Bundle of documents for Oral hearings commencing from 19 August 2024 in relation to the Queen Elizabeth University Hospital and the Royal Hospital for Children, Glasgow

Bundle 27

Miscellaneous Documents

Volume 18

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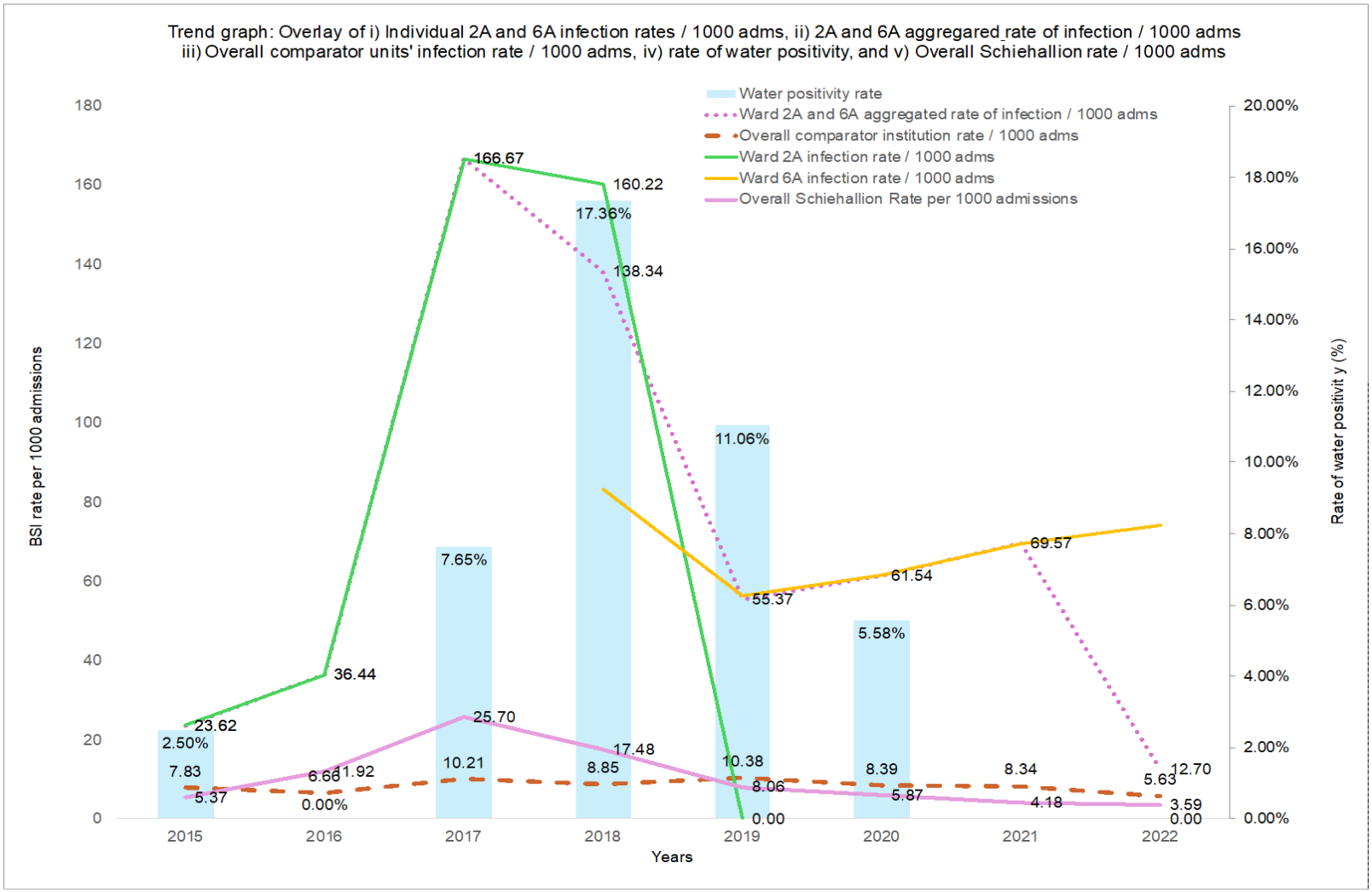
Overall Schiehallion rate per 1000 admissions rate, 2015 - 2022, added to the figure from the Supplementary report



Year	Cumulative Admissions from SR Table 3 Page 88	Cumulative Infections from Table 8.1.15 QR Page 24	Overall Schiehallion Rate per 1000 admissions	Overall compatator rate per 1000 admissions from Table 9.2 Page 35	Cumulatrive Incidence Rate Ratio (IRR)
2015	*1303*	7	5.37	7.83	1
2016	*2266*	27	11.92	6.66	2
2017	*2568*	66	25.70	10.21	3
2018	*2517*	44	17.48	8.85	2
2019	*2356*	19	8.06	10.38	1
2020	*1532*	9	5.87	8.39	1
2021	*1914*	8	4.18	8.34	1
2022	*1950*	7	3.59	5.63	1

QUEEN ELIZABETH UNIVERSITY HOSPITAL & ROYAL HOSPITAL FOR CHILDREN, GLASGOW. CASE NOTE REVIEW

Final Report from the Independent Expert Panel to the Cabinet Secretary for Health and Social Care

July 2021

Chronology of the Case Note Review

28 January 2020	The Cabinet Secretary for Health and Sport announced plans for a Case Note Review
24 February 2020	The Case Note Review commenced
8 April 2020	First Panel Meeting
26 May – 28 July 2020	Panel meetings suspended because of Covid commitments
22 December 2020	First review of all cases completed
19 January 2021	Second review of all cases completed
22 February 2021	Draft of Overall Report issued to Stakeholders for comment
22 March 2021	Overall Report published
19 April 2021	Individual Reports sent to families
26 April 2021	First individual family meeting
26 May 2021	Final written communication to families
11 June 2021	Final meeting with RHC clinicians
2 July 2021	Final Core Project Team meeting
6 July 2021	Final individual family meeting

Summary of Findings (Extract from the Executive Summary of the Overall Report from the Case Note Review)

- 84 children and young people between them experienced 118 episodes of infection which fulfilled the criteria set for inclusion in our review.
- Their age ranged from 3 months to 18 years 10 months at the time of their first infection.
- The great majority had a diagnosis of cancer or leukaemia but a small minority had other forms of serious blood disease or another condition requiring the expertise of a haematologist or oncologist.
- Although over three quarters of patients experienced only one episode of infection, ten had two episodes and several had three or more episodes, up to a total of eight episodes in one patient.
- Using an approach that we describe in detail in our report, we determined that whilst eight episodes were unrelated to the hospital environment, and in one case we were unable to determine the relationship, of the rest 76 (70%) could possibly relate to the hospital environment and 33 (30%) probably did. We were unable to identify evidence that unequivocally provided a definite relationship between any infection episode and the environment. There are complex reasons for this which we discuss in more detail in the body of the report.
- In the absence of a definitive link to the environment, we nevertheless felt the possibility of a link remained strong. We grouped episodes we had defined as 'Strong Possible', 'Probable' & 'Strong Probable' into a single group which we felt might reasonably be considered to be 'Most Likely' linked to the environment. This constituted 37 (34%) of all episodes and included an excess of one particular bacterium (Stenotrophomonas). There was also an increased likelihood that the infections constituting the 'Most Likely' group had occurred in 2018: this may well be related to the particular excess of Stenotrophomonas bacteraemias in that year.
- We designed a framework for assessing the overall impact of an infection on a patient. This framework included consideration of various factors including the duration of hospitalisation attributable to the infection; duration of antibiotic therapy; the necessity to remove the patient's Central Venous Line (CVL) to resolve the infection; the need for admission for intensive care (PICU); the need to modify the planned delivery of cancer treatment; and death. This allowed us to score overall impact on a five point scale from None to Critical. Only 6 (5%) of evaluable episodes were assessed as having no or minor impact whilst 44 (38%) scored as major or critical. The breakdown of these individual factors can be summarised as follows:
    - 57 (58%) episodes involved an additional hospital stay of over 2 weeks.
    - 78 (68%) episodes resulted in the removal of the patient's CVL.
    - 12 (11%) episodes required admission to PICU.
    - 60 (48%) assessable episodes resulted in a delay to planned cancer treatment of which 12 (12%) were for more than 2 weeks.
- We found that the deaths of 2 of the 22 children and young people who had died by the time of the publication of this report were, at least in part, the result of their infection. Both of these children also had other serious medical problems and it is our view that, even without the infection, their survival would still have been uncertain. Within the constraints necessary to protect individual patient identity, we discuss these deaths in more detail in the body of our report.

We recognise that nothing we have been able to measure can truly reflect the broader impact of these infections on the lives of the children and young people who were affected,

and their families. Unplanned or prolonged admission, or both, will contribute to the already significant impact that their disease and its treatment has on their lives. It further disrupts schooling, social life, parental work, and the care of siblings or dependent relatives. It contributes to additional anxiety because families are well aware that infection is a risk, can be serious and may be life threatening; also, families are anxious about the consequences of delays to treatment. In this respect, our findings underline the very significant additional burden that these infections, whatever their cause, must have had on the children and young people concerned, and their families.

Recommendations

The Overall Report made 44 recommendations within 15 separate themes, some of which also overlap with themes highlighted in previous reports including the November 2019 Health Protection Scotland report. Most of the recommendations apply to NHS GGC but some have wider relevance to NHS Scotland and to the Managed Service Network for Children and Young People with Cancer.

Contact with Individual Families

Care was taken during the work of the Expert Panel to maintain communication with families about the progress of the Case Note Review.

The Overall Report was couriered to families in advance of its publication date. It was subsequently learned that successful delivery was ultimately made to all but one family. Despite extensive efforts jointly with NHS GGC staff, this family has never been traced. This child is one of the two patients identified in the report whose death was '*at least in part, the result of their infection'.* This matter has since been the focus of media and political attention: circumstances suggest it is unlikely that further efforts will successfully locate the family.

The individual reports sent to families in April 2021 were constructed as a letter template which was adapted to offer differently worded versions for bereaved families, for young people now over the age of 18 years, and for all others.

The letters incorporated several elements, including:

- Reference to section 3.6 of the Overall Report which set out the Expert Panel Review Process.
- An invitation for the family to meet with the Panel, and a supplementary information sheet about how to arrange this.
- A suggestion that the family might agree to share their individual report with their child's medical team, and a supplementary information sheet about providing the necessary consent for this.
- A clinical summary of each infection episode under review
- The Panel's response to the key questions considered in the review of each case.
- A list of resources for further help and support compiled with the assistance of staff at NHS GGC.

In one case, the family's GP advised that the overall report, individual report and associated correspondence required translation into mandarin to ensure that the family concerned had the opportunity to read and understand the findings. This has been done in conjunction with APS (publisher of Scottish Government Publications).

Response from the Families

By the end of June, only twenty families (24%) had provided consent to allow their child's individual report to be shared with the medical team. This low response may represent a reluctance of families to share information with NHS GGC whether or not the family concerned is also contemplating legal action.

Thirteen families (15%) have made individual contact with the Review Team using the designated email address and telephone number provided. Of these, all nine who requested a meeting have now met with the Panel.

All except one of the meetings were held with two members of the Expert Panel and one member of the Project management team. In one case, Professor Stevens met the family alone (with a member of the Project management team) because of the unavailability of other members of the Panel.

In one case, the meeting was with the child's grandparents (who are the legal guardians) but in all others, the meeting was held with one or both parents. In one case, another member of the family was present and was asked to present the family's views on behalf of the parents; in three cases, legal representatives were present but did not participate in the discussion. Eight meetings were conducted using video conference and one, by request, by telephone conference.

Two other families and one individual patient now older than 18 years, contacted the Review Team in writing. One wrote to thank the Panel for their work and the two others raised issues in relation to the reports they had received.

In three cases, it was necessary to return to the original case records to obtain additional information needed to respond to points raised by the families and to correct an error in details that had been provided in their individual reports. None of these errors were in data used by the Panel to reach its decision about each case.

Feedback from families was generally, but not exclusively, positive about their child's medical and nursing care. Important questions and themes raised by families in their meetings with the Panel included the following:

- Was the Panel independent if all members had previously held responsibilities within the NHS?
- Was the Panel aware of the information provided by the earlier whistle blowers at NHS GGC?
- Confusion about why their child was included in the Case Note Review – the family concerned believed they hadn't been told that their child was to be included.
- Why didn't the Case Note Review address other infections as well (e.g. fungal infections)?
- Confusion and anxiety about policies implemented in response to the infections, such as: the necessity for antibiotic prophylaxis; patients not being able to use the shower in hospital; patients only being permitted to drink bottled water on the ward.
- Concern about the standard of cleanliness on wards
- Feelings of guilt about not being able to protect their child from a preventable risk
- Distress at reading the report having not previously been aware of the potential severity of the infection
- Poor communication from within NHS GGC about the scale of the risk known about the hospital environment, and the adequacy of the response to those risks

- How can there be certainty that NHS GGC will respond adequately to the recommendations made?
- Why has no one been held to account for what happened?
- Lack of trust in NHS GGC
- Lack of trust in Scottish Government

In four families, specific individual issues were raised:

- Delay in giving antibiotics during a septic episode because their child was not on the haematology oncology ward and staff in the clinical area in which he was being nursed did not have the skills required for central line access
- Inadequate efforts made by staff to ensure clear communication with a child who had become deaf as a result of his treatment.
- Uncertainty about responsibility for future clinical care.
- Alleged failure of NHS GGC to inform the family of an investigation to a further episode of Gram-negative bacteraemia.

Action taken

Further letters clarifying points raised in meetings, or from written communications, were sent to ten families, two of whom each received two letters.

In three cases, contact was made directly with the child's medical consultant to recommend specific action.

A letter was sent to the Chief Executive of NHS GGC raising concern about the failure to take the action recommended within NHS GGC itself (to arrange testing of the home water supply) following recurrent infections in a child that were thought possibly to have their origin in the child's home environment. The Chief Executive has since written to the family concerned to apologise.

The alleged failure of NHS GGC to inform a family of the results of an internal investigation into an infection episode that occurred in 2020 has been escalated to the Director of Nursing and Lead for Healthcare Infection at NHS GGC.

Other activity

The review team also responded to concerns raised by one family whose child was not included in the Case Note Review: arrangements for addressing the needs of this family were escalated via Professor Craig White.

