate the use of repeatable rooms, as such only bespoke rooms and exceptions will be described in detail within this departmental PPDD
- The Trust proposes the use of Neighbourhood Hubs each of which will serve a number of departments and accommodate facilities shared between departments including facilities management.

3.0 Staffing

3.1 Staffing Profile

Refer to Trust staffing profiles.

3.2 Staffing Development, Education and Welfare

Staff welfare facilities in the form of separate sex toilets showers and change are provided within the Neighbourhood Hub. Secure lockable storage is provided for personal property whilst staff are on duty.

Chaplaincy staff and volunteers require intermittent access to seminar and meeting facilities in the neighbourhood local hub for education and training purposes. It is essential that the Multi Faith Centre is collocated with a seminar room for ad hoc use.
4.0 Key Relationships

4.1 Departmental Relationships

The key objective for the inclusion of the Multi Faith Centre is the provision of a facility that will support the spiritual needs of people on the hospital site and therefore the following adjacencies will be key:

- Ablution facilities should be provided as en-suite to the prayer areas
- The interview/counselling room should be easily accessible
- The office area should be immediately adjacent to the interview/counselling room.

The department will require support from the following non-clinical services:

- Security
- Domestic services.

4.2 Workflow

4.2.1 Visitor Flows

Visitors (that is, patients, visitors and staff) to the Multi Faith Centre may require access at any time of the day or night. Visitors may either be responding to faith worship / prayer requirements or be requiring support due to bereavement, ill health or supporting a critically ill relative. Specific meetings / prayer times / services will be scheduled according to faith requirements and as future requirements are identified. The worship area should provide space for group worship and simultaneous usage for one of the other worship/prayer focal points by up to three members of another faith, for example, Friday afternoon Muslim prayers or Sunday Christian services. The ability to access the OSFA WC initially and then the ablution area immediately on entering the group worship rooms will be required. Visitors may meet with a chaplain for counselling in an interview / counselling room.
Diagram [4.2.1] Visitor flows

4.2.2 Staff Flows

Whilst on the hospital site, Chaplains may be in the Multi Faith facility or may be wherever required on site, therefore a central location which is easily accessible from inpatient and outpatients staff and visitor areas is essential.

Diagram [4.2.2] Staff flows
4.2.3 Goods Flows

Good flows should be kept as separate from patient / visitor flows. In the main, the facility will draw on the Hospital for security and domestic services.

Diagram [4.2.3] Goods flows

4.3 Interdepartmental Relationships

The facility will be accessed from all areas on site, with significant activity coming from in-patient areas. Therefore, a central location with direct access from the internal hospital street network is required.

It is essential that the Multi Faith Centre is adjacent to a seminar room for ad hoc use.

5.0 Planning and Design Principles

The key design consideration is balancing the need for an appropriate patient, visitor, staff flow with easy access, with the optimum sharing of support facilities.
5.1 Ambience and Decoration

The Multi Faith Centre must be designed to meet the needs of people using the facility, providing ease of access and an environment that enhances the reduction of anxiety and supports patient dignity. Rooms should have wall colours, which promote a calm and relaxing atmosphere. Neutral wall and floor colourings should be used in all areas so as to avoid association with any particular faith or religion. Photographic and or artistic representations of major faiths and their symbols should be displayed in the corridor approach to the Centre.

5.2 Wayfinding

Signage in the Department should clearly demarcate and indicate the direction of the different areas. Due consideration will be given to way finding as described in the Functional Brief. Signage in and at the entrance of the Multi Faith Centre should clearly indicate the direction of the different areas. External signage is also important to guide people to the Multi Faith Centre from all public and clinical areas of the hospital. Signs should, where appropriate make use of graphic icons and / or include translation. To reflect the need to have the wayfinding, include symbols of all faiths clearly demonstrated.

It is important that the way finding strategy differentiates between the Multi Faith Centre and the Mortuary Chapel. This should include notice boards and information boards at the entrance to the Multi Faith Centre.

5.3 Security and Observation

The prayer areas to the Multi Faith Centre will be available for 24 hours of every day and the rest of the Department will be locked electronically out of hours.

The Trust requires that the safe, aumbry and collection boxes are secure and built into the fabric of the building.

Additional requirements are described within section [7.0] of this PPDD.

5.4 Control of Infection

The general approach to control of infection is described in the Functional Brief.

5.5 Manual Handling

The general hospital approach to manual handling is outlined in the Functional Brief. There are no further specific requirements pertaining to the Multi Faith Centre.
5.6 Fire & Safety

5.6.1 Fire

Precautions against fire will be taken by staff working within the area. The Fire Safety Management Policy will be adhered to and can be referenced within the Functional Brief. Safety issues concerning the use of candles will be addressed in the Fire Strategy.

5.6.2 Safety

There are no specific departmental safety requirements.

5.6.3 Radiological Protection

There are no specific radiological protection issues in respect of the Multi Faith Centre.

5.7 Privacy and Dignity

The design of the facility needs to provide an environment, which respects the needs of all users in terms of privacy and dignity as well as facilitating the delivery of confidential communication.

5.8 Environmental Parameters

The design shall ensure that temperature and humidity control are in accordance with the NHS Consumerism Agenda. Generally, all areas will be controlled by a Building Management System (BMS) to the requirements of HTM 03-01 Specialist ventilation for healthcare premises: Part A Design & Validation.

5.9 Environmental Criteria

5.9.1 Natural Light

The Design Brief developed by the Trust advocates the use of natural light. The Functional Brief Section [5.9] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke natural light requirements within the Multi Faith Centre.

Bidders must maximise the opportunities of natural or borrowed light into the worship area.
TABLE [5.9.1] Natural Light Matrix

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Essential</th>
<th>Desirable or None</th>
<th>External Wall</th>
<th>Atrium Light</th>
<th>Borrowed Light</th>
<th>Roof Light / Tube Light</th>
<th>Percentage variation allowed from Trust’s Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worship Support</td>
<td>Desirable</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>Worship Area</td>
<td>Essential</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

5.9.2 Ventilation

The Functional Brief Section [5.10] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke environmental criteria within the Multi Faith Centre.

Table [5.9.2] Environmental Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Temperature</th>
<th>ac/hr</th>
<th>Pressure &amp; filtration</th>
<th>Notes in respect of permissible derogations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Worship</td>
<td>18</td>
<td>28</td>
<td>10</td>
<td>F7</td>
</tr>
<tr>
<td>Worship Support Area</td>
<td>18</td>
<td>28</td>
<td>10</td>
<td>F7</td>
</tr>
<tr>
<td>En-Suite Ablutions</td>
<td>18</td>
<td>28</td>
<td>10</td>
<td>-ve</td>
</tr>
</tbody>
</table>

5.9.3 Acoustic Criteria

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief Section [5.11] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke acoustic criteria within the Multi Faith Centre.

Table [5.9.3] Acoustic Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Rating to be achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worship Support</td>
<td>B</td>
</tr>
<tr>
<td>Worship Area</td>
<td>B</td>
</tr>
</tbody>
</table>
5.9.4 Medical Gas and Power Supply Requirements

There are no Medical Gas requirements within the Multi Faith Centre.

5.10 Flexibility

The design needs to enable flexibility of use of the accommodation, to meet future patterns of activity and also the numbers of people meeting together at any one time. The key design principle is to provide a large worship area which includes four worship/prayer focal points and which can accommodate up to one corporate occasion and in simultaneous usage of one of the other focal points by up to three people.

5.11 IM & T

Details of the active components associated with IM&T can be found in the Functional Brief Section 3.4 and schedule 8 part 3. Extensive use will be made of audio-visual equipment within the Multi Faith Centre. A broadcasting link to the patient entertainment system is required to facilitate the broadcasting of religious ceremonies. Access to the hospital IT network is also required for patient ID / location purposes.

The facility should include the ability to project images onto a permanent surface from its generated images for training/seasonal purposes.

5.12 External Space and Courtyards

Access to outside spaces (courtyards and gardens) is desirable but not essential. Natural light must be maximised.

6.0 Equipment

The specific requirements for this facility will be addressed through the equipment selection in accordance with the Equipment Responsibility Matrix in Schedule 13.

Note: some equipment will be owned and life-cycled by the religious groups and not SWBH; details concerning procurement and maintenance will be worked up as part of the Equipment Group’s work contained within Schedule 13.

7.0 Proposed Accommodation

The accommodation to be provided within the Multi Faith Centre is deemed to have the same repeatable functionality as others within the project. These are outlined in the Functional Brief.
7.1 Worship Area

7.1.1 Worship Area

A bespoke group worship area is required. This will accommodate up to 80 people and will comprise of a fixed worship/prayer focal point for each of the four faiths as listed below.

Worshippers may be standing, seated or kneeling on prayer mats. One focal group will require direct access to en-suite ablutions.

The worship area may be used in a variety of ways:

- Used for mixed sex worship
- Used for segregated male / female worship
- Individual prayer.

Table [7.1.1] Essential features for the four religious focal points

<table>
<thead>
<tr>
<th>Christianity</th>
<th>Muslim</th>
<th>Hindu</th>
<th>Sikh</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Altar</td>
<td>• Qiblah – south-easterly facing</td>
<td>• Icon of Deity</td>
<td>• Shelf for prayer books</td>
</tr>
<tr>
<td>• Cross</td>
<td>• Storage of Q’uran</td>
<td>• Symbol of AUM</td>
<td>• Symbol of Khanda</td>
</tr>
<tr>
<td>• Aumbry – set in wall</td>
<td>• Ability to separate male / female wc, ablutions and worship</td>
<td>• Symbol of Krishna</td>
<td>• Symbol of Ek Onkar</td>
</tr>
<tr>
<td>• Storage for bibles/prayer books (10)</td>
<td></td>
<td></td>
<td></td>
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The following will be located in the circulation area adjacent to the worship area:

- Place for Memorial Book
- Secure Collection Box (set in wall).

Innovative storage facilities within the prayer areas are required to avoid the temporary removal or manual handling of the bespoke fixtures and fittings.

Hearing loops should be provided in the worship area.

A staff panic alarm is required in the worship area.

The facility should include the ability to project images onto a permanent surface from its generated images for training/seasonal purposes.
Attention must be given to appropriate orientation of the room. This is key to ensure that a Qiblah facing prayer facility is provided for one of the focal groups. The major religions will be accommodated within separate private prayer facilities within the overall worship area providing a single large facility through innovative design.

Details of the Trusts environmental parameters can be referenced within Section [5] of this PPDD.

7.1.2 Ablutions – En-suite

The bespoke en-suite ablutions area (WUDU) will enable washing of the hands, face and feet, prior to worship. Provision of normal height and lower washing facilities for the feet are required.

This facility must be provided as segregated male and female.

It is anticipated that each room will accommodate:

- Personal wash hand basins [one No]
- WUDU footbath (for example specialist washing - SPECWASH with automatic taps) [two No]
- Bidet.

7.1.3 Worship Support Area

A bespoke lockable room will be provided for the storage of items to be used during worship, chaplain’s vestments and books.

The functionality should be based upon a repeatable store as set out within the Functional Brief Table [24] and Section [7.11].

Details of the Trusts environmental parameters can be referenced within Section [5] of this PPDD.

7.2 Public Areas

7.2.1 Toilets

A single repeatable OSFA toilet is required within the Multi Faith Centre. Worshippers and Staff will generally utilise the facilities within the Neighbourhood Hub.

Details of the functionality required can be referenced within the Functional Brief Table [24] and Section [7.8].

7.2.2 Breakout Space

A repeatable “Break-out” space / waiting area serving up to 10 people and located adjacent to the beverage facilities is required.

Details of the environmental parameters should be as set out within the Functional Brief Section [5.10] for waiting areas.
7.2.3 Interview/Counselling

A repeatable interview / counselling room as set out in the Functional Brief Table [24] and Section [7.5]. In addition a staff panic alarm is required.

Bidders should refer to the Trust’s Privacy and Dignity Policy with regard to this.

7.3 Administration & Support

7.3.1 Administration

One repeatable resource base is required for the chaplains and the volunteers as set out in the Functional Brief Table [24] and Section [7.12.5]. The Volunteers resource base should be co-located with the beverage facilities. In addition these areas must include a staff panic alarm.

7.3.2 Beverage Bay

A repeatable beverage facility is required where volunteers / chaplains can prepare beverages and warm up food for patients / visitors as set out in the Functional Brief Table [24] and Section [7.8].

7.3.3 Storage

A repeatable store is required as set out in the Functional Brief Table [24] and Section [7.11.1].

7.3.4 Domestic Services

A repeatable domestic services room cupboard is required to serve the Multi Faith Centre as set out in the Functional Brief Table [24] and Section [7.13].

7.3.5 Switchgear

A repeatable switchgear cupboard is required to serve the Multi Faith Centre as set out in the Functional Brief Table [24] and Section [7.13].

7.3.6 Quiet Space

A room is required for quiet contemplation.

7.4 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to the clinical departments. In the case of the Multi Faith Centre:

- Reception and waiting
- Toilets – visitor
- Wheelchair store
- Staff changing facilities including showers

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- Staff toilets
- Staff rest room
- Beverage bay
- Reprographics
- Seminar room
- Disposal hold
- IT hub
- Domestic services room
- Domestic services store
- Switchgear room
- Sterile supplies store.

8.0 Schedule of Accommodation

The schedule of accommodation has been developed for the totality of the scheme as a series of tables. This schedule is included in Schedule 8 part 3.

9.0 Glossary and Definitions

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
Midland Metropolitan Hospital

No 20. Multi-Faith Centre
Chaplaincy Department

KEY POINTS

1. The department exists to provide spiritual and religious care to all patients, their families or support groups, and staff.

2. The Chaplaincy provides direct specialist Chaplaincy support from the Christina, Sikh, Hindu, Moslem and Buddhist religions.

3. The Chaplaincy aims to contact specialists from any faith group should they be required.

4. The Chaplaincy recognizes the integral spirituality of all human being irrespective of how that spirituality is expressed.

5. The Chaplains operate at the bedside or in the Chapel and All-Faith prayer spaces.

6. The chaplains help support patients and families during the process of dying, the time of death, and after death in arranging and conducting funerals.

7. The Chaplains assist the MDT’s in the overall care of the patients and their families especially concerning the End of Life process.

8. The chaplains provide training for staff in the complexities of religious and spiritual care.

9. The chaplains seek to be the guardians of the spiritual ethos of health care which is evidenced in an attitude of compassion.

10. The chaplaincy seeks to provide all the major religious festivals of each of the major religions represented in the community which it serves.

11. The chaplaincy seeks to train its chaplains so that they may engage in the highest standards of spiritual care in the hospital setting.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY.
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1. INTRODUCTION

1.1 All of the Trust’s patients, staff, trainees, visitors and volunteers (henceforth known as ‘stakeholders’) have spiritual needs which can impact positively or negatively on their health, their ability to learn, or their ability to care.

1.2 Spiritual needs reflect implicit and explicit values and motivations (henceforth known as ‘spiritualities’) held by the individual and/or the communities to which they belong.

1.3 Spiritualities reflect (or are expressed through) personal, cultural, religious, philosophical and/or political beliefs and practices.

1.4 The Trust aims to respond fairly, safely and without discrimination to the diversity of its stakeholders through its Single Equality Scheme and Privacy, Dignity & Respect Policy.

1.5 Recognising and responding to the diversity of stakeholder spiritualities ensures that this equality of treatment is comprehensive and holistic.

1.6 High quality spiritual care enables the Trust to extend dignity to all of its stakeholders through respecting their individual spiritual needs.

1.7 High quality spiritual care is thus an essential component of the Trust’s responsibilities towards its stakeholders.

1.8 The Trust aims to promote and harness the contribution of stakeholder spiritualities to the health, wellbeing and caring practices of all.

1.9 Chaplains are the Lead Profession for enabling and empowering spiritual care within the NHS.

1.10 Chaplains are trained in spiritual care specific to healthcare settings and at least one of the spiritual traditions of the nine major World Religions as recognised by the Department of Health’s advisory body, the Multi-Faith Group for Healthcare Chaplaincy (henceforth known as ‘MFGHC’) – that is, the Baha’i Faith, Buddhism, Christianity, Hinduism, Jainism, Judaism, Islam, Sikhism, Zoroastrianism. [Ref. 1.]

2. OTHER POLICIES TO WHICH THIS POLICY RELATES

   Single Equality Scheme
   Privacy dignity and respect policy
   Policy for the safeguarding and protection of Vulnerable Adults.

3. GLOSSARY AND DEFINITIONS

3.1 Abusive Religion – Expressions of any religion that do not provide for the well-being of the patient physically, emotionally, spiritually and mentally.
3.2 Chapel of Rest – A viewing area provided by Mortuary Department for viewing of deceased patients only and managed by Pathology Division.

3.3 Chapel and All-Faith Prayer Rooms – Facilities managed by Chaplaincy Department.

3.4 Confession – A Christian sacrament in which an individual confesses perceived wrong-doing to a priest (traditionally with the promise of complete confidentiality) in the expectation of God’s forgiveness being declared through that priest.

3.5 Denomination – a sub-branch of Christianity.

3.6 i. faith – as an adjective describing the personal or corporate adherence to a religion or other belief system.

ii. Faith – as a noun defining a recognised religious body.

3.7 Faith Specialist Chaplain - A chaplain employed as a representative of a particular religious faith and for spiritual care to its followers whilst in hospital.

3.8 Generic Chaplaincy - Spiritual care available to stakeholders of all religions and to all stakeholders of no religious adherence.

3.9 All-Faith – reference to more than one religion.

3.10 MFGHC - Multi-Faith Group for Healthcare Chaplaincy – advisory body to the Department of Health comprising representatives of chaplaincy bodies in England and of the nine major world faiths; established out of Secretary of State’s Working Party in 1998.

3.11 Pastoral care – care shown for the wellbeing of another, carried out in the name of a particular religion, but without intent to persuade or impose alternative views.

3.12 Protestant – one of the branches of Christianity.

3.13 Referral –

a) Urgent Referral – where the presence of a chaplain is needed as soon as possible due to the actual change (or likely imminent change) in the physical or emotional condition of the client.

b) Non-Urgent Referral – where the presence of a chaplain would add to the wellbeing of the client but where a significant change in condition is not actual or imminent.

3.14 Religion - a set of beliefs about the cause, nature or purpose of the universe; usually includes belief in a god, gods or the supernatural; usually requires or implies certain practices; often includes membership of a group.

3.15 Ritual – a religious ceremony or custom exercised in faith by the participant.

3.16 Roman Catholic – one of the branches of Christianity.
3.17 Sacrament – Christian ritual through which God is believed to act directly.

3.18 Wudu – facilities for ritual washing by Muslims before prayer. Hospital Wudu may also be used by Hindu priests or others for ritual washing.

3.19 New Religious Movement or NRM’s – groups of people claiming a christian identity but which do not subscribe to the historic traditions of Christianity and generally have emerged in the last 200 years, such as Jehovah’s Witnesses.

4. **PRINCIPLES**

4.1 To ensure that the Trust provides high quality spiritual care for all of its stakeholders, especially for the benefit of its patients.

4.2 To meet the current MFGHC Standards for Healthcare Chaplaincy and the MFGHC Common Standards for Chaplains/ Occupational Standards/ Code of Conduct. [Ref. 2.]

4.3 To contribute to health promotion in the local health economy and local community by demonstrating good practice in spiritual care amongst all stakeholders.

4.4 To become a Centre of Excellence for spiritual healthcare.

5. **ROLES AND RESPONSIBILITIES**

5.1 Chief Executive - ….

5.2 Chief Nurse – Executive Lead responsible for Spiritual Care and Chaplaincy Services.

5.3 Chaplaincy Manager

5.4 Lead Chaplain

Overall responsibility for the Equality Impact Assessment of this policy, and for its implementation, review and monitoring.

Line Management of chaplains and supervision of chaplaincy volunteers, trainee chaplains and chaplaincy student placements

5.5 Admissions Staff (at all receptions and clinical departments/ wards)

Responsible for checking the ‘Religion’ and ‘Ethnicity’ categories upon admission of patient to each clinical area.

5.6 Chaplains

i. Full time, Sessional or Bank Chaplains
a) Equivalent to Clinical Nurse Specialists in the spiritual care of patients  
b) Complimentary to Occupational Health in confidential staff support  
c) Available to trainees, visitors and volunteers as requested  
d) Provide a 24/7 emergency call-out service for patients  
e) Assist in supervision of chaplaincy volunteers and student placements

ii. Volunteer Chaplains

a) Equivalent to any volunteer that operates in clinical areas  
b) Assists the Full-Time chaplains by doing designated ward rounds.  
c) Undergo extensive training through the Cross – Trust training Programme

5.7 Nursing Staff

Nurses are responsible for the initial spiritual care assessment of all patients and for overseeing their continuing spiritual care.

5.8 All Staff

All staff are responsible for self-referral and for the referral of colleagues, patients, trainees, visitors and volunteers to appropriate spiritual care personnel and facilities as needed.

6. PROCEDURE

6.0 Patient Care

a) All patients will have their religious affiliation recorded or checked upon admission to each clinical department/ward by relevant staff.

b) All patients will have their spiritual needs assessed as part of their initial nursing assessment.

c) Where nurses are unable to meet these needs, a referral will be made to the appropriate chaplain or other personnel.

d) An Emergency Call-Out Service will be available for urgent patient needs at all times on all Trust sites, accessible via Switchboard.

6.1 Care of Staff, Trainees, Visitors and Volunteers

a) Staff may self-refer or refer colleagues, trainees, visitors or volunteers to a chaplain during normal working hours, Monday-Friday.

6.2 Workforce

a) Total chaplaincy workforce provision will be based on the Department of Health Guidelines of 2003. [Ref. 3.]
b) The employment of faith specialist chaplains within the total chaplaincy workforce will reflect the ratios of religious groups amongst the patient population and the population of the Trust’s catchment area.

c) The Chaplaincy Department will provide or facilitate generic chaplaincy care for all stakeholders.

d) The Chaplaincy Department will provide or facilitate a 24/7 emergency on-call rota to meet the needs of all stakeholders.

e) In order to meet and respect cultural sensitivities, the Chaplaincy Department will provide or facilitate gender specific chaplaincy according to the needs of individual religious groups.

f) The Emergency Call-Out Service will provide for one Protestant Christian Chaplain, one Roman Catholic Christian Chaplain, and one from each of the other religions represented in the chaplaincy workforce, at all times.

g) On-call chaplains will aim to attend the call-out situation within 45 minutes of receiving the call.

h) The Chaplaincy Team will manage the day-to-day running of the Chaplaincy Centre(s).

6.3 Authorisation of Chaplains

a) Each chaplain will be authorised to practice, according to the systems of their religion, as well as the other employment practices of the Trust.

b) Continuing legitimacy of authorisation also requires the maintenance of appropriate links with relevant local and national religious structures. This will be negotiated between Chaplaincy Management and individual chaplains.

c) Chaplains will adhere to the standards and codes of conduct of the MFGHC, or its successors as recognised by the Department of Health.

6.4 Core Services Provided by the Chaplaincy Department

a) Emotional and spiritual support in times of loss, bereavement; crisis, trauma or major incident.

b) Training of other staff groups in spiritual assessment and spiritual care.

c) Maintenance of an environment conducive to private prayer / meditation and to personal quiet space, within the Chaplaincy Centre.

d) Corporate Prayer / Worship – appropriate weekly gatherings will be arranged as needed by individual religious groups.

e) Recruitment, training, authorisation and supervision of honorary chaplains and chaplaincy volunteers.
f) Pastoral care visiting of all patients on as frequent and widespread a basis as possible by chaplains, honorary chaplains and authorised volunteers.

g) Availability of a chaplain or chaplaincy volunteer in the chaplaincy centre for ‘drop-in’ pastoral care as often as possible during normal working hours, Monday to Friday.

h) Membership of Multi-Disciplinary Teams (MDT’s) - chaplains are members of all MDT’s, but will only attend as requested.

i) Urgent and Non-urgent Referrals can be made to a chaplain by any member of staff, on behalf of any stakeholder, for spiritual counselling; emotional or social support; or assistance with religious practices.

j) Non-urgent Referrals – chaplains will aim to respond within 24 hours of receiving the referral.

k) Urgent Referrals – chaplains will aim to respond within 45 minutes of receiving the referral.

l) Chaplains will hold and develop a contact list of spiritual leaders in the community and for groups not represented in Chaplaincy Workforce.

m) Links and partnerships with relevant community groups and other organisations.

n) The Chaplaincy Team should be the first point of contact for all religious enquiries and referrals, including those religions not represented in Chaplaincy Workforce, unless directed otherwise by the patient or their next of kin.

o) Formal Staff Support – individual appointments and groups meetings will be arranged on request as needed.

p) Reflective Practice Staff Support Groups organised on a case by case basis.

q) Requests for prayers, blessings, funeral ministry, memorials, weddings and other rituals or sacraments will be responded to on a case-by-case basis.

r) Patient needs will be prioritised over the needs of other stakeholders, if shortage of resources or conflicts of interest arise.

s) Resources of Information and Inspiration - these will be made available as appropriate to need.

t) Confidentiality - all stakeholders can assume confidentiality in the sharing of information with a chaplain unless permission otherwise is given or if imminent harm to self or others is suspected, in which case the relevant
authorities will be informed. (The Trust recognises that the absolute confidentiality of the sacrament of confession within Christianity remains unclear in law.)

u) Chaplains may need to share confidential information with each other to ensure continuity of care: this will be explained where necessary.

v) In exceptional circumstances, Chaplains can assist in the resettlement of patients to locations outside of the hospital to ensure sensitive continuity of care.

w) Chaplains will act as lead advisors to Trust staff on matters of judgments concerning abusive or insensitive religion, especially for the purposes of safeguarding children and vulnerable adults.

7. AUDITABLE STANDARDS/PROCESS FOR MONITORING EFFECTIVENESS

8. TRAINING AND AWARENESS

8.1 Training and Personal Development of Chaplains

a) Chaplains will attend a National Induction for Chaplains once in their NHS career, as soon as possible after initial employment, run by the College of Healthcare Chaplains or bodies under the umbrella of MFGHC.

b) Through research awareness, reflective practice, in-service training and on-going Personal Development Reviews, chaplains will aim to continually improve their practices according to data on evidence-based practice.

c) Arrangements for Clinical Supervision, Reflective Practice and/or Spiritual Direction will be negotiated between Chaplaincy Management and individual chaplains.

8.2 Induction Programmes for Trust Staff

a) Written information will be provided to all staff as part of Trust Induction. This will comprise of contact details and a basic description of core services and facilities offered by the Chaplaincy Department.

b) Chaplains can be invited to contribute to departmental inductions as appropriate.

8.3 Training of Staff in Spiritual Assessment and Spiritual Care

a) Bespoke courses and general courses will be arranged by the Chaplaincy Department according to demand.
b) Training provided by chaplains in spiritual assessment and basic spiritual care will be a core element of Student Nurse Training and the Staff Nurse Induction Programme.

c) Chaplains will be available to contribute sessions to courses run by other professional groups in the areas of spirituality, bereavement, communication skills and cultural competence, as needed on a case by case basis.

9. EQUALITY AND DIVERSITY

The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that diversity and inequality impact on all aspects of its day-to-day operations. All policies are assessed in accordance with an initial screening toolkit, the results of which are monitored centrally.

10. FACILITIES

The MMH will provide a Chapel and All-Faiths Prayers Rooms with the following facilities:

a) Designated Muslim male and female prayers rooms available at all times with separate entrance and provision of Wudu facilities.

b) A designated ‘meditation’ room for Sikh, Hindu and Buddhist faiths.

c) A chapel for large-scale gatherings of up to 80 people;

d) Provision for the providing of refreshments for hospitality and faith festivals

e) Provision for the public viewing of Memorial Books.

f) Facilities for the posting of prayer requests on a ‘prayer tree.’

e) A Counselling Room with access controlled by chaplaincy staff.

f) An Office and Storage Base for chaplains and moveable resources.

g) Signage and Information Resources will make clear the availability of chaplains and the Prayer Room to all stakeholders.

h) Signage and information will clearly distinguish the Centre from the Mortuary Chapel of Rest.

i) The placing of appropriate symbols of the various faiths within the chapel facilities.
j) The ‘praying hands’ representation to be adopted as the single symbol to identify the Chapel and All-Faiths Prayer rooms.

11. REVIEW

This policy will be reviewed in X years time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation, guidance or demography.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY

1. www.mfghc.com

2. www.mfghc.com

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Disclaimer

This document has been prepared for use by Sandwell and West Birmingham Hospitals NHS Trust (SWBH) in connection with the titled project or named part thereof and should not be relied upon by any other person or used for any other project without an independent check being carried out as to its suitability and prior written authority of SWBH being obtained. Neither SWBH nor its advisors accept any responsibility or liability in connection with this document being used by any other person or being used for any other purpose other than the purpose for which it was commissioned nor do they accept any duty of care to any other person in connection therewith. Any person using or relying on this document for any other purpose agrees, and will by such use or reliance be taken to confirm his agreement, to hold SWBH and its advisors harmless from any and all losses and/or damages resulting there from.
1.0 Philosophy of Service

This policy details the facilities, which the Sandwell and West Birmingham NHS Trust require for an Academic Research Unit within the new acute hospital. The facilities will provide a base for research staff when working within the Midland Metropolitan Hospital.

It is assumed that the accommodation will be provided adjacent to the Education and Training Department to benefit from shared library and research facilities.

2.0 Scope of Planning Policy

2.1 Specific Exclusions

A significant level of clinical work will be performed in the Outpatient Department which are not located within the MMH.

2.2 Activity Figures

The nature of the Academic Research Unit within the Trust is that it works very closely with clinicians within clinical areas. The research activity consists of patient assessment and treatment, patient monitoring, laboratory activity, clinical trials, research audit, therapeutic trials and report writing.

The Trust currently has up to 180 active clinical research trials at any one time, many of which involve outpatients and which will be undertaken within Trust estate other than the MMH. A small amount of research will be undertaken on inpatients within the MMH and this department will provide a base for the research staff whilst in the building.

2.3 Hours of Operation

The facilities will be planned on the basis of being operational Monday to Friday, generally between the hours of 8.30am and 5.30pm, although access will be available 24/7 via a controlled access regime.

2.4 Functional Content

The Academic Research Unit will include space for the following:

- Store: Dry Goods
- Meeting room for ten
- Agile desk space for four
- Beverage bay with social area
- Small storage cupboards.
2.4.1 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to support the clinical departments. In the case of the Academic Research Unit the corporate Neighbourhood Hub will provide:

- Staff changing facilities, including showers
- Staff toilets
- Staff rest room
- Beverage Bay
- Reprographics
- Seminar Room
- Disposal Hold
- UPS & IT Hub
- Domestic Services Room
- Domestic Services Store
- Switchgear room
- WHB & PPE Station.

2.4.2 Administration

The Trust advocates the use of Administration Zones (PPDD 19), which will be co-located with the clinical areas they support.

2.5 Common Planning Policies

This planning policy has been developed to be read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wish to ensure consistency of approach within the facilities and as such:

- Advocate the use of generic rooms, as such only bespoke rooms and exceptions will be described in detail within this Departmental PPDD;
- The Trust proposes the use of Neighbourhood Hubs each of which will serve a number of departments and accommodate facilities shared between departments including facilities management.

3.0 Staffing

3.1 Staffing Profile

The area will not be permanently manned and will be used on an adhoc basis by clinicians undertaking research work and research department administrative staff.

With the exception of the admin support function of Research and University staff, all other staff engaged in research activity are counted elsewhere within the workforce numbers. On average, there will be 50 people at any one time working within the Academic Research Unit.
3.2 **Staff Development, Education and Welfare**

Staff welfare facilities in the form of separate sex toilets showers and change are provided within the Neighbourhood Hub. Secure lockable storage is provided for personal property whilst staff are on duty.

Staff training will be undertaken outside of the MMH.

4.0 **Key Relationships**

4.1 **Departmental Relationships**

The key objective is the provision of Academic Research Unit accommodation and therefore the following internal departmental adjacencies will be key:

- The shared support facilities will be at the entrance of the department
- The department will be located adjacent to the Education and Training Centre for ease of use of library facilities
- A key relationship will be access to a laboratory for processing of samples.

Diagram [4.1]: Key Adjacencies
4.2 Workflow

4.2.1 Patient Flows

Patients and their carers/escorts must be able to access the Academic Research Unit accommodation, if required to do so without having to pass through any other areas in order to do so.

Patient conditions will range from the assisted wheelchair user to the fully ambulant. The Trust would wish to ensure that all patients have equity of access and it must be recognised that the local population mirrors that nationally with an increasing proportion of older patients accessing healthcare.

Diagram [4.2.1] Patient flows

![Diagram of patient flows]

4.2.2 Staff Flows

There will be staff who are based in the Academic Research Unit accommodation and staff that work across the different areas of a specific specialty.

Research staff will not be based permanently within the MMH and will use the department on an adhoc basis.
4.2.3 Goods Flows

Goods flows must kept as separate as possible from staff flows, by use of a service corridor / circulation routes. The services within the area will draw on the hospital for various supporting services including domestic, and portering services, plus supplies and waste disposal (further details provided within the Facilities Management PPDD24). Provision should enable the staff to access support facilities without leaving the department areas. Typical goods flows are shown in diagram [4.2.3].
4.3 **Interdepartmental Relationships**

The Academic Research Unit areas require the following interdepartmental adjacencies:

- Main hospital. Patients require easy access to the research facilities without the need to pass through other clinical areas.
- Staff Education facilities. An adjacency with the staff education facilities would maximise future flexibility and facilitate access to accommodation which supports learning.

The relationships above have been summarised in the table [4.3] below.

**Table [4.3]** Interdepartmental relationships: Academic Research Unit.

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5.0 **Planning and Design Principles**

The key design consideration is the optimum configuration of office and support facilities within the department.
5.1 **Ambience and Decoration**

The research accommodation must be designed to meet the needs of the academic staff providing ease of access and an environment that supports research activities.

5.2 **Wayfinding**

Signage should clearly demarcate clinical and non-clinical areas and indicate the direction of the specialty specific areas. Due consideration will be given to wayfinding as described in the Functional Brief.

5.3 **Security and Observation**

The approach to security can be referenced within the Functional Brief. The accommodation will be locked out of hours to prevent unauthorised access. Careful attention should be given to ensure visual with colleagues particularly within the entrance and common areas.

5.4 **Control of Infection**

The approach to control of infection within the department can be referenced within the Functional Brief.

5.5 **Manual Handling**

The approach to Manual Handling can be referenced in the Functional Brief.

5.6 **Fire & Safety**

5.6.1 **Fire**

Precautions against fire will be taken, by staff working within the area. The Trust's *Fire Safety Management Policy* will be adhered to and can be referenced within the Functional Brief.

5.6.2 **Safety**

There are no specific departmental safety requirements within the Academic Research Unit.

5.6.3 **Radiological Protection**

There are no requirements within the Academic Research Unit.

5.7 **Privacy**

The design should provide an environment, which respects the needs of all staff and patients in terms of privacy and dignity as well as facilitating the delivery of good clinical practice and care.
5.8 Environmental Parameters

The design shall ensure that temperature and humidity control are in accordance with *HBN 12 Outpatients Department*.

Generally, all public areas and areas not occupied by patients will be controlled by a Building Management System (BMS) to the requirements of *HTM 03-01 Specialist Ventilation for Healthcare Premises: Part A: Design & Validation*.

*MHRA guidance* must be adhered to for areas of clinical research.

5.9 Environmental Criteria

5.9.1 Natural Light

The Design Brief developed by the Trust advocates the use of natural light. The Functional Brief Table [9] sets out measurable requirements for each of the Generic Rooms and Generic Functions.

The following table sets out the requirements for bespoke natural light requirements within the Academic Research Unit.

5.9.2 Natural Ventilation

The Design Brief developed by the Trust advocates the use of natural ventilation. The Functional Brief Table [12] sets out measurable requirements for each of the Generic Rooms and Generic Functions.

5.9.3 Acoustic Criteria

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief Table [15] sets out measurable requirements for each of the Generic Rooms and Generic Functions.

5.9.4 Medical Gas and Power Supply Requirements

There are no medical gas requirements in the Academic Research Unit.

5.10 Flexibility

The accommodation must enable flexible use and allow for changes in medical, diagnostic and therapy needs of patients; changes in models of care and research practice.
5.11 IM & T

The approach to IM&T can be referenced within the Functional Brief Section [6.16]. Details of the active components associated with IM&T can be found in the Functional Brief. It is assumed that the majority of patient records will be electronic and note entry and note review will take place within the clinical rooms.

5.12 External Space and Courtyards

Access to outside spaces (courtyards, gardens etc.) is desirable but not essential for staff, visitors and patients.

6.0 Proposed Accommodation

The schedule of accommodation has assumed a level of sharing based upon certain adjacencies stated. Should the design not achieve the appropriate adjacencies it may be necessary to review the Schedule to ensure that full functionality is delivered.

6.1 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to the clinical departments. In the case of the Academic Research Unit:

- Staff changing facilities including showers
- Staff toilets
- Staff rest room
- Beverage bay
- Reprographics
- Seminar room
- Disposal hold
- UPS & IT hub
- Domestic services room
- Domestic services store
- Switchgear room
- WHB & PPE Station.

6.2 Shared use of an Administration Zone

The Academic Research Unit will make use of an Administration Zone for the following:

The functional requirements are fully described within PPDD 19 Administration and are summarised below:

- Reprographics
- Social area
- Beverage bay
- Office – open plan
- Store – small
- Library
- Quiet rooms (for breakout)
- Seminar room
- Domestic services room
- Switchgear.

7.0 Schedule of Accommodation

The schedule of accommodation has been developed for the totality of the scheme as a series of tables. This schedule is appended to schedule 8 part 3.

8.0 Glossary and Definitions

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
MIDLAND METROPOLITAN HOSPITAL

OPERATIONAL POLICY NO 21

ACADEMIC RESEARCH
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Introduction

The Trust is committed to ensuring that the Midland Metropolitan Hospital academic research facilities are utilised effectively and provide an optimal working environment. The main academic research department will be located outside of the Midland Metropolitan Hospital and a research base to meet together, entertain representatives and undertake work in a quiet environment will be located within the Midland Metropolitan Hospital.

This policy outlines how this will be achieved.

1. Objectives

The objectives of the policy are to:

- Outline how the academic research facilities will work in the Midland Metropolitan Hospital
- Inform and support the Planning Policy and Design Descriptions in the specification for the Midland Metropolitan Hospital

2. Scope

The scope of the policy is the Midland Metropolitan Hospital only. The scope includes all research staff and others using the department.

3. Roles and Responsibilities

   **Lead Director**

   - To ensure that the policy is implemented on the opening of the Midland Metropolitan Hospital
   - To initiate the transitional projects required to move to the new ways of working

   **IT**

   - To provide technology based solutions and ongoing support for the functions outlined in this policy

   **Research Staff**

   - To use the facilities in the manner set out by this policy
   - Co-operate with the Trust’s implementation of this policy

4. Philosophy of Service

   a. Service Objectives
The objectives of the design of the academic research department, within MMH, are to:

- Provide an ergonomically suitable area for Trust researchers to use as a base within the MMH.
- Provide secure storage for paper-based patient information related to research projects being undertaken involving MMH inpatients.
- Provide a meeting space for six to ten people with appropriate wireless technology.
- Provide working space for four desks
- Provide a break-out area containing beverage bay with comfortable seating area for use for hospitality/informal meetings/social interaction.

b. Principles of Service

- The academic research base will provide comfortable, efficient and effective working conditions for research staff to use when working within the MMH.
- The area will not be permanently manned and will be used on an ad hoc basis.
- Meetings will be held within the area involving both research staff and others, including representation from outside of the Trust.
- A quiet working environment will be provided, including flexible working areas for staff undertaking research work.
- Staff will use fixed top computers or laptops attached to docking stations and staff requiring specific software will be able to access it regardless of location.
- Working practices will be developed which will ensure that team working will be enhanced.
- Appropriate IM&T and telecommunications technology will be used to maintain enhance the research function.
- Storage facilities will be utilised by staff undertaking specific research projects within the MMH and will house paper records. Individual storage facilities will also be required for staff working peripatetically. Storage for dry consumables is also required.
- The area will be used to provide hospitality for visitors and will require a beverage bay.
- Access to the Education and Training Department, located nearby, will be required to enable use of the library facilities.
- Whilst patients will not been seen in the department for clinical trials, they may be invited to attend the department to take part in interviews and/or focus groups.

5. Hours of Service

This facility will be available for use 24/7.

6. Staff and Goods Flows

Staff and Goods flows are outlined in PPDD 19.
7. Activity/Workload

The activities undertaken within the Academic Research area include:

- Working at a computer
- Making telephone calls
- Teleconferencing
- Holding meetings
- Managing documents
- Printing documents
- Reading documents
- Advising staff / working together
- Social and informal interaction
- Thinking and preparing

8. Description of Functionality

a. Proposed Accommodation

The proposed accommodation is described in PPDD 21 and PPDD00. In summary:

- Break out area including beverage bay and area for comfortable seating.
- Meeting room to hold up to ten people.
- Desk space for four
- Secure storage for patient-related information.
- Personal storage facilities.
- Storage for dry consumables.

b. Interdepartmental Relationships

There are no interdepartmental relationships; although it would be appropriate for the Academic Research Department to be located adjacent the Education and Training department.

9. Staffing Profile

The department will be staffed on an ad-hoc basis by research department staff working within the MMH.

The main research department will be located at the Sandwell Hospital site which will be the base for the majority of the research staff.

10. Business Continuity

As 10 above

11. Regulatory Requirements

The service will be managed in line with the following regulatory requirements:
12. **Clinical Support Services**

**Pharmacy**
N/A

**Infection Control**
N/A

**HSSU**
N/A

**Manual Handling**
Staff will handle all goods in line with the Trust Manual Handling Policy.

**Healthcare Records**
Staff will manage healthcare records in line with the Trust Health Records Policy

13. **Non Clinical Support Services**

**IT**

IT services will be required to maintain business continuity in the academic research zone. Staff will contact the IT helpdesk in case of problems.

**Transport**

N/A

**Portering Service**

N/A

**Catering**

Catering will occasionally be required for the provision of hospitality when events/meetings are held within the area.

**Linen**

N/A
Domestic Service
Domestic services will be required to maintain a clean environment.

Maintenance
Maintenance will be required to repair and maintain the built environment.

Security
Security measures will be required out of hours when risk levels increase for workers entering / leaving the building alone.

Fire Procedure
Staff will act in line with the Trust Fire Policy.

Waste Management
Paper production will be minimised as far as is as possible. However, some waste is likely to be created. Sustainable approaches to disposal will be used. Confidential waste will be destroyed safely ensuring that data is not disclosed.
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Name: G. Seager  Post: Project Director  Signature:
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Disclaimer

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1.0 Philosophy of Service

The population of Sandwell and West Birmingham, and the staff working within the Trust are of a wide diversity of cultures and religions. The Trust requires the provision of a facility which can meet the differing needs as effectively and sensitively as possible. Education and Training activities will take place both in the central facility, as well as at departmental level where appropriate. To this end, meeting and seminar facilities will be provided within the Neighbourhood Hubs PPDD 33 and Administration Zones PPDD 19.

The following groups of staff will utilise the Multi Professional Education Facilities:

- All levels of medical staff
- Medical Students
- Pre and Post registration nursing staff
- All other clinical but non-medical staff i.e. Physiotherapists, Occupational Therapists, Cardiac Technicians, Dialecticians etc.
- Trust administration staff for training and meeting purposes
- Trust Board
- External agencies including Sandwell Mental Health & Social Care Trust, local Primary Care Trust, Local Medical and Dental Committee
- Support Groups linked to the Trust.

2.0 Scope of Planning Policy

2.1 Specific Exclusions

The following are excluded from this policy:

- Academic Research (refer PPDD 21)
- No patient or carer related educational training
- Animal tissue storage and use
- Catering/dining facilities – refer PPDD 32 Main Entrance.

2.2 Activity Figures

The centre will support the induction, statutory and mandatory, customer service, IT, CPD, clinical, leadership and management training requirements for the whole workforce, by utilising centre accommodation plus seminar rooms located throughout Midlands Metropolitan Hospital and accommodation located within Community facilities.

For Medical Students and Student Nurses this is yet to be determined by both the Workforce Deanery and Medical School, with changes to training programmes, student allocations, and work flow out to their Partners.
2.3 Hours of Access

It is anticipated that the Education and Training facilities within the Midland Metropolitan Hospital will be accessed, in the main, by hospital staff between the hours of 07.00am and 23.00pm, Monday to Friday. The Library will be accessible for staff 24/7. This may be for personal study/access to Library or scheduled meeting.

2.4 Functional Content

A summary of the Education and Training facilities is provided here but reference should be made to the detailed schedule of accommodation. The central accommodation consists of the following:

2.4.1 Education & Training Facilities

- Lecture theatre
- Library
- Junior Doctors Accommodation (to include student common room, beverage bay and locker space)
- E-Learning Centre
- Reception Desk
- Store - Large
- Toilets
- Switchgear.

2.4.2 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to support the clinical departments. In the case of Education and Training the Neighbourhood Hub will provide:

- Visitor welfare facilities
- Staff welfare facilities
- Facilities management – soft services
- Reprographics
- Disposal Hold.

2.4.3 Administration

The Trust advocates the use of Administration Zones (PPDD 19), which will be co-located with the departmental areas they support.

2.4.4 Education and Training

Facilities included elsewhere in the hospital excluded from this policy.

Seminar / Meeting accommodation is described within the Neighbourhood Hubs (PPDD 33), Departmental PPDDs 01, 06, 11, 14 17, and the Administration Zones (PPDD 19).
2.5 Common Planning Policies

This planning policy has been developed to be read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wish to ensure consistency of approach within the facilities and as such:

- Advocate the use of generic rooms, as such only bespoke rooms and exceptions will be described in detail within this departmental PPDD
- The Trust proposes the use of Neighbourhood Hubs each of which will serve a number of departments and accommodate facilities shared between departments including facilities management.

3.0 Staffing

3.1 Staffing Profile

Learning and Development staff will not be permanently based in this department and instead will attend when training courses are being held.

3.2 Staff Development, Education and Welfare

Staff welfare facilities in the form of separate sex toilets showers and change are provided within the Neighbourhood Hub. Secure lockable storage is provided for personal property whilst staff are on duty.

The training needs of staff who are based within the Education and Training facilities will be met from within the departmental accommodation.

4.0 Key Relationships

4.1 Departmental Relationships

The key objective for the Education and Training facilities in the acute site is to provide a variety of centralised facilities that will support the learning and development of staff on the site. This should be adjacent to the Academic Research Department:

- The library should be easily accessible to facilitate 24/7 access combined with e-learning centre housing 10 – 12 pcs
- The lecture theatre should be provided to house 120 participants
- Lockers for safe storage of personal belongs, should be easily accessible from all areas for people using the facilities
- Staff support and office areas, with the exception of a reception, are not required at the front of the department.
- Mandatory requirements in respect of doctors in training should be provided including student common room, beverage bay, locker space and changing facilities containing 120 lockers at half height.
The facilities will require support from the following non-clinical services:

- Security
- Domestic services
- Catering
- IM&T
- EBME
- Postal Services
- Portering
- Toilets.

Diagram [4.1] Key Adjacencies

4.2 Flows within the Facility

4.2.1 Visitor Flows

In the main, staff visitors will have use of the facilities between the hours of 07:00am and 23:00pm. Visitors will either be attending as part of a group for conferences, seminars etc or will be attending for personal study in the library or e learning centre. There will be 24-hour access to library facilities for authorised staff.
4.2.2 Staff Flows

There will be a limited number of staff who will work solely in the Education and Training facilities and these will not occupy the department full time, only visiting when necessary. Typical staff flows are shown in diagram [4.2.2] Staff support accommodation should be located at the entrance to the facilities.

Diagram [4.2.2] Staff flows

4.2.3 Goods Flows

It is preferred that goods flows are kept as separate as possible from visitor flows. In the main, the facility will draw on the hospital for security and domestic services. Typical goods flows are shown in diagram [4.2.3].

Diagram [4.2.3] Goods flows
4.3 *Interdepartmental Relationships*

The facility will be accessed by staff from all areas of the hospital. A central location would be a significant advantage but should not compromise optimum clinical departmental adjacencies. Ideally the unit would be linked to the main hospital via an internal corridor, with 5-minute access times to all main clinical departments.

The Education Centre must be in within 5 minutes walk to / from the main staff and public catering facilities.

The table below summarises key issues and categorises level of requirement into Essential, Important or Desirable.

**Table [4.3] Key Adjacencies:**

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<th>Reasons</th>
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<td>Administration</td>
<td>PPDD 19</td>
<td>Staff transfer</td>
<td>Desirable</td>
</tr>
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</table>
5.0 Planning and Design Principles

5.1 Ambience and Decoration

The Education and Training Centre requires a separate identity and ambience to distinguish it from areas of clinical activity. Opportunities should be taken to maximise natural ventilation and natural light in all rooms. Rooms should have wall colours which promote a calm and relaxing atmosphere.

5.2 Wayfinding

Signage in and at the entrance of the Education and Training Centre should clearly indicate the direction of the Library, E learning, and lecture theatre.

5.3 Security and Observation

The security of staff is of paramount importance. The entrance to the facility will be monitored by recorded CCTV from a central control point, with a slave monitor in the Centre admin / reception area. Staff access and egress will be strictly controlled by swipe cards or proximity reader’s security system. Visitor access and egress will be via controlled entry / exit system.

All audio visual equipment, including IT used for conferences/meetings and within the library is to be secured against theft.


The Trust’s Requirements in respect of the communications and network structure to support the security system within Functional Brief Section [6.6].

5.4 Infection Control

The approach to control of infection within the Centre can be referenced within the Functional Brief.

5.5 Manual Handling

The general hospital approach to Manual Handling can be referenced within the Functional Brief.

5.6 Fire and Safety

5.6.1 Fire

Precautions against fire will be taken, by staff working within the area. The Trust’s Fire Safety Management Policy will be adhered to and can be referenced within the Functional Brief.
5.6.2 Safety

There are no specific requirements in respect of Safety.

5.6.3 Radiation Protection

There are no specific radiological protection requirements in respect of Education and Training.

5.7 Privacy

The design of the facility needs to provide an environment, which respects the needs of all in terms of privacy and the promotion of study, as well as facilitating the delivery of confidential communication.

5.8 Environmental Parameters

The design shall ensure that temperature and humidity control are in accordance with section [5.9] of this PPDD. Generally, all areas will be controlled by a Building Management System (BMS) to the requirements of *HTM 03-01 Specialist Ventilation for Healthcare Premises: Part A: Design & Validation*.

Local control will be required within the Reception for the Lecture Theatre and the Conference facilities.

5.9 Environmental Criteria

5.9.1 Natural Light

The Design Brief developed by the Trust advocates the use of natural light. The Functional Brief Table [5.9] sets out measurable requirements for each of the Generic Rooms and Generic Functions.

The following table sets out the requirements for bespoke natural light requirements within Education and Training.

*Table [5.9.1] Natural Light Matrix*

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Essential Light</th>
<th>Desirable Light</th>
<th>None</th>
<th>N</th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
<th>Percentage variation allowed from Trust’s Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture Theatre</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>100%</td>
</tr>
<tr>
<td>Library</td>
<td>Essential</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Zero</td>
</tr>
<tr>
<td>Common Room</td>
<td>Desirable</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>80%</td>
</tr>
</tbody>
</table>
5.9.2 Natural Ventilation

The Design Brief developed by the Trust advocates the use of natural ventilation. The Functional Brief Table [5.10] sets out measurable requirements for each of the Generic Rooms and Generic Functions.

The following table sets out the requirements for bespoke environmental criteria within Education & Training.

Table [5.9.2] Environmental Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Temperature</th>
<th>ac/hr</th>
<th>Pressure &amp; filtration</th>
<th>Notes in respect of permissible derogations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture Theatre</td>
<td>18</td>
<td>25</td>
<td>F7</td>
<td>i</td>
</tr>
<tr>
<td>Library</td>
<td>18</td>
<td>25</td>
<td>F7</td>
<td>i</td>
</tr>
<tr>
<td>Common Room</td>
<td>18</td>
<td>28</td>
<td></td>
<td>i</td>
</tr>
</tbody>
</table>

5.9.3 Acoustic Criteria

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief Table [5.11] sets out measurable requirements for each of the Generic Rooms and Generic Functions.

The following table sets out the requirements for bespoke acoustic criteria within Education and Training.

Table [5.9.3] Acoustic Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Rating to be achieved Functional Brief Table 5.8A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture Theatre</td>
<td>B</td>
</tr>
<tr>
<td>Library</td>
<td>B</td>
</tr>
<tr>
<td>Common Room</td>
<td>D</td>
</tr>
</tbody>
</table>

5.10 Flexibility

The design needs to enable flexibility of use of the accommodation, to meet future patterns of learning and also the numbers of people meeting together at any one time.

5.11 IM & T

Details of the active components associated with IM&T can be found in Schedule 8 part 3. Specific requirements include the need for full PACS bandwidth to be provided throughout the Centre.
5.12 External Space and Courtyards

Access to outside spaces (courtyards and gardens) is desirable but not essential.

6.0 Equipment

Equipment required within the centre will include ceiling mounted data projectors and interactive boards, PCs, printers and audio equipment plus portable learning technologies.

7.0 Proposed Accommodation

The accommodation to be provided within the Education and Training Centre is deemed to have the same generic functionality as others within the project. These are outlined in the Functional Brief.

The rooms described below are solely in respect of bespoke rooms or generic rooms which require modification.

For generic rooms refer to the Functional Brief Table [24].

7.1 Education and Training Centre

7.1.1 Lecture Theatre

A bespoke Lecture Theatre will be provided for a large group of people to receive education/lectures at any one time. Seats will be arranged as an auditorium with a stage/raised dais area at the front. Capacity 120 seated. Extensive wireless connectivity, high spec broadband/IT links or network points will be provided.

Details of the environmental criteria required by the Trust can be referenced on section [5.0] of this PPDD.

7.1.2 Library

A Library will be provided to support learning, research and development. This facility will accommodate a number of books, documents and journals, which may be stored on shelves in clinical discipline and subject order. A substantial amount of information will be available in electronic format. Workstations will be required for staff to access information via the internet. Areas will be required for private study. Card-controlled photocopying facilities will be provided within the library area.

24/7 controlled access arrangements will be required with access through the Education and Training Centre and also through its own secure controlled entrance.

The facility will include the following:
A Library Computer Suite, with internet and e mail access provided by 12 computer terminals.

- Quiet, protected study space areas suitable for individual study and reflection. 10 study areas with suitable networking facilities for portable IT
- Defined area for Lending Stock
- Defined area for Reference Only Stock
- Defined area for current Journals
- Photocopiers, scanner, printing facilities
- Self issue/return terminals/units
- Out of hours returns box.

Card-controlled printing facilities (as well as photocopying facilities) will be provided within the library.

Details of the environmental criteria required by the Trust can be referenced in section [5.0] above.

All areas of the Library will be fully networked and have wireless computer access (or technology that allows flexible use of computers throughout).

7.1.3 Store - Large

A generic store is required for the storage of:

- Clinical skills equipment including resuscitation mannequins, chest drain/cannulation/venepuncture equipment, folding couches
- Equipment used for moving and handling training sessions
- Supplies
- Training resources such as manuals and materials.

The functional requirements should be based upon the large generic store as set out in the Functional Brief Table [24].

7.1.4 Sanitary Facilities

In addition to the facilities provided within the Corporate Neighbourhood Hub separate generic male and female toilets are required which must incorporate accessible facilities. The functional requirements are as set out within the Functional Brief Table [24].

7.1.5 Common Room

This bespoke room will need to accommodate access to virtual campus systems through computer workstations located within this room and have an essential adjacency with the locker accommodation (7.1.14).

Details of the environmental criteria required by the Trust can be referenced on section [5.0] of this PPDD.
7.1.6 Beverage Bay

A generic beverage bay is required as set out in the Functional Brief Table [24] this should be co-located with the common room.

7.1.7 Lockers

Two generic locker areas will be provided for the facility users to store education and training user’s personal belongings safely whilst using the facility. A total of 160 half-lockers are required in groups of 4. Peak demand is estimated at 60 people at a time. The facilities for staff who work within the facility are included within the Corporate Neighbourhood Hub (PPDD 33).

Details of the environmental criteria required by the Trust can be referenced on section [5.0] of this PPDD.

7.2 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to the clinical departments. In the case of Education and Training:

- Staff changing facilities including showers
- Staff toilets
- Staff rest room
- Beverage bay
- Reprographics
- Seminar room
- Disposal hold
- UPS and IT hub
- Domestic services room
- Domestic services store
- Switchgear room
- WHB and PPE Station.

7.3 Shared use of an Administration Zone

Education and Training will make use of an Administration Zone.

The functional requirements are fully described within PPDD 19 Administration and are summarised below:

- Reprographics
- Social area
- Beverage bay
- Office – open plan
- Store – small
- Library
- Quiet rooms (for breakout)
- Seminar room
8.0 Schedule of Accommodation

The schedule of accommodation has been developed for the totality of the scheme as a series of tables. This schedule is appended to Schedule 8 part 3.

9.0 Glossary and Definitions

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
MIDLAND METROPOLITAN HOSPITAL

No. 22
Education and Training
Operational Policy

Policy authors

<table>
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<tr>
<th>Accountable Executive Lead</th>
<th>Chief Nurse</th>
</tr>
</thead>
</table>

Approving body

Policy reference

SWBH/XXX/NNN [Assigned by Trust policy-Co-ordinator]

ESSENTIAL READING FOR THE FOLLOWING STAFF GROUPS:
1 – Name of group
2 – Name of group

STAFF GROUPS WHICH SHOULD BE AWARE OF THE POLICY FOR REFERENCE PURPOSES:
1 – Name of group

POLICY APPROVAL
DATE: Month and Year

POLICY IMPLEMENTATION
DATE: Month and Year

DATE POLICY TO BE REVIEWED:
Month and Year
EDUCATION AND TRAINING OPERATIONAL POLICY

KEY POINTS

- This policy outlines how education and training will work in the Midland Metropolitan Hospital.
- Minimal provision has been allowed for this facility within the Midland Metropolitan Hospital and the majority of training will be undertaken elsewhere.
- Additional education and training facilities will be provided within Trust community facilities and these are not covered by this policy.
- Mandatory medical student facilities will be provided within this area.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
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1 Introduction
The Trust is committed to ensuring that services delivered to patients are safe, effective and of a high quality. To achieve this it is essential that the current, future and transient workforce receive high quality education and training to enable them to develop and deliver this service.

2 Objectives
The objectives of the policy are to:

- Outline how the Education and Training Department will work in the Midland Metropolitan Hospital
- Inform and support the Planning Policy and Design Descriptions in the specification for the Midland Metropolitan Hospital

3 Scope
The scope of the policy is the Midland Metropolitan Hospital building only – there will need to be additional education and training facilities provided within the retained estate, in addition to those within the Midlands Metropolitan Hospital. The scope includes all staff and others using the department.

4 Roles and Responsibilities

4.1 Trust Board
To oversee the effective implementation of this policy

4.2 Chief Executive
- To ensure the provision of adequate resources to enable the effective implementation of this policy
- To maintain effective reporting mechanisms into the Board

4.3 Director of Organisational Development
- To ensure the effective implementation of this policy
- Executive lead responsible for ensuring the provision and implementation of education, training, facilities and services
- Ensure liaison with higher/education establishments, external awarding bodies and internal staff to ensure the delivery of appropriate education and training.
- Ensure provision of appropriate support for managers relating to the implementation of this policy
• To ensure Clinical Leadership Executive, managers and other Trust assurance groups are provided with regular reports of education and training activity to enable them to support development needs

4.4 Medical Director

• Executive lead responsible for ensuring the provision and implementation of medical education services and facilities to potential and existing Trust medical staff
• Ensure liaison with higher/education establishments, deanery and internal staff to ensure the delivery of appropriate education and training
• Ensure the provision of adequate resources to enable the effective implementation of this policy

4.5 Directors (Medical, Clinical, Non-Clinical, Group) and Group Operational Managers

• Ensure the effective implementation of the systems outlined in this policy
• To take appropriate action if any member of staff fails to act in line with the processes outlined in this policy

4.6 Medical Education Leads

• Liaise with higher education establishments, deanery and internal staff to ensure the delivery of appropriate education and training to medical staff (including undergraduate, postgraduate and ongoing education and training)
• Where appropriate, ensure compliance with any specific legal or statutory education and training requirements

4.7 Education and Training Centre Manager

• To work closely with Medical Education Leads, Associate Director of Education, Learning and Development and others involved in the provision, monitoring and implementation of this policy to ensure services of the centre are provided to meet organisational needs
• Ensure the provision of resources and smooth running of the centre to meet the requirements of the organisation and implementation of this policy

4.8 Associate Director of Education, Learning and Development

• Ensure the design, delivery, provision and evaluation of education and training to meet the needs of the organisation
• Develop flexible learning strategies to enable staff to acquire the skills, knowledge, competences they need
• Audit the quality of training material and the quality of training provided
• Support the implementation of the principles embodied within this policy
• Develop annual Trust learning & development strategies and implementation plans
4.9  Ward/Departmental Managers and Matrons

- Ensure that all staff within their area of responsibility are given appropriate time to attend identified training
- Ensure compliance with any specific legal or statutory education and training requirements
- Support the implementation of this policy

4.10  IT

- To provide technology based solutions and ongoing support as outlined in this policy

4.11  All Staff

- Ensure participation in education and training as required
- Use the facilities in the manner set out by the organisation and this policy
- Co-operate with the Trust’s implementation of this policy

4.12  Trade Unions

- Encourage and support the development of staff and other users of the education and training facilities as outlined in this policy

5  Philosophy of Service

To provide high quality Education and Training (E&T) services to meet the needs of the Trust, its employees and students. To foster professional and personal excellence, enhance organisational effectiveness and contribute to the current and future success of the Trust through the design, development, presentation, facilitation and evaluation of education and development programmes.

6  Service Objectives

The objectives of the service are to design, develop, and deliver relevant, effective, efficient and valued training and development initiatives that:

- Support supervision and leadership to develop and improve staff performance
- Provide a framework through which the Trust, in partnership with the local health economy, will ensure that all personnel are competent to perform their duties and have the skills and knowledge for future/evolving requirements
- Validate business performance
- Develop customer service standards by engaging with the public to ensure that training supports patient-focused care
- Support the Trust to meet all statutory requirements
• Work in Partnership with the SHA (Workforce Deanery), schools of Health at Wolverhampton and Birmingham City Universities and the Medical School of University of Birmingham
• Develop the workforce to meet Trust vision, goals and objectives.

7 Service Description

Education and Training provision, both within the Midlands Metropolitan Hospital and within training facilities provided within the retained estate will comprise:

• Undergraduate and Post Graduate Medical Education
• Pre and Post Registration Nurse Education
• Comprehensive Induction, Statutory & Mandatory Training
• Management & Leadership development
• Administrative Skills
• Customer Service development
• Literacy & Numeracy support
• I M&T Development
• Support for appraisal/PDR system
• Role specific education and training
• Support for the local community e.g.: widening participation

The service will support the business of the Trust for all staff groups including, but not exclusively: Nursing, Medical, Scientific & Technical, Allied Health Professionals, Healthcare Assistant, Assistant Practitioner, Administration, Facilities and Management groups.

The above needs will be supported by the provision of the following activities:

• Lectures
• Conferences
• Exams/tests
• Presentations
• Tutorials
• Direct Instruction
• Demonstrations
• Coaching
• Mentoring
• Practical skills sessions and Assessment
• Theoretical Assessment
• Open/Distance Learning
• E-Learning
• Simulation
• Observation of clinical procedures
• Work based learning
• Video and teleconferencing
• Interactive learning events
8 Functional Units

8.1 Education and Training Centre

8.1.1 Storage

Electronic and off-site storage will need to be used for education and training records that are mandated to be kept for long periods of time. On-site storage will need to be used for education equipment, furniture, and materials, both within Midlands Metropolitan Hospital and in the retained estate. Facility to transport large/bulky items from one facility/location to another will need to be available as required (sometimes at short notice).

Types of items needing storage include, but are not limited to:

- High fidelity clinical incident simulator equipment
- Clinical skills equipment including resuscitation mannequins, arms, chest drain / cannulation / venepuncture equipment, nursing mannequins, folding couches etc.
- Moving and handling equipment.
- Supplies and other training equipment
- Training resources such as manuals and materials
- Mobile learning technology equipment
- Furniture not in use for specific sessions

8.1.2 Reception Facilities

A reception area will support the meet and greet function. There will be a waiting area (as described in PPDD 33) near to reception to seat up to 10 people

8.1.3 Lecture Theatre

There will be a formal lecture theatre to seat 120 people. This will support training and corporate events. The lecture theatre will contain ceiling mounted data projectors and interactive boards/touch screens or the future equivalent. Sound proofing will be applied to the solution developed.

Extensive wireless connectivity, high spec broadband/IT links or network points will be provided with capacity to support:

- Video and teleconferencing
- Telemedicine
- PACS
- E-Learning, webinars etc
- Remote viewing of surgical and other procedures
- Portable learning technologies
- Facility for online learning/tutoring/discussions/forums for education and training purposes (e.g. unrestricted access to internet based learning options)
DVD, sound system, hearing loop, video conferencing and mobile learning technology will be available.

A number of seminar rooms, seating 20 people around a meeting table, will be provided across the Midlands Metropolitan Hospital both within the neighbourhood hubs and administration space which will be used both for education and training and operational purposes..

8.1.4 Library

An accessible, multidisciplinary Library with 24/7 controlled access arrangements will be provided.

The library will be accessed through the Education and Training Centre and also through its own secure controlled entrance, to be used 24/7.

This facility will include the following:

- A Library Computer Suite, with internet and e-mail access provided by 12 computer terminals.
- Quiet, protected study space areas suitable for individual study and reflection. 10 study carrels with suitable networking facilities for portable IT.
- Defined area for Lending Stock
- Defined area for Reference Only Stock
- Defined area for current Journals
- Photocopier, scanner, printing facilities.
- Self-issue/return terminals/units
- Out of hours returns box

All areas of the Library and office space will be fully networked and have wireless computer access (or technology that allows flexible use of computers throughout). Card controlled printing facilities (as well as photocopying facilities) will be provided within the department. Adequate heating, air conditioning, natural light and lighting will be provided throughout. Attractive, user friendly fixtures, fittings and furniture will be provided.

8.1.5 Student facilities

There will be a student common room and half-height lockers for 120, as described in PPDD22. The common room will have a beverage bay and will provide access to virtual campus systems through computer workstations within the common room.

8.1.6 Toilets and Beverages

Toilets and vending machines can be accessed in the nearest full neighbourhood hub. Catering will be required from time to time which will be provided by the Trust catering service.
As a minimum, access to drinking water and cups needs to be available either in, or very close to education and training rooms.

9 Principles of Education and Training Centre

- There will be an integrated seminar room booking system which will enable effective utilisation of meeting/training space across the organisation, including all seminar/education rooms in the Midlands Metropolitan Hospital building and retained estate
- The centre and the facilities around the Trust will meet the standards set out by the deanery, awarding bodies and examinations boards
- Training facilities will support delivery of the trust learning and development strategy and policy.

10 Description of Patient/Staff/Goods Flow

10.1 Staff and Students

Training will be pre-booked into a room appropriate to the training need. Room / learning space booking will be managed via an online booking process. In line with PPDD 22. Authorised staff and students will access the facility between the hours of 07.00 am and 11.00 pm.

Staff and students will be able to access the library 24/7 for personal study. This will be through a separate, controlled, well lit entrance, which is designed to support personal security.

Staff and students will attend training sessions signing the attendance record and / or being booked electronically onto Trust systems.

Staff and students will move between the Education and Training Centre and seminar rooms located within the main hospital building; training facilities located in retained estate or community and agile administration working areas, continually throughout the day and out of hours as required.

Transport may need to be provided to transport staff to training facilities in the retained estate.

10.2 Visitors

Course speakers will attend the Education and Training Centre to deliver training. It may be necessary for patients to attend the Education and Training Centre. These are likely to be volunteers who support medical student exams and case history presentations.

10.3 Goods

Small volumes of domestic, administration and clinical supplies will be required to support the activities of the Education and Training Centre.
Training equipment, materials and furniture will occasionally need to be moved in and out of secure storage to support designated training sessions, as required (eg: moving and handling training equipment – though this could also include other items such as tables and chairs etc).

10.4 Workload

Education and training rooms/seminar rooms will have high utilisation so provision needs to be made for high footfall in the areas (e.g. cleaning of rooms in between different sessions; space for groups waiting to enter rooms and others leaving rooms; space for furniture and equipment to be moved in and out of different rooms and storage area).

11 Key Adjacencies

11.1 Interdepartmental Adjacencies

The Education and Training Centre will be adjacent to the Academic Research Department.

Toilet and catering facilities need to be within close/easy access

12 Operating Hours

The Education and Training Centre will be accessible between 7.00 am – 11.00 pm by authorised users.

The library will be accessible 24/7 to authorised users.

Out of hours training accommodation may be available for hire by professional groups wishing to run teaching courses, conferences, meetings etc. These arrangements will be made by mutual agreement with the Centre Management.

13 Description of Staffing Numbers and Mix

The whole hospital workforce will use the facility for training needs, as required.

Training staff will use the Education and Training Centre and seminar rooms throughout the building and retained estate to deliver formal and informal training, using the booking system to book rooms.

These staff will require access to agile office accommodation and storage within an administration zone as described by PPDD 19.

14 Equipment

The following equipment will be required within the E&T Centre and the seminar rooms:
15 Business Continuity

Loss of, or excess booking of, training facilities will be managed by moving activities when possible or cancelling training activities using prioritisation where indicated.

16 Regulatory Requirements

Regulatory requirements include the following:

- HASAWA
- Requirements of external bodies in relation to publicly funded development
- Awarding body requirements regarding trainer qualifications

17 Clinical Support Services

17.1 Clinical Policies

Training activities will support delivery of clinical policies.

17.2 Pharmacy

n/a

17.3 Infection Control

Training activities will support infection control policies to ensure that best practice is followed across the Trust to manage infection risks.

Basic infection control facilities will be provided e.g. hand gels.

17.4 HSSU

n/a.
17.5 Therapy Services
n/a

17.6 Imaging
n/a

17.7 Pathology
n/a

17.8 Manual Handling

The Department will follow Trust manual handling policy and guidance to manage moving both people and loads. The design and layout of the equipment, clinical areas and storage areas in use will be encourage minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions. Mechanical processes will be used in the moving and handling of people and loads wherever practical.

17.9 Healthcare Records
n/a

18 Non – Clinical Support Services

18.1 IT

IT support will be required for:

- Maintenance of e-learning hardware / office equipment/software,
- Provision of training administration system updates
- Technical support.
- Mobile or remote learning technologies

18.2 Portering Service

Porters will be required for assistance with furniture movement. Assistance may be required at times of exams to transport patients for purposes of examinations.

18.3 Catering

Catering provision will be transported into the centre for course candidates, refreshments, coffee, tea etc. on an adhoc basis.
18.4 Domestic Service

Full domestic services will be required.

18.5 Maintenance

General maintenance of training rooms and equipment will be required.

18.6 Security

The rooms will be locked when not in use to secure valuable equipment, although they will be unlocked when in frequent use.

To prevent theft, wherever possible equipment will be secured in the area in which it will be used. Any mobile or portable equipment will be electronically tagged to prevent unidentified removal from the department.

Security staff will be required for activation of / response to alarms, patrol of buildings out of hours etc.

An automated door entry system will be used to allow entry to and egress from the library out of hours.

Personal safety out of hours will require consideration in the building design.

18.7 Waste Procedure

Non-clinical waste will be managed in line with Trust policy.
Policy No: 24

Facilities Management (TMS)

Department / Service: Facilities Management (Trust Managed Services)
Originator: Estates and Technical Team
Approved by: Version 10.0
Designation:
Date of approval:

Name: G. Seager Post: Project Director Signature:
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Disclaimer

This document has been prepared for use by Sandwell and West Birmingham Hospitals NHS Trust (SWBH) in connection with the titled project or named part thereof and should not be relied upon by any other person or used for any other project without an independent check being carried out as to its suitability and prior written authority of SWBH being obtained. Neither SWBH nor its advisors accept any responsibility or liability in connection with this document being used by any other person or being used for any other purpose other than the purpose for which it was commissioned nor do they accept any duty of care to any other person in connection therewith. Any person using or relying on this document for any other purpose agrees, and will by such use or reliance be taken to confirm his agreement, to hold SWBH and its advisors harmless from any and all losses and/or damages resulting there from.
1.0 Philosophy of Service

This policy details the facilities required to give Soft Facilities Management (FM) support to the whole acute hospital. The accommodation in this area will be non-clinical in nature, and will relate to the provision of hotel (soft) services, which will continue to be delivered by the Trust. It is not anticipated that patients or visitors will access these facilities.

The functionality of a number of rooms, which are provided within this area, should be in line with the repeatable rooms outlined in the Functional Brief.

The facilities within this area are required to offer:

- Provision of comprehensive and consistent services and facilities to all patients and staff groups in all locations;
- Maximum use of technology to support service design and delivery;
- Clear separation of flows of goods and services from those of patients and/or visitors, and the separation of clean and dirty goods.

The Trust has identified a number of key strategic design principles, which underpin the content of this policy:

- Co-location of functions to support all areas;
- Repeatable design of facilities to ensure maximum flexibility of use;
- Maximisation of centralised distribution and storage facilities with appropriate top up systems to support the clinical areas and nursing sections.

It is recognised that the models of service delivery adopted will alter over time. It is therefore essential that the facilities provided within the centralised FM areas can respond to future changes in models of care including technology surrounding both the area’s key departments and within the clinical services to which the area provides support. A key area of development will be the use of Automated Guided Vehicles (AGVs). The FM corridors and lifts solution should therefore be capable of being adapted for the use of these vehicles.

The centralised FM area will comprise the following key facilities:

- Receipt and Distribution;
- Linen Store;
- Catering;
- Ward Services;
- Waste Management;
- Sterile Services;
- Administration;
- Externals.
The following lists the soft FM services, which are to be provided by the Trust:

- Catering (Patient);
- Ward Services;
- Portering;
- Postal services;
- Waste management;
- Security;
- Patient Transport Services;
- Linen & Laundry;
- General Transport;
- Main Reception.

Although a summary of the main functional areas is provided here reference should be made to the schedule of accommodation in section [7] of this PPDD.

In addition reference must be made to section [2.1] Specific Exclusions, which lists other Planning Policies and Design Descriptions in which FM associated facilities are described.

The main base for the Facilities (Soft FM) will be centrally located in the Receipt and Distribution Centre (R&D). The Neighbourhood Hubs and the individual departments will be serviced from the central base (R&D).

- Zonally from the Neighbourhood Hubs (as described in PPDD 33);
- Locally as described in the individual departmental PPDDs.

2.0 Scope of the Planning Policy

2.1 Specific Exclusions

In developing the model of care a number of strategic services have been identified as to be provided off site and have therefore been specifically excluded from development within the FM facilities on the acute site. These can be summarised as:

- A Central Food Production Unit will not be provided on the hospital site. The Trust anticipates that a commercial arrangement with an external provider will be made;
- Linen and Laundry services will be provided off site, requirements will therefore be excluded from this policy other than those required for receipt and distribution of clean supplies and holding for dirty returns;
- Patient Transport Services will be accommodated off site; specific requirements will therefore be excluded from this policy with the exception of parking requirements. Parking for PTS vehicles will be adjacent to the patient drop-off area. (The patient interface with this service is included within PPDD 32);
- The General Transport Service will be accommodated off site.

The following departments will be addressed within other policies and/or the Functional Brief document:
- Clinical services – The FM services do not provide clinical services, but offers regular and ad-hoc support to all of the clinical areas within the development;
- Health Records – These facilities are addressed in administration, PPDD 19;
- Reprographics to be provided in PPDD 19, and Neighbourhood Hubs PPDD 33;
- IM & T - These facilities will be described within IM & T PPDD 34;
- Energy Centre - These facilities will be described within Energy Centre PPDD 35;
- Corporate Administration (other than that described under section 7.5);
- General Receptions these facilities will be included in PPDD 32;
- Security/Security base is addressed in PPDD 01 – Emergency Department;
- Services to be delivered by the PFI partner, Facilities Management (PFI Services) are included within PPDD 26;
- Medical Engineering is included within PPDD 27;
- Staff and Visitor Catering, (PPDD 32).

2.2 Activity Figures

The Trust has determined the capacity requirements for the service elements contained within the FM area. These requirements have been based upon the predicted numbers of patient admission/attendances/investigations.

The Facilities Services matrix denotes the activity and volume indicators for all of the services incorporated within this PPDD.

**Table [2.2.1] Projected Activity: Facilities Management 2012/13**

<table>
<thead>
<tr>
<th>Function</th>
<th>Currency</th>
<th>Activity indicator</th>
<th>Volume indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt &amp; Distribution</td>
<td>WTE</td>
<td>Square Metres</td>
<td>Total floor area</td>
</tr>
<tr>
<td>Equipment Decontamination</td>
<td>Per piece</td>
<td>Patient activity</td>
<td>Patient activity</td>
</tr>
<tr>
<td>Postal Services</td>
<td>WTE</td>
<td>Square Metres</td>
<td>Total floor area</td>
</tr>
<tr>
<td>Linen &amp; Laundry</td>
<td>Per piece</td>
<td>Patient activity</td>
<td>Occupied bed day</td>
</tr>
<tr>
<td>Waste Management</td>
<td>WTE</td>
<td>Tonnage</td>
<td>Tonnage</td>
</tr>
<tr>
<td>General Office</td>
<td>WTE</td>
<td>WTE</td>
<td>N/A</td>
</tr>
<tr>
<td>Portering</td>
<td>WTE</td>
<td>Patient Activity</td>
<td>No: of patients</td>
</tr>
</tbody>
</table>

The main base for the Facilities (Soft FM) will be centrally located in the R&D. The Neighbourhood Hubs and the individual departments will be serviced from the central base (R&D).
2.3 *Hours of Operation*

In the main, the FM facilities will be operational during 24 hours of every day. The exceptions are described in the following matrix.

The main base for the Facilities (Soft FM) will be centrally located in the R&D. The Neighbourhood Hubs and the individual departments will be serviced from the central base (R&D).

**Table [2.3] Hours of Operation**

<table>
<thead>
<tr>
<th>Function</th>
<th>Operational Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>06.00am to 18.00pm</td>
</tr>
<tr>
<td>Receipt &amp; Distribution</td>
<td>✓</td>
</tr>
<tr>
<td>Equipment Decontamination</td>
<td>✓</td>
</tr>
<tr>
<td>Postal Services</td>
<td>✓</td>
</tr>
<tr>
<td>Linen &amp; Laundry</td>
<td>✓</td>
</tr>
<tr>
<td>Catering – Patient</td>
<td>✓</td>
</tr>
<tr>
<td>Ward Services</td>
<td>✓</td>
</tr>
<tr>
<td>Waste Management</td>
<td>✓</td>
</tr>
<tr>
<td>General Office</td>
<td>✓</td>
</tr>
<tr>
<td>Portering</td>
<td>✓</td>
</tr>
</tbody>
</table>

2.4 *Functional Content*

FM Services will be provided at 3 levels across the hospital site:

- Central Area – A single receipt and distribution hub, details are provided within this PPDD;
- Neighbourhood Hubs – Areas of shared support across a number of clinical areas, details are provided within PPDD 33;
- Departmental areas – Accommodation specific to each department, details are provided within each departmental PPDD.