Dr Christine Peters, Consultant Microbiologist at NHS GGC wrote to the Panel for permission to access microbiological data collated by NHS GGC for the Case Note Review. She said the microbiology management team had told her she would need permission from the Panel for access to these data. Given the concerns raised in the Overall Report about the adequacy of the microbiological response to the emerging picture of unusual infections at NHS GGC, Professor Stevens wrote to the Chief Executive of NHS GGC to express concern at the need for this request. Inconsistencies between the response received from the Chief Executive and the situation as reported by Dr Peters suggest that relationships within the microbiology team at NHS GGC remain problematic.

Communication with Clinicians

A final meeting was held between Professor Stevens and the RHC haematology oncology clinicians on 11 June 2021. A general update was offered about the progress of meetings

with families, and questions were answered. The poor perception by families of the quality of prior communication with them from NHS GGC was highlighted as an area that must improve in order to win back trust. Of greatest concern, however, was the fact that the clinicians did not seem to be aware (at that point) of any plans to assure them and the families of their patients of the safety of the environment of Wards 2A and B which are, it was understood, to be reopened in September after extensive remedial works. This concern was escalated to members of the Oversight Board after that meeting.

Closure of the Case Note Review

A final letter was sent to all families on 26 May 2021. This notified them that the work of the Case Note Review would complete at the end of June and included a reminder that requests for meetings with the Panel, and for returning consent to share individual reports with the medical team, should be completed by mid-June if possible.

The letter referred to the ongoing work of the Independent Inquiry led by Lord Brodie and provided details of the Inquiry's website.

The letter also referred to retention of data from the Case Note Review and the plan for the Scottish Government to take over data controller responsibility for documents and data generated and stored by the review team during the period of the Case Note Review. A Privacy Notice was enclosed which set out for families the rules under which data will be used and can be disclosed; how long information will be kept; and provided contact details for questions and concerns.

It has been agreed that the designated email address [redacted] will continue to be monitored in the short term (to the end of August 2021) so as to ensure that families will continue to be able to gain advice about support for future concerns.

The contracts held by the Expert Panel with Scottish Government expired on 30 June 2021.

Ongoing Concerns

The Panel expresses concern about:

1. The extent to which continuing oversight will assure NHS GGC's response to the all recommendations made in the Case Note Review Overall Report
2. The action required to address the continuing low level of confidence and trust held by families in the management of NHS GGC (in contrast to their generally positive views about clinical care).
3. The need for NHS GGC to implement and communicate a plan that will assure staff and families of the safety of Wards 2A and B when they reopen for clinical use, including the detail of pre-occupation checks and on-going monitoring of microbiological safety.
4. The clarity of arrangements for the continuing support of families who have been affected by the infections investigated by the Case Note Review.

[redacted]

MCG Stevens
Lead, Independent Expert Panel

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Site Address:
Bouygues E&S FM Limited
Royal Hospital for Children and Young People
Little France Crescent
Edinburgh
EH16 4TJ

Date:	**Auditor:**	**Staff Interviewed:**
20th November 2019	Dennis Kelly - AE Water for NHS Lothian	Mr Ian Clark Performance and Compliance Manager for Bouygues

Date of Previous Audit:

The site has not been previously audited.

Site General Description:

The Royal Hospital for Children and Young People is a new hospital built beside the new Edinburgh Royal Infirmary in Little France in Edinburgh. The opening of the hospital has been delayed as a consequence of some issues with the water, ventilation, fire and drainage systems.

The hospital is a 233 bed unit and will provide services and offers services including acute medical and surgical care, specialist surgical and medical care, haematology and oncology, day care and critical care. The Hospital will also provide service es for the Child and Adolescent Mental Health Service (CAMHS) and the Department of Neurosciences (DCN).

Executive Summary:

NHS Lothian asked Dennis Kelly AE (Water) to undertake a compliance audit of the current operation of the water systems at the RHCYP. The hospital is operated from an FM point of view by Bouygues. The hospital, while complete, is not yet opened because of a number of technical issues which are being addressed. It is hoped to open the DCN in March 2020 with the rest of the hospital opening in the autumn of 2020.

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This audit looked at the delivery of the water system required risk reduction processes and procedures which are being delivered by Bouygues at the hospital.

In summary, the compliance audit found a high level of compliance with the requirements of the HSE's ACoP L8 and HSG 274 documents as well as with the HTM 04-01 document. Bouygues conscientiously deliver the required processes and procedures at the hospital.

There are ten recommendations detailed for action and none of these is scored above the medium level of risk. This is a low number when compared to the findings generally encountered in the healthcare sector.

The recommendations that are made in this audit report relate mainly to paperwork and record issues. There are no substantive issues of concern with regard to the tasks being undertaken and the level of task completion.

Bouygues are therefore meeting the requirements of the guidance and are successfully delivering and recording the required work on the hospital water systems.

Thanks are due to Mr Ian Clark, Bouygues Compliance and Performance Manager for his help in completing this audit.

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Levels of Risk:

The levels of risk detailed below in the property are based on the highest level of risk noted in the individual section that was examined.

Very High	Remedial action urgently needed – risk to patients high
High	Remedial Action is needed but not immediately
Medium	Acceptable risk but some concerns and should be reviewed
Low	Risk controlled and acceptable

Audited Topic	Level of Risk
Risk Assessment	
Schematic Drawings	
Management and Competency	
Written Scheme Monitoring and Records	
Correct and Safe Operation	
On Going Water Treatment	
Cleaning and Disinfection Procedures	
New Build and Refurb Capital Projects	
Water Safety Group	

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Summary of Recommendations			
Recommendations	**Risk Level**	**Completed Date**	**Signature**
Recommendations from the Risk Assessment Section			
1. It is recommended that a new risk assessment is completed shortly after the hospital is occupied and operational.			
2. It is recommended that NHS Lothian are reminded of their obligation and responsibilities with regard to the dental water systems.			
3. It is recommended that the competency levels of the currently involved staff is checked for suitability			
Recommendations on the Schematic Drawings Section			
4. It is recommended that drawings are reviewed and updated on an annual basis.			
Recommendations on the Management and Competency Section			
5. It is recommended that NHS Lothian are requested to provide the required NHS Lothian staff details to enable the management structure and lines of communications section to be completed.			
6. It is recommended that if the final water safety policy document has any changes made then the new document should be added to the written scheme.			
Recommendations on the Written Scheme, Monitoring and Records Section			
7. It is recommended that the contractors visit records for expansion vessels, along with a description of the completed tasks, are held in the written scheme records folder.			
8. It is recommended that the records for TMV/TMT servicing are added to the records folder once the servicing process is completed.			
Recommendations on the Correct and Safe Operation Section			
None required			

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Recommendations on the Ongoing Water Treatment Section			
9. A reference to the existence and location of the service records for the filter system should be made in the written scheme.			
Recommendations on the Cleaning and Disinfection Procedures Section			
10. It is recommended that if contractors are to be used on a long term basis that the method statements are included in the control scheme SOP's.			
Recommendations on the New Build and Refurbishment Capital Projects Section			
None required			
Recommendations on the Water Safety Group Section			
None required			

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Risk Assessment	Y or N N/A Partial Or U/K	Comments	Risk Level
Is there a written risk assessment in place for the building water systems?	Y	The risk assessment (RA) was completed by the Clira Ltd	
Was the risk assessment completed and delivered to site within the past two years?	Y	The risk assessment was completed on the 18th to the 21st February 2019.	
Does the site/organisation have plans with regard to reviewing or redoing the risk assessment?	Y	The RA was completed prior to the building being fully utilized as a working hospital. It was stated that the RA was undertaken post building completion. As a consequence management records and system monitoring data was not available to be reviewed in the risk assessment. It is recognised by Bouygues that as a consequence of patients not yet using the building, that a new RA will be required immediately post occupation. It is recommended that a new risk assessment is completed shortly after the hospital is occupied and operational.	
Does the risk assessment address all the water systems in the building? Are there any systems that are defined as being excluded from the assessment in the RA scope?	Y	The RA states that all water systems have been risk assessed. The RA recognises in para 1.2 that the building is not yet in full use and it is recommended that a new risk assessment is completed when full use or partial phased use is achieved. The dental systems are mentioned in action item 31 and details some actions that are required in compliance with	

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		HTM 01-05. It was stated during this audit that these actions are the responsibility on NHS Lothian. It is recommended that NHS Lothian are reminded of their obligation and responsibilities with regard to the dental water systems.	
Does the risk assessment review any previous risk assessment document, with particular attention being paid to the completion of identified remedial tasks identified in the previous risk assessment?	N/A	There is no previous risk assessment.	
Does the risk assessment review the current risk reduction processes and procedures that are currently in use at the site?	N/A	This is not applicable in that the water systems came under the control of Multiplex during the build phase and that if any actions were completed then it was stated that they were not recorded. The risk associated with this cannot be fully understood. Bouygues have had to adopt this risk and work with it during the current phase.	
Does the risk assessment contain details of the people/organisations who are involved in the risk reduction processes and procedures? This should include comments on the dutyholder, the responsible person, any deputy responsible persons and also service providers and contractors.	N	These details were not available at the time the risk assessment was completed as no management had been formerly appointed or communicated at the time of competing the RA. This is detailed in section 3.2 of the RA document. The written scheme that is n ow in place does contain details of the people/organisations.	
Is there an assessment of the competency of all involved parties in the risk assessment?	N	Item number 2 in the management procedures section states that no training records were available at the time of the risk assessment being completed. It is recommended that the competency levels of the currently involved staff is checked for suitability	

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Does the risk assessment specifically address and comment on evidence of the current defect/remedial action processes and procedures?	N/A	There were no remedial action processes and procedures in place at the time the risk assessment was completed.	
Is there an assessment of the susceptibility of persons who may be affected by the building water systems?	Y	There is a comment in section 4.1stating that the susceptibility of the exposed population will be high. It states that at the time of the RA completion the susceptibility of the construction staff involved in the build phase was medium.	
Is there a schematic diagram provided with the risk assessment?	N/A	This was not part of the scope of supply of the RA but has since been completed by Clira at a later date. As fitted drawings are also available for the building.	
Is there a new written scheme provided as part of the risk assessment?	Y	Recommendations for a written scheme of control are made in item number 3 in section 3.3 – Review of Written Scheme. The suggested written scheme has since been updated and expanded by Bouygues.	
Does the assessment contain details of all the component parts of the water systems? This could include tanks, calorifiers, pipework and pipework layout, outlets, TMV's, expansion vessels etc etc etc.	Y		
Is consideration given to system design, flow, temperature and the opportunity for bacteria to grow and develop in the water systems?	Y		
Does the risk assessment identify any particular areas of spray and aerosol creation?	Y	Showers and spray outlets are identified in section 3.5 – Asset Register	
Are areas of low use and low flow identified in the risk assessment?	Y	Areas of low use are identified in section 3.5 of the RA document.	
Are dead legs specifically detailed in the risk assessment?	Y	Action 20 in Section 2 lists a 14 dead legs that require to be addressed.	
Is there a set of remedial actions clearly identified in the risk assessment?	Y	Remedial actions are listed and detailed in section 2.0 of the RA document.	

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Is there a clearly explained risk scoring system in the risk assessment?	Y	The risk scoring system is explained in section 4.1 of the RA document.	
At what level of risk is the building/property/system assessed to be at?	N/A	The level of risk is detailed by each on site water system and they have all been rated as either High or Medium. The building overall risk rating is High.	

Recommendations on the Risk Assessment Section

1. It is recommended that a new risk assessment is completed shortly after the hospital is occupied and operational.
2. It is recommended that NHS Lothian are reminded of their obligation and responsibilities with regard to the dental water systems.
3. It is recommended that the competency levels of the currently involved staff is checked for suitability

Schematic Drawings	Y/N	Comments	Risk Level
Are schematic drawings available in the written scheme, or in some other place in the property?	Y	Line drawings have been completed by Bouygues and as fitted drawings are also available for the hospital.	
Do the schematic drawings show all the components of the water systems?	Y	The components of the water systems are shown in the as fitted drawings.	
Are the water system return legs shown on the schematic drawings?	Y	The return legs are shown on the as fitted drawings.	
Are secondary and tertiary loops shown on the schematic drawings?	Y	These are shown on the as fitted drawings.	
Have any amendments been made to the schematic drawings?	N	No errors have been identified and no changes have been made to the water systems which would require an amendment to be made to the drawings.	
If amendments have been made are they signed and dated?	N/A		
Is there any indication that drawings are regularly inspected and updated if required?	N	It is too early on the process to have had an annual review of the drawings. It was stated at the time of this audit that the	

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		process going forward would involve drawings being amended as changes are being made. It is recommended that drawings are reviewed and updated on an annual basis.	

Recommendations on the Schematic Drawings Section

4. It is recommended that drawings are reviewed and updated on an annual basis.

Management and Competency	Y/N	Comments	Risk Level
Is there a duty holder and responsible person nominated in writing?	U/K	Bouygues expect that NHS Lothian would hold the role of duty holder.	
Is there a clearly defined management structure which includes the relevant on site personnel and also all service providers and contractors?	Y	There is a clearly defined management structure in section C of the Bouygues written scheme.	
Is there a clearly defined line of communication in the written scheme?	Y	There is a clearly defined Bouygues management structure with lines of communication in section C of the Bouygues written scheme. There are forms associated with the NHS Board roles which have yet to have the information supplied to allow for completion and entry into the written scheme. It is recommended that NHS Lothian are requested to provide the required NHS Lothian staff details to enable the management structure and lines of communications section to be completed.	
Are the responsibilities of all involved parties clearly defined in the written scheme?	Y	The roles and responsibilities of what Bouygues undertake in their contract can be found in Section B of the written scheme. It was stated at the time of this audit that Bouygues have	

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		responsibility for hard FM service provision of potable water only. The individual roles and responsibilities, and competencies, of Bouygues personnel are clearly defined in Section B of the written scheme. Bouygues have a responsible person appointed for the company. For the site Bouygues have a financially authoritative manager appointed.	
Does the organisation have an up to date and current policy document?	Y	This is covered by section 1.1 of the written scheme which is entitled “Strategy for the correct and safe operation of the Water Systems”. This information is held in the written scheme.	
Does the organisation have an up to date and current procedures document?	Partial	Bouygues have a draft water safety policy document which may be altered as reviewed It is recommended that if the final water safety policy document has any changes made then the new document should be added to the written scheme.	
Do all staff have relevant up to date training in place?	Partial	All staff with the exception of James Taylor have completed formal external training. JT’s training is booked to be completed on the 1st December 2019.	
Are copies of the involved on site personnel training records available in the written scheme?	Y	All training records are held in the written scheme. The training was completed in late 2018 and early 2019 and was undertaken at Eastwood Park. The trained Bouygues staff have formal internal letters of appointment.	
Is there evidence available in the written scheme of the competency of service provider and contractor staff?	Y	All contractors go through an assessment process prior to being engaged by Bouygues.	

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		All RAMS are fully reviewed. All contractors, where applicable, are LCA registered. Laboratories that are used are UKAS accredited.	
Are service providers and contractors LCA accredited or do they have other means of proving competence?	Y	See above.	
Is there a formal contractor management process in place?	Y	All Bouygues contractors are processed through Avetta scheme which is an enhanced safe systems of procurement verification check. This includes staff competency checks, company affiliations, enforcement notices etc.	
Is there evidence available in the written scheme of review meetings with service providers and contractors?	Y	Bouygues have a contractor management process between procurement and contractors. These will have been ongoing and are completed by procurement staff alongside operational staff.	
Is there any evidence in the written scheme of management reviews of the data and results produced by the monitoring and control processes and procedures?	Y	Previous month results for the building are sent to the RP by the Zetasafe system. These are checked on arrival in the RP's in box. Any "red" flags identified in the Zeta data would be addressed at that time.	
Is there evidence that authorised person competency checks have been completed?	Y	Details of AP competency checks can be found in section M of the written scheme. The NHSL AE has been asked to completed AP checks on Bouygues staff and these are booked in to be completed by the end of December.	

Recommendations on the Management and Competency Section

5. It is recommended that NHS Lothian are requested to provide the required NHS Lothian staff details to enable the management structure and lines of communications section to be completed.
6. It is recommended that if the final water safety policy document has any changes made then the new document should be added to the written scheme.

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Written Scheme, Monitoring and Records	Y/N	Comments	Risk Level
Is there a written scheme in place?	Y	The written scheme that is in place is bespoke to the hospital site and the current state of operation in the hospital.	
Does the written scheme reflect the findings of the risk assessment?	Y	All tasks are based on the RA asset register and the findings of the risk assessment as well as the management experience of gained in the operation of the hospital water systems. The requirements of the O and M manuals and manufacturers guidance.	
Is there a logbook, either paper or electronic, defining all the required tasks for the risk reduction processes and procedures?	Y	The current logbook is a combination of electronic and hard copy.	
Are all tasks in the records signed and dated?	Y		
What is the level of completion of the programmed tasks in the written scheme over the past twelve months?	N/A	Bouygues have been responsible for the delivery of the risk reduction processes and procedures since the beginning of July 2019. Consequently, at the time of this audit, there are only records available for 4.5 month's work. This short time span is reflected in the table above in the "Expected Level" column.	

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Task	Expected Level	Actual Records
Tank Inspections	0	0
Calorifier Inspections	0	0
Shower/Spray Heads	1	1
Cal F and R Temps	4	4
PH Ex F and R Temps	n/a	n/a
Hot Sentinel Temps	4	4
Hot Sub Loop Temps	4	4
Hot Rep Temps	4	4
Cold Sentinel Temps	4	4
Cold Sub Loop Temps	4	4
Cold Rep Temps	4	4
POU Heater Temps	4	4
Expansion Vessels	0	0
TMV's	1	0
LUO Flushing	See below	
Others	n/a	n/a
Second Disinf Levels	n/a	n/a

Tank Inspections – not due yet.

Calorifier Inspections – not due yet

Showers – there is one set of records available for October 2019. The data does not contain data covering every shower. A log sheet is now in place to make shower cleaning auditable by shower asset.

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		Calorifier F and R temperatures - have been recorded monthly for the four months that Bouygues have been responsible for the operation of the water systems. These temperatures are also recorded on the BMS but are verified monthly. All required outlet (based on risk assessment and building profiling) temperatures have been recorded monthly for the 4 months since Bouygues have held water system responsibility. **POU water heater** - temperatures are recorded into the overall tap temperature data. **Expansion vessels** – there vessels in the heat stations that are flow through in design. There are non-flow through vessels at the two POU water heaters and the cold water booster sets manifolds. These are serviced by a contractor and records should be kept in the written scheme records folder. It is recommended that the contractors visit records for expansion vessels, along with a description of the completed tasks, are held in the written scheme records folder. **TMV's** – records are out with the Bouygues staff as the process of servicing the TMV's/TMT's is currently underway. Once the service process is complete the records will be added to the records folder	

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		It is recommended that the records for TMV/TMT servicing are added to the records folder once the servicing process is completed. **Flushing of little used outlets** – All outlets in the hospital are flushed minimum twice per week with augmented care area outlets being flushed daily. Records are available and held in the Bouygues offices.	
Are there any TMV's on the site and are they serviced in accordance with manufacturers recommendations?	Y	TMV's and TMT's are on site and are serviced in accordance with manufacturer's recommendations.	
Are the remedials actions from the previous risk assessment completed and are they signed and dated?	N/A	No remedials to address as no previous risk assessment.	
Does the written scheme contain any incident plans?	Y	Incident plans for a number of scenarios are included in Part G Section 7 of the Written Scheme.	
Is there a copy of the risk assessment in the written scheme?	Y		
Is there a copy of the training records in the written scheme?	Y		
Are non-conformances addressed in a timely manner?	Y	Non conformances are added to a water risk action plan and dynamically updated. At the time of this audit the most recent update was dated November 19th.	
Does the written scheme contain an "audit trail" for out of specification situations that allows for remedial actions to be tracked through to completion?	Y	This is included in the water risk action plan.	
Are Legionella samples taken as part of the written scheme tasks?	Y	Legionella samples are taken from 423 locations/outlets on a 6 monthly basis. This number of samples are taken as a consequence of the hospital not being in a "use" situation. 219 of these samples are showers.	

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Is there a specific escalation procedure for positive Legionella results?	Y	The escalation procedure can be found in Part G Section 7 of the Written Scheme. 6.12 of the written scheme document.	
Who takes Legionella samples and are they being taken in accordance with BS7952:2008?	Y	Samples will be taken by a contractor which is currently H and V. Westfield Caledonian is also used from time to time.	
Are Pseudomonas samples taken as part of the written scheme?	Y	Samples are being taken under a variation order - LVC – 092.	
Are the Pseudomonas samples taken in line with the guidance given in the HSF, HPS CEL of July 2017?	Y		
Are there copies of method statements for any procedures that are completed in house or by external providers?	Y	Method statements for the required risk reduction processes and procedures are currently kept electronically. They are checked by the Bouygues AP and annually checked by the Bouygues AE.	

Recommendations on Written Scheme, Monitoring and Records Section

7. It is recommended that the contractors visit records for expansion vessels, along with a description of the completed tasks, are held in the written scheme records folder.
8. It is recommended that the records for TMV/TMT servicing are added to the records folder once the servicing process is completed.

Correct and Safe Operation	Y/N	Comments	Risk Level
Is there a statement of “correct and safe operation” detailing targets for temperatures and other control measures?	Y	This is covered in sections 1.1 and 1.2 of the written scheme.	
Is there evidence in the written scheme that any deadlegs have been removed?	Y	There are signed off as completed, actions in the risk assessment document relating to the deadlegs on site. The removal of the deadlegs is signed and dated as completed.	
Is temperature the primary means of control within the water systems?	Y		

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Is there any form of water treatment being applied to the water systems?	Y	The mains water coming into the site is filtered.	
Are little used outlets listed and are they then flushed?	Y	Little used outlets are listed and they are being flushed on a twice weekly basis.	
Is the flushing of little used outlets recorded in the records system?	Y		
Is there any seasonal difference in the use profile of the water systems?	N		
Are any pieces of duty standby equipment that require to be switched on a weekly basis, and do the records show that they are being switched?	N		
Recommendations on Correct and Safe Operation			
None required			
On Going Water Treatment	**Y/N**	**Comments**	**Risk Level**
Is there any form of water treatment in use on site?	Y	Mains water is filtered prior to being used in the hospital. Ultrafiltration is used and this filters the water down to 0.4 microns.	
Is there any form of secondary disinfection in place on site?	N	Not currently required.	
Are the required checks for secondary disinfection levels being completed and recorded on site?	N/A		
Are the required levels of disinfection being achieved in the water systems?	N/A		
Is there a record of stock levels of biocide in the written scheme?	N/A		
Is any of the water base exchange softened?	N/A		

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Are service records for the base exchange softeners available in the written scheme?	N/A		
Is filtration in use in any of the water systems?	Y		
Are service records for the filtration equipment available in the written scheme?	Y	The filtration equipment is serviced by Veolia under a service agreement. The records are available but were not in the water records folder A reference to the existence and location of the service records for the filter system should be made in the written scheme. Or move the records	

Recommendations on Ongoing Water Treatment

9. A reference to the existence and location of the service records for the filter system should be made in the written scheme.

Cleaning and Disinfection Procedures	Y/N	Comments	Risk Level
Are system cleaning and disinfection procedures in use on site?	Y	Showers and associated hoses and spray taps are cleaned and disinfected every three months.	
Are the cleaning and disinfection procedures completed by in house staff?	Y	Showers and spray taps are cleaned and disinfected by in house Bouygues staff.	
Are the cleaning and disinfection procedures completed by a contractor?	N		
Are the in house staff trained and competent to complete cleans and disinfections?	Y	It was stated at the time of the audit that the Bouygues staff are competent in cleaning and disinfection procedures. All involved staff have had the relevant toolbox talks and this is recorded in the on-site training records	
Are the in contractor's staff trained and competent to complete cleans and disinfections?	N/A		

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Are these procedures completed in response to sampling/inspection results.	Partial	Showers and spray taps are cleaned on a PPM or reactive basis if required. Cold water storage tanks are cleaned on the basis of inspection and sampling.	
Are these procedures completed as a matter of procedure?	Partial	Cold Water Storage Tanks are cleaned by inspection or by findings of microbiological sampling.	
Is there a suitable method statement available in the written scheme covering the cleaning and disinfection procedures?	Y		
If chlorine is used, is the impact of pH considered in the disinfection process.	N/A	Showers and spray taps are cleaned and disinfected using a proprietary product which is Showerhead Plus. Cold water storage tanks and pipework would be disinfected using a non-chlorine based approach as recommended in the SHTM 04-01 documents.	
Are there completion certificates in the written scheme covering any disinfection procedures that have been undertaken?	Y	Completion certificates are said to be available in Zutec for disinfections completed by H and V Commissioning in October 2018. Bouygues are searching for copies of these certificates to enable then to be added to the water records logbook. All cleans that are completed on the showers and spray taps are logged and recorded in the PPM system.	
Are localised outlet disinfections in use on site?	Y	Localised disinfections are in use as and when required and are completed by contractors. Completion certificates are available for any cleans and disinfections that have been completed.	
Is there a suitable method statement available in the written scheme covering the localised cleaning and disinfection procedures?	Y	Contactor method statements for localised outlet cleans and disinfections are available in the Bouygues contractors file.	

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		It is recommended that if contractors are to be used on a long term basis that the method statements are included in the control scheme SOP's. Bouygues have a draft method statement for outlet remediation in response to Pa issues and are awaiting a response from NHS Lothian on this draft statement.	

Recommendations on Cleaning and Disinfection Procedures

10. It is recommended that if contractors are to be used on a long term basis that the method statements are included in the control scheme SOP's.

New Build and Refurb Capital Projects	Y/N	Comments	Risk Level
Have any new build or refurbishment projects, which impacted on the water systems, been completed in the past 12 months	N/A		
Were the implications of this work risk assessed?	N/A		
Was the assessment added to the log book and water system records?	N/A		
Was the written scheme amended to account for the implications of the new build/amended water systems?	N/A		
Were the details of the new systems discussed with the Estates Department and any other involved personnel?	N/A		
Are minutes of discussions regarding the new water systems recorded and entered into the logbook?	N/A		
Were systems, if required, cleaned and disinfected?	N/A		
Are records of all cleans and disinfections available in the record systems?	N/A		

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Recommendations on New Build and Refurbishment Capital Projects			
None			
Water Safety Group	**Y/N**	**Comments**	**Risk Level**
Is there a Water Safety Group in place?	Y	NHS Lothian has an overarching water safety group. The RHCYP has a specific water action group which is in place to ensure that any water related issues are promptly and correctly addressed.	
Does the WSG have all the required groups represented?	Y	The group contains the main contractor and the contractor technical adviser, the SVP, NHS Lothian Estates and their AE, Infection Control and soft services.	
Are WSG meetings held on a quarterly basis?	Y	NHS Lothian hold quarterly water safety group meetings. The water action group meets on a fortnightly basis.	
Are minutes and actions produced and followed through with the WSG?	Y		
Recommendations on the Water Safety Group			
None required.			

Clinical Infectious Diseases

MAJOR ARTICLE

Alterations of the Oral Microbiome and Cumulative Carbapenem Exposure Are Associated With *Stenotrophomonas maltophilia* Infection in Patients With Acute Myeloid Leukemia Receiving Chemotherapy

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(See the Editorial Commentary by Fredricks on pages 1514–6.)

Background. *Stenotrophomonas maltophilia* is increasingly common in patients with acute myeloid leukemia (AML). Little is known about factors that drive *S. maltophilia* infection. We evaluated the microbiome and cumulative antibiotic use as predictors of *S. maltophilia* infection in AML patients receiving remission induction chemotherapy (RIC).

Methods. Subanalysis of a prospective, observational cohort of patients with AML receiving RIC between September 2013 and August 2015 was performed. Fecal and oral microbiome samples collected from initiation of RIC until neutrophil recovery were assessed for the relative abundance of *Stenotrophomonas* via 16S rRNA gene quantitation. The primary outcome, microbiologically proven *S. maltophilia* infection, was analyzed using a time-varying Cox proportional hazards model.

Results. Of 90 included patients, 8 (9%) developed *S. maltophilia* infection (pneumonia, n = 6; skin–soft tissue, n = 2); 4/8 (50%) patients were bacteremic; and 7/8 (88%) patients with *S. maltophilia* infection had detectable levels of *Stenotrophomonas* vs 22/82 (27%) without infection ($P < .01$). An oral *Stenotrophomonas* relative abundance of 36% predicted infection (sensitivity, 96%; specificity, 93%). No association of *S. maltophilia* infection with fecal relative abundance was found. Cumulative meropenem exposure was associated with increased infection risk (hazard ratio, 1.17; 95% confidence interval, 1.01–1.35; $P = .03$).