The centralised FM facilities described within this PPDD will comprise of the following:

2.4.1 *Receipt & Distribution*

- Delivery Bay;
- Holding area: general;
- Holding area: bulk fluids;
- Holding area: temperature controlled;
- Holding area: sterile supplies (Receipt);
- Holding area: sterile supplies (Dispatch);
- Holding area: linen (Receipt);
- Holding area: linen (Returns);
- Uniform Services;
- Emergency Linen Holding;
- Post Room;
- Emergency En-suite Shower;
- Office – Receipt and Distribution;
- Domestic Services Room;
- Switchgear;
- Holding area: IT equipment;
- Store: Domestic Services equipment;
- Store: Domestic Services consumables;
- Charging Bay;
- Office (8);
- Staff Rest Room;
- Store – Beds;
- Staff Changing - female (including WCs and showers);
- Staff Changing - male (including WCs and Showers);
- Holding area: secure;
- Secure Lobby;
- Secure lift lobby to Pharmacy;
- WHB/PPE station.

2.4.2 Equipment Decontamination Suite

- Soiled equipment – holding bay;
- Cleaning bay;
- Dispatch bay.

2.4.3 Catering

- Catering delivery bay;
- Store - CFPU returns;
- Store – Provisions;
- Frozen food Store;
- Cold Store – General;
- Cold Store - Dairy products;
- Bulk chilled food store;
- PPE/WHB Station;
- Chilled meat store;
- Diets preparation, Cooking & Chilling room including washroom;
- Diet food store area;
- Patient’s food service room;
- Clean ward trolley room;
- Return ward trolley-park;
- Central wash up/pot wash bay;
- Holding bay: Trolleys;
- Store: Detergents;
- Domestic Services Room;
2.4.4 Staff Welfare - Catering

- Staff Changing (male and Female);
- Staff Showers;
- Staff Toilets;
- Staff Rest;
- Beverage Bay.

2.4.5 Ward Services

- Store - General Equipment;
- Utility – Cleaning.

2.4.6 Waste Management

- External Waste Compound.

2.4.7 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to support the clinical departments. In the case of Facilities Management the Neighbourhood Hub will provide:

- Staff Welfare Facilities;
- Facilities Management – soft services.

These facilities will be in addition to those located in the R&D and Catering areas.

2.4.8 Administration

The Trust advocates the use of Administration Zones (PPDD 19), which will be co-located with the clinical areas they support.

2.4.9 Externals

- General Transport;
- Holding and sorting area: dirty linen;
- External loading bay;
- Empty catering returns store compound (External).
2.5 **Common Planning Policies**

This planning policy has been developed to be read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wish to ensure consistency of approach within the facilities and as such:

- Advocate the use of repeatable rooms, as such only bespoke rooms and exceptions will be described in detail within this departmental PPDD;
- The Trust proposes the use of Neighbourhood Hubs each of which will serve a number of departments and accommodate facilities shared between departments including facilities management.

### 3.0 Staffing

#### 3.1 Staffing Profile (including Management)

Table [3.1.1] sets out the Trust’s requirements in respect of the number of staff who will normally be working in the FM services. This table includes the numbers likely to be on duty at any one time.

**Table [3.1.1] Projected overall staffing numbers: Facilities Management**

<table>
<thead>
<tr>
<th>Facilities Management</th>
<th>Number of staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff on duty at any one time</td>
<td>250</td>
</tr>
</tbody>
</table>

Table [3.1.2] sets out the current projected departmental staffing levels within each element of the FM services.

**Table [3.1.2] Departmental staffing levels Facilities Management**

<table>
<thead>
<tr>
<th>Discipline</th>
<th>On duty at one time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt &amp; Distribution</td>
<td>5</td>
</tr>
<tr>
<td>Equipment Decontamination</td>
<td>4</td>
</tr>
<tr>
<td>Postal Services</td>
<td>6</td>
</tr>
<tr>
<td>Linen &amp; Laundry</td>
<td>25</td>
</tr>
<tr>
<td>Catering – Patient</td>
<td>5</td>
</tr>
<tr>
<td>Waste Management</td>
<td>4</td>
</tr>
<tr>
<td>General Office</td>
<td>20</td>
</tr>
<tr>
<td>Portering</td>
<td>6</td>
</tr>
<tr>
<td>Security</td>
<td>20</td>
</tr>
</tbody>
</table>

Note: The staff on duty at any one time is inclusive of relief.
3.2 **Staff Development, Education and Welfare**

Staff welfare facilities in the form of separate sex toilets showers and change are provided within the Neighbourhood Hub. Secure lockable storage and changing is provided for personal property whilst staff are on duty.

There will be a variety of training taking place within the FM department, requiring a variety of shared and bespoke facilities. Training requirements have been identified and are included in the table [3.2.1].

**Table [3.2.1] Training Requirements**

<table>
<thead>
<tr>
<th>Training type</th>
<th>Facility type</th>
<th>Shared with others</th>
<th>Bespoke</th>
<th>Number of people</th>
<th>Frequency of use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Induction</td>
<td>Meeting room</td>
<td>Yes</td>
<td>No</td>
<td>10</td>
<td>Intermittent</td>
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<tr>
<td>Appraisal/counselling/meeting</td>
<td>Interview room</td>
<td>Yes</td>
<td>No</td>
<td>2/3</td>
<td>Constant</td>
</tr>
<tr>
<td>Mandatory</td>
<td>Meeting Room</td>
<td>Yes</td>
<td>No</td>
<td>20</td>
<td>Constant</td>
</tr>
</tbody>
</table>

4.0 **Key Relationships**

4.1 **Departmental Relationships**

The key objective is to provide identifiable, essential non-clinical services, which support the clinical areas of the hospital. The services within the FM department will require the provision of facilities, which support both routine and ad hoc service activities, which are responsive to the demands of clinical services. In addition to a range of centralised facilities it is anticipated that the physical requirements of service provision will be distributed amongst the Neighbourhood Hubs and clinical departments. It is not anticipated that any patient care activity will take place within any departments in the FM department.

In addition to the central co-ordination functions, and a retail catering facility these services must be co-located with the clinical services they support. The main base for the Facilities (Soft FM) will be centrally located in the R&D. The Neighbourhood Hubs and the individual departments will be serviced from the central base (R&D).
4.1.1 Receipt and Distribution (R&D)

- The Trust requires a single point for the receipt and distribution of all goods to all functional areas. The R&D accommodation will include Facilities Management, post room, management of supplies, pharmacy supplies, laundry and linen, catering, HSDU. This must therefore be readily accessible for external traffic and deliveries but have direct access to the internal hospital street network in order to access the clinical functions. Attention must be given to the particular needs for the rapid delivery of goods to key areas including Pharmacy, Pathology, Sterile services and Catering;
- The changing accommodation, rest areas, domestic services storage and the 8 person office should be collocated as a functional zone;
- The secure post room will be co-located within the Receipt and Distribution area;
- The post room needs to be located on the perimeter of the Receipt and Distribution area.
- Clean Linen and Laundry storage area required within the R&D location;
- Covered soiled linen collection area required outside the R&D accommodation.

4.1.2 Catering

The catering function (End kitchen) needs to be readily accessible for external traffic, for delivery of food and supplies but also have direct access to the internal hospital street network in order to access the Neighbourhood Hubs and clinical functions for delivery of food to end users.

4.1.3 Cleaning Services

The storage of ‘deep clean’ equipment and chemical storage will be at a central location.

4.1.4 Waste Management

All waste needs to be secured in dedicated areas;

- Clinical and other special waste collection and transfer systems from Neighbourhood Hubs must not be evident in public areas. The design will be expected to demonstrate the integration of collection systems into the mechanical handling facilities. For the avoidance of doubt pharmaceutical, radioactive and cytotoxic wastes are considered to be clinical wastes and should be held in secure storage areas;
- Neighbourhood waste disposal areas shall not be visible to visitors, patients or staff from normally accessible areas. Refuse collection facilities are to be accessed from non-public areas and shall be such that they do not cause nuisance and offence to staff, visitors, patients and adjacent properties;
- Neighbourhood waste collection and transfer routes in hospital buildings shall be separate from those routes used by the public and visitors. Wherever practical, mechanical handling is preferred by the Trust, using dedicated service ways;
- All Neighbourhood waste collections need to be via service corridors.
It is recognised that for those facilities supporting staff only, the physical link to the main building is not essential, although travel distances must be within 5 minutes and staff security must be ensured.

4.2 **Workflow**

4.2.1 **Access**

Patients will not generally access the FM facilities. Patients will not access or pass through any key support functions in order to access the clinical facilities to which they have been referred. FM facilities should not be open to or visible from patient areas.

4.2.2 **Staff Flows**

Staff will access the FM facilities in line with the Functional Brief. Access will be required at all times for staff, but this may be managed via remote monitoring for secure access.

Diagram [4.2.2] Staff flows

4.2.3 **Goods Flows**

It is an absolute requirement that goods (dirty and clean) flows are kept as separate as possible from patient flows. It is anticipated that this will be achieved from Neighbourhood Hubs by way of service corridors. Provision should enable the clinical staff to access support facilities without leaving the clinical areas. Typical goods flows are shown in diagram [4.2.3].
4.3 Interdepartmental Relationships

The accommodation within the FM services should be provided with linkages to the internal hospital street network to ensure rapid and appropriate access, with no requirement for external transport. It is however recognised that for those facilities supporting staff only, the physical link to the main building is not essential, although travel distances, times and security must be met.

In summarising the external relationships the reference is therefore to ‘area’ rather than specific departments.

- The majority of departments within the FM services will require access to high volume deliveries on a regular basis. This must be balanced with the Trust requirement for a single R&D on the hospital site. The delivery and collection areas should be sensitively located ensuring visual impact on clinical areas is minimised;
- Neighbourhood Hubs (PPDD 33) will be linked to the central facility area (R&D) by the service corridor and service lifts. Electric tugs in constant use along service corridor both for delivery and collection;
- Neighbourhood Hubs – neighbourhoods will be linked to departmental areas via general circulation routes. Clean goods and dirty holds will be accommodated within Neighbourhood Hubs as well as regeneration kitchens and shared staff facilities, refer PPDD 33;
- Departmental areas – the provision of soft FM services will be an integral part of the clinical services within this area and responsive, efficient and effective services will be key to the delivery of patient care. The support facilities co-located with the clinical departments are described within the individual PPDDs, which they serve to minimise journey times and distances.

Table [4.3] Essential adjacencies to centralised facilities.

<table>
<thead>
<tr>
<th>Close to</th>
<th>PPDD</th>
<th>Reasons</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Link road</td>
<td>Functional Brief</td>
<td>Goods delivery to Receipt and Distribution unit</td>
<td>Essential</td>
</tr>
<tr>
<td>Hospital street</td>
<td>Functional Brief</td>
<td>Patient/goods Transfer to</td>
<td>Essential</td>
</tr>
<tr>
<td>Clinical areas</td>
<td>All</td>
<td>Integration with services</td>
<td>Essential</td>
</tr>
<tr>
<td>Education and Training Centre (future provision)</td>
<td>PPDD 02</td>
<td>Food and Beverage provision</td>
<td>Essential</td>
</tr>
</tbody>
</table>

5.0 Planning and Design Principles

5.1 Ambience and Decoration

The design should access the research available on hospital environments. Opportunities should be taken to maximise natural ventilation and natural light where possible, robust finishes and protection are required in high usage areas where substrates can be damaged. All surfaces within Facilities Management (to include shelving) should be easily cleanable and washable.

5.2 Wayfinding

Signage in the FM services should clearly demarcate and indicate the direction of the different areas. Wayfinding solution needs to be integrated within the overall wayfinding strategy for the hospital.

5.3 Security and Observation

The Security of staff, patients and visitors is of paramount importance. There will be Security staff based within the Emergency Department (PPDD 01) on the hospital site on a 24 hour, 7 days per week basis.

The Post Room should form part of the external structure for ease of access for postal deliveries and in the event of a suspected improvised explosive device being discovered.
The building(s) intruder alarm(s) should be installed. The following areas with Facilities Management shall be provided with an intruder alarm:

- All buildings isolated from the main building;
- Receipt and Distribution Centre.

In respect of waste management, it is essential that secure storage areas/rooms for all waste is provided at each level of storage both internal and external.

The Post Room will require emergency shut-off of ventilation systems from within the Department to prevent the spread of nuclear, biological or chemical contamination in the event of a Major Incident.

### 5.4 Control of Infection

The approach to control of infection can be referenced within the Functional Brief. There are no specific issues within Facilities Management.

Decontamination/cleaning of vehicles will be undertaken off-site.

### 5.5 Manual Handling

The approach to Manual Handling can be referenced within the Functional Brief.

All double doors which require goods to pass through should be automatic.

### 5.6 Fire & Safety

#### 5.6.1 Fire

Precautions against fire will be taken by staff working within the area. The Trust’s *Fire Safety Management Policy* will be adhered to and can be referenced within the Functional Brief.

#### 5.6.2 Safety

The following issues need to be specifically addressed by the Design:

- Vehicle/pedestrian movement (compound and R&D area);
- Tug and trailer movement;
- Storage of flammable goods.

#### 5.6.3 Radiological Protection

Deliveries to and from Nuclear medicine will be direct and not via the centralised R&D facilities.
5.7 Privacy

The design should provide an environment, which respects the needs of all staff and patients in terms of privacy and dignity as well as facilitating the delivery of good clinical practice and care.

5.8 Environmental Parameters

The design shall ensure that temperature and humidity control are in accordance with HTM 03-01 Specialist ventilation for healthcare premises: Part A Design & Validation.

An exterior mounted recording thermometer and audiovisual alarm system should be provided to each chilled, cold and freezer rooms described within section [7.0]. These should be connected to the security base (Emergency Department PPDD 01).

5.9 Environmental Criteria

5.9.1 Natural Light

The Design Brief developed by the Trust advocates the use of both natural light and natural ventilation. The Functional Brief Section [5.6] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke natural light requirements within FM (TMS).
### Table [5.9.1] Natural Light Matrix

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Essential Desirable or None</th>
<th>External Wall</th>
<th>Atrium</th>
<th>Light</th>
<th>borrowed light</th>
<th>Roof Light / Tube</th>
<th>Percentage variation allowed from Trust’s Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>RDC – Delivery bay</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Holding Areas - Repeatable – Ambient Temperature</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Holding Area – Repeatable - Controlled Temperature</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Post Room</td>
<td>Desirable</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Decontamination Suite – Holding bay</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Decontamination Suite – Dispatch bay</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Catering - Delivery bay</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Frozen Food Store</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Cold Room – General</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Cold Room – Dairy Products</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Bulk Chilled Room</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Chilled Prep Room</td>
<td>Desirable</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Diets Preparation – Cooking/Chilling Room</td>
<td>Desirable</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Patients Food Service &amp; Trolley Rooms</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Central Wash Up</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Utility - Cleaning</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

#### 5.9.2 Ventilation

The Design Brief developed by the Trust advocates the use of both natural light and natural ventilation. The Functional Brief Section [5.7] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions. The following table sets out the requirements for bespoke environmental criteria within FM (TMS).
Table [5.9.2] Environmental Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Temperature</th>
<th>ac/hr</th>
<th>Pressure &amp; filtration</th>
<th>Notes in respect of permissible derogations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery bay</td>
<td>18</td>
<td></td>
<td></td>
<td>i</td>
</tr>
<tr>
<td>Holding Areas - Repeatable – Ambient Temperature</td>
<td>18</td>
<td></td>
<td></td>
<td>i</td>
</tr>
<tr>
<td>Holding Area Temperature Controlled</td>
<td>18</td>
<td></td>
<td></td>
<td>i</td>
</tr>
<tr>
<td>Post Room</td>
<td>18</td>
<td></td>
<td></td>
<td>i</td>
</tr>
<tr>
<td>Soiled Equipment</td>
<td>18</td>
<td>10</td>
<td>-ve</td>
<td>i</td>
</tr>
<tr>
<td>Cleaning and Dispatch bay</td>
<td>18</td>
<td>6</td>
<td>+ve F7</td>
<td>i</td>
</tr>
<tr>
<td>Catering - Delivery bay</td>
<td>18</td>
<td></td>
<td></td>
<td>i</td>
</tr>
<tr>
<td>Frozen Food Store</td>
<td>-18</td>
<td>-16</td>
<td></td>
<td>i</td>
</tr>
<tr>
<td>Cold Room – General</td>
<td>4</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dairy Products Cold Store</td>
<td>-5</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bulk Chilled Food Store</td>
<td>4</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chilled Sandwich Preparation and Holding</td>
<td>4</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diets Preparation – Cooking/Chilling Room</td>
<td>4</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diet Food Store</td>
<td>4</td>
<td>10</td>
<td></td>
<td>i</td>
</tr>
<tr>
<td>Patients Food Service &amp; Trolley Rooms</td>
<td>4</td>
<td>10</td>
<td></td>
<td>i</td>
</tr>
<tr>
<td>Central Wash Up/Pot Wash</td>
<td>18</td>
<td>10</td>
<td>F7</td>
<td>i</td>
</tr>
</tbody>
</table>

5.9.3 Acoustic Criteria

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief Section [5.8] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke acoustic criteria within FM (TMS).
Table [5.9.3] Acoustic Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Rating to be achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>RDC – Delivery bay</td>
<td>E</td>
</tr>
<tr>
<td>Holding Areas – Repeatable – Ambient Temperature</td>
<td>E</td>
</tr>
<tr>
<td>Holding Areas - Repeatable – Controlled Temperature</td>
<td>E</td>
</tr>
<tr>
<td>Post Room</td>
<td>D</td>
</tr>
<tr>
<td>Decontamination Suite – Holding bay</td>
<td>E</td>
</tr>
<tr>
<td>Decontamination Suite – Dispatch bay</td>
<td>E</td>
</tr>
<tr>
<td>Catering - Delivery bay</td>
<td>E</td>
</tr>
<tr>
<td>Frozen Food Store</td>
<td>E</td>
</tr>
<tr>
<td>Cold Room – General</td>
<td>E</td>
</tr>
<tr>
<td>Cold Room – Dairy Products</td>
<td>E</td>
</tr>
<tr>
<td>Bulk Chilled Room</td>
<td>E</td>
</tr>
<tr>
<td>Chilled Prep Room</td>
<td>E</td>
</tr>
<tr>
<td>Diets Preparation – Cooking/Chilling Room</td>
<td>E</td>
</tr>
<tr>
<td>Patients Food Service &amp; Trolley Rooms</td>
<td>E</td>
</tr>
<tr>
<td>Central Wash Up</td>
<td>E</td>
</tr>
<tr>
<td>Utility – Cleaning</td>
<td>E</td>
</tr>
</tbody>
</table>

5.9.4 Medical and Industrial Gas Requirements

The only medical or industrial gases within FM (TMS) are in respect of natural gas within the Catering Section.

5.10 Flexibility

The design needs to support staff in managing:

- The fluctuating demand for services;
- Future changes in model of care.

The main Receipt and Distribution space will need to be flexible and able to respond to and accommodate changes in future technology such as automated vehicles and robotics.

5.11 IM & T

Details of the active components associated with IM&T can be found in the Functional Brief Section 3.4 and Schedule 8 part 3.
5.12 **External Space and Courtyards**

Access to outside spaces is highly desirable for staff working within Facilities Management.

The specific external requirements for those services for example receipt and distribution are outlined under the respective entries within Section [7.0].

The specific external requirements for vehicle parking is described within Functional Brief.

6.0 **Equipment**

The specific requirements for this FM services will be addressed through the equipment selection in accordance with the Equipment Responsibility Matrix described in the Functional Brief section [7.4].

The Room Data Sheets schedule out the draft equipment list for facilities management (TMS) in accord with stage 4 of the equipment strategy (Functional Brief section [7.4]).

7.0 **Proposed Accommodation**

In developing proposals for the Facilities Management (TMS) reference must be made to *ACCP Policy and the Food Safety Legislation 2006*.

The specific design requirements of each of the functional units within FM services are outlined in the following section.

In describing the accommodation and its functional relationships the facilities have been separated into their basic functionalities. The operational functionality of the areas listed below is specific to the requirements of the hospital. Where areas of accommodation to be provided within different elements of the project are deemed to have the same repeatable functionality, these are outlined in the Functional Brief.

The rooms described below are solely in respect of bespoke rooms or repeatable rooms, which require modification. For repeatable rooms refer to the Functional Brief.

7.1 **Receipt & Distribution (R&D)**

- The Trust requires a single R&D point for the whole hospital site. The area must therefore be capable of handling the full range of regular and ad hoc deliveries including large items of medical equipment and day-to-day consumables including Catering, Pharmacy, Laundry and Linen, Post, Sterile Services, Pathology;

- The facility should be located at ground level away from clinical activity, with direct access to main service corridors, Neighbourhood Hubs and departments;
- Goods delivered to the site will be via the external hospital road system into the receipt and distribution industrial area. Whilst ‘just in time’ procurement will be key for effective supply chain management it is likely that daily deliveries of goods will take place from various suppliers;
- There will be a significant proportion of bulk deliveries including pallets and therefore the design must be capable of accommodating automated handling and moving equipment;
- Goods packaging for disposal will be either compacted or treated as general waste via the waste compound;
- Goods will be checked in by the materials management team and electronically logged onto the e-inventory management system;
- The R&D areas will operate a stock classification and stocking policy for each product to support efficient space utilisation at both main store and local departmental stores;
- The receipt and distribution of laundry and linen forms an integral component of the R&D facility;
- The receipt and distribution of sterile services forms an integral component of the R&D facility;
- In the event of emergency supplies being required outside of normal working hours a supply will be drawn from the clean linen holding area within the Neighbourhood Hubs;
- Staff Welfare and administration other that the goods distribution office are shared with the totality of Facilities Management and described below;
- R&D area to be generally an open area without sub-division to allow space to be used flexibly;
- All items must be stored off the floor.

Reference must be made to Hospital Laundry Arrangements for used and infected linen and the NHS Plan: A Plan for Investment, A Plan for Reform.

7.1.1 Delivery Bay

The bespoke delivery bay should include the following areas:

- Goods Receipt Area:
  - All systems used for the receipt/collection of goods must be ergonomically designed;
  - The goods receiving bay must have direct access for road vehicles and have facilities for the immediate checking of goods (refer loading bay below);
  - There shall be immediate access from the delivery bay to the holding areas;
  - Clinical WHB station.

This area must be capable of accepting deliveries from the full range of vehicles including articulated, pantechnicon and vehicle with and without tail lifts. The area should be of sufficient size to accommodate up to eight deliveries at any one time. There should be space for four electric vehicles parking and charging within this area.
Details of the Trust's environmental requirements can be referenced in Section [5.0] of this PPDD.

- **Goods Despatch Area:**
  - There will be a significant requirement for the distribution of goods to all areas of the site, many of which will be time critical;
  - It is anticipated that the processes for the receipt of goods and identification of goods for dispatch will be technology driven and minimise the requirement for multiple handing of items;
  - All movement of goods to be transferred by automation or by vehicular movement;
  - Service access/egress to/from all neighbourhood storage areas will be via service corridors;
  - Clinical WHB station.

Details of the Trust's environmental requirements can be referenced in Section [5.0] of this PPDD.

**7.1.2 Holding Area – Main**

This bespoke area should be based upon a standard ambient temperature holding area and should consider the following:

- There will be a need for secure storage of goods;
- The temperature controlled area and bulk fluids store must be accessed directly from the main holding area.

Details of the Trust's environmental requirements can be referenced in section [5.0] of this PPDD.

**7.1.3 Holding Area – Bulk Fluids**

A bespoke area is required for the temporary storage of bulk fluids awaiting sub-division and distribution and needs to directly accessible from the main Holding Area. This area should be based upon a standard ambient temperature holding area and be equipped with racking and space to accommodate both palletised goods and multiple cages. Storage facilities for redundant/surplus equipment will need to be included.

Details of the Trust's environmental requirements can be referenced in section [5.0] of this PPDD.

**7.1.4 Holding Area – Temperature Controlled**

A bespoke area is required for goods that require a temperature controlled environment awaiting sub-division and distribution. This area should be based upon a standard ambient temperature holding area and must be directly accessible from the main Holding Area. This area should be equipped with racking and space to accommodate both palletised goods and multiple cages. Storage facilities for redundant/surplus equipment will need to be included.

Details of the Trust's environmental requirements can be referenced in section [5.0] of this PPDD.
7.1.5 Holding Area – Sterile Supplies (Receipt)

A bespoke area is required for sterile goods that are delivered to the R & D Centre awaiting subdivision and distribution. This area should be based upon a standard ambient temperature holding area.

Details of the Trust’s environmental requirements can be referenced in section [5.0] of this PPDD.

7.1.6 Holding Area – Sterile Supplies (Dispatch)

A bespoke area is required for sterile goods that are awaiting sub-division and distribution. This area should be based upon a standard ambient temperature holding area.

Details of the Trust’s environmental requirements can be referenced in section [5.0] of this PPDD.

7.1.7 Holding Area – Linen (Receipt)

On delivery to site, clean linen will be contained in a bespoke clean linen holding area, within the Receipt & Distribution area, which will support the top up of the Neighbourhood Hub and departmental linen stores. This area should be based upon a standard ambient temperature holding area and should be flexible enough to accommodate a potential increase in clean linen deliveries that may result from increased activity or infection outbreaks.

The clean linen area must accommodate:

- 50 linen cages for one days delivery and storage;
- Electric Tug / Powered Mover;
- Packing Area.

Details of the Trust’s environmental requirements can be referenced in section [5.0] of this PPDD.

7.1.8 Holding Area – Linen (Returns)

A bespoke area is required to contain linen for return to the external provider. The area should be based upon a standard ambient temperature holding area and be weatherproofed and of sufficient size to accommodate the potential increase in soiled linen stock levels that may result from increased activity or infection outbreaks.

The linen returns area must accommodate:

- 50 linen cages for up to one days storage;
- Electric Tug/Power Mover;
- Packing Area.

Details of the Trust’s environmental requirements can be referenced in section [5.0] of this PPDD.

Details of the Trust’s environmental requirements can be referenced in section [5.0] of this PPDD.
7.1.10 Emergency Linen Holding

A bespoke separate holding area is required to accommodate 10 linen cages for emergency / bank holiday stocks.

The environmental criteria should be as holding areas – ambient description section [5.0] of this PPDD.

7.1.11 Post Room

All incoming mail (including courier services) will be processed in a bespoke Post Room.

The Post Room should be co-located adjacent to the Porter Control area (see Section 7.8.2).

The Trust requires this room to be easily accessible to both the Royal Mail couriers and other external organisations and internal customers. The design should provide clear and definite separation for internal and external post receipt, and support a method of sorting deliveries from whatever source.

The functionality required within the post room is as follows:

- 200 wall pigeon holes (425mm wide x 460mm deep x 120mm high, unit stacks to be fully adjustable to accommodate different service users);
- 3 work benches;
- Administration area;
- Equipment bay;
- X-ray bay (for scanning incoming post);
- Storage Bay.

The Post Room should have an installed independent intruder alarm and ventilation system; any ventilation system within the Post Room and the building in which the Post Room is located must be capable of being switched off locally. The area should enable both secure delivery and collection without unauthorised staff having the ability to enter the sorting area.

Details of the Trust’s environmental requirements can be referenced in section [5.0] of this PPDD.

7.1.12 Emergency En-suite Shower

A repeatable staff shower as set out within the Functional Brief section [7.2] is required accessed directly from the post room in case of the need to remove clothing or contamination. In addition to the standard fixtures a wall unit is required to hold an emergency supply of towels / spare uniforms.

7.1.13 Office – Receipt and Distribution

A repeatable 2 person office is required for R&D administration as set out within the Functional Brief Table [7.2]. This office should be sited adjacent to the R & D area with glazed screens overlooking the main R&D and Catering delivery areas.
7.1.14 Domestic Services Room

A repeatable Domestic Services Room is required to the R&D for domestic services as set out in the Functional Brief Table [7.2].

7.1.15 Switchgear

Repeatable switchgear rooms are required to the R&D Centre as set out in the Functional Brief Table [7.2].

7.1.16 Holding Area - IT Equipment

This area is required for the temporary storage if IT equipment delivered on pallets and awaiting sub-division and distribution. The area will require a workbench with electrical and data sockets and to enable components to be assembled and configured prior to delivery.

7.1.17 Store Domestic Equipment

A repeatable large store for the storage of domestic cleaning equipment as set out in the Functional Brief Table [7.2].

7.1.18 Store Domestic Consumables

A repeatable large store for the storage of domestic cleaning consumables as set out in the Functional Brief Table [7.2].

7.1.19 Charging Bay

An open space for the parking and charging of electric vehicles of various types. The area will require electrical power to battery chargers. Ventilation must be provided to prevent the build up of explosive gases associated with battery charging.

7.1.20 Office (8)

A repeatable 8 person office for the operational organisation and supervision of the FM function as set out in the Functional Brief Table [7.2]. The room will require glazed walls to enable vision of the surrounding areas as described in 4.1.1.

7.1.21 Staff Rest Room

A repeatable is required to accommodate 20 persons as set out in the Functional Brief Table [7.2]. This room is to be equipped with a repeatable beverage bay.

7.1.22 Store - Beds

A repeatable store is required for the storage and maintenance of beds as set out in the Functional Brief Table [7.2]. The room should be equipped with sufficient electrical sockets and lighting levels to support the maintenance activity.
7.1.23 Staff Changing

Separate repeatable staff changing is required for 80 female and 80 male staff lockers together with a uniform issue/exchange port as set out in the Functional Brief Table [7.2]. Each facility is to be equipped with 3no. ambulant WCs and 3no. ambulant showers.

7.1.24 Holding Area - Secure

This area is required for the temporary storage one off valuable items.

7.1.25 Secure Lobby

A secure lobby is required at the interface between the R&D and hospital distribution corridors.

7.1.26 Secure Lobby - Pharmacy Lift

A secure lobby is required at the interface between the R&D and Pharmacy lift for goods awaiting collection by the Pharmacy staff.

7.1.27 WHB/PPE Station

A repeatable station is required to support the R&D and decontamination areas as set out in the Functional Brief Table [7.2].

7.2 **Equipment Decontamination Suite**

A bespoke Equipment Decontamination Suite needs to be located adjacent to the Receipt and Distribution Centre bay. The Decontamination Suite must have the capacity to sterilise tugs, trailers, trolleys, bed frames and general equipment. This suite must consist of three areas.

7.2.1 Soiled Equipment – Holding Bay

A bespoke area is required for holding all general equipment and beds that are awaiting decontamination. The entrance needs to be separate from any clean area to avoid cross-infection/contamination with a separate entrance to the cleaning bay required.

This area will need the following:

- External doors should be of such design that they cannot be left open;
- Doors should be wide enough to pass beds through;
- All external doors will require pest-proofing;
- WHB.

Details of the Trust's environmental requirements can be referenced in section [5.0] of this PPDD.
7.2.2 Cleaning Bay

A bespoke area is required immediately adjacent to the Dispatch Bay. This room will require the following:

- Sealed walls with drainage in the floor;
- Direct access to and from the Dispatch Bay;
- External doors should be of such design that they cannot be left open;
- Doors should be wide enough to pass beds through;
- All external doors will require pest-proofing;
- WHB.

Details of the Trust’s environmental requirements can be referenced in section [5.0] of this PPDD.

7.2.3 Dispatch Bay

A bespoke area is required. This room will serve as a clean store area and will require direct access to the Receipt and Distribution Bay. This room will require the following:

- External doors should be of such design that they cannot be left open;
- Doors should be wide enough to pass beds through;
- All external doors will require pest-proofing.

Details of the Trust’s environmental requirements can be referenced in section [5.0] of this PPDD.

7.3 Catering

The Trust requires a Central Provision (End Kitchen) which will receive Products from a Central Food Production Unit (CFPU), which will be out-sourced. The facilities must provide clear segregation of food types to prevent cross contamination and be fully compliant with the Food Hygiene Regulations (Food Safety Act 1990 and the Food Hygiene (England) Regulations 2006 (Temperature Control Schedule 4 – EU Regulation No 852/2004)). Hand washing facilities must be provided in all areas of the catering facilities.

The central facilities should be at ground level for easy access by delivery vehicles and should have a direct connection to the main service corridors.

The Catering Department should be designed so as to exclude non-authorised personnel.

The Central Food Production Room Requirements are as follows:

7.3.1 Catering Delivery Bay

This bespoke area is provided for the reception and checking in of chilled and frozen food received from the CFPU and for dry provisions and other catering items for Trust supplied services. It should be sited adjacent to the bulk chilled food store. This facility should form a discrete area within the Receipt and Distribution Centre co-located with the catering facilities.
• External doors should be of such design that they cannot be left open;
• All external doors will require pest proofing;
• Use of plastic curtains or screens to prevent ingress of pests when door open for deliveries;
• Hand Rinse Basin required;
• Area should be segregated for different food items;
• All waste food will be disposed via the central wash-up area via waste disposal unit.

Details of the Trust's environmental requirements can be referenced in section [5.0] of this PPDD.

7.3.2 Store – CFPU Returns

This bespoke area is provided for the secure holding of the CFPU mobile insulated boxes. These boxes will have been reloaded with their mobile racks of empty food containers and parked here to await collection. The area should be adjacent to the delivery bay.

Details of the Trust's environmental requirements are as for the adjacent Catering Delivery Bay (7.3.1).

7.3.3 Store - Provisions

This bespoke store based on a repeatable store as set out within the Functional Brief section [7.2] is required for dry provisions and other catering items required for wards with facilities for weighing food, space for filling and holding departmental containers. The whole store area should be mechanically ventilated.

7.3.4 Frozen Food Store

Two separate bespoke frozen food store areas are required as a contingency to safeguard against breakdowns.

The store(s) are provided for holding frozen food for day-to-day use and a reserve stock for use in an emergency. All fridges, freezers and temperature controlled rooms should be continuously monitored centrally by a computerised system, (for example ICESPY).

Details of the Trust's environmental requirements can be referenced in section [5.0] of this PPDD.

7.3.5 Cold Store - General

A bespoke cold store is required for holding raw fresh fruit and salad items. All fridges, freezers and temperature controlled rooms should be continuously monitored centrally by a computerised system, (for example ICESPY).

Details of the Trust's environmental requirements can be referenced in section [5.0] of this PPDD.
7.3.6 Cold Store – Dairy Products

This bespoke refrigerated room is provided to store fresh milk and dairy products. All fridges, freezers and temperature controlled rooms should be continuously monitored centrally by a computerised system, (for example ICESPY).

Details of the Trust’s environmental requirements can be referenced in section [5.0] of this PPDD.

7.3.7 Bulk Chilled Food Store

This bespoke refrigerated store is provided for holding three days supply of chilled food on mobile racks. There should be space to manoeuvre the boxes, racks and other trolleys inside the store. The checking of chilled food in the containers for temperature and quantity will also be carried out here prior to wheeling the rack into its designated parking space.

The bulk chilled food store should be sited adjacent to the delivery bay and to the patient’s food service area.

Details of the Trust’s environmental requirements can be referenced in section [5.0] of this PPDD.

7.3.8 PPE/WHB Station

The repeatable PPE/WHB assembly bay should be sited at the entrance to the patient’s food service room. Details of the functionality required can be referenced within PPDD 33 section [7.1.4].

7.3.9 Chilled Meat Store

A bespoke cooled room should be provided for the storage of uncooked meat products.

Details of the Trust’s environmental requirements can be referenced in section [5.0] of this PPDD.

7.3.10 Diets Preparation, Cooking & Chilling Room (including washroom)

A self-contained bespoke diet kitchen is required for the preparation, cooking, portioning and chilling of patient’s diet food requirements that cannot be supplied by the CFPU. This facility should be sited adjacent to the diet food store and near to the patient’s food service room. This area is to be equipped with a salad wash station.

Details of the Trust’s environmental requirements can be referenced in section [5.0] of this PPDD.

7.3.11 Diet Food Store Area

A bespoke secure store should be provided sited adjacent to the diet preparation bay and near to the bulk provisions store. The functionality should be based upon the repeatable stores described within Functional Brief Table [7.2].
7.3.12 Patient’s Food Service and Trolley Room

This temperature-controlled bespoke room is required for the assembly of patient’s meals to their individual requirements. It should be sited adjacent to the bulk chilled food store and ward trolley bay. Access must be via the hygiene control bay.

Details of the Trust’s environmental requirements are as for Patient's Food Services Trolley Room.

7.3.13 Clean Ward Trolley Room

This temperature-controlled bespoke room is required for holding and pre-wash-chilling the patient’s food service trolleys. It should be adjacent to the patient’s food service area.

Access from the central wash up should be via automatic sliding doors with a cold-air curtain.

Details of the Trust’s environmental requirements are as for Patient's Food Services Trolley Room.

7.3.14 Return Ward Trolley-Park

This bespoke facility should be sited adjacent to the central wash up area and will be used to locate trolleys awaiting transfer to the ward areas.

Details of the Trust’s environmental requirements are as for Patient's Food Services Trolley Room.

7.3.15 Central Wash Up/Pot Wash Bay

All the crockery, cutlery, trays and trolleys used for the service of meals to patients, staff and visitors will be washed in this area (provision is however included at local level for limited washing of crockery from beverages – refer PPDD 33). The bespoke central wash-up should be sited adjacent to the return ward Trolley. The floor of this area will need a drain.

Details of the Trust's environmental requirements can be referenced in section [5.0] of this PPDD.

7.3.16 Holding Area: Trolleys

This area is required for the temporary storage of food trolleys awaiting loading.

7.3.17 Store - Detergents

A secure bespoke store is required to hold the bulk stock of cleaning agents and materials used in the wash-up areas and the end kitchen general cleaning programme. The functionality should be based upon the repeatable stores described within Functional Brief Table [7.2].

7.3.18 Domestic Services Room

A dedicated but repeatable domestic service room as set out in the Functional Brief Table [7.2] is required to serve the catering areas.
7.3.19 Office

A repeatable single person office is required as set out in the Functional Brief Table [7.2]. The office should be located close to other staff facilities.

7.3.12 Switchgear

A repeatable switchgear room is required to the catering facilities as set out in the Functional Brief Table [7.2].

7.4 Staff Welfare - Catering

The Catering facilities constitute a Closed Department and as such will include dedicated changing, toilets, showers facilities and rest facilities.

7.4.1 Staff Changing

Separate repeatable staff changing is required for 40 male and 40 female lockers together with a uniform issue / exchange point. Details of the functionality required can be referenced in Functional Brief Table [7.2].

7.4.2 Staff Showers

Separate repeatable male and female ambulant showers to be provided accessed from the corresponding changing area as set out in the Functional Brief Table [7.2].

7.4.3 Staff Toilets

Separate repeatable male and female ambulant toilets required to be located with the changing areas as set out in the Functional Brief Table [7.2].

7.4.4 Staff Rest

A repeatable Staff Rest room is required to accommodate 12 persons set out in the Functional Brief Table [7.2].

Details of the Trust's Requirements can be referenced in PPDD 33 section [7.2.4].

7.4.5 Beverage Bay

A repeatable Beverage Bay co-located with the staff room is required set out in the Functional Brief Table [7.2].
7.5  Ward Services

It is proposed that domestic services will operate at two levels: Staff who will be dedicated within each clinical area and those who will service common and circulation areas. Core duties undertaken by each will include the following: Planned routine and reactive cleaning; processing of waste; food service to patients; bed-making, cleaning of patient equipment; linen room and general stock control. The cleaning service will provide regular programmed activities and respond to ad hoc requests including spillages as identified within the Trust’s Infection Control policy.

It is envisaged that domestic staff in each area, whether clinical or non-clinical, will have access to facilities for the purpose of storing cleaning equipment and small stocks of cleaning chemicals and consumable products. In some areas these facilities may be dedicated to a specific area or shared. Shared facilities will need to be used by more than one member of the domestic team.

The cleaning service will be co-ordinated from a central point but staff will operate as a key part of the relevant clinical or support area. All domestic service staff will be based with the centralised facilities (PPDD 24).

The functional requirements for facilities included within either the Neighbourhood Hub or individual departments are described in Functional Brief and PPDD 33. Reference must also be made to the National standards of Cleanliness.

7.5.1 Store – General Equipment

A central repeatable store is required to Domestic Services set out in the Functional Brief Table [7.2].

7.5.2 Utility - Cleaning

There will be a need to provide a bespoke centralised industrial washing and drying machines to accommodate the cleaning of Trust owned items:

- Domestic mops;
- Patient slings and slides;
- Neo-natal baby wear;
- Occasional patient personalised clothing;
- Small dedicated items e.g. bandages.

This should be co-located with the Receipt & Distribution area.

Mops can be contaminated with blood and bodily fluids given they will be reintroduced into clinical areas they need to be adequately decontaminated.

The design of the wash down area should be such to allow for segregation of clean and dirty. A clinical hand washing basin is required in this area.
The functionality required is as follows:

- 35lb High Spin Washers - 2 number;
- 50lb Tumble Driers – 2 number.

Details of the Trust’s environmental criteria can be referenced in section [5.0] of this PPDD.

The design should also take account of direct infrastructure services necessary for the washers and driers (for example, Electrical power, Ventilation, Extraction (dryer hot moist air removal).

### 7.6 Waste Management

The Trust requires that waste handling by personnel is kept to an absolute minimum in both how it directly manages this service and the transportation equipment it utilises, from the point of waste generation through to the final collection point before leaving the site. This philosophy must be taken into account when designing facilities. The Trust also wishes to retain flexibility in adapting its service philosophy in the event that more efficient or safe waste disposal methods or storage products become available.

It is anticipated that a central waste handling and holding facility is located on the site, co-located with the receipt and distribution area.

Departmental waste will be segregated at source and disposed of in an appropriate waste container. This waste will be transferred into the secure disposal holding rooms within Neighbourhood Hubs, typically by Domestic services staff.

Full bins will be collected from the Neighbourhood Hubs via the service corridors to the main waste area to await collection. Finally, a waste contractor will collect the waste and transport to a suitable licensed disposable facility.

Each department will have dedicated facilities for waste streams (as outlined in the schedules of accommodation). Local storage should be located as close to the point of waste generation as possible. The design should also ensure that the design for waste storage space takes account of the requirements for hazardous and non-hazardous waste streams. Reference must also be made to HTM 07:01 Safe Management of Healthcare Wastet.

The designer’s attention should be drawn to the Trusts Waste Management Policy.
7.6.1 External Waste Compound

It is proposed that this waste compound (located by R&D) will be the main collection point for all forms of waste generated by the Trust as shown below:

- Cytostatic /cytotoxic waste;
- Anatomical waste;
- Sharp clinical waste;
- Infectious and non infectious clinical waste;
- Sensitive clinical waste;
- Hazardous waste;
- Domestic waste;
- Confidential waste;
- Recyclable waste;
- Low level radioactive waste;
- Ferrous and non ferrous waste;
- Garden Waste.

The waste compound will be designated as a ‘transfer station’ which requires a license from the Environmental Agency. It must have a secure fence and gate (2.5m high).

The external waste compound needs to accommodate the following equipment in order to allow for a minimum storage capacity of 48 hours:

- Waste compactor;
- Safe storage of 100 bins/820Kg capacity 770 Litres bins;
- Skip – Waste metal 1 @ 10m³
- Skip – General waste / Recycling 2 @ 10m³
- Skip - Waste electrical 1 @ 1,100 litres;
- Containers – Waste Luminaries (1number each LS275 & LS300).

7.7 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to the clinical departments. In the case of Facilities Management:

In addition to the dedicated Hub facilities described in the R&D and Catering facilities, Facilities Management will have access to other shared Hub facilities.

- Toilets – visitor;
- Staff changing facilities including showers (other than catering);
- Staff toilets;
- Staff rest room (other than catering);
- Beverage bay;
- Reprographics;
- Seminar room;
- Disposal hold;
- IT hub;
- Domestic services room;
- Domestic services store;
- Switchgear room.

### 7.8 Shared use of an Administration Zone

Other than departmental managers it is anticipated that all Facilities Management administration functions will be co-located in a single administration zone in addition to the repeatable facilities of any administrative zone the following bespoke functionalities are required.

#### 7.8.1 R&D Offices

- 4 repeatable administration places are required for material management;
- 7 repeatable administration places are required for non-stock buyers.

#### 7.8.2 Portering

The porters will generally be co-located with the clinical services they support although a control room and base for a general pool of porters is required to serve repeatable/small departments.

#### 7.8.3 Security

A base is required for the Trust’s Security Management within the shared Administration Zone. The Security Operators facilities are described within PPDD 32.

The functional requirements are fully described within PPDD 19 Administration and are summarised below:

- Reprographics;
- Social area;
- Beverage bay;
- Office – open plan;
- Store – small;
- Library;
- Quiet rooms (for breakout);
- Seminar room;
- Domestic services room;
- Switchgear.

#### 7.9 Externals

In addition to the specific requirements described within section [7.1-7.6] inclusive the Trust route the following functionality to be associated with the Facilities Management Centre.
7.9.1 General Transport

There will be a requirement for 3 parking bays for general transport for internal transfers of goods between the main Acute and dependent Community hospitals for three vehicles.

7.9.2 Holding and Sorting Area: Dirty Linen

The external covered holding area for soiled linen requires a dedicated access point from the service corridor.

It is anticipated that soiled linen will be segregated as appropriate within the nursing unit prior to removal on a regular basis to the central dirty linen holding area, within the Receipt & Distribution area.

This area should accommodate:

- 50 linen soiled cages (2 days capacity).

7.9.3 External Loading Bay

The external bay with canopy is required for the delivery area and soiled collection area. It must be capable of accepting deliveries from the full range of vehicles (up to 3 at any one time) including articulated, pantechincon. It is assumed that all suppliers’ vehicles will be equipped with tail lifts.

The external goods area shall accommodate:

- Collections and returns, including turning, internal distribution or delivery vehicles and waste compactor or skip;
- Receipt or unpacking;
- Loading bays.

7.9.4 Empty Catering Returns Store Compound (External)

This compound is provided for the secure holding of returnable standard stores cages (NHS Logistics) and wooden pallets. It should be sited externally adjacent to the catering delivery bay.

8.0 Schedule of Accommodation

The schedule of accommodation has been developed for the totality of the scheme as a series of tables. This schedule is appended to Schedule 8 part 3.

9.0 Glossary and Definitions

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
MIDLAND METROPOLITAN HOSPITAL

No.24
FACILITIES (TRUST MANAGED SERVICES)
OPERATIONAL POLICY
MIDLAND METROPOLITAN HOSPITAL
FACILITIES (TRUST MANAGED SERVICES) OPERATIONAL POLICY

KEY POINTS

1. This document details the role of the Trust-managed Facilities service for the Midland Metropolitan Hospital, to include:

   - Portering services
   - Materials Management (receipt and distribution)
   - Waste Management
   - Catering for patients, staff and the general public
   - Linen services, to include uniform exchange
   - Security services
   - Cleaning services
   - Transport of patients, staff and goods
   - The hospital reception desk, helpdesk, cash office and certificate office
   - Sterile Services Department which manages the co-ordination of deliveries and collections of instruments and instrument trays for theatres and other departments.

2. Each Facilities service has a specific role and this policy sets out the scope, service objective, service description, workload, operating hours, staffing numbers, equipment used and regulatory requirements.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
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1. **Facilities Management Strategy**

This policy details the Trust’s service methodology for the provision of Soft Facilities Management (FM) support to the new acute hospital. The Soft FM services will continue to be delivered by the Trust’s Facilities Service and includes the following:

- **Portering**
  - General Portering
  - Postal Services
  - Waste Management
  - Materials Management

- **Catering**
  - Patient
  - Staff and visitor (Main entrance Restaurant)
  - Hospitality (Main entrance Coffee Shop)
  - Hospitality (1st Floor Coffee Shop)
  - Vending

- **Linen Service**
  - Uniforms
  - Stock Management

- **Security /Car Parking**

- **Cleaning Services**
  - Ward Services
  - Cleaning Non Clinical Areas

- **Main Reception**
  - Soft FM Helpdesk
  - Death Certification Service
  - Porter Management System
  - Accommodation Management
  - Security and Car Parking public interface

- **Sterile Services – Distribution**

- **Pressure Relieving – Equipment Services**

Soft FM services to be provided off-site:

- **Catering**
  - Cook-chill – (Current Location - Rowley)

- **Transport (Current location Church Lane)**
  - Patient Transport
  - General Transport
  - Garage (to be confirmed)
Soft FM services that are outsourced:

- Laundry
- Sterile Services

Details of the accommodation required to provide the Soft FM services are detailed in PPDD00, PPDD24 and PPDD33. Retail Catering requirements are detailed in PPDD32.

Other managers and supervisors will be located in the FM Hub adjacent to the R&D area.

For the avoidance of doubt the following hard FM services are to be provided by the PFI Contractor:

- Estates Services
- Maintenance Services
- Utilities Management
- Grounds and Gardens
- Window Cleaning
- Pest Control

2. Other Policies to which this Policy Relates

Infection Control Policy
Manual Handling Policy
Uniform and Dress Code Policy
Pest Control Policy
Food Safety Policy
Healthcare Waste and Sharps Management Policy
Hospital Cleaning Service Policy
Patient Transport Services Policy
Armed Police Deployment Policy
CCTV Policy

3. Policy Development Principles

The Trust has identified a number of key strategic design principles, which underpin the content of this policy:

- The co-location of FM facilities within Neighbourhood hubs to support all areas;
- Maximisation of centralised storage within the Receipt and Distribution area (R&D) with distribution from this area to the Neighbourhood Hubs and individual departments;
- Separation of FM corridors and service lifts from public and clinical access routes;
- Hard FM services will be provided from a dedicated area adjacent to the R&D area.
- It is recognised that the method of service delivery could alter over time. It is therefore essential that the facilities provided within the centralised FM areas are capable of responding to any future changes in service delivery.
4. Roles and Responsibilities

- **Chief Nurse**
  Oversight and accountability for ensuring effective, efficient and safe arrangements are in place for the provision of soft FM services.

- **Deputy Director – Facilities**
  Responsible for ensuring effective, efficient and safe arrangements are in place the provision of soft FM services, complying with all relevant legislation.

- **Trust Security Advisor**
  Undertakes the statutory duties of a Local Security Management Specialist in accordance with Secretary of State Directions and as Lead Security Adviser has professional responsibility for setting professional standards, leadership, specialist advice, expertise and support to senior managers, Union representatives and staff on any and all issues concerning corporate security policy, strategy, operations, risk, governance, development, organisation, and on delivery of security services to the Trust.

- **Trust Catering Manager**
  Provision of a high quality, cost-effective catering service to the Midlands Metropolitan Hospital, Sandwell Community Hospital and Rowley Regis Community Hospital.

- **Trust Hotel Services Manager**
  Provision of a high quality hotel services service for to the Midlands Metropolitan Hospital plus other Trust-owned sites, to include ward level catering and domestic services, security, portering, linen distribution sewing room, accommodation, general office facilities, distribution, post room, caretaking and domestic services. To develop these services in long, medium and short term.

- **Trust Transport Services Manager**
  Provision of a high quality patient transport service and a timely and cost-effective general transport service for the Trust. To also take the lead for waste management, ensuring that all legislation and best practice is followed.

- **Business & Environmental Project Manager**
  To lead on the development and management of projects and new service initiatives across the Nursing, Midwifery and Facilities Division.

5. Service Description/Schedule of Accommodation

5.1 Service Objectives

The key objectives for the provision of FM services are as follows:

- Back of house FM facilities should not be visible from patient or public areas.
- To provide, within the FM accommodation, in the hubs, sufficient supplies of items, on a top up basis, to support the day to day operation of the clinical and non clinical areas the hub supports.
- To provide an area within the FM accommodation suitable for decontamination equipment, wash down facilities and equipment storage.
- To provide regeneration kitchens in the neighbourhood hubs to support the Patient Catering function, near to the point of service, to promote efficiency and enable ownership of the regeneration and washing up processes by individual FM Ward Services (Officers/ Operatives/Assistants).
- To provide a single collection point in the hubs for all waste streams, and including dirty laundry, from where it can be removed on a regular basis to avoid any build up.
- To provide dedicated FM service routes to enable the use of tugs and/or Automated Guided Vehicles (AGV’s), in order to reduce the level of Manual Handling required.
- To move goods internally around the building and avoid the need for any external transportation of goods to service areas, use of automated guided vehicles to be considered.
- To provide a single goods-in area (R&D), enabling tight controls to be put in place for the receipt of goods. Some goods will simply pass through the R&D area to other departments i.e. Pharmacy, Catering. Other items will be stored centrally prior to being used for top up in the hubs i.e. linen items, cleaning materials and consumables.
- To provide within the R&D area a separate dedicated route out of the building to a service yard consisting of a secure compound for waste and a covered area for dirty linen. This enables vehicles collecting waste or dirty items to utilise a different section of the loading bay thereby avoiding any potential for cross contamination with clean goods being delivered.
- To provide FM staff with changing facilities, toilet facilities and a rest area within the FM hub adjacent to the R&D area.
- To provide, with a limited number of exceptions, all Facilities office accommodation in an open plan environment in an administration zone located adjacent to the FM Hub to help improve communication and encourage team working.
- To provide FM Information Technology systems, both networked and stand alone, to promote efficiency and provide data for management purposes.
- To provide a FM Helpdesk in the locality of the Reception area that will be one telephone number for all FM requests, including Portering and contracted out services. A filter system will ensure that requests are passed on to the correct service provider.
- To provide a main Reception desk in the front entrance that will be the interface with the general public for all queries including directions to other areas, security (including lost and found items) and car parking.
- To provide a bereavement service in conjunction with the main reception area.
- Transport services will be located off site with drop off and waiting areas provided as specified in PPDD00 and PPDD32.

5.2 **Service Description**

Specific service descriptions are provided in the individual service section of this document.

5.3 **Functional Units**

Reference is made to the detailed Schedule of Accommodation in the individual PPDDs.

5.4 **Key Adjacencies/Interface with Other Departments**

All FM service, ward and department adjacencies are specified in this policy.
5.5 **Operating Hours**

Please see operating hours for the individual services

5.6 **Staffing**

The total number of Soft FM staff will be:

**Based at new hospital**
- Managers/Supervisors x [xxx]
- Staff x [332 WTE/523 Head Count]

**Transport Services – Church Lane:**
- Managers/Supervisors [x 8]
- Staff x [134 WTE]
- This is inclusive of Senior Managers and Administration Support

**Catering (Patient) Rowley**
- Managers/Supervisors
- Staff
- This is inclusive of senior manager and admin support.

5.7 **Equipment**

As specified in the individual FM service appendices.

6. **Consultation**

See Appendix L for details of consultation.

7. **Auditable Standards/Monitoring Effectiveness**

Compliance with the requirements of the policy will be monitored by the Facilities senior management team.

8. **Training and Awareness**

Awareness of this policy will be undertaken via corporate communications and staff will be made aware of its availability on the Trust intranet. Training requirements will be met as planned in a Training Needs Analysis.

9. **Equality and Diversity**

The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.
10. **Review**

This policy will be reviewed in three year’s time unless it requires earlier review. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

11. **Reference Documents and Bibliography**

These documents are listed in the relevant service appendices A – K.

12. **Further Enquiries**

Further information can be requested from the author of this policy.
Portering

General Portering and Postal Service

1. Scope of Service

General Portering services will be provided by a central portering team located in the zones defined by the Neighbourhood Hubs.

Postal service porters will be located within the Post room adjacent to the R&D area.

There are a number of porters who will be dedicated to specific clinical departments as follows:

- X-ray
- ED
- Pharmacy
- Pathology
- Physiotherapy
- Theatres
- These porters will perform specific tasks within each of these areas and be directed on a day to day basis by the departmental head.

General portering activities are divided into scheduled tasks and ad-hoc tasks that are requested via the FM Help Desk.

2. Service Objectives

- All porters will be contactable at all times by means of a two way communication system.
- Pneumatic tubing will provide a direct link between Pathology and Clinical Areas this will reduce the need for porters to provide this service, however backup for this system may need to be provided from time to time.
- Manual Handling will be reduced wherever possible by means of automated equipment.
- All ad hoc tasks will be requested through the FM Help desk (Porter Management System) this will enable porters to be effectively managed.
- For all FM related tasks porters will use dedicated FM routes and lifts.
- For all patient related tasks porters will use public access routes.
- The zoning of porters will reduce travel times between tasks and individuals will become known by the local clinical and departmental teams providing continuity of service.
3. **Service Description**

Scheduled services will take place at the agreed times.

**Scheduled Tasks:**

- Delivery of pharmacy charts for the wards
- Movement of patients notes
- Minor office moves
- Furniture moves
- Planned movement of ward equipment

**Postal Services:**

The post room will be located adjacent to the R&D area so as to be easily accessible for Royal Mail deliveries and collections. The area will be secure enabling both delivery and collection without entering the sorting area.

Internal mail will be delivered at predetermined frequencies that will be combined with a collection round.

Courier services will be received at the Front Entrance Reception desk and directed to the correct location.

**Ad Hoc Services:**

Requests for Ad Hoc services will be made through the FM Help desk and be allocated to individual porters by the Computerised System Operative. Tasks will be allocated based upon the location requiring the service and the availability of porters in the vicinity. Porters will use a two way communication system to acknowledge receipt of tasks and the start and completion time. Porters may be required to operate within adjacent zones dependant on availability.

**Ad Hoc Tasks:**

- Movement of patients
- Removal of bodies to the mortuary
- Delivery of bottled gases to wards and theatres
- Emergency collection and delivery of bloods
- Patients notes for emergencies
- Response to alarm systems - fire (subject to policy)
- Response to major accident alarms (subject to policy)
- Movement of patients beds/mattresses to/from wards/temporary storage located in the Neighbourhood Hubs
4. **Functional Units**

As specified in PPDD24

- The Portering staff will use the FM hub adjacent to the R&D area this will provide changing, toilet and rest facilities.
- The computerised system will be co-located with the Help Desk behind the main Reception area.

**Storage**

- Storage for wheelchairs, trolleys, beds and electric bed movers will be located within each clinical/inpatient hub.
- Secure wheelchair storage areas for visitors and carers will be located in the main concourse area.
- Storage for any AGV’s or electric tugs will be in the central R&D area (location to be agreed).

**Administration**

- Senior Manager in the Administration Area
- Other Managers and Supervisors in the FM Hub

5. **Workload**

Analysis of number of tasks by category to be supplied.

6. **Patient/Work Flow**

Process Map - General Portering and Postal Service
7. **Key Adjacencies**

The post room will be adjacent to the R&D illustrated above.

*Interface with other departments*

The Portering service has an interface with all clinical and non-clinical departments. Porters will be zoned or be located in specific areas described in 1 and 7 above.

8. **Operating Hours**

*General Portering Service* will operate on a 24/7 basis

*Postal Service* will operate from 06.00 to 18.00 six days per week

9. **Staffing**

- 1 x Senior Manager
- 5 x Supervisors
- 40 x Portering staff

10. **Equipment**

- 2 way radios/communication system
- Wheelchairs.
- Trolleys.
- Electric tugs
Materials Management

Material Handling

1. **Scope of Service**
   - Dedicated Materials Management staff will be located in the R&D area. The use of AGV’s and electric tugs will reduce the level of Manual Handling required and enable loads to be moved in the most effective and timely manner.
   - Deliveries and collections to and from the loading bay, adjacent to the R&D area, will be scheduled. This will spread the workload over the period of a day and enable the R&D area to be kept relatively clear.
   - All commercial vehicles will use a separate access route into the hospital site that will link to the loading bay and R&D area.
   - Some goods will only pass through the R&D area to their final destination. Some goods will be stored centrally in areas adjacent to the R&D area and then be delivered in smaller units to areas such as Neighbourhood Hubs on a top up basis.

2. **Service Objectives**
   - That the Trust will have a single Receipt and Distribution (R&D) area servicing all areas of the site.
   - That the R&D area will be capable of handling the full range of regular and ad-hoc deliveries.
   - That the area will have separate clean and dirty routes with access to separate delivery and collection points on the loading bay.
   - That the area will be secure and only allow access by authorised personnel.
   - That an IT system for the recording of delivery details is available. This may be required to be networked in order to link into other stock control or purchasing systems.

3. **Service Description**
   - Deliveries to site will in the main be schedule to avoid congestion, both in the loading bay and internally within the R&D area.
   - Goods will be delivered to site using the dedicated vehicle access route to the loading bay where the goods will be unloaded by the driver and taken into the goods receipt area.
   - Goods will be accepted as unchecked by R&D staff who will enter the details onto the computerised system.

Certain goods will be delivered directly to the central units:

- Catering goods,
- Pharmacy products (delivered to R&D, then collected by Pharmacy).
Other goods will be delivered to central storage facilities adjacent to the R&D area and then distributed in area specific units:

- Linen
- Domestic Services Supplies
- Sterile Supplies
- Ward Supplies
- The R&D staff will be responsible for regular reviews of stock levels and putting away the stock in clinical areas and hubs.

4. **Functional Units**

Functional Units are specified in PPDD24

The Materials Handling staff will use the FM hub PPDD 33 adjacent to the R&D area this will provide changing, toilet and rest facilities.

5. **Workload**

- Number of deliveries/tasks [XX]

6. **Process Map**

Process Map – Materials Handling
7. **Key Adjacencies**

- Loading Bay
- Dedicated FM Goods lifts and access routes
- Central storage areas
- Catering storage areas
- Neighbourhood Hubs

**Interface with other departments**

- Interface potentially with all departments

8. **Operating Hours**

Monday – Friday 06.00 to 18.00
Saturday - 06.00 to 18.00

9. **Staffing – Based in the R&D**

- 1 x Service Manager
- 5 x Supervisors
- 8 x Material Handlers
- 18 x Generic Site Services Staff (18 WTE) including waste removal, delivery and collection linen and Sterile Services staff.

10. **Equipment**

- Fork Lift Trucks
- Electric Load Movers
- Sack Barrows

Note: Automated material handling systems are being investigated and developed.
APPENDIX C

Waste Management

1. **Scope of Service**
   - The intention of the Trust is to reduce the overall amount of waste generated within the Trust and encourage re-cycling wherever possible.
   - The Waste Management Service will ensure that waste is removed as the containers become full with the development of localised times, rather than at specific times, to avoid the build up of waste in all areas of the hospital, thereby reducing the risk of infection.
   - The full waste bins will be taken out of the building via dedicated FM routes and FM Lifts to an external secure storage area to await collection. The waste collection vehicles will collect/empty the full containers using the dirty out part of the Loading Bay.
   - The Trust will obtain a waste transfer station license and will be register as a waste carrier.

2. **Service Objectives**
   - To reduce waste by adopting a proactive waste management strategy in accordance with current legislation.
   - To provide through its Waste Management service the timely and efficient means by which waste is moved through the hospital and out of the building to await collection.
   - To provide a secure compound for the storage of waste prior to removal from site.
   - To ensure that infection Control guidelines are adhered to and that any potential for cross contamination is avoided.
   - The Trust will continue to develop its waste strategy as more efficient or safe waste disposal methods, or storage products become available.

3. **Service Description**

   The following waste will be produced with the building:
   - Clinical waste
   - Yellow bag Hazardous
   - Orange bag waste/orange sharps containers.
   - Purple cytotoxic/cytostatic
   - Yellow Medicinal waste
   - Yellow anatomical waste
   - Radioactive Waste
   - Domestic Waste
   - Recyclable items
   - Black bag waste
   - Offensive/hygiene waste (land fill)
   - Confidential Waste
   - Chemical Waste – Specialist Contractor
   - Chemical Waste i.e. cleaning materials (into the main drainage system)
   - Food Waste via waste disposal system into the main drainage system
   - WEEE Regulation waste i.e. electrical items
- Waste is placed in the appropriate colour coded container / bag/ box at the point of generation i.e. ward/department.
- The colour coded waste bags are then taken to the appointed Neighbourhood Hub and placed in the correct coloured Euro bin either by Ward (Officers/Assistants/Operatives) or Cleaning Staff.
- All disposal holds will be kept secure when not in use.
- Dedicated Waste porters will regularly visit each hub and remove any Eurobins that are 80% full and replace them with empty ones, as a minimum once a day.
- All waste containers whether clean or full will enter and leave the building via the dirty side of the loading bay as illustrated on the Process Map (7).
- Colour Coded waste containers will be transported to and from the loading bay to disposal holds located within the Neighbourhood Hubs. This includes the delivery of clean empty 770 litre wheeled containers and collection of full containers for the following wastes; clinical, hazardous, offensive, domestic and recyclable waste.
- Clinical Waste wheeled containers will be provided through the Waste Disposal Contract and be returned cleaned ready for reuse.
- Domestic waste will be transported internally via black wheeled containers 770 litre. The Domestic waste (black bag) is emptied into the Waste Compactor, in the external waste compound. The bags are crushed to reduce the mass of waste and are then ready for collection by the appointed contractor.
- All Domestic Waste containers will be washed in a pass through container washer located external to the building adjacent to the waste compound before being returned for re-use.
- Pharmacy / Pathology will require dedicated clinical storage facilities as all medicinal waste will need to be directed through this department. PPDD.
- A secure area in compliance with the relevant legislation will need to be provided for the storage of radio active waste prior to disposal through the clinical waste route. PPDD.
- Waste for re-cycling is collected in its original state by separate vehicles and taken to various plants for re-processing.
- Wastes that are covered by WEEE Regulations will be stored in the secure compound ready for collection by a licensed specialist contractor who will dispose of the items in the prescribed manner.
- Confidential waste will stored in a secure internal area (to be allocated) prior to being collected by a specialist company.

4. **Functional Units**

Refer to PPDD 24 Ref 7.5.

5. **Workload**

- Approximately 780 tonnes of clinical waste will be produced
- Approximately 690 tonnes of domestic waste will be produced
- Approximately 1 tonne of hazardous waste will be produced
- Trust target for Recyclable waste 98%
6. **Process Map – Waste**

![Process Map – Waste Diagram]

7. **Key Adjacencies**

- Dedicated FM lifts, FM access routes
- Neighbourhood Hubs
- External Waste Storage Areas
- Dedicated vehicle access routes

**Interface with other departments**

- Materials Management Service
- Infection Control
- Wards/Departments
- Waste carrier

8. **Operating Hours**

   Monday – Friday   06.00 – 18.00  
   Saturday – Sunday  07.00 – 17.00

9. **Staffing**

   Included in the Materials Management Team.

10. **Equipment**

    Equipment to be stored and maintained in the R&D area.  
    Electric tugs may be used to move multiple Eurobins through the building.
Catering Services

1. **Scope of Service**

The Trust will provide:

- Patient Catering Services
- Staff and Visitors Food court (Main Entrance)
- Coffee Shop (Main Entrance)
- Cafeteria (1st Floor)
- Hospitality Services (Coffee Shop)
- Vending Services

The Trust may outsource commercial opportunities as follows:

- Retail Outlets

**Trust Services:**

**Patient Catering:**

The catering system to be used to provide Patient meals is based on bulk cook-chill items provided by a third party supplier (currently Trust service at Rowley), supplemented by sandwiches made on site and cold items bought directly by the Trust’s Catering Service.

**Staff and Visitor Catering**

Areas specified in PPDD 32 will be provided by the Trust with opening hours of 0700 – 2100. It is anticipated that a food court will be created with multiple choices being provided around a central seating area. It is anticipated that two generic tills will be provided to manage peaks and troughs of activity.

The units will be self serve where possible and provide a range of hot and cold food items. A back bar will be required behind the hot food counters. It is anticipated that the service will use a cash and cash-less system of payment.

**Servicing of Central Seating Area:**

The Trust will provide, for the general seating area (160 seats) in the food court, table cleaning and the removal of items collected in service trolleys (self-clear system in place) for washing up in the centralised dish wash area located in the Central Catering Department.

**Coffee Shop (Main Atrium):**

A Costa style coffee shop offering a range of snacks and beverages will be required that will have informal seating for 40 customers and be located in the concourse area but separate from the Food Court. It is anticipated that this service will be stand alone and provide their own table clearing, dishwashing and environmental cleaning.

**Vending Services:**

The vending services will be managed by the Trust Catering Services but supplied through a third party. The vending services are to be provided in the various Neighbourhood Hubs. Provision will be made for the disposal of all waste generated using colour-coded bins for recyclable waste where appropriate.
1. **Service Objectives**

- To provide efficient catering services that supply the patients/customers with a range of good quality food.
- To provide dedicated FM access to all Catering areas.
- To provide in-patient hubs with a regeneration kitchen capable of regenerating the food for three wards and washing up of all items together with some limited storage facilities for breakfast and snack items and beverage preparation.
- To provide a central wash up facility and waste disposal unit to service the catering within the concourse area and provide backup for the dishwashers in the hubs should there be maintenance issues.

2. **Service Description**

**Patient Catering:**

- All food will be produced off site by either cook/chill or cook/freeze production methods and delivered daily into the chilled/frozen storage facility located within the Central Catering department adjacent to the R&D.
- There will be a small diet kitchen available for the production of highly specialised diet meals the majority of special diets will be selected from the standard menu and some will be bought in as frozen complete meals.
- Other food items that are supplied direct to the Catering department will also be stored in this area. i.e. bread, milk, dairy products, dry goods and fresh items such as fruit.
- Sandwiches will be produced off-site.
- The standard breakfast is continental style. This is provided from the regeneration kitchen where the basic items are stored and topped up on a daily basis. Toast and porridge can be made in this area. Cooked breakfast can be provided as required in a chilled or frozen state and regenerated in the microwave.
- Patients will select their meals from an á la carte menu enabling them to choose either, a full meal, light meal or snack. The Ward Services Officer/Assistant/Operative will record the individual orders on menu cards and then collate the information providing the Catering Department with consolidated numbers of each item required for their ward. It is anticipated that technology is to be used for this function.
- The food items for each ward will be loaded into a delivery trolley in the chilled central area and taken to the hub that services the ward.
- Food items will be loaded into either the hot or cold section of the re-gen trolley and the hot food heated to the required temperature.
- Liquid items such as soup, custard and gravy will be made using dry ingredients and hot water from the water boiler in the re-gen kitchens (various hubs).
- Ward Services Officers/Assistants/Operatives will then take the trolleys to the ward where they will serve the food to patients. The trolleys will be plugged in whilst food service takes place to ensure that the food is kept hot during service. Electrical points need to be positioned at the end of each ward and centrally.
- The used trays will be returned to the regeneration kitchen where they will be stripped down, with waste placed in the appropriate coloured bag. Waste food will be disposed of down the waste disposal unit into the general waste water system. The crockery and cutlery items will be washed up and stored ready for re-use.
- Beverages will be provided 7 per day from a specific beverage trolley located in the regeneration kitchen with the cups and saucers being washed up in the regeneration kitchen.
- Ad hoc meals can be requested through the FM Help Desk that are then delivered by porters to the correct hub. A Ward Services Officer/Assistant/Operative will heat the food, if required, and serve the meal to the patient.
- Patients requiring meals other than in-patients will be provided with either snacks or hot meals as appropriate.

**Staff and Visitors Food Court:**
- The Trust will provide the food service to this area providing different choices from hot meals, made to order baguettes, salad bar, pre-packed sandwiches and snacks and beverages.
- Customers will select their meal choice and place the items on their tray. The customer will then pay for their items at one of the two central tills. Cutlery, crockery and condiments will be available centrally.
- Storage to support this unit will be in a dedicated area within or adjacent to the staff and visitors food court.

**Servicing of the Central Food Court:**
- The 160 seated area in the centre of the Food Court will be the responsibility of the Trust's catering Department.
- There will be a self-clear system in place whereby customers take their used trays to the nearest stacking trolley. These will be strategically placed around the seating area.
- A member of the Trust's catering team will be allocated to keeping the tables clean and to remove the stacking trolleys, when full, to the Central Washing-up area using the dedicated FM route from the Concourse to the Catering Department.
- The Food Court will have their stocks of clean crockery and cutlery replenished throughout the service period by the Trust's catering team.

**Coffee Shop (Main Concourse):**
- The 40 seater coffee shop will be franchised from Costa Coffee or similar.
- The products will be supplied as part of the franchise agreement.
- It is envisaged that the unit will be stand alone and separate from the Food Court.
- Items purchased can be either take away or to consume whilst seated in the unit.
- A mixture of disposable cups and crockery will be used with any washing up taking place within a dishwashing area of the unit by use of a dishwasher.
- The coffee shop will have its own till.
- A dedicated storage area and cleaning cupboard will be provided within the unit.

**Coffee Shop (1st Floor):**
- The 40 seater coffee shop will be franchised from Costa Coffee or similar.
- The products will be supplied as part of the franchise agreement.
- It is envisaged that the unit will be stand alone but adjacent to the Hospitality kitchen.
- Items purchased can be either take away or to consume whilst seated in the unit.
- A mixture of disposable cups and crockery will be used with any washing up taking place within a dishwashing area of the unit by use of a dishwasher.
- The coffee shop will have its own till.
- A dedicated storage area and cleaning cupboard will be provided within the unit.

**Hospitality Service:**
Hospitality services will be accessed through the FM Helpdesk/Central Catering office. A system will be in place to authorise requests.

As most of the meetings for which hospitality may be requested will be within the Administration Area the best location for a hospitality kitchen is in this area, co-located next to the coffee shop.

Coffee, tea, biscuits and sandwiches - ordered from the FM Helpdesk/Central Catering department will be delivered via the Hospitality Kitchen.

Ingredients for beverages and consumables i.e. napkins etc. will be stored in this kitchen. The area will need to be secure and have restricted access to authorised FM staff only.

Small functions requiring hot food will be catered for using a regeneration trolley which can be plugged into the electrical supply in the Hospitality Kitchen.

Washing up of crockery and cutlery used for Hospitality Catering will take place in this kitchen.

**Vending Services:**

Vending services are to be provided in the various Neighbourhood Hubs 24/7 and will be a Trust managed service via a third party supplier.

A range of goods will be offered including hot and cold drinks, confectionery and other food items such as sandwiches and hot food, dependant on the location of the vending area.

Colour coded bins for recycling the waste generated will be placed in each vending location.

**Retail Outlets:**

Space will be provided in the concourse area for retail activities and this space will be leased to individual retailers who will fit the space out themselves. This may include a WRVS unit.

3. **Functional Units**

Refer to PPDD24 & PPDD 32 – 7.2

**Domestic Services Room**

See PPDD00 23.4 diagram

4. **Workload**

Number of In-patient per day [576]
Number of Non In-Patient meals per day [xx]
Number of staff on site at any one time [xx]
Estimated number of visitors a day [xx]

5. **Process Map- Patient Staff and Visitor Catering**

![Process Map Image]
6. **Key Adjacencies**

- Delivery Bay
- R&D area
- Catering Storage areas
- Dedicated FM lifts and routes to all areas

**Interface with other departments**

- R&D area
- Wards/Departments
- FM Helpdesk
- Dieticians
- Infection Control

7. **Operating Hours**

06.00 – 18.00 Core hours
24/7 vending and snacks for patients

8. **Staffing**
   - 1 x Catering Manager
   - 2 x Service Managers
   - 3 x Supervisors.
   - 24 WTE/60 Head Count. (this does not include WSO’s or retail staff)

9. **Equipment**
   
   See PPDD 24 & PPDD 32.

10. **Regulatory Requirements**
    - HACCP Policy
    - Food Safety Legislation 2006
    - Trust Manual Handling policy
    - Cook Chill guidelines
Linens Services

1. **Scope of Service**

- Linen and Laundry services will be provided to the Trust by an external contractor based on a linen hire contract.
- The Trust will however retain a small on premises laundry (Sandwell) for the processing curtains and patient nightwear and the washing of any patient clothing, slings, slides and mop heads.
- To provide a small laundry (MMH) area that will process mops, slings and slides that can be laundered at suitable temperatures.
- Clean linen will be taken to the Central Linen area adjacent to the R&D area and sorted into the individual requirements of wards and departments sharing a Neighbourhood hub.
- The Neighbourhood Hub will store additional clean linen items to provide back up for extra items that maybe required through the course of a day.
- The distribution of clean linen wards/departments will be undertaken by Materials Management Staff.
- Wards and Departments will bag the dirty linen.
- Ward Service Officers/Assistants/Operatives will take dirty linen cages to the Neighbourhood Hub.
- Materials Management Staff will move the dirty linen cages using dedicated FM Lifts and routes to the external covered storage area adjacent to the R&D area to await collection by the contractor.
- A uniform service for Trust staff will be provided by the Linen Service from the central linen area adjacent to the R&D. A separate uniform holding area inclusive of a Sewing Room facility will be provided within the clean linen area.

2. **Service Objectives**

- To schedule deliveries of clean linen for six days per week with collections of dirty seven days per week to prevent build up in the external storage area.
- To schedule deliveries and collection times to accommodate the requirements of the Trust and to fit in with other deliveries and collections from site.
- To have enough space in the central storage area to accommodate additional requirements for Bank Holidays, emergency linen for Major Incidents and extra linen should there be an infectious outbreak.
- To provide sufficient linen in the neighbourhood hubs to manage any additional requirements the wards and departments might have during a 24 hour period.
- To provide a uniform measurement, ordering, issuing and alterations service for all Trust staff serviced from the Central Linen area.
- A small laundry (MMH) area that will process mops, slings and slides that can be laundered at suitable temperatures.
1. **Service Description**

- Linen Services staff will visit the Neighbourhood hubs where linen is stored for three wards or departments to determine the amount of linen to be ordered for that area. This will be carried out using a hand held device that will then be down loaded onto the computerised system that will consolidate the information from all areas and calculate the amount required to be ordered for the next day.
- Clean linen will arrive in cages supplied by the contractor at the designated clean end of the loading bay. The Material Management staff will take these directly to the Central Clean linen storage area.
- Linen Service staff will check the delivery to ensure that what was ordered has been received and input the relevant information onto their computerised system.
- Linen will be sorted by location and taken by Materials Management staff to the various Neighbourhood Hubs by electric tug, using FM Lifts and dedicated FM routes.
- Linen Services Staff will store any top up linen in the hub. The Ward Officers/Assistants/Operatives will collect the clean linen and take it to their ward/department.
- Dirty laundry will be bagged in colour coded bags, by the ward/departmental staff and placed in a cage. When the cage is full this will be taken to the Waste Hold area in the Neighbourhood hub.
- The Materials Management staff will remove the cages to the external covered storage area to await collection by the Contractor.
- The Contractor’s vehicle will use the designated dirty end of the loading bay to collect the dirty cages.
- Items to be washed on site will be placed in a colour coded bag that is labelled with either a name and ward or department and is collected from the Neighbourhood hub by the Linen Services staff and taken to the laundry area located adjacent to the Central Linen storage area.
- Items are washed, dried and ironed if necessary, bagged and labelled and taken back to the relevant hub to be returned to the sender.
- A system will be in place whereby the Trust authorises the ordering of uniform for a member of its staff. The Linen Service staff will measure and order the uniform. When the uniform arrives it will be fitted on the recipient and any minor alterations carried out in the sewing room before being issued. Records will be maintained on the computerised system.
- Back up stocks of uniform will be maintained in a range of sizes to provide a clean uniform for staff, should the uniform they are wearing become unacceptably soiled.

3. **Functional Units**

Please see PPDD 24.

4. **Workload**

Number of locations requiring linen [xx]
Number of pieces per day [xx]
5. **Process Map – Linen Services**

![Diagram of Linen Services Process Map]

6. **Key Adjacencies**
   - Loading Bay clean/dirty
   - R&D
   - FM Lifts and Routes
   - External Compound

   **Interface with other departments**
   - Materials Management Service.
   - Wards Services – Facilities.
   - Ward/Departmental staff.
   - All staff requiring uniform ordering service.

7. **Operating Hours**
   - Linen will be available 24/7
   - Linen Services staff will be available from 08:00 – 16:00

8. **Staffing**
   Number of dedicated Linen Services Staff 2 x WTE.
9. **Equipment**

- Linen roll cages provided by the contractor
- Distribution trolleys
- Automated mover (tug and trailer)
- General sewing machine
- Over locker for Sewing Room
- Blind Hemmer
- Labelling machine
- Two x 35lb High Spin Washers
- Two x 50lb Tumble Driers
- Ironing Board and Iron

10. **Regulatory Requirements**

HSG (95) 18.
Security and Car Park Services

Note:
Planning policy and design description for the main security base is included in PPDD01 – Emergency Department.