Conclusions. Here, we identify the oral microbiome as a potential source for *S. maltophilia* infection and highlight cumulative carbapenem use as a risk factor for *S. maltophilia* in leukemia patients. These data suggest that real-time monitoring of the oral cavity might identify patients at risk for *S. maltophilia* infection.

Keywords. pneumonia; bacteremia; risk factors; colonization; meropenem.

Stenotrophomonas maltophilia is an intrinsically multidrug-resistant (MDR) gram-negative bacteria and the most frequently identified carbapenem-resistant gram-negative species in hospitalized patients with pneumonia [1, 2]. *Stenotrophomonas maltophilia* is increasingly identified in patients with cancer and is associated with high morbidity and mortality in this highly vulnerable population [2, 3]. Patients with acute myeloid leukemia (AML) are at particularly high risk for poor outcomes, with overall mortality in excess of 20% in patients with primary bacteremia and 60% for patients with pneumonia [4–7]. In its most devastating form, *S. maltophilia* infection manifests as hemorrhagic pneumonia with a case fatality rate approaching 100% [4]. As *S. maltophilia* is intrinsically resistant to the majority of antibiotics used to empirically treat febrile neutropenia in patients with AML and delayed appropriate antibiotic treatment is associated with increased mortality, identification of patients at risk for *S. maltophilia* infection is of paramount importance [8].

Due to intrinsic carbapenem resistance, prior carbapenem use appears to be the predominant risk factor for infection with *S. maltophilia*, and prior studies have identified carbapenem use, among other common factors such as prolonged hospital stay and intensive care unit admission, as a key risk factor [9–12]. Empiric carbapenem use is increasingly common in patients with AML due to rising rates of infections caused by extended-spectrum β-lactamase–producing organisms; therefore, an in-depth understanding of the risk–benefit profile of widespread carbapenem use is of high importance [13, 14].

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However, prior studies have largely evaluated carbapenem exposure as a dichotomous variable or in arbitrarily categorized numbers of days, preventing an understanding of how cumulative carbapenem exposure modifies risk for subsequent *S. maltophilia* infection [2].

Colonization with MDR organisms, detected through either traditional means or microbiome analysis, is clearly linked to subsequent infection in patients with hematologic malignancies [15–17]. Indeed, a recent study performed in hematopoietic stem cell transplant recipients identified oral colonization with *S. maltophilia* as being significantly associated with *S. maltophilia* infection [18]. That study did not, however, integrate antimicrobial exposure or allow for a quantitative assessment of *S. maltophilia* burden in relation to infection. Thus, we sought to characterize cumulative antibiotic exposure and the relative abundance of *S. maltophilia* in patients with AML in order to identify patients at increased risk for *S. maltophilia* infections.

METHODS

Patient Enrollment and Antibiotic Use Assessment

This was a *S. maltophilia*-focused substudy of a previously published microbiome-based prospective, observational, cohort study of patients with a new diagnosis of AML who were receiving remission-induction chemotherapy (RIC) between September 2013 and August 2015. Details on the cohort have been previously published [19, 20]. Seven patients from the original cohort were excluded from this analysis due to incomplete clinical and antimicrobial exposure data. Fecal and buccal microbiome samples were collected from each patient prior to the start of RIC and every 96 hours thereafter until the resolution of neutropenia (absolute neutrophil count >500 cells/mm^3). The University of Texas MD Anderson Cancer Center Institutional Review Board approved this study. All patients provided written, informed consent prior to enrollment in accordance with the Declaration of Helsinki.

Sample Collection and Microbiome Analysis

Buccal samples were collected using the Catch-All Sample Collection Swab (Epicentre) and placed in sterile 2-mL cryovials. Inpatient stool samples were collected in a stool hat and aliquoted into sterile 2-mL cryovials, while outpatient stool samples were collected using the BBL CultureSwab (BD Diagnostics). All samples were stored at −80° C until processing. Samples were submitted to the Alkek Center for Metagenomics and Microbiome Research (CMMR) of Baylor College of Medicine in 3 batches for microbial DNA extraction and microbiome profiling gene via 16S rRNA V4 gene sequencing. The CMMR is a Clinical Laboratory Improvement Amendments (CLIA)-certified laboratory that specializes in microbiome profiling and uses a set of controls to evaluate the performance of each step and determine potential contamination events throughout sample processing, library preparation, and data generation. Extraction controls are reagent controls (negative) and previously characterized samples (positive) that were subjected to the same procedures as the study samples. The 16S library preparation controls include a nontemplate control (negative) and purified DNA extracted from a pure culture of *Francisella tularensis* (positive). For the positive controls, 99% of reads are required to map to the *F. tularensis* reference strain in order to pass quality control. Both extraction and library preparation controls are carried through sequencing. For this study, data from extraction controls were not available due to the historical nature of the data. Additional information on control methods used for the microbiome analysis are presented in the Supplementary Methods. Bacterial DNA was extracted using the MO BIO PowerSoil DNA Isolation Kit (MO BIO Laboratories), and 16Sv4 rRNA gene libraries were generated following a protocol adapted from the Earth Microbiome Project [21, 22]. Briefly, the 16S rRNA V4 gene region was amplified and sequenced using Illumina MiSeq using a 2 × 250 paired-end protocol. The 16S rRNA V4 gene sequences were assigned to operational taxonomic units (OTUs) using the UPARSE pipeline, and taxonomic classifications were derived from alignments to the SILVA SSURef_NR99_119 database.

Antibiotic Use Assessment, Definitions, and Statistical Analyses

All antibiotic use for each patient from the time of enrollment to completion of follow-up was extracted from a database maintained by the pharmacy informatics. An antimicrobial therapy day was defined as any single calendar day on which an antibiotic was administered, regardless of dose or dosing frequency. Antibiotic use was assessed at the individual drug level and considered as both any use (ie, 1 or more days of therapy) and cumulative use (ie, total days of therapy during the study period). Only antibiotics commonly used empirically to treat or prevent neutropenic fever were assessed to minimize selection bias. Prophylactic agents were ciprofloxacin, levofloxacin, and cefpodoxime; treatment antibiotics were cefepime, piperacillin-tazobactam, meropenem, linezolid, and vancomycin. As ceftazidime and tigecycline are rarely used during RIC and generally in patients at high risk for *S. maltophilia* infection at our institution, these agents were specifically not assessed. Patients were evaluated for infection and antibiotic use from start of chemotherapy until neutrophil recovery. Cultures were obtained following routine clinical practice. *Stenotrophomonas maltophilia* bacteremia was defined as growth of *S. maltophilia* from blood regardless of clinical symptoms or concomitant growth from any site other than blood. *Stenotrophomonas maltophilia* pneumonia was defined as growth of *S. maltophilia* from sputum or bronchoalveolar lavage (BAL) in the presence of new or changing pulmonary infiltrates and respiratory symptoms or a positive blood culture if no respiratory cultures were obtained. *Stenotrophomonas maltophilia* skin–soft tissue

infection (SSTI) was defined as skin erythema or swelling with growth of *S. maltophilia* from skin biopsy. Both *S. maltophilia* pneumonia and SSTI could exist independently of or concurrently with bacteremia.

The primary outcome was microbiologically documented infection with *S. maltophilia* (inclusive of bacteremia, pneumonia, or SSTI). Bivariate comparisons of patients with and without *S. maltophilia* infection were made using the Fisher exact test and the Mann-Whitney *U* test. A potential "best" predictive value of *S. maltophilia* relative abundance was determined by visually inspecting the receiver operator characteristics of each potential cut-point in order to maximize both sensitivity and specificity. In order to account for the time-varying nature of both *S. maltophilia* relative abundance and antibiotic use, a time-varying Cox proportional hazards model was used, with patients censored at neutrophil recovery or death. The time-varying Cox proportional hazards model accounts for immortal time bias and allows for an assessment of risk associated with each additional day of antibiotic exposure [23]. The last measured value was carried forward for patients with missing microbiome samples. A multivariable Cox proportional hazards model was constructed by starting with a full model and iteratively removing the least relevant predictors until an increase in the Akaike information criterion was observed. However, due to the limited sample size and likely overfitting, this model should be viewed as purely hypothesis-generating. All statistical analyses were performed using Stata v13.1 (StataCorp LP, College Station, TX).

RESULTS

Infection Characteristics

A total of 90 patients were included, 8 (8.9%) of whom developed microbiologically confirmed infection caused by *S. maltophilia*. Six patients had *S. maltophilia* pneumonia, 1 had ecthyma gangrenosum, and 1 had a complicated SSTI of the right lower extremity. One of 6 patients with pneumonia was diagnosed solely on the basis of a positive blood culture and development of nodular pulmonary infiltrates consistent with *S. maltophilia* infection. The remainder were diagnosed on the basis of bronchoalveolar lavage and/or respiratory cultures in addition to new or changing pulmonary infiltrates. Bacteremia was documented in 4 of 8 (50%) patients, including in 3 of 6 (50%) patients with pneumonia and in the patient with right lower extremity SSTI. Primary infection developed a median of 17.5 days (range, 11–28) following the start of induction chemotherapy. Clinical characteristics of patients with and without *S. maltophilia* infection are presented in Table 1, with no characteristics being significantly associated with *S. maltophilia* infection. The antimicrobial susceptibility profiles of the 8 diagnostic cultures are presented in Supplementary Table 1.

Stenotrophomonas maltophilia Microbiome Description and Relative Abundance

DNA extraction, 16Sv4 libraries, and 16Sv4 sequences were successfully generated for all the samples included in this analysis (438 stool and 556 oral). The 16S library polymerase chain reaction (PCR) nontemplate control yielded 75 sequencing reads; more than 75% mapped to *Methylobacterium*, a commonly identified laboratory and reagent contaminant [24], and none mapped to *Stenotrophomonas* or closely related genera (Supplementary Table 2).

Taxonomic classification and relative abundances of OTUs that mapped to the genus *Stenotrophomonas* were derived from the taxonomic classification table generated by the CMMR 16S pipeline. *Stenotrophomonas* spp. relative abundance was calculated as the percent of OTUs assigned to the genus *Stenotrophomonas* relative to all other assigned OTUs. Although there are at least 12 known species in the genus *Stenotrophomonas*, only 2 named species are included in the SILVA database *(Stenotrophomonas maltophilia* and *Stenotrophomonas pictorum)*. A BLASTn [25] analysis of the OTU sequences (2) mapping to the genus *Stenotrophomonas* in our data revealed 100% identity to *S. maltophilia* but also to *Stenotrophomonas pavanii*. Although v4 amplicons mapped to both *S. maltophilia* and another *Stenotrophomonas* species, *S. maltophilia* is the only member of this genera routinely identified in humans [26, 27].

Stenotrophomonas was detected in the oral or stool microbiome of only 3 (3.3%) and in none of the patients at baseline, respectively. *Stenotrophomonas* was detected at any point during the risk period (ie, the period between chemotherapy

Table 1. Baseline Characteristics of Patients With and Without *Stenotrophomonas maltophilia* Infection

Characteristic	No Infection (n = 82)	Infection (n = 8)	*P* Value
Age,[a] y	58 (46–68)	59 (56–72)	.27
Male sex	42 (51)	5 (63)	.72
High-intensity chemotherapy	55 (67)	5 (63)	1.00
Complex cytogenetics	10 (13)	3 (43)	.15
Eastern Cooperative Oncology Group (ECOG) performance status[a]	1 (1–1)	1 (1–2)	.20
Duration of neutropenia (days)[a]	26 (21–34)	29 (24–45)	.21

All reported as n (%) and tested with the Fisher exact test unless otherwise specified.

[a]Median (interquartile range); tested using the Wilcoxon rank sum test.

start and neutrophil recovery) in the oral and stool microbiome of 29 (32%) and 8 (9%) patients, respectively. Seven of 8 (88%) patients with *S. maltophilia* infection had oral microbiome detection of *Stenotrophomonas* prior to onset of infection in contrast to 22/82 (27%) without *S. maltophilia* infection ($P < .01$). The sole patient in whom *Stenotrophomonas* was not detected in the oral microbiome prior to infection had the last sample obtained 2 days prior to a diagnostic BAL; the oral sample obtained 2 days later had a relative abundance (ie, percentage of reads mapping to *Stenotrophomonas* relative to total number of reads) of 43%. The relative abundance of *Stenotrophomonas* in the oral microbiome varied over the duration of the risk period (Table 2) and tended to decrease after an initial peak (Figure 1). The median (interquartile range) maximum relative oral abundance of *Stenotrophomonas* was higher in patients with *S. maltophilia* infection (57% [1%–95%] compared with those with no infection (0% [0%–0%]; Figure 2). A peak oral *Stenotrophomonas* relative abundance of >36% appeared to best predict infection (sensitivity, 63%; specificity, 96%; likelihood ratio +, 17.08; likelihood ratio –, 0.39; positive predictive value, 61%; negative predictive value, 96%; 93% correctly classified). In contrast, any detection of *Stenotrophomonas* in the oral microbiome was a relatively poor predictor of *S. maltophilia* infection (sensitivity, 88%; specificity, 74%; likelihood ratio +, 3.26; likelihood ratio –, 0.17; positive predictive value, 24%; negative predictive value, 98%). Overall, 7/29 (24%) patients with any detection in the oral microbiome developed *S. maltophilia* infection. In contrast to the oral microbiome, there was no clear association between stool *Stenotrophomonas* detection and *S. maltophilia* infection, with 2/8 (25%) patients with infection having stool detection vs 6/82 (7%) without infection ($P = .15$). Further, the appearance of *Stenotrophomonas* in the fecal microbiome always followed its appearance in the oral microbiome (data not shown). When the time-varying relative abundance of *Stenotrophomonas* was considered, an increasing relative abundance of oral *Stenotrophomonas* colonization significantly correlated with *S. maltophilia* infection (Table 3).

Table 2. Oral and Fecal Microbiome *Stenotrophomonas* Relative Abundance in Patients With and Without *Stenotrophomonas maltophilia* Infection

Sample Site	No Infection (n = 82)	Infection (n = 8)	*P* Value
Oral			
Peak abundance (%)	0.00 (0.00–80.76)	57.27 (0.00–97.56)	<.01
Last abundance (%)	0.00 (0.00–54.56)	3.84 (0.00–96.57)	<.01
Baseline detection (n, %)	2 (2)	1 (13)	.25
Any detection (n, %)	22 (27)	7 (88)	<.01
Stool			
Peak abundance (%)	0.00 (0.00–9.85)	0.00 (0.00–92.14)	.07
Last abundance (%)	0.00 (0.00–9.85)	0.00 (0.00–0.63)	.24
Baseline detection (n, %)	0 (0)	0 (0)	1.00
Any detection (n, %)	6 (7)	2 (25)	.15

Values reported as median (range) unless otherwise reported. *P* values calculated using the Wilcoxon rank sum test (percent relative abundance) and Fisher exact test (percent detectable).

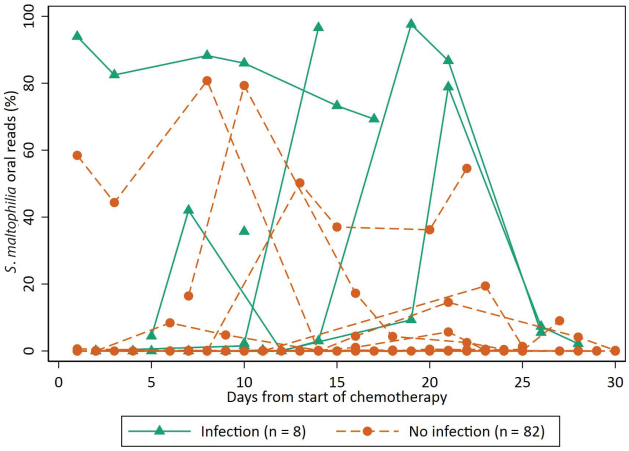

Figure 1. Relative abundance of *Stenotrophomonas* in patients with and without *Stenotrophomonas maltophilia* infection. All lines originate at the time of first sampling and end at the end of the risk period (time of *S. maltophilia* infection or neutrophil recovery). The *x*-axis is right-truncated at 30 days for clarity; 71/90 (88%) remained at 0% detectable throughout the risk period.

Antimicrobial Use Assessment

The use of antibiotics generally as initial treatment for or prophylaxis against neutropenic fever is presented in Table 4. When treated as a time-varying covariate, each additional day of meropenem use increased the hazard of *S. maltophilia* infection by 17% (hazard ratio [HR], 1.17; 95% confidence interval [CI], 1.01–1.35; $P = .03$). No other β-lactam antibiotic was significantly correlated with *S. maltophilia* infection (Table 3). Linezolid use also correlated with *S. maltophilia* infection (HR, 1.12; 95% CI, .99–1.27; $P = .06$), although this may be because linezolid receipt is highly correlated with meropenem. Indeed,

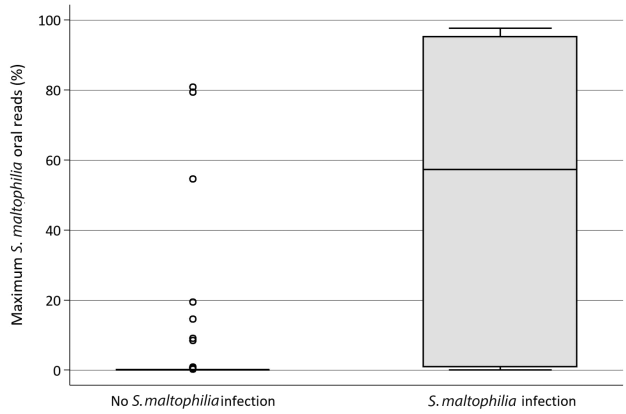

Figure 2. Maximum *Stenotrophomonas* oral abundance in patients with and without *Stenotrophomonas maltophilia* infection. Horizontal bars indicate median and upper and lower quartiles. Solid dots indicate outlier values, as applicable.

Table 3. Time-varying Antibiotic Exposure and Oral Microbiome Relative Abundance as Predictors of *Stenotrophomonas maltophilia* Infection

Antibiotic	Hazard Ratio	95% Confidence Interval	*P* Value
Cefepime[a]	1.02	.84–1.23	.87
Cefpodoxime[a]	1.00	.75–1.34	1.00
Ciprofloxacin[a]	0.75	.51–1.10	.15
Levofloxacin[a]	0.83	.66–1.04	.10
Linezolid[a]	1.12	.99–1.27	.06
Meropenem[a]	1.17	1.01–1.35	.03
Piperacillin-tazobactam[a]	1.07	.86–1.33	.55
Stenotrophomonas maltophilia oral abundance[b]	1.04	1.03–1.05	<.01

[a]Hazard ratios refer to hazard associated with each additional day of antibiotic exposure.

[b]Hazard ratios refer to hazard associated with 1% increase in *S. maltophilia* relative abundance.

in the exploratory multivariable model, meropenem and the relative oral abundance of *S. maltophilia* appear to be associated with increased risk of *S. maltophilia* infection, while ciprofloxacin and levofloxacin are associated with decreased risk (Table 5).

DISCUSSION

In this prospective, observational study, we identified the oral microbiome as a potential predictor of *S. maltophilia* infection in patients with AML who are receiving chemotherapy. Patients with *S. maltophilia* infection more frequently had detection of *Stenotrophomonas* in oral microbiome samples and had a higher relative abundance of *Stenotrophomonas* than patients without infection. Notably, this finding includes 2 patients with SSTIs caused by *S. maltophilia*, indicating that the oral microbiome may serve either as a potential reservoir for pathogenic *S. maltophilia* or as an indicator of multisite colonization pressure in these patients. Additionally, we confirm and expand on findings that carbapenems are a significant risk factor for *S. maltophilia* infection, identifying that each additional day of use further increases the risk of *S. maltophilia* infection [2, 9, 10].

Previous studies have clearly found that microbiome domination events precede infection with pathogenic microorganisms in patients with hematologic malignancy [16–18, 28, 29]. Importantly, however, these studies have focused on the fecal, rather than oral, microbiome. Our findings make it evident that the oral microbiome may play an important role in the pathogenesis of certain infections and should be given consideration in studies that link the microbiome with clinically relevant infections. It is worth noting previous studies that have identified associations between the fecal microbiome and subsequent infection have focused predominantly on infections caused by Enterobacteriales and *Enterococcus* spp., which in neutropenic patients are generally associated with primary bloodstream infection caused by gastrointestinal translocation [30]. In contrast, *S. maltophilia* infections in this population are generally either primarily respiratory in origin or catheter-related bloodstream infections; therefore, the relationship between the oral microbiome and *S. maltophilia* infection, rather than fecal microbiome and infection, does seem logical [3]. Whether the same relationship holds true for other organisms more commonly associated with respiratory infections rather than gastrointestinal translocation, such as *Pseudomonas aeruginosa* and *Acinetobacter baumannii*, is unclear.

We additionally expand on other studies that have assessed antibiotic exposure as a risk factor for *S. maltophilia* infection. Previous studies performed in general patient populations and in patients with hematologic malignancy have

Table 4. Antibiotic Use in Patients With and Without *Stenotrophomonas maltophilia* Infection

Antibiotic	No Infection (n = 82)	Infection (n = 8)
Cefepime		
Median (IQR) number of days	3 (0–7)	2 (0–5)
Any use (n, %)	49 (60)	4 (50)
Cefpodoxime		
Median (IQR) number of days	0 (0–2)	0 (0–0)
Any use (n, %)	25 (30)	1 (13)
Ciprofloxacin		
Median (IQR) number of days	0 (0–2)	0 (0–2)
Any use (n, %)	24 (30)	3 (30)
Levofloxacin		
Median (IQR) number of days	5 (0–10)	0 (0–2)
Any use (n, %)	55 (67)	3 (38)
Linezolid		
Median (IQR) number of days	6 (2–10)	8 (4–9)
Any use (n, %)	62 (76)	8 (100)
Meropenem		
Median (IQR) number of days	2 (0–8)	5 (3–10)
Any use (n, %)	43 (52)	7 (88)
Piperacillin-tazobactam		
Median (IQR) number of days	0 (0–2)	0 (0–3)
Any use (n, %)	23 (28)	2 (25)

Abbreviation: IQR, interquartile range.

Table 5. Exploratory Multivariable Analysis of Risk Factors for *Stenotrophomonas maltophilia* Infection

Factor	Adjusted Hazard Ratio	95% Confidence Interval	*P* Value
Ciprofloxacin[a]	0.59	.40–.87	<.01
Levofloxacin[a]	0.83	.62–1.12	.23
Meropenem[a]	1.10	.97–1.26	.12
Stenotrophomonas maltophilia oral abundance[b]	1.03	1.02–1.05	<.01

[a]Hazard ratios refer to hazard associated with each additional day of antibiotic exposure.

[b]Hazard ratios refer to hazard associated with 1% increase in *S. maltophilia* relative abundance.

identified carbapenem use as a significant risk factor for *S. maltophilia* infection, in agreement with the intrinsic resistance of *S. maltophilia* to carbapenem antibiotics [2]. However, not all studies have identified carbapenem use as a risk factor for *S. maltophilia* infection in all situations, particularly when evaluated as a dichotomized (ie, yes/no) variable [7, 10, 31]. In our study, we identified both dichotomized use of carbapenems as a risk factor for *S. maltophilia* infection as well as cumulative exposure assessed in a time-varying Cox proportional hazards model. It is reasonable to expect that a larger cumulative antibiotic exposure would increase risk to a greater extent than a smaller cumulative exposure. Indeed, the critical need to assess antibiotic exposure as a cumulative measure in a time-varying model has recently been demonstrated [23, 32, 33]. While it is possible and likely that prolonged length of stay is associated with more antibiotic use and exposure to hospital-acquired pathogens and could therefore potentially explain the observed association with cumulative antibiotic exposure, the differential cumulative risk of different antibiotics argues against this point. Of note, no other β-lactam antibiotic was associated with increased risk of *S. maltophilia* infection. As organisms that require the use of carbapenems are increasingly common in patients with AML, the risk–benefit trade-off for continued empiric carbapenem use relative to other β-lactams must be carefully considered in each patient [13].

The prevalence of *S. maltophilia* in patients with AML receiving induction chemotherapy is both surprising and concerning. While *S. maltophilia* is a known pathogen in cancer patients, it is generally perceived to be a pathogen that appears later in a patient's treatment course due to low virulence potential [10]. However, in this cohort of newly diagnosed patients with AML receiving induction chemotherapy, 9% of patients had microbiologically confirmed *S. maltophilia* infection and all infections occurred following receipt of a carbapenem. These data suggest that *S. maltophilia* infection must be considered in any patient with AML who has received treatment with a carbapenem, with patients who have received longer courses of carbapenems being at higher risk. Additionally, these data highlight the potential harms of early carbapenem use leading to microbiome dysbiosis and selection pressure for carbapenem-resistant organisms, such as *S. maltophilia*. As *S. maltophilia* is a fairly ubiquitous environmental organism and our data indicate that acquisition of *S. maltophilia* occurs over time, infection control measures or environmental screening may also be plausible methods to mitigate against the risk of early *S. maltophilia* infection [34].

There are several limitations to our study. First, the relatively small sample size and single-site nature of the study preclude the development of a multivariable risk prediction model, although preliminary findings indicate that such a model is feasible at scale. Due to the limited sample size, all results should be viewed as hypothesis-generating. Second, misclassification bias of our primary outcome, *S. maltophilia* infection, is possible as the diagnosis in many cases relied on respiratory cultures. In patients with heavy oral colonization by *Stenotrophomonas*, this may have led to contamination of the diagnostic respiratory culture. However, as half of the patients with pneumonia also had concomitant bacteremia and all patients had clinical signs and symptoms compatible with pneumonia, this seems less likely. It is unknown if these findings are applicable at other centers caring for patients with AML, and it is also not clear if the relationships between the microbiome, antibiotic exposure, and *S. maltophilia* infection are relevant in other patient populations. Additionally, the tremendous genetic heterogeneity of *S. maltophilia* is just beginning to be understood, and how interstrain variability may influence these findings is unknown [35]. Therefore, these findings require validation in a multicenter study. Finally, while the relationship between the oral microbiome relative abundance and *S. maltophilia* infection appears to be quite strong, the applicability of this finding is limited until longitudinal microbiome sampling on clinical samples becomes feasible as baseline detection does not appear to predict subsequent infection. However, for centers with a high prevalence of *S. maltophilia* infection, development of dynamic PCR-based screening methods may have utility in directing empiric treatment for patients with suspected infections, and the performance characteristics of such screening should be evaluated in future studies. Last, the lack of data on the extraction controls limited our ability to exclude the potential of a reagent or processing contamination event during DNA extraction or any processes upstream of it. In addition, techniques used for microbiome evaluation did not allow us to specifically determine that all sequencing reads that map to the genus *Stenotrophomonas* are, in fact, *S. maltophilia*. However, the absence of reads that map to *Stenotrophomonas* in the library preparation controls and the validation with species-specific PCR (data not shown) partially mitigate these concerns.

Despite these limitations, there are several notable strengths to our study. First, the prospective design and longitudinal microbiome sampling allowed for an assessment in the relative abundance of *Stenotrophomonas* as a function of time. Additionally, this cohort is the largest of its kind to date and can therefore provide insight on relatively rare individual events, such as *S. maltophilia* infection. Finally, incorporation of microbiome data and antibiotic use data represents a step forward in understanding how the interaction of the microbiome and antibiotic use may affect downstream infection risk.

In conclusion, the oral microbiome and cumulative antibiotic use appear to be important factors in the development of *S. maltophilia* infection in patients with AML receiving chemotherapy. Multicenter studies are needed to validate and expand on these findings.

Supplementary Data

Supplementary materials are available at *Clinical Infectious Diseases* online. Consisting of data provided by the authors to benefit the reader, the posted materials are not copyedited and are the sole responsibility of the authors, so questions or comments should be addressed to the corresponding author.