1. Scope of Service

- The protection of people and property will be the primary function of the Security Service. This includes control of entry/exits, monitoring of CCTV and alarms, preventative patrols, escorts, response to incidents and calls for assistance and incident investigation.
- Integrated Security Systems will incorporate CCTV, access controls, staff identification card system, baby tagging, intrusion detection, personal security (personal attack/safety alarm), paging (automated information for Security Officers), and building management: e.g. fire alarm and evacuation (fire/bomb alert), fridge/freezer alarm, boiler house alarms etc. will be provided and maintained by the Contractor and operated by Security from the Security Base.
- The Security Service is to incorporate Car Parking and Traffic Management and will use CCTV cameras to monitor the car park areas.
- For the avoidance of doubt the Trust will be responsible for all car park equipment including barriers and pay on foot machines.
- The Security service will be responsible for cash collections from car parking pay on foot machines.
- The Trust will issue Car Parking permits in line with the Trust policy. Interface with the Trust staff will in the first instance be by telephone or email contact with the General Office. The collection point for permits will be the main reception desk in the Concourse area.
- The Security and Car Parking interface with the public will be via the main reception desk in the Concourse area.

2. Service Objectives

- To monitor CCTV and alarm systems 24/7 to enable potential security issues to be observed and responded to.
- To maintain staff, visitor and patient safety.
- To ensure Security Services personnel are contactable at all times using a two way communication system.
- To ensure that the public are aware that Security/ Car Parking services are contactable through the front entrance Reception desk.
- To restrict access to FM only areas and sensitive areas to authorised personnel by means of the Trust’s access control system.
- To respond to emergency situations quickly and take effective action.
- To collect cash from “pay on foot” machines at random times to minimise potential robbery situations.
Car Parking:

- To ensure the management of the car parking equipment via a maintenance contract with the equipment supplier.
- To ensure the free flow of traffic through the site by responding to potential car park issues, identified by monitoring CCTV.
- To patrol the car parking areas to provide a visible presence that will minimise the risk of crime.
- To enforce traffic management systems and take action regarding traffic violations.
- Issuing of permits to authorised staff will be through the General Office with collection via the main reception desk.

3. Service Description

- The Security Base located in the ED department will be the main base for the Security and Car Parking Service. The Control room will contain monitoring screens for observing CCTV footage of both internal and external areas including Car Parks. The alarms for the building will also be in this area, as this area is operational 24/7. The Security Base will also cover the retained estate properties which will include the remote operation of CCTV cameras and car park barriers.
- Because of the location of the Control room in the ED department, it is not appropriate for staff, or the general public to access the Security Service directly in this area, other interface locations are therefore necessary. The public will use the Reception desk in the main Concourse area to access a member of the Security / Car parking staff who will deal with any issues relating to either service. The Reception staff will have direct contact via the telephone or two way radio system to enable the appropriate member of staff to be contacted at all times. This will enable a quick response to requests by the general public. Trust staff can either use the system described above for non urgent requests or use the Trust's emergency number.

The following Security Systems will be in place:

- Access Control
- Automated key issue system
- Door Entry/Video access
- Internal CCTV
- External CCTV
- Intruder alarm
- Staff Attack System
- Panic Alarms
- Baby Alarms

Access Control Systems:

- The purpose of an access control system is to allow authorised persons in to controlled areas, prevented unauthorised access and dictate movement of pedestrian traffic. Some areas of the building will be secured by the access control system 24 hours a day, whilst other areas such as clinics will be secured only out of hours.
- Access control will be required to all areas, as appropriate, using a fully addressable card system as part of a fully integrated security system. In key locations the card system may be enhanced further by the addition of a key pad and the requirement for this will be assessed during the detailed design stage.
The card access control system must allow organised and controlled entry to predefined security zones such as dedicated FM Lifts and corridors, departmental entrances, entry / exit doors between staff and patient areas, and other areas identified on the Room Data Sheets, generally controlled via a standard magnetic lock arrangement.

Where restricted admittance is required, but with multiple personnel access, to rooms such as staff change/rest rooms, these will be secured using the access control system.

To define access rights, the system should be able to use a combination of geographical zones and time schedules assigned to cardholder groups. This arrangement will offer the flexibility to edit zone and time schedule definitions, as well as group assignments.

The main Security Base will house the primary access terminal.

The access control system will interface with the crash call alarm system to release the departmental secure door of the department of activation to avoid delay in staff attendance. This element of the system will be discussed in detail during the detailed design stages to ensure the overall security of departments is not compromised during a crash call alarm scenario. All locks will operate under the dictates of the fire alarm system on a “fail safe” basis with manual override facilities. This will ensure that the fire strategy and phased progressive horizontal evacuation, as required by HTM 05-02, can be achieved.

**Access to the Hospital:**

- In Patient and Visitor access to the main hospital and ward areas will be via the main Concourse during core hours and via the Emergency Centre out of hours. Access will be 24/7
- Dedicated staff access to the main hospital will be available 24/7 with access to undergraduate facilities within the Education and Training centre in the Administration area will also be available 24/7
- Direct admissions to the Delivery Suite and Neonatal Unit will also be via the Emergency Department.

**Door Entry/Video Access Control:**

- A fully addressable audio / visual door entry access control system is required to be provided as part of a fully integrated security system to identify and control access to departments or areas within normal working hours or out of hours when receptions may be unoccupied.
- These systems supplement the access control system but will not have central monitoring facilities. Audio / visual communication for positive identification, will be utilised in all cases and comprise a combined monitor and intercom unit.
- The system will comprise a door entry unit located on the wall outside of the department or area and receiver unit(s) at an agreed location in a particular room or rooms within the department. On activation of the door entry panel, the associated receiver unit(s) will sound and provide a digital video image of the visitor allowing staff to grant or deny access remotely. Two way speech will be possible between the door unit and “active” receiver unit.
Automated Key Control System

- The automated key control system will be used by Trust Staff and safeguards against lost or stolen keys. The key cabinet is robust, designed to resist abuse and is wired to alarm against tampering. The system is capable of holding keys of almost any size and should be supported by a 48-hour battery backup power supply. The system should be designed with built-in RS-232 and optional Ethernet connectivity for PCs, modems, printers and networks.

- The key management system should be configured with multiple cabinets to hold hundreds of keys, controlled by a single console and monitored by the appropriate software with expandability.

- Access to keys should be by unique pin number via a keypad and swipe of an ID card with up to 5 levels of access for each employee authorised to use the system.

- The system should trigger an alarm which sounds in the Security Base when:
  - An invalid User Code is entered three times consecutively (systems go into an automatic alert mode and lock down for four minutes)
  - The door is left open for more than 10 seconds after use
  - A key is missing or not returned on time
  - There is a power failure
  - A key is returned by the wrong user
  - A user forces the cabinet doors open
  - A user forcefully removes a key
  - The system should provide activity reports concerning List of keys, users, keys in use, keys removed, keys overdue and alarm activations.

- This information should be automatically downloaded to a secure PC, allowing system managers to sort and analyze the information so they maintain maximum control of access and security issues.

Internal CCTV Systems:

- A comprehensive CCTV will be required to afford coverage to all major circulation corridors, main waiting areas, lift lobbies, entrances and any areas deemed as high risk. The CCTV system will be a colour digital type served from a dedicated cable network that will use in part the integrated cable infrastructure and form an integral part of the security system, comprising of fixed digital type cameras to suit the area / locations served. Cameras will also be capable of changing from colour to monochrome where light levels decrease to that not suitable for colour.

- All CCTV cameras will be monitored within the Security Base, All CCTV controllers will continue to operate in the event of communication loss, with the network between buildings and the Security Base undertaken in such a manner to form a diverse ring network.

- Image recording will be in accordance with statutory and local police requirements for a facility of this nature. Cameras will be provided with appropriate angled lenses to ensure complete unobstructed coverage and located in a discreet manner, be tamperproof / vandal resistant, of evidential quality and suitable for the individual environmental conditions prevailing.

- Digital images will be downloaded and retained for 1 month.

- Adequate internal lighting will be provided to ensure sufficient illumination where cameras are located to enable evidential picture quality.
**External CCTV Systems:**
- External digital CCTV cameras will be required in prime monitoring locations around the development, affording coverage to all building entrances, loading bays and car parking/drop areas, linked to a central recording facility located within the main Security Base. Camera positions will be subject to the agreement of the Planning Authority. The cameras will be either pole or wall mounted to the fabric of the building according to their location and be waterproof and vandal resistant to suit the environment they are to be sited. It is envisaged that in general cameras will be provided to eliminate the requirement for “pan and tilt” facilities, thus ensuring permanent monitoring of the preferred security view, however selected “pan and tilt” cameras will be provided to cover all entrances and other specific areas if the necessity arises through detailed design.
- Maintaining a suitable light level over the scene being monitored is an important step to ensuring the system performs to its best ability, with the minimum light level required depending on the type of area being monitored. On a bright sunny day the light level can reach 100,000 lux, which can cause problems for cameras if such bright light falls directly onto the lens. This can lead to flare, which causes colours to lack saturation and appear washed out causing a silhouette effect. Due to this cameras will be provided with lens hoods where deemed necessary. On this basis adequate external lighting will be provided to ensure sufficient illumination during night time periods where cameras are located to enable good picture quality.

**Intruder Alarm System:**
- An intruder alarm system will be required in sensitive areas defined in PPDD00 Para 3.8.3 particular on the ground floor of the building. The security detection alarm system will comprise mainly of movement detectors in perimeter rooms and corridors integrated with the CCTV system where appropriate, with final device selection dependant on the environment in which they are to be installed.
- All final exit doors including plant rooms and service yards will be provided with door contacts and a local audible alarm as part of the integrated security system. The system will be arranged on a zonal basis to enable areas of the building to be alarmed at differing times with devices programmed for a “double knock” philosophy prior to an alarm being registered. Each zone will be provided with a dedicated key pad to allow enablement / disablement of devices. In sensitive areas the system will comply with Home Office standards with all other areas alarming at a central point within the main security hub. The system will be provided with both internal and external audible alarms dependant on area of the system served.

**Staff Attack System:**
- In appropriate areas, for example a wearable personnel attack system will be provided complete with pendants for staff. The system will be able to locate a member of staff to an individual room and alert the security staff at the main Security Base.

**Panic Alarms:**
- A hard wired stand alone staff attack system comprising fixed alarm buttons, will be provided to enable security staff to be called immediately to non medical incidents involving an attack on members of staff by patients or visitors, or other such incidents. These will be installed in areas of high risk such as main receptions, staff bases, interview rooms, consulting rooms, treatment rooms, control rooms, assisted changing rooms, staff rest rooms and any other areas, providing an audible and visual alarm on activation.
- All alarms will register at a main panel located within the main Security Base providing both a visual and audible alarm.
Baby Monitoring (Tagging) System
- A baby monitoring (tagging) system will be required in the delivery Suite, neonatal Unit and Maternity Wards. The system will comprise infra-red and radio signals that will activate an alarm via local sensors when a baby is moved from an unauthorised area.
- The system will operate on a mother and baby match with a staff escort facility to enable staff to move a baby around a department without alarm activation.
- The system will incorporate a database on which babies are logged at birth. Staff will enter details on a computer which is located in the Delivery Suite. The database is held to be held on a Trust server.
- Once a baby has been discharged from the database the tag will not activate.
- Sensors for the electronic tags are on exits from the maternity ward areas including fire exits as well as the main entrances/exits and fire exits from the building.

Monitoring and Responding to Alarms:
- Security staff will respond to security alarms and take whatever action is necessary. Alarms will be set/reset as and when required. For the avoidance of doubt the PFI Contractor will be responsible for the maintenance of the alarm systems.

Other alarms that will be monitored in the Security Base are:
- Clinical Alarms e.g. Blood Storage areas, Mortuary etc.
- Catering Services refrigerators, freezers and chilled area
- Building Management System

Response to these alarms will be in accordance with the specified procedure that will, in the main, involve contacting specific personnel who will deal with the situation

Patrolling
- A patrol monitoring system will be in place that Security staff use, to confirm their patrol of specific areas.
- Internal and external patrols will be undertaken at variable times during the day or night on foot or using a vehicle. In the event of a crime being committed the Security staff will notify the police.
- Security staff will visit every patient treatment area in Wards, Emergency Department, Maternity and Children’s Ward, at least once a day.
- Whilst on patrol any defects requiring maintenance will be reported by Security Services to the Help Desk, where it will be passed onto The PFI Contractor’s Helpdesk.

Cash Handling
- Security staff will accompany all Trust staff taking money through the hospital to the Cash Office. The use of dedicated staff routes will be used wherever possible.
- Security staff will be responsible for the emptying of Pay on Foot machines and accompany other staff when emptying telephones.
Response to Emergencies
- Emergencies may include fire, explosion, gas leaks, petrochemicals/ bacteriological hazards, bomb threats, major accidents, flood.
- In the event of the fire brigade attending site, the Security Service will regulate the movement of traffic and pedestrians in the vicinity and will ensure the access route is clear to the location of the fire.
- Security staff will liaise with The PFI Contractor’s Estates Department to ensure that appropriate access arrangements are in place.

Lost Property
- The lost and found property service will be accessed through the Reception Desk in the main Concourse area. The property will be stored securely by Security Services until it is collected.
- The Security Service will manage the process until either the property is collected or it is disposed of.

Staff Identification Badges
- Staff photo identity badges will be produced and linked/authorised on the automated access control system database which is linked to the Electronic Staff Record. Permits will be review on a monthly basis and any expired permits removed from the system.
- Security staff will be identified by a unique shoulder badge number similar to the Police for reasons of personal safety.

Service Description – Car Park Services
- Car Parks will be designed to meet “Secure by Design” principles.
- A secure perimeter fence will surround the hospital site with lockable vehicle and pedestrian gates at all entry/exit points.

The following Car Parking Facilities are required:

- **Multi-storey Car Park** for staff that is accessed from London Street and is both the entrance and the exit for all staff working at the Hospital.
- **Undercroft Car Park** for all visitors, including drop-off for the Emergency Department, disabled visitors and Patient Transport Services for wards and departments. Entry / exit accessed from Grove Lane. Pay-on-Foot machines will be located adjacent to the lifts in this car park.
- **Main Concourse Drop-Off areas** for bus services, PTS patients and visitors being dropped off and taxi ‘pick-ups’ in the immediate vicinity of the Main Entrance. Entry / exit accessed from Grove Lane.
- **Dedicated Parking** for emergency vehicles only will be available outside the Emergency Department. Entry / exit the site via Grove Lane.
- **Parking for other Groups** contractors, suppliers, and other service vehicles will be provided with parking in the area of the Facilities/Estates complex. Entry / exit accessed from London Street.
- Car parks will be managed by the Security Service from their base in the Security Control Centre.
- All car parks including barriers and PoF machines will be monitored by CCTV.
- The administration of the Trust's car parking system will be undertaken by General Office in conjunction with the main reception desk.
Security Services will ensure that car park users are made aware of how to contact the Security Services Department at all times in the event of equipment failure, a call for help or other emergency(s).

A car park escort service will be provided by Security Services in the hours of darkness where staff are available to do so.

Security Services will ensure that all routes are continuously clear for emergency vehicle access and for the general flow of traffic. In the event of access not being clear the Security Service will liaise with the Security Services Manager to establish the best method of removing the vehicle to a safer location.

Security Services will inspect the Car Parks at regular intervals and report to the PFI Contractor all structural, lighting and services defects and items of disrepair and will maintain a written record of such inspections. Items of disrepair that are potentially hazardous to motorists or pedestrians will be verbally reported to The PFI Contractor.

Security Services will report to the PFI Contractors Estates Department via the Help Desk that the car parks require the removal of litter etc.

Security Services will be responsible for the lawful removal of abandoned vehicles as follows:

- By liaising with the police to establish whether the vehicle is stolen, if it is, then cooperating with the police/Local Authority in respect of the vehicle’s removal from site.
- If it is not stolen, the Security Services Department will liaise with the Local Authority to have it removed and disposed of.
- Security Services will immediately inform The PFI Contractor's Estates Department of any surfacing requirements in respect of roadways, pavements and car parks.
- Security Services will immediately inform The PFI Contractor's Estates Department of any road/car park marking that may be required.

**PFI Contractors Responsibility:**

- In the event of bad weather The PFI Contractor’s staff will ensure that gritting has taken place to prevent slippages on entering the car parks and pedestrian access to and from the car parks.
- The PFI Contractor will also assist with snow and ice clearance on roads and pavements as required during bad weather around the hospital campus.

**Car Park Charges**

- Car parking tariffs for staff and visitors (including disabled visitors) will be levied as determined by the Trust Board. The tariff will be clearly displayed at entrances exits and PoF machines.
- Staff who are authorised to park on site will be issued with a permit. However, this does not guarantee individuals a space.
- The collection and security of car park cash in transit will be the responsibility of the Security Services. All machines containing cash will be emptied daily and signs stating machines are emptied regularly will be clearly visible, together with instructions notifying the customer how to obtain a refund if machines fail to provide a token.
- In the event of a faulty barrier money can be taken from car park users manually by Security Services staff.

**Enforcement**

- Parking controls will be enforced by Security Services by the use of a Civil Penalty Notice system in accordance with the Trust policy.
Car Park Equipment
- The Trust will be responsible for purchase and provision of all car parking infrastructure, equipment and barriers.

Car Park Maintenance
- The Trust will be responsible for their maintenance of all car park equipment.
- Security Services will ensure that the barriers have adequate supplies of tokens at all times.
- The FM staff will use a suitable solvent/cleaning agent to:
  - Twice each week check and if necessary, thoroughly clean all graffiti, spray paint, unauthorised stickers, adhesive etc from all signs, machines and other equipment related to car parking.
  - The FM staff will deep clean/wash down every four months all signs relating to car parking.

4. Functional Units

Please refer to PPDD00, 01

5. Principles of Care

Where restraint of a patient is undertaken this will be observed by a trained nurse or Doctor in accordance with Trust Policy.

6. Workload

Number of In Patient beds 666
Number of staff on site per day [xx]
Number of Visitors on site per day [xx]

7. Process Map – Security Services
8. **Key Adjacencies**

Accident and Emergency

Interface with other departments

Potential interface with all wards, departments, staff and visitors to site.

9. **Operating Hours**

Security and Car Parking Service – 24/7.
10. **Staffing Security and Car Parking**

- x 2 Managers
- x 4 Supervisors
- x 18 Operatives
- x 6 staff for each shift during the day (12 hour shifts)
- x 5 staff for each shift at night (12 hour shifts)

11. **Equipment**

Refer to PPDD 24.

12. **Regulatory Requirements**

- Secure by Design
- Threats to Trust Security
- Trust Security Related Policies
- Security Services – Quality Standards
- Car Parking Services – Quality Standards
- Regulatory Requirements and Security Standards as described in the Trust Security Policy
Cleaning Services

1. Scope of Service

The Cleaning service will be delivered as follows:

- **In Patient Areas** – by FM Ward Services Officers/ Assistants/Operatives (WSO’s) located in each ward
- **Other Clinical Areas** – by dedicated cleaning staff operating from the nearest Neighbourhood Hub
- **Non- Clinical Areas** – by a centralised service operating from the central area.
- **Central Support** - A Discharge team will support the In-Patient areas during the day and a Rapid Response Team based in ED will provide a cleaning service after 22:00 to all in-patient areas. A decontamination team will support all areas.
- Localised storage of Cleaning materials, consumables and equipment for day to day requirements will be provided in ward areas, Neighbourhood Hubs or in Cleaning Cupboards within each defined area.
- Central storage will also be provided for the storage of all items required to support the Cleaning service.
- A small centralised laundering service will be provided for mop heads (See Linen Services).
- The WSO’s will be responsible to the Facilities Services management team.
- All other cleaning staff will be managed by the Facilities Services Management team.

2. Service Objectives

- To provide sufficient staff to deliver the service effectively.
- That all areas are cleaned to meet the NHS Standards of Cleanliness 2007.
- To limit the spread of infection by training staff and enforcing rigorous standards of personal cleanliness as well as operational standards.
- To use mechanical equipment wherever possible to reduce the level of manual handling required to deliver the service.
- To provide a service to in-patient areas that is dedicated to each ward with FM staff becoming a valuable part of the ward team. This also gives ownership and accountability to the member of staff.
- To provide deep cleaning and disinfection to all ward and side rooms following infection.
- To combine cleaning in ward areas with other ward related FM tasks i.e. food and beverage services to patients.
- To provide cleaning cupboards for day to day cleaning materials, consumables and equipment local to the point of use.
- To dedicate equipment to specific areas to avoid cross contamination between clinical areas.
- To provide a central storage area for cleaning services.
- To provide a central changing, rest and refreshment area in the FM Hub adjacent to the R&D area.
- To provide on site laundry facilities to wash mop heads and cloths.
3. **Service Description**

- The Cleaning service will be designed to meet the SLA’s for each ward and department. The SLA will specify the cleaning service to be delivered and access times to clinical departments.
- In wards and departments WSO’s will deliver scheduled and reactive cleaning tasks to meet the required standards. These cleaning tasks will be incorporated into the working day around other scheduled tasks such as taking patient orders for food, serving meals and beverages, moving clean and dirty linen and waste between the hub and the ward.
- Cleaning schedules will comprise of detailed daily and weekly activities/tasks. The schedule will be determined by the agreed level of clinical risk and the other specific ward service tasks described above.
- Backup to ward areas is to be provided by the Discharge team who will support the WSO’s where high levels of patients are discharged and the beds are required for the next patient or infection cleans are required.
- A Rapid Response team will also provide cleaning services “out of hours” i.e. between 22:00 and 07:00 and will be based in the ED department.
- The system of cleaning to be used will require the laundering of mop heads and cloths on site.
- Cleaning of toilets will take place at scheduled times during the day for all areas of the hospital including public areas.
- Re-stocking of consumables will take place at scheduled times during the day for all areas of the hospital including public areas.
- Waste will be removed from the localised bins when 80% full or as a minimum once per day. The colour coded bags will then be taken to the waste Hold areas located in Neighbourhood Hubs and placed in the appropriate container.
- The public areas will be cleaned at scheduled times when there is least activity.
- Public and circulation areas will be cleaned using industrial equipment where ever possible.
- Reactive tasks will be carried out as requested through the Help Desk and signed off when completed as part of the performance management system.

4. **Decontamination**

The Hotel Services/Quality Assurance Departments will be responsible for the physical decontamination of equipment either by cleaning equipment at place of use or by decontaminating in a dedicated area.

**Entrance**

There should be separate entrances for the movement of dirty and clean equipment. There should be appropriate space to accommodate the expected equipment in a holding bay until it is taken through the various cleaning channels. There should be a circulatory space to allow staff to move the equipment without compromising their postures or brushing against it.

**Cleaning Areas**

There should be two channels, one for equipment to go through the decontamination machine, the other for hand cleaning.
Mattress Cleaning
There should be an area for resting the mattresses on during the cleaning process, this should be height adjustable.

Equipment Cleaning
Staff should not be expected to clean any equipment whilst it is standing on the floor. Provision should be made for elevated platforms or devices to hold the equipment during the cleaning process. This gives good around access for cleaning, while maintaining good postures. Regardless of choice it should be height adjustable.

Sealing Equipment
Certain items will be stored in sealed bags and there should be an appropriate area for the storage of this facility and the application of it.

Washing Machines
These should be located as per the advice from the Infection Control team. There should be adequate working surfaces for the packaging of equipment, such as slings and slide sheets.

Clean Storage
To optimise space racking systems should be considered. These should be loaded and unloaded by mechanical means, such as a fork lift truck. The racking should be strong enough to hold the estimated equipment range and numbers of equipment that will be stored within this facility. The area shall be large enough to hold the racking system and with adequate space for the turning of the fork lift truck and pedestrian walkways.

Repairs
There should be an appropriate space for the repair and maintenance of equipment. This should include devices for holding and or rotating the beds mechanically.

5. Functional Units
Please refer to PPDD 24 and PPDD 00.

6. Workload
- Gross internal floor area
- Number of in- Patient Beds [666]
- Number of wards XXXX
1. **Process Map – Cleaning**

![Process Map Diagram]

8. **Key Adjacencies**
   - Central storage areas to be adjacent to Receipt & Distribution area
   - FM Lifts and dedicated FM routes

**Interface with other departments**
- Ward/Departments
- Matron/Ward Manager
- Infection Control
- Catering

9. **Operating Hours**
   - Wards – between 07.00 – 20.00
   - Discharge Team - between 07.00 – 22.00
   - Rapid Response team – 22:00 to 07:00
   - Decontamination Team 07.00 – 20.00
   - Clinical Departments – At agreed access time between 07.00 – 20.00
   - Public Areas - between 06.00 – 21.00

10. **Staffing**
    - 1 x Service Manager
    - 2 x Ward Service Managers
    - 10 x Supervisors
    - 220 WTE/375 Head Count
11. **Equipment**
   - Vacuum cleaners.
   - Buffing machines.
   - Wet/dry cleaners.
   - Heavy duty wet cleaners for large areas.
   - Wet pick-up machines.
   - Electrical charging facilities will be required in each domestic store.
   - Hand tools.
   - Housekeeping trolleys.
   - Caution signs.
   - High level cleaning tools.
   - Scrubber driers.

12. **Regulatory Requirements**
   - Department of Health Guidelines
   - Healthcare Commission core cleaning standards 4a, 21
   - Better Hospital Food Guidelines
   - Environmental Health Office Guidelines
   - Matron’s Charter
   - Food Hygiene Legislation
   - Infection Control Policy
APPENDIX H

Patient Transport

1. **Scope of Service**

- The Patient Transport Service will be managed in conjunction with General Transport services.
- Patients who meet the criteria set out in the Trust’s policy and have no other means of accessing hospital services will be transported from and to their homes or from and to other hospitals, nursing homes or Health Centres.
- Patients may be ambulant, require a wheelchair or need to be transported on a stretcher. Facilities to accommodate these different requirements are therefore to be provided.
- The Call centre that organises the initial requests for transport will be remotely located as there is no need for a direct interface with the patient at this stage.
- The co-ordination of transport for patients awaiting the return journey does however, requires a direct interface with wards and departments and patients to determine when patients will be ready for the return journey. A PTS control desk will therefore be co-located with the main Reception desk in the Concourse area of the new hospital.
- It is inevitable that patients will need to wait until all the planned passengers for a particular vehicle are ready to depart, a waiting area will therefore be provided adjacent to the pick up area.
- For the avoidance of doubt PTS vehicles will be parked off site when not in use.

2. **Service Objective**

- To provide an off site Call Centre that will plan all PTS activity in accordance with Trust policy and that will co-ordinate all journeys to the hospital site.
- The PTS ambulances will access the site via the main entrance to the site.
- To provide a dedicated area where PTS vehicles can drop off and collect passengers with sufficient waiting space for eight vehicles.
- To provide wheelchairs in the drop off zone for the movement of patients who have difficulty walking to wards and departments.
- To provide a Control desk co-located with the main reception desk for the co-ordination of patients and vehicles for the homeward journey.
- To provide a comfortable seating area for patients with direct access to the drop off/collection area

3. **Service Description**

- Patients telephone the Call Centre and request transport to the hospital. Once the need is confirmed and meets the Trust policy requirements the date and time of collection is confirmed together with any special needs the patient might have with regard to mobility.
- The patient is collected by the PTS staff and transported to the hospital collecting other patients en route.
- At arrival at the hospital the patient is taken by the PTS driver/escort to their final destination i.e. Out-Patients clinic, ward etc. in a wheelchair or some other means if necessary.
- The Control desk will liaise with clinics and departments to find out the time individual patients will be ready to travel. The control desk will then allocate patient journeys to vehicles and ensure the availability of ambulances to meet the demand.
- Out-patients will be collected from clinics and departments others will make their way to the Control desk in the front entrance to let them know they are ready to go home.
- In-patients may be collected either from the ward or may need to wait in the discharge lounge until allocated to a vehicle.
- Drivers and Escorts will wait in their ambulance, parked in the designated ambulance waiting area.
- Patients will be loaded onto the vehicle one at a time and then taken back to their destination dropping off fellow patients en route.
- Discharges, return homes from ED and transfers to other hospitals will be carried out by the duty vehicle 24/7

4. **Functional Units**

PPDD00, PPDD32

5. **Workload**

Number of patients requiring transport per day by category and destination [xx] to be provided once the new building is designed.

6. **Process Map – PTS Service**
7. **Key Adjacencies**
   - Concourse Area
   - Patient Lifts to wards and Departments

   **Interface with other departments**
   - Nursing staff in Wards and Departments
   - Ward Clerks and receptionists in Wards and Departments
   - General Transport
   - Other Hospitals – CCGs

8. **Operating Hours**
   - Clinics and Outpatients 07:00 – 20:00
   - High Dependency Vehicle – 24/7

9. **Staffing**
   - **On Site:**
     - 4 x PTS Controllers
   - **Off Site:**
     - 1 x Senior Transport Manager
     - 1 x PTS Manager
     - 4 x Service Managers
     - 2 x Administration staff
     - 105 staff (WTE) based on current staffing levels

10. **Equipment**
    Equipment will be stored either on the vehicles (ambulances) or off site except: wheelchairs

11. **Regulatory Requirements**
    - Department of Health Guidelines for Non-emergency Patient Transport Services
    - Road Traffic Act
    - Health and Safety
    - Manual Handling
    - Trust Patient Transport Policy
General Transport

1. **Scope of Service**

   - Administration of the General Transport Service is to be located off site.
   - The General Transport service will provide a scheduled and ad hoc service between the new hospital site and other premises within the Trust, GP Surgeries, Health Centres, and other hospitals within and around the Birmingham and Sandwell areas.
   - The following items will be delivered and collected:
     - Post
     - Specimens
     - Goods
     - Equipment
   - Items will be picked up from and delivered directly to the following areas of the hospital:
     - Main Reception
     - Pathology
     - Post Room
     - R&D
     - Medical Records Reception

2. **Service Objectives**

   - To schedule collections and deliveries to meet the changing needs of users of the service.
   - To ensure that there are sufficient staff and vehicles to provide a consistent timely service at all times.
   - To ensure that the service has the capacity to respond to urgent requests and ad hoc requests for transport.
   - To maintain vehicles to the required standard in order to avoid breakdown.
   - To ensure that items are carried in a secure manner and in appropriate conditions.

3. **Service Description**

   - The logistics of the service will be planned by administrative staff located off site. All queries and ad hoc requests will be made through the Transport call centre.
   - Transport vehicles will access the hospital site using the dedicated route for delivery vehicles and park in the designated area outside the R&D and proceed into the hospital to deliver or collect items from the various locations listed above.
   - Certain items require specific storage requirements during transportation i.e. pathology items therefore Trust protocols are to be followed.

Scheduled rounds will take place daily Monday to Friday and call at specific locations in sequence delivering and collecting a range of good, items and equipment as follows:

   - **Post** - collect/deliver, on a planned and ad hoc basis, from/to GP Surgeries, Health Centres, and other hospitals within and around the Birmingham and Sandwell areas.
- **Patient's notes** - collect/deliver, on a planned and ad hoc, basis from/to any location where patients are being treated.
- **Specimens** - collect, to a pre-determined schedule, from GPs and Health Centres.
- **Stores** - deliver stores from the Hospital R&D to other premises within the Trust.
- **Equipment** - to collect/deliver equipment, on an ad hoc basis, to/from other locations within the Trust.

### 4. Functional Units

This service will be managed from an off site location however, parking on site is required for 1 vehicle in the designated PTS area outside the main reception. 10 GTS vehicle spaces in the service bay. 8 PTS vehicle spaces in undercroft car park.

### 5. Workload

Number of vehicles accessing the site daily [xx].

### 6. Process Map
7. **Key Adjacencies**

None, off site service base

**Interface with other departments**

Patient Records  
Pathology  
R&D  
Post Room  
Other Hospitals, CCGs etc.

8. **Operating Hours**

Monday – Friday – 08.00 – 20.00

9. **Staffing**

**Note:** The following General Transport staff will not have a designated base on the new hospital site and will be located off site.  
1 x Service Manager  
1 x Service Manager Supervisor  
23 x WTE (based on current staffing levels)

10. **Equipment**

- Roll cages  
- Trolleys  
- Pathology containers

11. **Regulatory Requirements**

- Road Transport Act  
- Carriage of Dangerous Goods and use of Pressurised Equipment Regulations 2007  
- Hazardous Waste Regulations 2005  
- Health & Safety at Work Act 1974  
- COSSH  
- Manual Handling
General Reception/Helpdesk

1. **Scope of Service**

   The General Reception desk in the concourse area will provide a range of information and services to patients and visitors to the hospital as follows:

   - Information to patients regarding the location of clinical services.
   - Information to visitors regarding the location of patients.
   - Interface with Security and Car Parking services.
   - Point of contact for lost and found property
   - Receive courier packages
   - General administration services i.e. issue car parking permits ID badges and reimburse patients travelling expenses.
   - Provide a Help desk service to all users of FM services as follows:
     - A one number contact for all FM related issues and requests for ad hoc services.
     - A porter management system for the deployment of porters to carry out ad hoc requests for service and to monitor performance.
     - To facilitate bereavement service issuing certificates/scanning information etc.
     - The Hotel Services management will also be responsible for the control and bookings for the accommodation block on the 4th floor.

2. **Service Objectives**

   **General Reception:**

   - To provide a highly visible Reception desk in the Concourse area that will deal with all patient and visitors requests or issues.
   - To provide reception staff with the ability to access up to date patient information i.e. through the PAS system.
   - To provide access to other services such as Security and Car Parking by means of a two way communication system to enable Security and Car Parking staff members to arrive at the Reception to deal with the query or issue in a timely manner.
   - To provide a drop off and collect service for courier packages.
   - To provide an interface with General Office for the issue of car parking permits, security ID badges and to reimburse travel costs to patients.
   - To provide administrative responsibility and support for the hospital overnight accommodation rooms on the 4th floor.

   **Help Desk:**

   - To provide one point of contact for all FM related issues
   - To provide a filter system for all enquiries or requests and transfer the caller to the appropriate number i.e. Hard FM Help Desk.
   - To provide a porter management system for response to ad hoc requests for Portering services.
3. **Service Description**

**General Reception:**

- Patients or visitors entering the hospital by the main entrance will see the Reception desk immediately and if they require information will easily access the desk.
- The receptionist will deal with each query and access the required information from either computerised information or in the case of directions using printed maps of the internal of the hospital.
- If a member of Trust staff is required the Receptionist will contact the member of staff who will then deal with person directly.
- Should the query be related to Car Parking, Security or lost and found items the receptionist will contact the relevant member of staff by a two way radio system this will ensure that these staff are contactable anywhere in the hospital building and be able to respond in a timely manner. The patient or visitor will be asked to take a seat until the member of staff arrives they will then take responsibility to resolve the query or issue.
- Couriers will collect or deliver small items to the Reception desk and receive confirmation of delivery. The receptionist will contact the addressee who will collect the package from the Reception desk.
- Administration of the accommodation block will be through the general reception desk, main atrium.

**Help Desk:**

- The Help Desk will be co-located with the Reception Desk but will be in a secure office behind the reception area.
- All requests in relation to FM services will be dealt with through the Help Desk.
- A filter system will be in place to re direct callers to the appropriate service i.e. Contractors Hard FM Helpdesk that will be in a separate location from the Trust’s Help Desk, Security and Car Parking Services, Request for ad hoc Portering etc.
- All issues dealt with by the Help Desk staff will be recorded onto their computerised system, this will enable follow up of the request to ensure that it has been successfully resolved or completed.

**Certificate and Bereavement Services:**

- To coordinate the completion and issuing of death certificates, to enable certificates to be registered with the Authority.
- To ensure that correct patient information is given for the lawful cremation of the deceased.
- To ensure the lawful burial or cremation of deceased with no next of kin.
- Ensure that patient notes are delivered to the general office by the appropriate ward clerks.
- Scan all sets of notes for each patient who is deceased.
4. **Functional Units**

Please see PPDD 32

The general reception/help desk located in the Main Concourse will comprise of:

- Front desk (3 + 2 receptionists)
- Back office accommodation for the Help Desk (4 staff)

5. **Workload**

- Number of patients and visitors per day [xx].

6. **Process Map – Reception Services and Helpdesk**

7. **Key Adjacencies**

- Main Entrance
- PTS Reception Desk

Interface with other departments

- All wards, departments and services.

8. **Operating Hours**

- Monday – Sunday 07.00 – 21.00

9. **Staffing**

- 1 x Service Manager
- 1 x Service Supervisor
- 6 x staff (WTE)
- 4 x Help Desk
10. **Equipment**
   - IT Access
   - Two way radio system
   - Cash Counting Machine
   - Safe

11. **Regulatory Requirements**
   - Health & Safety at Work Act 1974
   - VDU Regulations
Sterile Services

1. **Scope of Service**

   The processing of used instruments will be by an external contractor.

   - The instruments are owned by the Trust and are assigned to specific theatres and clinical departments and are bar coded accordingly.
   - There will be a central storage area divided into clean in and dirty out that is adjacent to the R&D area. Each theatre and clinical department will also have dedicated storage for instrument trays.
   - There will also be a central pre-sterile store for the storage of single use disposables and disposable instruments from which supplies to all areas will be issued. Need to include in PPDD
   - Deliveries and collections of instrument trays will as far as possible will be via dedicated FM lifts and routes.
   - Facilities Management Services will be responsible for:
     - Delivery of clean and the collection of used instrument trays to and from theatres and clinical departments.
     - Management of instrument trays including receipt, reject and fast track processes and quality control.
     - Contract management.

2. **Service Objectives**

   - To co-ordinate the requirements of theatres and clinical departments to ensure that adequate stocks of instrument trays and sterile supplies are available to meet clinical activity.
   - To issue disposable items for use by third parties i.e. District Nurses and re charge costs.
   - To ensure that the cleaning, decontamination, sterilisation and return of re-usable medical devices are compliant with the standards set out in the Medical Devices Directive.
   - To ensure that a tracking system is in place to determine the location of instrument trays and individual instruments at any given time.

3. **Service Description**

   - Service Level Agreements (SLA’s) for each user of the service will specify the range of instrument trays required for the predicted clinical activity at any given time.
   - Turnaround times for trays will be specified in the SLA’s and will be monitored as part of the Quality Control system.
   - A fast track system will be in place. This usually is required to turnaround specialist instrument trays that the Trust only owns a few of or for a specific surgeon who has specific instruments that they alone use.
   - Clean sterile instrument trays are received into the hospital via the clean end of the loading bay and taken via the clean route into the Sterile Services clean store adjacent to the R&D area.
   - The deliveries are checked and the bar code of each tray entered onto the computerised system using a specialist hand held unit.
- The instrument trays are sorted by location and taken to their destination for localised storage.
- Used trays are collected and brought back to the dedicated dirty area where they are again recorded onto the computerised system to denote that they are being dispatched to the contractor for processing.
- The used trays are collected by the contractor from the dirty side of the loading bay.
- The internal management of the service is provided by a team of dedicated Sterile Services staff, (storekeeper clerks) who will be integrated into the Materials Management Team who deliver and collect the trays and liaise with the theatres and clinical departments to resolve any day to day issues, record rejects and organise fast tracking of specific trays.
- The Sterile Services (SS) Management team manage the contract and ensure that invoices are correct before being sent to the Finance department for payment.
- The SS Management team will also be responsible for the implementation of Quality Control systems to ensure compliance with the required standards and to meet legislative requirements.

4. **Functional Units**

Please see PPDD 24.

5. **Workload**

Number of instrument trays per day (clean+ dirty) to be determined

6. **Process Map – Sterile Services**
7. **Key Adjacencies**

Loading bay  
R&D area  
FM lifts and routes  

**Interface with other departments**

All theatres/Wards/Departments.

8. **Operating Hours**

06.00 – 20.00  Monday - Friday  
08.00– 15.00  Saturday and Sunday  
08.00– 12.00  Bank Holidays

9. **Staffing**

1 x Service Manager  
1 x Service Team Leader  
4 x Service Operatives (included in Materials Management)

10. **Equipment**

Electric Load Movers

11. **Regulatory Requirements**

Trust Infection Control Policy  
Medical Devices Directive 93/42 EEC
APPENDIX L

Pressure Relieving Equipment Services

1.1. Scope of Service

The provision of pressure relieving mattresses and pressure relieving equipment will be provided by Tissue Viability Equipment co-ordinators and during Out of hours by extremely contracted staff.

Decontamination and service of Trust owned pressure relieving mattresses will be undertaken off site by an externally contracted company.

Collection of dirty mattresses and delivery of clean mattresses will be undertaken by the external company.

- The pressure relieving mattresses are owned by the Trust and are assigned to specific patients depending on clinical needs.
- There will be a central storage area for clean equipment and a central area for dirty equipment.
- There will also be a points for storage within the hubs for temporary storage of Dirty equipment requiring collection.
- Deliveries and collections of will be at least three times per week.
- Tissue Viability equipment coordinators will be responsible for:
  - Delivery of clean and the collection of used pressure relieving mattresses and small items of equipment to and from all clinical departments.
  - Management of the provision of pressure relieving mattresses including maintain a data base of equipment provided to each patient for audit and safety purposes.
- Tissue Viability clinical lead Nurse will be responsible for Contract management.

1.2. Service Objectives

- To co-ordinate the provision of pressure relieving mattresses to patients across the hospital.
- To ensure that adequate stocks of mattresses are available to meet clinical needs.
- To ensure that the cleaning, decontamination, and return of pressure relieving mattresses are compliant with the standards set out in the Medical Devices Directive.
- To ensure that a tracking system is in place to determine the location of pressure relieving mattresses any given time.

1.3. Service Description

- Pressure relieving mattresses will be delivered to ward areas within two hours of receiving the request.
- Turnaround times for provision of equipment will be monitored monthly.
- An OOH store will be in provided for emergency admissions units to ensure that there is 24 hour availability of pressure relieving mattresses.
- Clean Pressure relieving mattresses are received into the hospital via the clean end of the loading bay and taken via the dirty waste collection bay.
- The deliveries are checked and the serial number of each mattress entered onto the computerised system.
The Pressure relieving mattresses are sorted by location and taken to their destination for localised storage.

Used mattresses are collected and brought back to the dedicated dirty area where they are again recorded onto the computerised system to denote that they are being dispatched to the contractor for decontamination.

The used mattresses are collected by the contractor from the dirty side of the loading bay.

The internal management of the service is provided by a team of dedicated staff in the Tissue Viability team.

The Tissue Viability Services (TVS) Management team manage the contract and ensure that invoices are correct before being sent to the Finance department for payment.

The TVS Management team will also be responsible for the implementation of Quality Control systems to ensure compliance with the required standards and to meet legislative requirements.

1.4. **Functional Units**

Please see PPDD 24.

1.5. **Workload**

Number of pressure relieving mattresses per day (clean+ dirty) to be determined

1.6. **Process Map – Sterile Services**

1.7. **Key Adjacencies**

- Loading bay
- R&D area
- FM lifts and routes
Interface with other departments

- All theatres/Wards/Departments.

1.8. Operating Hours

- 09.00 – 16.45 Monday - Friday
- 09.00– 17.00 OOH service Saturday and Sunday
- 09.00– 17.00 OOH service Bank Holidays

1.9. Staffing

- 1 x Clinical lead Nurse
- 2 x Equipment coordinators
- Equipment

1.10. Regulatory Requirements

- Trust Infection Control Policy
## Operational Policy
### Development/Distribution/History/Consultation

#### Consultation

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Post: Project Director  
Signature:
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Disclaimer

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Any person using or relying on this document for any other purpose agrees, and will by such use or reliance be taken to confirm his agreement, to hold SWBH and its advisors harmless from any and all losses and/or damages resulting there from.
1.0 Philosophy of Service

This policy details the facilities required to provide a ‘cradle to grave’ equipment management service for all Trust owned equipment including Medical Engineering, Non-Medical Equipment Repair and the engineering aspects of Medical Physics. The accommodation in these areas will be non-clinical in nature (medical gas services are required), and will relate to the provision of a complete equipment and support service. It is anticipated that patients will access these facilities on an occasional basis. Service engineers and company representatives will visit the Department regularly.

The facilities within this area are required to offer provision of comprehensive and consistent services and facilities to all locations, these include:

- Comprehensive maintenance and management service for all of the hospitals biomedical, imaging, laboratory and non-medical equipment excluding IT and telecoms
- Advice and assistance with capital and revenue equipment procurement
- Acceptance testing and commissioning of new equipment
- Maintenance of an accurate equipment inventory
- Fault logging desk and in-house repair service
- Management of maintenance contracts
- Routine planned preventative maintenance
- Provision of out of hours on call service
- Regulatory compliance (MHRA and DoH Estates safety bulletins and manufacturers recall notices etc.)
- Decommissioning and disposal of redundant devices
- Provide a ‘technical interface’ with PFI providers on issues relating to medical devices and hospital equipment
- Maintenance of imaging modalities including engineering actions identified from QA surveys and radiation protection reports
- Support IM&T and PACS Team on issues relating to the integration of imaging modalities to IT systems
- Provide an equipment library service principally for infusion equipment
- To provide a staff training service for Medical and Non-Medical Devices.

Clear separation of flows of goods and services from those of patients and/or visitors are required together with the separation of clean and dirty goods. The Trust has identified a number of key strategic design principles, which underpin the content of this policy:

- Co-location of functions to support all areas
- Design of facilities to ensure maximum flexibility of use.

It is recognised that the models of service delivery adopted will alter over time.
2.0 Scope of Planning Policy

2.1 Specific Exclusions

The Department will not be responsible for Quality Assurance Programmes or Radiation Protection Advice for Imaging Systems.

2.2 Activity Figures

The Trust has determined the capacity requirements for the Medical Engineering including Medical Physics Department. Table [2.2] indicates the current and proposed activity within the department.

Table [2.2] Proposed Activity: Medical Engineering including Medical Physics

<table>
<thead>
<tr>
<th>Medical Engineering including Medical Physics</th>
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<tr>
<td>No. Of items/equipment</td>
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2.3 Hours of Operation

In the main, the Department will be operational from 7.00am to 19.00pm, emergency access 24 hours per day, 7 days a week.

2.4 Functional Content

The Medical Engineering including Medical Physics Department facilities will comprise the following accommodation:

- Medical Electronics Workshop
- Non-Medical Equipment Repair Workshop
- Medical Physics Workshop
- Mechanical Workshop
- Medical Gases Workshop
- Cleaning Area
- Equipment Library
- Testing Bay
- Store: Small
- Office
- Domestic services
- WC – Staff
- Switchgear.
2.4.1 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to support the clinical departments. In the case of Medical Engineering including Medical Physics, the Neighbourhood Hub will provide:

- Reprographics
- Disposal Hold
- Visitor welfare facilities
- Staff welfare facilities.

2.4.2 Administration

The Trust advocates the use of Administration Zones (PPDD 19), which will be co-located with the clinical areas they support.

2.5 Common Planning Policies

This planning policy has been developed to be read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wish to ensure consistency of approach within the facilities and as such:

- Advocate the use of repeatable rooms, as such only bespoke rooms and exceptions will be described in detail within this departmental PPDD
- The Trust proposes the use of Neighbourhood Hubs each of which will serve a number of departments and accommodate facilities shared between departments including facilities management.

3.0 Staffing

3.1 Staffing Profile (including Management)

Table [3.1.1] sets out the Trust’s requirements in respect of the number of staff who will be working in the Medical Engineering including Medical Physics Department.

Table [3.1.1] Projected overall staffing numbers: Medical Engineering, Medical Physics and Non Medical Equipment.

<table>
<thead>
<tr>
<th>Medical Engineering including Medical Physics</th>
<th>Number of staff 2016/17</th>
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<td>Staff on duty at any one time</td>
<td>25</td>
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3.2 Staff Development, Education and Welfare

Staff welfare facilities in the form of separate sex toilets showers and change are provided within the Neighbourhood Hub. Secure lockable storage is provided for personal property whilst staff are on duty.
There will be a variety of training taking place for departmental staff, requiring a variety of shared and bespoke facilities. Training requirements have been identified and are included in the table [3.2] below.

**Table [3.2] Staff Development**

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Training type</th>
<th>Facility type</th>
<th>Shared with others</th>
<th>Bespoke</th>
<th>No of people</th>
<th>Frequency of use</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>Induction</td>
<td>Meeting room</td>
<td>Yes</td>
<td>No</td>
<td>10</td>
<td>Intermittent</td>
</tr>
<tr>
<td>All</td>
<td>Appraisal/ counselling/meeting</td>
<td>Interview room</td>
<td>Yes</td>
<td>No</td>
<td>2/3</td>
<td>Sessional</td>
</tr>
<tr>
<td>Medical Engineering including Medical Physics</td>
<td>Equipment specific technical training</td>
<td>Meeting Room</td>
<td>Yes</td>
<td>No</td>
<td>4/5</td>
<td>Intermittent</td>
</tr>
<tr>
<td>Medical Engineering including Medical Physics</td>
<td>Departmental Staff Meetings</td>
<td>Meeting Room</td>
<td>Yes</td>
<td>No</td>
<td>10</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

**4.0 Key Relationships**

**4.1 Departmental Relationships**

The key objective is to provide identifiable, essential non-clinical services which support the clinical areas of the hospital. The services within the Medical Engineering including Medical Physics Department will require the provision of facilities which support both routine and ad hoc service activities which are responsive to the demands of clinical services.

This Department must have easy access to the clinical areas, especially those with equipment requiring significant levels of technical maintenance/service. This would be facilitated by direct access to the internal hospital street network. There is no need to co-locate other FM functions. However, desirable to be located close to Facilities Management to share support services. It is essential that goods (such as parts and equipment) can be delivered/collected directly into the Department by couriers.

**4.2 Workflow**

**4.2.1 Access**

Patients will not generally access the Medical Engineering including Medical Physics Department, however visiting engineers and company representatives (some of which will be unfamiliar with the hospital) will need to locate the department easily.
4.2.2 Staff Flows

Staff will access the Medical Engineering including Medical Physics facilities at all times, this may be managed via remote monitoring for secure access.

4.2.3 Goods Flows

Equipment entering the workshop will be cleaned on arrival. It will then be taken into workshops for repair.

Deliveries of new medical equipment and parts to be made directly from the service delivery area.

4.2.4 Parts/Equipment Deliveries

To be made directly from the service delivery area. Deliveries will be received within the department between 8.00am and 5.00pm, Monday to Friday.

4.2.5 Repairs

Items of equipment brought to the Department by hospital staff will be received and details of fault and contact details will be recorded. Items will be taken into the appropriate workshop via the cleaning area for decontamination prior to inspection.

Items collected directly by equipment repair and maintenance staff will be brought directly into the cleaning area for decontamination prior to repair.

The medical electronics, non-medical equipment repair workshops and gases area will be treated as ‘clean’ environments. Any activities which involve cutting or filing will be strictly undertaken in the light engineering section of the mechanical workshop only.

The benched area of the mechanical workshop will be treated as a clean area as far as is practicable. Activities such as lubrication of moving parts, cutting and filing will be undertaken in the light engineering section of the mechanical workshop.

Once repaired/serviced equipment will either be returned directly to the user leaving the department via a dedicated clean exit or stored awaiting collection by the user.

4.3 Interdepartmental Relationships

The Department must have access directly onto the hospital street network, however there is no requirement to be located adjacent to any particular clinical service. Mechanical work generates noise and should be located away from sensitive clinical services.
Midland Metropolitan Hospital

Planning Policy & Design Description

Sandwell & West Birmingham Hospitals NHS Trust

Table [4.3] Essential adjacencies.

<table>
<thead>
<tr>
<th>Close to</th>
<th>PPDD</th>
<th>Reasons</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estates</td>
<td>PPDD 24</td>
<td>Share meeting rooms etc</td>
<td>Desirable</td>
</tr>
<tr>
<td>Access to service delivery area</td>
<td>Functional Brief</td>
<td>Delivery and collection of materials and goods to workshops</td>
<td>Essential</td>
</tr>
</tbody>
</table>

5.0 Planning and Design Principles

5.1 Ambience and Decoration

The design should access any research available on hospital environments.

5.2 Wayfinding

Signage in the Medical Engineering including Medical Physics Department should clearly demarcate and indicate the direction of the different areas. Due consideration must be given to wayfinding as described in the Functional Brief.

5.3 Security and Observation

The security of staff is of paramount importance. Specified staff access to the Department will be via automated access control system. Other staff, and visitors will be permitted entry via automated access controls operated from the reception.

The Equipment Library will be equipped with automated access control to the out of hour’s store. This will allow designated Trust staff to collect devices from the store when a Librarian is not on duty.

The Trust’s requirements in respect of the communications network structure to support the security system is set out within Functional Brief Section [6.6] and schedule 8 part 3.

5.4 Control of Infection

The approach to control of infection within the Department can be referenced within the Functional Brief.

5.5 Manual Handling

The approach to manual handling can be referenced within the Functional Brief.
5.6 **Fire and Safety**

5.6.1 Fire

Precautions against fire will be taken, by staff working within the area. The Trust’s *Fire Safety Management Policy* will be adhered to and can be referenced within the Functional Brief. NB: Hot works will be undertaken in the Mechanical Workshop including welding and soldering.

5.6.2 Safety

Design features that contribute to safety include hand washing facilities, finishes and furniture, storage of chemicals.

5.6.3 Radiological Protection

A shielded bay is required within the medical electronics workshop. This will accommodate occasional testing of Xray mobiles and image intensifiers.

It should be located away from the entrance and busiest area of the workshop. Within the bay non-isolated power will be provided. The partition between the bay and workshop will be part glazed with lead glass to ensure visibility.

The layout will permit image intensifiers and mobiles to be moved in and out of the area easily.

Illuminated Xray warning signs will be provided to give staff a visual indication that the bay is in use.

5.7 **Privacy**

The design of the facilities needs to provide an environment which respects the needs of all in terms of the promotion of efficient and effective working, as well as ensuring other services are not affected by noisy activities taking place within the Medical Engineering including Medical Physics Department.

5.8 **Environmental Parameters**

The design shall ensure that temperature and humidity control are in accordance with section [5.9] of this PPDD.

Generally all public areas, concourses, seminar meeting rooms, offices and areas not occupied by patients will be controlled by a Building Management System (BMS) to the requirements of HTM 03-01 *Specialist Ventilation for Healthcare Premises: Part A: Design & Validation*.

The requirement to maintain a constant comfortable working temperature is essential for the calibration of much medical equipment (tympanic thermometers, infusion devices etc).
5.9 Environmental Criteria

5.9.1 Natural Light

The Design Brief developed by the Trust advocates the use of natural light. The Functional Brief Section [5.9] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke natural light requirements within Medical Engineering including Medical Physics.

Table [5.9.1] Natural Light Matrix

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Essential Desirable or None</th>
<th>External Wall</th>
<th>Atrium light</th>
<th>borrowed light</th>
<th>Roof Light / Tube</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshop – Electronics including testing bay</td>
<td>Desirable</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Workshop – Medical Physics</td>
<td>Desirable</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Workshop - Mechanical</td>
<td>Desirable</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Workshop – Medical Gases</td>
<td>Desirable</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Cleaning Area</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Equipment Library</td>
<td>Desirable</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Non Medical Equipment Repair Workshop</td>
<td>Desirable</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

5.9.2 Ventilation

The Design Brief developed by the Trust advocates the use of natural ventilation. The Functional Brief Section [5.10] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke environmental criteria within Medical Engineering including Medical Physics.

Table [5.9.2] Environmental Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Temperature</th>
<th>ac/hr</th>
<th>Pressure &amp; filtration</th>
<th>Notes in respect of permissible derogations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Min °C</td>
<td>Max °C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workshops (all)</td>
<td>18</td>
<td>25</td>
<td>5</td>
<td>-ve F7</td>
</tr>
<tr>
<td>Workshop – Medical Gases</td>
<td>18</td>
<td>25</td>
<td>15</td>
<td>-ve F7</td>
</tr>
<tr>
<td>Cleaning Area</td>
<td>18</td>
<td>28</td>
<td>10</td>
<td>-ve F7</td>
</tr>
<tr>
<td>Equipment Library</td>
<td>18</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testing Bay</td>
<td>18</td>
<td>25</td>
<td>5</td>
<td>-ve F7</td>
</tr>
</tbody>
</table>
5.9.3 Acoustic Criteria

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief Table [15] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke acoustic criteria within Medical Engineering including Medical Physics.

Table [5.9.3] Acoustic Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Rating to be achieved Functional Brief Table 5.8A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshop – Electronics</td>
<td>D</td>
</tr>
<tr>
<td>Workshop – Medical Physics</td>
<td>D</td>
</tr>
<tr>
<td>Workshop – Mechanical</td>
<td>D</td>
</tr>
<tr>
<td>Workshop – Medical Gases</td>
<td>D</td>
</tr>
<tr>
<td>Cleaning Area</td>
<td>D</td>
</tr>
<tr>
<td>Equipment Library</td>
<td>D</td>
</tr>
<tr>
<td>Testing Bay</td>
<td>D</td>
</tr>
<tr>
<td>Non-Medical Equipment Workshop</td>
<td>D</td>
</tr>
</tbody>
</table>

5.9.4 Medical Gas & Power Supply Requirements

The Design Brief developed by the Trust, Functional Brief Table [26] sets out the repeatable “bed head” service requirements, the table below sets out the bespoke requirements within Medical Engineering including Medical Physics.

Table [5.9.4] Medical Gas & Power Supply Requirements

<table>
<thead>
<tr>
<th>Room Type</th>
<th>O₂</th>
<th>N₂O</th>
<th>N₂O₂</th>
<th>MA₄</th>
<th>SA7</th>
<th>Vac</th>
<th>AGS</th>
<th>He/O₂</th>
<th>AVSU</th>
<th>Alarm</th>
<th>IPS</th>
<th>UPS</th>
<th>No. of Twin Sockets</th>
<th>Clinical Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshop - Electronics</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Y</td>
<td>N</td>
<td>50</td>
<td>-</td>
</tr>
<tr>
<td>Workshop – Medical Physics including testing</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Y</td>
<td>N</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td>bay</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workshop – Mechanical</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1 set</td>
<td></td>
<td>1 set</td>
<td>Y</td>
<td>N</td>
<td>40</td>
<td>-</td>
</tr>
<tr>
<td>Workshop – Medical Gases</td>
<td>4</td>
<td>2</td>
<td>-</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>1 set</td>
<td>1 set</td>
<td></td>
<td>1 set</td>
<td>Y</td>
<td>N</td>
<td>26</td>
<td>-</td>
</tr>
<tr>
<td>Cleaning Area</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td>-</td>
<td>N</td>
<td>N</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>Equipment Library</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td>-</td>
<td>N</td>
<td>N</td>
<td>70</td>
<td>-</td>
</tr>
<tr>
<td>Non Medical Equipment Repair Workshop</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td>-</td>
<td>Y</td>
<td>N</td>
<td>40</td>
<td>-</td>
</tr>
</tbody>
</table>
5.10 **Flexibility**

The design needs to support staff in managing the fluctuating demand for the different elements of the Medical Engineering including Medical Physics Department.

5.11 **IM & T**

Details of the active components associated with IM&T can be found in the Functional Brief Section [6.6] and schedule 8 part 3.

The Medical Engineering, Medical Physics and Non Medical Equipment Departments use EMAT (Equipment Management and Asset Tracking) as an Inventory system, which includes recording of asset details, equipment history and job recording functions. It also contains a module for managing equipment library issues. The system operates on standard hospital PCs linked as a workgroup with the EMAT software loaded onto a shared server. The Department will require 30 concurrent use licenses.

5.12 **External Space and Courtyards**

Access to outside spaces (courtyards and gardens) is highly desirable for staff working within the Department.

6.0 **Equipment**

The specific requirements for the Medical Engineering including Medical Physics Department will be addressed through the equipment selection in accordance with the Equipment Responsibility Matrix in schedule 13.

The Component Sheets of ADB Room Data Sheets schedule out the draft equipment list for Medical Engineering including Medical Physics in accord with schedule 13.

7.0 **Proposed Accommodation**

In describing the accommodation and its functional relationships the facilities have been separated into their basic functionalities. The operational functionality of the areas listed below is specific to the requirements of the hospital. Where areas of accommodation to be provided within different elements of the project are deemed to have the same repeatable functionality, these are outlined in the Functional Brief. The Medical Engineering including Medical Physics Department will comprise a series of workshops and supporting facilities such as offices and parts store.

The rooms described below are solely in respect of bespoke rooms or repeatable rooms which require modification. For repeatable rooms refer to the Functional Brief.

Reference should also be made to the *NHS Plan: A Plan for Investment, A Plan for Reform*. 
7.1 Workshops

7.1.1 Medical Electronics

A large open workspace with dedicated anti-static electronics benches for up to seven technicians (including trainees and visiting engineers). Three of these benches will have leaded and lead-free soldering facilities with fume extraction systems. All benches will be fed by an isolated 230v power system.

Storage of small parts and components will be by means of rotating carousel systems. Large parts and high value test and measurement equipment will be stored in a dedicated store room.

All PPM and routine service/repair of small (portable) biomedical equipment will be carried out within the workshop, as well as occasional repair of larger equipment such as lasers, and laparoscopic camera stacks. Dedicated 16A single phase supply required for laser testing.

Details of the Trust's environmental requirements can be referenced in section [5.0] of this PPDD.

7.1.2 Medical Physics

This workshop will be a staff base for two technicians, predominantly involved in the repair and service of Imaging equipment. The majority of the workshop activity will be administrative in nature with repairs being carried out in the field as the majority of Imaging systems are fixed installations.

Details of the Trust's environmental requirements can be referenced in Section [5.0] of this PPDD.

7.1.3 Mechanical

This workshop will be subdivided to fulfil two principal functions:

- Dedicated light engineering workshop for fabrication and repair of a wide variety of mechanical parts and equipment;
- Workbenches to provide staff base for up to 4 technicians, including trainee and visiting engineers.

The light engineering workshop will house a range of small machine tools, including metal lathe/milling machine, pillar drill and grinding wheels. Emergency stops and dropout contractors to be provided. The workshop will also include a welding area, which will require ducting to atmosphere.

As the equipment produces noise/vibration and dust/swarf it will be separated from the bench area by means of a wall or partition. Visibility between the areas is essential for health and safety requirements. Flooring should be painted concrete, impregnable to swarf or equivalent.

The benched area will form the normal working base for the mechanical technicians. All PPM and repair of mechanical and electromechanical medical equipment will be carried out in this area, including occasional repair of large items such as neonatal incubators and operating tables. This area will also include a fume cabinet with solvent storage facilities below.
Small parts storage will be provided by means of wall mounted component drawer systems. Large parts/materials will be stored in a dedicated store room.

Storage facilities for batteries, aerosol paints and solvents to be provided.

Details of the Trust's environmental requirements can be referenced in Section [5.0] of this PPDD.

### 7.1.4 Medical Gases

This area will either be self-contained or open off the open plan electronics workshop to maximise open floor space, thus accommodating bulk deliveries of new equipment or large items of equipment requiring repair.

Piped medical gases will be provided to allow equipment such as anaesthetic machines and ventilators to be run and soak tested under normal operating conditions, and reduce the need to store medical gas cylinders in the Department.

The area will form the work base of up to two technicians and accommodate two visiting engineers. Small parts storage will be by means of wall mounted component drawer systems.

All PPM/repair of medical gas equipment will be carried out in this area, including air/oxygen flow meters, suction controllers, etc. Occasional repair of larger items of gas driven equipment such as CPAP drivers, ventilators and anaesthetic machines will also be undertaken within the medical gases area.

Details of the Trust's environmental requirements can be referenced in Section [5.0] of this PPDD.

The Trust requirement for medical gases can be referenced in Section 5 of this PPDD.

### 7.1.5 Cleaning Area

Bespoke facilities will be required for cleaning of equipment contaminated with body fluids. The whole areas will periodically be hosed down.

This room will need to contain:

- Stainless steel sink
- WHB
- Drainage to floor.

Details of the Trust's environmental requirements can be referenced in Section [5.0] of this PPDD.

The Trust requirement for medical gases can be referenced in Section 5 of this PPDD.
7.1.6 Equipment Library

The library will either be divided to form a daytime working area and out of hours store or consist of two adjoining rooms. Any screen or division must allow unimpeded access between the two areas when open, but fully secure the daytime working area when closed. The out of hours store will be able to be accessed by hospital staff independently of the daytime working area in the evenings and at weekends, by means of automated door controls.

Flow testing of repaired/serviced equipment will be undertaken in the library and care should be taken to ensure that the environment is free of vibration (for example from passing vehicles).

Details of the Trust's environmental requirements can be referenced in Section [5.0] of this PPDD.

The Trust requirement for medical gases can be referenced in Section 5 of this PPDD.

7.1.7 Non Medical Equipment Repair Workshop

A large open workspace with workbenches for up to 4 technicians (including trainees and visiting engineers) is required. One of these benches will have leaded and lead free soldering facilities with fume extraction systems. All benches will be fed by an isolated 230v power system.

Storage of small parts and components will be by means of rotating carousel systems. Large parts and high value test and measurement equipment will be stored in a dedicated store room.

All PPM and routine service/repair of small (portable) electrical and mechanical equipment will be carried out within the workshop; also repair of larger equipment such as beds will be carried out on the wards.

Details of the Trust's environmental requirements can be referenced in Section [5.0] of this PPDD.

7.1.8 Testing Bay

A bespoke facility is required for the testing of equipment.

7.1.9 Store: General

A repeatable departmental store is required to serve Medical Engineering including Medical Physics as set out in the Functional Brief Table [24] and Section [7.11].

7.1.10 Office

A repeatable single person office is required for the Departmental Manager as set out in the Functional Brief Table [24] and Section [7.12].

7.1.11 Domestic Services - Repeatable

A domestic services room will be provided in line with the Functional Brief Table [24] and Section [7.13].
7.1.12 Switchgear - Repeatable

A switchgear room will be provided as set out in the Functional Brief Table [24] and Section [7.13].

7.2 **Shared use of a Neighbourhood Hub**

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to the clinical departments. In the case of Medical Engineering including Medical Physics:

- Staff changing facilities including showers
- Staff toilets
- Staff rest room
- Beverage bay
- Reprographics
- Seminar room
- Disposal hold
- UPS and IT hub
- Domestic services room
- Domestic services store
- WHB and PPE Station
- Switchgear room.

7.3 **Shared use of an Administration Zone**

Medical Engineering including Medical Physics will make use of an Administration Zone.

The functional requirements are fully described within PPDD 19 Administration and are summarised below:

- Reprographics
- Social area
- Beverage bay
- Office – open plan
- Store – small
- Library
- Quiet rooms (for breakout)
- Seminar room
- Domestic services room
- Switchgear.

8.0 **Schedule of Accommodation**

The schedule of accommodation has been developed for the totality of the scheme as a series of tables. This schedule is appended to Schedule 8 part 3.
9.0 Glossary and Definitions

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
MIDLAND METROPOLITAN HOSPITAL

No. 27
Medical Engineering Operational Policy
MEDICAL ENGINEERING OPERATIONAL POLICY

KEY POINTS

- One stop shop for the commissioning, repair and maintenance of medical and non-medical equipment.
- Central equipment library, providing infusion devices to general wards and departments.
- Key interface with Project Co for specification and installation of equipment with design/service requirements.
- Manage and supervise external contractors servicing and repairing Trust owned equipment.
- Ensure that equipment is safely decommissioned and disposed at end of life.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
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<th></th>
<th>Page</th>
</tr>
</thead>
<tbody>
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<td>Introduction</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>Objectives</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>Service Description</td>
<td>6</td>
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<tr>
<td>3.1</td>
<td>Context</td>
<td>6</td>
</tr>
<tr>
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<td>Visitors to the Department</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td>Definitions</td>
<td>7</td>
</tr>
<tr>
<td>4.1</td>
<td>Medical Electronics Workshop</td>
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<td>4.2</td>
<td>Medical Physics Workshop</td>
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<td>4.3</td>
<td>Mechanical Workshop</td>
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<td>4.4</td>
<td>Medical Gases Workshop</td>
<td>8</td>
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<td>4.6</td>
<td>Equipment Library</td>
<td>8</td>
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<td>4.7</td>
<td>Non-Medical Equipment Repair Workshop</td>
<td>9</td>
</tr>
<tr>
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1 Introduction

This is described in Section 1.0 of PPDD27.

2 Objectives

The objectives of the policy are to:

- ‘One-stop shop, cradle-to-grave’ support service for all Trust owned equipment including imaging, laboratory, biomedical and non-medical equipment.
- Provision of procurement advice and standardisation of equipment.
- Single point of contact for all training, maintenance, repair and service issues.
- Provide 24-hour on-call system.
- Provide planned preventative maintenance service to all Trust owned assets.
- Maintenance of accurate inventory and detailed service history of Trust’s medical equipment.
- Management and supervision of service contracts and external contractors.
- Ensure regulatory compliance with MHRA safety notices, product re-call notices etc.
- Rapid response to equipment breakdown to ensure minimum downtime and disruption to patient activity.
- Provide advice to Project Co on issues relating to interfacing equipment to the building and its services. Equally to advise users/contractors on procedures relating to installation of equipment into PF2 buildings.
- Decommission and disposal of redundant equipment in compliance with good practice and legal obligations.
- Provide library service for infusion devices to general wards and departments.
- Provide assurance of CQC compliance to Trust Board by means of Key Performance Indicators.

3 Service Description

3.1 Context

Provision of responsive on-going equipment management and support service which incorporates those aspects described previously.
3.2 Visitors to the Department

The department will be accessed by a variety of visitors during normal working hours. These can be categorised into patients, hospital and non-hospital staff. It is important to recognise that some patients and non-hospital staff will be infrequent visitors to the site and therefore the department must be adequately sign-posted.

Hospital staff will visit the department to deliver equipment for repair, service and booking in/commissioning; also to collect equipment from repair, service and booking in/commissioning.

Non-hospital staff will include patients, visiting engineers and contractors as well as company sales representatives.

Visiting engineers in general those from medical equipment manufacturers and service agents will report to the department prior to repair and service of medical equipment in the hospital and to deliver service reports when work has been completed.

Contractors are generally engaged by Original Equipment Manufacturers to carry out one-off tasks such as pre-installation elements of equipping an imaging room, but they may also be directly engaged by the Trust. They will report to the department on a similar basis to visiting engineers.

Sales representatives will be seen by prior appointment only. Visiting service engineers and contractors will report to reception. Engineers servicing equipment located outside the Medical Engineering Department will be met by the relevant member of staff and directed as required. Visiting engineers servicing equipment located in the workshops will be permitted access via automated entry controls. At no time will visiting engineers work in the workshops without supervision.

4 Definitions

4.1 Medical Electronics Workshop

Small bins of approximately 50 litres will be provided for the disposal of small parts, batteries, glass and aerosol waste and sharps and then transferred to the disposal hub in the neighbourhood hub and on wards – see PPDD24 Facilities Management (Trust Managed Services).

4.2 Medical Physics Workshop

The function/layout of this workshop is described in section 7.1.1 of PPDD27.
4.3 Mechanical Workshop

Small bins of approximately 50 litres will be provided for the disposal of small parts, batteries, glass and aerosol waste and sharps and then transferred to the disposal hub in the neighbourhood hub and on the wards – see PPDD24 Facilities Management (Trust Managed Services).

Facilities for the disposal of mercury devices will not be provided as no mercury device will be permitted to transfer to the new hospital.

The function/layout of this workshop is described in Section 7.1.3 of PPDD27.

4.4 Medical Gases Workshop

The function/layout of this workshop is described in Section 7.1.4 of PPDD27.

4.5 Support

- Domestic Services Room
- Office – Departmental Manager
- Store – Medium x 2
- Shared Use of:
  - Non-clinical neighbourhood hub
  - Beverage bay
  - Photocopying
  - Reception
  - Seminar Room
  - Staff rest room
  - Staff change with shower and WC facilities
  - Disposal hub

4.6 Equipment Library

An equipment library provides an efficient way of managing certain types of medical equipment. Experience suggests that infusion devices are particularly suited to this approach. Critical care and paediatric/neonatal devices have specific configurations which differ to general purpose adult settings and will not therefore be included within the library system.

The following will be stocked:

- Sickle cell PCA pumps
- Syringe pumps
- Syringe drivers
- PCA pumps
• Epidural pumps  
• Volumetric pumps  
• Feeding pumps  
• Ring cutters  
• Entonox cylinders/delivery valves  
• Line placement ultrasound

In addition a quantity of medical equipment will be stored as a contingency in the event of a flu pandemic including:

• Ventilators  
• Patient Monitors

This equipment will be transferred from existing contingency pools at City and Sandwell Hospitals.

Equipment will be tracked using the medical engineering department’s Equip asset tracking system.

General wards, departments and operating theatres will request equipment on-line or by telephone and collect items from the library during normal working hours.

The library will be staffed by one librarian.

A daily collection will be carried out on all general adult wards to collect devices which are no longer in use. These will be returned to the library where they will be re-set, cleaned and charged/batteries replaced prior to being made available for loan. An additional collection will be made at weekends during public holidays to ensure continuity of service.

The library will operate between 7.00 am and 7.00 pm, Monday to Friday.

Accommodation will include desks/PC terminals for two staff and adequate racking/power points to accommodate 25% of the inventory of the library at any time, amounting to 140 devices.

The function/layout of the library is described in Section 7.1.6 of PPDD27.

4.7 Non-Medical Equipment Repair Workshop

Small bins of approximately 50 litres will be provided for the disposal of small parts, batteries, glass and aerosol waste and sharps and then transferred to the main waste compound – see PPDD24 Facilities Management (Trust Managed Services).
4.8 Medical Device Training

The department will provide a training service in line with Trust Policy. The programme will ensure that all clinical staff are competent in using equipment required for their work and fully conversant with the Trust’s management and training policies. Staff training records will be held by Learning & Development.

Training will be delivered to clinical staff in their workplaces. Medical Engineering staff will develop course material using the accommodation of the shared neighbourhood hub.

5 Workload

An early estimate of the value of equipment suggests that the combined department will maintain approximately:

- £15 million of imaging equipment
- £27 million of biomedical and laboratory equipment
- £9 million of non-medical equipment

These figures exclude significant quantities of Group 4 equipment. The total number of assets maintained by the department is estimated to be 12,000 at the opening of the new hospital.

6 Workflow

The workflow is described in 4.2.3 of PPDD27.

7 Key Adjacencies

The department will have direct access to the internal hospital street to allow equipment to be transported with no external transport/movement.

8 Operating Hours

8.1 The Department

Will operate between 7.00 am and 7.00 pm, Monday to Friday (excluding bank holidays). It will be accessed outside these hours by on-call staff for weekend maintenance.

8.2 Equipment Library

Will operate 7.00 am to 7.00 pm, Monday to Friday, with weekend collection over public holidays. It will be accessed outside these hours by hospital staff collecting devices from the out-of-hours store.
9 Staffing

9.1 Secretarial

The combined department will require four secretaries who will be housed off site or within administrative space.

9.2 Engineering

The department will be staffed by four managers, seven whole-time equivalent electronics technicians. The Mechanical section will be staffed by four whole-time equivalent technicians. The Equipment Library will require one Equipment Librarian. The Equipment Training section will require three whole-time equivalent staff. The Non-Medical Equipment Repair service will require two whole-time equivalent staff.

The suggested structure is shown overleaf:
* Role to ensure control and maintenance of procurement/installation/maintenance training and disposal of all Trust equipment.

** Role includes audit of fire alarm testing/legionella control/generator tests/lift tests etc.
10 Regulatory Requirements

Isolated 230V power supply to electronics workbenches.

11 Document Author and Consultation

Mr Robert Banks
Deputy Director of Estates

Divisional Director and senior nursing/medical and AHP team.
Appendices

Appendix 1 – Equipment Schedule

To be completed.

Appendix 2 - Escalation Plan

The Equipment Library will contain a stock of medical equipment for deployment in the event of a major incident or flu pandemic. This will consist of a minimum of six adult ventilators and ten patient monitors.

Appendix 3 – Business Continuity Plan

In the event of the workshops being out-of-use due to a serious or prolonged building fault, the service will be provided from the equipment service room attached to integrated critical care and theatres.

The secretary service will be located within the administration space or off-site with telephones transferred as necessary. Technicians will be contacted by mobile phone or pager and directed to jobs as required.

Appendix 4 – Clinical Support Details

The Medical Engineering Department does not require clinical support services.

Appendix 5 – Non-Clinical Support Details

IM&T

The department’s IT requirements are described in Section 5.11 of PPDD27.

Domestic Service

The department will require a daily domestic service, Monday to Friday. This will include floor cleaning, damp dusting and emptying of domestic waste and waste paper bins.

Security

No access to workshops for unauthorised staff or visitors. The department must be secured to prevent unauthorised access due to the value of tools and parts contained within it and equally to prevent tampering with live equipment under repair/test. This will be by means of an automated access control system described in PPDD27. An intruder alarm will be set outside working hours as described in the Functional Brief.
The equipment Library must be provided with out-of-hours access to a restricted area only whilst ensuring the security of the day work area.

Waste Procedure

Daily collection of domestic and office waste. Specialist contractors to remove batteries and items requiring licences. Department staff to dispose of glass and aerosol waste to designated area.

Appendix 6 – Glossary & Definitions

Medical Devices

“Medical device” means any instrument, apparatus, appliance, material or other articles, whether used along or in combination, including the software necessary for its proper application intended by the manufacturer, to be used for human beings for the purpose of:

- Diagnosis, prevention, monitoring, treatment or alleviation of disease
- Diagnosis, monitoring, treatment or alleviation of, or compensation for, injury or handicap
- Investigation, replacement or modification of the anatomy or of a physiological process.
- Control of conception

And which does not achieve its principle intended action in, or on the human body, by pharmacological, immunological or metabolic means but which may be assisted in its function by such means [Article 1(2a) Medical Device Directive] 93/42/EEC.

Medical Equipment

Is best understood as any medical device or assistive technology other than surgical instruments and single use devices.

MHRA

Medicines & Healthcare Products Regulatory Agency

Maintenance

The correction or prevention of faults by a programme of inspection and replacement of parts in order to keep the medical device performing as intended by the manufacturer.

Planned Preventative Maintenance

Maintenance carried out at fixed intervals by appropriately trained and qualified staff.

Repair
The restoration of a device to correct working order, after it has either broken down or stopped working properly. The repair process may also include maintenance or reconditioning.

**Single Use Device**

A device that is intended to be used on an individual patient during a single procedure and then discarded. It must not be used on another patient.

**Surgical Instrument**

A specifically designed tool or instrument for carrying out specific procedures during surgery, such as the modification, removal or access of biological tissue. Specific functions include dissecting, cutting, grasping, holding, retracting or suturing.

**KPI**

Key Performance Indicator – a measurement of a particular aspect of an activity or service, by which an organisation can determine the success of a particular activity in which it is engaged.

**CQC**

The Care Quality Commission regulates and inspects NHS and private hospitals and care homes. Continued registration is dependent upon ongoing ability to meet the Commission’s requirements.

**Inventory**

An itemised catalogue of material goods or property is held by the Trust. For reusable Medical Devices this much include details of equipment type, location, asset number, manufacturer, supplier, model, serial number, purchase date, anticipated replacement date and purchase details. The system will accumulate a full service history for each item over its lifetime including any actions resulting from Medical Device Alerts or corrective action notices as well as Planned Preventive Maintenance and repair details.

**Planned Preventive Maintenance**

Planned Preventive Maintenance is maintenance carried out at fixed intervals by appropriately trained and qualified staff.

**Appendix 7 – References**

MHRA DB 2006 (05) Managing Medical Devices – Guidance for healthcare and social services organisations.


IEE Code of Practice for In-Service Inspection and Testing of Electrical Equipment

Care Quality Commission Core Standards

NHSLA Standards 2009/10
Policy No: 29  Inpatients-Paediatric

Department / Service: Inpatients - Paediatric
Originator: Estates and Technical Team
Approved by: Version 10.0
Designation:
Date of approval:

Name: G. Seager  Post: Project Director  Signature:
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Disclaimer

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1.0 Philosophy of Service

This policy details the facilities which the Sandwell and West Birmingham Hospitals NHS Trust require within the paediatric area. Clinical accommodation within this area will generally be used by children who require an overnight stay whilst diagnostic investigations and treatment are undertaken.

Within the Paediatric Area the facilities to be provided include:

- Provision for the delivery of high dependency care (level 2)
- Provision for a Paediatric Assessment Unit
- Provision for the care of adolescences
- Provision for the assessment, treatment and care for children with acute and chronic medical and surgical conditions.

The Trust has identified a number of key strategic design principles, which underpin the content of this policy:

- Avoidance of the clustering of clinical support services to support individual specialties
- Maximisation of centralised distribution and storage facilities with appropriate top up systems to support the nursing units
- The provision of rooms for isolation of patients where required
- The provision of a service corridor.

It is acknowledged that there is a requirement for clinical services to access key diagnostic and treatment facilities. Requirements for essential technical standards will be highlighted within this PPDD.

Services will be provided in a manner that facilitates multidisciplinary team working and encourages a nursing team model.

The facilities within this area are required to offer:

- Integration across primary and secondary care to ensure seamless management of the patient journey
- An environment conducive to the rapid recovery of patients with complex needs
- Improved communication regarding patient interventions
- Opportunities for multi-professional skills training
- Increased scope for collaborative inter-disciplinary and interagency working
- A facility which has a direct physical link to the internal hospital street network thus ensuring ease of access from the Emergency Department and to the clinical support areas.
2.0 Scope of the Planning Policy

2.1 Specific Exclusions

In developing the model of care a number of services have been identified as not being core to the paediatric area and have therefore been specifically excluded from development within the paediatric area.

These can be summarised as:

- Maternity Delivery Suite (PPDD 04)
- Neonatal Unit (PPDD05)
- All level 3 care for children and young people will be provided regionally with the exception of short stay within the ICCU (PPDD 03) for stabilisation prior to transfer
- Long stay and rehabilitation - it is not anticipated that the average periods of admission to hospital for patients within the area will exceed five days, although there will be individual exceptions. The focus for longer term less acute care will be in a community setting
- Children’s Community Team’s staff bases and administration.

2.2 Activity Figures

Refer to Activity and Capacity Model.

2.3 Hours of Service

All areas within the Paediatric Area will be operational (or require access) 24 hours, 7 days a week, and the nursing units must be capable of receiving new admissions throughout that time period.

Visiting hours will be open visiting. The criteria for appropriate numbers and other special visiting requests will be agreed with the ward team on an individual basis. As a general rule parents will be encouraged to visit and take part in the care of their children.

2.4 Functional Content

The Paediatric Area will comprise the following key facilities. Although a summary of the main functional areas is provided here reference should be made to the detailed schedule of accommodation.

2.4.1 General Nursing Section

Mix of single rooms (50%) and four bedded rooms with associated en-suites is required.

It is anticipated that the beds will be managed as two nursing sections each will support one of the following sub units in terms of clinical support:

- Paediatric Assessment Unit (PAU) / Medical and Surgical Day Case;
- Adolescent Unit.
2.4.2 PAU
Ten single bedrooms and eight cubicles are required to serve as the Paediatric Assessment Unit.

2.4.3 Adolescent Unit 6 Bed
A suite of single bedrooms with associated en suites is required to serve as the Adolescent Unit together with a dedicated recreation / dining room.

2.4.4 Shared Clinical Support – 28 beds
- Staff Base
- Assisted bathroom
- Clean Utility
- Dirty Utility with Macerator
- Food Trolley bay
- Switchgear.

2.4.5 Shared Support – 56 beds
- Play / dining room
- Classroom
- Sensory room
- Procedures room
- Interview / counselling
- Beverage Room
- Milk Kitchen
- Office
- Office – resource base
- Store – children’s clothes
- Store – linen
- Mobile Equipment bay
- Store – general
- Domestic Services room
- Relatives overnight stay
- Relatives sanitary facilities
- Relatives sitting room
- Relatives beverage bay
- WC
- Entertainment switchgear.

2.4.6 Shared use of an Administration Zone
The Trust advocates the use of Administration Zones (PPDD 19), which will be co-located with the clinical areas they support.
2.4.7 **Shared use of a Neighbourhood Hub**

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to support the clinical departments. In the case of Inpatient Paediatrics the Neighbourhood Hub will provide:

- Reception and waiting
- Visitor welfare facilities
- Staff welfare facilities
- Facilities management – soft services.

2.5 **Common Planning Policies**

This planning policy has been developed to be read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wish to ensure consistency of approach within the facilities and as such:

- Advocate the use of repeatable rooms, as such only bespoke rooms and exceptions will be described in detail within this departmental PPDD
- The Trust proposes the use of Neighbourhood Hubs each of which will serve a number of departments and accommodate facilities shared between departments including facilities management.

3.0 **Staffing**

3.1 **Staffing Profile (including Management)**

Refer to trust staffing numbers.

3.2 **Staff Development, Education and Welfare**

Staff welfare facilities in the form of separate sex toilets showers and change are provided within the Neighbourhood Hub. Secure lockable storage is provided for personal property whilst staff are on duty.

There will be a variety of training taking place within the Paediatric Area, requiring a variety of shared and bespoke facilities.

4.0 **Key Relationships**

4.1 **Departmental Relationships**

The key objective is to provide a fully integrated area of paediatric beds with supporting facilities patients remaining in hospital overnight whether that admission is pre-planned or following appropriate investigation/stabilisation within the Emergency Department.

The key adjacencies required are shown in diagram [4.1] below.
4.2 Workflow

4.2.1 Patient Flows

Clerical staff based in the reception facility in the Neighbourhood Hub adjacent to the Paediatric Unit will provide a ‘meet and greet’ service and give assistance to patients and visitors. All patients admitted to the inpatient area will be triaged by the admitting nurse and appropriate action taken to alert medical staff.

Diagram [4.2.1] Patient flows
4.2.2 Relatives, Carers and Visitors

Parents and carers may frequently visit patients during the period of their stay. Provision must be made for these visits to take place at the bedside or elsewhere in the Unit. The design should include informal seating areas within the circulation allowances to permit parents/visitors to sit with patients or wait whilst staff interventions are completed.

Parents and carers will be encouraged where appropriate to participate in and support the treatment, care or child’s rehabilitation programme. The design must therefore bear in mind the health and safety issues associated with this practice.

The access and security arrangements will need careful consideration as visitors will often be present at all hours particularly when visiting seriously ill children. Access must be controllable whilst ensuring visitors are welcomed and feel able to arrive/leave as they wish.

Separate overnight stay facilities will be provided within the hospital, there will also be a requirement for relatives to be accommodated within the patient bedroom.

4.2.3 Staff Flows

Staffing levels have been shown in section [3.1] above. The flow diagram below highlights typical staff flows between areas other than bed area, during a shift in the Paediatric Area.

Diagram [4.2.3] Staff flows
4.2.4 Goods Flows

It is preferred that goods flows are kept as separate as possible from patient flows. The services within the Paediatric Area will draw on the hospital for various supporting services including domestic, catering and portering services, plus supplies and waste disposal. Provision should enable the clinical staff to access support facilities without leaving the clinical areas. Typical goods flows are shown in diagram [4.2.4].

Diagram [4.2.4] Goods flows

4.3 Interdepartmental Relationships

The Paediatric accommodation will be provided with direct linkages to the internal hospital street to ensure rapid and/or appropriate access, with no requirement for external transport/movement, to the following key departments:

- Imaging – for routine and complex imaging (including intervention) at any time including overnight and at weekends. The journey time to be a maximum of five minutes
- Integrated Critical Care Unit – it will be essential that the timely transfer of patients can occur between the Unit and the ICCU. The maximum journey time must not exceed five minutes
- The Emergency Department should be a maximum of 3 minutes from the Paediatric Assessment Unit
- Pathology – for rapid turnaround of results and therefore timely decisions in terms of treatment planning and delivery. The provision is required of a pneumatic tube for this purpose
- Paediatric outpatients
- Operating Theatres – The access route from the paediatric inpatient area to theatres needs to be discreet. Where vertical adjacency is to be considered, this would be acceptable with the provision of appropriate dedicated lifts.
- Mortuary – transfers to the Mortuary must be undertaken in such a way that the dignity of the deceased is maintained at all times, whilst ensuring that the needs of the living are managed sensitively. It must be recognised that should relatives wish to view the deceased access to the viewing area must be sensitively and appropriately located.
- Blood Bank – there is a regular requirement to access blood and blood products, some of which may not be appropriate for transportation via the pneumatic tube.
- Staff from the Paediatric Area must therefore have ease of access to this facility. The maximum journey time must not exceed three minutes.

In the event that patients within the Paediatric Area require access to services located elsewhere on the hospital site, it is essential that privacy and dignity is maintained at all times.

Easy access must also be provided for the movement of patients, visitors and staff to other areas of the site and the delivery of bulky items such as food and linen. Wherever practical, the movement of patients should be separated from that of goods, the public and visitors in order that the privacy and dignity of patients is not compromised.

There are significant therapeutic benefits to providing patients with access to external areas.

The table below summarises key issues and categorises level of requirement into essential, important or desirable.

Table [4.3] Key adjacencies: Paediatric area

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<thead>
<tr>
<th>Close to</th>
<th>PPDD</th>
<th>Reasons</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imaging</td>
<td>PPDD 11</td>
<td>Patient transfer</td>
<td>Essential</td>
</tr>
<tr>
<td>Integrated Critical Care Unit</td>
<td>PPDD 03</td>
<td>Patient transfer</td>
<td>Essential</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>PPDD 01</td>
<td>Patient transfer</td>
<td>Essential</td>
</tr>
<tr>
<td>Pathology</td>
<td>PPDD 17</td>
<td>Specimen transfer</td>
<td>Important</td>
</tr>
<tr>
<td>Theatres</td>
<td>PPDD 06</td>
<td>Patient transfer</td>
<td>Important</td>
</tr>
<tr>
<td>Mortuary</td>
<td>PPDD 30</td>
<td>Body transfer</td>
<td>Desirable</td>
</tr>
<tr>
<td>Blood Bank</td>
<td>PPDD 17</td>
<td>Staff transfer</td>
<td>Desirable</td>
</tr>
<tr>
<td>Neonatal</td>
<td>PPDD 05</td>
<td>Staff transfer</td>
<td>Desirable</td>
</tr>
<tr>
<td>Paediatric Outpatients</td>
<td>PPDD 14</td>
<td>Patient transfer</td>
<td>Desirable</td>
</tr>
</tbody>
</table>
5.0 Planning and Design Principles

5.1 Ambience and Decoration

The facility is to be child friendly, family-friendly, and non-institutional with particular emphasis on the use of colour, contrast and texture to provide a stimulating, non-threatening environment for all patients regardless of ability or impairment. The design should balance the need for a substantial level of high tech equipment in the clinical areas with the need for a non-institutional environment in the support areas.

The design should access the research available on hospital environments, particularly for children: for example, all toilet doors the same colour, contrasted with other doors; colour coding of bed areas to allow patients to identify “their” area.

From a patient perspective an environment which appears as non clinical as possible is desired with a pleasant outlook and it is important that an attractive and stimulating environment is provided by the appropriate use of colour, textures and finishes. Windows should be low level to allow patients to look out while sitting down or reclining in bed. Window openings must be limited. Bidders’ proposals should include for child friendly themes to be introduced into the wall, ceiling and floor finishes.

5.2 Wayfinding

Signage in the Paediatric Area should clearly demarcate and indicate the direction of the different areas. Due consideration will be given to wayfinding as described in the Functional Brief.

5.3 Security and Observation

The Paediatric Area must be secured to prevent unauthorised access whilst ensuring easy controlled exit. Staff access will be gained via swipe cards and proximity readers. Others needing access to the area will be screened with audiovisual equipment.

Observation into all of the rooms from the circulation space requires careful consideration. It is anticipated that to maximize patient support and staff flexibility there will be no central staff base but a workstation will be provided to support a maximum of 8 beds. The bed areas nearest the workstation require maximum observation and layout arrangements should maximise through-vision, with capability of maintaining privacy and dignity. The proximity of workstation to Level 2 rooms should be considered.

The Trust’s requirements in respect Patient/Staff call systems is set out within Functional Brief.

The Trust’s requirements in respect of the communications network structure to support the security and call systems is set out within Functional Brief.

5.4 Control of Infection

The approach to control of infection within the Paediatric Area can be referenced within the Functional Brief.
The Functional Brief Table [3.3.2] and PPDD 02 Table [7.7.1] sets out the Trust’s requirements to meet HBN 04 supplement 1 in respect of isolation. In addition all other single rooms will be utilised for barrier nursing.

5.5 **Manual Handling**

The general hospital approach to manual handling can be referenced within the Functional Brief.

The Paediatric Areas will have a tracked hoist system to support safe lifting and handling as described within the Functional Brief Table [23].

5.6 **Fire & Safety**

5.6.1 **Fire**

Precautions against fire will be taken, by staff working within the area. The Trust’s *Fire Safety Management Policy* will be adhered to and can be referenced within the Functional Brief.

5.6.2 **Safety**

High door handles will be required to the following rooms to restrict inappropriate access by children:

- Treatment
- Utilities
- Office.

Bathrooms, treatment rooms and storerooms require controlled access to prevent children accessing these rooms unsupervised.

The curtain rails, fixtures and fittings must be anti-ligature to allow use by young people who may attempt self harm.

5.6.3 **Radiological Protection**

Mobile imaging will be undertaken within Paediatric Inpatients and provision should be made in accordance with *HBN 04 Inpatient Accommodation*.

5.7 **Privacy and Dignity**

The design should provide an environment, which respects the needs of all patients in terms of privacy and dignity as well as facilitating the delivery of good clinical practice and care.

The design must achieve an environment in which those patients who may be distressed and or disruptive can be nursed without disturbing others.

5.8 **Environmental Parameters**

The design shall ensure that temperature and humidity control are in accordance with *HBN 04 Inpatient Accommodation and the HBN 04 Supplement 1* relating to isolation facilities. However
there are requirements under the NHS agenda for consumerism, for patients to be able to control, within limits, the temperature of their environment. Generally, all public areas, concourses, seminar meeting rooms, offices and areas not occupied by patients will be controlled by a Building Management System (BMS) to the requirements of HTM 03-01 Specialist ventilation for healthcare premises: Part A Design & Validation; the following rooms will require a degree of local control.

- Patient single rooms +/- 2°C Adjust at the patient bed head
- Multi bedded rooms +/- 2°C Adjust at the bay entrance
- Procedures room +/- 2°C Adjust at the room entrance
- Isolation rooms +/- 2°C Adjust at the room entrance

5.9 Environmental Criteria

5.9.1 Natural Light

The Design Brief developed by the Trust advocates the use of natural light. The Functional Brief sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke natural light requirements within Paediatric Inpatients.

Table [5.9.1] Natural Light Matrix

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Essential</th>
<th>Desirable or None</th>
<th>External Wall</th>
<th>Atrium light</th>
<th>borrowed light</th>
<th>Roof Light / Tube</th>
</tr>
</thead>
<tbody>
<tr>
<td>Play / Dining</td>
<td>Desirable</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Recreation / Dining</td>
<td>Desirable</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Class Room</td>
<td>Desirable</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Sensory Room</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

5.9.2 Ventilation

The Design Brief developed by the Trust advocates the use of natural ventilation. The Functional Brief sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke environmental criteria within Paediatric Inpatients.
Table [5.9.2] Environmental Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Temperature</th>
<th>ac/hr</th>
<th>Pressure &amp; filtration</th>
<th>Notes in respect of permissible derogations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Min °C</td>
<td>Max °C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Play / Dining</td>
<td>18</td>
<td>28</td>
<td></td>
<td>iii</td>
</tr>
<tr>
<td>Recreation / Dining</td>
<td>18</td>
<td>28</td>
<td></td>
<td>iii</td>
</tr>
<tr>
<td>Classroom</td>
<td>18</td>
<td>25</td>
<td></td>
<td>iii</td>
</tr>
<tr>
<td>Sensory Room</td>
<td>18</td>
<td>25</td>
<td></td>
<td>F7</td>
</tr>
</tbody>
</table>

Refer to Functional Brief Table [12] for environmental notes and control criteria.

5.9.3 Acoustic Criteria

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke acoustic criteria within Paediatric Inpatients.

Table [5.9.3] Acoustic Criteria

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Rating to be achieved Functional Brief Table 5.8A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Play / Dining</td>
<td>D</td>
</tr>
<tr>
<td>Recreation / Dining</td>
<td>D</td>
</tr>
<tr>
<td>Class Room</td>
<td>B</td>
</tr>
<tr>
<td>Sensory Room</td>
<td>B</td>
</tr>
</tbody>
</table>

5.9.4 Medical Gas Requirements

The Design Brief developed by the Trust, Functional Brief sets out the repeatable “bed head” service requirements.

5.10 Flexibility

The models of care will change in response to the needs of patients and their expectations. Services must therefore be provided in a manner that can respond to future requirements, particularly with respect to the proportion of single rooms.
5.11 IM & T
Details of the active components associated with IM&T can be found in the Functional Brief Section 3.4 and schedule 8 part 3. It is assumed that all patient records will be electronic and note entry and note review will take place at or close to the patient bedside.

5.12 External Space and Courtyards
Access to external areas is desirable but not essential.

6.0 Equipment
The specific requirements for this zone will be addressed through the equipment selection in accordance with the Equipment Responsibility Matrix.

The Room Data Sheets schedule out the draft equipment list for the inpatient nursing sections - paediatrics in accord with stage 4 of the equipment strategy.

7.0 Proposed Accommodation
The design should provide an environment that respects the needs of patients for privacy and dignity, as well as enabling good clinical practice and care.

The patients will have varying types and degrees of disability and therefore it is essential that space is allowed for wheelchair access throughout the whole building and that the design incorporates features which enables all patients to be as independent as possible.

The rooms described below are solely in respect of bespoke rooms or repeatable rooms which require modification. Section [2.4] sets out the Trust’s proposed split of the Paediatric Unit i.e. two nursing units and two specialist sub units. It is anticipated that the clinical support for each of the sub units (Adolescents and PAU) will be from the adjacent general nursing section.

In developing proposals for inpatient - paediatric facilities reference must be made to:

- HBN 04 In-patient accommodation options for choice
- HBN 23 Hospital accommodation for children and young people.

For repeatable rooms refer to the Functional Brief.

7.1 General Nursing Section
The Trust requires two nursing sections. Bed areas must be sized to enable patient care to be delivered at the bedside, behind curtains for privacy. Space must be available for a wheelchair, seat, therapists, and up to two carers. Within the areas provision must be made to facilitate parents’ overnight stay at the bedside. There must also be the capability to support patient monitoring equipment at the bedside.
Bed areas must be observable from an appropriate staff workstation and with access to the quiet sitting area.

Space within the multi bed bays should be available for use as a dining area.

In developing proposals reference must be made to the following publications:

- Standards for Care of the Critically Ill and Injured Children in the West Midlands – CIC final report SWB v1 25.07.06
- Standards for Care of the Critically Ill and Injured Children in the West Midlands – Overview Report 2005/06 – CIC overview report v1 22.11.06
- DoH, A Review of progress against the National Service Framework for Children, Young People and Maternity Services
- Partners in Paediatric Standards
- HCC Improving Services for Children in Hospital.

7.1.1 Single Bed

A repeatable single bedroom is required as set out in the Functional Brief Table [24]. In addition the Trust requires fixed daybeds for family members within the family zone within each single bedroom.

The following table sets out the bed variants within each Paediatric Inpatient Area

Table [7.1.1] Paediatric Single Bed Variants

<table>
<thead>
<tr>
<th>Variant</th>
<th>Quantum</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Disabled</td>
<td>1</td>
<td>Adolescent</td>
</tr>
<tr>
<td>Bariatric (Up to 47 stone)</td>
<td>1</td>
<td>Adolescent</td>
</tr>
<tr>
<td>Bariatric (Up to 60 stone)</td>
<td>Nil</td>
<td>n/a</td>
</tr>
<tr>
<td>Isolation</td>
<td>4</td>
<td>3 general (monitored), 1 adolescent</td>
</tr>
<tr>
<td>Monitored Beds</td>
<td>4</td>
<td>4 general (level 2 included as above)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9</strong></td>
<td></td>
</tr>
</tbody>
</table>

7.1.2 En-suite to Single Bedroom

Repeatable en-suite facilities are required for each single room, which will accommodate the following facilities:

- WC with concealed cistern
- Wash Basin
- Shower (level access).

As set out in the Functional Brief Table [24].
7.1.3 Isolation Lobby
One repeatable isolation lobbies are required to each single isolation bedroom as set out in the Functional Brief Table [24].

The isolation lobbies will be equipped with an interlock linked between the WHB and the door on entry to the patient area and the door on exit into the circulation space.

7.1.4 Multi-bed – Four
A repeatable multi bed area accommodating four patients is required as specified in the Functional Brief Table [24].

Each multi bedded area will require two separate repeatable en-suite facilities as described below:

7.1.5 En-suite Multi bed – Ensuite
One repeatable room is required, as described within the Functional Brief Table [24] to accommodate a WC and wash basin.

7.2 Paediatric Assessment Unit and Medical/Surgical Day Case
  7.2.1 Bed Area
Ten repeatable single rooms and eight cubicles are required as specified in the Functional Brief Table [24].

Each multi bedded area will require two separate repeatable en-suite facilities as described below:

7.2.2 WC
Two repeatable WCs are required as set out in the Functional Brief Table [24].

7.3 Adolescent Section
  7.3.1 Single Bed
Six single bedrooms are required as set out in the Functional Brief Table [24]. In addition the Trust requires fixed daybeds for family members within the family zone.

Table [7.1.1] sets out the bed variants within the Paediatric Inpatient Area.

One single bedroom should be specifically designed to accommodate the needs of bariatric (1) patients and one single bedroom should be specifically designed to accommodate the needs of independent wheelchair users (part M of the building regulations compliant) The area allocated within the schedules of accommodation has been increased to facilitate this requirement. An increased area has been included for the en suite to these rooms which should be as the exemplar shower / fully assisted toilet set out in the Functional Brief with all fixtures and fittings within the bariatric en suite accommodating patients of 47 stone.
7.3.2 En-suite to Single Bedroom
Repeatable en-suite facilities are required for each single room, which will accommodate the following facilities:

- WC with concealed cistern
- Wash Basin
- Shower (level access).

As set out in the Functional Brief Table [24].

In addition the facilities serving the independent wheelchair user bedroom must be fully compliant with *part M of the Building Regulations*.

7.3.3 Isolation Lobby
One isolation lobbies are required to each single isolation bedroom as set out in the Functional Brief Table [24].

The isolation lobbies will be equipped with an interlock linked between the WHB and the door on entry to the patient area and the door on exit into the circulation space.

7.3.4 Recreation / Dining Room
This Bespoke area where teenagers can socialise, watch TV, listen to music, play computer games and read and write. They will also dine and consume snacks and drinks. Room usage should assume that a maximum of 8 patients will occupy the room at dining times. 8 Chairs, 2 tables, storage cupboards and 2 computer stations, with internet connections, should be provided.

Easy chairs and pin boards should also be provided.

Details of the Trust's environmental requirements can be referenced in section [5.0] of this PPDD.

7.4 Shared Clinical Support – 34 beds

7.4.1 Staff Base
Patient observation is of paramount importance. The requirement is for two repeatable co-located 2-person staff bases in each nursing section (1 for ward clerks and one for clinicians). A pneumatic tube station is required at the clinician base, all as set out within the Functional Brief Table [24].

In addition further shared staff observation stations are described as part of room [7.1.4].

7.4.2 Assisted Bathroom
In addition to the en-suite facilities described previously a repeatable assisted bathroom is required as set out in the Functional Brief Table [24].
It must be noted that the patient sanitary facilities are not to be utilised by either staff or visitors for which facilities are included within the Neighbourhood Hubs.

7.4.3 Clean Utility
A repeatable clean utility room will be provided as set out in the Functional Brief Table [24].

7.4.4 Dirty Utility
A repeatable dirty utility room with macerator will be provided as set out in the Functional Brief Table [24].

7.4.5 Food Trolley Bay
A repeatable food trolley bay is required as set out in the Functional Brief Table [24]. In addition 2 plug-in points are required within the general circulation space for serving meals.

7.4.6 Switchgear
Repeatable switchgear rooms are required to serve Paediatrics as set out in the Functional Brief Table [24].

7.5 Shared Support - 58 beds

7.5.1 Play/Dining
This bespoke area should be equipped with a child height sink, have space for toys to be pulled or ridden on, and for children to play generally. The room can also be used for group activities. Child height open bookshelves, for toys and games, and a chalkboard are also required. Storage cupboards should be provided. Chairs and tables for up to 10 children, sized for children below age 12. This must be a child friendly, bright environment with natural daylight. Floor coverings must be impervious and easy to clean.

Reference should be made to HBN 23.

Details of the Trust's environmental requirements can be referenced in section [5.0] of this PPDD.

7.5.2 Classroom
This bespoke room should accommodate younger and older children and allow space for storage. The classroom should be large enough to accommodate children in wheelchairs, with plaster casts and crutches. Access to nearby toilets would also be required for children attending the school.

The room requires chalk-boards, sink and computer and TV connections. Outside of school times this room will provide facilities for recreation, group work and meetings.

Reference should be made to HBN 23.

Details of the Trust's environmental requirements can be referenced in section [5.0] of this PPDD.
7.5.3 Sensory Room
This is a relaxing and interactive bespoke room allowing stimulation of the child/young person's senses - encouraging responses to light, music, touch and smell.

Children/young persons should be able to play an active part in controlling the equipment.

Reference should be made to HBN 23. Details of the Trust’s environmental requirements can be referenced in section [5.0] of this PPDD.

7.5.4 Procedure Room
This facility must be readily accessible from all of the bedrooms. A repeatable procedure room will be provided in line with the Function Brief Table [24].

7.5.5 Interview / Counselling Room
Repeatable interview/counselling room will be provided as set out in the Functional Brief Table [24].

7.5.6 Beverage Room
A repeatable beverage room will be provided in line with the Functional Brief Table [24], for the preparation of regular and ad hoc patient beverages throughout the day.

7.5.7 Milk Kitchen
A bespoke kitchen will be provided for the storing and preparation of milk feeds. This should be based upon the functionality set out with PPDD 05.

7.5.8 Office
A repeatable single person office is required as set out in the Functional Brief Table [24].

7.5.9 Resource Base
A non-allocated repeatable resource base for up to 4 staff to work at any one time on a sessional / ad-hoc basis as set out in the Functional Brief Table [24].

7.5.10 Store: Children’s Clothes
A small repeatable store is required for storage of children’s clothes. This should be based upon the principles set put for a repeatable linen store as set out in the Functional Brief Table [24] with three shelves removed and replaced by a hanging rail.

7.5.11 Store: Linen
A repeatable linen store is required in line with the Functional Brief Table [24].
7.5.12 Mobile Equipment Bay
Repeatable equipment bays will be provided for mobile imaging equipment required in the Paediatric Inpatient Area. These will be in line with the Functional Brief Table [24].

7.5.13 Store: General
Two repeatable large stores are required for equipment storage. The store needs to accommodate 4 beds to allow swapping of cots for beds when required.

For details of the Trusts functionality requirements, refer functional Brief Table [24].

7.5.14 Domestic Services Room
A repeatable domestic services room is required, in line with the Functional Brief Table [24].

7.5.15 Relatives Overnight Stay
Two bespoke relatives overnight stay bedrooms are required the functionality for which can be referenced in PPDD 05 Neonatal.

7.5.16 Relatives Shower/Toilet
Repeatable shower/WC facilities are to be provided not en-suite to the relatives’ overnight stay but in close proximity to allow use by parents staying at the bedside.

7.5.17 Relatives Sitting Room
A repeatable sitting room is required for up to 10 people.

The environmental criteria can be referenced within the Functional Brief Section [5.0].

7.5.18 Beverage Bay – Relatives
A repeatable self-help beverage preparation area is required as set out in the Functional Brief Table [24] which should be co-located with the Relatives Sitting Room.

7.5.19 Entertainment Switchgear
Repeatable entertainment switchgear is required to serve the Paediatric Area.

7.6 Shared use of an Administration Zone
Inpatient Paediatrics will make use of an Administration Zone.

The functional requirements are fully described within PPDD 19 Administration and are summarised below:

- Reprographics
- Social area
- Beverage bay
- Office – open plan
7.7  **Shared use of a Neighbourhood Hub**

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to the clinical departments. In the case of Inpatient Paediatrics:

- Reception and waiting
- Toilets – visitor
- Wheelchair store
- Staff changing facilities including showers
- Staff toilets
- Staff rest room
- Beverage bay
- Reprographics
- Seminar room
- Regen Kitchen
- Disposal hold
- IT hub
- Domestic services room
- Domestic services store
- Linen store
- Switchgear room
- Sterile supplies store.

8.0  **Schedule of Accommodation**

The schedule of accommodation has been developed for the totality of the scheme as a series of tables. This schedule is appended to Schedule 8 part 3.

9.0  **Glossary and Definitions**

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
MIDLAND METROPOLITAN HOSPITAL

No. 29
PAEDIATRIC IN-PATIENT WARD
OPERATIONAL POLICY
MIDLAND METROPOLITAN HOSPITAL
PAEDIATRIC IN-PATIENT WARD
OPERATIONAL POLICY

KEY POINTS

1. This policy is designed to assist all healthcare professionals involved in the care of all children during the in-patient period and outlines the purpose and function of the paediatric service.

2. The policy details the facilities required for the paediatric in-patient ward within the Midland Metropolitan Hospital.

3. The main purpose of the Children’s Unit is to provide accommodation and facilities for the assessment, diagnosis, treatment, nursing care and rehabilitation of acutely ill children/young people.

4. Children, young people and their families have specific needs and requirements that are quite separate to that of the adult client. The staff within the Children’s Unit will provide a safe, family centred environment for the child and their family.

5. Child-centred hospital services are services that consider the ‘whole child’, not simply the illness being treated.

6. This policy applies to all Trust staff in all locations including temporary employees, locums, agency staff, contractors and visiting clinicians.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
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### Appendices

| Appendix A | Operational Policy Development/Distribution/History/Consultation | 23/24 |
1. INTRODUCTION

1.1 The main purpose of the Children’s Unit is to provide accommodation and facilities for the assessment, diagnosis, treatment, nursing care and rehabilitation of acutely ill children/young people.

1.2 Children, young people and their families have specific needs and requirements that are quite separate to that of the adult client. The staff within the Children’s Unit will provide a safe, family centred environment for the child and their family.

1.3 Children, young people and their families have the right to be cared for by appropriately registered and / or experienced staff that has the skills and knowledge to meet their specific needs in a sensitive, efficient manner.

1.4 Provision of a fully integrated area of paediatric beds with supporting facilities for patients remaining in hospital overnight, the admission may be pre-planned or an emergency admission.

1.5 Children and young people should receive appropriate high quality, evidence-based hospital care, developed through clinical governance and delivered by staff that have the appropriate skills.

1.6 Child-centred hospital services are services that consider the 'whole child', not simply the illness being treated.

2. OTHER POLICIES TO WHICH THIS POLICY RELATES

- Admission Protocol for Children (ORG037) (SWBH)
- Alcohol, Drug Misuse Pathway for Paediatrics (SWBH)
- Anaesthetic Guidelines for Surgery in Children (Paed 041) (SWBH)
- Analgesia; Pain Assessment in Children (clin/029)
- Asthma Care Pathway for Children (Paed 026) (SWBH)
- Blood Prophylactic Platelet Transfusion in Children
- Bronchiolitis in Children (Paed 030)
- Burns Management in Children
- Carbon Monoxide Poisoning in Children
- Central Venous Line Percutaneous Insertion in Infant
- Continuous Positive Airway Pressure (CPAP) in Children (Paed 018) (SWBH)
- Cystic Fibrosis Admission Guidelines (Paed 032) May 11
- Diabetes; Insulin Strategies for Children (Paed 139)
- Diabetic Ketoacidosis (DKA) in Children (Paed/07)
- Diarrhoea & Vomiting in Children under 5 years of age (Paed 034) June 09
- Equations used in Paediatric Practice (Paed 138) Aug 11
- Infection Control Policy (CO1001) (SWBH)
- Interpreting Services (ORG076)
- Privacy and Dignity and Respect Policy (Pt Care 060)

3. GLOSSARY AND DEFINITIONS

3.1 ADL – Activities of Daily Living
4. POLICY DEVELOPMENT PRINCIPLES

4.1 This policy is designed to assist all healthcare professionals involved in the care of all children who are admitted to the in-patient ward.

4.2 To deliver hospital services that meet the needs of children, young people and their parents, and provide effective and safe care, through appropriately trained and skilled staff working in suitable, child-friendly, and safe environments.

4.3 To ensure provision of all physiological care with the appropriate psychological support to manage presenting and concurrent conditions requiring in-patient treatment.

4.4 Children and young people should receive care that is integrated and co-ordinated around their particular needs, and the needs of their family.

4.5 Children and their parents should be treated with respect and given support and information to enable them to understand and cope with the illness or injury, and the treatment needed.

4.6 That parents and Carers when appropriate should be encouraged to be active partners in decisions about their health and care, and, where possible, be able to exercise choice.

4.7 Treat children as children, and young people as young people.

4.8 Are concerned with the overall experience for the child and family.

4.9 Treat children, young people and parents as partners in care.

4.10 Integrate and co-ordinate services around the child and family’s particular needs.

4.11 Graduate smoothly into adult services at the right time.

4.12 Work in partnership with children, young people, and parents to plan and shape services and to develop the workforce.

4.13 Facilitate appropriate discharge plans to ensure support, when necessary from the community services.

4.14 To maintain staffing at safe and appropriate levels.

5. ROLES AND RESPONSIBILITIES

5.1 Medical
Consultant medical staff will attend the ward on a scheduled basis to undertake ward rounds and there will be approximately 8 wte junior medical staff providing support on the wards. Doctors in training will be supported to learn and develop as outlined in their training programmes.

Medical Students will be educated within the children’s ward and given the opportunities to learn clinical skills under the direction and supervision of their clinical mentors guided by the consent to treatment and examination policy.

5.2 Nursing
Nurse staffing is detailed within PPDD No 29 In-Patients-Paediatric section 3. Each shift will be led by an experienced, skilled and competent nurse. Meal times are protected and will be managed and directed by the nurse in charge and staff taking breaks will leave the
ward area and access the shared staff rest rooms in the central hub areas.

5.3  Ward Manager
Responsible for the day to day management of the ward environment, the services it provides and the management of the staff. In addition the Ward Manager provides clinical care acting as expert, leader, assessor and mentor.

5.4  Staff Nurses
Staff nurses are responsible for the delivery of care and treatments as prescribed and according to trust clinical policies and protocols.

Other Clinical Staff

5.5  Health Care Assistants
Under the direction and supervision of qualified Nursing staff, HCA's provide support to clinicians and patients for basic care needs.

5.6  Play Specialist/Nursery Nurses
A play specialist or nursery nurse will be available to support children and their families during their inpatient episode.

5.7  Dietician
A dietician is available to support the team in the provision of a paediatric dietetic service.

5.8  Corporate and Clinical Administration
Ward Clerks are based in the ward where there is a dedicated base at the main Nursing station, with the exception when they are required to cover the reception desk in the cluster hub.

5.9  Ward Clerks
Ward clerks support nursing team by providing admin services including ordering stationary, record keeping, telephone enquiries, admission and discharge support.

5.10  Housekeepers
Under the direction of the ward manager Housekeepers are responsible for maintaining the ward environment including notice boards, stocks of linen, and other environmental supplies.

They further provide a meet and greet function, will assist ward services personnel at meal times and ensure equipment and furniture is maintained in a clean and fit for purpose condition completing daily checks as appropriate.

They will act as the primary link between ward staff and ward services staff.

Staffing will be suitable to meet the needs of the children and young people, and staff will have the appropriate training as identified in the Mandatory training policy and NSF for children.

6.  SERVICE DESCRIPTION/SCHEDULE OF ACCOMODATION

6.1  Hours of Service
Each ward will provide full care services to patients 24 hours per day 7 days per week, 365 days per year.

6.2  Accommodation
Within the paediatric in-patient unit of 56 beds/cots located within 2 wards the following facilities to be provided include:
- High dependency care (level 2) within a 4 bedded monitored bay located in the general paediatric ward
- Paediatric Assessment Unit
- Care of Adolescences
- Assessment, treatment and care for children with acute and chronic medical conditions
- Planned and emergency surgical conditions appropriate to be managed in an acute NHS trust hospital.

1st ward area (12 beds)
- Comprising of 7 single rooms including 4 HDU Monitored Beds and one isolation room

2nd ward area (20 beds)
Divided into:
3 x 4 multi bed rooms
8 single rooms including 3 isolation rooms
- 28 Paediatric Beds for under 12’s
- 6 beds designated for surgical in-patients

3rd ward area - Adolescents
- 6 single rooms including 1 isolation rooms designated for adolescents

Paediatric Assessment Unit
- 10 beds designated for PAU
- 6 bed area for medical day cases and 2 chaired area for observation patients

There is a requirement for door handles to be high on specific rooms as detailed within section 5.3 and section 7 of PP&DD No 29 In-Patient – Paediatrics.

Bathrooms, treatment rooms and storerooms require controlled access to prevent children accessing these rooms unsupervised.

6.2.1 Single En-Suite Rooms (4 with Isolation Lobbies)
Generic single bedrooms are required as detailed within the Functional Brief and are child and family friendly, allowing parent/carer to stay on a 24 hour basis/overnight with the addition of a fixed daybed for family members within the family zone. The dividing wall between the room and main corridor are half glazed to allow observation of patients, these windows have curtains/blinds to allow privacy as required.

- 1 - Bariatric Beds up to 270 Kg
- 4 - Negative/Positive Pressure Isolation Beds (within the generic bed compliment)

In addition all rooms require:
- Sufficient spaces for displaying personal effects such as family photographs, favourite toys and get well cards.
- A working surface with linen storage space beneath.
- The en suite shower rooms must accommodate a mobile hoist. For detailed layout refer to the Functional Brief.
- TV/recreation facilities and notice boards/patient boards and signage.

Room doors will be kept closed at all times except in an emergency to promote the control of infection.

Clinical treatments and procedures will mainly be carried out within the individual room of the
patient. Larger procedures have the option to be carried out within the procedure room located on
the ward close to the 4 bedded areas

Single rooms will be used for the management of children and young people who have confirmed
or suspected infections and contain negative pressure air change for patients with Clostridium
dificile, methycillin resistant Staphylococcus Aureus, Nora Virus and patients with HIV or patients
with other conditions leading to severe immuno compromise, which when being the cause of their
admission may necessitate reverse barrier nursing and the use of positive pressure.

These rooms have an isolation lobby as detailed within the Functional Brief to prevent casual
access and the possibility of cross infection and children will be nursed using universal precautions
and standard barrier nursing protocols.

Movement of the bed will only be used at the point of admission, discharge and when leaving the
room for exceptional circumstances such as surgical procedures.

Bariatric patients will be managed within a designated single room which will accommodate a
patient weighing up to 298kg. Where there is demand for both it will be the patient requiring
isolation who will take priority.

Policies to be adhered to:
- Information systems on admission and discharge.
- Processes for booking in, allocation of side room, booked a theatre, recovery in theatre.
- Decontamination of equipment.
- Managing infectious patients when using hospital transport.
- Communication with community services when discharging patients with infections.

6.2.2 Multi Bed – Four

These Multi 4 bedded areas as detailed within the Functional Brief for detailed description. The
individual bed areas follow the same layout as the single rooms and are child and family friendly,
allowing at least one parent/carer to stay with their child on a 24 hour basis/overnight.

The dividing wall between the room and main corridor are half glazed to allow observation of
patients, these windows have curtains/blinds to allow privacy as required.

A hand wash basin and gel will be available at the entrance to the bay area to promote hand
washing before and after patient contact.

In addition all rooms require:
- Sufficient spaces for displaying personal effects such as family photographs, favourite toys and
  get well cards.
- A working surface with linen storage space beneath.
- The en suite shower rooms must accommodate a mobile hoist. For detailed layout refer to the
  Functional Brief.
- TV/recreation facilities and notice boards/patient boards and signage.

The area will be a distinct room and the room will be closed except in emergencies to aid infection
control. The door will have sufficient width to safely manoeuvre beds into and out of the bay.

All team members who are responsible for carrying out nursing procedures will ensure that the
patient’s dignity and privacy is maintained by ensuring that on one enters the bed space where the
procedure is being carried out. This will be achieved by attaching a laminated notice on the curtain
informing people that they should not enter.

6.2.3 Procedure Room

Each ward will have a procedure room located in close proximity to the multi 4 bedded areas as
detailed within the Functional Brief. The room will provide facilities for clinical examination, assessment and treatment, a number of planned clinical interventions not requiring a general anaesthetic could be undertaken here.

The procedure room will contain:
- Desk and IT station
- A Hand wash basin and paper towel dispenser
- A tracked curtain divider.
- Work/preparation area
- Storage is via mobile trolley.
- Overhead flexible lighting for examination purposes, specialist lighting is mobile.

The following will take place in the procedures room:
- Dressings
- Removal of sutures
- Drainage abscesses
- Irrigation
- Bladder wash out

6.2.4 Clean Utility
This clean utility as detailed within the Functional Brief is in close proximity to the procedure room. It includes a work surface/ drug preparation area and will accommodate a module storage unit for sterile clinical stock and intravenous fluids. There will be a lockable fridge and lockable storage for TTO medication. There will be locked storage for medications, and a controlled drugs cupboard within the unit. There will be storage for dressing trolleys under the preparation area, and a clinical wash hand basin with non-touch taps. A standard drug fridge and lockable cupboard storage is required for drugs.

Nurses will prepare trolleys for clinical procedures in this room and return clean trolleys to the room after use. In addition a locked cupboard for housing flammable items and COSHH products is required.
Refer to Facilities Trust Managed Services Whole Hospital Policy for details of re-supply

6.2.5 Dirty Utility – Shared between Ward and PAU
This dirty utility room as detailed within the Functional Brief will contain a range of waste streams with waste disposal unit and sink will be in close proximity to the clean utility and procedure room. It will contain cupboards for storage and specimen oracles and facilities for testing urine. Contaminated instruments will be held here temporarily following procedures until collected for decontamination. There will be a locked cupboard to accommodate dirty linen clinical waste. This will be removed from the department on a daily basis in line with Trust policy.

6.2.6 Staff Bases
Generic 2 person staff bases with resuscitation trolley as detailed within the Functional Brief and are low enough to allow children to see the faces of the staff sitting behind the desk.

It will contain:
- Dedicated area for the ward clerk.
- The monitor and door controls granting viewing and access through the main ward doors.
- IT terminals
- Main communication point for external telephone communication, public enquiries and staff meeting points.

6.2.7 Office
The unit manager’s office will be used by to allow her/him to carry out all activities that support the clinical management of the service. 1:1 meetings with staff, clinicians and other managers will be
held here. It comprises of an office workstation with a networked computer, telephone and storage for books and files.

6.2.8 Resource Base
This office will be used by a range of staff from the multi-disciplinary teams as required and comprises of 4 office workstations with networked computers and telephones for completing patient records and arranging/coordinate care.

6.2.9 Dining/Play Area
There should be easy access from the bedrooms to this bespoke area for children who use a wheelchair and the room is equipped with a child height sink, have space for toys to be pulled or ridden on, and for children to play generally. The room can also be used for group activities.

Child height open bookshelves, for toys and games, and a chalkboard are also required. Storage cupboards should be provided. Chairs and tables for up to 10 children, sized for children below age 12.

This must be a child friendly, bright environment with natural daylight. Floor coverings must be impervious and easy to clean.

6.2.10 Recreation/Dining Area for Adolescents
There should be easy access from the bedrooms to this bespoke area for teenagers who use a wheelchair, in this area they can socialise, watch TV, listen to music, play computer games, read and write. They will also dine and consume snacks and drinks. Storage cupboards and 2 computer stations, with internet connections, should be provided.

The area is furnished with easy chairs, dining table and chairs, pin boards and storage cupboards. Recreational activities are provided as there are 2 computer stations with internet connections, games, television and DVD, games and appropriate books and magazines.

6.2.11 Classroom
Local Education Authorities have a duty to provide education for children in hospital, this bespoke room as detailed within PP&DD No 29 In - Patients- Paediatrics will accommodate younger and older children.

The classroom should be large enough to accommodate children in wheelchairs, with plaster casts and crutches. Access to nearby toilets will also be required for children attending the school.

Education is very important, as some children will be preparing for examinations. A hospital teacher is available Monday to Friday each morning during term time. Direct contact with the young person’s school or college is encouraged as required.

The room is equipped with chalk-boards, sink, storage space and computer and TV connections. Outside of school times this room will provide facilities for recreation, group work and meetings.

6.2.12 Sensory Room
The overall ambience of this room is one of serenity and tranquillity providing a relaxed and interactive atmosphere allowing stimulation of the child/young person’s senses - encouraging responses to light, music, touch, sight, taste and smell.

These senses operate simultaneously to help children understand and navigate within their environment therefore the child/young person should be able to play an active part in controlling the equipment.

Specialist equipment is stored appropriately to ensure that the environment remains safe for the
children and young people. Clinical interventions will not take place in this room.

6.2.13 Interview/Counselling Room
This generic interview/counselling room as detailed within the Functional Brief will be used as required for discussion sessions with parents/carers or children. All furniture and fittings are ergonomically comfortable and a telephone with external capability is provided.

It is important that family and friends are able to leave the room if they so choose after receiving bad news without having to meet up with other anxious families or walk back through the clinical area.

Psychotherapy Staff and Speech Therapists will also utilise this room to enable them to meet children in a quiet space where they are free from interruptions.

6.2.14 Relatives Overnight Stay
Two bespoke relatives overnight stay bedrooms will be available in the neighbourhood hub. Description as detailed within PP&DD No 05 Neonatal plus a fold away bed will be available for use in the bed space.

6.2.15 Relatives Shower/Toilet
Bespoke shower/WC facilities are to be provided not en-suite to the relatives' overnight stay but in close proximity to allow use by parents staying at the bedside access as detailed within PP&DD 05 Neonatal.

6.2.16 Relatives Sitting Room
A sitting room is required for up to 10 people as detailed within PP&DD No 05 Neonatal Service section 7 [7.3.5] It should be furnished as a domestic lounge area with comfortable furniture with wipe clean finishes and will be used by parents/carers as a quiet sitting room, watching TV or reading space.

6.2.17 Beverage Bay – Relatives
A generic self-help beverage preparation area as detailed within the Functional Brief which should be co-located with the relative’s sitting room.

6.2.18 Beverage Room
A bespoke beverage room as detailed within PP&DD 29 In-Patient Paediatrics for the preparation of regular and ad hoc patient beverages throughout the day.

6.2.19 Food Trolley Bay
A generic food trolley bay is required as detailed within the Functional Brief.

In addition 2 plug-in points are required within the general circulation space for serving meals.

6.2.20 Milk Kitchen
A bespoke kitchen will be provided for the storing and preparation of milk feeds as detailed within PP&DD No 29 In-Patients Paediatrics. Specialised milk formulas, baby milk powder, juice, cereals, jars of baby food and sterile water bottles are supplied.

6.2.21 Store Children’s Clothes
A small bespoke store is required for storage of children’s clothes. This should be based upon the principles set out for a generic linen store as detailed within the Functional Brief with 3 shelves removed and replaced by a hanging rail.
6.2.22 Two Large Store Rooms
These store rooms are for equipment required on a daily basis and has floor space for parking mobile equipment and standing pieces of equipment, adjustable shelving is provided. The layout enables items to be removed easily particularly fragile and expensive equipment to help prevent damage.

Cots/beds will be stored in the furniture store as detailed within PP&DD No 33 Neighbourhood Hub.

6.6.23 Store: Linen
A generic store room as detailed within the Functional Brief will be used to store sufficient stock of linen and gowns to meet the needs of the children’s wards, for infection control purposes the door should be kept closed at all times.

6.6.24 Mobile Equipment Bays
These bays will be used to store mobile imaging equipment required within the paediatric wards as detailed within the Functional Brief.

6.6.25 Domestic Services Room
A generic Domestic service stores is required the functionality for which is detailed within the Functional Brief there is sufficient storage space for a vacuum cleaner and scrubbing/polishing machine for hard floors. CoSHH requirements for the storage of cleaning materials will be adhered to.

6.6.26 Staff Changing Facilities
These are located within the neighbourhood hub as detailed within the Functional Brief.

6.3 Interdepartmental Relationships

- Imaging
- Integrated Critical Care Unit
- Emergency Department
- Pathology
- Operating Theatres
- Mortuary
- Blood Bank
- Neonatal Unit.

There should be easy access to/from diagnostics/ pharmacy /theatres and support services and the journey to other departments.

6.4 Business Continuity

6.4.1 Escalation
Implement additional ward rounds to ensure timely discharge to appropriate locations.

6.4.2 Major Equipment
Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing all checks to be carried out will be drawn up, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided to the service engineer at the conclusion of each visit.

If a piece of equipment fails, the individual staff member who finds the equipment or the shift lead needs to contact the maintenance department and inform them an urgent repair is required.

If the equipment is on a maintenance contract with an external company, the senior staff member will need to contact the company and explain the faults/failure.
A loan of equipment is provided if repairs cannot be rectified immediately.

In the event of serious systems failure and immediate repair or loan equipment not being possible, then the department manager will consult with the medical staff and Clinical Group Director to cancel clinics accordingly.

6.4.3 Equipment Replacement
A formal rolling programme of replacing equipment

Additional equipment required:
For example pumps, bed rails, Syringe Drivers (PCA’s) (list to be defined) will be available from a central equipment library. This will be available 24 hours a day. Equipment will be requested by ward staff by telephone and delivered by equipment library staff.

Nursing staff will be responsible for surface cleaning during use and ensuring that equipment is returned to the library on discharge of the patient. Staff at the equipment library will be responsible for decontamination in a central; decontamination unit.

Specialist equipment for treatment and prevention of pressure ulcers and wound care will also be available from the centralised equipment store.

To obtain this equipment it will be necessary for a wound/pressure ulcer assessment to be completed and details of the patient’s risks and requirements passed to the clinical tissue viability team.

Equipment required will be prescribed and delivered to the patient whereupon staff will be responsible for surface cleaning during use and promptly advising the tissue viability team of any changes in the patients’ condition which may necessitate reissuing new equipment or collection of equipment on the discharge of the patient.

All equipment must be surface cleaned before returning to either the Central equipment library that will require that equipment is also bagged and sealed.

Equipment used in a contaminated area or with an infected patient, must be surface cleaned, bagged, sealed and clearly labelled with hazard source prior to return or collection to the appropriate store.

6.5 Major Incident
Refer to:
- Major Incident Plan
- Evacuation Plan

Each area will act in accordance to the trusts wide major incident plan in the event of a declaration of an incident. Senior staff present in the department will undertake their roles and responsibilities as defined in the relevant action card.

It is the responsibility of each departmental manager to keep up to date and accurate contact lists for their staff members who would be required to attend a major incident, these should be held individually by these units and only actioned and all staff called in where an incident is declared, based upon the required response, time of day and business continuity needs.

Ward Infection outbreak will be managed by:
- Closing the ward to admissions and discharges.
- Use of Day room / Assisted Shower room for staff changing to isolate staff groups.
- Ward’s will be locked to monitor entry and exit; this will include doors between wards.
6.6 Regulatory Requirements

- Mandatory training
- Working time Directive regulating working patterns
- National Service Framework for Children
- Regional Standards for the Critically Ill / injured child.
- Nursing and Midwifery Council
- General Medical Council
- Health and Safety
- COSHH
- Essence of Care
- Fire Regulations

6.7 Clinical Support Services

6.7.1 Pharmacy

Refer to Pharmacy PP&DD No 18 and Operational Policy which describes the Pharmacy services described around each cluster and based in the neighbourhood hub to provide swift response to pharmacy requests and ensure that advice and support of specialist pharmaceutical knowledge is readily available. Paediatric pharmacists are available and will visit the ward.

Pharmacy supplies will be delivered to the ward on a daily basis in locked boxes by the dedicated porters for pharmacy. Individual patient drugs/dressings will be stored in locked cabinets at patient bedsides from which medication will be dispensed during scheduled drug rounds.

General pharmacy supplies will be ordered electronically and be controlled using a material handling systems. General drugs and dressings which are issued via pharmacy will be stored in a locked cabinet situated in the clean utility.

6.7.2 Pathology

Referrals will be received via an IT solution. Specimens will be delivered to Pathology via the use of a pneumatic tube with the exception of blood products which are collected or delivered using the Porter service.

Phlebotomist will be provided at ward level and blood taken following a referral received using IT systems available. Labelling machines will be available for use by Phlebotomists to support this function. The phlebotomy trolley will be stored in an equipment bay within the neighbourhood hub for ease of access.

6.7.3 Infection Control

All staff will comply with Trust Infection Control Policies, all team members who undertake aseptic nursing procedures will adhere to infection control standards for cleaning trolleys to ensure that risk from infection is kept to a minimum.

Single rooms are designed to barrier nurse patients with transmittable infections, for example Clostridium difficile, methycillin resistant Staphylococcus Aureus, Nora Virus, using universal precautions and standard barrier nursing protocols. Please refer to domestic services section 16.6 of this policy for cleaning protocols.

Consideration should be given to the increasing numbers of patients with HIV or patients with other conditions leading to severe immuno compromise, which when being the cause of their admission may necessitate reverse barrier nursing and the use of positive pressure.

Some wards will require that this facility is available. Positive pressure single side rooms will be available in the haematology specialist areas.
Single rooms will be used for patients with infectious conditions and these will take priority. Information systems will highlight those patients with infectious conditions on admission and discharge.

Processes for booking in, allocation of side room, booked a theatre, recovery in theatre will take account of those patients with Infectious conditions for example patients with infectious conditions will be booked last in the theatre list.

Decontamination of equipment will be completed centrally.

Hospital transport will be cleaned following use by a patient with an infectious condition.

Community services will be informed within referral process when a patient with infectious conditions is discharged.

6.7.4 Therapies
Refer to Therapy Operational Policy and PP&DD No 02. Referrals will be through multi disciplinary team communications. Assessment and treatment will take place at the bed side where appropriate and through the use of therapy facilities located within the neighbourhood hub.

6.7.5 Sterile Supplies
Facilities staff will deliver sterile stores from the central store to the paediatric ward.

6.7.6 Manual Handling
Refer to the Moving and Handling Policy.

The design and layout of the equipment, clinical areas and storage areas in use will be conducive to minimal manual handling in order to reduce the risk of injury. This will be achieved through the use of height adjustable equipment, sufficient space to manoeuvre equipment and efficient ergonomically designed storage solutions.

Movement of patients between the different areas of the ward will require passage through doorways, which will be kept closed. Refer to the Functional Brief.

Opening and closing of these doorways will be by push button. Should any door fail to have its close door actioned, a timer will self activate the closing of the door after a period of time approximately 3 minutes.

Where patients require moving whilst in the bed or on a trolley, this must be completed with two members of staff controlling the bed/trolley.

6.7.7 Imaging
Imaging will be requested by contact with the imaging service. It is anticipated that this will be via an IT referral system.

Where appropriate radiographers from the Imaging department will perform portable x-rays at the bedside, where this is not appropriate patients will be taken by Porter to the Imaging department.

6.7.8 Interpreting Services
Interpreting services will be available and booked by clerical staff. Refer to the interpreting Services – Access and Delivery Policy

6.8 Non Clinical Services
6.8.1 IT
Electronic Patient record (EPR), hospital communications and ordering systems will be required with access at main reception, nursing points and office resource base.

6.8.2 Transport
This will be required to transport patients where applicable and will be booked by the clerical staff via a central booking process.

6.8.3 Porters Service
A porter’s service will be available and will be booked via telephone; wheelchairs will be used from the hub wheelchairs store.

6.8.4 General Store Delivery
Facilities Support services – Material handling section to be developed.

6.8.5 Catering
Patient Meals will be as follows (refer to Catering section of Facilities support services Operational Policies). All foods will be stored in the regeneration area on the hub, and collected and delivered to the ward, and to individual patients, using a hostess service provided by Facilities division.

Food hygiene procedures will be followed and include segregation of clean and dirty activity and proper food storage as defined within food hygiene guidance.

Nursing staff will provide support for vulnerable patients during meals times using “red tray” process. Blue Beakers must be available for patients whose hydration is of concern.

During breakfast, patients will be asked to order their lunch and evening meal from a supplied (by ward services) menu.

Breakfast – Cold breakfast consisting of cereal and/or continental style breakfast with hot/cold beverage.

Lunch – Choice of hot or cold meal, desert and choice of hot/cold beverage.

Evening Meal - Choice of hot or cold meal, desert and choice of hot/cold beverage.
Additional meals can be ordered between the hours of 06.00 to 20.00 hours by contacting facilities department. Between 18.00 and 06.00 hours, sandwiches are available from the regeneration kitchen (refrigerated) which will be replaced and refreshed on a daily basis by ward services.

A kitchen situated outside the main ward area in the shared central hub houses a regeneration function / kitchen. Refrigerators will house milk and cold snacks/sandwiches for those patients who have not planned a meal or other unexpected event. No staff food may be kept in the patient refrigerator.

6.8.6 Linen
Linen will be delivered to the central linen store on the hub the ward services officer will ensure supplies of linen are transferred from the central store to the individual wards and topped up throughout the working day (06.00 until 18.00 hours) 6 days a week.

Additional top ups required throughout the day will be arranged by the Ward team. Refer to facilities support services policy – Linen services section. This will be stored at a workable height with clear access in the linen store in the ward.

6.8.7 Domestic Service
Refer to the Hospital Cleaning Service Policy
General cleaning of patient rooms, commodes and the ward environment will be completed daily by ward services:

Cleaning of the patient rooms and ward environment will be routinely scheduled following all discharges.

Deep cleaning of all ward areas will be completed every 3 months and will include washing curtains.

After the discharge of a patient with a known infectious condition all mobile furniture will be removed from the ward and replaced with a duplicate set of pre cleaned and decontaminated furniture.

This will be obtained from the Equipment store where all equipment will have been decontaminated and routine maintenance provided if necessary.

Any urgent unplanned requests will be dealt with by the out of hour’s team.

Equipment to be returned for decontamination will be collected by Facilities staff to be returned for decontamination.

Where individual pieces of furniture of equipment require deep cleaning, this will be arranged directly with ward services.

6.8.8  Equipment

Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.

Routine maintenance of all equipment will be carried out at the intervals recommended by the manufacturer. A contract schedule listing of all checks to be carried out will be maintained, and a dated and signed report on the tests made and results obtained, where appropriate, should be provided by the service engineer at the conclusion of each visit.

Specialist equipment required by patients i.e. pumps, bed rails, Syringe Drivers (PCA), (definitive equipment list to be compiled) will be available from a central equipment library. Access to the equipment library will be available 24 hours a day, 7 days per week.

Equipment will be requested by ward staff by telephone and delivered by equipment library staff. Nursing staff will be responsible for surface cleaning during use and ensuring that equipment is returned to the library on discharge of the patient. Staff at the equipment library will be responsible for decontamination in a central decontamination unit.

Specialist equipment for prevention and treatment of Pressure Ulcers and wound care will also be available from the centralised equipment store following advice from a Specialist Tissue Viability Nurse. To obtain this equipment it will be necessary for a wound/pressure ulcer assessment to be completed and details of the patient’s risks and requirements passed to the clinical Tissue Viability Team.

Equipment required will be prescribed and delivered to the patient whereupon staff will be responsible for surface cleaning during use and promptly advising the Tissue Viability team of any changes in the patients’ condition which may necessitate reissuing new equipment or collection of equipment on the discharge of the patient.
All equipment must be surface cleaned, bagged and sealed before returning to the central equipment library.

Equipment used in a contaminated area or with an infected patient, must be surface cleaned, bagged, sealed and clearly labelled with hazard source prior to return or collection to the appropriate store.

A) Cleaning and Storage of Equipment

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Cleaned</th>
<th>Stored</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed and mattress</td>
<td>FM</td>
<td>Bed store</td>
</tr>
<tr>
<td>Other mattress</td>
<td>External Contract</td>
<td>Bed store</td>
</tr>
<tr>
<td>Pumps</td>
<td>MED ENG</td>
<td>Mobile e.g. bay</td>
</tr>
<tr>
<td>Portable lighting</td>
<td>FM</td>
<td>By bed</td>
</tr>
<tr>
<td>Wardrobe/locker with integrated locking self medication drawer</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Patient tables/Bed table</td>
<td>FM</td>
<td>N/A</td>
</tr>
<tr>
<td>Secure Drugs cupboards</td>
<td>Nursing</td>
<td>N/A</td>
</tr>
<tr>
<td>Cleaning of ward areas, Shower/washroom areas &amp; sluice</td>
<td>FM</td>
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<tr>
<td>scales</td>
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b) Ordering of Supplies
Ordering of supplies will be completed via electronic ordering and delivered via Facilities staff, refer to Facilities operational policy section Supplies.

6.8.9 Security
Refer to the Security Policy

Door Entry System

Entry to and egress from the ward will be controlled by an automated access control system for staff. A video-intercom externally and internally will link to the Nursing Station from where access to and egress from the ward by visitors will be controlled.

Lock down and override system

- The exit control can be switched on and off depending on the nature of the patient’s on the ward and the risk of abduction or absconsion e.g. paediatric wards, patients with mental ill health, or in a state of confusion or dementia.

Security Guard Service

- Security officers will be available 24hours 365 days per year. Their prime responsibility will be to provide a safe, secure environment by maintaining the safety of all persons and property on the site. This includes the protection of patients, staff, service providers and visitors against violent acts or abuse; theft; criminal damage; malicious tampering and
arson. The essence of the security service will be to provide effective crime prevention measures and a quick response when required, in respect of any security related issue.

**Emergency Call System**
- The Emergency Call System is linked to both the Nurse Station and the Security Base. Security staff will respond to the alarm and take whatever action is necessary to ensure the safety of the Trust’s staff/ refer to the Functional Brief [table 3.4B]

6.8.10 Fire Procedure
Refer to the Fire Safety Management Policy

6.8.11 Waste Management
Refer to the Waste Management Policy
- All clinical waste will be disposed of in yellow clinical waste bags. These go for incineration.
- All used sharps to be placed in the ‘sharps’ bin.
- Soiled instruments should be returned to the decontamination unit for cleaning and re-sterilisation as per the decontamination operational policy. (available within the endoscopy suite).
- Non clinical waste to be placed in black rubbish bins.
- The Spillage Protocol will be adhered to regarding disposal of items used for dealing with spillages.
- Any confidential paperwork for disposal must go in the Hessian type bag identified for shredding material.
- Other paper waste relating to non confidential material can go in a black bag or the cardboard paper recycling boxes.
- Bins will have adequate space and sufficient collections to ensure that rubbish is not left on the floor, and bins should be a design which allows bags of rubbish to be placed in the bin safely.

7. CONSULTATION

An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to all consultant paediatricians, paediatric nursing staff, clinical group management team and capital projects team for comments. The outcome of this consultation has been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS

Compliance with the requirements of the policy will be monitored by the Matron for Paediatrics.

9. TRAINING AND AWARENESS

Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the paediatric unit and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY

The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals
are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. REVIEW

This policy will be reviewed in three years time unless requires earlier review. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY


Nursing and Midwifery Council

General Medical Council

PP&DD Planning Policy Design Document No 29 Inpatients-Paediatrics

HBN - Health Building Note 23 Hospital Accommodation for children and young people – Department of Health 2004

HBN - Health Building Note 04 Inpatient Accommodation options for choice - Department of Health 2005

HBN - Health Building Note 04 Supp 1 Inpatient Accommodation options for choice – Supplement 1: Isolation facilities in acute settings

13. FURTHER ENQUIRIES

Contact the Matron for Children’s Services for further information on the implementation of this policy.
## Appendix A - Operational Policy Development/Distribution/History/Consultation

### Version 0.00, V0.01, V0.02, V1.03, V0.04, V1.0, V1.01

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<tr>
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<td>H. Bennett</td>
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<td>J. Clark</td>
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<td>R. Kinnersley</td>
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<td>Clinical Director Paediatrics</td>
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<tr>
<td>H. Bennett</td>
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</tr>
<tr>
<td>A. Geary</td>
<td>Clinical Group Director of Operations</td>
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<tr>
<td>G. Downey</td>
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</tr>
<tr>
<td>L. Hesk</td>
<td>Matron for gynaecology/gynae-oncology</td>
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<tr>
<td>E. Rackley</td>
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<td>S. Corless</td>
<td>Service Redesign Manager</td>
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<td>S. Mosses</td>
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Disclaimer

This document has been prepared for use by Sandwell and West Birmingham Hospitals NHS Trust (SWBH) in connection with the titled project or named part thereof and should not be relied upon by any other person or used for any other project without an independent check being carried out as to its suitability and prior written authority of SWBH being obtained. Neither SWBH nor its advisors accept any responsibility or liability in connection with this document being used by any other person or being used for any other purpose other than the purpose for which it was commissioned nor do they accept any duty of care to any other person in connection therewith. Any person using or relying on this document for any other purpose agrees, and will by such use or reliance be taken to confirm his agreement, to hold SWBH and its advisors harmless from any and all losses and/or damages resulting therefrom.
1.0 Philosophy of Service

This policy details the facilities which the Sandwell and West Birmingham NHS Trust requires for the Mortuary Unit within the new acute hospital.

It is recognised that the models of Mortuary Services will alter over time. It is therefore essential that the facilities provided within the Mortuary Unit can respond to future changes in the technology surrounding the relevant services within the Department.

2.0 Scope of Planning Policy

2.1 Specific Exclusions

- NHS/local coroner post mortem facility
- West Midlands Forensic Mortuary Services.

2.2 Activity

100 space capacity is required to manage the level of activities projected for the Midland Metropolitan Hospital.

2.3 Hours of Operation

The facilities will be planned on the basis of 365 days per year being operational 24 hours per day.

2.4 Functional Content

The Mortuary facilities will include the following:

2.4.1 Body Stores

- Body store including obese and deep freeze
- Store – General
- Technician office
- Walk in baby fridge.

2.4.2 Viewing Facility

- Waiting room
- Toilet – accessible
- Viewing room
- Domestic services room
- Switchgear
- Office – Pathology
- Trolley Parking Bay.
2.4.3 Support Accommodation

- Staff change
- WC
- Shower
- Staff Rest and Beverage bay
- Dirty Utility with wash room – no macerator.

2.4.4 Shared use of a Neighbourhood Hub

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to support the clinical departments. In the case of the Mortuary Department the Neighbourhood Hub will provide:

- Reception and waiting
- Visitor welfare facilities
- Staff welfare facilities (other than staff change)
- Facilities management – soft services.

2.4.5 Administration

The Trust advocates the use of Administration Zones (PPDD 19), which will be co-located with the clinical areas they support.

2.4.6 External Facilities

- Covered Area
- Parking Spaces.

2.5 Common Planning Policies

This planning policy has been developed to read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wish to ensure consistency of approach within the facilities and as such:

- Advocate the use of repeatable rooms, as such only bespoke rooms and exceptions will be described in detail within this departmental PPDD;
- The Trust proposes the use of Neighbourhood Hubs each of which will serve a number of departments and accommodate facilities shared between departments including facilities management.

3.0 Staffing

3.1 Staffing Profile - Mortuary

Refer to Trust staffing numbers.
3.2 Staff Development, Education and Welfare

Staff welfare facilities in the form of separate sex toilets showers and change are provided within the Neighbourhood Hub. Secure lockable storage is provided for personnel property whilst staff are on duty.

There will be a variety of training taking place within the Unit, requiring a variety of shared and bespoke facilities. Training requirements have been identified and are included in the tables below:

Table [3.2] Training facilities required for Mortuary

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<th>Shared</th>
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This facility will be provided on a sessional basis via a Neighbourhood Hub.

4.0 Key Relationships

4.1 Departmental Relationships

The key objective is the provision of a Mortuary Service to the acute hospital site and therefore the following internal adjacencies will be key:

- A drop off and collection point will be required adjacent to the Mortuary facilities for ambulances, funeral directors and local coroner vehicles
- Space will be required for large vehicles to manoeuvre and direct access to the perimeter road will be essential
- The Mortuary will require a secured external access to facilitate receipt and transfer of bodies and to enable sensitive management of viewing of bodies by relatives/carers.
4.2 Workflow

A mortuary facility fulfils the following functions, which, so far as possible, should be kept physically separate. These are:

- The receipt and storage of bodies
- The viewing/identification of bodies
- Accommodating relatives/next of kin.

4.2.1 Mortuary Flows

The facility must comprise clean activity areas, transit areas and dirty activity areas. The work flow should be planned so as to minimise and obviate the need for movement of people and materials from potentially dirty activity areas to clean activity areas. Diagram [4.2.1] indicates the workflows and optimum adjacencies within the Mortuary facility.
4.2.2 General Staff Flows

There will be staff that are based in individual specialty service areas within the Mortuary Facility, together with administrative and support staff that facilitate service delivery to the acute hospital regardless of specialty.

Diagram [4.2.2] Staff Flows
4.2.3 Goods Flows

The Mortuary Facility work flow should be planned so as to minimise and obviate the need for movement of people and materials from potentially dirty activity areas to clean activity areas.

Diagram [4.2.3] Goods Flows

4.3 Interdepartmental Relationships

- Inpatient areas and Emergency Department. There will be a requirement for discreet transfer of bodies to the Mortuary. Therefore good access will be required
- The Mortuary should be discreetly sited away from clinical and support areas with no direct entry to public and staff thoroughfares, other than for viewing purposes.

The relationships above have been summarised in table [4.3].

To avoid confusion the Mortuary must not be adjacent to the Multi Faith Centre.
Table [4.3] Interdepartmental relationships: Mortuary.

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5.0 Planning and Design Principles

The key design consideration is balancing the need for an appropriate patient flow with easy access with the optimum sharing of support facilities.

5.1 Ambience and Decoration

Interior design should also be sensitive to the needs of bereaved relatives visiting the facility. The Décor is required to promote a comfortable and relaxed atmosphere. The decoration and choice of colour should not emphasise any particular religious group or faith.

5.2 Wayfinding

Sensitive signage should be in place to support relatives/next of kin in accessing the appropriate areas within the Mortuary. Bidders should acknowledge that visitors to this facility will be in a distressed state, therefore, simplicity and sensitivity of wayfinding is paramount.

The Trust’s requirements in respect of wayfinding are described in the Functional Brief.

5.3 Security and Observation

Appropriate arrangements should be in place to enable relatives and/or next of kin easy access to the public areas within the Mortuary, whilst maintaining the dirty and transit areas secure at all times. Clean and dirty segregation must be maintained at all times.

Staff access to the department will be controlled by automated access control system. Visitors will be permitted access via audio-visual access control system linked to the reception, office and body handling area.

The design must eliminate opportunities for passers-by to see into the Mortuary Facilities.
The Trust’s requirements in respect of the communications network structure to support the security and call systems is set out within Functional Brief Section [6.6].

5.4 Control of Infection

Fittings and equipment in the Mortuary areas should be made of robust, non-rusting, non decaying materials which will not deteriorate under continuous hard use. Regular intense cleaning will be a feature of this accommodation.

5.5 Manual Handling

The Mortuary will utilise a powered scissor hoist for patients up to 60 stone which will be stored in the body store.

The overall approach to manual handling can be referenced in the Functional Brief.

- Equipment will be required to counteract any floor gradients
- Fridge design should reduce manual handling to minimum.

5.6 Fire & Safety

5.6.1 Fire

Precautions against fire will be taken, by staff working within the area. The Trust’s Fire Safety Management Policy will be adhered to and can be referenced within the Functional Brief.

5.6.2 Safety

Design features that contribute to safety include hand washing facilities, finishes and furniture, storage of chemicals. Special equipment fume cupboards will be required. Provision should be made for the storage of first aid products, chemical poison antidotes and eye-care items.

All alarms should sound in Mortuary (office and staff beverages area) and be linked to the hospital switchboard for out of hours cover.

5.6.3 Radiological Protection

None required.

5.7 Privacy and Dignity

The design solution must address the needs of bereaving relatives when visiting the Mortuary.
5.8 **Environmental Parameters**

Generally, all public areas and areas not occupied by patients will be controlled by a Building Management System (BMS) to the requirements of *HTM 03-01 Specialist Ventilation for Healthcare Premises: Part A: Design & Validation*. The Mortuary must comply with *HBN20 Facilities for Mortuary and Post-Mortem room services*.

5.9 **Environmental Criteria**

5.9.1 **Natural Light**

The Design Brief developed by the Trust advocates the use of both natural light and natural ventilation. The Functional Brief Section [5.9] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions and these apply to the Mortuary Areas.

The following table sets out the requirements for bespoke natural light requirements within the Mortuary.

**Table [5.9.1] Natural Light Matrix**

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Essential Desirable or None</th>
<th>External Wall</th>
<th>Atrium Light</th>
<th>Roof Light / Tube</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Store</td>
<td>None</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

5.9.2 **Ventilation**

The Design Brief developed by the Trust advocates the use of both natural light and natural ventilation. The Functional Brief Section [5.10] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions and these apply to the mortuary areas.

The following table sets out the requirements for bespoke environmental criteria within the Mortuary.

**Table [5.9.2] Environmental Criteria**

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Temperature min. °C</th>
<th>Temperature max. °C</th>
<th>ac/hr</th>
<th>Pressure &amp; filtration</th>
<th>Notes in respect of permissible derogations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Store</td>
<td>1</td>
<td>4</td>
<td>15</td>
<td>-ve</td>
<td>F7</td>
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### 30 Mortuary

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<tr>
<td>Implementation Date</td>
<td>July 2014</td>
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</tr>
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</table>
5.9.3 Acoustic Criteria

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief Section [5.11] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

The following table sets out the requirements for bespoke acoustic criteria within the Mortuary.

**Table [5.9.3] Acoustic Criteria**

<table>
<thead>
<tr>
<th>Functional Space</th>
<th>Rating to be achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Store</td>
<td>A</td>
</tr>
</tbody>
</table>

5.9.4 Medical Gas and Power Supply Requirements

No medical gases required in the Mortuary.

5.10 Flexibility

The design solution must illustrate how the accommodation would react to any change in service demand.

5.11 IM & T

Details of the active components associated with IM&T can be found in Schedule 8 Part 3 and the Functional Brief Section [6.6].

5.12 External Space and Courtyards

Access to outside spaces is highly desirable for visitors to the Mortuary.

The specific external requirements for those services for example external access for hearses are outlined under the respective entries within Section 7.0 of this PPDD.

6.0 Equipment

The specific requirements for the Mortuary Unit will be addressed through the equipment selection in accordance with the Equipment Responsibility Matrix in Schedule 13.

The ADB component Sheets schedule out the equipment list for the mortuary in accord with Schedule 13.
7.0 Proposed Accommodation

In developing proposals for the mortuary facilities reference must be made to *HBN 20 Facilities for Mortuary and Post-Mortem Room Services*.

The rooms described below are solely in respect of bespoke rooms or repeatable rooms which require modification.

For repeatable rooms refer to the Functional Brief.

7.1 Body Stores

7.1.1Body Store

A bespoke refrigerated body store is required to accommodate 100 bodies, which will consist of 60 labelled compartment bays (refrigerated at 4°C and including 10 at deep freeze temperatures). Also within the 100 compartments two extra wide bays (8 compartments) should be provided to accommodate bodies (up to 47 stones). Bodies usually remain in the Mortuary for one to four days. Sometimes this is longer if further investigations are to be carried out or over Bank Holidays.

Two compartments must be provided for Bariatric patients (up to 60 stone).

The Trust require that the body stores will each contain between three and four racks for holding body trays upon which bodies are stored.

Reference should be made to *HBN 20 Mortuary & Post Mortem Room Services Sections 5.13-5.25 inclusive*. Details of the Trust's environmental requirements can be referenced in Section [5.0] of this PPDD.

7.1.2 Store - General

A repeatable departmental store is required in line with the Functional Brief Table [24].

7.1.3 Technician Office

A repeatable single person office is required as set out in the Functional Brief Table [724]. Office should not be located adjacent to public areas.

7.1.4 Walk in Baby Fridge

A bespoke walk in refrigerated room with shelving is required.

7.2 Viewing Facility

This is a sensitive area and reference must be made to the DoH paper *Care and Respect in Death*. 
7.2.1 Waiting Room

A repeatable waiting area for 10 persons is required. Details of the functionality required are set out within Section [7.9] Table [24] and Table [7] of the Functional Brief.

7.2.2 Toilet - Accessible

A repeatable accessible toilet is required as set out in the Functional Brief Table [24] to serve the viewing suite.

7.2.3 Viewing Room

Relatives/next of kin will view the deceased from this room. The viewing room should connect with the waiting room. The wall between the viewing room and waiting room should have a normal lockable door to allow access into the waiting room, for relatives/next of kin to touch and view the body, and a glazed viewing panel/window, with curtains, to allow controlled viewing of infected cases, and identifications for Police cases. A staff panic alarm is required as large numbers of grieving relatives can become particularly abusive and aggressive to lone working mortuary staff.

Access to, and location of the viewing room should be of a discrete nature whilst maintaining adjacency with the body stores.

Details of the Trust’s environmental requirements can be referenced in Section [5.0] of this PPDD.

The Trust requirements for call systems are as set out in Functional Brief Table [20] for an interview/counselling room.

7.2.4 Office

A repeatable single person office is required for a Pathologist as set out in the Functional Brief Table [24].

7.2.5 Domestic Services

A repeatable domestic services room is required to serve the Mortuary as set out in the Functional Brief Table [24] and HBN 20 Mortuary & Post Mortem Room Services paragraph 6.68.

7.2.6 Switchgear

A repeatable switchgear is required to serve the Mortuary as set out in the Functional Brief Table [24].

7.2.7 Trolley Parking Bay

A trolley bay is required at the entrance to the department for portering staff to collect prior to collecting a deceased body from the ward.
7.3 **Support Accommodation**

7.3.1 **Staff Change**

A separate male and female staff change is required with lockers for two people.

7.3.2 **Staff WC**

A separate male and female ambulant staff toilet as described in section [7.8] of the Functional Brief. The toilet will form part of the Staff Change area.

7.3.3 **Staff Shower**

A separate male and female shower as described in Section [7.8]. This shower will form part of the Staff Change area.

7.3.4 **Staff Rest and Beverage Bay**

A repeatable staff rest and beverage bay but with reduced storage units to allow loose seating to be positioned in the room.

7.3.5 **Dirty Utility with washroom – No Macerator**

A bespoke dirty utility is required without a macerator the room should allow for the washing of a body which may have been transferred from a ward.

7.4 **Shared use of a Neighbourhood Hub**

The Trust advocates the use of Neighbourhood Hubs (PPDD 33), which will provide whole hospital support to the clinical departments. In the case of Mortuary:

- Reception and waiting
- Toilets – visitor
- Wheelchair store
- Staff toilets
- Staff rest room
- Beverage bay
- Reprographics
- Seminar room
- Disposal hold
- IT hub
- Domestic services room
- Domestic services store
- Switchgear room
- Sterile supplies store.
7.5  **Shared use of an Administration Zone**

Mortuary will make use of an Administration Zone.

The functional requirements are fully described within PPDD 19 Administration and are summarised below:

- Reprographics
- Social area
- Beverage bay
- Office – open plan
- Store – small
- Library
- Quiet rooms (for breakout)
- Seminar room
- Domestic services room
- Switchgear.