Notes

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Potential conflicts of interest. S. L. A. has received research support from Melinta Therapeutics and Merck and has served on advisory boards for Shionogi, Paratek, and Merck. T. C. S. has received research support from Merck, Nivalis, Cubist, Mead Johnson, Rebiotix, BioFire, and Assembly BioSciences and has served on advisory boards for Rebiotix and BioFire. C. A. A. has received research support from Merck Inc, MeMed Diagnostics, and Entasis Therapeutics; chapter royalties from UptoDate, *Harrison Principles of Internal Medicine*, and *Mandell Principles and Practice of Infectious Diseases*; study section member and grant reviewer fees from NIH/NIAID; reimbursement for traveling to IDWeek and ID Program Committee meetings as IDWeek chair from the Infectious Diseases Society of America; reimbursement for traveling to ASM Microbe from the American Society for Microbiology; and *Antimicrobial Agents and Chemotherapy* editor's stipend from the American Society for Microbiology outside the submitted work. D. P. K. has received support and consultancy fees from Astellas Pharma, Cidara, Amplyx, Pulmocide and Mayne, Gilead, and United Medical; served on the advisory board of Merck; and has received the Texas 4000 Distinguished Professorship for Cancer Research and NIH-NCI Cancer Center CORE Support grant no. 16672 outside the submitted work. All other authors report no potential conflicts. All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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Abstract

Objectives.

To ascertain whether cystic fibrosis (CF) patients are colonized or infected with unique or multiple strains of *Stenotrophomonas maltophilia*; to understand whether some strains colonize or infect more than 1 patient, indicating clonal spread; and to explore the molecular heterogeneity of hospital water isolates and their correlation with clinical isolates.

Setting.

The regional CF center of Policlinico “Umberto I” of Rome, Italy.

Methods.

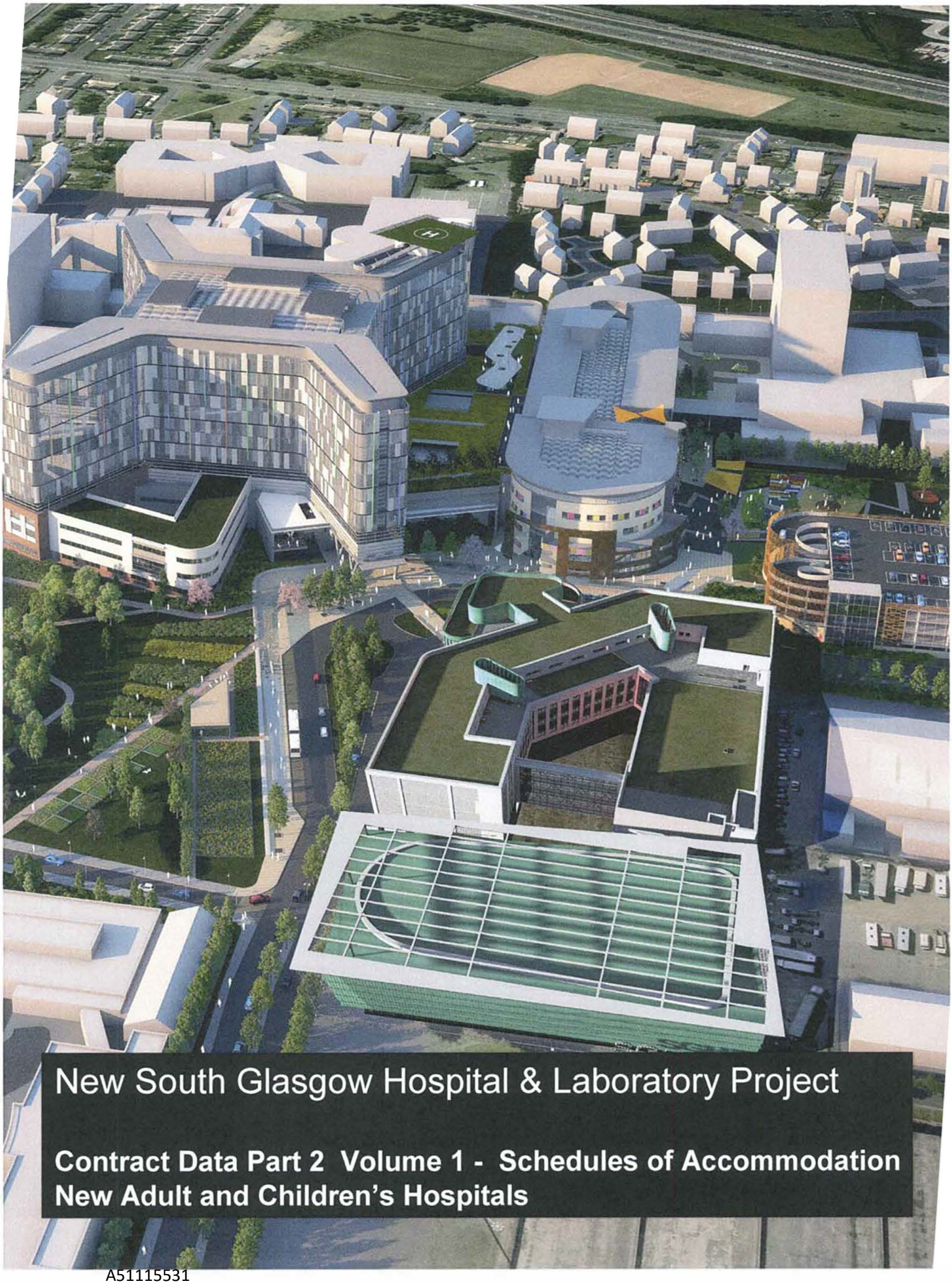
The study was carried out on a random sample of *S. maltophilia* isolates (*n* = 110) collected from CF patients (*n* = 50) during the period 2002–2005 and on 24 water isolates obtained during a monitoring program in the first 6 months of 2005. Home environmental samplings were not performed. All isolates, which were recovered from cultures of specimens obtained in both inpatient and outpatient settings, were genotyped with DNA macrorestriction analysis with the restriction enzyme *Xbal* and pulsed-field gel electrophoresis.

Results.

One-third of the patients with repeated episodes of *S. maltophilia* infection or colonization hosted more than 1 strain. A potential transmission, defined as the isolation of the same strain in 2 or more patients, occurred 5 times, showing a frequency of potential transmission episodes slightly higher than previously reported. Water, taps, and sinks of the different rooms of the CF center tended to be persistently colonized with the same strain of *S. maltophilia*, with no correlation between clinical and water-associated isolates.

Conclusions.

The study does not provide sufficient data to conclude definitively that isolation of colonized or infected CF patients and control of hospital water systems contamination would be beneficial infection control measures. Epidemiologic analytical studies that correlate the presence of *S. maltophilia* with clinical outcomes are strongly needed.



New South Glasgow Hospital & Laboratory Project

Contract Data Part 2 Volume 1 - Schedules of Accommodation
New Adult and Children's Hospitals

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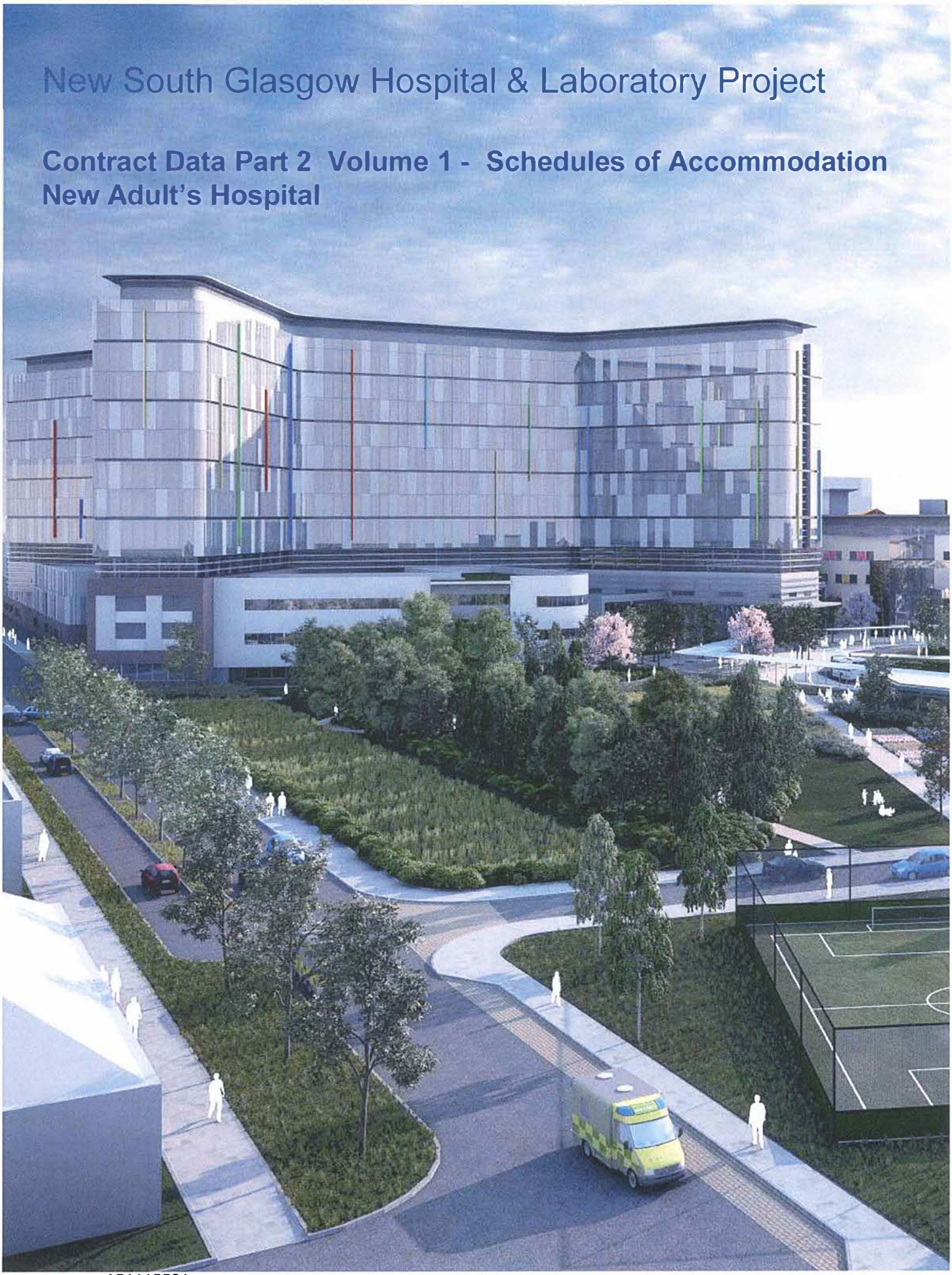
Contract Data Part 2 Volume 1 - Schedules of Accommodation
New Adult's Hospital



Department / Service	Quantity		Quantity	Size	Total	Notes	Brookfield	Brookfield total net room area shortfall
	Units	Adj		m2	m2			
OBC SoA - ER Version REV 1 @ Close of Dialogue						*updated August '09*		
In-Patient Services - Wards								
	beds	beds	Wards / Units					
Generic Wards								
Surgical, Medical & Elderly	690		25.00	1,078	26,944			-148
ENT	28		1.00	1,100	1,100			-46
Respiratory	28		1.00	1,078	1,078			
Rheumatology	28		1.00	1,100	1,100			-26
Dermatology	18		1.00	993	993			-27
Stroke	26		1.00	1,332	1,332			-14
Renal (80)								
22 Bed Renal Ward	44		2.00	886	1,773			-69
Additional Support for 22 Bed Wards			1.00	77	77			
16 Renal Ward & Day Unit	16		1.00	1,016	1,016			-51
20 Higher Acuity (Level 2 Renal Ward)	20		1.00	1,031	1,031			-92
Haemato-Oncology	14		1.00	827	827	14 + 4 day beds		-25
Ward Clusters - Support Accommodation								
For 32 wards @ 4 per Cluster			8.00	353	2,822			-48
For 2 Wards			1.00	302	302			
GENERAL ACUTE BEDS								
Critical Care Beds (79)								-256
ICU	20							
Surgical HDU	23							
Medical HDU	16							
CCU	20							
					6,168			
AAU Beds	118					See Emergency Complex section for detail		
Total Beds for SGH	**1,109**				**46,564**	See Beds Schedule for details of all new beds		
Operating Facilities								
Main Operating Theatres								-204
Block A - 10 Theatres (Clean)	10	)						
Block B - 10 Theatres	10	)	20		6,479			
Endoscopy (Locate with Theatres)			3 rooms		420			-16
Decontamination					416	Allowance	416.30	
					7,314			
Diagnostic / Support Departments								
Radiology						DR Technology		
Plain Film	10							
Ultrasound	4							
Mammography	1							
CT	4							
Nuclear medicine (Joint with Children's)	3							
MRI	2							
Fluoroscopy - Diagnostic	2							
Interventional	2					NB Invasive cardiology at Golden Jubilee Hospital		
OPG	1 included in plain film room							
Bone Mineral Densitometry	1							
Radiology Total					5,426			-297
Pharmacy								
Shared Ptiarmacy Local Dispensing					302	Supplies both NSGH & NCH		-20
Aseptic Suite	11 Isolators / cabinets				520	Supplies both NSGH & NCH	located in NCH	
TSSU/CSSD Receipt / Distribution / Collection					202	Allowance, locate in FM area -	190.50	-12

Department / Service	Quantity Units	Adj	Quantity	Size m2	Total m2	Notes	Brookfield	Brookfield total net room area shortfall
Medical Physics					739	Includes SGH & NCH (excluding Med Equip Library), Critical care, theatre, renal and dialysis unit have dedicated med physics facilities	739.90	
Medical Photography					80	Allowance	unable to locate	
					7,269			
Other Patient Departments								
MDU / Clinical Investigation Unit					767	22beds / trolleys unit (endrocrine & rheumatology significant users)		-70
					767			
Out-Patient Services								
Outpatient Services					3,876			-184
Rehab Suite					1,008			-16
Dermatology					749	SGH will be Glasgow Hub and Spoke for local patients		-27
Renal Dialysis	30		1 x 30 stations		1,460			-124
					7,094			
Emergency Complex								
Emergency Department					2,464			-64
Acute Assessment Cluster (28 Beds)	28				1,051			-18
Acute Cluster (30 beds)	30				1,138			-10
General Receiving Cluster (48 Beds)	48				1,771			-53
DME/Rehabilitation Cluster (12 Beds)	12				710.5			-54
Emergency Centre OPD Cluster					146			-4
Shared Accommodation					454			-94
					7,734			
Admin & Training & Education								
Meetings Rooms					70		218.40	
Health Records /Library / Coding / Central Bookings					523			-14
Bed Management / Operations Centre					50	Allowance -	included in 218.4 above	
					643			
Main Entrance / Public Areas								
Main Entrance incl Atria & Retail					1,419			
					1,419			-42
FM & Staff Facilities						Requires further FM input		
Main Dining Room & Servery					1,196	Shared with Children's Hospital		-240
End Kitchen					982			
Staff changing - manual					187	Allowance	180.20	-7
Staff Accommodation					128	8 rooms @ 16m2 gross	included in 218.4 above	
Telephone services	4000 extensions				150	Allowance	unable to locate	
Hotel Services & Domestic / Portering etc					660	Allowance	unable to locate	
Bed Management					165		) 285.2	
Specialist Bed Store					50	Allowance	)	
Equipment Library/Store (non Bio-engineering)					250	Allowance	243.40	-7
					3,768	NB External compound for waste, clinical waste, dirty laundry etc		
TOTAL					82,671			-2,377
ALLOWANCE FOR COMMUNICATION & PLANT SPACE (29.5%)					24,359	Based on Pref Option 18.5% communication and 11% plant		
GROSS AREA					106,930			