7.6  **External Facilities**

7.6.1 Covered Area

A covered secure area for ambulances, hearses, coroner’s vehicles etc with discreet and direct access to the body storage area is required. External lighting and audio visual communication is also required at the entrance point. The Mortuary will be accessed from this area 24/7.

7.6.2 Parking Spaces

Four dedicated parking spaces for other professional visitors are required.

8.0  **Schedule of Accommodation**

The schedule of accommodation has been developed for the totality of the scheme as a series of tables. This schedule is included in Schedule 8 part 3.

9.0  **Glossary and Definitions**

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
MIDLAND METROPOLITAN HOSPITAL

No30
MORTUARY
OPERATIONAL POLICY
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<tr>
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## APPENDICES
KEY POINTS

1. To provide a body store provision for adults and paediatrics to include bariatric and emergency capacity.

2. To ensure that the service is delivered in a timely and efficient manner in accordance with the Trust’s needs.

3. To provide local services to the population.

4. To ensure staff receive appropriate training and continuing professional development activities.

5. Seamless management of the pathology essential/specialist services.


7. This policy applies to all Trust staff in all locations including temporary employees, locums, agency staff, contractors and visiting clinicians.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY.
1. **INTRODUCTION**

1.1. The mortuary service at the new hospital will provide a body store and viewing facility only. A Forensic Mortuary facility to include post mortems and emergency body store will be provided at Sandwell Community Hospital site.

2. **OTHER POLICIES TO WHICH THIS POLICY RELATES**

- Infection Control Policy (CO1001) (SWBH)
- Infection Control Policy on the Decontamination of Equipment (SWBH/COI/029)
- Last offices/moving of bodies SWBH policy

3. **GLOSSARY AND DEFINITIONS**

3.1 Pathology- study of disease

3.2 Pathologist- A pathologist is a physician who specializes in the diagnosis of disease by examining cells, body fluids and tissues.

3.3 Histopathology- refers to the microscopic examination of tissue in order to study the manifestations of disease.

3.4 Cadaver – a deceased body, corpse.

3.5 Forensic pathology-the science to determine the cause of death.

3.6 Post Mortem- examination of a corpse to determine the cause of death.

4. **PRINCIPLES**

4.1 To preserve privacy and dignity.

4.2 This policy is designed to:

- Assist all healthcare professionals involved in the provision of mortuary services
- Outline the purpose and function of the clinical services provided in the mortuary department.
- Ensure that all staff using the facility understand the philosophy of the service and work as a team.
- Describe the service flow through the department.
- Describe the service as they will be delivered for the future new acute hospital.
- Describe the purpose and function of the accommodation required,
- Identify adjacencies/co-locations required for the service delivery,
- Outline requirements for business continuity,
- Outline legislative and mandatory requirements for the delivery of services.

5. **ROLES AND RESPONSIBILITIES**

5.1 Mortuary Technician - A Mortuary Technician will be present in the department at all times. Pathology management and clinical staff will be present in the department on
an ad hoc basis and when required.

5.2 Pathologist- A pathologist is a physician who specializes in the diagnosis of disease by examining cells, body fluids and tissues.

6 SERVICE DESCRIPTION

6.1 The mortuary facility will fulfil three functions, which, so far as possible, should be kept physically separate. These are:

- The receipt and storage of bodies;
- The viewing/identification of bodies;
- Accommodating relatives/next of kin.

6.2 The facility at MMH will provide body storage and viewing for MMH inpatients only. See diagram 6.3.3 for a description of the process and flows. The route to the mortuary will be as discreet and private as possible and transfers will be conducted by the appropriate personnel using designated trolleys and in accordance with the Trusts manual handling and infection control policies.

6.3 Hours of Service

6.3.1 The facilities will be operational 365 days per year, 24 hours per day.

6.3.2 The mortuary will only be operational out of normal hours for viewings under exceptional circumstances. This cover will be provided on an on-call basis.

6.3.3 Mortuary and Post Mortem Flows
6.4 Proposed Accommodation
The Mortuary facility will include the following:

6.4.1 Body Stores
A refrigerated body store will be used to store bodies at the appropriate temperature and will consist of a number of labelled compartment bays (refrigerated at approximately 4°C and at deep freeze temperatures).

6.4.2 100 space capacity is required to manage the level of activity projected for MMH. These should be arranged to ensure ease of access and minimise multiple
manoeuvres and turns of extreme angles when the technician is transferring a body into the area and into the individual bays. Bays should be provided in rows to a maximum of four high and it is envisaged during normal activity the lower three bays will be predominately used. In peaks of activity the upper bays will be utilised. In exceptional circumstances i.e. extreme winter conditions or mass casualty event such as a flu pandemic bodies, will be transferred to the mortuary facility at Sandwell Hospital.

6.4.3 Eight extra wide compartment bays will be provided to accommodate obese bodies up to 47 stones. There may a necessity for a fridge freezer or dedicated freezer compartment for long term storage of deceased.

Two compartments for bariatric patients up to 60 stones.

Bodies will usually remain in the mortuary for one to four days. Sometimes this is longer if further investigations are to be carried out. Transfer of bodies will be undertaken using bespoke mortuary body handling equipment, trolleys and hoists.

Processes to be undertaken in the body store area include the labelling or identification of bodies and entering details on a computer; the removal, recording and storage of personal effects.

Flooring needs to be hard wearing and washable using mechanical devices, surface drains/gullies should be provided and there should be minimal or no falls to prevent unnecessary manual handling when pushing deceased on trolleys.

6.4.4 **Walk-in Baby Fridge**
A refrigerated room equipped with shelves is required to accommodate deceased babies.

6.4.5 **Transfers from Inpatient Areas**
The journey to mortuary must be discreet, dignified and must avoid high traffic patient and visitor areas.

6.4.6 Porters will collect bespoke mortuary trolleys from outside of the department and proceed to the inpatient area to collect the body. The return route will use designated lifts and entrances.

6.4.7 Bodies will be retrieved predominately from the wards and departments within the hospital. However there may be the occasion where the body is transferred from an external source. i.e. patient confirmed deceased on route to hospital.

6.4.8 **Ambulance Entrance**
Ambulances and hearses will need to access the department 24/7 via a discreet designated route. Vehicles will enter a covered area that can be screened for privacy and protection against the elements. The transfers of bodies from in or out of the hearse/ambulance must not to be visible from any external viewpoint. The majority of vehicles used to transfer bodies have lift up doors/tailgates therefore additional space to allow the fully opening of rear doors/tailgates is required within the enclosed ambulance entrance. External doors will remain secured at all times and access controlled.

6.4.9 There must be enough space to allow unobstructed loading and unloading within the entrance area and a straight direct route avoiding turns in excess of ninety degrees into the body store area. Automated double doors to ensure ease of access throughout the patient journey.
6.4.10 Viewing
The facility to support relatives /next of kin to view the deceased will be available. A prior appointment will be made with mortuary staff. A specified screened area close to the certificate office has been identified for the use of people who arrive in the main concourse who are waiting to view relatives / next of kin.

6.4.11 After reporting to main reception mortuary staff will be informed. A body to be viewed will be prepared in the body handling area and laid out on a draped bier trolley which will then be wheeled into the viewing room. This function is supported by a
- Waiting area,
- WC toilet,
- Viewing room,

6.4.12 Appointments need to be made directly with mortuary staff. It is proposed that General Office / Bereavement staff escort relatives to the mortuary relatives’ entrance, or directions are given at the time of making appointment on location of the entrance as is done currently. Relatives will be met at the entrance by the mortuary staff and escorted into the relatives’ waiting room. The viewing room needs to be away from the working areas of the mortuary to avoid disturbance of relatives. The route from fridge room to viewing room needs to be direct with no excessive turns.

6.4.13 Visitor Entrance and Waiting Area
A visitor only entrance will be secure and access controlled. A call button will be available to alert mortuary staff. The waiting area will need accommodate up to 10 visitors and provide comfortable seating and access to a wc.

6.4.14 Viewing Room
The viewing room will be immediately adjacent to the waiting room and access gained by a doorway between the rooms. A viewing window between the two rooms will be screened by a curtain controlled form the within the viewing room and only by the mortuary technician. Bodies will be transferred into the viewing room by a separate entrance prior to relatives entering the room.

6.4.15 Dirty Utility/Washroom
This area should be divided into an area for disposal and a separate area for the washing of trolleys or the cleaning of any cadavers prior to viewing or transfer. A worktop area, disposal hopper, sink and drainer and separate WHB with PPE facilities are required. A mobile trolley with perforated surface to allow drainage or fixed table with drainage is required. A fully sealed floor with fall away and drainage in the trolley area is required.

6.4.16 Trolley Storage
An area is required to store clean trolleys. A trolley bay is required at the entrance to the department for portering staff to collect prior to collecting a deceased body from the wards and departments.

6.4.17 General Store
A general store is required for consumable stock such as gloves, last offices packs and small items of equipment.

6.4.18 Domestic Services Room
A cleaner's room is required

6.5 Staff Facilities

6.5.1 Staff Change
Staff change for two male and two female to include, showers and WC. It will be inappropriate for Mortuary staff that need a shower to enter a clean area and then move directly to a dirty area and back again.

6.5.2 Staff Rest Room and Beverage Bay
Due to the nature of work it is imperative that a staff beverage room is provided within the mortuary.

6.5.3 Office - Mortuary Technician
A single person office is required to undertake the booking in and out administration and property storage/management activities will be undertaken here. Access to IT and workstation required. This office needs to be located at the ambulance/hearse entrance or off the body store.

6.5.4 Office - Pathology Management
A single person office is required to undertake departmental and staff management and appraisal duties.

6.6 Key Interdepartmental Relationships
- Multi Faith Centre
- Inpatients Wards & Departments

6.6.1 External key interfaces
- Sandwell Community Hospital Mortuary & Post mortem department
- Police and forensic service
- Local Coroners and funeral directors

6.7 Business Continuity
In the event of service failure an external hook up facility will enable a portable mortuary facility to provide emergency fridge units.

6.7.1 An arrangement and protocol to transfers bodies between Grove Lane and Sandwell Community Hospital will be followed dependant on capacity at either site.

6.7.2 Any temporary mortuary refrigeration will need to be adjacent to the mortuary with easy access from mortuary to fridge, with no steps etc. Trolleys will need to be used for transportation of deceased. Any area that deceased patients need to be transported through, to get between the two, will need to be covered from the elements and for privacy. Mortuary equipment should be kept away from other hospital facilities such as mobile scanners etc, as in general the public are not comfortable with mortuary environments.

6.7.3 Escalation
The emergency store would be used in the event of increased demand on the service.

6.7.4 Major Equipment
For equipment required refer to PPDD 30 and equipment responsibility matrix

6.7.5 Major Incident
The Trust major incident Plan will be followed. The emergency body store may need to accommodate additional trolleys in the event of a major incident. Pathology Office will be the local MI control area.

6.8 Regulatory Requirements
Required to follow HSE Guidelines ‘Safe Working and Prevention of Infection in the Mortuary and Post Mortem Room’.

6.9 Clinical Support Services

6.9.1 Infection Control
Fittings and equipment in the Mortuary should be made of robust, non rusting, non decaying materials which will not deteriorate under continuous hard use. Regular intense cleaning will be a feature of this accommodation. Hand wash stations available within all the body handling areas. Trolley cleaning and storage away from body handling/storage areas.

6.9.2 Clean and dirty segregation must be maintained at all times to manage infection.

6.9.3 Manual Handling
6.9.4 The Mortuary will utilise the most appropriate mechanised systems to allow efficient moving and handling processes to minimise injuries to staff.

6.9.5 This will include a powered scissor hoist which will be stored in the body store area. Charging point required. This will need to be supported by a system of powered trolleys and mechanised fridges. The overall approach to Manual Handling can be referenced in the Functional Brief.

6.9.6 The design will allow sufficient turning space which will be kept clear and level floors throughout to allow ease of movement for trolleys.

6.9.7 Healthcare Records
It is anticipated that patient records will be held electronically. There will be a requirement to hold a small amount of manual records including certificates and registers.

6.10 Non Clinical Support Services

6.10.1 IT
Computer terminals will need to be provided in the booking area of the fridge room and office.

6.10.2 Transport
In addition to transfers to funeral directors there will be transfers to the Sandwell post mortem facility and other out of area facilities. The approach and access needs to be as direct and discreet as possible and separate to visitor access.

6.10.3 Portering Service
The porter service will move deceased patients from the wards using an enclosed, covered bier trolley. Deceased patients will be transferred to the mortuary in a dignified manner by the shortest/direct route avoid all public communal areas.

6.10.4 Linen
Scrubs suits, towels, sheets and pillowcases will need to be provided at least weekly.
To be stored in the changing room and within the body store utility.

6.10.5 Domestic Service
- Daily cleaning schedule
- Deep cleaning schedule
- Out of hours availability, ordering and contact details
- Cleaning blinds/curtains/screens

6.10.6 All the above in accordance with the facilities operational policy.

6.10.7 Maintenance
A maintenance function will be required to ensure all equipment is safe. Maintenance work will be reported via telephone.

6.10.8 Security
Appropriate arrangements should be in place to enable relatives and/or next of kin easy access to the public areas within the Mortuary, whilst ensuring the dirty and transit areas remain secure at all times. All external doors will remain secured at all times and access controlled.

6.10.9 Observation of the entrance, waiting and viewing areas is required

6.10.10 Fire Procedure
Follow trust procedures

6.10.11 Waste Management
Access to a clinical waste bin, securely stored and kept locked will be needed, Collection points for dirty laundry.

7. CONSULTATION
An initial draft of the policy was shared with key policy authors. Later drafts of the policy were issued to the pathology management team and capital projects team for comments. The outcome of this consultation has been reflected within the policy.

8. AUDITABLE STANDARDS/MONITORING EFFECTIVENESS
Compliance with the requirements of the policy will be monitored by the Clinical Group Director of Operations.
Evidence would be that the policy was included in the Pathology Quality manual with compliance audited as part of the clinical governance/pathology audit activity including monitoring of mandatory reading forms.

9. TRAINING AND AWARENESS
The policy will be issued to pathology staff as part of a local induction package (ref-global document Pathology Induction PROC-G-B4-30) and incorporate into the existing quality manual that is mandatory reading for all pathology staff. Awareness of this policy will be undertaken via corporate communications. This policy should be made available within the pathology department and staff made aware of its availability on the Trust intranet. Training requirements will be met as planned in the Training Needs Analysis.

10. EQUALITY AND DIVERSITY
The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the SWBH Equality Impact Assessment Toolkit, the results for which are monitored centrally.

11. REVIEW
This policy will be reviewed in three years time. Earlier review may be required in response to exceptional circumstances, or relevant changes in guidance.

12. REFERENCE DOCUMENTS AND BIBLIOGRAPHY
- CPA standards for accreditation
- Human Tissue Act
- HBN15
- MHRA and EU Regulations for Blood Transfusion
- Anti Crime, Terrorism and Security Act 2001
- Cytology Screening Service regulations
- UKAS accreditation
- Home office Misuse of Drugs Legislation
- Ionising Radiation (Ni63 electron capture detector)
- Transport Regulations

13. FURTHER ENQUIRIES
13.1 Managers must inform new employees and remind existing employees of the requirements of the detail of this policy.

13.2 Copies of the policy are available on the Trust intranet.

13.3 The pathology team will provide advice and support on the implementation of this policy.
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<tr>
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<td>Estates and Technical Team</td>
</tr>
<tr>
<td>Approved by:</td>
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Name: G. Seager  
Post: Project Director  
Signature: |
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Disclaimer
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1.0 Philosophy of Service

The concept of the Neighbourhood Hub is in response to:

- Segregating patient/visitor and hospital facilities activity
- Encourage philosophy of shared and dual function space between adjoining departments
- Removing support accommodation from clinical areas, therefore maximising the clinical space within the clinical areas.

Five types of areas are served by the Neighbourhood Hubs:

- Inpatient areas
- Clinical areas
- Non-clinical
- Bespoke Areas.

2.0 Scope of Planning Policy

2.1 Specific Exclusions

The hub will not be used as an equipment or goods storage area other than in designated spaces nor will beds / trolleys be held / wait here. The following departments will require bespoke hub facilities and will not benefit from a full neighbourhood hub:

- Emergency Department
- Imaging
- Operating Theatres
- Critical Care

A reduced neighbourhood hub will be required on the plant floor on which some smaller departments will also be located.

2.2 Activity Figures

There are no activity drivers for this facility however the following frequency of distribution is anticipated:

- Each Three Nursing Sections
- Each 5000m2 gross of Clinical Accommodation
- Each 6000m2 gross of Non Clinical Accommodation.
Table [2.2]: This has led to the following access to Neighbourhood Hubs

<table>
<thead>
<tr>
<th>PPDD</th>
<th>Bespoke</th>
<th>Shared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Entrance</td>
<td>PPDD 32</td>
<td>✓</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>PPDD 01</td>
<td>✓</td>
</tr>
<tr>
<td>Inpatient Beds - Repeatable</td>
<td>PPDD 02</td>
<td>✓</td>
</tr>
<tr>
<td>Inpatient - Paediatrics</td>
<td>PPDD 29</td>
<td>✓</td>
</tr>
<tr>
<td>ICCU</td>
<td>PPDD03</td>
<td>✓</td>
</tr>
<tr>
<td>Maternity Delivery Suite</td>
<td>PPDD 04</td>
<td>✓</td>
</tr>
<tr>
<td>Neonatal Care Unit</td>
<td>PPDD 05</td>
<td>✓</td>
</tr>
<tr>
<td>Operating Theatres</td>
<td>PPDD 06</td>
<td>✓</td>
</tr>
<tr>
<td>Imaging</td>
<td>PPDD 11</td>
<td>✓</td>
</tr>
<tr>
<td>Medical Illustration</td>
<td>PPDD 15</td>
<td>✓</td>
</tr>
<tr>
<td>Pathology</td>
<td>PPDD 17</td>
<td>✓</td>
</tr>
<tr>
<td>Mortuary</td>
<td>PPDD 30</td>
<td>✓</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>PPDD 18</td>
<td>✓</td>
</tr>
<tr>
<td>Medical Daycase Procedures Unit</td>
<td>PPDD 07</td>
<td>✓</td>
</tr>
<tr>
<td>Endoscopy</td>
<td>PPDD 08</td>
<td>✓</td>
</tr>
<tr>
<td>Cardiac Imaging</td>
<td>PPDD 09</td>
<td>✓</td>
</tr>
<tr>
<td>Cardiology, Neurophysiology and Respiratory Physiology</td>
<td>PPDD 16</td>
<td>✓</td>
</tr>
<tr>
<td>Administration</td>
<td>PPDD 19</td>
<td>✓</td>
</tr>
<tr>
<td>Multi Faith Centre</td>
<td>PPDD 20</td>
<td>✓</td>
</tr>
<tr>
<td>IM &amp; T</td>
<td>PPDD 34</td>
<td>✓</td>
</tr>
<tr>
<td>Medical Engineering</td>
<td>PPDD 27</td>
<td>✓</td>
</tr>
<tr>
<td>Academic Research</td>
<td>PPDD 21</td>
<td>✓</td>
</tr>
<tr>
<td>Education and Training</td>
<td>PPDD 22</td>
<td>✓</td>
</tr>
<tr>
<td>Neighbourhood Hubs</td>
<td>PPDD 33</td>
<td>n.a</td>
</tr>
<tr>
<td>Facilities Management (PFI)</td>
<td>PPDD 26</td>
<td>✓</td>
</tr>
<tr>
<td>Energy Centre</td>
<td>PPDD 35</td>
<td>n.a</td>
</tr>
<tr>
<td>Gymnasium</td>
<td>PPDD 36</td>
<td>n.a</td>
</tr>
<tr>
<td>Crèche</td>
<td>PPDD 37</td>
<td>n.a</td>
</tr>
</tbody>
</table>

### 2.3 Hours of Service

The Neighbourhood Hubs must be accessible to staff and FM 24/7. Some hubs, because of the nature of the activity of the area that they serve, ICCU, Neonatal and the Emergency Department for example will need to be accessible to visitors 24/7.
2.4 Functional Content

2.4.1 Visitors Welfare Facilities (All Hubs)

- Reception
- Waiting Area
- Child Play
- WHB/PPE Station
- Visitor Toilets
- Store: Wheelchair
- Vending Machines
- Public Telephone.

2.4.2 Staff Welfare Facilities (Inpatient, Clinical and Non Clinical Hubs)

- Staff Changing;
- Staff Showers;
- Staff Toilets;
- Staff Rest;
- Beverage Bay;
- Reprographics;
- Seminar Room.

2.4.3 Facilities Management – Soft Services

- Regeneration Kitchen
- Disposal Holding
- IT Hub
- Domestic Services Room
- Store - Domestic Services
- Store – Linen
- Store – Furniture
- Medical gas – local bottle store
- Switchgear.

2.4.4 Clinical Supplies

- Sterile Supplies and IV Fluids Room.
2.4.5 Bespoke Areas

The bespoke Neighbourhood Hubs are described and scheduled within their respective PPDDs (viz. Table [2.2]). The partial neighbourhood hub located on the partial plant floor will contain:

- Staff Change
- Staff Shower
- Staff WC
- Staff Room
- Beverage Bay
- Reprographics
- WHB/PPE Station
- Seminar Room
- Disposal Hold
- Domestic Services Room
- Domestic Services Store
- Switchgear
- UPS and IT Room.

The Staff changing facilities on the maternity and neonatal level are to be split into departmental changing areas one for the neonatal department and one for the maternity department.

2.5 Common Planning Policies

This planning policy has been developed to be read in conjunction with the overall Functional Brief and must not be viewed in isolation. The Trust wish to ensure consistency of approach within the facilities and as such:

- Advocate the use of repeatable rooms, as such only bespoke rooms and exceptions will be described in detail within this departmental PPDD
- The Trust proposes the use of Neighbourhood Hubs each of which will serve a number of departments and accommodate facilities shared between departments including Facilities Management.

3.0 Staffing

3.1 Staffing Profile

Refer to the Trust staffing numbers.

3.2 Staff Development, Education and Welfare

The Hub accommodation includes the provision of staff welfare and training facilities which will be utilised by the Departments it supports. Some departments have bespoke hubs and staff welfare and training facilities may be located within the department. This is explained in the respective PPDD.
4.0  Key Relationships

4.1  Departmental Relationships

The key internal adjacencies are in respect of separating the conflicting flows between:

- Reception
- Visitor Welfare Facilities
- Staff Welfare Facilities

Diagram [4.1] Departmental Relationships

In addition attention is drawn to the interface issues detailed within the PPDDs served with each bespoke Neighbourhood Hub.

4.2  Workflow

4.2.1  Patient Flows

Patients will access the visitor facilities within the hub on the entry to or departure from the ward or department.

4.2.2  Relatives, Carers and Visitors

Relatives carers and visitors must be restricted to the facilities designated for their use and be denied access through staff authorisation only areas. It must be noted however that visitors will NOT be permitted to use the departmental clinical sanitary / welfare facilities.
The Trust response to meeting *Building Regulations (Part M)* accessible toilets are located in this area. The local assistance call should alarm (light and sound) outside the toilet.

In addition assistances should alarm back to the main security base (PPDD 01 Emergency Department) as clinical staff will not be operationally responsible for alarms from public areas.

### 4.2.3 Staff Flows

A maximum travel time of 2 minutes from the department it serves for staff utilising the welfare facilities is required.

### 4.2.4 Goods Flows

A maximum travel time of 1 minute from the department it serves for staff utilising the Facilities Management facilities is required.

### 4.3 Interdepartmental Relationships

This facility must form the transition between the general (public) circulation and the dedicated FM circulation routes including a direct access to dedicated lifts for those Hubs located on an upper storey. The service circulation routes and public corridors need secure separation. Table [2.2] sets out the access requirements to a neighbourhood hub.

### 5.0 Planning and Design Principles

The key design consideration is balancing the need for an appropriate patient, visitor, staff and goods flow with easy access and with the optimum sharing of support facilities.

#### 5.1 Ambience and Decoration

The Neighbourhood Hubs must be designed to meet the needs of the patients, visitors and staff.

The public area is to be family-friendly, homely and non-institutional with particular emphasis on the use of colour, contrast and texture to provide a stimulating, non-threatening environment for all patients regardless of ability or impairment.

- Any display boards should have the ability to be interchangeable to meet the demands of a changing service as set out in the Functional Brief.

Bidders should refer to ITPD v2 Trust research and visits with regard to this.
5.2 **Wayfinding**

Signage in the department should clearly demarcate and indicate the direction of the different areas. Due consideration will be given to way finding as described in the Functional Brief. Bidders should refer to ITPD v2 Trust research and visits with regard to this.

5.3 **Security and Observation**

Access to the following areas should be secure:

- Staff WC/Change
- Staff Rest Room
- Catering regeneration area
- Waste disposal store
- Reprographics Room
- Facilities equipment/store(s) rooms.

Access to the service lifts from the Hub should be secure and limited to staff, controlled by utilising the staff identification system.

The Trust’s requirements in respect of call systems are set out within Functional Brief.

The Trusts requirements in respect of CCTV can be referenced within Functional Brief.

5.4 **Control of Infection**

The approach to control of infection within the Hubs can be referenced within the Functional Brief. Reference should also be made to *HFN 30 Infection Control on the Built Environment Design and Planning*.

5.5 **Manual Handling**

Waste is to be transferred in secure “Eurobin” containers to the waste station/ storage area (Receipt and Distribution Centre PPDD 24) via dedicated service lifts and service corridors. It is a Trust requirement that multiple handling of waste must be minimised.

5.6 **Fire and Safety**

5.6.1 Fire

Precautions against fire will be taken by staff working within the area. The Trust’s *Fire Safety Management Policy* will be adhered to and can be referenced within the Functional Brief.

5.6.2 Safety

Reference should be made to the Functional Brief in respect of safety.
5.6.3 Radiological Protection

There are no radiological protection issues in respect of the Neighbourhood Hubs.

5.7 Privacy

The Neighbourhood Hub has three identities, staff welfare, patient / visitor welfare and FM support. The conflicting requirements of each element will require careful co-ordination through the design.

5.8 Environmental Parameters

The solution must fully comply with *HTM 03-01 Specialist Ventilation for Healthcare Premises: Part A Design & Validation*.

5.9 Environmental Criteria

5.9.1 Natural Light

The Design Brief developed by the Trust advocates the use of natural light. The Functional Brief Section [5.9] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

5.9.2 Ventilation

The Design Brief developed by the Trust advocates the use of natural ventilation. The Functional Brief Section [5.8] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

5.9.3 Acoustic Criteria

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief Section [5.10] sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions.

5.9.4 Medical and Industrial Gases

The only piped medical or industrial gases within the Neighbourhood Hubs are in respect of natural gas within the Regeneration Kitchens.

5.10 Flexibility

Refer Section [4.3] of the Functional Brief. The design must enable flexible use, with some areas being used for dual function i.e. seminar rooms and allow for adaptation in the future to address any changes in models of care and or service delivery.
5.11 IM & T

Details of the active components associated with IM&T can be found in Schedule 8 part 3.

5.12 External Space and Courtyards

Courtyards and external spaces are to be designed and landscaped to provide visual amenity to overlooking rooms. Access to Courtyards and external space is required for maintenance. Where hubs are adjacent to external spaces and courtyards they may be utilised to provide access in accordance with the SWBH Security Policy. Public access to external spaces should be via the principle organising space (Atrium) with cognisance taken of the Trust's “single entrance” aspiration to avoid confusion with the overall entry and way finding strategy of any such secondary entrances.

6.0 Equipment

The specific requirements for the Physiological Measurement accommodation will be addressed through the equipment selection in accordance with the Equipment Responsibility Matrix in the Schedule 13.

The ADB Component Sheets schedule out the draft equipment list for Cardiology, Neurophysiology and Respiratory Physiology in accord with Schedule 13.

7.0 Proposed Accommodation

The rooms described below are solely in respect of bespoke rooms or repeatable rooms which require modification within the neighbourhood hubs.

For repeatable rooms refer to the Functional Brief.

7.1 Visitor Welfare Facilities (All Hubs)

7.1.1 Reception

A repeatable 2 person reception is required as set out in the Functional Brief Section [7.6]

7.1.2 Waiting Area

Repeatable 10 place waiting areas are required, details of the functionality required are set out within Section [5.7.2], [7.0] and Table [5.7.2] of the Functional Brief.
7.1.3 Child Play

Repeatable children’s play and waiting area are required details of the functionality required are set out within Section [5.7.2] and [7.0] of the Functional Brief.

7.1.4 WHB/PPE Station

A repeatable area is required where visitors to departments can wash / gel their hands and don appropriate PPE. It is anticipated that this station will be in a prominent location to serve all the neighbourhood departments as a bay off the general circulation. The functionality required is an integrated supplies and clinical handwash assembly:

- Clinical WHB (2no.) - inset (viz. Functional Brief table [7.7.15]
- Handriers (for example Dyson airblade) in lieu of paper towels
- Worktop
- Base cupboards storage (locked)
- Base cupboards with integral waste containers (2no. 42 litre – (black).

The functionality required is set out in the Functional Brief Section [7.7].

7.1.5 Visitor Toilets

Separate repeatable male and female visitor toilets are required, it must be noted that sanitary facilities are not generally available within the clinical areas other than patients and must incorporate accessible facilities.

Details of the Trust’s requirements are set out in the Functional Brief Section [7.7].

7.1.6 Store: Wheelchair

Repeatable provision - Inpatient and clinical hubs only: Include provision for charging. This should accommodate 6 static wheelchairs.

The functionality required is set out in the Functional Brief Section [7.7].

7.1.7 Vending Machines

Repeatable facilities to accommodate a range of vending machines are to be located in the Neighbourhood Hubs for use by staff, patients and visitors.

In addition provision must be made for disposing of packaging and discarded consumables.

The functionality required is set out in the Functional Brief Section [7.7].
7.2 Staff Welfare Facilities (Inpatient, Clinical & Non Clinical Hubs)

7.2.1 Staff Changing

Separate bespoke staff changing for male and female is required including local storage etc to be used in the shower area which must be en-suite.

The numbers of lockers to be accommodated are as set out within the following table:

**Table [7.2.1]: Staff Changing**

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>40</td>
<td>60</td>
</tr>
</tbody>
</table>

All uniforms will be issued from the central linen room (refer PPDD 24 Facilities Management - TMS).

Details of the Trust's requirements can be referenced in Functional Brief Section [7.7].

7.2.2 Staff Showers

Separate repeatable male and female ambulant showers to be provided accessed from the corresponding changing area as set out in the Functional Brief Section [7.7].

7.2.3 Staff Toilets

Separate repeatable male and female ambulant toilets required to be located with the changing areas as set out in the Functional Brief Section [7.7].

7.2.4 Staff Rest

A shared staff common room to accommodate 12 persons is required.

The functionality required is set out in the Functional Brief Section [7.7].

7.2.5 Beverage Bay

A shared repeatable beverage facility co-located with the staff rest room is required as set out in the Functional Brief Section [7.7].

7.2.6 Reprographics

A shared repeatable reprographics room is required to serve a number of departments as set out in the Functional Brief Section [7.11].
7.2.7 Seminar Room

A repeatable seminar room (meeting style, this room will also be utilised for MDT meetings) is required as set out in the Functional Brief Section [7.11].

One seminar room in the hub serving the ICCU (PPDD 03) is of a reduced size.

7.2.8 Breast Expressing and Feeding Room

1 No. bespoke room will be located in the concourse and will consist of the following functionality:

- Space for sitting to express milk or to feed a baby
- A lockable fridge for the storage of breast milk
- A clinical WHB
- Door lockable from the inside with an indicator and external override.

7.3 Facilities Management – Soft Services

7.3.1 Regeneration Kitchen

A dedicated repeatable and secure regeneration kitchen is required, which must be located on the interface between the public and service corridor. Doors should be a minimum of 1.5 leaves. All fixtures and fitting must be of a “commercial” stainless steel catering standard (i.e. not HTM fixtures and fittings) hand wash facility, utensil wash facility, Insectocutor and storage shelving.

The room must also accommodate the following equipment including power supplies and isolators:

- Storage for regeneration trolleys (75 x 120 x 135 high – 4 number)
- Storage for crockery trolleys (x 4)
- Microwave and toaster
- Large refrigerator or refrigerator units
- Dishwasher.

The functionality required is set out in the Functional Brief Section [7.15].

7.3.2 Disposal Holding

A dedicated repeatable secure disposal holding (including re-cycling) room is required which must be located on the interface between the public and service corridor. Doors should be a minimum of 1.5 leaves opening outwards. The room must be mechanically ventilated. The key components are for a Janitorial (combined bucket sink & HRB assembly) unit, floor drain and impervious wall finish (PVC sheet).

The room must provide space to house the following:

- 2 x General Waste Containers (1100 litres)
- 2 x Clinical Waste Carts (770 litres)
- 1 x Recycling Waste Cart (770 litres)
- 1 x Sharps Cart (770 litres)
- 1 x CSSD Cart (770 litres)
- 2 x Soiled Linen Cages (Roll Cage 750 x 750 x 1800h).

The functionality required is set out in the Functional Brief Section [7.12].

7.3.3 IT Hub

The Information Technology “hub” room must, be compliant with ISO17799 and must be supplied with separate, diversely routed services. The area must have restricted access and access control. There will be a requirement for external network suppliers to provide services from the public network. The location of the hub rooms will be such that the SWS cabling will be a maximum distance of 90 metres from the terminating point within a cabinet to the terminating point at the module end. The hub rooms must accommodate 5 cabinets (all cabinets to be treated as single sided units) with a minimum of 1000mm circulating space around and be sized to allow for the total SWS cabling requirements.

It is anticipated that the cabinets will be fed from ceiling containment.

The hub rooms must be provided with UPS provision within the Trust’s technical requirements.

The functionality required is set out in the Functional Brief Section [7.12].

7.3.4 Domestic Services Room

A repeatable domestic services room is required to serve the Hubs. The ergonomic parameters are as out in the Functional Brief Table [7.12] for the departmental domestic services room.

The additional equipment / functionality required, is as follows:

- Space to house the floor cleaning “Chariots”
- Space to clean DSR equipment.

The functionality required is set out in the Functional Brief Section [7.12].

7.3.5 Store – Domestic Services

This repeatable central facility will accommodate items for use by Team Cleaners including bulky items for ‘deep cleaning’ such as the sit on scrubbing and carpet cleaners; items used infrequently and replacement items to replace departmental equipment requiring servicing or repair.

The layout should be based upon the ergonomic principles for a repeatable store as set out in the Functional Brief Section [7.13].
7.3.6 Store – Linen

Linen will be stored within the Neighbourhood Hubs and not within the individual Nursing Section. A bespoke room with door and a half access including 450 deep ventilated shelving and space for a linen exchange trolley is required.

The layout should be based upon the ergonomic principles for a repeatable store as set out in the Functional Brief Section [7.10].

7.3.7 Store – Furniture

A store is required for the storage of bulk furniture items such as beds and mattresses, as set out in the Functional Brief Section [7.10].

7.3.8 Medical Gas – Local Bottle Store

The Trust require a local medical gas bottle store as part of the FM area of all clinical hubs, this will serve two functions:

- Provision of limited emergency back up in the event of a total infrastructure failure (Full bottles only)
- Holding of both full and empty bottles used to support mobile equipment.

It is anticipated that the spatial arrangements are based upon the repeatable equipment bay within Functional Brief Section [7.16] with the addition of double door opening out to the FM circulation route.

The room should be clearly zoned to separate full and empty cylinders and accommodate 6 “J” size cylinders (vertically) and 6 empty and 12 full “G” size cylinders stored horizontally.

All bottles to be securely retained within a proprietary storage system.

The functionality required is set out in the Functional Brief Section [7.16].

7.3.9 Switchgear

A repeatable switchgear cupboard is required to serve the Neighbourhood Hub as set out in the Functional Brief Table [7.0].

7.4 Clinical Supplies

7.4.1 Sterile Supplies & IV Fluids Room

Each Inpatient Hub requires a room with 48 linear metres shelving for IV fluids.

The functionality required is set out in the Functional Brief Section [7.10].
This functional description has been cross referenced from other departmental PPDDs.

7.4.2 Store – Haemodialysis Fluids

1 no. repeatable medium store will be provided in the hub serving the ICCU (PPDD 03).

The functionality required is set out in the Functional Brief.

8.0 Schedule of Accommodation

The schedule of accommodation has been developed for the totality of the scheme as a series of tables. This schedule is included in Schedule 8 part 3.

9.0 Glossary and Definitions

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
MIDLAND METROPOLITAN HOSPITAL

No. 33
Neighbourhood Hubs Operational Policy
NEIGHBOURHOOD HUBS OPERATIONAL POLICY

KEY POINTS

- This policy outlines how the neighbourhood hubs will work in the Midland Metropolitan Hospital.
- Detailed information re patient/visitor/staff/goods flows through the neighbourhood hubs are included within the policy.
- The hubs contain the visitor reception, toilets and vending facilities for each half floor template.
- The hubs contain shared support accommodation for each half floor template which has been removed from the ward/department areas, such as iv store, seminar room, changing facilities with lockers and showers, staff rest room, reprographics and quiet/interview room.
- Soft FM services will be run from accommodation within the neighbourhood hubs in which the following facilities are located: linen store, domestic store, furniture store, regeneration kitchen, waste disposal, goods store and IT hub.
- Not all floors have a full neighbourhood hub as some of the above facilities are included within departments. One floor has a partial hub.
- Adjacent to many hubs is administration space, operated on an agile working concept, for use by staff working within MMH.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY
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1. Introduction

This policy describes the facilities and operational standards required for the neighbourhood hubs which form the access to all wards and departments within the Midland Metropolitan Hospital.

The policy describes the day to day operational detail for individual hubs, including detailed staff, patient, visitor, goods and services flows along with expected interventions within the hubs.

The document will assist design partners to ensure that the physical environment is suitable for purpose in line with HBN requirements and the intended clinical support function. The environment will facilitate the provision of high quality care, which allows staff to work efficiently and focus on maintaining the well-being of both staff and patients.

2. Objectives

The service will ensure provision of:

- Meet and greet facilities for patients and visitors
- Efficient flow for patients, staff and visitors
- Appropriate segregation of staff, patient and visitor welfare support services
- Accommodation for soft FM services

In addition the function of the hubs will include the provision of support accommodation which has been removed from ward areas; thus maximising clinical space within the wards and supporting a philosophy of shared dual function space between wards/departments, where applicable.

3. Scope

Four types of areas will be served by the Neighbourhood Hubs:

- Inpatient areas;
- Clinical areas;
- Non-clinical;
- Bespoke areas

3.1 Specific Exclusions

Full hub facilities will be provided on most floors within the building. On certain floors there are reduced facilities and on certain floors hub facilities are incorporated within specific departments.

The hub will not be used as an equipment or goods storage area, other than in designated spaces, nor will beds / trolleys be held / wait here.

4. Definitions

The following departments have bespoke hub facilities and do not benefit from a full neighbourhood hub:
Emergency Department
Imaging
Operating Theatre
Critical Care

The partial plant floor has a partial hub provided

5. Roles and Responsibilities

It is anticipated that the Hubs will not be manned by administration staff but instead they will operate/function through a specific 24/7 IT function, which serves to provide up to date electronic information to all patients, visitors and staff who attend the Hub. However, a reception desk will be provided which is able to be manned, if required.

The IT system must include touch screen equipment that will acknowledge that the patient/visitor has arrived at the HUB:

For **Patients** the system will:
- Record patient letter and ask patient to confirm demographics
- Confirm information about the wards/departments accessed via the Hub
- Provide advice regarding hand washing procedure (virtual nurse)
- Advise patient to wait in area until they are met by a member of staff and taken through to the receiving ward/department

For **Visitors** the system will:
- Confirm information about the wards/departments accessed via the Hub
- Provide tele-screen information about ward/department visiting times
- Advise visitors on hand washing procedure (virtual nurse)
- Alert visitors to wait in waiting area until visiting time when they will be given access to the ward (exceptions to this will be visitors who have made prior arrangements with the ward/department to attend outside of normal visiting hours. In this situation visitors will be required to use the intercom system at the individual ward/department entrance to gain access)

For **Staff** the system will:
- Provide general information about the wards/departments that can be accessed from the Hub.
- Provide advice regarding hand washing (virtual nurse)
- Agency staff will need to access individual wards/departments via the intercom system where a member of staff will be able to provide temporary access to changing and staff toilet facilities.

It is expected that all staff who work within the building will have knowledge of the function of the IT system within the Hubs so that they are able to advise patients and visitors regarding how to access and manage the IT equipment (touch screen technology) if they are approached for help/advice.

In addition it may be appropriate to have dedicated helpers (trust staff) who regularly walk through the Hubs during busy times to offer help to patients and visitors regarding the use of IT screens. This function may also be supported by volunteers.
NB If an alternative staffed system of a meet and greet function is decided upon then this is 
viewed as a ‘new additional function’ for the hospital and should therefore be staffed in 
addition to ward clerk roles and main reception roles.

6. Philosophy of the Policy

The philosophy of the policy is:

- To ensure that appropriate and safe use is made of the hubs
- Identify patient, visitor and staff flows
- Identify equipment / stock / service flows to support clinical areas
- Identify welfare facilities for patients, visitors and staff

7. Operating Hours

The hubs will be in use 24 hours per day although areas will be restricted to visitors outside 
of standard hours. Standard access for visitors will be between 8.00 am and 9.00 pm 
Exceptions to this are:

Neonatal,
Emergency department
ICCU

8. Staff, Patient and Goods Flows

Each hub facility is anticipated to serve a half floor template where a hub is in existence.

8.1 Patient Flow

8.1.1 Reception and Access to Wards and Departments

The reception area will be used by patients/visitors/staff, where a virtual meet and greet 
function will be provided. The reception facility will include direction, monitoring of visitors, 
possible issue of visitors passes to enter ward or clinical department or seminar room, 
advising clinicians of arrival of either patients and/or visitors and calling visitors through to 
wards/departments. The virtual reception role will also include an introduction to the area 
and promotion of hand washing. In addition, a facility should be available for patient self 
check-in.

The IT system will ideally include patient self-assessment/booking arrangements;

All other administration/clerical functions will be managed through ward administrative 
support staff and/or main reception staff. These may include:

- Provision of information eg car parking, financial support, bus times
- Answering general enquiries
- Answering general telephone queries
- Request and management of case notes (if not electronic record)
- Administrative support eg seminar room booking, photocopying etc.

The ward will be notified of unplanned admissions to the ward by the relevant 
team/department, in collaboration with the Trust Capacity Team. Patients will access the 
ward or department directly via the hub and may be admitted or transferred from:
Emergency Department  
Transfer from other wards  
Outpatient clinics  
Assessment Units  
Theatres  
Home

In this situation demographic checks will be made by the ward/department receptionist and the ward admission process commenced so that emergency admission patients are not delayed within the hub on their way to the ward.

NB: In some cases the reception will be manned and the reception will contain:

- IT terminals
- Telephone
- Computer and printer
- Resuscitation equipment (located within a staff area of the Hub that can be easily accessed)
- Patient and visitor information leaflets

The waiting areas will provide seating for patients and visitors to the wards and departments and will contain a wash hand basin station to promote hand washing to support the management of infectious conditions. This will be promoted by all staff and in particular, the virtual nurse.

Drinking water and vending machines will be located within the hub and will be serviced by Facilities staff.

A television to show public health information will be provided within the area.

A children’s play area will be provided within the area.

A public telephone will be provided.

These areas will be monitored by security via CCTV. Refer to PPDD 33

A store will provide storage for wheelchairs to ensure that the hub area remains uncluttered.

8.1.1 Elective Planned Admissions

Elective patients will be directed to the appropriate hub via the main hospital reception and intuitive signage. These patients will be asked to register their arrival using the electronic system and confirm demographic information held on the system. They will then be advised regarding hand washing via the virtual nurse and asked to wait within the hub until ward/department clinical staff are available to greet them and show them through to the ward to orientate them to the ward environment.

8.1.2 Emergency Unplanned Admission

All other patient groups will access wards/departments via the hub eg emergency admissions or transfers from ED/MAU/Theatre/ITU. However, these patient groups will not be delayed or required to wait within the hub. They will require immediate access to an in-patient bed arranged in advance with the Trust bed capacity team and the receiving ward.
8.2 Visitor Flow

Visitors will report to the main reception at the main entrance to the hospital and be directed to the appropriate hub:

Follow intuitive signage or ask at main reception desk

Directed to/arrive at hub reception

Advised to wash hands prior to ward entry by virtual nurse

Advised to wait in waiting area until access given to the ward according to ward visiting times or individual permissions arranged in advance outside or usual visiting times (clinical staff will meet and greet on a planned basis)

8.2.1 Visitor Toilets

Male and female toilets will be provided in this area for use by carers and visitors.

Carers and visitors will be restricted to the toilets designated for their use and will NOT be permitted to use the departmental clinical sanitary / welfare facilities.

8.3 Staff Flow

Staff will access the appropriate hub via the main entrance, or the ED entrance if arriving from the dedicated staff car park. They will access the dedicated staff zone within the hub using an electronic PAC (fob) facility. This will include all staff who are required to access this zone as part of their work allocation. Staff will require access 24 hours per day, seven days a week, 365 days per year.

9. Activity/Workload

In addition to providing reception and access facilities for patients, visitors and staff on each half floor cluster, the hub will also contain a number of staff welfare, soft FM and administration facilities.

9.1 Staff Welfare Facilities

Staff welfare facilities located within the hubs include:

- Staff lockers/changing;
- Staff showers;
- Staff toilets;
- Staff rest room;
- Beverage bay;
9.1.1 Staff Changing Rooms

Separate staff male and female changing, shower and toilet facilities will be provided, to include the provision of single-use lockers (coin-operated). These will be located within close proximity of working areas within the hubs. The lockers are to be used on a shift-by-shift basis, leaving them empty at the end of each shift for colleagues to use.

Changing facilities are not available within wards and clinical departments.

Staff from wards and departments located in the half floor cluster will share the above facilities; the exception being the maternity/neonatal floor where separate changing facilities will be provided for these departments.

9.1.2 Staff Rest Room

A shared staff rest room, to accommodate 12 people will be provided which will be shared by staff from wards and departments located on the half floor cluster.

9.1.3 Beverage Bay

A beverage facility will be co-located with the staff rest room. As this is shared by staff from the half floor cluster, staff must ensure they clean up after themselves and leave the room clean and tidy after use.

9.1.4 Reprographics

A reprographics room will be provided to serve all wards and departments located in the half floor cluster. This will provide facilities for printing, scanning and photocopying and will be accessed by use of a Trust Smartcard.

9.1.5 Seminar Room

A generic seminar room to house 20 people in a meeting room configuration will be provided. Booking of these rooms will be via an electronic booking system. The rooms will be used for training, MDT meetings and general meetings and furniture should be easy to move and store.

Extensive wireless connectivity, high spec broadband / IT links or network points will be provided with capacity to support:

- Video and teleconferencing
- Telemedicine
- PACS
- E-Learning, webinars etc
- Remote viewing of surgical and other procedures
- Portable learning technologies
- Facility for online learning/tutoring/discussions/forums for education and training purposes (e.g. unrestricted access to internet based learning options)

DVD, sound system, hearing loop and video conferencing technology will be available.
9.1.6 Interview/Quiet Room

An interview/quiet room will be provided. Booking of these rooms will be via an electronic booking system. The room will be used for interviews, one-to-one meetings and quiet office space.

9.2 Facilities Services

9.2.1 Regeneration Kitchen

Each of the hubs will contain a regeneration kitchen to be used by Facilities staff to prepare patient meals, as detailed in Facilities operational policy No 24.

9.2.2 Waste Disposal

A waste disposal area will be provided within the hub which will contain a variety of containers to deposit the following waste streams, as detailed in PPDD 33:

- General Waste
- Clinical Waste
- Recycling Waste
- Sharps
- CCSD
- Soiled Linen

Ward staff and Ward Services Officers will deposit waste into the relevant container within the area and dedicated Facilities staff will remove the waste to the waste yard on a regular basis to ensure there is capacity for waste to be deposited at all times. See Waste section of Facilities operational policy No 24.

9.2.3 IT Hub

An IT hub will be provided as per PPDD 33.

9.2.4 Domestic Services

A domestic services store will be provided to provide localised storage of cleaning materials, consumables and equipment, as listed in the Hotel Services section of the Facilities operational policy No 24. This will be used to supplement the domestic services supplies within each ward or department located on the half floor cluster. A domestic services room will be provided to provide cleaning services to the hub itself and house large cleaning equipment used for team cleaning.

9.2.5 Linen Store

A linen store will be provided to store linen in order to facilitate timely replenishment of ward/department linen as per the Linen Section of the Facilities operational policy No 24.

9.2.6 Furniture Store

A dedicated furniture store will be provided for short term storage of beds, mattresses eg those beds which have been substituted for specialist pressure relieving beds, broken furniture and bariatric equipment. This will be emptied on a regular basis as per Facilities
operational policy No 24.

9.2.7 Clinical Supplies

This room will contain appropriate height racking which will be used to store central supplies such as IV Fluids, gloves, incontinence pads and dressing packs which will then be, in turn, decanted into each ward/department local store within departments located on the half floor cluster. Access to this store can be gained by ward/department staff when necessary. For further information, refer to Facilities operational policy No 24.

9.3 Administration

Administration functions will be located in shared administration hubs located adjacent the hubs. Further detail can be gained from the Administration operational policy No 19.

The provision will be in open offices where agile desk arrangements will exist for staff who are not desk bound, such as clinicians working within MMH and peripetetic staff whose main base is outside of the MMH and are temporarily working within the MMH. ‘Home’ zones will be allocated in the administration area closest to the clinical working area.

10. Business Continuity

10.1 Major Incident

Gold control will be located within Level 4 administration zone situated on Level 4 hub. In the event of a major incident this area will be managed in line with the major incident policy. PPDD 19 identifies the requirement for the suite of rooms required.

In the event of a major incident staff will act in accordance with their roles as described on major incident action cards.

A major incident within the site requiring evacuation will require all staff to leave the building in line with evacuation procedures.

11. Regulatory Requirements

The area will be managed in line with the following regulatory requirements:

- Health and Safety at Work Act
- Data Protection Act
- Freedom of Information Act

12. Clinical Support Services

Pharmacy

N/A

Infection Control

Infection control will be managed by the virtual nurse situated within the neighbourhood encouraging hand washing, plus the installation of hand washing facilities.
HSSU
N/A

Manual Handling
Staff will undertake patient and equipment movement and handle all goods in line with the Trust Manual Handling Policy.

Healthcare Records
Staff will manage healthcare records within the area in line with the Trust Health Records Policy

13. Non Clinical Support Services

IT
IT services will be required to maintain business continuity in neighbourhood hubs. Staff will contact the IT helpdesk in case of problems.

Transport
N/A

Portering Service
N/A

Catering
Catering will use the regeneration kitchen to prepare and supply catering for patients on the ward areas. Catering will sometimes be required for the provision of refreshments when events are held in administration seminar / meeting rooms. Vending machines will be managed by the Catering Department.

Linen
Linen will be delivered to the linen store located within the neighbourhood hub and disseminated to the ward / department areas from this store.

Domestic Service
Domestic services will be required to maintain a clean environment.

Maintenance
Maintenance will be required to repair and maintain the built environment.

Security
Security measures will be required out of hours when risk levels increase for workers entering / leaving the building alone.

**Fire Procedure**

Staff will act in line with the Trust Fire Policy.

**Waste Management**

Paper production will be minimised as far is as possible. However, some waste is likely to be created. Sustainable approaches to disposal will be used. Confidential waste will be destroyed safely ensuring that data is not disclosed. All waste will be delivered from the wards / departments to the waste disposal hold.
Policy No: 35

Energy Centre & Ancillary Buildings

Department / Service: Energy Centre & Ancillary Buildings
Originator: Estates and Technical Team
Approved by: Version 11.0
Designation: 
Date of approval: 

Name: G. Seager       Post: Project Director       Signature:

35 Energy Centre & Ancillary Buildings

Health Quality Service reference: 0.0

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Disclaimer
This document has been prepared for use by Sandwell and West Birmingham Hospitals NHS Trust (SWBH) in connection with the titled project or named part thereof and should not be relied upon by any other person or used for any other project without an independent check being carried out as to its suitability and prior written authority of SWBH being obtained. Neither SWBH nor its advisors accept any responsibility or liability in connection with this document being used by any other person or being used for any other purpose other than the purpose for which it was commissioned nor do they accept any duty of care to any other person in connection therewith. Any person using or relying on this document for any other purpose agrees, and will by such use or reliance be taken to confirm his agreement, to hold SWBH and its advisors harmless from any and all losses and/or damages resulting there from.
1.0 Philosophy of Service

The provision of a primary heat generating plant to provide the development with a resilient energy supply. This will include primary and standby fuel installations and plant redundancy for emergency breakdown and planned preventative maintenance operation.

The Primary Energy Centre may be split into more than one functional unit dependent on the overall service strategy developed within the solution.

This PPDD has been produced to inform the spatial standards and functionality issues addressed during the development of the Public Sector Comparator. It is not intended to be a prescriptive requirement on the eventual service provider. It will however be used as a benchmark. Reference should be made to the Trust’s documentation “Grove Lane – Concept Design Development Building Form – Energy Supply Strategy and Sustainability” and the Functional Brief section [4.4] in this regard.

The PSC has incorporated the following low carbon solution based upon Design Note 04 CS022604-01-01/DN04 dated January 2008.

- Bio mass boilers
- Combined heat & power
- Absorption cooling.

Components of the primary energy infrastructure (Non DCA based) outlined within this PPDD include:

- Primary energy supply
- Primary energy generation
- Electricity supply
- Water supply
- Medical gas storage & supply including VIE compound.

2.0 Scope of the Planning Policy

2.1 Specific Exclusions

Components of the secondary infrastructure (Non DCA based) to be developed as part of the Project solution and form part of the percentage on-cost allowance include:

- Domestic hot water generation
- Air handling plant
- Service distribution & risers
- Local water processing (reverse osmosis et al).
This PPDD cover the acute block only and no allowance has been made for the separate corporate block for which it is assumed will be served by its own independent plant facilities (which are included in the PSC as an on-cost allowance).

The following engineering functionality has been included within specific departmental PPDDs:

- Departmental Switchgear
- Local medical gas manifolds and storage.

The Gymnasium and Crèche will have a separate service plant facility independent of the main acute building.

### 2.2 Activity Figures

Not applicable.

### 2.3 Hours of Service

The primary plant will function 365 days per year – 24 hours per day.

### 2.4 Functional Content

The main functional components of this PPDD are summarised below:

#### 2.4.1 Primary Energy Generation & Storage

- Biomass Boilers
- Dual Fuel Boilers
- LPHW pumps and control panels
- Absorption chillers
- Chilled water pumps
- CHP Plant.

#### 2.4.2 Electricity Supply & Generation

- HV Sub station
- LV Substation
- Standby generator.

#### 2.4.3 Water Supply & Processing

- Water storage
- Water softener.

---

### Table: 35 Energy Centre & Ancillary Buildings

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2.4.4 Medical Gas Storage & Supply including VIE compound

- Medical gas store
- Medical gas manifold
- VIE compound.

2.4.5 External Facilities

- Oil storage
- Boiler flue
- Gas meter housing
- Biomass fuel store
- Dry coolers.

2.5 Common Planning Policies

This planning policy has been developed to be read in conjunction with the overall Functional Brief and must not be viewed in isolation.

3.0 Staffing

No permanent staffing is anticipated within the Primary Energy Centre. Visiting attendance by Hard FM staff will take place to undertake planned preventative maintenance duties, insurance inspection and plant replacement.

4.0 Key Relationships

4.1 Departmental Relationships

In order to minimise distribution losses and achieve the energy targets set out within the Functional Brief. The following are the key departmental relationships as determined during the development of the PSC:

<table>
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<th>Relationship</th>
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<td>Adjacent to the biomass boilers</td>
</tr>
<tr>
<td>Biomass Fuel Store</td>
<td>Access by 20 tonne vehicles, Access by supply vehicles</td>
</tr>
<tr>
<td>Dry coolers</td>
<td>Located high level (roof)</td>
</tr>
<tr>
<td>LV switchroom</td>
<td>Co-located with HV substation</td>
</tr>
<tr>
<td>Standby generator</td>
<td>Adjacent to LV switchroom</td>
</tr>
<tr>
<td>CHP plant</td>
<td>Adjacent to HV substation</td>
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<tr>
<td>Oil storage</td>
<td>External adjacent to the energy centre</td>
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<tr>
<td>VIE</td>
<td>Access by supply vehicles</td>
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4.2 Workflow

4.2.1 Staff Flows

Staff will utilise the facilities provided by the private sector partner.

4.2.2 Goods Flows

Refer section [4.1] above.

4.3 Interdepartmental Relationships

The Energy Centre should be located as near as possible to the centre of the development in order to provide economic distribution of services and minimise distribution losses.

The Energy Centre will be connected to the external primary energy infrastructure via incoming buried and ducted service. Services from the energy centre will interconnect to secondary plant areas located within the hospital development via horizontal and vertical services distribution ducts.

Section [5.12] sets out the anticipated requirements for vehicular access required to support the PSC.

Staff will utilise the facilities within provided by the private sector partner for administration and staff welfare and as such a close relationship is required.

5.0 Planning and Design Principles

5.1 Ambience and Decoration

Energy Centre construction needs to be designed to be integrated into the overall design solution/architectural appearance at the site.

5.2 Wayfinding

No specific issues.

5.3 Security and Observation

The Energy Centre will be for the greater part of the day unmanned and therefore must be totally secure. Access must be maintained 24/7 for authorised personnel only. A secure compound will be required around the Energy Centre.
5.4 **Control of Infection**

There are no additional issues from those set out within the Functional Brief.

5.5 **Manual Handling**

The design must take due account of plant replacement including access for hoists, cranage and lifting points within the structure.

5.6 **Fire & Safety**

5.6.1 **Fire**

Precautions against fire will be taken by staff working within the area. The Trust’s *Fire Safety Management Policy* will be adhered to and can be referenced within the Functional Brief.

5.6.2 **Safety**

The energy centre must be covered by an approved “Permit to Work” System.

5.6.3 **Radiological Protection**

There are no specific radiological protection issues in respect of the Energy Centre.

5.7 **Privacy**

Acoustic separation to mitigate against noise / vibration transfer from plant to occupied areas and compliance with the Local Authority site boundary noise criteria as set out within chapter 8 of the *Trust’s Environment Statement: Noise and Vibration*. Also to limit internal noise levels to below that required for the use of personal ear protection, i.e. less that 85 dba.

5.8 **Environmental Parameters**

The solution must be fully compliant with *HTM 03-01 Specialist ventilation for healthcare premises: Part A Design & Validation*.

5.9 **Environmental Criteria**

5.9.1 **Natural Light**

Natural light should be provided to limit the use of artificial lighting during the hours of daylight.
5.9.2 Natural Ventilation

Energy Centre should benefit from the use of natural ventilation for the provision of combustion air requirements at high and low level. It is also anticipated that natural ventilation will be utilised to limit internal temperatures.

5.9.3 Acoustic Criteria

The Design Brief developed by the Trust sets out the key requirements in respect of the acoustic criteria required. The Functional Brief sets out measurable requirements for each of the Repeatable Rooms and Repeatable Functions. Noise and vibration generated within the Energy Centre should be attenuated to an ‘A’ rating (Functional Breif Table [14]).

5.9.4 Medical Gas and Power Supply Requirements

There are no medical gas requirements within the Energy Centre however natural gas will be required as part of the primary energy source.

This PPDD describes the Trust’s requirements in respect of the primary medical gas plant and infrastructure.

5.10 Flexibility

Energy Centre should be designed to allow for future flexibility, both at a micro level and at a macro level in respect of those areas quantified within the Functional Brief.

The design of the Energy Centre must reflect the need to integrate future sustainable technologies and low / zero carbon fuel services.

5.11 IM & T

All energy centre equipment, boiler plant, fuel and water storage, standby generators, medical gases plant etc must be fully controlled and monitored on the site Building Management System. The Building Management System 'Front End' Master Control are described and included within PPDD 26 Facilities Management (PFI). The system must have the facility to direct critical alarms to an alarm monitoring point in the CCTV/security offices located in the Emergency Department.

5.12 External Spaces

The Energy Centre has to be supported by dedicated external space which includes:

- Areas for fuel deliveries (fuel stores 20 tonne – Biomass fuel deliveries etc)
- Unobstructed space for air transfer, flues etc
• Areas for deliveries for Medical Gases & the VIE compound. The VIE compound must also be physically separated from other buildings and external facilities within its own dedicated safety exclusion space.

A secure compound is required around the Energy Centre.

### 6.0 Equipment

The specific requirements for the Physiological Measurement accommodation will be addressed through the equipment selection in accordance with the Equipment Responsibility Matrix in the Schedule 13.

### 7.0 Proposed Accommodation

In developing proposals for the energy centre and associated ancillary facilities reference must be made to *HTM 2023 Access and accommodation for engineering services: good practice guide.*

The rooms described below are solely in respect of bespoke rooms or repeatable rooms which require modification.

For repeatable rooms refer to the Functional Brief.

Rooms should be square / rectangular and designed to facilities plant removal and planned and routine maintenance.

#### 7.1 Primary Energy Generation & Storage

##### 7.1.1 Biomass Boilers

To generate low-pressure hot water (LPHW) for heating and domestic hot water generation. These boilers should be co-located with the biomass fuel store to facilitate automated fuel distribution.

##### 7.1.2 Dual Fuel Boilers

To generate LPHW sized to cover the acute hospital on full load assessment and provide backup to the CHP and biomass boilers. This facility should be adjacent to the biomass boilers.

##### 7.1.3 LPHW Pumps & Control Panel

An area is required for the LPHW distribution pumps, and pressurisation unit to facilitate the distribution of low-pressure hot water through the facilities. This area should also accommodate the mechanical services control panels and oil storage day tanks.
7.2 **Medical Gas Storage & Supply including VIE compound**

7.2.1 **VIE Compound**

The Trust require an external VIE compound accommodating:

- Two no 200 tonne vessels (one operational and one for standby)
- Concrete base 10m x 7m with split apron along front (10m side) concrete 4.5m wide for fill area
- Open fence required all around to allow air movement and reduce build up of frost. Can have some wall if necessary but needs to be reviewed.

This should be full in accordance with *HTM 02-01 Medical gas systems: Part A design, installation, validation and verification*.

In addition the store will include the bulk storage of special gases mixtures used in respiratory physiology (viz. PPDD 16 section [7.4.10]).

7.3 **External Functionality**

7.3.1 **Oil Storage**

The PSC assume that a single oil storage tank will support both the boilers and electricity generators. It is assumed that this facility will be buried externally.

7.3.2 **Boiler Flue**

7.3.3 **Gas Meter House**

It is assumed that a medium pressure gas service and meter house will be provided through the utility supplier as a stand alone facility on the site boundary.

7.3.4 **Biomass Fuel**

The PSC has been based upon the use of woodchip as the preferred biomass fuel due to the availability of local supply. Storage volume has been assessed at one weeks supply. Access is required for delivery using 20 tonne vehicles.

8.0 **Schedule of Accommodation**

The schedule of accommodation for the energy centre and associated ancillary buildings includes both functions which are DCA and on-cost derived as such the percentage allowances within the summary schedules have been adjusted accordingly.
9.0 Glossary and Definitions

In order to ensure consistency within the facilities a single Glossary of Terms and Definitions section is appended to the Functional Brief.
ITPD Volume 2

Appendix C – Schedule of Accommodation
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## Schedule of Accommodation

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**Total**

**Planning Allowance**: 3.0% 10.00
**Engineering Allowance**: 5.0% 16.68
**Circulation Allowance**: 33.0% 94.08
**Total Gross**: 353.76

**External Areas**

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**Sub Total**

**Departmental Area**

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**Emergency Department**

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**Version 10f**

This section will be completed and released once the exemplar design drawing has been resolved - expected c 15th September

Midland Metropolitan Hospital
Schedule of Accommodation v10e
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**Acute Assessment Unit**

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### Acute Assessment Unit

#### AMU 1
- **Staff Base:** AMU 1
- **AMU 2**

#### Accommodation

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**Sub Total (Net):** 546.00 GBP

---

### AMU 2

#### Accommodation

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**Sub Total (Net):** 885.50 GBP

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### Sub Total (Net):** 1,431.50 GBP

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### Sub Total (Net):** 1,633.50 GBP

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### Sub Total (Net):** 1,920.50 GBP

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### Sub Total (Net):** 2,594.00 GBP
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| Sub-Total                                      | 2,650.00 |
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| Sub-Total                                      | 2,650.00 |
| General Administration                         | 3.0%     |
| Sub-Total                                      | 2,650.00 |
| Sub-Total                                      | 2,787.99 |</p>
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SWBH as Drawn - to be completed when exemplar drawings issued
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| Sub Total (Net) |  | 419.00 |

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### Circulation Space

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### L2 generic ward centre cardio

#### Clinical Support Areas

| Staff Base: 121 with HCA | CARW-002  
| Staff Base: 121 with HCA | CARW-004  
| ICU | CARW-005  
| Dialysis | CARW-006  
| Staff WC | CARW-001  
| Staff WC | CARW-003  
| Procedure room | CARW-009  
| Intensive/Counselling room | CARW-007  
| Clean utility | CARW-010  
| Staff utility with macerator | CARW-012  
| WC - OSFA | CARW-011  
| Assisted shower/WC/WHB | CARW-039  
| Procedure room | CARW-059  
| Interview/Counselling room | CARW-037  
| Clean utility | CARW-017  
| Dirty utility - with macerator | CARW-058  
| Support & Storage Areas | CARW-033  
| Beverages Room | CARW-048  
| Store: Linen | CARW-027  
| Store | CARW-057  
| Store | CARW-060  
| Store: large | CARW-013  
| Mobile equipment bay | CARW-006  
| Food trolley bay | CARW-0042  
| Domestic Services Room | CARW-018  
| Switchgear room | CARW-019  
| Switchgear - entertainment equipment | CARW-021  

#### Administration

| Office: 1st Sister/Charge Nurse | CARW-003  
| Office: resource base: 4th | CARW-005  
| Office | CARW-022  
| Office | CARW-039  
| Touchdown Point | CARW-002  
| Touchdown Point | CARW-013  
| Welcome Point | CARW-001  

#### Sub Total (Net): 75.30

### Shared use of

**neighbourhood hub**

Scheduled within PPDD 20

**Sub Total (Net):**

21.00

### Shared use of

**administration zone**

Scheduled within PPDD 20

**Sub Total (Net):**

35.50

#### Strategic Content

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<th>Quantum</th>
<th>Total Area (sqm)</th>
<th>Sub Totals (sqm)</th>
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| Staff: Small | CARW-005 18.1/23.7  
| Sub Total (Net): 29.00

### Net Departmental Area

796.50

### Gross Departmental Area

1,136.63

### Gross Departmental Area (17 No. Generic Wards)

1,367.00
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Midland Metropolitan Hospital
Schedule of Accommodation v20e
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Sub Total (Net) 622.50 667.30
### Midland Metropolitan Hospital

#### Schedule of Accommodation v10e

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<td>Staff Mean (3) with mean mobility</td>
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<td>Guest day space</td>
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<tr>
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<td>Assisted therapies/ODW/KWK</td>
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<tr>
<td>Procedure room</td>
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<tr>
<td>Intervention/Anesthesia room</td>
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<tr>
<td>Clean utility</td>
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### Net Departmental Area

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<td>Guest day space</td>
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**Page 17**
# L2 generic ward

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| Planning Allowance | 3.0% | 21.09 | 3.0% | 21.10 |
| Engineering Allowance | 5.0% | 40.16 | 5.0% | 40.16 |
| Circulation Allowance | 30.0% | 243.96 | 24.5% | 227.00 |
| **Gross Departmental Area** | 1,097.80 | 1,201.00 |
**L3 generic ward centre**

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### L3 generic ward centre

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Sub Total (Net) | 622.50 |

Sub Total (Drawn) | 676.15 |
## L3 generic ward centre

### Clinical Support Areas

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**Sub Total (Net)**: 93.50

### Support & Storage Areas

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**Sub Total (Net)**: 71.10

### Administration

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**Sub Total (Net)**: 20.60

### Shared use of neighbourhood hub

**Sub Total (Net)**: 0.00

### Administration zone

**Sub Total (Net)**: 0.00

### Net Departmental Area

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Page 22
## L3 Generic Ward Centre

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**Net Departmental Area** 159.00 0.00

| Planning Allowance | 3.0% | 3.0% |
| Sub Total | 163.77 | 0.00 |
| Engineering Allowance | 5.0% | 5.0% |
| Circulation Allowance | 25.0% | 25.0% |

**Sub Total Gross Departmental Area** 212.90 0.00

**1,310.70** **1,261.00**
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**Sub Total (Net)**

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**Gross Engineering Area**

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**Gross Departmental Area**

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## Midland Hospital

**Level 4 generic ward post natal**

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# Midland Metropolitan Hospital
## Schedule of Accommodation

### L4 generic ward gynae

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### Administration

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### Strategic Content

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### Shared use of administration core

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Midland Metropolitan Hospital
Schedule of Accomodation v10e
L5 generic ward geriatric

Strategic Content

Bed Areas

Version 10.0a

Proposed Function

Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
Isolation lobby

Room Number

with
with
with
with
with
with
with
with
with
with
with
with
with
with
with
with

Comments

Generic
room

Total Area
(sqm)

Sub Totals
(sqm)

Proposed
Unit Area
(sqm)

Quantum

Total Area
(sqm)

PPDD00 11.1/App4

17.00

1

17.00

18.90

1

18.90

GW4-015

√

PPDD00 11.1/App4

17.00

1

17.00

18.90

1

18.90

GW4-017

√

PPDD00 11.1/App4

17.00

1

17.00

18.90

1

18.90

GW4-024

√

PPDD00 11.1/App4

17.00

1

17.00

17.90

1

17.90

GW4-027

√

PPDD00 11.1/App4

17.00

1

17.00

17.90

1

17.90

GW4-028

√

PPDD00 11.1/App4

17.00

1

17.00

17.90

1

17.90

GW4-031

√

PPDD00 11.1/App4

17.00

1

17.00

17.90

1

17.90

GW4-034

√

PPDD00 11.1/App4

17.00

1

17.00

17.30

1

17.30

GW4-039

√

PPDD00 11.1/App4

17.00

1

17.00

15.90

1

15.90

GW4-040

√

PPDD00 11.1/App4

17.00

1

17.00

16.40

1

16.40

GW4-045

√

PPDD00 11.1/App4

17.00

1

17.00

16.90

1

16.90

GW4-046

√

PPDD00 11.1/App4

17.00

1

17.00

17.00

1

17.00

GW4-049

√

PPDD00 11.1/App4

17.00

1

17.00

16.90

1

16.90

GW4-051

√

PPDD00 11.1/App4

16.50

1

16.50

GW4-060

√

PPDD00 11.1/App4

18.90

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18.90

GW4-064

√

PPDD00 11.1/App4

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18.90

GW4-012

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PPDD00 17.8/App4

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4.50

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1

5.60

GW4-013

√

PPDD00 17.8/App4

4.50

1

4.50

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5.60

GW4-018

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PPDD00 17.8/App4

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4.50

5.50

1

5.50

GW4-025

√

PPDD00 17.8/App4

4.50

1

4.50

5.20

1

5.20

GW4-026

√

PPDD00 17.8/App4

4.50

1

4.50

5.50

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5.50

GW4-029

√

PPDD00 17.8/App4

4.50

1

4.50

5.20

1

5.20

GW4-030

√

PPDD00 17.8/App4

4.50

1

4.50

5.50

1

5.50

GW4-035

√

PPDD00 17.8/App4

4.50

1

4.50

4.50

1

4.50

GW4-038

√

PPDD00 17.8/App4

4.50

1

4.50

4.60

1

4.60

GW4-041

√

PPDD00 17.8/App4

4.50

1

4.50

4.90

1

4.90

GW4-044

√

PPDD00 17.8/App4

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4.50

5.00

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5.00

GW4-047

√

PPDD00 17.8/App4

4.50

1

4.50

4.90

1

4.90

GW4-050

√

PPDD00 17.8/App4

4.50

1

4.50

5.20

1

5.20

GW4-052

√

PPDD00 17.8/App4

5.60

1

5.60

GW4-061

√

PPDD00 17.8/App4

5.60

1

5.60

GW4-063

√
√
√
√

PPDD00 17.8/App4

5.60

1

5.60

4.60

1

4.60

4.60

1

4.60

4.40

1

4.40

√

PPDD00 11.1/App4

GW4-014

Isolation lobby
Single bedroom - acute with
support: large
En Suite - Bariatric
Shower/WC/WHB

GW4-019
2 for bariatric, 1 for
accessible

√

Isolation lobby

√

En Suite - Independent
Wheelchair Shower/WC/WHB

√
√

with

Quantum

√

GW4-010

with

Proposed
Unit Area
(sqm)

GW4-011

Isolation lobby

En-Suite - Bariatric
Shower/WC/WHB
4 bedded room - acute
support
4 bedded room - acute
support
4 bedded room - acute
support
4 bedded room - acute
support

Reference

SWBH as Drawn

PPDD00 17.1/21.2

4.50

1

4.50

PPDD00 17.1/21.2
PPDD00 17.1/21.2
20.00

3

60.00

0.00

PPDD00 17.8/App4

8.00

1

8.00

0.00

PPDD00 17.1/21.2

4.50

1

4.50

0.00

PPDD00 17.8/App4

6.00

1

6.00

0.00

PPDD00 17.8/App4

8.00

1

8.00

0.00

GW4-005

√

PPDD00 12.1/App4

56.00

1

56.00

66.20

1

66.20

GW4-009

√

PPDD00 12.1/App4

56.00

1

56.00

66.20

1

66.20

GW4-068

√

PPDD00 12.1/App4

56.00

1

56.00

54.50

1

54.50

GW4-072

√

PPDD00 12.1/App4

56.00

1

56.00

55.40

1

55.40

En Suite - Assisted WC/WHB

GW4-004

√

PPDD00 17.10

3.00

1

3.00

5.60

1

5.60

En Suite - Assisted WC/WHB

GW4-008

√

PPDD00 17.10

3.00

1

3.00

5.60

1

5.60

En Suite - Assisted WC/WHB

GW4-066

√

PPDD00 17.10

3.00

1

3.00

5.40

1

5.40

GW4-070

with
with

En Suite - Assisted WC/WHB
En Suite - Assisted
Shower/WHB
En Suite - Assisted
Shower/WHB
En Suite - Assisted
Shower/WHB
En Suite - Assisted
Shower/WHB
Sub Total (Net)

√

PPDD00 17.10

3.00

1

3.00

5.60

1

5.60

GW4-003

√

PPDD00 17.9

4.00

1

4.00

5.60

1

5.60

GW4-007

√

PPDD00 17.9

4.00

1

4.00

5.60

1

5.60

GW4-067

√

PPDD00 17.9

4.00

1

4.00

5.40

1

5.40

GW4-071

√

PPDD00 17.9

4.00

1

4.00

5.60

1

5.60

622.50

Page 31

Sub Totals
(sqm)

667.30


### LS generic ward generic

#### Clinical Support Areas

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<th>Staff Room</th>
<th>Staff Base</th>
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<td>Procedure room</td>
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<td>Interview/Counselling room</td>
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<tr>
<td>Quiet utility</td>
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<td>Dirty utility - with macerator</td>
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#### Support & Storage Areas

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#### Administration

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<tr>
<td>Bed Areas</td>
<td>Single Bedroom - acute with support</td>
</tr>
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<td>Single Bedroom - acute with support</td>
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<tr>
<td></td>
<td>En-Suite - Assisted Shower/WC/WH</td>
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<td>En-Suite - Assisted Shower/WC/WH</td>
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<tr>
<td></td>
<td>En-suite - toilet</td>
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<td>En-suite - toilet</td>
</tr>
<tr>
<td>En Suite - Assisted WC/WHB</td>
<td>GW5-004</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>En Suite - Assisted WC/WHB</td>
<td>GW5-008</td>
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<tr>
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<td>En Suite - Assisted Shower/WHB</td>
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**Sub Total (Net)** 622.50 670.10
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<th>Version 10.0a</th>
<th>SWRM as Drawn</th>
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<td>6.50 1 6.50</td>
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<tr>
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<td>9.80 1 9.80</td>
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<tr>
<td>Quiet day space</td>
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<td>5.90 1 5.90</td>
<td>0.00</td>
</tr>
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<td>Resuscitation room/GW/DM</td>
<td>8.00 1 8.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Intensive/Counselling room</td>
<td>14.00 1 14.00</td>
<td>14.00 1 14.00</td>
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<td>Clear utility</td>
<td>13.00 1 13.00</td>
<td>15.00 1 15.00</td>
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<td>Utility - with macerator</td>
<td>11.00 1 11.00</td>
<td>7.50 1 7.50</td>
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<td><strong>70.50</strong></td>
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</table>

**Support & Storage Areas**

| Staff WC | 3.00 1 3.00 |
| Staff WC | 3.20 1 3.20 |
| Mobile equipment trolley | 1.50 1 1.50 |
| **Sub Total (Net)** | **45.50** | **71.30** |

**Administration**

| Office (1) | 9.00 1 9.00 |
| Office (1) | 12.00 1 12.00 |
| **Sub Total (Net)** | **21.00** | **21.00** |

**Shared use of neighbourhood hub**

| **Sub Total (Net)** | **28.00** | **42.20** |

**Shared use of administration zone**

| **Sub Total (Net)** | **6.00** | **6.00** |

### Net Departmental Area

| Planning Allowance | 769.50 | 854.60 |
| Planning Allowance | 3.00% | 3.00% |
| Design Allowance | 812.19 | 880.24 |
| Design Allowance | 3.00% | 3.00% |
| Circulation Allowance | 343.96 | 343.96 |
| Gross Departmental Area | 1,097.80 | 1,202.00 |
Midland Metropolitan Hospital
Schedule of Accomodation v10e
L5 generic ward T+O right
Strategic Content
Bed Areas

Version 10.0

Proposed Function
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
Single bedroom - acute
support
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
Isolation lobby

Room Number
with
with
with
with
with
with
with
with
with
with
with
with
with
with
with
with

Comments

Generic
room

Reference

Proposed
Unit Area
(sqm)

Quantum

SWBH as Drawn

Total Area
(sqm)

Sub Totals
(sqm)

Proposed
Unit Area
(sqm)

Quantum

Total Area
(sqm)

GW6-011

√

PPDD00 11.1/App4

17.00

1

17.00

18.90

1

18.90

GW6-015

√

PPDD00 11.1/App4

17.00

1

17.00

18.90

1

18.90

GW6-017

√

PPDD00 11.1/App4

17.00

1

17.00

18.90

1

18.90

GW6-024

√

PPDD00 11.1/App4

17.00

1

17.00

17.90

1

17.90

GW6-027

√

PPDD00 11.1/App4

17.00

1

17.00

17.90

1

17.90

GW6-028

√

PPDD00 11.1/App4

17.00

1

17.00

17.90

1

17.90

GW6-031

√

PPDD00 11.1/App4

17.00

1

17.00

17.90

1

17.90

GW6-034

√

PPDD00 11.1/App4

17.00

1

17.00

17.30

1

17.30

GW6-039

√

PPDD00 11.1/App4

17.00

1

17.00

15.90

1

15.90

GW6-040

√

PPDD00 11.1/App4

17.00

1

17.00

16.40

1

16.40

GW6-045

√

PPDD00 11.1/App4

17.00

1

17.00

16.90

1

16.90

GW6-046

√

PPDD00 11.1/App4

17.00

1

17.00

17.00

1

17.00

GW6-049

√

PPDD00 11.1/App4

17.00

1

17.00

16.90

1

16.90

GW6-051

√

PPDD00 11.1/App4

16.50

1

16.50

GW6-060

√

PPDD00 11.1/App4

18.90

1

18.90

GW6-064

√

PPDD00 11.1/App4

18.90

1

18.90

GW6-012

√

PPDD00 17.8/App4

4.50

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4.50

5.60

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5.60

GW6-013

√

PPDD00 17.8/App4

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GW6-018

√

PPDD00 17.8/App4

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4.50

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5.50

GW6-025

√

PPDD00 17.8/App4

4.50

1

4.50

5.20

1

5.20

GW6-026

√

PPDD00 17.8/App4

4.50

1

4.50

5.50

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5.50

GW6-029

√

PPDD00 17.8/App4

4.50

1

4.50

5.20

1

5.20

GW6-030

√

PPDD00 17.8/App4

4.50

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4.50

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5.50

GW6-035

√

PPDD00 17.8/App4

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4.50

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4.50

GW6-038

√

PPDD00 17.8/App4

4.50

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4.50

4.60

1

4.60

GW6-041

√

PPDD00 17.8/App4

4.50

1

4.50

4.90

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4.90

GW6-044

√

PPDD00 17.8/App4

4.50

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4.50

5.00

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5.00

GW6-047

√

PPDD00 17.8/App4

4.50

1

4.50

4.90

1

4.90

GW6-050

√

PPDD00 17.8/App4

4.50

1

4.50

5.20

1

5.20

GW6-052

√

PPDD00 17.8/App4

5.60

1

5.60

GW6-061

√

PPDD00 17.8/App4

5.60

1

5.60

GW6-063

√
√
√
√

PPDD00 17.8/App4

5.60

1

5.60

4.60

1

4.60

4.60

1

4.60

4.40

1

4.40

√

PPDD00 11.1/App4

20.00

3

60.00

0.00

PPDD00 17.8/App4

8.00

1

8.00

0.00

PPDD00 17.1/21.2

4.50

1

4.50

0.00

PPDD00 17.8/App4

6.00

1

6.00

0.00

√

PPDD00 17.8/App4

8.00

1

8.00

0.00

GW6-005

√

PPDD00 12.1/App4

56.00

1

56.00

66.20

1

66.20

GW6-009

√

PPDD00 12.1/App4

56.00

1

56.00

66.20

1

66.20

GW6-068

√

PPDD00 12.1/App4

56.00

1

56.00

54.50

1

54.50

GW6-072

√

PPDD00 12.1/App4

56.00

1

56.00

54.40

1

54.40

En Suite - Assisted WC/WHB

GW6-004

√

PPDD00 17.10

3.00

1

3.00

5.60

1

5.60

En Suite - Assisted WC/WHB

GW6-008

√

PPDD00 17.10

3.00

1

3.00

5.60

1

5.60

En Suite - Assisted WC/WHB

GW6-066

√

PPDD00 17.10

3.00

1

3.00

5.40

1

5.40

En Suite - Assisted WC/WHB

GW6-070

√

PPDD00 17.10

3.00

1

3.00

5.60

1

5.60

GW6-003

√

PPDD00 17.9

4.00

1

4.00

5.60

1

5.60

GW6-007

√

PPDD00 17.9

4.00

1

4.00

5.60

1

5.60

GW6-067

√

PPDD00 17.9

4.00

1

4.00

5.40

1

5.40

√

PPDD00 17.9

4.00

1

4.00

5.60

1

5.60

GW6-010

Isolation lobby

GW6-014

Isolation lobby
Single bedroom - acute with
support: large
En Suite - Bariatric
Shower/WC/WHB

GW6-019
2 for bariatric, 1 for
accessible

√

Isolation lobby

√

En Suite - Independent
Wheelchair Shower/WC/WHB
En-Suite - Bariatric
Shower/WC/WHB
4 bedded room - acute
support
4 bedded room - acute
support
4 bedded room - acute
support
4 bedded room - acute
support

En Suite - Assisted
Shower/WHB
En Suite - Assisted
Shower/WHB
En Suite - Assisted
Shower/WHB
En Suite - Assisted
Shower/WHB
Sub Total (Net)

with
with
with
with

√

GW6-071

PPDD00 17.1/21.2

4.50

1

4.50

PPDD00 17.1/21.2
PPDD00 17.1/21.2

622.50

Page 36

Sub Totals
(sqm)

666.30


LS generic ward T+O right

<table>
<thead>
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<th>Clinical Support Areas</th>
<th>Version 10.0</th>
<th>SWBH as Drawn</th>
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<tbody>
<tr>
<td>Staff Room (5) with resus</td>
<td>8.50</td>
<td>6.90</td>
</tr>
<tr>
<td>Staff Room (5) with resus</td>
<td>8.50</td>
<td>6.90</td>
</tr>
<tr>
<td>Duty day space</td>
<td>20.60</td>
<td>20.60</td>
</tr>
<tr>
<td>IRC - IPSA</td>
<td>5.60</td>
<td>5.60</td>
</tr>
<tr>
<td>Assisted shower/WC/WHB</td>
<td>7.60</td>
<td>7.60</td>
</tr>
<tr>
<td>Procedure room</td>
<td>14.40</td>
<td>14.40</td>
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<tr>
<td>Interneey/Counselling room</td>
<td>8.90</td>
<td>11.80</td>
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<tr>
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| Support & Storage Areas | | |
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| Beverge Room | 8.00 | 11.20 |
| Store | 13.00 | 18.80 |
| Store | 5.60 | 9.80 |
| Domestic Store | 8.30 | 8.30 |
| Store equipment bay | 5.60 | 2.50 |
| Foot bally bay | 12.00 | 18.10 |
| Domestic Services Room | 7.00 | 7.00 |
| Technical room | 1.10 | 2.10 |
| Technical equipment | 1.10 | 2.10 |
| Sub Total (Net) | 45.50 | 67.00 |

| Administration | | |
|----------------|| |
| Office (1) | 8.60 | 12.40 |
| Office, resource base (4) | 12.60 | 18.10 |
| Touchdown point | 0.00 | 0.00 |
| Welcome point | 0.00 | 0.00 |
| Sub Total (Net) | 28.00 | 55.40 |

| Shared use of neighbourhood hub | | |
|-----------------------------|| |
| Scheduled within PPDD | | |
| Sub Total (Net) | 0.00 | 0.00 |

| Shared use of administration zone | | |
|-------------------------------|| |
| Scheduled within PPDD | | |
| Sub Total (Net) | 0.00 | 0.00 |

Net Departmental Area 789.50 892.20
Planning Allowance 3.0% 3.0%
Sub Total 807.50 892.20
Engineering Allowance 9.18 9.18
Circulate Allowance 44.00 44.00
Gross Departmental Area 1,097.80 1,202.00
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<p>| Net Departmental Area                                      | 916.50       | 916.50        |
| Planning Allowance                                         | 3.0%         | 3.0%          |
| <strong>Sub Total</strong>                                              | <strong>919.50</strong>   | <strong>919.50</strong>    |
| Engineering Allowance                                      | 5.0%         | 5.0%          |
| Circulation Allowance                                      | 30.0%        | 39.0%         |
| <strong>Gross Departmental Area</strong>                                | <strong>1,135.34</strong> | <strong>1,236.00</strong>  |</p>
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**En Suite - Assisted**

- Shower/WC/WHB GW8-034
- Shower/WC/WHB GW8-041
- Shower/WC/WHB GW8-047
- En Suite - Assisted
- En Suite - Assisted
- En Suite - Assisted
- Isolation lobby GW8-050-A
- Isolation lobby GW8-040-A
- Isolation lobby GW8-030-A
- Isolation lobby GW8-061
- Isolation lobby GW8-025-A

**2 for bariatric, 1 for accessible**

- PPDD00 11.1/App4 20.00 3 60.00 0.00
- PPDD00 11.1/App4 0.00 1 0.00 0.00
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### Shared use of
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- Administration zone

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Midland Metropolitan Hospital
Schedule of Accomodation v10e
Integrated Critical Care - 30 Beds
Support Areas

Version 10.0a

Staff Base: (2) with clean
supplies

CCU-018

Staff Base: (2) with clean
supplies

CCU-030

Staff Base: (2) with clean
supplies

CCU-032

Staff Base: (2) with clean
supplies

CCU-071

Staff Base: (2) with clean
supplies

CCU-073

Staff Base: (2) with clean
supplies

CCU-046

Near Patient Testing Room

CCU-053

Near Patient Testing Room

CCU-019

Clean utility

CCU-060

Sterile Pack

CCU-070

Store: Satellite pharmacy

CCU-062

Dirty utility - with macerator

CCU-061

Dirty utility - with macerator

CCU-037

WC - OSFA

CCU-058

Assisted shower/WC/WHB

CCU-072

Assisted shower/WC/WHB

CCU-017

Beverage Room

CCU-057

Bulk store

CCU-083

Bulk store
Equiipment service room
Mobile equipment bay

CCU-056
CCU-066
CCU-064

Store: clinical equipment

CCU-084

Store: clinical equipment

CCU-052

Store: Linen

CCU-038

Office: (1)

CCU-007

Office: (1)

CCU-054

Office, resource base: (4)

CCU-005

Office, resource base: (4)

CCU-006

Domestic Services Room

CCU-036

Domestic Services Room

CCU-063

Domestic Services Room

CCU-086

Seminar room: (10)

CCU-092

PPDD00 15.4/16.2/22.2

√
PPDD00 15.4/16.2/22.2

√
PPDD00 15.4/16.2/22.2

√
PPDD00 15.4/16.2/22.2

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PPDD00 15.4/16.2/22.2

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PPDD00 15.4/16.2/22.2

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Switchgear room

Relatives Areas

11.50

1

11.50

11.70

1

11.70

11.50

1

11.50

6.10

1

6.10

11.50

1

11.50

11.20

1

11.20

11.50

1

11.50

11.10

1

11.10

11.50

1

11.50

13.90

1

13.90

11.50

1

11.50

14.90

1

14.90

PPDD00 15.5

8.00

1

8.00

9.00

1

9.00

PPDD00 15.5

8.00

1

8.00

8.60

1

8.60

13.00

1

13.00

17.80

1

17.80

PPDD00 15.1/App4

13.00

1

13.00

13.20

1

13.20

PPDD00 18.8

20.00

1

20.00

21.00

1

21.00

PPDD00 15.2/App4

11.00

1

11.00

15.80

1

15.80

PPDD00 15.2/App4

11.00

1

11.00

11.60

1

11.60

PPDD00 17.3/App4

5.50

1

5.50

6.40

1

6.40

PPDD00 17.6/23.4

8.00

1

8.00

7.40

1

7.40
11.60

PPDD00 17.6/23.4

8.00

1

8.00

11.60

1

PPDD00 17.21

9.00

1

9.00

7.20

1

7.20

PPDD00 18.3/23.7

20.00

1

20.00

24.90

1

24.90

PPDD00 18.3/23.7
PPDD00 18.5

20.00
16.00
6.00

1
1
1

20.00
16.00
6.00

20.90
20.40
6.40

1
1
1

20.90
20.40
6.40

PPDD00 18.3/23.7

20.00

3

60.00

Bespoke

√
√
√
√
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SWBH as Drawn

PPDD00 18.3/23.7

34.70

1

34.70

11.60

1

11.60
4.80

PPDD00 18.4

2.50

2

5.00

4.80

1

PPDD00 19.1

9.00

1

9.00

9.90

1

9.90

PPDD00 19.1

9.00

1

9.00

12.20

1

12.20

PPDD00 19.3/22.4

12.00

1

12.00

15.00

1

15.00

PPDD00 19.3/22.4

12.00

1

12.00

15.00

1

15.00

PPDD00 20.2/23.6

7.00

1

7.00

6.90

1

6.90

PPDD00 20.2/23.6

7.00

1

7.00

4.70

1

4.70

PPDD00 20.2/23.6

7.00

1

7.00

8.80

1

8.80

PPDD00 19.6/23.5

20.00

1

20.00

34.30

1

34.30

1.00

2

2.00

Staff WC

CCU-055

5.50

1

5.50

4.40

1

4.40

Patient WC

CCU-031

5.50

1

5.50

6.20

1

6.20

Trans Bay

CCU-065

7.00

1

7.00

7.00

1

7.00

IV Fluids

CCU-085

16.00

1

16.00

15.70

1

15.70

Gas Store

CCU-082

7.00

1

7.00

6.90

1

6.90

Reprographics
Changing Rooms
Changing Rooms
Staff Rest
UPS & IT HUB
Food Trolley Bay
Sub Total (Net)

CCU-009
CCU-087
CCU-088
CCU-090
CCU-091

6.50
30.00
30.00
24.00
15.00
2.50

1
1
1
1
1
1

6.50
30.00
30.00
24.00
15.00
2.50

6.50
30.30
30.30
34.90
7.60

1
1
1
1
1

6.50
30.30
30.30
34.90
7.60

9.00

1

9.00

10.50

1

10.50

Interview/Counselling room

0.00

544.50
CCU-001-A

Reception

CCU-001

Sitting room

CCU-002

WC - Accessible

CCU-003

WC - Accessible
Sub Total (Net)

CCU-004

Shared use of
neighbourhood hub

PPDD00 20.1

2 screened areas

578.80

√

PPDD00 14.1/23.1

10.00

1

10.00

11.00

1

11.00

√
√
√

PPDD00 17.18

36.00

1

36.00

25.50

1

25.50

PPDD00 17.4

5.50

1

5.50

6.00

1

6.00

PPDD00 17.4

5.50

1

5.50

5.90

1

5.90

66.00

58.90

0.00

0.00

0.00

0.00

Scheduled within PPDD
33
Sub Total (Net)

Shared use of
administration zone

Scheduled within PPDD
19
Sub Total (Net)

Net Departmental Area
Planning Allowance
Sub Total
Engineering Allowance
Circulation Allowance
Gross Departmental Area

3.0%
5.0%
27.0%

1,543.50
46.31
1,589.81
79.49
429.25
2,098.54

Page 49

3.0%
5.0%
46.3%

1,452.60
43.58
1,496.18
74.81
692.01
2,263.00


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Midland Metropolitan Hospital
Schedule of Accommodation v10e
Midland Metropolitan Hospital
Schedule of Accomodation v10e
Maternity Delivery Suite

Version 10.0a

SWBH as Drawn

Midwife Led Unit
Wait

MD-035

WC

MD-041

Female and Male

MD-043

Female and Male

WC
Staff Base: (2) with resus
trolley

12.00

MD-040

12.00

16.70

1

16.7

1

6.50

15.60

1

15.60

Bespoke

32.00

1

32.00

31.70

1

31.70

1

32.00

33.40

1

33.40

PPDD00 16.2/22.2

Delivery room with Birth Pool

MD-025

Bespoke

32.00

Delivery room with Birth Pool

MD-027

Bespoke

32.00

1

32.00

35.50

1

35.50

Delivery room with Birth Pool

MD-029

Bespoke

32.00

1

32.00

35.50

1

35.50

Delivery room with Birth Pool

MD-031

Bespoke

32.00

1

32.00

35.50

1

35.50

Delivery room with Birth Pool

MD-033

Bespoke

32.00

1

32.00

42.60

1

42.60

MD-024

√

PPDD00 17.8/App4

4.50

1

4.50

5.60

1

5.60

MD-026

√

PPDD00 17.8/App4

4.50

1

4.50

6.30

1

6.30

MD-028

√

PPDD00 17.8/App4

4.50

1

4.50

6.30

1

6.30

MD-030

√

PPDD00 17.8/App4

4.50

1

4.50

6.30

1

6.30

MD-032

√

PPDD00 17.8/App4

4.50

1

4.50

6.30

1

6.30

√

PPDD00 17.8/App4

4.50

1

4.50

8.70

1

8.70

10.00

1

10.00

11.20

1

11.20

26.50

1

26.50

MD-034
MD-036

√
Equipment

√
√

Store: Large
Sub Total (Net)

MD-045

Bedroom/Delivery room

MD-080

Bespoke

Bedroom/Delivery room

MD-082

Bespoke

En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB

PPDD00 17.22
PPDD00 18.3/23.7

9.00

1

9.00

15.00

1

15.00

26.00

1

26.00

0.00

16.70

1

16.70

271.50

MD-081
MD-083

353.60

26.00

1

26.00

18.70

1

18.70

√

PPDD00 17.8/App4

4.50

1

4.50

4.90

1

4.90

√

PPDD00 17.8/App4

4.50

1

4.50

4.90

1

4.90

Sub Total (Net)

61.00

Near Patient Testing Room

√
√
√

PPDD00 15.5

45.20

8.00

1

8.00

0.00

0.00

PPDD00 15.1/App4

13.00

1

13.00

13.90

1

13.90

PPDD00 15.1/App4

13.00

1

13.00

13.10

1

13.10

11.00

1

11.00

12.90

1

12.90

Clean utility

MD-054

Clean utility

MD-039

Dirty utility - with macerator

MD-078

√

PPDD00 15.2/App4

Dirty utility - with macerator

MD-038

11.00

1

11.00

10.00

1

10.00

MD-044

√
√

PPDD00 15.2/App4

Interview/Counselling room
Reception + Wait including
vending
Quiet day space/sitting room

PPDD00 14.1/23.1

9.00

1

9.00

12.20

1

12.20

40.00

1

40.00

MD-042
MD-086

Sub Total (Net)
MD-077

Beverage Room

MD-084

Beverage Room

MD-037

Office, resource base: (4)

MD-011

Office: (2)

MD-012

Duty/Consultant

Office: (2)

MD-013

Duty/Consultant

Seminar Room

MD-017

20 persons

Mobile equipment bay
Store: medium

MD-074

Medical equipment

Store: medium

MD-075

Medical equipment

Store: medium

MD-076

Medical equipment

Store: large

MD-072

Equipment

Store: Linen
Domestic Services Room

MD-073

Switchgear room
Accessible WC

Sub Total (Net)

√
√
√
√
√
√
√
√
√
√
√
√
√
√
√
√

1

77.10

1

13.40

√

152.60

PPDD00 17.21

9.00

1

9.00

7.70

1

7.70

PPDD00 17.21

9.00

1

9.00

7.50

1

7.50

PPDD00 17.21

9.00

1

9.00

8.80

1

PPDD00 19.1

9.00

1

9.00

8.80
0.00

PPDD00 19.3/22.4

12.00

1

12.00

9.40

1

9.40

PPDD00 19.2

12.00

1

12.00

19.60

1

19.60

19.10

1

19.10

35.00

1

35.00

34.70

1

34.70

2.50

2

5.00

PPDD00 18.2/23.7

10.00

1

10.00

7.70

1

7.70

PPDD00 18.2/23.7

10.00

1

10.00

7.70

1

7.70

PPDD00 18.2/23.7

10.00

1

10.00

7.70

1

7.70

PPDD00 18.3/23.7

15.00

1

15.00

19.90

1

19.90

PPDD00 18.4

2.50

1

2.50

PPDD00 20.2/23.6

7.00

1

7.00

7.10

1

PPDD00 20.1

1.00

2

2.00

4.50

1

4.50

2.00

1

2.00

1.00

1

1.00

PPDD00 19.2
PPDD0019.6/23.5
PPDD00 18.5

MD-055

Ambulant WC
Switchgear - entertainment
equipment
Sub Total (Net)

Shared use of
administration zone

77.10
13.40
105.00

Beverage Room

Office: (1)

Shared use of
neighbourhood hub

13.2
16.7

6.50

√

Quiet day space/sitting room

Support Areas

1
1

MD-023

Store

Clinical Support

13.20
16.70

Delivery room with Birth Pool

En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB
En Suite - Assisted
Shower/WC/WHB

Bereavement Suite

1

PPDD00 20.1

Scheduled within PPDD
33

0.00

0.00
7.10
0.00
5.00

1

5.00
0.00

164.00

161.90

0.00

0.00

0.00

0.00

Scheduled within PPDD
19
Sub Total (Net)
Net Departmental
Area
Planning Allowance
Sub Total
Engineering Allowance
Circulation Allowance
Gross Departmental
Area

1,655.50
3.0%
5.0%
30.0%

1,805.90

49.67
1,705.17
85.26
511.55

3.0%
5.0%
43.4%

2,301.97

54.18
1,860.08
93.00
806.92
2,760.00

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<tr>
<th>Strategic Content</th>
<th>Proposed Function</th>
<th>Room Number</th>
<th>Comments</th>
<th>Generic room</th>
<th>Reference</th>
<th>Proposed Unit Area (sqm)</th>
<th>Quantum</th>
<th>Total Area (sqm)</th>
<th>Sub Totals (sqm)</th>
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**Neonatal Unit**

**Version 10.0**

**SWBH as Drawn**
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### Use Case

- **Theatre Expansion**:
  - Version 10.0a
  - SWBH as Drawn

---

Midland Metropolitan Hospital
Schedule of Accommodation V10e

Page 55
Midland Metropolitan Hospital
Schedule of Accomodation v10e
Operating Theatres - Generic & Emergency
Theatre Suite

Operating Theatre Ophthalmology/ENT
Operating theatre trauma/orthopaedic
Operating theatre trauma/orthopaedic

THE-090

√

SWBH as Drawn

PPDD00 13.2/App4

55.00

1

55.00

47.10

1

47.10

THE-085

√

PPDD00 13.2/App4

55.00

1

55.00

46.50

1

46.50

THE-082

√

PPDD00 13.2/App4

55.00

1

55.00

46.80

1

46.80

Operating theatre - general

THE-077

√

PPDD00 13.2/App4

55.00

1

55.00

47.60

1

47.60

Operating theatre - general

THE-068

√

PPDD00 13.2/App4

55.00

1

55.00

47.10

1

47.10

Operating theatre - general

THE-065

√

PPDD00 13.2/App4

55.00

1

55.00

47.10

1

47.10

Operating theatre - general

THE-060

√

PPDD00 13.2/App4

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1

55.00

47.10

1

47.10

√

PPDD00 13.2/App4

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55.00

48.10

1

48.10

√

PPDD00 13.2/App4

55.00

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55.00

47.30

1

47.30

√

PPDD00 13.2/App4

55.00

1

55.00

47.60

1

47.60

√

PPDD00 13.2/App4

55.00

1

55.00

47.10

1

47.10

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PPDD00 13.2/App4

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0.00

47.60

1

47.60

PPDD00 13.5/App4

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19.00

18.00

1

18.00

PPDD00 13.5/App4

19.00

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19.00

18.60

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18.60

PPDD00 13.5/App4

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19.00

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16.90

PPDD00 13.5/App4

19.00

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19.00

16.90

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16.90

PPDD00 13.5/App4

19.00

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19.00

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16.90

PPDD00 13.5/App4

19.00

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19.00

16.90

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16.90

PPDD00 13.5/App4

19.00

1

19.00

18.00

1

18.00

PPDD00 13.5/App4

19.00

1

19.00

18.00

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18.00

PPDD00 13.5/App4

19.00

1

19.00

17.30

1

17.30

PPDD00 13.5/App4

19.00

1

19.00

15.70

1

15.70

PPDD00 13.5/App4

19.00

1

19.00

16.90

1

16.90

16.90

1

16.90

Operating theatre - general

THE-046

Operating theatre - general

THE-093

Operating theatre - general

THE-073

Operating theatre - general

THE-057

Operating theatre - general

THE-052

Anaesthetic room

THE-048

Anaesthetic room

THE-051

Anaesthetic room

THE-058

Anaesthetic room

THE-059

Anaesthetic room

THE-066

Anaesthetic room

THE-067

Anaesthetic room

THE-074

Anaesthetic room

THE-076

Anaesthetic room

THE-083

Anaesthetic room

THE-084

Anaesthetic room

THE-091

Anaesthetic room

THE-092

Scrub-up: (3)

THE-045

Scrub-up: (3)

THE-055

Scrub-up: (3)

THE-063

Scrub-up: (3)

THE-071

Scrub-up: (3)

THE-080

Scrub-up: (3)

THE-088

Scrub-up: (3)

THE-096

Preparation room

THE-044

Preparation room

THE-054

Preparation room

THE-062

Preparation room

THE-070

Preparation room

THE-079

Preparation room

THE-087

Preparation room

THE-095

Parking bay: trolley/bed (3)

THE-042

Parking bay: trolley/bed (3)

Recovery

Version 10.0a

THE-105

Dirty utility - theatre

THE-047

Dirty utility - theatre

THE-053

Dirty utility - theatre

THE-056

Dirty utility - theatre

THE-061

Dirty utility - theatre

THE-064

Dirty utility - theatre

THE-069

Dirty utility - theatre

THE-072

Dirty utility - theatre

THE-078

Dirty utility - theatre

THE-081

Dirty utility - theatre

THE-086

Dirty utility - theatre

THE-089

Dirty utility - theatre

THE-094

Store: Bulk

THE-101

WC - Staff Ambulant

THE-098

WC - Staff Ambulant

THE-099

Bed Transfer/Wait

Emergency: 2
laminar flow
Emergency: 2
laminar flow
Emergency: 2
laminar flow
Emergency: 2
laminar flow
Emergency: 2
laminar flow

with
with
with
with
with

Not patient, includes
WHB and trolley wipe
Widened area of corridor
Not patient, includes
WHB and trolley wipe
Widened area of corridor

PPDD00 13.5/App4
PPDD00 13.2/21.3

16.00

1

16.00

20.60

1

20.60

PPDD00 13.2/21.3

16.00

1

16.00

19.70

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19.70

PPDD00 13.2/21.3

16.00

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16.00

19.70

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19.70

PPDD00 13.2/21.3

16.00

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16.00

19.70

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19.70

PPDD00 13.2/21.3

16.00

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16.00

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19.70

PPDD00 13.2/21.3

16.00

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16.00

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1

19.70

7.50

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7.50

PPDD00 13.2/21.3
PPDD00 13.3/21.3

20.00

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20.00

18.90

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18.90

PPDD00 13.3/21.3

20.00

1

20.00

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16.30

PPDD00 13.3/21.3

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20.00

16.30

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16.30

PPDD00 13.3/21.3

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10.00

15.50

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12.00

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PPDD00 15.2/App4

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PPDD00 15.2/App4

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PPDD00 15.2/App4

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12.00

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PPDD00 15.2/App4

12.00

1

12.00

11.00

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11.00

11.00

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11.00

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√

PPDD00 15.2/App4
PPDD00 18.1/23.7

62.00

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62.00

62.40

1

62.40

2.00

1

2.00

4.30

1

4.30

2.00

1

2.00

4.30

1

4.30

THE-035

16.00

1

16.00

16.40

1

16.40

Bed Transfer/Wait

THE-036

16.00

1

16.00

16.40

1

16.40

Bed Transfer/Wait

THE-037

16.00

1

16.00

16.40

1

16.40

Bed Transfer/Wait
Sub Total (Net)

THE-038

16.00

1

16.00

16.40

1

16.40

1312.00

1308.80

Recovery unit single bed area THE-008

Bespoke

13.50

1

13.50

11.90

1

11.90

Recovery unit single bed area THE-009

Bespoke

13.50

1

13.50

11.90

1

11.90

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Sub Total (Ext) 238.80
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Gross Departmental Area 4,022.00
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### Sickle Cell & Thalassaemia

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**Shared use of neighbourhood hub** Scheduled within PPDD 33

**Sub Total (Net)** 37.00

**Shared use of administration zone** Scheduled within PPDD 19

**Sub Total (Net)** 0.00

**Net Departmental Area** 376.50

**Planning Allowance** 3.0% 11.30

**Engineering Allowance** 5.0% 18.90

**Circulation Allowance** 25.0% 96.95

**Gross Departmental Area** 504.13

**Planning Allowance** 3.0% 11.30

**Engineering Allowance** 5.0% 18.90

**Circulation Allowance** 25.0% 96.95

**Gross Departmental Area** 614.00
Midland Metropolitan Hospital
Schedule of Accomodation v10e
Endoscopy Unit

Strategic Content

Patient Areas

Version 10.0a

Proposed Function

Room Number

Staff Base: (2) with resus
EN-032
trolley
Waiting Area: 20 places incl. 2
EN-019
wheelchair places
WC
EN-033
WC

EN-034

WC

EN-007

WC - OSFA

EN-020

WC - OSFA

EN-021

Comments

Shared with Medical Day
Case

Shared with Medical Day
Case
Shared with Medical Day
Case

Assisted Shower/WC/WHB

Generic
room

Reference

√

PPDD00 16.2/22.2

√

PPDD00 17.24.1

6.50

Quantum

Total Area
(sqm)

Sub Totals
(sqm)

Proposed
Unit Area
(sqm)

1

6.50

5.76

38.00

1

38.00

5.50

1

5.50

Quantum

Total Area
(sqm)

1

5.76

33.58

1

33.58

3.28

1

3.28

3.28

1

3.28

4.28

1

4.28

PPDD00 17.3/App4

5.50

1

5.50

5.06

1

5.06

√
√

PPDD00 17.3/App4

5.50

1

5.50

5.35

1

PPDD00 17.6/23.4

8.00

1

8.00

√

5.35

EN-026

√

PPDD00 17.3/App4

4.50

1

4.50

3.98

1

3.98

Ensuite - WC/Bidet

EN-031

√

PPDD00 17.3/App4

4.50

1

4.50

3.18

1

3.18

Ensuite - WC/Bidet

EN-036

√

PPDD00 17.3/App4

4.50

1

4.50

3.62

1

3.62

Ensuite - WC/Bidet

EN-040

√

PPDD00 17.3/App4

4.50

1

4.50

3.18

1

3.18

Ensuite - WC/Bidet

EN-047

√

PPDD00 17.3/App4

4.50

1

4.50

3.44

1

3.44

Ensuite - WC/Bidet

EN-050

√

PPDD00 17.3/App4

4.50

1

4.50

3.44

1

3.44

Ensuite - WC/Bidet

√

PPDD00 17.3/App5

4.50

1

4.50

Ensuite - WC/Bidet

√

PPDD00 17.3/App6

4.50

1

4.50

Ensuite - WC/Bidet/Shower

√

PPDD00 17.3/App7

4.50

1

4.50

Ensuite - WC/Bidet/Shower

√

PPDD00 17.3/App8

4.50

1

4.50

Endoscopy room

EN-005

General

Bespoke

27.00

1

27.00

27.77

1

27.77

Endoscopy room

EN-006

General

Bespoke

27.00

1

27.00

26.76

1

26.76

Isolation lobby

EN-024

Admission/Recovery

EN-025

Admission/Recovery

EN-029

Admission/Recovery

EN-035

Admission/Recovery

EN-038

Admission/Recovery

EN-044

Admission/Recovery

EN-045

Admission/Recovery

EN-046

Admission/Recovery

EN-051

Admission/Recovery

EN-052

Admission/Recovery

EN-053

√
√
√
√
√
√
√
√
√
√
√

PPDD00 17.1/21.2

4.50

1

4.50

11.34

1

11.34

PPDD00 14.12

10.00

1

10.00

13.57

1

13.57

PPDD00 14.12

10.00

1

10.00

11.81

1

11.81

PPDD00 14.12

10.00

1

10.00

13.41

1

13.41

PPDD00 14.12

10.00

1

10.00

12.70

1

12.70

PPDD00 14.12

10.00

1

10.00

10.07

1

10.07

PPDD00 14.12

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1

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9.40

1

9.40

PPDD00 14.12

10.00

1

10.00

9.40

1

9.40

PPDD00 14.12

10.00

1

10.00

9.40

1

9.40

PPDD00 14.12

10.00

1

10.00

9.40

1

9.40

PPDD00 14.12

10.00

1

10.00

9.40

1

9.40

4.50

1

4.50

Isolation lobby

4.50

1

4.50

12.00

1

12.00

PPDD00 15.1/App4

13.00

1

13.00

13.69

1

13.69

PPDD00 15.2/App4

11.00

1

11.00

10.70

1

10.70

3.98

1

3.98

Clinical Examination Room

√

Clean utility

EN-023

Dirty utility - with macerator

EN-008

Lobby

EN-028

Lobby

EN-030

3.71

1

3.71

Lobby

EN-037

4.25

1

4.25

Lobby

EN-039

4.25

1

4.25

Lobby

EN-002

4.71

1

4.71

Shower

EN-048

3.44

Shower

EN-049

Reception

EN-018

Shared Second Recovery

EN-043

Beverage Room

EN-042

√

0

Shared with Medical Day
Case
Shared with Medical Day
Case
Shared with Medical Day
Case

√

PPDD00

0.00

0.00

3.44

1

0.00

0.00

3.44

1

3.44

11.50

1

11.50

12.73

1

12.73

13.50

1

13.50

13.11

1

13.11

9.00

1

9.00

9.05

1

9.05

351.50

Sub Total (Net)
Endoscopy Decontamination
Room
Endoscopy clean store
Cab Storage
Disposal
Store: large

EN-004
EN-012
EN-013
EN-022

Store

EN-015

Store

EN-015

Store

EN-010

Dirty Access Room

EN-010

Lobby

EN-009

EN-003

Bespoke
Bespoke

√

PPDD00 18.3/23.7

342.92

47.00

1

47.00

46.63

1

46.63

30.00
17.00
11.00
15.00

1
1
1
1

30.00
17.00
11.00
15.00

32.48
9.53
6.30
13.66

1
1
1
1

32.48
9.53
6.30
13.66

5.00

3

15.00

6.12

1

6.12

5.63

1

5.63

5.00

1

5.00

5.63

1

5.63

13.58

1

13.58
6.40

Hold

EN-001

6.40

1

Interview

EN-017

10.00

1

10.00

9.95

1

9.95

Clean Access

EN-011

8.00

1

8.00

10.80

1

10.80

9.00

1

9.00

9.95

1

9.95

12.00

1

12.00

11.85

1

11.85

7.22

1

Office: (1)

EN-016

Office, resource base: (4)

EN-041

Domestic Services Room

EN-014

Shared with Medical Day
Case

Switchgear Room
Sub Total (Net)

√

PPDD00 19.1

√
√
√

PPDD00 19.3/22.4
PPDD00 20.2/23.6

7.00

1

7.00

PPDD00 20.1

1.00

1

1.00

Sub Totals
(sqm)

0.00

Ensuite - WC/Bidet

Isolation lobby

Cleaning & Support

Proposed
Unit Area
(sqm)

SWBH as Drawn

7.22
0.00

187.00

195.73

0.00

0.00

Scheduled within PPDD
33

Shared use of
neighbourhood hub
Sub Total (Net)
Shared use of
administration zone

Scheduled within PPDD
19
Sub Total (Net)
Net Departmental Area
Planning Allowance
Sub Total
Engineering Allowance
Circulation Allowance
Gross Departmental Area

3.0%
5.0%
25.0%

0.00

0.00

538.50
16.16
554.66
27.73
138.66
721.05

538.65
16.16
554.81
27.74
277.45
860.00

3.0%
5.0%
50.0%

Page 60


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<th>Comments</th>
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Sub Total (Net) $546.50 $534.53

Net Departmental Area
Planning Allowance 3.0% 16.35
Engineering Allowance 5.0% 27.14
Circulation Allowance 25.0% 140.72
Gross Departmental Area $731.78 $615.00

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**Sub Total (Net)** 153.98 153.98 153.98 153.98

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**MRI** 155.13 155.13 155.13 155.13

**CT** 158.27 158.27 158.27 158.27

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**Sub Total (Net)** 158.45 158.45 158.45 158.45

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**Saline** 159.72 159.72 159.72 159.72

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**Sub Total (Net)** 159.72 159.72 159.72 159.72

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Midland Metropolitan Hospital  
Schedule of Accommodation v10e

Midland Metropolitan Hospital  
Schedule of Accommodation v10e

Midland Metropolitan Hospital  
Schedule of Accommodation v10e

Midland Metropolitan Hospital  
Schedule of Accommodation v10e

Midland Metropolitan Hospital  
Schedule of Accommodation v10e
| Room Description                  | Code | Floor | Building | Location | Area (sq.m) | Use 1 | Use 2 | Use 3 | Use 4 | Use 5 | Use 6 | Use 7 | Use 8 | Use 9 | Use 10 | Use 11 | Use 12 | Use 13 | Use 14 | Use 15 |
|-----------------------------------|------|-------|----------|----------|------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| MRI and CT Shared                |      |       |          |          |            | 26.00 | 1     |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Office: (1)                       |      |       |          |          |            | 9.00  | 1     |       |       |       |       |       |       |       |       |       |       |       |       |
| MRI and CT Shared Office: Reporting (4) ID-061 |      |       |          |          |            | 10.13 | 1     |       |       |       |       |       |       |       |       |       |       |       |
| Interview/Counselling room        |      |       |          |          |            | 5.82  | 1     |       |       |       |       |       |       |       |       |       |       |       |
| Interview/Counselling room        |      |       |          |          |            | 9.23  | 1     |       |       |       |       |       |       |       |       |       |       |       |
| Additional Rooms                  |      |       |          |          |            | 5.82  | 1     |       |       |       |       |       |       |       |       |       |       |       |
| Additional Rooms                  |      |       |          |          |            | 9.66  | 1     |       |       |       |       |       |       |       |       |       |       |       |
| Additional Rooms                  |      |       |          |          |            | 9.66  | 1     |       |       |       |       |       |       |       |       |       |       |       |
| Changing Room - accessible        |      |       |          |          |            | 5.37  | 1     |       |       |       |       |       |       |       |       |       |       |       |
| Waiting Area: 5 places incl. 1 wheelchair ID-054 Changed |      |       |          |          |            | 6.02  | 1     |       |       |       |       |       |       |       |       |       |       |       |
| Waiting Area: 5 places incl. 1 wheelchair ID-046 Unchanged |      |       |          |          |            | 6.97  | 1     |       |       |       |       |       |       |       |       |       |       |       |
| WC - OSFA                         |      |       |          |          |            | 6.42  | 1     |       |       |       |       |       |       |       |       |       |       |       |
| WC - OSFA                         |      |       |          |          |            | 6.15  | 1     |       |       |       |       |       |       |       |       |       |       |       |
| Preparation                       |      |       |          |          |            | 7.77  | 1     |       |       |       |       |       |       |       |       |       |       |       |
| Equipment Store                   |      |       |          |          |            | 6.74  | 1     |       |       |       |       |       |       |       |       |       |       |       |
| Cannulation                       |      |       |          |          |            | 6.65  | 1     |       |       |       |       |       |       |       |       |       |       |       |
| Dirty utility - with macerator    |      |       |          |          |            | 0.00  | 1     |       |       |       |       |       |       |       |       |       |       |       |
| Store: Linen                      |      |       |          |          |            | 3.44  | 1     |       |       |       |       |       |       |       |       |       |       |       |
| Store: medium Departmental        |      |       |          |          |            | 10.13 | 1     |       |       |       |       |       |       |       |       |       |       |       |
| Staff Base: (2) with resuscitator |      |       |          |          |            | 6.49  | 1     |       |       |       |       |       |       |       |       |       |       |       |
| Domestic Services Room Non-ferromagnetic |      |       |          |          |            | 0.00  | 1     |       |       |       |       |       |       |       |       |       |       |
| Switchgear Room                   |      |       |          |          |            | 0.00  | 1     |       |       |       |       |       |       |       |       |       |       |       |

**Total Area:** 228.00 sq.m
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### Imaging Department

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**Building and Planning Allowance**

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**Outpatients Department**

**Version 10.0a**

**SBMH as Drawn**

**Sub Total (Net)**

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**Outpatients Department**

**Version 10.0a**

**SBMH as Drawn**

**Sub Total (Net)**
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Sub Total (Net) 76.00 82.60

Shared use of neighbouring hub: Scheduled within PPDD 33

Sub Total (Net) 0.00 0.00

Shared use of administration zone: Scheduled within PPDD 19

Sub Total (Net) 0.00 0.00

Net Departmental Area 76.00 82.60

Planning Allowance 3.0% 2.28 3.0% 2.48

Sub Total 78.28 85.08

Engineering Allowance 5.0% 3.91 5.0% 4.25

Circulation Allowance 20.0% 17.67 20.0% 17.67

Gross Departmental Area 82.19 107.00
### Cardiology, Neurophysiology and Respiratory Physiology

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### Sub Totals (Net)

- **Net Departmental Area**: 483.40
- **Planning Allowance**: 3.00
  - **Dependent**: 13.05
- **Sub Total**: 473.00
- **Engineering Allowance**: 5.00
  - **Dependent**: 24.95
- **Circulation Allowance**: 25.00
  - **Dependent**: 88.35
- **Net Departmental Area**: 647.27
- **Non Dependent**: 584.00
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| Store: gases            | 10.00         | 10.00         |
| Store: gases            | 10.00         | 10.00         |
| Store: solvents         | 10.00         | 10.00         |

Midland Metropolitan Hospital
Schedule of Accommodation v10e
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Net Departmental Area

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Sub Total

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Gross Departmental Area

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| Shared use of neighbourhood hub | Scheduled within PPDD 93 | |
| Sub Total (Net) | | 0.00 | 0.00 |

| Net Departmental Area | 225.00 | 290.80 |
| Planning Allowance | 3.0% | 3.0% | 8.72 |
| Engineering Allowance | 5.0% | 14.98 |
| Circulation Allowance | 25.0% | 3.2% | 10.50 |

<p>| Gross Departmental Area | 301.28 | 325.00 |</p>
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Sub Total (Net) 267.00 0.00 364.32

Shared use of neighbourhood hub 0.00

Shared use of administration zone 0.00

Sub Total (Net) 0.00

Net Departmental Area 267.00 364.32

Planning Allowance 3.0% 8.01 3.0%

Sub Total 275.01 375.25

Engineering Allowance 5.0% 13.75 5.0% 18.76

Circulation Allowance 25.0% 66.75 -16.0% -60.01

Gross Departmental Area 357.51 334.00
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### Staff Welfare - Catering

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Gross Departmental Area

| Gross Departmental Area | 423.70 | 406.00 |
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**Sub-Total (Net):** 276.00

**Sub-Total (Net):** 244.50

**Sub-Total (Net):** 344.50

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**Midland Metropolitan Hospital**

**Schedule of Accommodation**

**Paediatric Inpatients - 56 Beds**
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Midland Metropolitan Hospital
Schedule of Accommodation v1.0e

Paediatric Inpatients - 56 Beds
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<td>MOT-006</td>
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<td>WC - Staff Ambulant</td>
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<td>MOT-008</td>
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<td>Interview/Counselling room</td>
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<td>Pathologist</td>
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<td>Trolley Parking Bay</td>
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<td>Switchgear Room</td>
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<td></td>
<td>PPDD00 20.1</td>
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<td><strong>Sub Total (Net)</strong></td>
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**Net Departmental Area**

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<td>Engineering Allowance</td>
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<td>Circulation Allowance</td>
<td>15.0%</td>
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<td><strong>Gross Departmental Area</strong></td>
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Midland Metropolitan Hospital
Schedule of Accomodation v10e
Main Entrance

Version 10.0a

Strategic Content

Proposed Function

Room Number

Comments

Concourse

Reception: (3)

ME-018

Co-located with
Reception: (2)

Office: Cash (2)
WC - Hub, Female
WC - Hub, Male
Baby change

ME-017
ME-031
ME-034
ME-032

Baby feed

ME-030

WC - Disabled

ME-033

WC - Disabled

ME-029

Store: Wheelchair - Hub

ME-021

Store: Wheelchair - Hub

ME-024

Generic
room

√
√
√
√
√

√

Reference

Proposed
Unit Area
(sqm)

Quantum

SWBH as Drawn

Total Area
(sqm)

Public Transport
Service

ME-013

includes bereavement

Interview/Counselling room

ME-014

includes bereavement

Interview/Counselling room

ME-016

includes bereavement

ME-010
ME-007

PALS Certificate Office

30.00

1

30.00

43.50

1

43.50

PPDD00
PPDD00
PPDD00
PPDD00

12.00
16.00
16.00
4.00

1
2
2
1

12.00
32.00
32.00
4.00

10.40
49.10
49.10
5.70

1
1
1
1

10.40
49.10
49.10
5.70

19.1
17.11/22.3
17.11/22.3
17.20

PPDD00 17.19

PPDD00 18.7

5.50

1

5.50

5.70

1

5.70

5.50

1

5.50

5.70

1

5.70

5.50

1

5.50

5.70

1

5.70

9.00

1

9.00

6.30

1

6.30

12.60

1

12.60

Retail - Core

Support Areas

Shared use of
neighbourhood hub

√
√
√
√
√
√
√

PPDD00 14.1/23.1

9.00

1

9.00

9.60

1

9.60

PPDD00 14.1/23.1

9.00

1

9.00

9.60

1

9.60

PPDD00 14.1/23.1

9.00

1

9.00

10.90

1

10.90

PPDD00 17.24.1

9.00

2

18.00

14.70

1

14.70

PPDD00 19.2

12.00

1

12.00

12.30

1

12.30

PPDD00 19.2

12.00

1

12.00

12.30

1

12.30

PPDD00 19.3/22.4

16.00

1

16.00

12.30

1

12.30

1

12.00

ME-008

PALS Certificate Office

Office, resource base: (4)

ME-009

General Office

Office

ME-011

12.00

Large Office

ME-012

16.00

1

16.00

Wait
ME-015
Information Centre
ME-019
Sub Total (Net)
Waiting Area: 15 places incl. 1
ME-026
wheelchair place
Store: Wheelchair - Hub

9.60
28.20

1
1

9.60
28.20

17.60

1

17.60

Bespoke

24.00

1

24.00

18.00

1

18.00

109.00

√
√

PPDD00 17.24.1

147.50

9.00

1

9.00

Disabled WC

ME-022

6.00

1

6.00

6.00

1

6.00

Staff room
Store
Vending

ME-028
ME-027
ME-025

18.00
20.00
6.00

1
1
1

18.00
20.00
6.00

12.40
7.55
3.10

1
1
1

12.40
7.55
3.10

Sub Total (Net)
Retail unit
Sub Total (Net)
Vending machine bay (4)

PPDD00 18.7

Bespoke

√

PPDD00 14.10

13.00

0.00

0.00
77.00

ME-003

Bespoke

ME-050

√

30.00

4

120.00

6.00

1

40.00
50.00
200.00
200.00
18.00
24.00
3.00

46.65
128.00

1

128.00

6.00

3.38

1

3.38

1

40.00

40.30

1

40.30

1
1

50.00
200.00

1
1
1
5

200.00
18.00
24.00
15.00

51.40
145.00
57.00
200.00

1
1
1
1

51.40
145.00
57.00
200.00

23.50
15.75

1
1

23.50
15.75

120.00

Coffee servery

ME-001

Coffee shop seating area
Restaurant seating area
Restaurant Seating Area
Serverys
Hospitality Kitchen
Central dishwashing
Store - consumables
Staff changing facilities: (10
lockers)
WC - Staff Ambulant

ME-002
ME-036
ME-035
ME-037

with limited hot food
prep
40 people
160 people

PPDD00 17.17

Bespoke
Bespoke
Bespoke
Bespoke
Bespoke

ME-046
ME-048
ME-045

Male

ME-043

Male

Staff Shower
Staff changing facilities: (10
lockers)
WC - Staff Ambulant

ME-044

Male

ME-042

Female

ME-040

Female

Staff Shower

ME-041

Female

Disabled WC

ME-039

Domestic Services Room

ME-047

Office: (1)
Sub Total (Net)
Domestic Services Room

ME-038
ME-051

Catering

128.00

√

PPDD00 18.1/23.7

√
√
√

PPDD00 17.14/22.7

7.50

1

7.50

10.00

1

10.00

PPDD00 17.2

2.00

1

2.00

2.80

1

2.80

PPDD00 17.5

2.50

1

2.50

2.40

1

2.40

√
√
√

PPDD00 17.14/22.7

7.50

1

7.50

10.00

1

10.00

PPDD00 17.2

2.00

1

2.00

2.80

1

2.80

PPDD00 17.5

2.50

1

2.50

2.40

1

2.40

6.60

1

6.60

√
√

PPDD00 20.2/23.6

7.00

2

14.00

6.10

1

6.10

PPDD00 19.1

9.00

1

9.00

9.40

1

9.40

√
√

PPDD00 20.2/23.6

7.00

1

7.00

7.00

1

7.00

7.25

1

7.25

√

PPDD00 18.3/23.7

16.00

1

16.00

17.00

1

17.00

10.00

1

10.00

7.25

1

7.25

√
√

PPDD00 20.3
PPDD00 20.1

12.00
1.00

2
1

24.00
1.00

7.25

1

7.25
0.00

600.00

Domestic Services Room

ME-006

Store - receipt & distribution

ME-049

Store

ME-005

Store: disposal holding
Switchgear Room
Sub Total (Net)

ME-004

PPDD00 20.2/23.6

Scheduled within PPDD
33

Sub Total (Net)
Sub total Departmental Area
Planning Allowance
Sub Total
Engineering Allowance
Circulation Allowance
Sub total Gross Departmental Area

3.0%
5.0%
0.0%

Sub Totals
(sqm)

193.80

Office: (2)

Patient bed / trolley wait: (2)
Retail - Commercial

Total Area
(sqm)

135.50

Interview/Counselling room

Waiting Area: 5 places incl. 1
wheelchair place
Office: (2)

Quantum

PPDD00 16.1/22.1

Sub Total (Net)
Public Access Offices

Proposed
Unit Area
(sqm)

Sub Totals
(sqm)

588.83

58.00

45.75

0.00

0.00

1,099.50
32.99
1,132.49
56.62
1,189.11

Page 84

3.0%
5.0%
9.6%

1,150.53
34.52
1,185.05
59.25
113.70
1,358.00


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<td>WC - Hub, Female</td>
<td>15.0%</td>
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<td>WC - Hub, Male</td>
<td>0.00</td>
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<tr>
<td>WC - Staff Ambulant Male</td>
<td>0.00</td>
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<td>WC - Staff Ambulant Female</td>
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<td>Staff Shower Female</td>
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<td>WC - Staff Ambulant Female</td>
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<td>Domestic Services Room - hub Store: Linen - Hub</td>
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<td>Store: medical gas</td>
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<tr>
<td>Office - Resource HUB1A-006</td>
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<tr>
<td>Store: Linen - Hub</td>
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<tr>
<td>Store: medical gas</td>
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<td>Circulation Allowance</td>
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<td>20.26</td>
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| Staff changing facilities: (40 lockers) Male | 100.00 |
| Office - Resource HUB1A-006 | 8.70 |
| Domestic Services Room - hub Store: Linen - Hub | 24.00 |
| Store: medical gas | 24.00 |
| Office - Resource HUB1A-006 | 8.70 |
| Domestic Services Room - hub Store: Linen - Hub | 24.00 |
| Store: medical gas | 24.00 |
| Office - Resource HUB1A-006 | 8.70 |
| Domestic Services Room - hub Store: Linen - Hub | 24.00 |
| Store: medical gas | 24.00 |
| Sub Total (Net) | 127.50 |
| Circulation Allowance | 118.24 |
| Allowance | 20.26 |
| INPATIENT - Level 2 | 0.00 |
| Sub Total | 0.00 |
| Sub Total (Net) | 127.50 |
| Circulation Allowance | 137.00 |
| Allowance | 20.26 |

<p>| Staff changing facilities: (60 lockers) Male | 150.00 |
| Office - Resource HUB1A-006 | 8.70 |
| Domestic Services Room - hub Store: Linen - Hub | 24.00 |
| Store: medical gas | 24.00 |
| Office - Resource HUB1A-006 | 8.70 |
| Domestic Services Room - hub Store: Linen - Hub | 24.00 |
| Store: medical gas | 24.00 |
| Office - Resource HUB1A-006 | 8.70 |
| Domestic Services Room - hub Store: Linen - Hub | 24.00 |
| Store: medical gas | 24.00 |
| Sub Total (Net) | 127.50 |
| Circulation Allowance | 118.24 |
| Allowance | 20.26 |
| INPATIENT - Level 2 | 0.00 |
| Sub Total | 0.00 |
| Sub Total (Net) | 127.50 |
| Circulation Allowance | 137.00 |
| Allowance | 20.26 |</p>
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<th>Room Reference</th>
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<th>Quantum Total Area (sqm)</th>
<th>Sub Totals (sqm)</th>
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- **INPATIENT - Level 5**
  - **INPATIENT - Level 5**
    - Reception: (2) HUB6B-001
    - Waiting Area: 10 places incl.
    - HUB6B-015 Female
    - Staff changing facilities: (40 lockers) Female
    - Staff Shower Female
    - WC - Hub, Male HUB6B-003
    - Store: Wheelchair - Hub
    - Beverage Bay
    - Reprographics
    - Sub Total: 16.00 0.00

- **INPATIENT - Level 6**
  - Reception: (2) HUB6B-001
  - Waiting Area: 10 places incl.
  - HUB6B-015 Female
  - Staff changing facilities: (40 lockers) Female
  - Staff Shower Female
  - WC - Hub, Male HUB6B-003
  - Store: Wheelchair - Hub
  - Beverage Bay
  - Reprographics
  - Sub Total: 16.00 0.00
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<td>WC - Hub, Female</td>
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<td>WC - Hub, Male</td>
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<td>Staff Showers Male</td>
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<td>WC - Staff Ambulance Male</td>
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<td>Staff changing facilities: (60 Female)</td>
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<td>WC - Staff Ambulance Female</td>
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<td>Breast Expressing and Resource Hub</td>
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<td>Disposal hold - hub including re-cycling</td>
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<td>Domestic Services Room - hub</td>
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<td>Store: medical gas</td>
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<td>Sterile Supplies/IV Fluids</td>
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**Net Departmental Area**: 359.00 sqm

**Planning Allowance**: 3.0% 10.77 sqm

**Sub Total**: 369.77 sqm

**Engineering Allowance**: 5.0% 18.49 sqm

**Gross Departmental Area**: 443.72 sqm
## Overnight Accommodation

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<th>Room Number</th>
<th>Comments</th>
<th>Generic Room</th>
<th>Reference</th>
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**Sub Total**

- Overnight Accommodation Version 10a
- SWBH as Drawn

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Midland Metropolitan Hospital
Schedule of Accommodation v10e

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ITPD Volume 2

Appendix D – Commentary on Exemplar Design
ITPD Volume 2

Appendix E – DQI Review
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**Appendix B: Participants Likes and Dislikes** 15

**Appendix C: Design responses to the Briefing Record** 18

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1. Introduction

The following is a summary of key information about the DQI Assessment held on:

**Date of Workshops:**
- 11 April,
- 16 April,
- 17 April,
- 19 May,
- 11 May 2014

**Duration:**
- 2-3 hours each session

**DQI Facilitator:**
James Chapman
Telephone No. 0161 941 5389
email address
jim.chapman4@ntlworld.com

**Client Representative:**
Graham Seager, Director of Estates

**Previous DQI workshops:**
None

**DQI Assessment Used:**
DQI for Health
2. Executive Summary and Recommendations from DQI

Sandwell and West Midlands Hospitals NHS Trust provide general acute care to a population of around 500,000 in Sandwell, western and central Birmingham, as well as some specialised services for a wider population.

The Trust's more specialist services include the provision of tertiary ophthalmology service, gynaecology centre, regional poisons and a specialist allergy service for the region. The Trust has a specialist expertise in dermatology, cardiology and rheumatology services.

The Trust is a teaching trust of the University of Birmingham and provides placements for trainee nurses, doctors and other healthcare professionals and has a reputation for innovative approaches to working with staff to improve services, setting good performance targets against quality standards and strong financial management.

The Trust currently provides services on 3 sites and the intent is to reduce duplication of activity and provide a focused community health service for the people of Sandwell. Many of the Trust's hospital buildings are old and the Trust has a major backlog in maintenance level.

The new hospital will be built on the Grove Lane 6.76 hectare site. The Trust has activated a series of CPO powers to secure and obtain clear title for the site. The Grove Lane site falls within the Smethwick Area Action Plan which was adopted in December 2008.

MMH have established a strong brief for the development of the site and hospital. The Trust has clearly defined their aspirations and values for patient care and well-being.

The Trust have established a Design Vision Group and appointed an experienced team of professional advisors who have delivered successful quality healthcare projects elsewhere. They are familiar with the guidance contained in the Health Building Notes and Hospital Technical memoranda and this information together with the collective knowledge of the advisory team has been used to create the Exemplar Design. The Design vision Group has created a series of documents setting out their design vision and values which are included in the brief and will form an important part in the evaluation process of the bidding contractors:

These include:

- Midland Metropolitan Hospital: Design Vision
- Design Vision Guidelines
- Evaluation Protocols

The Exemplar Design has been evaluated by the specialist clinical teams and some of the departments have changed to meet current best practice. Given the relatively long gestation period some of the in-house team has changed and the location of specialities on all the Trust's sites has been re-evaluated.

Following the DQI workshops, the Trust has held a series of meetings and “Boot Camps” with clinical users and have prepared a “Commentary on the Exemplar Design” highlighting areas which the selected bidding teams will be required to develop during the competitive dialogue process. The Trust wish to select teams who will interrogate the Exemplar Design and bring innovation to areas requiring action.

We recommend that we carry out further DQI sessions when the detailed designs have been prepared by the 3 selected teams. The first review would be held at the end of the competitive dialogue and enable the Trust to select the 2 preferred teams to progress to the next stage.

The process will be repeated at the final stage to enable the Trust select the preferred bidding team.
3. Organisation of the workshops

Participants

Trust Board Members, Clinical and Estates team members attended the DQI workshops.

Appendix A schedules all participants who were involved in the workshops, who they represented some of whom had been involved in earlier AEDET and DoH design reviews.

Workshop attendance

Over fifty people participated at the workshops, representing a good cross section of the clinical and estates team.

Workshop Agenda presentations and scoring followed DQI questionnaire

The design had reached a stage at which the project team were able to present 200 scales plans, departmental adjacency plans, elevations, a block model and 3 dimensional internal and external views.

The presentation focused on the site criteria departmental flows and connections, followed by questions and discussion and scoring the corresponding section of the DQI questionnaire. Given the stage reached in the project most of the debate focused on Functionality and Impact but some of the workshops felt competent to comment on Build Quality.

The workshop began with the DQI Facilitator outlining the principles of the DQI assessment, followed by an explanation of the proposed scheme presented by the Estates Team.

Presentations

The project has received outline planning application approval with a large number of conditions, some of which will be discharged by the Trust, prior to appointment of the bidding teams or during the competitive dialogue process. The presentation concentrated on the exemplar scheme which was to be part of the detailed briefing documents to be provided to the successful bidding teams.

Spaces(s)

The 200 scale plans and adjacencies diagrams were the major components of the workshops, linked to a detailed explanation of the site and movement within and around all access points to the site.

Paper based questionnaire

A paper version of the questionnaire was adopted rather than the on-line version, and therefore the computer generated graphs were not available during the assessment. The Facilitator up-loaded them to the DQI Online database following the workshops.
MMH is an integrated care organisation which delivers acute and community care in west Birmingham and Sandwell. The Trust is currently delivering inpatient acute care from 2 ageing hospitals 5 miles apart and these are to be replaced by a “state of the art” acute hospital and community facilities throughout the catchment area.

The new acute hospital is approximately 80,000sq.m. in area and will contain 670 beds at a capital cost of £353m. The Trust own the site of 6.76 hectares and demolition of the existing buildings will be completed in August 2014. The site is brown field and currently not used by the NHS. The new hospital will enable the acute hospital facilities to be consolidated on one site.

The Grove Lane site falls within the Smethwick Area Action plan and the site can be developed as a stand alone development. The hospital was granted outline planning approval in May 2013.

The design vision for the hospital was developed by a group of stakeholders early in the project and has continued to evolve, and a set of protocols was confirmed by the Design Vision Group in 2010.

The principles have been reviewed through a series of “Boot Camps” which have tested the robustness and quality of the departmental layouts and adjacencies.

The hospital was designed to meet the values of the Trust, and was to be inspirational, attractive, imaginative reassuring and welcoming. It should be light and airy, sympathetic to the environment and fully accessible. Privacy and dignity are important elements in relation to movement within the hospital.

The primary requirements of the Trust are to move to a single site which provides flexible high quality clinical space, achieves high patient satisfaction, and is a building in which staff want to work. The project must deliver the design vision, assist with the regeneration of the area, be sustainable and be affordable.

The Trust has developed an exemplar design which provides comprehensive details of its requirements and expectations. The exemplar design includes 1:200 layouts which have been signed off by clinical staff and respond to the design brief.

Following the DQI workshops and further detailed meetings with lead clinicians a Commentary has been prepared by the Trust to assist bidding teams to evaluate and test the Exemplar Design and use their knowledge and expertise to raise the quality of the design proposals.

See plans below:
These plans, together with an outline landscape plan and simple card model, were used to present the current design to members of the workshop.
5. The DQI Process

The Design Quality Indicator (DQI) is a process for evaluating and improving the design and construction of new buildings and the refurbishment of existing buildings.

DQI focuses in particular on actively involving a wider group of stakeholders in the design of buildings than is usually the case. It involves not only the design team and constructors, but all those who will use the building, finance it, or be affected by it.

DQI is devised to help stakeholders set targets and track design quality at all key stages of a building’s development from Briefing through Design and Handover to Occupation. It plays a fundamental role in contributing to the improved design, long term functionality and sustainability of building projects. To date DQI has been used on over 1,400 projects in 10 years. It has captured the views of thousands of individuals during that time and helped deliver better facilities for clients and users.

DQI process
The DQI process consists of a series of workshops linked to the industry phases of a building project – Briefing, Concept Design, Detail Design, Handover, and In-use. Representatives of all demand side and supply side stakeholders participate in the workshops. The events are prepared and facilitated by an independent DQI Facilitator who is accredited by the CIC.

Briefing (Modified DQI Stage 1)
Because this project has been in planning for several years it was not appropriate to use the DQI stage 1 process although key members of the project team have used the headings to determine a benchmark. This document contributes to the project design brief and becomes a benchmark against which to evaluate the design at later DQI Stage workshops.

Mid Design DQI and beyond
At Concept Design (DQI Stage 2) and Detailed Design (DQI Stage 3) workshops, stakeholder participants will receive a presentation of the current design proposals at a detailed level of detail appropriate to the stage reached. Presentations should cover all design and construction disciplines and be accessible to a lay audience.

The aim of these workshops is to enable participants to compare their respective opinions of the design proposals and to help them identify strengths and weakness of the scheme relative to the targets set in the Briefing Record.

Design stage assessments should be followed in due course by Handover and Post Occupancy assessments.

DQI Questionnaire
At the heart of the process is the DQI questionnaire that is used to structure workshop presentations, discussion and reporting. The questionnaire is a comprehensive, non-technical set of statements structured under three main headings to measure all the factors applicable to the design quality of most buildings.

Functionality is concerned with the way in which a building is designed to be useful. The Functionality section of the questionnaire is sub-divided into ‘Access’, ‘Uses’ and ‘Space’.

Build Quality relates to the performance of a building’s fabric and is sub-divided into ‘Performance’, ‘Engineering’ and ‘Construction’.

Impact refers to a building’s ability to create a sense of place and to have a positive effect on the local community and environment. It is sub-divided into ‘Urban and social integration’, ‘Internal environment’, ‘Form and materials’, and ‘Character and innovation’.

DQI Outputs
It should be noted that participants often comment that simply by bringing the stakeholder community together to discuss their respective views of a project, in a way that otherwise seldom happens, is a reward in itself for the few hours invested in attending the workshop.
The DQI Facilitator is responsible for applying the DQI analysis tool to the data collected during the workshop to prepare the workshop report. This includes simple graphical representations and a narrative that compares the views of different participants and measures stakeholder assessments against their aspirations at briefing. The Workshop Report will contribute to the development of the design and the success of the final scheme.

**Further information**
on DQI can be found on the DQI web site: www.dqi.org.uk. There is a generic version of the tool that can be applied to any building type. There are also sector specific versions for Schools and Health buildings.
6. Assessment results

Graphic result sheets for each of the 3 individual stakeholder groups are included at Appendix D.

There are 4 graphics on each sheet with brief interpretation notes

- Comparison with Briefing record
- Quality dimensions
- Section scores
- Section scores weighted

The following commentary interprets these graphics and highlights the differences between Stakeholder Groups. The reasons behind the differences are noted from discussions in the workshop and the “Likes and Dislikes” recorded by participants on their questionnaire. Refer Appendix B

6.1 Comparison of Assessment with Aspirations in the Briefing Record (“stars and bars”)  
Given the late analysis of the brief and after the production of the Exemplar Design, it is important that the analysis is repeated at the detailed design stage.

6.2 Quality Dimensions  
Charts show that respondents, generally Impact and Function equal scores, Build Quality Impact was only evaluated by few people.

All Dimensions scored at 80% of maximum or better by clinical and estate groups.

6.3 The Section Scores (“spider diagram”)  
At this stage the spider diagram reflects all opinions of those involved in the workshops, and reflects a certain amount of frustration in the length of the gestation process and the desire to deliver and work in a contemporary hospital and environment. More information is required on build quality and the scores for this element reflect expectation rather than information available to date.

6.4 The Section Scores Weighted  
The exemplar design is performing well against expectations, better responses on impact and functionality at this stage

6.5 Stakeholder Likes and dislikes  
See appendix B for detailed response from all participants

6.5.1 Likes  
The general layout and massing, contemporary feel and the atrium.

6.5.2 Dislikes  
Access and car-parking and some elements of the departmental links to the atrium, the hubs.

6.5.3 Divided opinions  
The entrance and atrium is too spacious.

Some of the stacking arrangements require review; see later notes on the Trust’s Commentary on the Exemplar Design Brief.

6.6 Specific statements requiring attention

6.6.1 Statements with strong support  
The hospital is seen as a major regenerating force for the area. The exemplar plan is seen as a positive start and works well for most users consulted and the design must be a contemporary, the atrium will act as a major welcoming experience for all users.

6.6.2 Statements with negative scores  
Access and car parking are seen as potential difficulties, due to the peripatetic nature of the service offered. There are some issues within the detailed planning and stacking which will need action during the detailed design development. These have been identified by the Trust and will form part of the competitive dialogue process.

6.6.3 Statements with conflicting scores  
The stacking diagram, some clinicians are concerned about relationships within current exemplar design. Is the atrium too large? Many see it as a major asset.

7.0 Design responses to the Briefing Record  
See appendix C for details
8.0 Conclusions and Recommendations

Paragraph 2 summarises the important issues emerging from the DQI workshops and should be considered by the Clients/Design Team and fed into the project design review process. The conclusions from this Mid Design Assessment are summarised in Section 2.0.
## Appendix A: List of Participants

Those who took part in the assessment, their role and the Stakeholder group they represent are as follows:

Columns at the right hand end of the table record continuity of attendance at DQI workshops.

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Organisation</th>
<th>Stakeholder Group</th>
<th>Demand or Supply Side</th>
<th>DQI Stages attended</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alison Hughes</td>
<td>Ward Matron</td>
<td>MMH</td>
<td>User</td>
<td>(D)</td>
<td>Y</td>
<td><a href="mailto:Alison.hughes@nhs.net">Alison.hughes@nhs.net</a></td>
</tr>
<tr>
<td>Amanda Geary</td>
<td>Director Women's and Child Health Board Member</td>
<td>MMH</td>
<td>User</td>
<td>(D)</td>
<td>Y</td>
<td><a href="mailto:Amanda.geary@nhs.net">Amanda.geary@nhs.net</a></td>
</tr>
<tr>
<td>Bill Thompson</td>
<td>Consultant Physician</td>
<td>MMH</td>
<td>User</td>
<td>(D)</td>
<td>Y</td>
<td><a href="mailto:Bill.thompson@nhs.net">Bill.thompson@nhs.net</a></td>
</tr>
<tr>
<td>Zitta Braham</td>
<td>Ward Manager</td>
<td>MMH</td>
<td>User</td>
<td>(D)</td>
<td>Y</td>
<td><a href="mailto:Zitta.braham@nhs.net">Zitta.braham@nhs.net</a></td>
</tr>
<tr>
<td>Cheryl Walne</td>
<td>Matron</td>
<td>MMH</td>
<td>User</td>
<td>(D)</td>
<td>Y</td>
<td><a href="mailto:Cherylwalne@nhs.net">Cherylwalne@nhs.net</a></td>
</tr>
<tr>
<td>Colin Ovington</td>
<td>Chief Nurse</td>
<td>MMH</td>
<td>User</td>
<td>(D)</td>
<td>Y</td>
<td><a href="mailto:c.ovington@nhs.net">c.ovington@nhs.net</a></td>
</tr>
<tr>
<td>David Beale</td>
<td>Project Support Officer</td>
<td>MMH</td>
<td>Estates</td>
<td>(S)</td>
<td>Y</td>
<td><a href="mailto:davidbeale@nhs.net">davidbeale@nhs.net</a></td>
</tr>
<tr>
<td>Ranjit Dhillon</td>
<td>Cardiac Rehabilitation</td>
<td>MMH</td>
<td>User</td>
<td>(D)</td>
<td>Y</td>
<td><a href="mailto:ranjtdhillon@nhs.net">ranjtdhillon@nhs.net</a></td>
</tr>
<tr>
<td>Jayne Dunn</td>
<td>Director Service Redesign</td>
<td>MMH</td>
<td>Estates</td>
<td>(S)</td>
<td>Y</td>
<td><a href="mailto:Jayne.Dunn1@nhs.net">Jayne.Dunn1@nhs.net</a></td>
</tr>
<tr>
<td>Elaine Newell</td>
<td>Clinical Director</td>
<td>MMH</td>
<td>User</td>
<td>(D)</td>
<td>Y</td>
<td><a href="mailto:elainenewell@nhs.net">elainenewell@nhs.net</a></td>
</tr>
<tr>
<td>Emma Loosely</td>
<td>Principal Physiotherapist</td>
<td>MMH</td>
<td>User</td>
<td>(D)</td>
<td>Y</td>
<td><a href="mailto:Emma.loosley@nhs.net">Emma.loosley@nhs.net</a></td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Department</td>
<td>User Type</td>
<td>Role</td>
<td>Email</td>
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</tr>
<tr>
<td>Heather Bennet</td>
<td>Head of Services Women</td>
<td>MMH</td>
<td>User</td>
<td>(D)</td>
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</tr>
<tr>
<td>Fiona Shorney</td>
<td>Director of Operations Community and Therapies</td>
<td>MMH</td>
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<tr>
<td>Graham Harris</td>
<td>Architect</td>
<td>IBI Group</td>
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<tr>
<td>Janet Clarke</td>
<td>Hotel Services Manager</td>
<td>MMH</td>
<td>User</td>
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</tr>
<tr>
<td>Jenny Marshall</td>
<td>Head of Procurement</td>
<td>MMH</td>
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</tr>
<tr>
<td>Jilly Croasdale</td>
<td>Head of Radiography/consultant</td>
<td>MMH</td>
<td>User</td>
<td>(D)</td>
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</tr>
<tr>
<td>Jo Wakeman</td>
<td>Head of Radiopharmacy/consultant</td>
<td>MMH</td>
<td>User</td>
<td>(D)</td>
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<td></td>
</tr>
<tr>
<td>Joy Haywood</td>
<td>Ward Manager/ Children</td>
<td>MMH</td>
<td>User</td>
<td>(D)</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Julian Mansell</td>
<td>PASC/RIS lead imaging</td>
<td>MMH</td>
<td>User</td>
<td>(D)</td>
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<tr>
<td>Julie Romano</td>
<td>Ward Matron</td>
<td>MMH</td>
<td>User</td>
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<tr>
<td>Kam Dhami</td>
<td>Director of Governance</td>
<td>MMH</td>
<td>User</td>
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<tr>
<td>Kevin Reynolds</td>
<td>Head of Estates</td>
<td>MMH</td>
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<tr>
<td>Rasekhuta Lephalala</td>
<td>Matron women and Children</td>
<td>MMH</td>
<td>User</td>
<td>(D)</td>
<td>Y</td>
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</tr>
<tr>
<td>Name</td>
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<tr>
<td>Elizabeth Hesk</td>
<td>Matron Gynaecology</td>
<td>MMH</td>
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<td>(D)</td>
<td>Y</td>
<td><a href="mailto:Elizabeth.hesk@nhs.net">Elizabeth.hesk@nhs.net</a></td>
</tr>
<tr>
<td>Lydia Phillips</td>
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<td><a href="mailto:Lydia.phillips@hhs.net">Lydia.phillips@hhs.net</a></td>
</tr>
<tr>
<td>Martin Townsend</td>
<td>Groups Head of Nursing ED</td>
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<td><a href="mailto:m.townsend1@nhs.net">m.townsend1@nhs.net</a></td>
</tr>
<tr>
<td>Natasha Ratnaraia</td>
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<tr>
<td>Nick Sherwood</td>
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<td><a href="mailto:Nick.sherwood@nhs.net">Nick.sherwood@nhs.net</a></td>
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<tr>
<td>Paul Scott</td>
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</tr>
<tr>
<td>Paul Duflot</td>
<td>Ward manager children</td>
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<td>Y</td>
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</tr>
<tr>
<td>Peter Finch</td>
<td>Trust security manager</td>
<td>MMH</td>
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<td>Now left the Trust</td>
</tr>
<tr>
<td>Peter Cooke</td>
<td>Chief Pharmacist</td>
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<td><a href="mailto:Peter.cooke@nhs.net">Peter.cooke@nhs.net</a></td>
</tr>
<tr>
<td>Neil Price</td>
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<td>Y</td>
<td><a href="mailto:Neil.price@nhs.net">Neil.price@nhs.net</a></td>
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<tr>
<td>Rachel Barlow</td>
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<tr>
<td>Rob Banks</td>
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<tr>
<td>Roger Stedman</td>
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<td>(D)</td>
<td>Y</td>
<td><a href="mailto:Roger.stedman@nhs.net">Roger.stedman@nhs.net</a></td>
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<tr>
<td>Stephen Clarke</td>
<td>Director of Facilities</td>
<td>MMH</td>
<td>User</td>
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<td><a href="mailto:stephenclarke@nhs.net">stephenclarke@nhs.net</a></td>
</tr>
<tr>
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<tr>
<td>Stephen Shayoon</td>
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<tr>
<td>Terry Cordrey</td>
<td>Principle Physiotherapist</td>
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</tr>
<tr>
<td>Tim Nash</td>
<td>Capital Projects Office</td>
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<td><a href="mailto:Timothy.nash@nhs.net">Timothy.nash@nhs.net</a></td>
</tr>
<tr>
<td>Vanya Rogers</td>
<td>Senior Communications Officer</td>
<td>MMH</td>
<td>User</td>
<td>(D)</td>
<td>Y</td>
<td><a href="mailto:Vanya.rogers@nhs.net">Vanya.rogers@nhs.net</a></td>
</tr>
</tbody>
</table>
## Appendix B: Participants Likes and Dislikes

<table>
<thead>
<tr>
<th>RESPONDENT</th>
<th>LIKES</th>
<th>DISLIKES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant 1</td>
<td>Parking for patients /Access via public transport</td>
<td></td>
</tr>
<tr>
<td>Participant 2</td>
<td>Contemporary/ Fit for purpose/access for all</td>
<td>Query room for expansion</td>
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<tr>
<td>Participant 3</td>
<td>Clear entrances for all users/adjacencies/therapy areas co-located in wards</td>
<td>Adjacencies in hubs not quite right/upper levels remote from cafes/hospital route to staff car park</td>
</tr>
<tr>
<td>Participant 4</td>
<td>Natural light/parking and bus access</td>
<td></td>
</tr>
<tr>
<td>Participant 5</td>
<td>Regeneration/environment/atrium</td>
<td>Lack of storage/control of hubs/lack of automation</td>
</tr>
<tr>
<td>Participant 6</td>
<td>Contemporary look/social spaces/multi floor</td>
<td>Location/PFI cost/Parking</td>
</tr>
<tr>
<td>Participant 7</td>
<td>Sustainability/generic wards/ambulance route to ED</td>
<td>Lack of proper kitchen/dependence on lifts/no urgent care centre</td>
</tr>
<tr>
<td>Participant 8</td>
<td>Landscape/sustainability/daylight</td>
<td>Lack of space for meals/atrium too imposing/entrance shouldn’t be grand</td>
</tr>
<tr>
<td>Participant 9</td>
<td>Courtyards/landscaped entrances/intended quality</td>
<td>Above ground car park/size of staff areas/ access for dedicated patients</td>
</tr>
<tr>
<td>Participant 10</td>
<td>Access and vision/stacking</td>
<td>Car park numbers and walkways/office confidentiality/egress from car park</td>
</tr>
<tr>
<td>Participant 11</td>
<td>Clinical adjacencies/access from user car parking/welcome from atrium</td>
<td>Only one entrance for staff/small staff areas/imaging and diagnostics too big</td>
</tr>
<tr>
<td>Participant 12</td>
<td>Design appearance/optimisation of space</td>
<td>Lack of storage/IT infrastructure seems weak</td>
</tr>
<tr>
<td>Participant 13</td>
<td>Windows/look/outside landscaping</td>
<td>Access to meeting rooms/staff facilities too remote/big queues on Dudley Road</td>
</tr>
<tr>
<td>Participant 14</td>
<td>Look/atrium/</td>
<td>Poor staff facilities/tight space allocations/bottlenecks at</td>
</tr>
<tr>
<td>Participant</td>
<td>Topic</td>
<td>Concerns/Notes</td>
</tr>
<tr>
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<td>---------------------------------------------------------------------------------</td>
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<tr>
<td>15</td>
<td>Environment of site plan/natural light/ups for critical areas</td>
<td>Car-park entrance from main building/pedestrian long walks/access to site from dual carriageway</td>
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<tr>
<td>16</td>
<td>Space and landscape/use of widows/welcoming to users</td>
<td>Bottlenecks for staff/congestion in car parks/</td>
</tr>
<tr>
<td>17</td>
<td>Therapy space/landscape/Social space/courtyards</td>
<td>Staff access/size of changing space/need for walkway from car park</td>
</tr>
<tr>
<td>18</td>
<td>% of single rooms/use of natural light/</td>
<td>Ward storage</td>
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<tr>
<td>19</td>
<td>Atrium focal point/daylight very open</td>
<td>Ward size lot of walking</td>
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<tr>
<td>20</td>
<td>Compact/daylight/stacking diagram</td>
<td>Internalised staff areas/staff visitor parking/Cross over from one wing to the other</td>
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<tr>
<td>21</td>
<td>Clear level access/central atrium and light/occupied spaces on external wall</td>
<td>ED lack of light/shape not easy to expand/size of courtyards</td>
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<tr>
<td>22</td>
<td>Layout/environmental spaces/covered car-parking</td>
<td>Uncertainty of using courtyards/atrium too open/</td>
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<tr>
<td>23</td>
<td>Open plan/logical entrances/separation of vehicles</td>
<td>Car park access/no walk in centre</td>
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<tr>
<td>24</td>
<td>Minimal deep plan space/adjacencies/expansion space</td>
<td>Car-parking/main entrance drop off/location of engineering and future replacement</td>
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<tr>
<td>25</td>
<td>Location of main entrance/very good access and separation of functions</td>
<td>Access from undercroft to main car park/open atrium space/no bridge links at every level.</td>
</tr>
<tr>
<td>26</td>
<td>Ward design/good dcps.</td>
<td>Atriums too tall for width/lower levels housing specialist departments constrain design for upper levels.</td>
</tr>
<tr>
<td>27</td>
<td>Number of isolation rooms/use of generic wards/atrium light an dairy</td>
<td>No microbiology on site</td>
</tr>
<tr>
<td>28</td>
<td>Spacious and airy/good adjacencies/patient flows</td>
<td>Access to neonates/lack of office accommodation/query no. of visitor parking spaces</td>
</tr>
<tr>
<td>29</td>
<td>Parking in basement/dedicated lifts/outside landscape</td>
<td>Adjacency of traditional care/multi faith outside</td>
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<tr>
<td>Participant 30</td>
<td>Layout of site/centralised ED</td>
<td>neonatal/no access for transport incubator</td>
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<tr>
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<td>------------------------------------------</td>
</tr>
<tr>
<td>Participant 31</td>
<td>Adjacencies/transforming locality</td>
<td>Wards interlinking/T and O wards on medical floor/no plaster room</td>
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<tr>
<td>Participant 32</td>
<td>Airy atrium/underground car park</td>
<td>Ambulance capacity.</td>
</tr>
<tr>
<td>Participant 33</td>
<td>Open atrium/outside space landscape/adjacencies</td>
<td>Distance from public entrance</td>
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</tbody>
</table>
## Appendix C: Design responses to the Briefing Record

<table>
<thead>
<tr>
<th>Briefing record</th>
<th>Default</th>
<th>Notes</th>
<th>Value</th>
<th>Actions highlighted at DQI workshops May 2014</th>
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<tbody>
<tr>
<td><strong>Functionality</strong></td>
<td></td>
<td><strong>Access</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. The location of the building should provide good access for everyone including people using public transport</td>
<td><strong>Required</strong></td>
<td>Accessibility of the building is seen by all stakeholders as an important factor that will ensure the success of the scheme and contribute to the regeneration of the area. The entrances should be clear and lead directly into the atrium with a welcoming main reception that provides a 'one stop information point to all users of the hospital. Car park locations and links need further work. Refer to Statements 5, 6, and 15 for further detail</td>
<td><strong>Required</strong></td>
<td>The Trust have confirmed that the project must be considered as part of the ongoing regeneration programme for the area. The peripatetic nature of the users of the hospital and linkage to other healthcare facilities must be considered when considering all access needs.</td>
</tr>
<tr>
<td>2. The layout and landscape around the building should provide safe and convenient pedestrian access and should be suitable for use by wheelchair users and people with other disabilities</td>
<td><strong>Required</strong></td>
<td>Little detail available at briefing stage, the landscape is an important element for patients, staff and visitors</td>
<td><strong>Required</strong></td>
<td>Little work has been completed on the detail design of the landscape to the site. The Trust wish the landscape setting and internal courtyards to add to the feeling of well-being on the site.</td>
</tr>
<tr>
<td>3. Designated entrances should be obvious and logically positioned in relation to access</td>
<td><strong>Required</strong></td>
<td>The atrium is a key focal point for the hospital further work is required on developing the detail of both the north and south entrances.</td>
<td><strong>Desired</strong></td>
<td>More work required on the levels of the site and how the levels can be best used to site the building.</td>
</tr>
<tr>
<td></td>
<td>Car parking numbers and their allocation should be appropriate and include convenient drop off and pick up areas</td>
<td>Required</td>
<td>Car parking has been allocated in 2 areas. An under-ground car park has been located adjacent to the southern entrance and the staff car park at the North of the site. Numbers specified in the Travel Plan have been submitted as part of the outline planning application.</td>
<td>Required</td>
</tr>
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</tr>
<tr>
<td>4</td>
<td>There should be safe access and secure storage for goods, recycling and waste, including vehicle circulation segregated from public/staff access</td>
<td>Required</td>
<td>Blue light traffic and major deliveries occur at the north entrance to the building. Blue light traffic is by direct route and separate from all other vehicular routes.[ref 6 below] Service traffic is directed to a low level service yard at the north of the site. Waste traffic uses the same space and is separated from the public entrance by level.</td>
<td>Required</td>
</tr>
<tr>
<td>5</td>
<td>The approach and access for emergency vehicles should be appropriately provided</td>
<td>Required</td>
<td>Blue light traffic is kept separate from all other vehicular routes. Access for ambulances for the “walking wounded” and Day Patients is via the north atrium entrance and within the underground car park adjacent to the south entrance.</td>
<td>Required</td>
</tr>
<tr>
<td>7</td>
<td>The design should cater adequately for cyclists</td>
<td><strong>Required</strong></td>
<td>No provision in the brief, the travel plan defines the need. See output from the DQI workshops in May 2014</td>
<td><strong>Inspired</strong></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>8</td>
<td>Inside the building, the layout should be easy to understand and the signage should be clear</td>
<td><strong>Desired</strong></td>
<td>Legibility is a key element within the design brief and the creation of the central atrium.</td>
<td><strong>Inspired</strong></td>
</tr>
<tr>
<td><strong>Space</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 9 | The spaces in the building should be the right size for their functions | **Required** | **Points in addition to the schedule of accommodation.**
**Derogations:** The schedule has been prepared in accordance with best practice but some areas have been reduced in area as a result of detailed discussions within the Trust.
**Public Spaces:** The exemplar plans indicate level, area and user numbers. Bidders are expected to verify and develop these areas during the competitive dialogue stage.
[See item 15 below] | **Required** | The Trust has defined areas which require further work, see appendix “D” of ITPD2. The commentary on the Exemplar Design sets out the amendments to the SOA. See section 8 part 3, section 7. Appendix 1 of the Functional brief sets out details of the derogated room areas. |
| 10 | Circulation distances travelled by patients, visitors and staff should be optimised by the layout | **Required** | All stakeholders were agreed that easily understood circulation spaces that are a delight to use will be key to creating a well liked and welcoming building. | **Required** | The Trust are to consider the use of AGV’s, this will require careful advice and evaluation of all major circulation spaces including lifts, and the delivery |
Circulation spaces should be generous, not cramped and they should enjoy a good quality of natural light and views out where possible.