GENERIC WARDS

690 BEDS TOTAL.

Number of Beds		28										
Percentage Single Rooms		100%										
Description	Qty	Unit Area m²	Total Area m²	Comment	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Bed area facilities													
Acute single bedroom (incl family & clinical support space)	28	16.5	462.0	12 of 28 below brief area - (100% Single rooms)						Yes	Refer to NA-XX-XX-SK-AS-400-100	No/Yes	Revised sketch prepared to indicate minimum room size NA can achieve is 16.52m2 (max 17.11m2). No Bedrooms below briefed area
Patients en-suite wc & wash double assist	28	4.5	126.0	(as per HBN 00-02)									
Sub-Total			**588.0**		**599.2**	**11.2**							
Patient support facilities													
Interview/sitting room	1	9.0	9.0		10.7								
Resuscitation trolley parking bay 1 trolley	1	2.0	2.0		1.4		-0.6	-30.0%	no	Yes	Yes	No/Yes	Corridor can be reduced and/or riser size slightly adjusted if required
Pantry/Beverage making area	1	12.0	12.0		11.1		-0.9	-7.5%	yes	Yes	Yes	No/Yes	Disposal Hold above area; area to CU can be increased if required
Ward Food trolley parking bay	1	1.5	1.5							Yes	Yes	No/Yes	Corridor can be reduced and/or riser size slightly adjusted if required
Wheelchair bay	1	4.0	4.0	2 provided @ 2.3	4.6					Yes	Yes	No/Yes	We assume that this is acceptable
Nurses Station	1	8.0	8.0		11.6								
Touch Down Spaces	4	2.0	8.0	6 provided by bidder all under brief area -(as per HBN 04-01)						Yes	Yes	No/Yes	Our design proposal is based around providing 6xsmaller touchdown bases to ensure an even spread around the ward. This assists with the flexibility of the template.
Sub-Total			**44.5**		**47.6**	**3.1**							

GENERIC WARDS

Number of Beds		28										
Percentage Single Rooms		100%										
Description	Qty	Unit Area m²	Total Area m²	Comment	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Backup Storage													
Linen trolley parking bay	1	1.5	1.5										
Clinical supplies trolley	1	1.5	[illegible]		1.4		-0.1	-6.7%	yes	Yes	Yes	No/Yes	Corridor can be reduced and/or riser size slightly adjusted if required
Clinical Store/Controlled drug Cupboard	1	1.5	[illegible]		1.4		-0.1	-6.7%	yes	Yes	Yes	No/Yes	Corridor can be reduced and/or riser size slightly adjusted if required
Clean Utility Room	1	12.0	[illegible]		10.6		-1.4	-11.7%	?	Yes	Yes	No/Yes	Disposal Hold above area; area to CU can be increased if required
Large Eqpt Store	1	7.5	[illegible]		5.8		-1.7	-22.7%	no	Yes	Yes	No/Yes	Corridor can be reduced and/or riser size slightly adjusted if required
Sub-Total			**24.0**		**21.9**	**-2.1**							
Utilities													
Dirty utility/Sluice/Test Room - small	1	6.5	6.5		6.9								
Dirty utility/Disposal hold	1	8.0	8.0	Interim Disposal Hold on Ward	20.6								
Cleaners room	1	7.0	7.0		7.8								
WC/WHB - type 1	1	2.0	2.0		3.9								
Switchgear cupboard	1	1.0	1.0										
Sub-Total			**24.5**		**42.9**	**18.4**							
Office and Administrative Services													
Reception - 2 position - open	1	8.0	[illegible]	shared 1 between 2 wards	7.7		-0.3	-3.8%	yes	Yes	Yes	No/Yes	Our design proposal is based around a shared Reception/Wait/ WC area at each Public Core. This assists with the flexibility of the template - we assume that this is acceptable.
Office - 1 position + meeting area	1	12.0	12.0										
Charge Nurse/Sister's Office	1	9.0	9.0										
Printer/IT/Admin Store Room	1	6.0	6.0										
Waiting Area - 5-10 persons	1	16.0	16.0	shared 1 between 2 wards	20.1					Yes	Yes	No/Yes	Our design proposal is based around a shared Reception/Wait/ WC area at each Public Core. This assists with the flexibility of the template - we assume that this is acceptable.
Sub-Total			**51.0**		**54.8**	**3.8**							
Additional Accomodation and Services													
Socialisation Space	1	24.0	24.0	Could be dispersed and/or informal socialisation space	25.5								
Medical Hot Desking (2 Places)	1	10.0	[illegible]		9.2		-0.8	-8.0%	yes	Yes	Yes	No/Yes	Socialisation Space is above area; move wall to increase area of Hot Desk
Sub-Total			**34.0**		**34.7**	**0.7**							
Total net (incl Optional Accom)			**766.0**		**801.1**	**35.1**	**-5.9**	**-0.8%**					
Planning	5%		38.3										
Sub-Total			804.3										

GENERIC WARDS

Number of Beds	28
Percentage Single Rooms	100%

Description	Qty	Unit Area m²	Total Area m²	Comment
Engineering	3%		24.1	
Circulation	31%		249.3	
Total			**1077.8**	

BE *DIFFERS*

Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
1300						This is the BE Total Area

ENT WARD

Number of Beds	28
Percentage Single Rooms	100%

Description	Qty	Unit Area m²	Total Area m²	Comment	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Bed area facilities													
Acute single bedroom (incl family & clinical support space)	28	16.5	462.0	12 of 28 below brief area -(100% Single rooms)									
										Yes	Refer to NA-XX-XX-SK-AS-400-100	No/Yes	Revised sketch prepared to indicate minimum room size NA can achieve is 16.52m2 (max 17.11m2). No rooms below briefed area
Patients en-suite wc & wash double assist	28	4.5	126.0	(as per HBN 00-02)									
Sub-Total			588.0		611.0	23.0							
Patient support facilities													
Treatment Room	1	16.0	16.0	not provided by bidder	0.0		-16.0	-100.0%	no	room missing as this is additional from the standard Generic Ward Template		Yes/No	Room variation from the Standard Generic Ward Template. We propose to move the ENT Ward so it has direct access to the Multi-Functional Shared Support Pod. This is where we will be able to add the additional rooms required in the 'non-generic' situation. This may lead to this 'pod' increasing in size to accommodate the 16m2 ('pod' currently 4m2 over area) and depends on the functionality of the area at 1:50
Interview/sitting room	1	9.0	9.0		10.7								
Resuscitation trolley parking bay 1 trolley	1	2.0	2.0		1.4		-0.6	-30.0%	no	Yes	Yes	No/Yes	Corridor can be reduced and/or riser size slightly adjusted if required
Pantry/Beverage making area	1	12.0	12.0		11.1		-0.9	-7.5%	yes	Yes	Yes	No/Yes	Disposal Hold above area; area to CU can be increased if required
Ward Food trolley parking bay	1	1.5	1.5		1.1		-0.4	-26.7%	no	Yes	Yes	No/Yes	Corridor can be reduced and/or riser size slightly adjusted if required
Wheelchair bay	1	4.0	4.0	2 @ 2.3 provided by bidder						Yes	Yes	No/Yes	We assume that this is acceptable
Nurses Station	1	8.0	8.0		11.6								
Touch Down Spaces	4	2.0	8.0	6 @ 1.2 provided by bidder(as per HBN 04-01)						Yes	Yes	No/Yes	Our design proposal is based around providing 6xsmaller touchdown bases to ensure an even spread around the ward. This assists with the flexibility of the template.
Sub-Total					47.6	-12.9							
Backup Storage													

ENT WARD

Number of Beds		28											
Percentage Single Rooms		100%											
Description	Qty	Unit Area m²	Total Area m²	Comment	*BE*	*DIFFERS*	Room Area shortfall *sqm*	Room Area shortfall *% target*	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Linen trolley parking bay	1	1.5	1.5										
Clinical supplies trolley	1	1.5	1.5		1.4		-0.1	-6.7%	yes	Yes	Yes	No/Yes	Corridor can be reduced and/or riser size slightly adjusted if required
Clinical Store/Controlled drug Cupboard	1	1.5	1.5		1.4		-0.1	-6.7%	yes	Yes	Yes	No/Yes	Corridor can be reduced and/or riser size slightly adjusted if required
Clean Utility Room	1	12.0	12.0		10.6		-1.4	-11.7%	?	Yes	Yes	No/Yes	Disposal Hold above area; area to CU can be increased if required
Large Eqpt Store	1	7.5	7.5		5.8		-1.7	-22.7%	no	Yes	Yes	No/Yes	Corridor can be reduced and/or riser size slightly adjusted if required
Sub-Total			**24.0**		**21.9**	**-2.1**							
Utilities													
Dirty utility/Sluice/Test Room - small	1	6.5	6.5		6.9								
Dirty utility/Disposal hold	1	8.0	8.0	Interim Disposal Hold on Ward	20.6								
Cleaners room	1	7.0	7.0		7.8								
WC/WHB - type 1	1	2.0	2.0		3.9								
Switchgear cupboard	1	1.0	1.0										
Sub-Total			**24.5**		**42.9**	**18.4**							

ENT WARD

Number of Beds		28											
Percentage Single Rooms		100%											
Description	Qty	Unit Area m²	Total Area m²	Comment	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Office and Administrative Services													
Reception - 2 position - open	1	8.0	8.0	not provided by bidder - shared 1 between two wards	0.0		-8.0	-100.0%		Yes	Yes	No/Yes	Our design proposal is based around a shared Reception/Wait/ WC area at each Public Core. This assists with the flexibility of the template - we assume that this is acceptable.
Office - 1 position + meeting area	1	12.0	12.0										
Charge Nurse/Sister's Office	1	9.0	9.0										
Printer/IT/Admin Store Room	1	6.0	6.0										
Waiting Area - 5-10 persons	1	16.0	16.0	not provided by bidder - shared 1 between two wards	0.0		-16.0	-100.0%		Yes	Yes	No/Yes	Our design proposal is based around a shared Reception/Wait/ WC area at each Public Core. This assists with the flexibility of the template - we assume that this is acceptable.
Sub-Total			**51.0**		**27.0**	**-24.0**							
Additional Accomodation and Services													
Socialisation Space	1	24.0	24.0	Could be dispersed and/or informal socialisation space	25.5								
Medical Hot Desking (2 Places)	1	10.0			9.2		-0.8	-8.0%	yes	Yes	Yes	No/Yes	Socialisation Space is above area; move wall to increase area of Hot Desk
Sub-Total			**34.0**		**34.7**	**0.7**							
Total net			**782.0**		**785.1**	**3.1**	-46.0	-5.9%					
Planning	5%		39.1										
Sub-Total			821.1										
Engineering	3%		24.6										
Circulation	31%		254.5										
Total			**1100.3**		1307								This is the BE Total Area

RESPIRATORY WARD

As generic ward schedule

Number of Beds		28			
Percentage Single Rooms		100%			
Description	**Qty**	**Unit Area m²**	**Total Area m²**	**ADB Code**	**Comment**
Bed area facilities					
Acute single bedroom (incl family & clinical support space)	28	16.5	462.0	B0303	(100% Single rooms) allow 3no. Rooms negatively pressured
Patients en-suite wc & wash double assist	28	4.5	126.0	V1610	(as per HBN 00-02)
Sub-Total			**588.0**		
Patient support facilities					
Interview/sitting room	1	9.0	9.0		
Resuscitation trolley parking bay: 1 trolley	1	2.0	2.0		
Pantry/Beverage making area	1	12.0	12.0		
Ward Food trolley parking bay	1	1.5	1.5		
Wheelchair bay	1	4.0	4.0		
Nurses Station	1	8.0	8.0		
Touch Down Spaces	4	2.0	8.0		(as per HBN 04-01)
Sub-Total			**44.5**		
Backup Storage					
Linen trolley parking bay	1	1.5	1.5		
Clinical supplies trolley	1	1.5	1.5		
Clinical Store/Controlled drug Cupboard	1	1.5	1.5		
Clean Utility Room	1	12.0	12.0	T0505	
Large Eqpt Store	1	7.5	7.5		
Sub-Total			**24.0**		
Utilities					
Dirty utility/Sluice/Test Room - small	1	6.5	6.5		
Dirty utility/Disposal hold	1	8.0	8.0	Y0315	Interim Disposal Hold on Ward
Cleaners room	1	7.0	7.0		
WC/WHB - type 1	1	2.0	2.0		
Switchgear cupboard	1	1.0	1.0		
Sub-Total			**24.5**		
Office and Administrative Services					
Reception - 2 position - open	1	8.0	8.0		
Office - 1 position + meeting area	1	12.0	12.0		
Charge Nurse/Sister's Office	1	9.0	9.0		
Printer/IT/Admin Store Room	1	6.0	6.0		
Waiting Area - 5-10 persons	1	16.0	16.0		
Sub-Total			**51.0**		
Additional Accomodation and Services					
Socialisation Space	1	24.0	24.0		Could be dispersed and/or informal socialisation space
Medical Hot Desking (2 Places)	1	10.0	10.0		
Sub-Total			**34.0**		

Total net (Incl Optional Accom)			766.0
Planning	5%		38.3
Sub-Total			804.3
Engineering	3%		24.1
Circulation	31%		249.3
Total			**1077.8**