The main reception meet and greet function is a major element within the atrium.

From the main reception there needs to be clarity of circulation to separate reception and waiting areas within the departmental hubs.

The stairs should be an attractive alternative to the lifts. The lifts should be comfortable for all to use.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>All spaces will have a clear purpose</td>
<td>Desired</td>
</tr>
<tr>
<td>12</td>
<td>There should be good facilities for patients including bath/toilet, refreshment and other facilities and patient waiting areas</td>
<td>Required</td>
</tr>
<tr>
<td>13</td>
<td>The building’s layout should provide required levels of isolation and segregation – for example for gender, children and young people and for</td>
<td>Required</td>
</tr>
<tr>
<td>Control of Infection</td>
<td>Desired</td>
<td>The plans included in the exemplar design define the needs within the departmental areas.</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>There should be good facilities for staff, including convenient places to work and relax without being on demand</td>
<td>Required</td>
<td>The plans included in the exemplar design define the needs within the departmental areas.</td>
</tr>
<tr>
<td>There should be good facilities for visitors, including waiting areas, quiet rooms, pause space, refreshments, and toilets</td>
<td>Required</td>
<td>The plans included in the exemplar design define the needs although bidders are encouraged to develop these areas.</td>
</tr>
<tr>
<td>There should be sufficient storage space for goods, equipment and waste &amp; recycling</td>
<td>Required</td>
<td>The plans included in the exemplar design define the needs within this area adjacent to the north entrance</td>
</tr>
</tbody>
</table>

**Uses**

<table>
<thead>
<tr>
<th>Uses</th>
<th>Required</th>
<th>The design vision and exemplar design define MMH Trust requirements</th>
<th>Required</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The brief and design should facilitate the patient care model of the NHS/client organisation</td>
<td>Required</td>
<td>Refer to the schedule of accommodation and Trust's Commentary on the exemplar design.</td>
<td>Required</td>
<td>See Trust's Commentary on the exemplar design.</td>
</tr>
<tr>
<td>The building should accommodate the users’ needs and satisfy the agreed brief</td>
<td>Required</td>
<td>Refer to the schedule of accommodation and Trust's Commentary on the exemplar design.</td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td>The building should enhance the efficiency and performance of the organisation</td>
<td>Required</td>
<td>MMH is a fundamental part of the provision of healthcare and well-being in the West Midlands and Sandwell region, so linkages to other services within the region are an important component in both use and content</td>
<td>Inspired</td>
<td>See the Design Vision prepared by the Trust</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td><strong>20</strong></td>
<td>The building’s layout and the relationships between rooms should optimise patient pathways, work flows and logistics</td>
<td><strong>Required</strong></td>
<td>The exemplar design meets most elements of the brief but there are some amendments required during the detailed design development of the hospital.</td>
<td><strong>Required</strong></td>
</tr>
<tr>
<td><strong>21</strong></td>
<td>Where possible, spaces should be standardised and flexible for different user requirements</td>
<td><strong>Desired</strong></td>
<td>The Trust deem this to be an important element of the design, and the exemplar design has used “standard” ward layouts. The practicality of ‘hot desking’ for those using the building as a work base but not present all the time should be investigated.</td>
<td><strong>Desired</strong></td>
</tr>
<tr>
<td><strong>22</strong></td>
<td>The building should be sufficiently adaptable to respond to change over time and to enable expansion/contraction</td>
<td><strong>Desired</strong></td>
<td>See item 21 above and the provision of expansion space in the exemplar design</td>
<td><strong>Desired</strong></td>
</tr>
<tr>
<td><strong>23</strong></td>
<td>The building should allow for change to a different type of use</td>
<td><strong>Desired</strong></td>
<td>The stacking diagram and section height are key elements in the exemplar design</td>
<td><strong>Desired</strong></td>
</tr>
<tr>
<td><strong>24</strong></td>
<td>The layout should facilitate both security and supervision</td>
<td><strong>Required</strong></td>
<td><strong>Site security</strong> It is expected that the site and atrium will be accessible to all but boundaries to departments and parking should be secure and may need cctv surveillance. <strong>Building security</strong> The building will need to provide a high level of physical security - this should be discrete and must not detract from the overall welcoming nature of the building. <strong>Visitor security</strong></td>
<td><strong>Required</strong></td>
</tr>
</tbody>
</table>
In addition to a welcoming meet and great function, the main reception desk in the entrance space will have a role in controlling access by unwanted anti-social visitors.

<table>
<thead>
<tr>
<th>Build Quality</th>
<th>Default</th>
<th>Notes</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Required</td>
<td>Participants gave this statement a high priority</td>
<td>Required</td>
</tr>
<tr>
<td>26</td>
<td>Required</td>
<td>Bidders are expected to use locally sourced materials where possible.</td>
<td>Required</td>
</tr>
<tr>
<td>27</td>
<td>Required</td>
<td>Ease of cleaning is a particular issue in clinical areas.</td>
<td>Required</td>
</tr>
<tr>
<td>28</td>
<td>Required</td>
<td></td>
<td>Inspired</td>
</tr>
<tr>
<td>29</td>
<td>Required</td>
<td></td>
<td>Required</td>
</tr>
<tr>
<td>30</td>
<td>Desired</td>
<td>The Trust has set a requirement that the building should meet a standard of excellent according to BREEAM (Building Research Establishment Environmental Assessment)</td>
<td>Desired</td>
</tr>
<tr>
<td>Desired</td>
<td>Required</td>
<td>Desired</td>
<td></td>
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<td>---------</td>
<td>----------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>The engineering systems should deliver benefits from standardisation and prefabrication where relevant</td>
<td>Desired</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>The design should allow easy access to engineering systems for maintenance, replacement and expansion</td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>The requirement for building engineering systems should be minimised by the design of the building</td>
<td>Desired</td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>The engineering systems should be easy to operate and maintain</td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>There should be emergency back-up systems designed to protect patients and minimise disruption</td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>The building design should include IT infrastructure that is ‘future proof’ and sufficient for foreseeable future needs</td>
<td>Desired</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>The building should be efficient in its use of resources including energy and water</td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Engineering systems should adopt the principles of sustainable environmentally conscious design</td>
<td>Inspired</td>
<td>Inspired</td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------------------------------------------------------------------------------------</td>
<td>---------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>Construction</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>The methods and materials to be used in construction should be well thought through to provide a clean safe and suitable environment</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>40</td>
<td>The layout, structure and engineering systems including IT should be well co-ordinated and integrated</td>
<td>Inspired</td>
<td>Inspired</td>
</tr>
<tr>
<td>41</td>
<td>Construction planning should minimise disruption to continuing healthcare provision and any phased work should be well organised</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>42</td>
<td>The building’s fittings, furniture and finishes should be well integrated</td>
<td>Desired</td>
<td>Inspired</td>
</tr>
<tr>
<td>43</td>
<td>The construction should deliver benefits from standardisation and prefabrication where relevant</td>
<td>Desired</td>
<td>See item 21 above</td>
</tr>
<tr>
<td>44</td>
<td>The building design should follow the principles of sustainable environmentally conscious design</td>
<td>Required</td>
<td>The Trust have set a requirement that the building should meet a Standard of Excellent according to BREEAM (Building Research Establishment Environmental Assessment Method).</td>
</tr>
<tr>
<td>Impact</td>
<td>Default</td>
<td>Notes</td>
<td>Value</td>
</tr>
<tr>
<td>--------</td>
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<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td><strong>Urban &amp; Social Integration</strong></td>
<td></td>
<td></td>
<td><strong>Design response at Mid Design Assessment 05.05.10</strong></td>
</tr>
<tr>
<td>45 The height, volume and skyline of the building design should take account of the surrounding environment</td>
<td>Desired</td>
<td>The exemplar design has gained outline planning permission. The Trust reminds bidders of the importance of the regeneration strategy and the massing studies. The planning conditions are an important component of the design brief.</td>
<td>Inspired</td>
</tr>
<tr>
<td>46 The hard and soft landscape around the building should contribute positively to the neighbourhood</td>
<td>Desired</td>
<td>The new building and associated car-park will have a significant impact on the regeneration of the area. The design should develop the access requirements and landscape setting of the hospital</td>
<td>Inspired</td>
</tr>
<tr>
<td>47 The building should be well located in relation to local facilities</td>
<td>Desired</td>
<td>The Trust expect the project to respond to and respect adjacent development proposals</td>
<td>Desired</td>
</tr>
<tr>
<td>48 People in the neighbourhood should enjoy the building</td>
<td>Desired</td>
<td>This quality indicator was given the high priority by workshop participants. The building should also offer potential to host community events (in the atrium) and be a focus for the promotion of local community</td>
<td>Desired</td>
</tr>
</tbody>
</table>
The landscape is important both to the users of the hospital and the local community.

| 49 | The building should be likely to contribute to and stimulate social and economic regeneration | Inspired | The local community should welcome the new building as a positive addition to the public outdoor space and make the most of linkages across the site. | Desired |

**Internal Environment**

| 50 | The building should respect the needs of patients and allow for appropriate levels of privacy, dignity and confidentiality | Required | This quality is a high priority issue for all involved in the briefing. | Desired |

| 51 | There should be good views within and outside of the building | Desired | Daylight penetration of all appropriate spaces was seen as a major element in the exemplar design. | Inspired |

| 52 | Patients, staff and visitors should have good access to attractively landscaped outdoor areas | Desired | The quality of public circulation space (scale, clarity of organisation and daylight) in the building will be key element for all users of the site. | Inspired |

| 53 | The interior design should be attractive in appearance | Desired | The atrium is seen as a major element in delivering a memorable experience for all users. | Inspired |

<p>| 54 | The circulation and interiors should be safe and not cramped or overcrowded | Required | See 53 above. | Required |</p>
<table>
<thead>
<tr>
<th></th>
<th>There should be a high quality of daylight in the building with good use of colour</th>
<th>Desired</th>
<th>Quality of natural daylight is a priority issue and it was highlighted as a common aspect of well liked buildings. There should be an abundance of glass but designers need to be aware of the east west location of the major facades.</th>
<th>Inspired</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>There should be a high quality of artificial lighting in the building</td>
<td>Desired</td>
<td>Desired</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There should be a high acoustic quality appropriate to use of spaces</td>
<td>Desired</td>
<td>Desired</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There should be a high air quality appropriate to use of spaces and the control of cross infection</td>
<td>Required</td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There should be high levels of both comfort and control of comfort</td>
<td>Required</td>
<td>Environmental controls will need to be zoned locally according to the different activities in spaces. Multi use spaces will need to be capable of very fast environmental change in response to the needs of different activities.</td>
<td>Required</td>
</tr>
<tr>
<td></td>
<td>The building design should include provision for visual and performing arts</td>
<td>Inspired</td>
<td>The atrium is seen as an opportunity to deliver this activity.</td>
<td>Inspired</td>
</tr>
</tbody>
</table>

**Form & Materials**

<table>
<thead>
<tr>
<th></th>
<th>The building should have a human scale, feel welcoming and create a good</th>
<th>Inspired</th>
<th>Inspired</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impression</td>
<td>62</td>
<td>The exterior and form of the building should be carefully designed to be considered of high quality</td>
<td>Inspired</td>
</tr>
<tr>
<td></td>
<td>63</td>
<td>The building should be orientated to maximise the advantages of the site for example to maximise sunlight or provide shelter from prevailing winds</td>
<td>Desired</td>
</tr>
<tr>
<td></td>
<td>64</td>
<td>The external materials and detailing should be of high quality with appropriate use of colours and textures</td>
<td>Required</td>
</tr>
<tr>
<td></td>
<td>65</td>
<td>Materials and components should be specified from sustainable sources of supply and manufacture</td>
<td>Desired</td>
</tr>
<tr>
<td></td>
<td>66</td>
<td>There should be clear ideas behind the building design</td>
<td>Required</td>
</tr>
</tbody>
</table>

**Character & Innovation**

The Trust’s Design Vision is defined in section 3 of the functional brief.
<table>
<thead>
<tr>
<th></th>
<th>The building should be interesting to look at and move around in</th>
<th>Desired</th>
<th>The building will be a civic landmark to be proud of. The design should portray an obvious identity</th>
<th>Desired</th>
</tr>
</thead>
<tbody>
<tr>
<td>68</td>
<td>The building should project a caring and reassuring atmosphere</td>
<td>Desired</td>
<td>The welcoming atrium should proclaim that patients, staff and visitors are welcome and feel assured.</td>
<td>Desired</td>
</tr>
<tr>
<td>69</td>
<td>The building should appropriately express the values of the [NHS]/organisation</td>
<td>Desired</td>
<td>As a priority issue the design should seek to create a welcoming and reassuring ambience. The scale &amp; mass of the building must not intimidate.</td>
<td>Desired</td>
</tr>
<tr>
<td>70</td>
<td>The building design should influence future projects</td>
<td>Inspired</td>
<td>The design should set a precedent for major healthcare buildings</td>
<td>Inspired</td>
</tr>
<tr>
<td>71</td>
<td>The building and its landscape should be widely acclaimed for their quality</td>
<td>Inspired</td>
<td>The building should be highly regarded and well liked in the community it serves.</td>
<td>Desired</td>
</tr>
</tbody>
</table>
Appendix D: Graphic Result Sheets

Figure 1: Section Scores

The section scores in the spider diagram scaled between 0 and 6. Given that the assessment was made against the exemplar design and that many of the participants have been involved in developing the development control and 200scale plans it indicates general support for the plans as presented. Many of the clinical users felt unable to comment on build quality, although there was support for the principles establishing good practice in construction and sustainability.
Figure 2: Section Scores weighted

The section scores is weighted in the same way as the quality dimensions graph but visualises the 10 sections under the main headings. The output takes account of the weightings allowed to all the overall weightings and sets these against the individual responses made in each category. This graph allows you to see what the most popular sections are; the overall length of the white line, the green indicates how well the exemplar design is performing in each section.
The Quality Dimensions graph illustrates the overall DQI and is scaled between 0 and 100%. It visualises two sets of results; firstly it takes account the overall weight allocated to Functionality, Build Quality and Impact and secondly it sets these against the individual responses made in the statements within these 3 fields. The graph is therefore split up into 6 sections, 2 seconds allocated to each field. The size of the segments shows how the 3 main fields have been weighted by respondents and indicates the relative importance of Functionality, Build Quality and Impact to them. The darker colour is derived from the scores given by participants in each sector and indicates how well the exemplar design is thought to have performed.
Figure 4: Briefing Record Output:

This visualisation compares the results from the DQI assessment with the briefing record [11th July 2014] which was prepared after completion of the Exemplar Design, and it establishes quality standards for future workshops. These criteria were achieved. It is intended to reproduce this graph at the end of the first bidding period and before the final selection of the preferred bidder.
Appendix F – Public Art Strategy
Midland Metropolitan Hospital

Invitation To Participate in Competitive Dialogue
Volume 2

APPENDIX F

Public Arts Strategy
## Consultation

<table>
<thead>
<tr>
<th>Function</th>
<th>Name</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arts Champion</td>
<td>Sarindar Sahota</td>
<td>0.01</td>
</tr>
<tr>
<td>Engagement Manager</td>
<td>Jason Nedrick</td>
<td>0.01</td>
</tr>
<tr>
<td>Project Manager</td>
<td>Andrea Bigmore</td>
<td>0.01</td>
</tr>
<tr>
<td>PCT Representative</td>
<td>Colleen Shekerie</td>
<td>0.01</td>
</tr>
<tr>
<td>Community member</td>
<td>Tom Jones</td>
<td>0.01</td>
</tr>
<tr>
<td>Community member</td>
<td>Harry Athwal</td>
<td>0.01</td>
</tr>
<tr>
<td>Staff member</td>
<td>Michaela Martin</td>
<td>0.01</td>
</tr>
<tr>
<td>Chair of Friends of Birmingham museums and Art Galleries</td>
<td>Deborah de Haes</td>
<td>0.02</td>
</tr>
</tbody>
</table>
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1. Purpose of the Document

1.1. To Support the Procurement and Development of the New Hospital

During the procurement process the Public Arts Strategy will be supported by the following:

- The Invitation to participate in Dialogue (ITPD), Volume Two, by specifying the requirements for arts in the new hospital
- Schedule Eight of the Project Agreement, by describing the Arts Strategy as it impacts on the Trust Construction Requirements (TCRs)
- ITPD Volume 4: bidder deliverables
- CABE, AEDET, DRP and DQI reviews

The document also outlines working arrangements for development of the art programme with the selected PF2 partner.

1.2. To Support the Development of the Trust Arts Programme

The Public Arts Strategy also forms an evidence based framework for delivery of a successful art programme within the Trust. The document covers:

- Context
- Approach to development of the Strategy
- The Arts Strategy
- Delivery of the Strategy

2. Context

2.1. Evidence Base and Consensus for Arts in Healthcare

‘Arts and healthcare are, and should be, firmly recognised as being integral to health, healthcare provision and healthcare environments, including supporting staff.’


The Trust has reviewed the evidence base, which contains a variety of research approaches, building into a body of knowledge about the benefits of art to health and best practice approaches to delivery.

Dr Rosalia Lelchuk Staricoff has undertaken a helpful review of the available evidence.

‘This review has identified a number of medical areas in which the research studies have shown clear and reliable evidence that clinical outcomes have been achieved through the intervention of the arts.’

‘Arts in Health: A Review of the Medical Literature’ Dr Rosalia Lelchuk Staricoff, 2004, Arts Council

The review also identifies benefits for staff.
The importance of art in hospital design has been recognised by NHS Estates, the Princes Foundation, the Commission for Architecture and the Built Environment (CABE) and the Kings Fund.

2.2. **Summary of Benefits of Arts in Healthcare**

A review of the literature identifies the following potential benefits of arts in hospitals and healthcare:

- Creation of an attractive environment where arts enhance the design
- Development of a sense of ownership, pride and community unity through participation
- Therapeutic benefits of arts activities
- People are put at ease by humanising the clinical environment
- Creation of a calm, relaxing atmosphere to reduce stress, anxiety and fear
- Impact of positive emotional effects on healing and recovery
- Consequent reduction in length of stay, improved sleep quality, reduced need for medication
- Improvement in working conditions with positive impact on staff
- Promotion of care for surroundings and reduction in vandalism
- Provision of an attractive environment may encourage patients to choose the hospital for their care
- Provision of opportunities for local artists
- Communication and way finding strategies can be supported by well designed arts
- Opportunity to deliver healthcare messages
- Support for regeneration by improving local environments
- Avoidance of alienation promoted by sterile clinical environments and consequent reduction of aggressive behaviours

2.3. **The Place of Art in Hospital PF2 Developments**

Arts have been considered in other schemes nationally with the PF2 procurement route providing opportunities for innovation and best practice.

This document defines the Trust approach to development of the arts in the new hospital. This will help PF2 bidders to respond with proposals that meet trust expectations.

Bidders will be required to utilise the Trust Arts Strategy supported by worked up exemplar solutions within their bidder deliverables which will be evaluated during the procurement process.

2.4. **Current Situation in Sandwell and West Birmingham NHS Trust**

Art is presented in various areas across the Trust. An Arts Strategy was agreed for the Birmingham Treatment Centre (BTC) development. However, the trust has not continued with delivery against this strategy and does not have a co-ordinated approach for the organisation.

The Trust is now keen to reinvigorate the arts programme to provide new focus through development of the new hospital.
Section 3 outlines the first steps being made which are to develop this Arts Strategy.

3. **Approach to Development of the Public Arts Strategy**

The approach to the development of this strategy is described in this section.

3.1. **Arts Steering Group**

An Arts Steering Group has been established within the New Hospital Project Governance structure. One of the Trust Non-Executive Directors has undertaken the role of Arts Champion and the Project Manager chairs meetings. Membership includes the Engagement Manager, staff, community and Primary Care Trust representatives. The members have an interest in the arts and contribute a wide range of knowledge that can support delivery of the strategy.

3.2. **Initiation Workshops**

An initiation workshop was planned for members of the Arts Steering Group. The session was structured by the following headings:

- Vision
- Sources and types of art
- Approach
- Integration and positioning
- Best practice and partnership working

The members contributed a comprehensive set of proposals which were formed into a draft strategy for review.

The strategy was refined at a subsequent workshop with the Steering Group.

3.3. **Review and Approval Process**

The strategy was approved by the Arts Champion on behalf of the Arts Steering group on 29.10.09 and the Project Board on 29.10.09.

4. **The Arts Strategy**

4.1. **Vision**

Art will support and build on the design vision for maximum benefits to patients, visitors and staff.

The provision of arts in the new hospital will aim to:

- Enhance and humanise the clinical environment
- Promote patient and staff well being
- Provide meaningful art work creating civic pride through community engagement

4.2. **Strategy for Integration of Arts and Design**

The Trust wishes art to be properly integrated into the design of the building rather than considered as an ‘add on’. As such art will be considered as one of the elements enhancing the quality of the building.

This will include consideration of:
• The quality of internal and external spaces
• The actual design of the building
• The interior design scheme including furnishings
• Solutions which enhance the placement of artistic objects
• Solutions which support way finding and hospital flows
• Imaginative use of lighting and building services

The Trust will consider solutions which make artistic statements within the fabric of the design. This could include reference to colour, texture, materials (e.g. glass, mosaic), wall shapes, furnishings, lighting etc. in the actual building. It could also include murals and other approaches to the display of art on walls. It is a requirement that the children’s ward will include artwork of this type.

It will be also be a requirement for the PF2 partner to design the public spaces flexibly to allow provision for:

• The hanging, positioning and lighting of artwork
• The provision of modest exhibition / performance space in one or more of the public areas in the hospital

PF2 bidders should refer to the following key documents as a starting point for development of art in design ensuring coherence of approach between design and art provision as described in the Art Strategy.

4.2.1. The Functional Brief (Planning Policy and Design Description 00)
Section 6.15 outlines the fact that the Trust will consider the provision of art and will require extensive use of themed wall murals in all areas.

It emphasises that the Trust anticipates use of a display mounting system in all public spaces.

Section 5.9 outlines the approach to use of natural and artificial light.

4.2.2. The Public Sector Comparator
The Public Sector Comparator (PSC) outlines the approach to the Design Brief.

Reference is made to the use of design, colour, graphics, local images and lighting in circulation routes and waiting areas. These approaches should be considered to assist way finding and to make corridors and waiting areas less impersonal. A range of methods for achieving this is proposed. These approaches should be considered with in alignment with the art strategy to achieve coherence.
4.2.3. **Outline Planning section 106**

Section 106 includes reference to the following:

- The Public Realm – Main water feature, minor water features and street furniture
- An approved scheme for Public Art to be implemented prior to the opening of the building – this is a Consumerism issue picked up as a DCAG enhancement
- An approved schedule of external materials shall be implemented to include a decorative wall to Grove Lane

Bidders will be required to respond to 106 requirements in response to the requirements of the Arts Steering Group. Strategy for Types of Art to be considered

4.2.4. **Underlying Principles for Unity**

A number of unifying principles across the whole building will be adopted to avoid a fragmented appearance caused by over busy / poorly designed displays. This is partly a function of Trust management; however, the design solution will facilitate appropriate approaches to changing theme.

The design solution will support the following principles:

- The aims of the design brief will be maintained including reference to natural and artificial light
- Colour, graphics and lighting will be used to enhance circulation spaces as described in the Public Sector Comparator
- Civic pride themes will be integrated with the way finding strategy
- Public art will be presented in prominent outdoor spaces to augment design
- Consideration will be given to works that also present as furniture or other functional items e.g. decorative benches
- There will be one or more keynote pieces in the Atrium
- Public waiting areas, eating and rest areas will contain artwork
- There will be at least one area that can accommodate permanent or changing displays
- Extensive use of themed wall murals will be encouraged
- Children’s ward areas will contain murals, bright colours and areas to support participation in art activities
- Art for children should include opportunities to engage physically e.g. touching, climbing and walking through
- Design solutions will support a range of the media described below

4.2.5. **Scope and Range of Media**

The importance of creating a wide range of art experience is emphasised in this strategy to ensure that the needs of all are met. For example: use of textures and scents should be considered so that visually impaired patients and staff can benefit.

The requirements of different media should be considered in provision of arts in the new hospital. The table below provides a summary of media the Trust will consider for the programme with comments on issues bidders should consider.
The Trust should consider the following when planning the display of artwork:

<table>
<thead>
<tr>
<th>Medium</th>
<th>Bidder should consider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paintings and drawings</td>
<td>Gallery space for permanent / changing displays</td>
</tr>
<tr>
<td>Photographs</td>
<td>Use of display mounting system</td>
</tr>
<tr>
<td>Textiles</td>
<td>Possibility of space for a bigger piece(s)</td>
</tr>
<tr>
<td>Crafts</td>
<td>Quality of spaces (unimpeded by engineering facilities)</td>
</tr>
<tr>
<td></td>
<td>Lighting and security in public areas</td>
</tr>
<tr>
<td>Photographs</td>
<td>Provision of cleaning and infection control requirements</td>
</tr>
<tr>
<td>Sculpture</td>
<td>Outdoor / indoor spaces</td>
</tr>
<tr>
<td>Water</td>
<td>Possibility of linking indoor spaces to outside</td>
</tr>
<tr>
<td>Plants</td>
<td>Integration with built environment</td>
</tr>
<tr>
<td></td>
<td>Maintaining safety, keeping clean</td>
</tr>
<tr>
<td>Sound and music</td>
<td>Performance and exhibition spaces</td>
</tr>
<tr>
<td>Drama, mime, movement</td>
<td>Acoustic properties</td>
</tr>
<tr>
<td>Writing and Poetry</td>
<td>Infrastructure requirements for technology</td>
</tr>
<tr>
<td>Light and reflection</td>
<td>Innovative and creative use of light</td>
</tr>
<tr>
<td>Interactive technology</td>
<td>Requirement for power sources</td>
</tr>
<tr>
<td>Moving image</td>
<td>Integration with built environment</td>
</tr>
<tr>
<td>Moving 3D pieces</td>
<td>Technology solutions</td>
</tr>
</tbody>
</table>

Clearly the Trust may not use all of these media at any one time, but the scheme should enable a dynamic, changing display that could accommodate a range of these types of art.

The new hospital should be designed to allow the display of cultural seasonal displays for example: Christmas trees.

### 4.2.6. Scope and Range of Subjects

The Trust acknowledges that the scope and range of subject matter will change over time in response to local civic context and changes to healthcare. Displays of artwork will be changed over time to ensure ongoing relevance, meaning and impact.

Subjects that emphasise the following messages will be promoted by the trust:

- Local heritage and civic pride i.e. looking to history, but also to an optimistic future to give a strong sense of time and place
- A celebration of health, medicine and progress e.g. images / artwork derived from the human form, biology, technology etc.
- The importance of lifestyle choices in staying healthy
- The importance of local creativity e.g. artwork created with and by members of the local community
- The power of story telling e.g. life stories from birth to death and human experience
- Bringing the outside in e.g. bringing the hospital alive with artwork that links interiors with nature, the city and other outdoor spaces
4.2.7. **Scope and Range of Artistic Activities**

The Trust will maximise the impact of art by planning interactive activities either as an integral part of the art form or to help promote / illuminate new displays and / or the messages they display.

The scope of this could be very wide ranging indeed; however, a few potential examples are listed below:

- Trust participation in events like the ‘Big Draw’ with the outputs being put on display
- Provision of an ‘Art Cart’ that can provide drawing materials and activities to areas like Paediatrics and Maternity
- Loan of big artworks or exhibitions being supported by workshops, performance of poetry or display of patient’s stories

These events will be organised by the trust Arts Co-ordinator, but will require appropriate design solutions in the larger public spaces and children’s wards.

4.3. **Strategy for Selecting and Acquiring Art**

4.3.1. **Purchasing / Commissioning Art**

The Trust will consider purchasing artwork from local artists, galleries or university shows.

Local people will be involved in the purchasing / commissioning process to ensure that pieces acquired will create a sense of identity in the new hospital.

Approaches which involve the local community, patients and staff in design and / or creation of commissioned pieces of artwork will be encouraged by the trust to create a local sense of achievement and pride.

Artwork created by community and staff members will be developed by guided and facilitated creative activities.

Use of reproductions, when used creatively, may provide some areas with an affordable solution.

4.3.2. **Donated Artwork**

The Trust will explore opportunities to receive donated artwork. Local organisations that could be approached include:

- Local schools, colleges and universities
- Local clubs e.g. photography clubs
- Day care provision e.g. nurseries / sure start
- Voluntary / Third sector organisations
- Local businesses

4.3.3. **Loaned Art**

The use of loaned artwork will ensure that the Trust can create a dynamic environment of changing work at reasonable cost.
There are a range of different types of organisation that the Trust could work with to arrange loan of artwork for a fee e.g. ‘Paintings in Hospitals’, ‘Art Switch’ or the ‘Arts Council Collection’. This approach will require resource for the appointment of an Arts Co-ordinator and annual loan fees.

It may also be possible to work with local arts partners to arrange programmes of exhibitions or displays of student’s work.

4.3.4. **Strategy for Change of Display**

Displays will be changed periodically to maintain relevance, interest and appeal over time. Management of disposal, return or passing on of artworks will be planned at acquisition.

The design solution will support the requirement for changing exhibitions in designated areas.

4.3.5. **Quality of Art**

The appreciation of art is subjective, but it is acknowledged that poorly chosen work may have negative effects under some circumstances.

Art will be selected on the basis of suitability, for example: sculpture may work well in a courtyard and bright pictures may work well in corridors. It will also be selected for the qualities outlined.

A process for selection and vetting of artwork will be agreed by the Arts Steering group. This process will involve a range of individuals from the Trust, target groups e.g. children, and the local community to ensure that issues of taste and cultural interpretation can be taken into account. Criteria for vetting art work will be developed at the beginning of the programme to ensure consistency of approach.

For PF2 procured buildings the PF2 partner will be tasked with facilitating engagement and consultation exercises through the Project Agreement.

4.4. **Strategy for the Positioning and Care of Art**

To facilitate the utilisation of walls and other surfaces the design of engineering outlets, controls and sensors requires particular consideration. Appropriate lighting must be taken into consideration.

Bidders will be required to develop designated spaces for artworks to create focus for the arts programme. The following considerations will need to be taken into account:

- Requirement for display mounting systems
- Security issues to protect against theft and vandalism
- Accessibility and type of artwork in clinical areas to facilitate cleaning (artwork in wards and clinics must therefore be behind glass or easily cleaned)

The Infection Control Team will be involved in decision making about placement of art in the hospital to ensure that standards underpinning control of infection will be considered.

4.5. **Strategy for Funding and Fundraising**

A ring fenced annual funding allocation for art will be made through the Unitary Payment for PF2 procured buildings.
The Arts Co-ordinator will seek additional funding for the programme from a variety of sources including:

- European social funds
- NHS Charitable Trust Funds
- Arts Council grants for the arts
- Wellcome Trust
- Donations and legacies
- Commercial sponsorship
- Fundraising activities
- Sales of artwork
- Merchandise of artwork in the form of greeting cards or posters

The Trust will work closely with Sandwell and/or Birmingham City Council Arts Departments to maximise expertise and experience to support bid for resources.

5. Delivery of the Strategy

The ‘Report of the Review of Arts and Health Working Group’ (Cayton, H, 2007, DH) identifies key characteristics for management of successful arts programmes. These factors are summarised below:

- The senior support of an Arts Champion
- Sustained commitment in the organisation
- A patient/user centred approach
- Partnerships with all types of organisations
- Involvement of people who are trained and experienced
- A dedicated post, often called an ‘Arts Co-ordinator’ to provide focus, seek funding, develop projects etc.
- Effective communication about the benefits
- Having a clear robust strategy

Sections 5.1 – 5.6 outline how the Arts Programme will be managed to ensure effective outcomes and sustainability.

5.1. Arts Champion

The role of Arts Champion has been identified to ensure senior leadership and organisational commitment. A Non-Executive Director will fulfil this role for the new hospital project.

5.2. Joint Arts Committee

As mentioned in section 3.1 an Arts Steering Group has been formed. This group will continue to meet as required during the Pre-procurement and Procurement phases of the project.

The role of the group will change from leading strategy development to supporting dialogue/evaluation during the procurement process. Volume 4 of the Invitation to
Participate in Dialogue (ITPD) outlines the governance arrangements for the Procurement Phase of the Project.

Following financial close the Arts Programme will be managed by a Joint Arts Committee which will report to the appropriate committee during ongoing development of the scheme.

The Joint Arts committee will include the following:

- The Arts Champion
- The Project Manager
- The Engagement Manager
- An Estates and Technical Team representative
- Staff representatives
- Community and patient representatives
- Partnership representatives
- Project Co representatives

It is anticipated that Project Co will appoint an Artistic Director as part of its team.

The role of the Arts Committee will be to:

- Oversee implementation and maintenance of the Arts Strategy
- Oversee management of the arts budget
- Develop a fundraising strategy on behalf of the appropriate committee and Board
- Agree a communications Strategy with the appropriate committee and Board
- Report on progress and proposals to the appropriate committee and Board

The Joint Arts Committee will ensure that a patient-centred approach is used and that a wide range of partners is involved in the development of the programme.

The Infection Control Lead will be involved at key stages to ensure that proposals are underpinned by best infection control practice.

5.3. Learning from Exemplars

The Trust will build up a portfolio of good practice from other schemes to help with delivery of the Arts Programme. The Project Manager will maintain the portfolio which will be collected from the following sources:

- Visits to other schemes (includes photographs)
- Local best practice from partner organisations

5.4. Bidder Deliverables

Bidders will be required to utilise the Trust Arts Strategy as a brief to work up their exemplar solutions.

At interim submission this will consist of a statement of principles outlining how:

- Art will be incorporated within the overall design so that the hospital will make an artistic statement in its own right
• The design will facilitate delivery of this Public Art Strategy

**At final Submission** this will consist of detailed proposals on the delivery of the strategy. This will include:

• Reference to drawings showing where art is integrated with design
• Proposals for keynote art display(s)
• Proposals for gallery space, performance space, way finding and art
• Proposals for children’s areas
• Approach to quality of display space, security, lighting

Further detail about bidder deliverables for arts and evaluation will be presented in Volume 4 of the ITPD.

5.5. **Partnership Working**

The Arts Committee will work closely with local partners to ensure that the Trust is able to learn from the experience of others in relation to commissioning of artwork, fundraising, advice on suitability and maximising the benefits.

The Trust will form links with:

• Sandwell and Heart of Birmingham Clinical Commissioning Groups
• Sandwell and Birmingham Councils
• Local community organisations, religious groups, voluntary services, museums and galleries
• Local schools and colleges
• PRAXIS – the regional body for participatory arts and health

The Trust will identify and make contact with a range of large regional arts organisations with a view to finding ways of working together. Examples of such organisations are:

• The CBSO
• Birmingham Rep
• Birmingham library
• The Royal Ballet
• The Drum

There are many others that could be considered. These organisations may be interested in:

• Forming long term links or partnerships
• Running events / displaying work in the hospital
• Running joint projects
The Trust will consider joint projects with local partners to promote fund raising and art activities of all types.

5.6. **Appointment of an Arts Co-ordinator**

An Arts Co-ordinator will be appointed during the final year of the Construction Phase of the project.

However, consideration will also be given to piloting this role at an earlier stage to undertake a time limited project(s) to develop art for the Birmingham Treatment Centre, Sheldon Block, the Birmingham and Midland Eye Centre, Rowley Regis Hospital and Sandwell Hospital. This will provide an opportunity for the Trust to test approaches to commissioning and developing art work with community focus and engagement. The Project would be governed by the Arts Steering Group and would be fully evaluated.

The Arts Co-ordinator will provide the resource to ensure a structured approach to delivery of the Arts Strategy.

This will ensure delivery of a vibrant, changing and responsive art programme.

A strategy for funding this post will be developed by the Arts Steering Group. Consideration should be given to:

- The development of a joint training post with local galleries / museums
- Use of pro bono time
- Funding from the Arts Council or other grant sources
- Application for key project funding where objectives align with the strategy
- Seeking grant funding for a pilot aimed at the BTC to test the strategy

The Arts Co-ordinator will help develop and deliver the Commissioning Plan in relation to the:

- Commissioning and developing of art in time for the hospital opening
- Installation of art prior to opening
- Launch of the Arts Programme post opening

He / she will also contribute to post project evaluation in line with the learning achieved from any pilots and / or community engagement activities.

5.7. **Communications Strategy**

Effective communication about the benefits of arts in healthcare environments will be essential to support the fund raising process and to maintain enthusiasm for all those involved.

The Arts Steering Group will commission / develop a Communications Strategy for the Arts Programme when it becomes well established.

The aim of the Communications Strategy will be to maintain positive messages about the Arts Programme to support delivery of programme objectives.

The strategy will include the following:

- Development of branding for the Arts Programme
• Approaches to publicity including an area on the website, management of press releases and advertising strategies to publicise the programme outside the Trust
• A clear timeframe and responsibility for delivery
• Development of an engagement plan for staff, patients, carers, and local people to secure their involvement
• Audit of the potential impact of art using staff and patient survey information

The strategy aims to ensure our Foundation Trust members, key stakeholders and local communities; will play an important role in the activities and direction of the Trust for the inclusion of art within the new acute hospital project.
ITPD Volume 2

Appendix G – Evidence Base for Throughput
Sandwell and West Birmingham Hospitals NHS Trust

Midland Metropolitan Hospital and Community Facilities Project

ACTIVITY, PERFORMANCE & CAPACITY ASSUMPTIONS

February 2014

Version 2
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1. INTRODUCTION

The purpose of this paper is to summarise assumed activity, performance indicators and capacity for the Midland Metropolitan Hospital (MMH) and also for the services it is planned the Trust will provide in its Community Facilities.

2. BACKGROUND

The Right Care, Right Here (RCRH) Programme (formerly the Towards 2010 Programme) developed a jointly owned forecast of future activity for the local health economy in the form of an Activity and Capacity Model. The aim was for the model to provide future forecasts of activity and capacity that would be used by partners to underpin future health care development and associated business cases. In this context the model has been used as the basis for activity assumptions for planning the Midland Metropolitan Hospital (MMH). In doing this the Trust has developed further and made amendments to the RCRH Activity and Capacity Model (see below).

The Activity and Capacity Model (A&C model) makes forecasts about activity for the population of Sandwell and West Birmingham Hospitals (SWBH) NHS Trust (a catchment of circa 530,000 people in Sandwell and western Birmingham) regardless of commissioner.

The activity the model covers is all consultant inpatients, day cases, outpatient attendances, A&E attendances and the Trust’s community services including elements of community service provision that will change as a result of clinical service redesign and more care moving from acute hospital to community locations. The model functions at HRG level.

This has been supplemented by additional analysis and modelling for Pathology and Imaging.

The Model starts from a baseline actual activity and produces a year by year forecast for ten years in detail.

The local health economy previously agreed a set of assumptions that form the basis of the modelling. These still underpin the model although with some adjustments (see below) and include:

- Assumptions about activity demand including Population Growth
- Assumptions about planned health care changes including admission avoidance, improved productivity, shifts in location
- Assumptions about future provider of health care services.

Further more detailed analysis has then been undertaken to predict capacity requirements in MMH and Trust Community Facilities for example theatre minutes.
The RCRH Activity and Capacity Model was first developed in 2004 for the Programme Strategic Outline Case and has then been developed through a series of versions. In summary the most significant versions have been:


- **Version 5.1 (2010)** was developed by the RCRH Programme as part of wider review of the RCRH Programme linked to the change in financial conditions within the NHS. Version 5.1 included revised forecast activity and capacity for the new Acute Hospital (MMH).

- **Version 5.3 (2010)** was developed by the Trust following a value engineering exercise for MMH to recognise the changes in version 5.1 and also given the changes to the NHS financial conditions to reduce the size of MMH and improve affordability. In particular this resulted in a change in the split of activity between MMH and the Trust’s future community facilities (retained estate). The Outline Business Case Update (2010) was based on Version 5.3 of the Activity and Capacity Model.

- **Version 5.7 adjusted (2013)**. Over the last few years the Trust has amended the Activity and Capacity Model to support its LTFM submissions. Version 5.7 adjusted (V5.7a) forms the basis of the LTFM submitted in November 2013 as part of the assurance work and preparation for proceeding to the procurement phase for MMH. All modelling in V5.7 is based on 10/11 out-turn. The main adjustment has been to identify the difference between the 2013/14 contracted (LDP) plan and the modelled activity for 2013/14 in the earlier version 5.7 and then to apply the % difference to the future years trajectory. The model assumes MMH becomes fully operational from October 2018.

- **Version 5.7b (2014)**. Includes the activity related to agreed LTFM service development income. This has been defined in discussion with Sandwell and West Birmingham CCG (S&WB CCG) and includes:
  - Activity growth in community as a result of transfer from acute services to community services in order to provide care closer to home. Additional growth is assumed as a result of integrated care opportunities though developing further joint working with our local GPs and social care partners. As part of this work we envisage extending our community service offering to the wider S&WB CCG resident population.
  - Change to the previous elective inpatient catchment loss rule on the basis that initial access is via outpatient and diagnostic services which we will continue to offer locally at STC, BTC and RRH. It is rare once patients have received an initial diagnosis and decision to admit, to choose an alternative clinical team and therefore provider for planned inpatient care. Our improved pathways and increased local access to outpatient and diagnostic services may also result in an increase in activity previously provided elsewhere.
  - Review of emergency inpatient and A&E catchment loss assumptions and based on our on-going joint redesign of pathways with GPs, new integrated service offerings etc., a reduction from the previous 11% assumption (in selected specialties) to a net 3% loss.
○ The opening of MMH will return our birthing service to Sandwell MBC area resulting in new, improved facilities and babies delivered by us having a Sandwell birth certificate. We have therefore assumed a repatriation of births from neighbouring Hospitals in the Black Country.

The November 2013 LTFM is and remains the Trust plan. This LTFM includes income for service developments. Further discussion with Sandwell and West Birmingham CCG as the 2014/15 contracting round has progressed has begun to detail the activity associated with those service developments. This further refinement is shown within this paper. The income levels assumed in the November LTFM have not changed.

We will ensure that our LTFM is updated on a rolling basis. We will also review quarterly our productivity assumptions in line with our Board resolution on MMH. While it is acknowledged that they are more challenging than in 2009, they remain achievable.
### Table 1: Summary of Changes Between V5.3, V5.7a and V5.7b

<table>
<thead>
<tr>
<th>Activity Type/Capacity/Productivity Measure</th>
<th>V5.8</th>
<th>V5.7a</th>
<th>V5.7b</th>
<th>Variance</th>
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</thead>
<tbody>
<tr>
<td><strong>Spells</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Elective IP</td>
<td>6,766</td>
<td>-</td>
<td>5,628</td>
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<td>Daycases</td>
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<td>Emergencies inc Intermediate Care**</td>
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<td>-</td>
<td>54,396</td>
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<td>Intermediate Care</td>
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<td>1,128</td>
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<tr>
<td><strong>Total Spells</strong></td>
<td>76,299</td>
<td>38,025</td>
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<td><strong>Outpatients</strong></td>
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<td>New</td>
<td>47,274</td>
<td>118,615</td>
<td>165,909</td>
<td>35,017</td>
</tr>
<tr>
<td>Review</td>
<td>41,893</td>
<td>93,518</td>
<td>232,405</td>
<td>46,797</td>
</tr>
<tr>
<td><strong>Total Outpatients</strong></td>
<td>89,167</td>
<td>336,133</td>
<td>458,314</td>
<td>80,834</td>
</tr>
<tr>
<td>OP/PROC</td>
<td>1,518</td>
<td>10,125</td>
<td>11,131</td>
<td>16,876</td>
</tr>
<tr>
<td>Maternity AN</td>
<td>9,902</td>
<td>620</td>
<td>10,422</td>
<td>9,974</td>
</tr>
<tr>
<td>Maternity/PN</td>
<td>6,555</td>
<td>467</td>
<td>7,122</td>
<td>6,728</td>
</tr>
<tr>
<td><strong>A&amp;E and UC Attendances</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A&amp;E</td>
<td>142,118</td>
<td>36,856</td>
<td>178,964</td>
<td>125,417</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>78,048</td>
<td>78,048</td>
<td>78,048</td>
<td>72,258</td>
</tr>
<tr>
<td><strong>Total A&amp;E and UC Attendances</strong></td>
<td>220,166</td>
<td>114,894</td>
<td>236,012</td>
<td>207,675</td>
</tr>
<tr>
<td><strong>SCS Contacts</strong>**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>770,182</td>
</tr>
<tr>
<td>Developments</td>
<td>-</td>
<td>50,813</td>
<td>50,813</td>
<td>-</td>
</tr>
<tr>
<td><strong>Capacities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beds - modelled capacity</td>
<td>666</td>
<td>120</td>
<td>786</td>
<td>667</td>
</tr>
<tr>
<td>Beds - planned capacity******</td>
<td>666</td>
<td>120</td>
<td>786</td>
<td>666</td>
</tr>
<tr>
<td><strong>Theatres</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>8.0</td>
<td>8.0</td>
<td>7.0</td>
<td>7.0</td>
</tr>
<tr>
<td>Daycases</td>
<td>11.0</td>
<td>11.0</td>
<td>11.0</td>
<td>11.0</td>
</tr>
<tr>
<td>Emergencies</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Maternity</td>
<td>2.0</td>
<td>2.0</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>34.0</td>
<td>33.5</td>
<td>34.5</td>
<td>34.5</td>
</tr>
<tr>
<td><strong>Performance Measures</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New to review ratio****</td>
<td>0.89</td>
<td>2.11</td>
<td>1.76</td>
<td>1.31</td>
</tr>
<tr>
<td>Daycare rates</td>
<td>69%</td>
<td>100%</td>
<td>88%</td>
<td>68%</td>
</tr>
<tr>
<td>Average LOS Elective inpt MMH</td>
<td>3.54</td>
<td>4.60</td>
<td>4.24</td>
<td>3.89</td>
</tr>
<tr>
<td>Average LOS Emergency inpt MMH</td>
<td>3.54</td>
<td>4.60</td>
<td>4.24</td>
<td>3.89</td>
</tr>
<tr>
<td>Occupancy Rates</td>
<td>85%</td>
<td>95%</td>
<td>85%</td>
<td>85%</td>
</tr>
</tbody>
</table>

**Notes**

* 2010 OBC for MMH had 2016/17 as the year of opening, 2019/20 has been used for comparison purposes.
** V5.3 showed intermediate care spells separately but in V5.7a they are included in emergency spells.
*** V5.7a includes a movement of 8600 day case spells to OpDry, this has an impact on DC theatres.
**** V5.7b includes Leasowes IC beds as not provided by SWBH until April 2011; following review of modelled future bed numbers in 2014 decision made to provide 30 acute bed modelled to MMH as Intermediate Care by lowering modelled day of transfer to Intermediate Care.
***** New to review ratio excludes maternity pathway contacts in v5.7a & v5.7b.

### 3. SERVICE MODEL

The objective of the RCRH Programme is to deliver redesigned acute, primary, community and social care services in the Sandwell and West Birmingham areas. The RCRH Vision is summarized in figure 1 below.
This vision requires a major step change in service provision across the health economy through service redesign and investment with a re-balancing of capacity to reflect a greater focus on delivering care in community and primary care settings and a new single site Acute Hospital (MMH) operating at maximum productivity.

Within this context we will provide services in community locations and support services in primary care as well as providing services within MMH. The planned location of services is summarised below.
The development of a new single acute site at MMH will bring together clinical teams from the two current acute hospitals within our Trust and will result in:

- A greater critical mass of services within larger clinical teams so reducing professional isolation and enabling the delivery of high quality care through greater sub-specialisation, robust 24 hour senior cover and on-going service development.

- Emergency and inpatient services being available 24 hours, 7 days a week, and the majority of other services being operational for at least 12 hours a day during the week and for some time at the weekend thereby offering patients greater choice of appointment times and making efficient use of facilities and equipment.

For the Trust the activity and capacity implications of the RCRH vision are summarized in table 2 below.

Table 2: RCRH Activity and Capacity Implications for SWBH

<table>
<thead>
<tr>
<th></th>
<th>SWBH in MMH</th>
<th>SWBH in Community Facilities</th>
<th>Other Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient Attendances:</strong></td>
<td>• 13%</td>
<td>• 71% will be provided by SWBH in community locations</td>
<td>• 7% will be provided by new providers in community locations with the Trust’s community services providing 75% of this activity for Sandwell residents</td>
</tr>
<tr>
<td>Based on a Trust Majority (including planned diagnostics) provided in community facilities by a mixture of secondary care specialists, community teams and primary care professionals.</td>
<td>• 23% being Ophthalmology outpatient attendances taking place in Birmingham Midlands Eye Centre (BMEC).</td>
<td>• 9% will be absorbed in to primary care as part of routine working in primary care.</td>
<td></td>
</tr>
<tr>
<td><strong>Beds &amp; Length of Stay:</strong></td>
<td>• Average length of stay of 3.1days</td>
<td>• Average length of stay of 17.08 days</td>
<td></td>
</tr>
<tr>
<td>Significant reductions in length of stay and acute beds. Increase in intermediate care.</td>
<td>• Circa 670 beds</td>
<td>• Circa 158 beds includes existing beds at Henderson and Leasowes.</td>
<td></td>
</tr>
<tr>
<td><strong>Catchment Loss:</strong></td>
<td>• 3% adult emergency</td>
<td>• None assumed</td>
<td>Emergency catchment loss primarily flows to:</td>
</tr>
<tr>
<td>Activity, Capacity &amp; Performance Assumptions</td>
<td>inpatient admissions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>----------------------</td>
<td>------------------</td>
<td></td>
</tr>
<tr>
<td>Change in acute hospital location. Catchment loss spread across several years.</td>
<td>58% total ED &amp; Urgent Care attendances</td>
<td>30% total ED &amp; Urgent Care attendances in Urgent Care Centres at Sandwell Treatment Centre (STC) &amp; Rowley Regis Hospital (RRH)*</td>
<td></td>
</tr>
<tr>
<td>*service model under review and likely that some urgent care activity will be undertaken in MMH within a co-located Urgent Care Centre or in the BTC</td>
<td>12% total ED &amp; Urgent Care attendances in STC &amp; Rowley Regis Hospital (RRH)***</td>
<td>Excludes Urgent Care activity in existing primary care Urgent Care Centres (i.e. Parsonage Street and Summerfield)</td>
<td></td>
</tr>
<tr>
<td>Emergency Department: Shift of low cost HRGs from ED to Urgent Care.</td>
<td>No dedicated day surgery unit – only children’s day surgery to be undertaken in MMH**</td>
<td>85% Day surgery in Birmingham Treatment Centre (BTC), BMEC &amp; STC</td>
<td></td>
</tr>
<tr>
<td>Day Case Rates: Increased day case rate including extended recovery.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**service model for Children’s day surgery under review and may result in some of this activity being undertaken in BMEC and BTC.
4. SUMMARY OF ACTIVITY, PERFORMANCE & CAPACITY CHANGES

Table 3 below summarises the main changes identified by the model for the period up to the opening of MMH. It includes all activity that will be delivered by the Trust, including activity delivered outside of MMH.

Table 3: Projected Trust Activity in 2019/20 by Location

<table>
<thead>
<tr>
<th>Category</th>
<th>Type</th>
<th>MMH</th>
<th>Community</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted Patient Care</td>
<td>Elective Inpatients</td>
<td>7,876</td>
<td>0</td>
<td>7,876</td>
</tr>
<tr>
<td></td>
<td>Day Cases</td>
<td>14,230</td>
<td>31,188</td>
<td>45,418</td>
</tr>
<tr>
<td></td>
<td>Emergencies (including intermediate care)</td>
<td>59,349</td>
<td>2,171</td>
<td>61,520</td>
</tr>
<tr>
<td></td>
<td>Occupied Bed Days</td>
<td>215,450</td>
<td>25,916</td>
<td>241,366</td>
</tr>
<tr>
<td>Outpatients</td>
<td>New Outpatients</td>
<td>35,239</td>
<td>161,864</td>
<td>197,103</td>
</tr>
<tr>
<td></td>
<td>Review Outpatients</td>
<td>46,114</td>
<td>298,441</td>
<td>344,555</td>
</tr>
<tr>
<td></td>
<td>OP with Procedure</td>
<td>16,846</td>
<td>30,265</td>
<td>47,111</td>
</tr>
<tr>
<td></td>
<td>Maternity</td>
<td>16,642</td>
<td>1,076</td>
<td>17,718</td>
</tr>
<tr>
<td>Other</td>
<td>A&amp;E Attendances</td>
<td>137,402</td>
<td>29,491</td>
<td>166,893</td>
</tr>
<tr>
<td></td>
<td>Urgent Care</td>
<td>0</td>
<td>72,258</td>
<td>72,258</td>
</tr>
<tr>
<td>Capacity</td>
<td>Beds</td>
<td>666</td>
<td>158</td>
<td>824</td>
</tr>
<tr>
<td>Community</td>
<td>Contacts</td>
<td>0</td>
<td>927,085</td>
<td>927,085</td>
</tr>
</tbody>
</table>

*assumes no co-located Urgent Care Centre at MMH but service model under review

The model also includes a set of shared assumptions about the likely speed of transition to the new models of care and therefore changes in activity volumes and location of activity.
5. ADMITTED PATIENT CARE

5.1 Key Activity Assumptions

Figure 2 below shows the key assumptions that have been applied to admitted patient care in the period of major change up to the opening of MMH.

Table 4 below sets out the key assumptions applied within the model for admitted patient care in each of the modelling periods i.e. up to the opening of MMH and afterwards.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Growth in Demand</td>
<td>Impact of ONS forecast levels of population change in Birmingham and Sandwell on demand. Approx. 1% a year.</td>
<td>Impact of ONS forecast levels of population change in Birmingham and Sandwell on demand. Approx. 1% a year.</td>
</tr>
<tr>
<td>Elective (Inpts &amp; Day Cases)</td>
<td>3% a year additional growth up to 2016/17 in elective demand in T&amp;O, Ophthalmology, Neurology and Gynae Oncology in recognition of current access rates, reduction in waiting</td>
<td>2% a year additional growth in elective demand in Ophthalmology.</td>
</tr>
</tbody>
</table>

Table 4: Admitted Patient Care
<table>
<thead>
<tr>
<th><strong>Activity, Capacity &amp; Performance Assumptions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Version 2</strong> d 8 Feb 2014</td>
</tr>
</tbody>
</table>

### Activity
- **Capacity & Performance Assumptions**

#### Emergency
- **2% a year additional growth in emergency spells with a length of stay less than 2 days.**

#### Admission Avoidance
- HRG level assumptions about impact of admission avoidance based on previous Teamwork consultancy review of evidence.
- This activity is re-provided as either community beds (20%) or community alternatives to beds e.g. hospital at home teams (80%).
- 100% of joint injections transferred to a new provider in a community location.
- Selected procedures of limited clinical value removed or reduced at HRG level. Not re-provided.
- Existing admission avoidance continues. In addition there will be some further increase in the proportion of short stay hospital activity that can be dealt with in the community.

#### Productivity Gains
- **Day case rates**: modelled at 85% (average). The majority of this undertaken in the community.
- **Efficiency**: improved hospital efficiency reduces length of stay by equivalent of 50% excess bed days. Re-provided in the community.
- **Caesarean Section** rate of 24%.
- **Intermediate Care**: 75% of activity at Rowley Regis Hospital re-provided as Intermediate Care in the community (60% beds, 34% community equivalents). 6% is not re-provided. 90% of bed days over 21 days for any inpatients staying longer than 28 days are converted to Intermediate Care. 100% are re-provided in the community.
- Continued gradual reductions in length of hospital stays as a result of further incremental improvements in patient pathways.

#### Catchment
- **3% reduction in non elective inpatient admissions:**
  - Applied: 25% of loss in 2017/18,
  - 3% reduction in non elective inpatient admissions:
    - Applied: 50% of loss in 2018/19
    - 25% of loss in 2019/20
Based on postcode level modelling of patient flows predicting catchment of new acute hospital.

The majority of this activity is lost to Walsall (with some to Dudley, HEFT and UHBFT). The modelling assumptions have previously been shared with Walsall Hospitals NHS Trust.

**Catchment stable after 2020/21**

| Bed Occupancy | Average future bed occupancy of 85% (lower for specialist and assessment beds; higher for generic beds). | Bed occupancy stable after opening of MMH. |

### 5.2 Productivity Assumptions

#### 5.2.1 Length of Stay and Day Case Rates

The Trust average length of stay assumptions post opening of MMH (2019/20) are:

- **MMH Inpatient Average Length of Stay:** 3.10 days
  - Elective Inpatient Average Length of Stay: 2.81 days
  - Emergency Inpatient Average Length of Stay: 3.31 days
- **Intermediate Care Inpatient Average Length of Stay:** 17.08 days

In order to determine the bed capacity required in the adult acute assessment a 0.5 day length of stay has been added to all adult emergency admissions (excluding Obstetrics) with an otherwise 0 day length of stay. The average length of stay assumptions for the adult acute assessment unit are:

- 0.5 days for emergency adults with an overall length of stay of 0 days in MMH
- 1 day for emergency adults with an overall length of stay of 1-2 days in MMH
- 1.5 days for emergency adults with an overall length of stay of more than 2 days in the acute hospital.

The following table sets out the 2019/20 average length of stay, current average length of stay for our acute services (excludes intermediate care) and how this has reduced in recent years.

**Table 5: Average Length of Stay for Acute Services**

<table>
<thead>
<tr>
<th></th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14*</th>
<th>2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>4.2 days</td>
<td>3.8 days</td>
<td>3.7 days</td>
<td>3.1 days</td>
</tr>
</tbody>
</table>

*April-November 2013

The table below, sets out the average length of stay for intermediate care for 2019/20 compared to current performance and current benchmarks.

**Table 6: Average Length of Stay for Intermediate Care**
This shows the current position is below the national benchmark (by 4-12 days) and that the 2019/20 modeled position is lower than the 2012 upper quartile benchmark by 7 days and requires the Trust position to reduce by 50-60%.

### 5.2.2 Occupancy

In order to find a balance in managing peaks and troughs in demand for inpatient admission the overall bed occupancy for MMH has been modelled at 85%. This is in line with findings from the National Bed Inquiry which concluded that levels greater than 85% create problems in handling peaks in demand particularly for emergency admissions. However it is recognised that services with high levels of emergency demand and/or requiring bespoke bed types that cannot be provided by other more generic areas will require a lower average occupancy in order to accommodate peaks in demand and maintain a smooth patient flow. As a result within the overall 85% occupancy there are variations with bespoke bed areas and high emergency demand areas having a lower occupancy than more generic areas. Table 7 below shows the occupancy rates by area.

#### Table 7: New Acute Hospital Bed Occupancy (2019/20)

<table>
<thead>
<tr>
<th>Area</th>
<th>Occupancy %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Adult Wards</td>
<td>88%</td>
</tr>
<tr>
<td>Adult Acute Assessment Unit</td>
<td>84%</td>
</tr>
<tr>
<td>Maternity</td>
<td>75%</td>
</tr>
<tr>
<td>Neonatal Unit</td>
<td>75%</td>
</tr>
<tr>
<td>Children’s Inpatient Unit</td>
<td>75%</td>
</tr>
<tr>
<td>Critical Care Unit (ICCU)</td>
<td>75%</td>
</tr>
<tr>
<td><strong>MMH</strong></td>
<td><strong>85%</strong></td>
</tr>
</tbody>
</table>

(The Source: V5.7a: all Clinical Groups Summary)

The bed occupancy for intermediate care beds is assumed to be 95%.

### 5.2.3 Theatres

#### a) Theatre Minutes

Within the RCRH A&C model theatre minutes have been assigned to HRGs with a procedure. These minutes are cutting times (knife to skin to recovery) and were initially based on a benchmark exercise undertaken by Teamwork Consultancy. The theatre minutes have subsequently been tested with local clinicians and have been used along with number of cases per each relevant HRG to derive demand for theatre time.

#### b) Theatre Utilisation
In order to identify theatre capacity assumptions have been made about utilisation, cancellation rates, session times and sessions per week. In Version 5.7 these were updated in line with Transformation Plan assumptions (maintained in v5.7b). In summary these are:

**Table 8: Theatre Performance Assumptions**

<table>
<thead>
<tr>
<th>Theatre Type</th>
<th>Sessions/Week</th>
<th>Weeks/Year</th>
<th>Utilisation Rate 2020/21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Elective Theatres</td>
<td>10</td>
<td>42</td>
<td>90%</td>
</tr>
<tr>
<td>Day Case Theatres (Community Facilities)</td>
<td>10</td>
<td>42</td>
<td>90%</td>
</tr>
<tr>
<td>Maternity Theatres*</td>
<td>14</td>
<td>52</td>
<td>80%</td>
</tr>
<tr>
<td>Emergency Theatres**</td>
<td>14</td>
<td>52</td>
<td>60%</td>
</tr>
</tbody>
</table>

*2 maternity theatres required as a minimum to cover peaks in demand. **includes 2 trauma theatres which have planned/urgent sessions and 2 general emergency theatres which have to be available 24/7 (2 of each required to cover peaks in demand).

The Trust’s current (2013) utilisation for elective theatres (day case and elective) is 76% so a significant improvement is required to achieve the 90% in the Transformation Plan and modeled for 2020/21.

5.3 Capacity

5.3.1 Beds

The table below summarises inpatient beds within MMH and intermediate care and compares these to acute beds open within the Trust in 2013/14.

**Table 9: Inpatient Beds**

<table>
<thead>
<tr>
<th></th>
<th>2013/14</th>
<th>2019/20 Planned Capacity</th>
<th>Other Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Care (levels 2 &amp; 3)</td>
<td>32 physical beds but circa 30 funded</td>
<td>30</td>
<td>Bed numbers vary as staffed on points basis.</td>
</tr>
<tr>
<td>Children’s</td>
<td>62 (includes 5 winter/flexible beds)</td>
<td>56</td>
<td>Includes Assessment Unit, adolescent beds (up to the age of 16) &amp; capacity for children in all specialties (including day cases).</td>
</tr>
<tr>
<td>Neonatal</td>
<td>37 physical cots but 29 funded</td>
<td>36</td>
<td>Some transitional care will take place on the maternity wards (see below).</td>
</tr>
<tr>
<td>Maternity</td>
<td>42 (inc 4 Transitional care) &amp; 6 couches in ADAU &amp; 6 chairs in discharge lounge</td>
<td>64* (inc. transitional care, antenatal day assessment, antenatal &amp; postnatal care &amp; transfer lounge)</td>
<td>*includes circa 10 transitional care beds although actual no. vary according to demand and flexible use with maternity beds</td>
</tr>
<tr>
<td>Adult Acute</td>
<td>120**</td>
<td>96**</td>
<td>**Reduced capacity to reflect direct admission</td>
</tr>
</tbody>
</table>
Assessment (includes 21 trollies) (80 medical & 16 surgical) from ED or ambulance to a number of specialties including stroke, trauma (fractured neck of femur), cardiology requiring immediate intervention, Ophthalmology etc.

Medical Adult Beds
374*** 192**** ***includes 100 extra beds across medicine and surgery opening in 2013/14 but planned to reduce by 2017/18. (48 beds in 2015/16; 36 beds in 2016/17; 32 beds in 2017/18)

Surgical Adult Beds
195 (inc. SAU) 192***** *****includes Emergency Gynaecology Assessment Unit (8 trolley spaces)

Sub Total 874 666

Intermediate Care 42 158

SWBH Total 916 824

Within the medical and surgical bed numbers are 16 level 1 beds distributed across a number of wards.

A decision was made to group adult beds in MMH by condition rather than traditional specialty in order to facilitate delivery of new service models. This was done by analysing the admitted patient care by HRG Chapter. The beds derived from this analysis were then grouped into units of 32 and where one group of conditions required less than 32 beds consideration was given to the most appropriate co-location with other groups of conditions. This process was also used in determining how the 32 bed units should be grouped into clusters of 3 (in line with the design vision). It should be noted that at an operational level there will be some flexibility in use of these beds.

5.3.2 Theatres
The number of theatres in 2019/20 was derived using the theatre cases for 2019/20, analysed by emergency, maternity, inpatient elective and day case procedures. The performance assumptions outlined previously (cutting minutes, utilisation rates, etc) were applied. For emergency and dedicated specialist theatres (e.g. maternity) a rounding up of capacity was made to ensure capacity and availability to deal with demand. The elective inpatient analysis also included the day cases that will take place in MMH (i.e. 23 hour stay surgery). In v 5.7a the theatre utilisation assumption for elective and day case theatres was amended to 90% to reflect the rate modeled for the Transformation Plan. The table below shows theatre capacity in MMH, BTC, BMEC and Sandwell Treatment Centre and compares this to the historical and current position.

Table 10: Theatre Capacity
5.3.3 Birthing Rooms
The Trust currently provides all high risk maternity care on one site (City Hospital). This provision includes a Delivery Suite and a co-located midwifery led birthing centre (Serenity Birthing Centre). In addition there is a stand-alone midwifery led birthing centre (Halcyon Birthing Centre) in a community location. High risk maternity care will transfer to MMH including the Delivery Suite and co-located midwifery led birthing centre and the Halcyon Birthing Centre will remain in its current location. The number of births is forecast to increase to circa 6,574 by 2019/20.

Table 11: Birth Capacity

<table>
<thead>
<tr>
<th>Capacity</th>
<th>2013/14</th>
<th>2019/20 MMH</th>
<th>Key Performance Factors</th>
<th>2019/20 Community Sites</th>
<th>2019/20 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Rooms</td>
<td>20 (12 high risk &amp; 8 midwifery led)</td>
<td>18 (12 high risk &amp; 6 midwifery led)</td>
<td>In addition within Delivery Suite there are: 6 induction spaces</td>
<td>3 birth rooms in Halcyon Birthing Centre (stand alone midwifery led centre)</td>
<td>21</td>
</tr>
</tbody>
</table>
### 6. OUT PATIENT CARE

#### 6.1 Key Activity Assumptions

Figure 3 below shows the key assumptions that have been applied to outpatient care in the period of major change up to the opening of the MMH.

*Figure 3: Outpatients*

<table>
<thead>
<tr>
<th>ACUTE OUTPATIENTS</th>
<th>REPROVISION IN COMMUNITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. BASELINE</strong></td>
<td></td>
</tr>
<tr>
<td>1. 2010/11 outturn</td>
<td></td>
</tr>
<tr>
<td><strong>2. GROWTH</strong></td>
<td></td>
</tr>
<tr>
<td>2.1 Demography: Approx 1% pa</td>
<td>5.1 Shift to community settings: 100% reprovided</td>
</tr>
<tr>
<td>2.2 Targeted specialty specific demand</td>
<td>5.2 10% reprovided in primary care settings. All provided by primary care.</td>
</tr>
<tr>
<td><strong>3. NEW MODELS OF CARE</strong></td>
<td>5.3 70% reprovided in community facilities. 75% of this reprovided by current acute provider &amp; 25% by primary / community providers. For Sandwell residents 75% of the 25% is assumed to be reprovided by SWBH community services (as contacts)</td>
</tr>
<tr>
<td>3.1 Reduce follow up rates - National Top Deciles</td>
<td>5.4 Catchment modelling for allocation of attendances to facilities based on a postcode analysis</td>
</tr>
<tr>
<td>3.2 Shift of outpatients to community settings</td>
<td>5.5 2014/15 &amp; 2015/16 reduction in follow up attendances in line with SWBH Transformation Plan</td>
</tr>
<tr>
<td>3.3 Referral management for selected specialties</td>
<td></td>
</tr>
<tr>
<td>3.4 Reduce consultant to consultant referrals</td>
<td></td>
</tr>
<tr>
<td><strong>4. CATCHMENT</strong></td>
<td></td>
</tr>
<tr>
<td>4.1 No Change</td>
<td></td>
</tr>
</tbody>
</table>

**6. SWBH LOCATIONS**

6.1 MMH, BMEC/Sheldon, BTC, STC and RRH  
6.2 SWBH community services (contacts)

**7. Version 5.7 adjustment** - apply the % difference between the 2013/14 contracted (LDP) plan & the modelled activity for 2013/14 in version 5.7 to the future years trajectory

**TOTAL OUTPATIENTS**

The table below sets out the key assumptions applied within the model for outpatient care in each of the modelling periods i.e. up to the opening of MMH and afterwards.
Table 12: Outpatient Care

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Growth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impact of ONS forecast levels of population change in Birmingham and Sandwell on demand. Approx. 1% a year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variations in additional growth in elective demand by specialty in recognition of current access rates, reduction in waiting times and increased patient presentations as electives not emergencies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP Growth</td>
<td>13/14-16/17</td>
<td>17/18-20/21</td>
</tr>
<tr>
<td>110 - Trauma &amp; Orthopaedics</td>
<td>Outpatients 3%</td>
<td></td>
</tr>
<tr>
<td>130 - Ophthal</td>
<td>Outpatients 5%</td>
<td></td>
</tr>
<tr>
<td>400 - Neurology</td>
<td>Outpatients 3%</td>
<td></td>
</tr>
<tr>
<td>410 - Rheumatology</td>
<td>Outpatients 3%</td>
<td></td>
</tr>
<tr>
<td>503 - Gynaecological Oncology</td>
<td>Outpatients 3%</td>
<td></td>
</tr>
<tr>
<td>320 - Cardiology</td>
<td>First Appts 4%</td>
<td></td>
</tr>
<tr>
<td>501 - Obstetrics using Bed or Delivery</td>
<td>Outpatients 2%</td>
<td></td>
</tr>
<tr>
<td>420 - Paediatrics</td>
<td>First Appts 4%</td>
<td></td>
</tr>
</tbody>
</table>

New Models of Care

*Follow-up rates*: reduction of new to follow-up ratio to England upper decile (as at 2011/12)

*Referral Management*: attendances reduced by 0.3% in selected specialities as a result of improved referral management. 60% reduction in consultant to consultant referrals based on improved referral systems.

*Shift to community*: major shift of activity to the community. Activity re-provided in a range of settings according to specialty including primary care and community facilities.

6.2 Productivity Assumptions

6.2.1 New to Review Ratios

Within the RCRH activity and capacity modelling assumptions, outpatient new to review ratios were modelled on the upper decile for England. These have subsequently been reviewed to be in line with the ratios in our Transformation Plan. Table 13 summarises the new to review ratios at a Trust level.

Table 13: Trust New to Review Ratio

<table>
<thead>
<tr>
<th>Location</th>
<th>2012/13</th>
<th>2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMH</td>
<td>2.19</td>
<td>1.31</td>
</tr>
<tr>
<td>Community Facilities</td>
<td>n/a</td>
<td>1.84</td>
</tr>
<tr>
<td>Trust Total</td>
<td>2.19</td>
<td>1.75</td>
</tr>
</tbody>
</table>

NB: All outpatient activity in 2012/13 (apart from community service contacts) is recorded as acute but from 2018/19 activity undertaken in BTC, STC, RRH, BMEC/Sheldon (including Tertiary Ophthalmology outpatients) shows as Community Facilities in the A&C model.
6.2.2 Outpatient Throughput
In order to identify the outpatient capacity requirements assumptions were made about length of appointment times, numbers of sessions per week, etc. Whist there is some variation between specialties, in summary for Trust provided outpatients, in 2020/21 these assumptions are:

**MMH:**
- 16 sessions per week (8am – circa 8 pm Monday to Friday & Saturday morning)
- Each clinic held 49 weeks/year
- New outpatient appointments – 30 minutes
- Review outpatient appointments – 20 minutes

**Community Facilities:**
- 10 sessions per week
- Each clinic held 46 weeks/year
- New outpatient appointments range 15–60 minutes
- Review outpatient appointments range 10–60 minutes
(NB: upper end of these ranges primarily reflect times for tertiary Ophthalmology appointments).

6.3 Locations and Capacity
Following a further review with our Clinical Leadership Executive all adult outpatient clinics (apart from high risk and consultant led maternity) will be provided in our Community Facilities. The table below shows planned specialty outpatient locations.
Table 14: Outpatient Locations in 2019/20

<table>
<thead>
<tr>
<th>Specialty</th>
<th>MMH</th>
<th>BTC</th>
<th>SGH</th>
<th>RRH</th>
<th>BMEC</th>
<th>City (Sheldon)</th>
<th>Victoria H/C</th>
<th>Neptune H/C</th>
<th>Other Community Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SURGERY A</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Surgery</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T&amp;O (inc Fracture Clinic✓)</td>
<td>✓✓</td>
<td>✓✓</td>
<td>✓✓</td>
<td>✓✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastro Intestinal</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urology</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SURGERY B</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENT</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WOMENS AND CHILD HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gynaecology</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gynae-oncology</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GUM/HIV</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paediatrics</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MEDICINE AND EMERGENCY CARE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td>✓</td>
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<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Neurology</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatology</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Medicine</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Endocrine</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elderly Care</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oncology</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Immunology</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paediatric Immunology</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haematology</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dermatology</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NB: In 2013/14 the Trust also provides consultant outpatient clinics in a number of other community locations (see below) and this is expected to continue:
- Ashfurlong Health Centre (Sutton Coldfield)
- GP practices/health centres

The table below summarises outpatient capacity in terms of the generic and bespoke consulting rooms but there will also be a range of other supporting rooms such as counselling and treatment rooms (not specified).

**Table 15: Outpatient Consulting Rooms**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>SWBH 2013/14</th>
<th>2019/20 MMH</th>
<th>2019/20 Community</th>
<th>Community Locations</th>
<th>2013/14 Total</th>
<th>2019/20 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Adult</td>
<td>35 BTC</td>
<td>0</td>
<td>35 BTC</td>
<td>BTC, STC &amp; RRH will have suites of generic adult consulting rooms for use by all specialties (apart from those requiring bespoke accommodation)</td>
<td>61</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td>21 SGH</td>
<td></td>
<td>36 STC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 RRH</td>
<td></td>
<td>9 RRH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T&amp;O</td>
<td>4 cubicles &amp; 4 rooms SGH</td>
<td>0</td>
<td>Use of generic adult rooms</td>
<td></td>
<td>16</td>
<td>Use of generic adult rooms</td>
</tr>
<tr>
<td></td>
<td>6 cubicles &amp; 2 rooms City</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td>5 BTC</td>
<td>0</td>
<td>5 BTC</td>
<td></td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>ENT</td>
<td>6 BTC</td>
<td>0</td>
<td>3 STC</td>
<td>Bespoke accommodation: BTC &amp; STC</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>5 SGH</td>
<td></td>
<td>6 BTC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>3 City</td>
<td>0</td>
<td>4</td>
<td>Bespoke accommodation: STC&amp;RRH</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Dental</td>
<td>3 SGH</td>
<td>0</td>
<td>2</td>
<td>Bespoke accommodation: STC&amp;RRH</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Diabetes</td>
<td>6 City</td>
<td>0</td>
<td>Use of generic adult rooms</td>
<td></td>
<td>13</td>
<td>Use of generic adult rooms</td>
</tr>
<tr>
<td></td>
<td>7 SGH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dermatology</td>
<td>6 Sheldon</td>
<td>0</td>
<td>6 Sheldon</td>
<td>Bespoke accommodation: Sheldon</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

Activity, Capacity & Performance Assumptions
Version 2 d8 Feb 2014
<table>
<thead>
<tr>
<th>Discipline</th>
<th>City</th>
<th>SGH</th>
<th>STC</th>
<th>Bespoke accommodation</th>
<th>Rooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>Midwifery led antenatal clinics</td>
<td>8</td>
</tr>
<tr>
<td>Fetal Medicine</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>Use of antenatal clinic</td>
<td>1</td>
</tr>
<tr>
<td>Respiratory</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>Bespoke accommodation: STC</td>
<td>5</td>
</tr>
<tr>
<td>Oncology</td>
<td>6</td>
<td>BTC</td>
<td>6</td>
<td>Bespoke accommodation: BTC &amp; STC (adjacent to chemotherapy day units)</td>
<td>10</td>
</tr>
<tr>
<td>Oncology</td>
<td>27</td>
<td>BMEC</td>
<td>39</td>
<td>Bespoke accommodation: STC</td>
<td>10</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>6</td>
<td>BTC</td>
<td>6</td>
<td>Bespoke areas: BTC &amp; STC</td>
<td>12</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>6</td>
<td>BTC</td>
<td>6</td>
<td>Bespoke accommodation: STC</td>
<td>18</td>
</tr>
<tr>
<td>Urology</td>
<td>1</td>
<td>BTC</td>
<td>7</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>GUM</td>
<td>8</td>
<td>SGH</td>
<td>6</td>
<td>Bespoke accommodation: STC</td>
<td>6</td>
</tr>
<tr>
<td><strong>SWBH Total</strong></td>
<td>191</td>
<td>15</td>
<td>194</td>
<td></td>
<td>208</td>
</tr>
</tbody>
</table>

*collocated with stroke ward
7. A&E AND URGENT CARE

Figure 4 below shows the key assumptions that have been applied to Accident and Emergency and Urgent Care services in the period of major change up to the opening of MMH.

Figure 4: Activity Modelling Assumptions – A&E and Urgent Care

The table below sets out the key assumptions applied within the model to A&E and urgent care centre activity in each of the modelling periods i.e. up to the opening of MMH and afterwards.

Table 16: A&E and Urgent Care

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Growth</strong></td>
<td>Impact of ONS forecast levels of population change in Birmingham and Sandwell on demand. Approx. 1% a year. 2% a year growth in A&amp;E and urgent care attendances prior to changes in location or model of care.</td>
<td>Impact of ONS forecast levels of population change in Birmingham and Sandwell on demand.</td>
</tr>
<tr>
<td><strong>New Models of Care</strong></td>
<td>Assumed that in future 54% of low cost A&amp;E HRGs (VB 09Z &amp; VB112) re-provided as urgent care.</td>
<td>Ophthalmology A&amp;E attendances will be treated in the Eye A&amp;E in BMEC. Some will become Urgent Care rather than A&amp;E will be delivered in BMEC.</td>
</tr>
</tbody>
</table>
8. COMMUNITY SERVICES

Figure 5 below shows the key assumptions that have been applied to SWBH Community Services (excluding maternity) in the period of major change up to the opening of MMH.

Figure 5: Activity Modelling Assumptions – SWBH Community Services

<table>
<thead>
<tr>
<th>COMMUNITY ACTIVITY</th>
<th>REPROVISION IN COMMUNITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. BASELINE</td>
<td></td>
</tr>
<tr>
<td>1.1 2011/12 outturn</td>
<td></td>
</tr>
<tr>
<td>2. GROWTH</td>
<td></td>
</tr>
<tr>
<td>2.1 Demography</td>
<td></td>
</tr>
<tr>
<td>3. NEW MODELS OF CARE</td>
<td></td>
</tr>
<tr>
<td>3.1 Shift from SWBH acute for Sandwell residents only (outpts &amp; bed day alternatives)</td>
<td></td>
</tr>
<tr>
<td>4. CATCHMENT</td>
<td></td>
</tr>
<tr>
<td>4.2 Increase coverage of CCG population</td>
<td></td>
</tr>
<tr>
<td>5. NEW MODELS OF CARE</td>
<td></td>
</tr>
<tr>
<td>5.1 8% increase over the period in community contacts as a result of shift from SWBH acute</td>
<td></td>
</tr>
<tr>
<td>5.2 Inc increase coverage of CCG population</td>
<td></td>
</tr>
<tr>
<td>6. SWBH LOCATIONS</td>
<td></td>
</tr>
<tr>
<td>6.1 SWBH community contacts continue in current locations i.e. various &amp; patients' homes.</td>
<td></td>
</tr>
<tr>
<td>TOTAL SWBH COMMUNITY</td>
<td></td>
</tr>
</tbody>
</table>

The table below sets out the key assumptions applied within the model to SWBH community activity in each of the modelling periods i.e. up to the opening of MMH and afterwards.

Table 17: SWBH Community

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Growth</strong></td>
<td>Impact of ONS forecast levels of population change in Sandwell on demand. Approx. 1% a year.</td>
<td>Impact of ONS forecast levels of population change in Sandwell on demand. Approx. 1% a year.</td>
</tr>
<tr>
<td><strong>New Models of Care</strong></td>
<td><strong>Efficiency</strong>: improved hospital efficiency reduces acute length of stay. Re-provision of circa 75% as community bed day alternatives with SWBH community services providing 100% of this for Sandwell residents.</td>
<td>Applies to all residents not just Sandwell</td>
</tr>
<tr>
<td></td>
<td><strong>Shift to community</strong>: major shift of outpatient activity to the community. 8% of this assumed to be provided by new community provider (as opposed to acute service in community location) with SWBH community services providing 75% of this for Sandwell residents.</td>
<td></td>
</tr>
<tr>
<td><strong>Catchment</strong></td>
<td>Increase in coverage of S&amp;WB CCG population.</td>
<td>Increase in coverage of S&amp;WB CCG population up to opening of MMH in 2018/19.</td>
</tr>
</tbody>
</table>
The table below shows the activity trajectory for our community service including community development activity.

Table 18: SWBH Community Services Activity

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Services</td>
<td>740,529</td>
<td>745,206</td>
<td>750,296</td>
<td>755,497</td>
<td>762,769</td>
<td>770,182</td>
<td>777,744</td>
<td>785,469</td>
<td>793,323</td>
</tr>
<tr>
<td>Community Developments</td>
<td>30,484</td>
<td>52,740</td>
<td>85,257</td>
<td>116,341</td>
<td>143,585</td>
<td>156,903</td>
<td>157,770</td>
<td>158,449</td>
<td>160,033</td>
</tr>
<tr>
<td>Community Total</td>
<td>771,013</td>
<td>797,946</td>
<td>835,553</td>
<td>871,837</td>
<td>906,354</td>
<td>927,085</td>
<td>935,514</td>
<td>943,917</td>
<td>953,356</td>
</tr>
</tbody>
</table>
9. DIAGNOSTICS

Additional modelling work has been undertaken outside of the RCRH Activity and Capacity Model with service leads to identify diagnostic capacity requirements for MMH and community facilities. For Imaging and Pathology this work was undertaken in liaison with PCTs to forecast changes in activity including GP direct access demand. The diagnostic capacity by site is summarised below.

Table 19: SWBH Diagnostic Capacity Planned for 2020/21

<table>
<thead>
<tr>
<th>Department</th>
<th>MMH</th>
<th>BTC</th>
<th>BMEC</th>
<th>Sheldon Block</th>
<th>STC</th>
<th>RRH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imaging</td>
<td>2 Plain Film x-ray, 2 Plain Film x-ray in ED, 4 Ultrasound rooms, 2 MRI, 2 CT, 2 Fluoroscopy room, 1 IR (angiography) room, 1 Dual function procedure room, 4 Gamma Cameras</td>
<td>1 MRI, 1 CT, 1 Dexa Scanner, 2 Plain x-ray rooms, 4 Ultrasound rooms</td>
<td>N/A</td>
<td>N/A</td>
<td>1 MRI, 1 CT, 2 Plain Film x-ray, 3 Ultrasound rooms (1 to be used as a vascular room)</td>
<td>1 Plain Film x-ray, 2 Ultrasound rooms</td>
</tr>
<tr>
<td>Cardiac Diagnostics</td>
<td>1 Exercise tolerance testing room, 3 ECHO rooms, 1 Ambulatory monitoring room, 2 ECG rooms, 1 Device testing room, 3 Cath Labs</td>
<td>1 Exercise stress testing room, 1 Ambulatory monitoring room, 2 ECG rooms</td>
<td>N/A</td>
<td>N/A</td>
<td>1 Exercise stress testing room, 2 ECG rooms, 1 Ambulatory monitoring room, 1 Device testing room</td>
<td>1 ECG/ECHO room</td>
</tr>
<tr>
<td>Respiratory Physiology</td>
<td>1 Respiratory testing, 1 Sleep diagnosis/therapeutic</td>
<td>4 Respiratory testing rooms</td>
<td>N/A</td>
<td>N/A</td>
<td>2 Respiratory testing rooms, 1 Sleep room</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Assessment Room</td>
<td>Neurophysiology</td>
<td>Audiology</td>
<td>Phlebotomy</td>
<td>Colposcopy</td>
<td>Endoscopy</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------</td>
<td>-----------------</td>
<td>-----------</td>
<td>------------</td>
<td>------------</td>
<td>-----------</td>
</tr>
<tr>
<td><strong>Neurophysiology</strong></td>
<td>1 Nerve Conduction Studies 1 EEG Recording room</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>1 Ambulatory EEG room 2 NSC/EMG rooms 2 EMG/NCS &amp; EP rooms 4 EEG sleep rooms</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Audiology</strong></td>
<td>1 Adult test room 1 Paediatric test room 1 Vestibular function room 1 Evoked response audiology test room</td>
<td>3 Audiology testing rooms</td>
<td>N/A</td>
<td>4 Adult test room 2 Paediatric test room</td>
<td>N/A</td>
<td>1 Audiology room 1 Audiology testing room</td>
</tr>
<tr>
<td><strong>Phlebotomy</strong></td>
<td>3 Phlebotomy rooms</td>
<td>6 Phlebotomy rooms</td>
<td>N/A</td>
<td>N/A</td>
<td>5 Phlebotomy rooms 3 Phlebotomy rooms</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Colposcopy</strong></td>
<td>N/A</td>
<td>1 Colposcopy room</td>
<td>N/A</td>
<td>N/A</td>
<td>1 Colposcopy room</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Endoscopy</strong></td>
<td>3 Endoscopy Rooms 1 Oesophageal Lab</td>
<td>3 Endoscopy Rooms</td>
<td>N/A</td>
<td>3 Endoscopy Rooms 1 Oesophageal Lab</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Breast Screening</strong></td>
<td>N/A</td>
<td>3 plain film x-ray rooms 3 Ultrasound rooms plus Mobile units</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Visual Functions</strong></td>
<td>3 Diagnostic Rooms 1 Ultrasound Room 1 Visual Field Testing Room 1 Ocular Diagnostic Testing Room</td>
<td>N/A</td>
<td>6 Glaucoma rooms 2 OCT/CCT rooms 2 Visual fields rooms 1 Diagnostic room 2 OCT rooms 1 Colour Vision/Dark adaption room 1 Visual fields room 1 Ultrasound room 2 OCT rooms</td>
<td>N/A</td>
<td>8 Diagnostic rooms</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>1 UBM room</td>
<td>1 Biometry room</td>
<td>1 Orthoptic clinic/examination rooms</td>
<td>1 Dark Room</td>
<td>9 Orthoptic clinic/examination rooms</td>
<td>1 Dark Room</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------</td>
<td>-----------------</td>
<td>--------------------------------------</td>
<td>-------------</td>
<td>--------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Orthoptic</td>
<td>6 Orthoptic clinic/examination rooms</td>
<td>N/A</td>
<td>6 Orthoptic clinic/examination rooms</td>
<td>N/A</td>
<td>6 Orthoptic clinic/examination rooms</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>1 Dark Room</td>
<td>1 Dark Room</td>
<td>1 Dark Room</td>
<td>1 Dark Room</td>
<td>1 Dark Room</td>
<td>1 Dark Room</td>
</tr>
<tr>
<td>Optometry</td>
<td>1 Optometry Room</td>
<td>N/A</td>
<td>6 Optometry rooms</td>
<td>N/A</td>
<td>1 Optometry Room</td>
<td>N/A</td>
</tr>
<tr>
<td>Urodynamic</td>
<td>1Urodynamic treatment room with en-suite WC</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Antenatal Ultrasound</td>
<td>4 Ultrasound rooms</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Neonates</td>
<td>1 Hearing &amp; ROP room</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Dental</td>
<td>N/A</td>
<td>N/A</td>
<td>1 Occlusal x-ray room</td>
<td>N/A</td>
<td>1 Occlusal x-ray room</td>
<td>N/A</td>
</tr>
<tr>
<td>Therapies - Physio and OT</td>
<td>4 Therapy Rooms ADL Suite (3 rooms) Cognitive Therapy Room</td>
<td>N/A</td>
<td>N/A</td>
<td>15</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Speech &amp; Language Therapy</td>
<td>Access to therapy rooms</td>
<td>Access to consult exam rooms</td>
<td>N/A</td>
<td>Access to consult exam rooms</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Foot Health</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Orthotics</td>
<td>1</td>
<td>2</td>
<td>N/A</td>
<td>N/A</td>
<td>4</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**9.1 Imaging**

Table 20 below summarises the activity changes between 2011/12 (outturn) and 2019/20 by modality and the split between MMH and community facilities.
Table 20: Trust Imaging Activity by Modality

<table>
<thead>
<tr>
<th>Type of Scan</th>
<th>2011/12 Outturn</th>
<th>2019/20 Outturn</th>
<th>MMH</th>
<th>Community Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angiography</td>
<td>4,790</td>
<td>4,746</td>
<td>4,746</td>
<td></td>
</tr>
<tr>
<td>Bone Density</td>
<td>1,539</td>
<td>1,284</td>
<td>-</td>
<td>1,284</td>
</tr>
<tr>
<td>CT</td>
<td>25,843</td>
<td>44,089</td>
<td>20,393</td>
<td>23,696</td>
</tr>
<tr>
<td>Fluoroscopy</td>
<td>4,887</td>
<td>4,489</td>
<td>4,489</td>
<td></td>
</tr>
<tr>
<td>Mammography</td>
<td>5,026</td>
<td>8,636</td>
<td>-</td>
<td>8,636</td>
</tr>
<tr>
<td>Medical Physics</td>
<td>614</td>
<td>487</td>
<td>487</td>
<td>-</td>
</tr>
<tr>
<td>MRI</td>
<td>14,748</td>
<td>21,779</td>
<td>10,074</td>
<td>11,706</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>8,036</td>
<td>6,404</td>
<td>6,404</td>
<td>-</td>
</tr>
<tr>
<td>Obstetrics Ultrasound</td>
<td>30,826</td>
<td>32,315</td>
<td>32,315</td>
<td>-</td>
</tr>
<tr>
<td>Radiology (Plain Film)</td>
<td>178,719</td>
<td>161,023</td>
<td>74,480</td>
<td>86,543</td>
</tr>
<tr>
<td>General Ultrasound</td>
<td>45,503</td>
<td>64,647</td>
<td>29,902</td>
<td>34,745</td>
</tr>
<tr>
<td><strong>Total Imaging Tests</strong></td>
<td><strong>320,531</strong></td>
<td><strong>349,899</strong></td>
<td><strong>183,289</strong></td>
<td><strong>166,610</strong></td>
</tr>
</tbody>
</table>

In order to derive the required capacity the following utilisation assumptions were made for Trust provided Imaging services in 2019/20:

**MMH:**
- 16 sessions per week (8am – 8 pm Monday – Friday & 8am – 12pm Saturday)
- Utilisation rate 85%

**Community Facilities:**
- 10 sessions per week
- Utilisation rate 85%

Activity throughput assumptions were made for each modality based on national evidence and local clinical knowledge. These are outlined in the following table.
Table 21: Imaging Throughput by Modality for 2019/20

<table>
<thead>
<tr>
<th>Imaging Modalities</th>
<th>Acute</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angiography</td>
<td>4,000</td>
<td>4,000</td>
</tr>
<tr>
<td>Breast</td>
<td>4,000</td>
<td>4,000</td>
</tr>
<tr>
<td>MRI</td>
<td>6,000</td>
<td>6,000</td>
</tr>
<tr>
<td>CT</td>
<td>8,000</td>
<td>8,000</td>
</tr>
<tr>
<td>Fluoroscopy</td>
<td>4,000</td>
<td>4,000</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>2,500</td>
<td>0</td>
</tr>
<tr>
<td>Obs Ultrasound</td>
<td>6,000</td>
<td>4,000</td>
</tr>
<tr>
<td>Radiology (Plain Film)</td>
<td>20,000</td>
<td>12,500</td>
</tr>
<tr>
<td>US Gen</td>
<td>6,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Neurophysiology</td>
<td>1,500</td>
<td>1,500</td>
</tr>
</tbody>
</table>

9.2 Pathology

The table below summarises the activity changes between 2011/12 (outturn) and 2019/20 by modality and the split between MMH and community facilities.

Table 22: Trust Pathology Activity

<table>
<thead>
<tr>
<th>Total Tests by Pathology Type</th>
<th>2011/12</th>
<th>2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Outturn</td>
<td>Outturn</td>
</tr>
<tr>
<td>BLOOD BANK</td>
<td>94,369</td>
<td>86,128</td>
</tr>
<tr>
<td>CLINICAL CHEMISTRY</td>
<td>5,400,881</td>
<td>4,980,046</td>
</tr>
<tr>
<td>CYTOPATHOLOGY</td>
<td>34,140</td>
<td>31,888</td>
</tr>
<tr>
<td>HAEMATOLOGY</td>
<td>899,535</td>
<td>823,473</td>
</tr>
<tr>
<td>HISTOPATHOLOGY</td>
<td>101,939</td>
<td>83,018</td>
</tr>
<tr>
<td>IMMUNOLOGY</td>
<td>119,737</td>
<td>109,150</td>
</tr>
<tr>
<td>MICROBIOLOGY</td>
<td>319,218</td>
<td>295,098</td>
</tr>
<tr>
<td>TOXICOLOGY</td>
<td>130,802</td>
<td>134,032</td>
</tr>
<tr>
<td><strong>Total Pathology Tests</strong></td>
<td>7,100,621</td>
<td>6,542,832</td>
</tr>
</tbody>
</table>
10. GOVERNANCE PROCESS TO MONITOR PROGRESS

It is important that progress against the A&C Model trajectories is monitored in order to ensure the Trust is on track ‘to fit into’ MMH and our Community Facilities and to allow time to implement mitigating actions if there is a significant variance from the trajectories.

Governance Process

In terms of a governance process to monitor progress the following has been agreed:

- Progress is overseen by the Clinical Leadership Executive via the MMH and Reconfiguration CLE Committee.
- The v5.7b trajectories inform the Trust’s Transformation Plan which is currently being refreshed into an Integrated Transformation Programme.
- Trust and Clinical Group level Annual Plans take the activity and capacity levels in v5.7b trajectories into consideration.
- Bi-annual review of progress against trajectory at Clinical Group and Specialty level is undertaken at Clinical Group performance review meetings.
- Monitoring reports at a Trust level are presented to the MMH and Reconfiguration CLE Committee with an assurance report to the Configuration Board Committee bimonthly.
- The Executive report whole system progress to deliver the trajectories along with any material future system planning documents to the Trust Board on a quarterly basis from April 2014.
- Additional reviews are undertaken at key project milestones including appointment of preferred bidder and financial close.
- A formal review of progress with demand figures, bed numbers and outpatient supply is concluded no later than 15 months before the opening of MMH. The results of this should trigger mutual provider and commissioner formal re-confirmation of the safety of those assumptions for the due date, together with any actions agreed to mitigate risk. This overall assessment of risk will be made publically available.

Key Activity and Capacity Measures

The key activity and capacity measures it is proposed to monitor through this governance process are:

- **Emergency Care**: A&E attendances & Non elective admissions
- **Elective Care**: Elective admissions & day cases
- **Outpatients**: first attendances & review attendances
- **Bed Capacity**: bed days (split emergency, elective and intermediate care) and bed numbers
- **Community Contacts**: outpatient and bed alternative contacts

Monitoring for each of the above measures will include:

- LTFM/RCRH trajectory – at least current year and end point (2019/20)
- LDP/Contract trajectory – current year
- Actual performance – current year
### 11. DOCUMENT HISTORY

**Document Location:**

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version 2</td>
<td>Feb 2014</td>
<td>Will be included in the 2014 OBC Update pre Procurement as an Appendix</td>
</tr>
<tr>
<td>Version 2 draft 1</td>
<td>Sept 2013</td>
<td>MMH Project Assurance Briefing Report for CEO 19 &amp; CEO12 and MMH Project Assurance Briefing Report for CEO 11, Board AH &amp; Board AG as part of MMH Project Assurance Report</td>
</tr>
<tr>
<td>Version 1</td>
<td>Sept 2010</td>
<td>Activity, Performance &amp; Capacity Assumptions in OBC Update Version 4.1 as Appendix 5b Sensitivity Analysis: Activity, Performance, Capacity &amp; Finance (version 2) in OBC Update Version 4.1 as Appendix 5c</td>
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**Revision History:**

<table>
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<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Summary of Changes</th>
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</thead>
<tbody>
<tr>
<td>V2 draft 8</td>
<td>Feb 14</td>
<td>Mike Sharon Director of Strategy and Organisational Development</td>
<td>Updated and agreed with CEO for submission to DoH and inclusion in OBC.</td>
</tr>
<tr>
<td>V2 draft 7</td>
<td>Feb 14</td>
<td>Jayne Dunn Redesign Director Right Care Right Here</td>
<td>Updated to reflect activity related to LTFM service development income as agreed with S&amp;WBCCG</td>
</tr>
<tr>
<td>V2 draft 3-6</td>
<td>Jan 14</td>
<td>Jayne Dunn Redesign Director Right Care Right Here</td>
<td>Updated to reflect agreed MMH option without generic adult OPD</td>
</tr>
<tr>
<td>V2 draft 2</td>
<td>Nov 13</td>
<td>Jayne Dunn Redesign Director Right Care Right Here</td>
<td>Updated to include opening of MMH in 2018</td>
</tr>
</tbody>
</table>
| V2 draft 1 | Sept 13 | Jayne Dunn Redesign Director Right Care Right Here | First draft of version 2 updated to take account of:  
  - Revised A&C model (version 5.7 adjusted)  
  - Scenario modeling  
  In preparation for Board assurance and approval to progress to MMH procurement in line with PF2. |
| V1 | 8/09/10 | Jayne Dunn Redesign Director Right Care Right Here | Version used for OBC Update |
| V1 draft 2 | 8/9/10 | Jayne Dunn Redesign Director Right Care Right Here | Updated to take account of changes from further validation of activity and capacity data in line with the sensitivity analysis and comments from the SHA review. |
| V1 draft 1 | 30/7/10 | Jayne Dunn Redesign Director Right Care Right Here | First draft to capture what is already agreed for the RCRH Programme, OBC and OBC refresh - service model and Activity and Capacity Model version 5.3. |
ITPD Volume 2

Appendix H – Service Model
Sandwell and West Birmingham Hospitals NHS Trust

Midland Metropolitan Hospital Project

CLINICAL SERVICE MODEL for 2020

FEBRUARY 2014

Version 3
## CONTENTS

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<th>Title</th>
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<td>2</td>
<td>BACKGROUND</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>STRATEGIC VISION</td>
<td>4</td>
</tr>
<tr>
<td>3.1</td>
<td>RCRH Programme</td>
<td>5</td>
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1. **PURPOSE**

This document provides a blueprint for the development of our clinical service model for 2020 post opening of the Midland Metropolitan Hospital (MMH). It supports our Clinical Strategy and forms part of the MMH Project.

The document has been developed by our clinical leads across a number of versions to describe how our clinical service offering will be delivered in MMH when it opens in 2018 and how we will provide clinical services in our Community Facilities and other locations. Our transition to this future service model will be incorporated in our integrated change plan.

This version of the clinical service model will be used to inform the 2014 OBC update for MMH. It varies from the previous version in that it captures:

- Our provision of community services following *Transforming Community Services* in 2011.
- Outputs from our LTFM and the updated Activity and Capacity Model (version 5.7b)
- Outputs from the MMH Architecture Design Refresh (ADR) undertaken in the autumn of 2013.

2. **BACKGROUND**

We are developing a new model of patient care in line with the vision agreed by our local health economy under the *Right Care, Right Here Programme*. Within this service model we will deliver clinical services in multiple locations including:

- Patient’s own homes
- Primary care and health centre settings
- The Trust’s own Community Facilities i.e: Rowley Regis Hospital (RRH), Sandwell Treatment Centre (STC), Birmingham Treatment Centre (BTC), Birmingham and Midlands Eye Centre (BMEC) and the adjacent Sheldon Block and Leasowes intermediate care facility.
- The new MMH.

In summary this vision requires a major step change in service provision across the health economy through service redesign and investment with a re-balancing of capacity to reflect a greater focus on delivering care in community and primary care settings and MMH (the new single site acute hospital) operating at maximum productivity.

For the Trust the implications of this vision can be summarised as:

- The vast majority of outpatient attendances and planned diagnostics will be provided outside of the acute hospital in community locations by a mixture of secondary care specialists and primary care professionals. This will include a new model of care for Long Term Condition management.

- A significant reduction in the average length of stay in the acute setting supported by new intermediate care bed capacity in community locations and community services.

- Increased community-based urgent care and out-of-hours services to provide alternatives to attending the acute hospital Emergency Department.
• Increased day surgery rates with the majority of day surgery being provided in dedicated day surgery units in three community locations (BTC, STC and BMEC).

• Better physical environments for service users and staff which encourage more rapid recovery and provide greater privacy and dignity.

• The development of MMH, a new single site acute hospital, with a reduced number of beds but a greater critical mass of services within larger clinical teams so reducing professional isolation and enabling the delivery of high quality care through greater sub-specialisation, robust 24 hour senior cover and on-going service development. Emergency and inpatient services will be available 24 hours, 7 days a week, and the majority of other services will be operational for extended hours during the week and for some time at the weekend.

Table 1 below summarises these implications in terms of split of activity and capacity between MMH, Community Facilities and other providers.

Table 1: Activity and Capacity by MMH, Community Facilities and Other Providers

<table>
<thead>
<tr>
<th></th>
<th>New Acute Hospital</th>
<th>Trust Community Facilities</th>
<th>Other Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient Attendances</strong></td>
<td>13% (Antenatal and Paediatrics)</td>
<td>71% provided by Trust in community locations 23% being Ophthalmology attendances in BMEC</td>
<td>7% provided by new providers in community locations with the Trust’s community services providing 75% of this activity for Sandwell residents 9% absorbed as part of routine working in primary care</td>
</tr>
<tr>
<td><strong>Beds &amp; Length of Stay</strong></td>
<td>Circa 670 beds Average length of stay: 3.1 days</td>
<td>Circa 158 beds Average length of stay: 17.05 days</td>
<td></td>
</tr>
<tr>
<td><strong>Catchment Loss</strong></td>
<td>3% A&amp;E attendances and adult emergency inpatient admissions</td>
<td>None assumed</td>
<td>Emergency catchment loss primarily flows to: Walsall UHBT DGoHFT HEFT</td>
</tr>
<tr>
<td><strong>Emergency Department</strong></td>
<td>58% total ED &amp; Urgent Care attendances</td>
<td>30% delivered in Urgent Care Centres at STC &amp; RRH 12% delivered in BMEC</td>
<td>Urgent care activity in primary care Urgent Care Centres (i.e. Summerfield)</td>
</tr>
<tr>
<td><strong>Day Case Rates: 86%</strong></td>
<td>Children’s day surgery * Medical Day Case Unit</td>
<td>Adult day surgery in BTC, BMEC &amp; STC Medical day cases (including chemotherapy) in BTC and STC</td>
<td></td>
</tr>
</tbody>
</table>

*service model under review in terms of clinical support required to deliver some children’s day surgery in BMEC and BTC

3. **STRATEGIC VISION**

3.1 **RIGHT CARE RIGHT HERE PROGRAMME**
We are a key partner along with the CCG, local authorities, mental health care providers and others in the Right Care Right Here Partnership (RCRH) which seeks to deliver an ambitious redevelopment of local health services. The objective of the RCRH Programme is to deliver redesigned acute, primary, community and social care services in the Sandwell and West Birmingham areas. The RCRH Vision is summarized in figure 1 below.

This vision requires a major step change in service provision across the health economy through service redesign and investment with a re-balancing of capacity to reflect a greater focus on delivering care in community and primary care settings and MMH the new single site acute hospital operating at maximum productivity. Lead clinicians from the Trust along with lead community and primary clinicians have been involved throughout the Programme in developing the RCRH vision and in identifying the high level service model required to deliver this vision. Following a successful public consultation, implementation of the RCRH Programme is underway with a growing range of traditional secondary care services now being provided via new models of care and in community locations.

Work from the RCRH Programme has informed the development of our Clinical Strategy and future clinical service model including how we will provide services across MMH, Community Facilities, other community and primary care settings.

3.2 OUR STRATEGY

Our ambition is to become renowned as the best integrated care organisation in the NHS and to be a key active partner in improving the health and wellbeing of the population we serve. A key role for us is to help ‘keep people well.’ We undertake this role in several ways including:
• Preventing illness through medical and lifestyle means i.e. health promotion
• Delivering planned health care such as surgery for conditions requiring diagnosis and treatment but not on an emergency basis i.e. elective care
• Providing care and support to people with long term health conditions such as Diabetes and Rheumatology to allow as much of this care to be undertaken outside of an acute hospital setting in a planned way and in partnership with other health and social care providers in order to promote self-management, maintain well-being and minimise the need for unplanned hospital admissions i.e. integrated care
• Provide rapid assessment and treatment 24 hours a day, seven days a week for people when they are acutely unwell i.e. emergency care.

We currently provide community services for people resident in the Sandwell area. This creates an exciting opportunity for providing truly seamless care for people with long term conditions and the complex problems of ageing through the integration of our acute and community services and further integration with services provided by other partners to these people and in particular primary care and social services. Our ambition includes the expansion of this opportunity into the West Birmingham area of our catchment population either through partnership with Birmingham Community Health Trust or through the expansion and development of our own community services.

Our strategy is to strengthen our position as provider of the highest quality integrated and seamless services to our local population both in hospital and closer to home.

We will drive innovative solutions to achieving the best possible health outcomes for our population. Our aims, the intentions of our commissioners and the funding outlook for the NHS means that in general terms that our secondary care activity will reduce slightly, while our community based services will grow. However, in a small number of targeted areas, where we believe our position and market conditions permit, we intend to grow our activities for example, in Ophthalmology.

Specifically, to meet these challenges, we will:

• Sustain a broad range but reducing volume of secondary care services that are of the highest quality and efficiency
• Ensure that those services are seamlessly integrated with our primary and social care partners
• Provide an increasingly wide range of community based services that help patients avoid having to use hospital services
• Build on our existing areas of specialist work that is provided to a wider population
• Be a valued partner, driving innovation across our local health system
• Maintain and enhance our reputation for providing high quality teaching and research

Our six strategic objectives are designed to ensure we make progress towards the successful delivery of our Strategy, these are:

• Safe, High Quality Care
• Accessible and Responsive Care
• Care Closer to Home
• Good Use of Resources
• 21st Century Facilities
• An Engaged, Effective Organisation

Each year we will develop our Annual Priorities to support the delivery of these objectives.

3.3 OUR CLINICAL STRATEGY

We will deliver consistently high quality, safe and improved care to our patients, working with our partners to transform the health and wellbeing of the people we serve and to provide integrated care for our patients with long term conditions.

Our Clinical Strategy outlines at a strategic level our thinking and aspirations for the future shape of our clinical services in order to deliver our strategic ambition and objectives and to maintain and develop further high quality and safe clinical services.

The clinical service model we will deliver post opening of MMH and described in this document is in line with our Clinical Strategy.

The key features of our Clinical Strategy are summarised in the diagram below.
THE HEALTH OF OUR POPULATION

*Working with our local community partners and with external agencies, we will take all necessary steps to transform the health and well-being of the population that we serve.*

The people in our catchment area suffer deprivation amongst the worst in the country: West Birmingham is 10th and Sandwell 12th worst of 326 English authorities for deprivation & the ranking is getting worse year on year.

The likelihood of death under the age of 75 and chronic ill health from multiple long term conditions is again extremely high with our population having a high number of excess years of life lost with over half being the result of 6 diagnoses: Pneumonia, COPD, Alcoholic Liver Disease, Stroke, Lung Cancer and Coronary Heart Disease.

Within our population:

- 25% of the population smoke
- 15% drinking at increasing risk
- 5% drinking at high risk levels
- 25% of men & women are obese (BMI 30+)
- More than 70% do not eat 5 fruit/vegetables a day
- 60% of men do not meet physical activity levels
- 70% of women do not meet physical activity levels

All these injurious habits are more common in our community than in England as a whole, again among the worst in the country, and are clearly associated with high levels of social deprivation.

More than half of the contacts we make are with people with two or more long term conditions. It makes sense to reduce the number of people requiring our interventions by addressing the causes not the consequences of poor health. We need to address both the habits already established and the social determinants of poor health in our community. The Department of Health has come to the view that hospitals are well placed to deliver clinical health promotion around the recognised risk factors, and contribute to the health of their local community as well. This rings true: *we know who we need to target, and we already see many of them and their families regularly.*

Our Public Health Plan looks at how we address risk factors in our patients, their families, our staff, our membership and the local population as a whole. In addition it shows how we will help to improve the social determinants of disease by contributing to our local community.

4. CLINICAL SERVICE DESCRIPTION

To facilitate delivery of our future clinical service model our Strategy includes transformation of the estate in which we deliver our clinical services. A key component of this is building MMH which we expect to open in 2018, along with developing our Community Facilities, namely: the BTC, BMEC and Sheldon Block, RRH, STC and Leasowes intermediate care facility. We will also continue to develop the range of community services we provide in people’s homes and through other community and primary care facilities.
Our aspiration is that patients attending our services for investigation or treatment, whether for planned elective care or unplanned acute care, will have excellence in clinical care with rapid availability of clinical expertise at all points of their individual care pathways. At the same time where quality, safety and outcome are improved by care closer to home we will deliver in community settings and will integrate our services both internally and with our external partners in order to provide seamless care.

MMH will be a single site acute hospital in a modern purpose built facility and will allow us to centralise emergency and specialist inpatient care on one site with a critical mass of patients and staff that will enable development of skills and a greater level of senior on site cover throughout the day and seven days a week. This will facilitate delivery of:

- High quality care 24/7 and 365 days per year.
- Continuity of care through multidisciplinary teams working to pathways and protocols agreed by expert led teams.
- Initial assessment and treatment of patients requiring emergency care by experienced clinicians with consultant presence on site 24/7 in our most acute specialities, and on site 12 hours, 7 days a week for a number of others. Sub-specialty expertise across the entire range of non-acute specialities will be available to in-patients in a timely fashion.
- High-level diagnostic support, including imaging and pathology, immediately available 24/7.
- Separation of acute unplanned and elective patient flows with individuals responsible for elective care of patients not being simultaneously responsible for the delivery of emergency care.
- Leadership at the point of care delivery e.g. wards, departments and theatres will be provided by experienced clinicians with sufficient time to lead and supervise staff and standards.

This will also mean:

- A greater proportion of patients attending MMH will be acutely unwell, have complex conditions or require specialist assessment;
- The smooth transfer of patients to a community location or primary care once this level of acute care is no longer required will be essential;
- Clear patient pathways that cross organisations and professional groups will be essential to ensure seamless patient care without duplication or gaps and to ensure patients receive the right service in the right place at the right time;
- Smooth, timely flow of information, ideally in the form of an integrated health care record, between professionals and across locations and providers will be important;
- Changes to the workforce will be required to ensure staff with the right competencies are available at the right time in the right place; and
- We will continue to provide and develop a range of more specialist services to our local population and also to the wider population within the West Midlands and in some cases further afield. This includes our Gynaecology, specialist Ophthalmology, Sickle Cell and Thalassaemia and specialist Rheumatology services.

The diagram below summarises where our clinical services will be provided following the opening of MMH.
4.1 EMERGENCY AND URGENT CARE

We will provide safe, robust, high quality emergency assessment and treatment 24/7 with access for unselected emergencies. At the same time we will work in partnership with primary care and other colleagues to develop and promote appropriate alternative pathways and services for those patients who do not require the facilities and expertise of an Emergency Department.

This means:

- A greater focus on seven day working with a priority to deliver consistent standards of emergency and inpatient services 24 hours a day, 7 days a week.
- An intense focus on providing safe acute inpatient care 24/7
- A reduction in attendances at our Emergency Departments through increased provision of community-based urgent care and out-of-hours services and the development of new ways of delivering care to patients with long term conditions.
- Concentration of Emergency Inpatient Services.

When MMH opens we will deliver all emergency and acute inpatient care on one site. Until then we will continue to provide EDs, Medical Assessment Units and Paediatric Assessment Units at both City and Sandwell Hospitals with 24/7 access for unselected emergencies. In the interim we will continue to develop our emergency services to ensure early, senior assessment and decision making is available with onsite consultant presence for extended hours in key areas. We are also committed to continue work with our commissioners and primary care colleagues to develop and promote alternative services for patients currently attending ED who could appropriately be managed in an urgent care setting.

4.1.1 Emergency Department & Urgent Care

When MMH opens:

- 30% of patients requiring urgent care but not a full ED service will be able to attend one of the community-based urgent care services, open 12 hours a day, 7 days a week, at STC and RRH or be managed in primary care through an out-of-hours service. Currently a number of different models of care are being developed including primary care led Urgent Care Centres in community locations, GP workstreams in the ED, a primary care assessment and treatment model attached to intermediate care beds. These models vary in detail and so we will work with partners to develop them further over time.

- 12% of emergency attendances will be for ophthalmic conditions and will continue to take place in the Eye Emergency Department at BMEC which will be open 7 days a week for 12 hours a day.

- 58% of emergency attendances will take place in the Emergency Department (ED) within MMH. These patients will typically have injuries and conditions requiring the level of specialist assessment, diagnosis and treatment that will only be available in an acute setting. Most patients attending the ED will be assessed, diagnosed, treated and discharged from the ED by the team of clinical staff based within the Department.

Key features of the ED will include:
• A dedicated children’s area where children and adolescents attending the department will be assessed, diagnosed and treated (apart from those who are critically ill) by staff with the appropriate training and experience in caring for children
• An ambulance navigator who will meet patients arriving by ambulance and signpost them to the appropriate area within ED
• Initial triage and assessment areas for adults
• A minors area for adults
• A separate area for adults with major illness
• A dedicated area for critically ill patients (adults and children) requiring resuscitation and stabilisation
• Some dedicated imaging facilities and near patient testing
• Pathways for mental health assessment with specialist staff and teams.

**Workforce planning implications relating to our future ED provision:**

- Regardless of the preferred model for urgent care there will be a requirement for an increase in Emergency Nurse Practitioner roles, an increase in therapies input and GPs.
- A higher proportion of the patients attending the ED will have injuries and conditions requiring clinical teams to have a high level of seniority present, specialist assessment, diagnosis and treatment skills leading to a richer skill mix requirement and additional skills training packages
- 24/7 on site consultant presence will be required in the ED
- 7-day working for therapists and diagnostic staff to ensure rapid assessment and diagnosis or on-going treatment
- Potential for increasing the number of new roles overall e.g. advanced nurse practitioners, emergency care practitioners and physician associates
- Pathways for mental health assessment will require specialist staff /teams.

A significant number of patients attending the ED will require further assessment by specialty teams and/or admission:

- For adults the flow will primarily be from the ED to the adult Acute Assessment Unit which will be located immediately adjacent (vertical or horizontal) to the ED.
- Some adult patients will be admitted directly from an ambulance or ED to a specialist area. For example, these will include:
  - Patients with clear symptoms of a heart attack will be taken directly to the Interventional Cardiology Suite
  - Patients with a fractured neck of femur will be taken directly to a musculoskeletal ward
  - Patients with FAST positive symptoms indicating a likely stroke will be taken directly to the CT scanner suite and then onto the Stroke Unit.
  - Children and adolescents will transfer from the dedicated children’s area in the ED to the Paediatric Assessment Unit which will be part of our Children’s Inpatient Unit.
  - Other areas that patients may be directly transferred to include the Critical Care Unit, Operating Theatres, Delivery Suite, Coronary Care Unit.

**4.1.2 Adult Acute Assessment Unit (AAU)**

The central aim of the adult Acute Assessment Unit (AAU) will be rapid assessment, diagnosis, treatment and discharge or stabilisation before onward referral to the appropriate specialist team if a longer admission is required. This approach will be a key element in improving clinical safety, quality, and patient experience whilst at the same time reducing length of stay within MMH.
In order to determine the bed capacity required in the adult acute assessment a 0.5 day length of stay has been added to all adult emergency admissions (excluding Obstetrics) with an otherwise 0 day length of stay. The average length of stay assumption for the adult AAU is:

- 0.5 days for emergency adults with an overall length of stay of 0 days in MMH
- 1 day for emergency adults with an overall length of stay of 1-2 days in MMH
- 1.5 days for emergency adults with an overall length of stay of more than 2 days in the acute hospital.

The AAU will:

- Have 96 beds/spaces and will be divided into a Surgical Assessment Unit (SAU) and a Medical Assessment Unit (MAU)
- The MAU will be further subdivided into three zones – an ambulatory assessment and observation zone, a level 1 monitored bed zone and a zone for on-going care up to 48 hours length of stay
- The MAU will work on the basis that patients requiring a longer stay in hospital (i.e. over 48 hours) for further observation, investigation or treatment will be transferred to the appropriate specialty bed on a generic in-patient ward.

**Workforce planning implications relating to our future AAU provision:**

- It is envisaged that within MMH the MAU will have 24/7 on site consultant presence.
- We will continue our current work of developing the role of Consultant Physician in Acute Medicine in order to ensure rapid and senior level assessment, decision making and review.
- We will continue where possible ahead of MMH opening to expand our current onsite Consultant cover for our medical assessment beds (currently on site cover is available 8.00am-9.00pm alternate week days with 8.00am – 5.00pm the other weekdays, with weekend consultant ward rounds, on both our existing acute hospital sites. These consultants also cover the short stay medical wards).
- Continuation of therapists working in the MAU 7-days a week.

**4.1.3 Critical Care**

There will be a hospital-wide, whole systems approach to critical care with services which extend beyond the physical boundaries of the critical care unit and support the full range of specialties. The service will aim to ensure seamless management of the patient journey maintaining the highest levels of clinical care, patient privacy and dignity, improved communication regarding complex patient interventions and collaborative inter-disciplinary working.

The service will provide:

- **Level 2 care** to patients who require more detailed observation or intervention including support for a single failing organ system, post-operative care or ‘stepping down’ from higher levels of care and **level 3 care** for patients who require advanced respiratory support along or basic respiratory support along with support of at least two organ systems in an Integrated Critical Care Unit (ICCU). This will have 30 beds and a planned occupancy rate of 75% to ensure capacity to accommodate peaks in demand.

- **Critical Care Outreach Service**, providing assessment and support from the critical care team to patients requiring or with the potential to require critical care and before transfer to the ICCU, in all areas of the new Acute Hospital.
• Children requiring level 3 critical care may be accommodated on the ICCU for stabilisation prior to transfer to a Paediatric Intensive Care Unit in another hospital. Children requiring level 2 or 1 care will be cared for on the children’s inpatient unit, managed by the Paediatric team with support from the critical care team.

Level 1 adult care (for patients stepping down from higher levels of critical care or for patients requiring a higher level of care but before requiring level 2 or level 3 critical care) will be provided in a number of designated generic inpatient wards (including respiratory, neurology & stroke, gastroenterology) to recognise the specific specialty management required for particular conditions and interventions e.g. non-invasive ventilation. Level 2 care for maternity patients will be provided in Delivery Suite. This approach has the benefit of retaining experience and skills for caring for these patients with staff working on the generic adult inpatient wards.

Workforce planning implications relating to our future critical care provision:
• 24/7 consultant on site presence in Critical Care

4.1.4 Interventional Cardiology
The Interventional Cardiology service within MMH will provide:
• Diagnostic and interventional procedures for patients presenting with acute coronary syndrome.
• Insertion of temporary or permanent pacemakers and other cardiac devices.
• A range of other procedures in the treatment of heart disease e.g. PTMC, reveal, pericardiocentesis.
• Procedures may be undertaken on an elective, urgent (within hours to days) or emergency basis. Many of the elective and urgent cases will be undertaken on an ambulatory basis (day case or outpatient) but may also be undertaken on an inpatient basis.
• Emergency cases will be undertaken on an inpatient basis and will include direct admission of STEMI patients to the Interventional Cardiology Suite from the ambulance service or Emergency Department allowing rapid intervention in cases where speed of intervention is key to a successful clinical outcome.
• Cases undertaken on a day case or outpatient basis will be accommodated on the Interventional Cardiology Suite. Cases undertaken on an inpatient basis will be admitted to the co-located Cardiology ward. Our Coronary Care Unit will be within the Cardiology ward.

Workforce planning implications relating to our future Interventional Cardiology provision:
• The new service model will require 24/7 on site specialist middle grade medical cover.
• The redesign of clinical pathways and the co-location of the interventional cardiology suite, cardiology ward and cardiac diagnostics in the new MMH will enable new ways of working that will create the opportunity for greater workforce efficiency and the potential for new roles such as a generic cardiac catheter laboratory practitioner.

4.1.5 Adult Inpatient Wards
Within MMH adult inpatients (apart from those requiring care in one of the specialist areas) will be accommodated on generic inpatient beds. The majority of emergency admissions will be admitted to these beds via the adult AAU as described above and the majority of elective surgical inpatients will be admitted following surgery via the Operating Theatre Department (including the central admissions area) as described under Elective Care. An important element of the new service model is a reduced length of stay and these pathways facilitate delivery of this by streamlining the admissions process and initial assessment and treatment. In addition early senior medical assessment and
decision making is essential to the pathways and a reduced length of stay. The Trust average length of stay assumptions post opening of MMH are:

- MMH Inpatient Average Length of Stay: 3.10 days
  - Elective Inpatient Average Length of Stay: 2.81 days
  - Emergency Inpatient Average Length of Stay: 3.31 days

Other key aspects of the adult inpatient service model include:

- The activity and capacity analysis has identified the need for 384 generic adult inpatient beds. These will be accommodated in 32 bed wards with a generic design and located in clusters of 3 in order to facilitate future flexibility in use. There will be 13 generic adult inpatient wards in addition to AAU and the maternity wards.
- Level 1 adult care will be provided in a number of designated generic inpatient wards to recognise the specific specialty management required for particular conditions and interventions e.g. non-invasive ventilation.
- The generic wards will have 50% single rooms with en-suite bathrooms and the remaining 50% of beds will be in bays of 4. This arrangement will improve patient privacy and dignity, will facilitate infection control and will offer patient choice between a single room and a bay of 4 beds in line with feedback from public engagement work.
- The occupancy assumption for these beds is 88% which when combined with the planned lower occupancy for specialist areas and acute assessment beds gives an overall occupancy of 85%.
- The need for robust discharge planning started at the point of admission and clear pathways across the health economy to facilitate the smooth transfer of patients to other services outside of MMH.
- The mix of general adult beds on each ward has been decided on the basis of groups of conditions that have similar pathways and nursing and medical care requirements and is summarised in the table below.

**Workforce planning implications relating to our future adult inpatient ward provision:**

- Increased use of advanced practitioner roles to undertake tasks currently being undertaken by junior doctors in training
- 12 hour consultant on site presence in a number of specialties including emergency anaesthetics, general surgery, trauma & orthopaedics, stroke
- Skills development packages required to ensure that staff retain essential skills to continue to provide specialist care for particular conditions and interventions e.g. hyper stroke care, non-invasive ventilation
- Additional skills and competency requirements for staff to manage patients with higher levels of acuity and more multiple conditions than currently
- Staffing profiles to reflect new ward configuration and lay-out i.e. 32 bedded wards and 50% single rooms
- Detailed ward staffing rotas have been developed based on agreed shift patterns, supernumerary requirements, qualified/unqualified ratios and administrative support requirements to ensure that the wards can be safely staffed when the MMH opens.

The Association of UK University Hospitals dependency (AUKUH) tool has been used to determine levels of dependency and acuity and guidance and benchmarks on mandatory nurse staffing levels and ward layout style, and professional judgement have been used to determine levels of dependency and safe staffing rotas.
Table 2: MMH Inpatient Beds by Condition Group

<table>
<thead>
<tr>
<th>Condition Groupings</th>
<th>Specialties</th>
<th>Bed Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory</td>
<td>Includes 4 level 1 beds &amp; 10 isolation rooms</td>
<td>32</td>
</tr>
<tr>
<td>Acute Elderly</td>
<td>Includes acute elderly &amp; mental illness</td>
<td>32</td>
</tr>
<tr>
<td>GI</td>
<td>Includes medical, acute GI bleeding, poisons unit beds, 4 level 1 beds</td>
<td>32</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>Orthopaedics &amp; Trauma</td>
<td>64</td>
</tr>
<tr>
<td>Haematology, oncology &amp; Rheumatology</td>
<td>Haematological oncology, Haemoglobinopathy, Rheumatology</td>
<td>32</td>
</tr>
<tr>
<td>Maternity</td>
<td>Ante- and post-natal, Antenatal Day Assessment Unit &amp; Transfer Lounge</td>
<td>64</td>
</tr>
<tr>
<td>Gynaecology &amp; Gynaecology</td>
<td>Includes EGAU</td>
<td>32</td>
</tr>
<tr>
<td>Surgical Specialties</td>
<td>Colorectal Surgery includes 4 level 1 beds</td>
<td>32</td>
</tr>
<tr>
<td>Surgical Specialties</td>
<td>Urology, ENT, Interventional Radiology, Plastic Surgery, Breast Surgery &amp; Ophthalmology</td>
<td>32</td>
</tr>
<tr>
<td>Short Stay Surgery</td>
<td>Includes dermatology</td>
<td>32</td>
</tr>
<tr>
<td>Stroke &amp; neurology.</td>
<td>Includes 4 level 1 beds</td>
<td>32</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Includes 14 CCU beds &amp; cardiology step down beds</td>
<td>32</td>
</tr>
</tbody>
</table>

| Sub Total                                 |                                                                           | 448         |

| Adult Acute Assessment                    | All adult emergency inpatients (except maternity, fracture of femur, stroke, & acute chest pain): | 96          |
|                                          | • 40 medical assessment beds                                               |             |
|                                          | • 20 medical monitored beds                                                |             |
|                                          | • 12 chairs & 8 trolleys medical ambulatory assessment                     |             |
|                                          | • 16 Surgical Assessment Unit trolleys/beds                                |             |

| Critical Care (ICCU) level 2 & 3         | All adult                                                                  | 30          |
|                                          | Intensive Care, High Dependency and Special Care                            | 36          |
| Children                                 | Includes Paediatric Assessment Unit, Adolescents, High Dependency           | 56          |

| Sub Total                                 |                                                                           | 218         |

| Total                                     |                                                                           | 666         |
4.2 ELECTIVE CARE

As much care as possible will be planned along agreed, easy to navigate care pathways based on best clinical practice.

To deliver this elective care will:

- Be based on agreed pathways that are understood by patients and are based on best clinical practice
- Be easy to navigate – all involved will know where they are on the pathway
- Respect the diversity of our patients and seek to respond appropriately to the full range of patient needs
- Be organised, thereby not wasting patient or clinical time or resources
- Provide planned care as locally as possible – only where clinically necessary will services be concentrated in more specialist centre.

This will mean:

- Appropriate and probably fewer referrals made along agreed care pathways (triaged within primary care with routine diagnostics undertaken and appropriate alternative services considered prior to referral to secondary care).
- A higher conversion of referrals to treatment/surgery.
- Our consultants and other specialist clinical staff increasingly supporting primary care through new means such as advice and guidance (as alternatives to outpatient appointments).
- One stop approach to appointments with the majority of these being delivered in our Community Facilities.
- Reduction in elective inpatient surgery and increase in day case surgery. Adult day surgery will be provided in dedicated facilities in the BTC, STC or BMEC for (Ophthalmology).
- A focus on pre-operative assessment, preparation and scheduling of planned surgery.
- Reduced stay in hospital for the minority of patients that do require elective inpatient surgery. We will achieve this by admitting patients on the day of surgery and rolling out Enhanced Recovery Programmes across all elective specialties.
- High quality, timely and appropriate diagnostic investigations delivered primarily within our Community Facilities.

Workforce planning implications relating to our future elective care provision:

- Staff working across multi-site locations (MMH and community facilities)
- Routine 7 day and extended hours working in most specialties
- New Role requirements including an increase in surgical care practitioners, extended/advanced therapy roles in musculoskeletal conditions
- New ways of working related to enhanced recovery roles

4.2.1 Operating Theatres - Inpatient

All operating theatres in MMH (apart from the 2 dedicated maternity theatres in Delivery Suite) will be located in one operating theatre department comprised of 11 theatre suites, a central admissions area and central stage 1 recovery area, in order to facilitate flexibility and maximise productivity.

Key elements of the service model include:
• A Central Admissions Area for patients admitted for elective surgery in order to facilitate patient flow through theatres. All patients admitted for elective inpatient surgery will have received a pre-operative assessment and the majority will be admitted on the day of surgery direct to the central admissions area where the final pre-operative reviews and checks will take place. Patients will be taken from the central admissions area into the operating theatre suite. This patient flow is a key element in the reduction of average length of stay in tMMH. The model for pre-operative assessment needs further development at a speciality level but will include assessment in primary care or a Community Facility.

• The small number of patients for elective inpatient surgery admitted to MMH prior to the day of surgery (for clinical reasons) will be admitted to a generic inpatient ward but will then be transferred to the central admissions area on the day of surgery.

• Children’s day surgery is planned to take place in MMH to ensure on-site back up support from a full Paediatric service. Children admitted for day surgery will be admitted to the Children’s Inpatient Unit prior to surgery and will return there after stage 1 recovery (which will take place in the Operating Theatre Department) for stage 2 recovery and discharge. A clinical review is underway to identify elements of children’s day surgery that could safely and appropriately take place in BMEC and possibly the BTC.

• All surgery requiring an overnight stay will take place in MMH.

• The planning assumption is that the elective theatres will operate over a 42 week year, 10 sessions per week with a 90% utilisation rate.

• The majority of patients admitted for emergency surgery will be admitted pre-operatively via the adult AAU to a generic inpatient ward. Prior to surgery they will be transferred to the central admissions area and from there to the operating theatre suite. This flow will help to reduce delays and maximise use of the emergency theatre capacity. There will be some exceptions to this – notably critically ill patients who will be taken directly to the operating theatre suite.

4.2.2 Day Surgery

All adult day case surgery will take place in dedicated facilities in our Community Facilities (STC, BTC and BMEC). These facilities will be open 12 hours a day allowing for an extended recovery (but not overnight stay) so facilitating the higher day case rate. There will also be dedicated minor operating facilities in these sites for procedures not requiring a full operating theatre suite. This model will support the separation of planned from emergency surgery for most of our elective operating so reducing the risk of delays to planned surgery. It will also provide local access for many patients.

For some specialties where specialist skills, equipment and facilities are required day surgery may be concentrated on one site e.g. Breast Surgery in the BTC.

The table below summarises our future theatre provision.

Table 3: Future Theatre Provision
4.2.3 Outpatients

Once MMH is open, apart from high risk antenatal clinics all adult outpatient clinics will be held in our Community Facilities, supported by diagnostic provision to facilitate delivery where possible on a one stop basis. Table 4 below summarises the planned future locations for our outpatient provision.

In addition our future service model includes a shift in provision of outpatient care from consultant based services in acute hospital settings to care delivered by other health care professionals in community settings and primary care with direct access to secondary care expertise. This will involve our consultants and other specialist clinical staff working alongside primary care colleagues to deliver alternative services. We will pilot consultations using voice over internet protocol (VoIP) for consultations not requiring physical examination. With increased sophistication of technology, we will continue to increase the use of alternatives to traditional referral and follow up with electronic advice and guidance for GPs and patients, self-monitoring, telemedicine using Skype and similar technologies and patient held records.

To deliver this we will also be expanding and developing our community services for example Community Muskuloskeletal services.

As a result of these changes we are planning a significant reduction in our outpatient attendances and in particular review attendances. This will result in a new to review ratio of 1.74 (compared to 2.19 in 2012/13).

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<thead>
<tr>
<th>Service</th>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency (including trauma)</td>
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<td>Includes: 2 Trauma; 1 Laproscopic &amp; 1 General</td>
</tr>
<tr>
<td>Elective Inpatient</td>
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<td>Includes: 2 Orthopaedic; 2 Laproscopic; 1 IR capacity; 1 Ophthalmic &amp; ENT capacity &amp; I gynae-oncology</td>
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<td>Maternity</td>
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<th>BTC</th>
<th>SGH</th>
<th>RRH</th>
<th>BMEC</th>
<th>City (Sheldon)</th>
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<th>Neptune H/C</th>
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4.2.4 Diagnostics
The majority of our diagnostic activity will be undertaken in our Community Facilities however an element will be provided in MMH to support acute inpatient activity with an expectation that it is available 7 days a week over extended hours and where appropriate 24/7 to provide diagnostic investigations for rapid assessment and treatment of emergency patients.

Our diagnostic services support specialties in providing quality and timely patient care and work proactively with specialties where revised service models are required. They are integral to supporting a number of specialty service and care pathway redesigns.

We will pursue opportunities for our diagnostic departments to provide high quality diagnostic services directly to primary care clinicians who in turn will use the results to avoid referral to a secondary care service or where this is clinically appropriate make the referral to the most appropriate specialist with the diagnostic results available on referral.

Some of the larger diagnostic service models are described here whilst table 5 summarises future diagnostic provision by site.

Imaging
The majority of outpatient Imaging will be provided in our community facilities including MRI and CT at BTC and STC. We will also continue to provide support for some Imaging diagnostics (primarily plain X-ray and ultrasound) in other community and primary care locations.

Within MMH services will be centralised in the Imaging Department to ensure efficient use of facilities and staff, but with satellite services in agreed areas (ED and antenatal clinic) to ensure fast access and a smooth patient flow. The Imaging service will continue to include the specialist services of Nuclear Medicine and Radiopharmacy.

Key aspects of the service model will include:
- A likelihood of change in the mix of modalities used with a higher percentage of MRI and CT compared to plain X-ray.
- Routine 7 day and extended hours working will be introduced along with a robust 24/7 service (including reporting) to support emergency patient pathways where timely Imaging is essential (e.g. stroke, TIA, trauma etc).
- For some of our more specialist services we will work in partnership with other providers to ensure a critical mass of technology, equipment and patients to enable our specialists in these fields to maintain and enhance their skills and where appropriate an extended hours service for our patients.

Workforce Planning Implications:
- Multi-site working – MMH, community facilities and some primary care settings.
- Joint working with another hospital for key specialist areas including Interventional Radiology and Neuroradiology
- Routine 7 day and extended hours working – including on site consultant presence
- 24/7 on site working for some modalities (e.g. CT)
- New Roles through further development of advanced roles and Imaging Department Assistant
- New ways of working relating to changes in modalities will require additional skills
- Potential introduction of a Managed Equipment Service may change Trust workforce requirements, possible staff transfer.
• We have introduced a range of new and extended roles (e.g. Advanced Radiographers and Sonographers, Imaging Department Assistants) and will develop these further

**Pathology**

Our main Pathology Department will be located at STC in refurbished accommodation (the first phase of this was completed in 2013/14). Within MMH there will be an integrated essential laboratory that will provide an onsite service for emergency and urgent specimens. This will include the blood bank. A dedicated transport system will be required to the main Department.

The design and operational policy of the Pathology Department will allow for greater integration between specialities within Pathology and shared use of equipment and staff. Work will continue to explore options for providing a joint service with other providers of Pathology services in line with national guidance.

The Trust’s main mortuary, including the forensic mortuary, will continue to be located within the newly refurbished department at STC (currently Sandwell General Hospital). All post mortem work will take place here. There will be an onsite mortuary at MMH for holding bodies prior to transfer to the main mortuary or a Funeral Director.

**Workforce Planning Implications:**

- Multi-site working – MMH and STC
- Routine 7 day and extended hours working – including on site consultant presence
- 24/7 on call/on-site service for key functions
- New ways of working – joint services with other providers, new investigations/range of tests

**Cardiac Diagnostics**

The main base for this specialty will be MMH in order to support the acute cardiology pathways. This service will be provided 7 days a week with an on-call out of hours provision. The service will also be provided in all of our Community Facilities to support the outpatient work of most specialties and also facilitate direct access for GPs

**Respiratory Physiology**

The main base for this service will be the BTC but there will also be service provision at STC. There will be a service to support inpatient activity only at the new MMH.

**Neurophysiology**

The main base for this service will be STC with some service provision at BTC. Currently the department provides a service to support other local Acute Hospitals on in-reach basis and this is planned to continue.

**Endoscopy**

Outpatient and day case endoscopy services will be provided at BTC and STC. The exception to this is bronchoscopy which will be provided at MMH to enable the best use of specialist facilities and allow for isolation of patients with TB and other conditions where isolation is appropriate. There will also be an inpatient endoscopy service provided at MMH which will include (as present) an out of hours on call provision.

**Workforce Planning Implications:**

- Further development of consultant nurse endoscopist and nurse endoscopist roles.
- The Endoscopy service also includes decontamination and this creates the requirement for us to continue to employ specially trained staff.
- There is a requirement to extend the provision of 7-day working and where appropriate 24/7 cover.
- The service model will require clinical staff to work across multiple site locations.
Table 5: Diagnostic Services by Site in 2020

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<thead>
<tr>
<th>Department</th>
<th>MMH</th>
<th>BTC</th>
<th>BMEC</th>
<th>Sheldon Block</th>
<th>STC</th>
<th>RRH</th>
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<tbody>
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<td>Plain x-ray</td>
<td>MRI</td>
<td>CT</td>
<td>MRI</td>
<td>MRI</td>
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4.3 INTEGRATED CARE

*Working in partnership we will provide a new integrated approach to care for people with long term conditions ensuring improved continuity, services which keep people well and out of hospital and care closer to home whenever possible.*

In the UK, 15% of the entire working age population have a chronic illness or disability, termed a long term condition (LTC) and there are a growing number of people who suffer with more than one LTC. People who are diagnosed make up 31% of the population but account for 52% of GP appointments and 65% of outpatients appointments. There is therefore, a fundamental need to change the way services are delivered in order to provide a more holistic and integrated approach that can enable rapid diagnosis of those developing a LTC and care planning along a patient-centred pathway to ensure the best possible health outcomes.

We will continue to deliver and transform our clinical services within the context of the vision agreed by our local health economy under RCRH. A key element of this will be to work in partnership with our primary care, social care and community colleagues, and others, to develop and implement care pathways for people with LTCs that enhance self-care with support and ongoing monitoring close to people’s homes from health and social care professionals in primary, social and community care. People with LTCs require rapid, accessible and credible alternatives to hospital admission for significant exacerbations of their condition and we will work with primary care, community and social care partners to deliver such alternatives.

The aspiration of our local health economy is to develop an integrated support model based on local services to fully meet identified health population needs. This vision of integrated care requires a major step change in service provision across the health economy through service redesign and with a re-balancing of capacity to reflect a greater focus on delivering care in community and primary care settings and services in acute hospital settings operating at maximum productivity. We will work with local partners in delivering opportunities resulting from the Better Care Fund.

Our lead clinicians have worked with clinical colleagues from primary care and commissioners in developing the RCRH vision, in identifying the high level service model required to deliver this vision and redesigning a number of care pathways. The CCG has confirmed its commitment to RCRH and has identified the opportunity to accelerate implementation of redesigned care pathways.

The implications of this vision for our services can be summarised as:

- A shift in provision of outpatient care from consultant based services in acute hospital settings to care delivered by other health care professionals in community settings and primary care with direct access to secondary care expertise. (described in elective care)
- A reduction in emergency admissions for people with long term conditions and in the average length of stay in the acute hospital setting and an increase in our intermediate care beds.
- A growth in our community services.
4.3.1 Intermediate Care Beds
To support the reduced acute inpatient care and bed capacity we will develop our intermediate care bed capacity and community services delivered in people’s own homes.

We will run a new style of intermediate care, building on the model currently developed on Henderson ward in Rowley Regis Hospital with a focus on reablement so that as many people as possible are able to return to their usual place of residence following a hospital admission or a step up from home to one of these beds instead of an acute hospital admission. This new model of care will also deliver a reduced length of stay in intermediate care beds to an average of 17 days.

Once MMH opens we will provide intermediate care beds in the following locations:
- Rowley Regis Hospital – 63 beds
- STC – 42 beds
- Sheldon Block - 34 beds
- Leasowes – 20 beds

4.3.2 Community Provision in People’s Own Homes
We will also develop and increase our community service provision for the Sandwell population in people’s own homes as an alternative to admission to an acute or intermediate care bed. Again we will work with colleagues in primary care, social services and other community providers (particularly in Birmingham) to develop other services. We will also support our primary care colleagues as they develop their referral centres and risk stratification approach to the management of patients with long term conditions so that more patients can be cared for safely and appropriately within primary care and closer to home. In doing this we will build on our early supported discharge team model (for stroke), our integrated care community service (I-Cares) and early work with primary care teams on virtual wards. The virtual ward model will become the default position for all long term conditions management and will include primary care, community, consultants and urgent care staff to avoid more admissions.

Our ambition includes expanding the coverage of these services to a wider proportion of our local population in order to facilitate improved pathways and in time to provide the majority of community services for this population.

Workforce planning implications:
- Routine 7 day and extended hours working – community teams
- 24/7 on call/on-site service for key functions
- New Roles – extended roles for nurses and therapists e.g. enhanced assessment skills, independent prescribing, integrated working/shared competencies between therapists and nurses as far as is sensible, enhanced band 3 and 4 roles with appropriate training
- New ways of working – greater integrated working with primary care and social care as well as acute, change in skill mix more band 4s (with agreed enhanced training methodology)
- More band 3 generic support workers (enhanced training to mirror NVQ)
- Integrated staffing where appropriate with shared competences based in locality teams
- Therapists and nurses with advanced assessment skills to request and review diagnostic tests
• Physiotherapy Independent Prescribers in key clinical areas to include stroke, neurology, respiratory and musculoskeletal
• More nurse non-medical prescribers
• Case Managers for LTC
• 30-40% more specialist therapy staff to provide stroke and complex neurology for the rehabilitation delivery including acute/community/ESD

4.4 HIGHLY SPECIALISED SERVICES

*Our specialist services will remain at the leading edge of clinical innovation.*

We deliver a range of specialist services which have a regional and national reputation and are known for their innovation in clinical care and clinical outcomes. They take referrals from outside of our local population and are underpinned by strong clinical leadership, governance and research. They contribute to our delivery of safe, high quality care and to the recruitment and retention of excellent clinical staff both within these services but also more widely within our Trust. As such they support our strategic objectives of Safe, High Quality Care and being an Engaged, Effective Organisation. In summary our specialist services are:

<table>
<thead>
<tr>
<th>Current Service</th>
<th>Future Development</th>
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<tbody>
<tr>
<td><strong>Gynaecology Oncology</strong></td>
<td>We provide Gynaecology Oncology services for the West Midlands and for some procedures a wider population.</td>
</tr>
<tr>
<td>We will continue to develop our expertise in advanced radical surgery receiving referrals from other specialist Gynae-oncology centres. We aim to be recognised as a Supra-Regional Centre. Inpatient provision will be in MMH but outpatient and day case provision based in BTC.</td>
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<tr>
<td><strong>Ophthalmology</strong></td>
<td>We provide specialist Ophthalmology for adults and children. Users of our services come from a catchment that is significantly wider than the Birmingham and Black Country boundary. We provide the regional emergency Vitreoretinal service.</td>
</tr>
<tr>
<td>We will promote our eight sub-specialities. Our children’s services and some adult services are part of the specialist commissioned portfolio. BMEC will remain the main base for Ophthalmology with a small inpatient provision in MMH.</td>
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<tr>
<td><strong>Behçet’s Syndrome Centre</strong></td>
<td>We are one of three designated national centres. We provide the service in partnership with specialists based at University of Birmingham Hospitals NHS Foundation Trust.</td>
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<td>The Centre was established in 2012/13 and will continue to embed and develop the service. The Centre will remain in Sheldon Block/BMEC post MMH opening</td>
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<tr>
<td><strong>Sickle Cell &amp; Thalassaemia Service</strong></td>
<td>We are a specialist adult haemoglobinopathy unit caring for the Birmingham patients &amp; receiving national referrals. We train health professionals at a regional level.</td>
</tr>
<tr>
<td>We will develop the service further as a regional centre and strengthen the transition of young people to adult services. We aim to offer a ‘one stop’ high quality service to adults with major haemoglobin disorders. We will continue to widen the range of training opportunities. MMH will become the main base for the</td>
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We will develop these services further including the academic, research and education elements. In delivering these Specialist Services we recognise the importance of partnership working with other acute providers, clinical networks and commissioners to ensure an integrated approach to care for patients as they move between services along a care pathway.

In addition a number of our diagnostic services have a regional or national reputation and provide services to other Trusts. These include Radio-pharmacy, Neurophysiology and Toxicology. We will support the further development of these.

### 4.5 MATERNITY AND CHILDREN’S SERVICES

We will continue to deliver a wide range of services to women and children. Many of these will follow the pathways described above.

#### 4.5.1 Children’s Services

Children, young people and their families have specific needs and requirements that are quite separate to those of adults and so we will provide services for children from designated facilities by staff trained and experienced in caring for children. Our paediatric team will also have an overview of services for children in areas throughout MMH.

**Children’s Inpatient Services**

Within MMH there will be an integrated children’s inpatient unit (with 56 beds) accommodating all children requiring specialist assessment and admission (apart from level 3 critical care or neonatal care). The staff within the Children’s Unit will provide a safe, family centred environment for the child and their family. Children, young people and their families will be cared for by appropriately registered and/or experienced staff who have the skills and knowledge to meet their specific needs in a sensitive, efficient manner. Our children’s inpatient service will be supported by Paediatric consultant on site presence 12 hours a day in line with national policy.

The patient flows will be:

- All children and adolescents requiring emergency specialist assessment or admission (apart from those requiring critical care) will be assessed in the Paediatric Assessment Unit and then if required admitted to a collocated inpatient bed. These children will arrive via the Emergency Department or directly as a result of a GP or children’s community nurse referral, self referral.
against an agreed pathway (for children with long term conditions) or referral from a specialist outpatient appointment.

- Children admitted for elective care will be admitted directly to the children’s inpatient beds.

- There will be a day case area within the children’s inpatient unit for medical or surgical day cases.

- There will also be a dedicated adolescent area (for up to the age of 18 years) within the Unit. Adolescents between their 16th and 18th birthdays who are not working (i.e. are in full time education) being admitted under a speciality other than paediatrics will be offered a choice of a bed on an adult ward or within the adolescent area.

- The planned occupancy for the children’s inpatient unit is 75% to accommodate the usual seasonal variations seen in the admission of children.

With regard to services for young people going through the transition between children’s and adult services, i.e. from circa 16 years to 23 years and typically young people who have long term conditions and/or conditions requiring regular inpatient admission the proposed service model is:

- Admission to a single room on a generic adult ward with the appropriate speciality beds. Apart from adolescents between their 16th and 18th birthdays who are not working (i.e. in full time education) and choose to be admitted to the adolescent area of the children’s inpatient unit (as above).

- Dedicated nursing staff from the adolescent unit will provide outreach support to these young people admitted to an adult generic ward.

- These young people will receive outpatient care in joint clinics (held by a paediatrician and the relevant adult specialist) in either the children’s outpatient department or relevant adult outpatient area in dedicated time slots.

**Children’s Outpatient Services**

Paediatric outpatient clinics will be held in BTC and STC in dedicated facilities. There will also be a dedicated children’s outpatient department in MMH for more complex outpatient clinics (e.g. allergy challenges) and those requiring a multi-specialty team.

**Community Children’s Services**

We will continue to provide a community children’s service to Sandwell residents. Community Children’s services are provided within a prevention/intervention continuum with the concept of a tiered model of service provision.

These services include:
- children therapies,
- health visiting,
- safeguarding service for the Trust
- paediatric acute community team and
- family nurse partnerships.

**Workforce planning implications:**
- development of a safeguarding children’s department and infrastructure
• expansion in Health Visitors (including trainees) to reduce caseloads
• develop an integrated workforce plan and review duplication of work to maximise outcomes and realise benefits
• increased on site cover out of hours by consultants in line with Facing the Future RCPCH standards
• work more collaboratively with adjoining Trusts to develop robust child protection rota

4.5.2 Neonatal Services
The aim of the neonatal service is to reduce infant morbidity and mortality and to maximise long-term health and well-being through the provision of safe research based care ensuring that babies admitted to the neonatal unit receive appropriate levels of care which is delivered in line with national (BAPM/DOH) and local (SWMNN) standards of care. An additional aim is to give continuous encouragement, support and education to parents to enable babies to reach optimum health and well being. This is achieved via a specialist team that provides support to babies and families in the antenatal period, immediately after delivery and in the post natal period through liaison with the obstetric service, care on the neonatal unit, on an outpatient basis and via a community liaison service.

We will continue to provide a designated (by SWMNN) level 2 neonatal service caring for babies from 26 weeks gestation. The neonatal unit within MMH will have 36 cots/incubators comprising of intensive care, high dependency and special care cots and transitional care rooms. Babies will be nursed in the type of cot/incubator most appropriate for the level of care required.

Babies will primarily be admitted to the neonatal unit from the delivery suite with an immediate adjacency being essential to ensure rapid and easy admission and enable neonatal staff to attend the delivery suite to assess and treat babies immediately after delivery. Some babies will be transferred from the postnatal beds on the generic inpatient ward or from other hospitals.

Workforce planning implications:
• A detailed staffing rota has been developed, based on discussions with Clinical Leaders for MMH. This took account of the latest recommendations from professional/regulatory bodies (British Association Perinatal Medicine - BAPM) on staffing ratios for the care of Neo-Nates. The workforce will be retained at current staffing levels i.e. c75% of BAPM guidelines but with a longer-term view of achieving recommended BAPM staffing levels.
• We currently employ a number of Neonatal Advanced Nurse Practitioners and it is anticipated that the requirement for this role will increase in the future to maintain compliance with BAPM standards and to undertake tasks currently performed by junior doctors

4.5.3 Maternity Services
Maternity services will provide safe, individualised evidence based maternity care to women and their babies in a clean woman friendly environment, while at all times treating women as individuals, respecting their privacy, dignity, culture and religious beliefs. The needs of the family will also be considered and birth at this Trust will be celebrated as a family event. We have one of the highest normal birth rates and ‘normalisation’ of birth is led by a consultant midwife.

Antenatal
Routine midwifery led clinics will be held in community locations including STC. All high risk consultant led antenatal clinics will be held in an antenatal clinic department in MMH. This will include ultrasound facilities. Women will be assessed as low or high risk with low risk women being booked for a midwifery led birth in either the Birthing Suite at MMH or the Halcyon Birth Centre or if they choose and clinically appropriate a home birth. This risk assessment is repeated throughout a woman’s pregnancy and ensures the birth is booked to the most appropriate place.

Community Midwifery
We will continue to provide community midwifery services to the resident population of Sandwell and West Birmingham even if women then choose to deliver their babies in another Trust. We will continue the work with the CCG to review and reduce community midwifery caseloads in line with national guidance. Our community midwifery team will continue to include and develop a number of specialist roles to reflect the needs of our catchment population.

Delivery Suite
Women will arrive in the delivery suite in MMH, ambulant from home, from antenatal clinic, antenatal ward or day assessment service or be brought in by ambulance. Key elements of the patient flow will be:

- An initial assessment of all women arriving on the delivery suite. This may result in discharge home, admission to a maternity bed or admission to one of the areas below in the delivery suite.
- Mothers with straightforward pregnancies who wish to labour utilising active birth and minimal interventions in home life surroundings will receive care in a midwifery led birth centre (with 6 birthing rooms).
- Mothers with complex pregnancies will receive care in our high risk delivery rooms but may also require admission to the induction of labour room, a high dependency room (2) or bereavement suite (2 rooms).
- There will be two dedicated operating theatres for women who require caesarean sections or other birth related surgery.

Maternity Wards
Within the MMH there will be 64 maternity inpatient beds accommodated across 2 generic ward templates running as one unit. Of the 64 beds, 8 will form a transfer lounge for women due to be discharged. There will also be an Antenatal Day Assessment Unit adjacent to the ward.

Workforce planning implications:

- There will be a minimum of 96 hour onsite consultant Obstetric cover and 24/7 on site consultant obstetric anesthetist presence
- Ongoing review of community midwifery caseloads to meet national requirements
- Possible increase in Consultant midwife role and specialist midwife roles.

5. DELIVERY OF THE CLINICAL SERVICE MODEL
Our clinical services are organised and managed in 7 Clinical Groups each overseen by a triumvirate management team of Clinical Group Director, Clinical Group Director of Operations and Clinical Group Director of Nursing (or equivalent). These are:

- Medicine and Emergency Care
- Surgery A
• Surgery B
• Women and Children’s Services
• Imaging
• Pathology
• Adult Community and Therapy Services.

Development of specialty specific strategies and action plans to deliver the future clinical service model will be led by our Clinical Groups and monitored through our integrated change plan. This will also encompass delivery of our cross cutting enablers (including clinical information systems and electronic patient records) with these being integral and essential to the delivery of our clinical service model.

This paper has not attempted to describe the detailed activity and capacity plans nor estates transformation that also underpin the clinical service model as these are presented in other papers.
## DOCUMENT HISTORY

### Document Location:

### Revision History:

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Summary of Changes</th>
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<tr>
<td>V3</td>
<td>10/3/14</td>
<td>Jayne Dunn Redesign Director Right Care Right Here</td>
<td>Version used in the OBC Update version 4.7 to ensure congruency with OBC</td>
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</table>
| V3 draft 1 | 14/2/14 | Jayne Dunn Redesign Director Right Care Right Here | Reformatted & updated to reflect:  
- Changes to Trust clinical service portfolio including provision of Community Services for Sandwell residents  
- MMH Architecture Design Refresh  
- Version 5.7 b A&C model and in preparation for the 2014 updated OBC |
| V2      | 8/9/10  | Jayne Dunn Redesign Director Right Care Right Here | Version used in the OBC Update |
| V2 draft 2 | 8/9/10  | Jayne Dunn Redesign Director Right Care Right Here | Updated to take account of changes from further validation of activity and capacity data in line with the sensitivity analysis and comments from SHA review |
| V2 draft 1 | 29/7/10 | Jayne Dunn Redesign Director Right Care Right Here | Move to Version 2 following value engineering work.  
Draft 1 – amendments made to reflect output of RCRH Programme Review and New Acute Hospital Project Value Engineering work |
| Version 1 | Dec 2008 | Jayne Dunn 2010 Implementation Director | Version used in the OBC |
| 0.02    | 11/12/08| Jayne Dunn 2010 Implementation Director | Second draft to take account of comments from NAH Clinical Board and Core Team |
| 0.01    | 6/11/08 | Jayne Dunn Implementation Director with | First draft to capture what is already agreed for the Towards 2010 Programme (model of care and activity model), the new hospital |
| Gayna Deakin  
Deputy Director of Workforce | operational policies, the functional brief and the top down workforce projections. |