RHEUMATOLOGY WARD

Number of Beds		28												
Percentage Single Rooms		100%												
Description	Qty	Unit Area m²	Total Area m²	Comment	*BE*	*DIFFERS*	Room Area shortfall *sqm*	Room Area shortfall *% target*	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Bed area facilities													
Acute single bedroom (incl family & clinical support space)	28	16.5	462.0	12 of 28 below brief area(100% Single rooms)						Yes	Refer to NA-XX-XX-SK-AS-400-100	No/Yes	Revised sketch prepared to indicate minimum room size NA can achieve is 16.52m2 (max 17.11m2). No rooms below briefed area
Patients en-suite with chamfered shower as per HBN 00-02	28	4.5	126.0										
Sub-Total			**588.0**		599.2	11.2							
Patient support facilities													
Interview/sitting room	1	9.0	9.0		10.7								
Resuscitation trolley parking bay: 1 trolley	1	2.0	2.0		1.4		-0.6	-30.0%	no	Yes	Yes	No/Yes	Corridor can be reduced and/or riser size slightly adjusted if required
Pantry/Beverage making area	1	12.0	12.0		11.1		-0.9	-7.5%	yes	Yes	Yes	No/Yes	Disposal Hold above area; area to CU can be increased if required
Ward Food trolley parking bay	1	1.5	1.5		1.1		-0.4	-26.7%	no	Yes	Yes	No/Yes	Corridor can be reduced and/or riser size slightly adjusted if required
Wheelchair bay	1	4.0	4.0	2 provided by bidder						Yes	Yes	No/Yes	We assume that this is acceptable
Nurses Station	1	8.0	8.0		11.6								

Touch Down Spaces	4	2.0	8.0	6 @1.2 provided by bidder(as per HBN 04-01)	4.8		-3.2	-40.0%	no	Yes	Yes	No/Yes	Our design proposal is based around providing 6xsmaller touchdown bases to ensure an even spread around the ward. This assists with the flexibility of the template.
Sub-Total			**44.5**		**47.6**	**3.1**							
Backup Storage													
Linen trolley parking bay	1	1.5	1.5										
Clinical supplies trolley	1	1.5	1.5		1.4		-0.1	-6.7%	yes	Yes	Yes	No/Yes	Corridor can be reduced and/or riser size slightly adjusted if required
Clinical Store/Controlled drug Cupboard	1	1.5	1.5		1.4		-0.1	-6.7%	yes	Yes	Yes	No/Yes	Corridor can be reduced and/or riser size slightly adjusted if required
Clean Utility Room	1	12.0	12.0		10.6		-1.4	-11.7%	no	Yes	Yes	No/Yes	Disposal Hold above area; area to CU can be increased if required
Large Eqpt Store	1	7.5	7.5		5.8		-1.7	-22.7%	no	Yes	Yes	No/Yes	Corridor can be reduced and/or riser size slightly adjusted if required
Sub-Total			**24.0**		**21.9**	**-2.1**							
Utilities													
Dirty utility/Sluice/Test Room - small	1	6.5	6.5		6.9								
Dirty utility/Disposal hold	1	8.0	8.0	Interim Disposal Hold on Ward	20.6								
Cleaners room	1	7.0	7.0		7.8								
WC/WHB - type 1	1	2.0	2.0		3.9								
Switchgear cupboard	1	1.0	1.0										
Sub-Total			**24.5**		**42.9**	**18.4**							
Office and Administrative Services													

	1	8.0	8.0	shared 1 between 2 wards						Our design proposal is based around a shared Reception/Wait/ WC area at each Public Core. This assists
Reception - 2 position - open					7.7		-0.3	-3.8%	yes	
Office - 1 position + meeting area	1	12.0	12.0							
Charge Nurse/Sister's Office	1	9.0	9.0							
Printer/IT/Admin Store Room	1	6.0	6.0							
	1	16.0	16.0	shared 1 between 2 wards						Our design proposal is based around a shared Reception/Wait/ WC area at each Public Core. This assists
Waiting Area - 5-10 persons					20.1					
Sub-Total			**51.0**		**54.8**	**3.8**				
Essential Complementary Accomodation										
	1	16.0	16.0	not provided by bidder						the Standard Generic Ward Template. We propose to locate this within the Multi-Functional Shared Support Pod. This is where we will be able to add the additional rooms
Assisted Bathroom					0.0		-16.0	-100.0%	no	room missing as this is additional from the standard Generic Ward Template
Sub-Total			**16.0**		**0.0**	**-16.0**				

Additional Accomodation and Services												
Socialisation Space	1	24.0	24.0	Could be dispersed and/or informal socialisation space	25.5							
Medical Hot Desking (2 Places)	1	10.0	10.0		9.2		-0.8	-8.0%	yes	Yes	Yes	No/Yes	Socialisation Space is above area; move wall to increase area of Hot Desk
Sub-Total			**34.0**		**34.7**	**0.7**						
Total net (Incl Optional Accom)			**782.0**		**801.1**		**-25.5**	**-3%**				
Planning	5%		39.1									
Sub-Total			821.1									
Engineering	3%		24.6									
Circulation	31%		254.5									
Total			**1100.3**									

1300

This is the BE Total Area

DERMATOLOGY WARD

Number of Beds			18										
Percentage Single Rooms			100%										
Description	Qty	Unit Area m²	Total Area m²	Comments	*BE*	*DIFFERS*	Room Area shortfall *sqm*	Room Area shortfall *% target*	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Bed area facilities													
Acute single bedroom (incl family & clinical support space)	18	16.5	297.0	8 of 18 below brief area - (100% Single rooms)	294.7					Yes	Refer to NA-XX-XX-SK-AS-400-100	No/Yes	Revised sketch prepared to indicate minimum room size NA can achieve is 16.52m2 (max 17.11m2). No rooms below briefed area
Patients en-suite wc & wash double assist	18	4.5	81.0	(as per HBN 00-02)									
Sub-Total			**378.0**		**379.5**	**1.5**							
Treatment Area													
Day bed area - 3 recliners/trolleys	3	13.5	[illegible]	area below brief	26.7		-13.8	-34.1%	no	Yes	Yes	No/Yes	We need to redesign the reception, nurse base area to accommodate the Wait, which needs to be moved in order to provide the required clinical space.
ensuite to day bed area - shower/wc/whb	1	4.5	4.5		4.7								
Treatment Rooms with Prep Area (Biopsy, procedures etc)	4	16.5	[illegible]	2 of 4 below brief area	64.6		-1.4	-2.1%	yes	Yes	Yes	No/Yes	We need to redesign the reception, nurse base area to accommodate the Wait, which needs to be moved in order to provide the required clinical space.
Clean Utility & Prep Room	1	12.0	[illegible]		10.6		-1.4	-11.7%	?	Yes	Yes	No/Yes	Disposal Hold above area; area to CU can be increased if required
Procedure Room	1	13.5	13.5										
Clinical Invesligation Room (single sided consult / exam)	1	13.5	13.5										
Sub-Total			[illegible]		***133.7***	**-16.3**							
Patient support facilities			0.0										
Interview/sitting room: 5 places	1	9.0	9.0		10.7								
Resuscitation trolley parking bay: 1 trolley	1	2.0	2.0		1.4		-0.6	-30.0%	no	Yes	Yes	No/Yes	Corridor can be reduced and/or riser size slightly adjusted if required
Pantry/Beverage making area	1	12.0	[illegible]		11.1		-0.9	-7.5%	yes	Yes	Yes	No/Yes	Disposal Hold above area; area to CU can be increased if required
Ward Food trolley parking bay	1	1.5	[illegible]		1.1		-0.4	-26.7%	no	Yes	Yes	No/Yes	Corridor can be reduced and/or riser size slightly adjusted if required
Wheelchair bay	1	4.0	4.0										
Nurses Station	1	8.0	8.0										
Touch Down Spaces	4	2.0	[illegible]	(as per HBN 04-01)	4.8		-3.2	-400%	no	Yes	Yes	No/Yes	Touchdown bases are required to be smaller to ensure all bedrooms are 16.5m2 minimum
Sub-Total			**44.5**		**42.6**	**-1.9**							

DERMATOLOGY WARD

Number of Beds		18												
Percentage Single Rooms		100%												
Description	Qty	Unit Area m²	Total Area m²	Comments	*BE*	*DIFFERS*	Room Area shortfall *sqm*	*%target*	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Backup storage			0.0										
Linen trolley parking bay	1	1.5	1.5		2.6								
Clinical supplies trolley	1	1.5	1.5							Yes	Yes	No/Yes	Corridor can be reduced and/or riser size slightly adjusted if required
Clinical Store/Controlled drug Cupboard	1	1.5	1.5							Yes	Yes	No/Yes	Corridor can be reduced and/or riser size slightly adjusted if required
Large equipment store	1	7.5			5.8		-1.7	-22.7%	no	Yes	Yes	No/Yes	Disposal Hold above area; area to CU can be increased if required
										Yes	Yes	No/Yes	Corridor can be reduced and/or riser size slightly adjusted if required
Sub-Total			**12.0**		**11.3**	**-0.7**							

DERMATOLOGY WARD

Number of Beds		18										
Percentage Single Rooms		100%										
Description	Qty	Unit Area m²	Total Area m²	Comments	*BE*	*DIFFERS*	Room Area shortfall *sqm*	Room Area shortfall *% target*	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Utilities			0.0										
Dirty utility/Sluice/Test Room - small	1	6.5	6.5		6.9								
Dirty utility/Disposal hold	1	8.0	8.0	Interim Disposal Hold on Ward	20.6								
Cleaners room	1	7.0			5.9		-1.1	-15.7%	no	Yes	Yes	No/Yes	Space adjacent to Cleaners Room to increase size if required
WC/WHB - type 1	1	2.0	2.0										
Switchgear cupboard	1	1.0	1.0										
Sub-Total			**24.5**		**40.2**	**15.7**							
Office and administration services			0.0										
Reception / Clerk: 1 position open to corridor	1	6.0	6.0		9.0								
Office - 1 position + meeting area	1	12.0	12.0										
Charge Nurse/Sister's Office	1	9.0	9.0										
Printer/IT/Admin Store Room	1	6.0			4.0		-2.0	-33.3%	no	Yes	Yes	No/Yes	Socialisation Space is above area; move wall to increase area of Store if required
Waiting Area: 3 places	1	4.0	4.0		10.7								
Sub-Total			**37.0**		**44.7**	**7.7**							

DERMATOLOGY WARD

Number of Beds			18										
Percentage Single Rooms			100%										
Description	Qty	Unit Area m²	Total Area m²	Comments	*BE*	*DIFFERS*	Room Area shortfall *sqm*	Room Area shortfall *% target*	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Essential Complementary Accomodation													
Assisted Bathroom	2	16.0		1 of 2 below brief area									
Sub-Total			**32.0**		**32.6**	**0.6**							
Additional Accomodation and Services													
Socialisation Space	1	18.0	18.0		20.8								
Medical Hot Desking (2 Places)	1	10.0			9.2		-0.8	-8.0%		Yes	Yes	No/Yes	Socialisation Space is above area; move wall to increase area of Hot Desk
Sub-Total			**28.0**		**30.0**	**2.0**							
Total net			**706.0**		**714.6**	**8.6**	-27.3	-4%					
Planning	5%		35.3										
Sub-Total			741.3										
Engineering	3%		22.2										
Circulation	31%		229.8										
Total			**993.3**		1138								This is the BE Total Area

STROKE WARD

Number of Beds	26
Percentage Single Rooms	1

Description	Qty	Unit Area m²	Total Area m²	Comment	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required or can shortfall be designed out?	BE comment
Bed area facilities													
Acute single bedroom (incl family & clinical support space)	26	16.5	429.0										
Patients en-suite with chamfered shower as per HBN 00-02	26	4.5	117.0										
Sub-Total			**546.0**		**593.6**	**47.6**							
Patient support facilities			0.0										
Consulting/examination (or treatment) room	1	16.5			15.8		-0.7	-4.2%	yes	yes	yes	designed out/no issue	
Interview/sitting room 5 places	1	9.0	9.0		9.1								
Resuscitation trolley parking bay 1 trolley	1	2.0	2.0										
Pantry/Beverage making area - Regen & Wash Up	1	26.0	[illegible]		24.3		-1.7	-6.5%	yes	yes	yes	designed out no issue	
Ward Food trolley parking bay	2	1.5	3.0										
Wheelchair bay	1	4.0	4.0										
Nurses station	1	8.0	8.0										
Touch down spaces	4	2.0	8.0	bidder has provided 5 - (as per HBN04-01)									
Sub-Total			**76.5**		**78.4**	**1.9**							
Backup storage			0.0										
Linen trolley parking bay	1	1.5	1.5										
Clinical supplies trolley	1	1.5	1.5										
Clinical Store/Controlled drug Cupboard	1	1.5		not provided by bidder	0.0		-1.5	-100.0%	no	yes	yes	designed out	need to add room
Clean Utility Room	1	12.0	12.0										
Medicines Management Room	1	14.0	14.0										
Equipment store	1	8.0	8.0										
Sub-Total					**37.2**	**-1.3**							
Utilities			0.0										
Dirty utility/sluice/test room - small	1	6.5	6.5										
Dirty utility/Disposal hold	1	8.0		Interim Disposal Hold on Ward	6.1		-1.9	-23.8%	no	?	yes	designed out	
Cleaners room	1	7.0	7.0										
WC/WHB - type 1	1	2.0	2.0										
Switchgear cupboard	1	1.0	1.0										
Sub-Total			**24.5**		**24.6**	**0.1**							
Office and administration services			0.0										
~~Reception / Clerk - 2 position open~~	1	8.0	8.0										
Office incl meeting area 1 place	1	12.0	12.0										
Charge Nurse/Sisters office	1	9.0	9.0										
Printer/IT/Admin Store room	1	6.0	6.0										
Waiting area 5 places - opposite reception point	1	16.0	16.0										
additional WC					4.7								
Sub-Total			**51.0**		**56.0**	**5.0**							
Other & Shared Accommodation													
Assisted Bathroom	1.00	16.0	16.0										
Seminar Room / Meetings / Health Education	1.00	30.0			26.3		-3.7	-12.3%	yes	yes	yes	Designed out no issue	
Medical hot desking (2 places)	1.00	10.0	10.0										
Workstations x2	1.00	8.0	8.0										
Socialising space	1.00	24.0	24.0										
Disposal hold & recycling point	1.00	8.0	8.0										
Staff Change, WCs, Showers & Lockers - Male			12.0										
Staff Change, WCs, Showers & Lockers - Female			22.0										
Sub-Total					**129.2**	**-0.8**							
Additional Allowance													
Therapy Space on or immediately adjacent to ward.													
ADL Bath Room & WC	1.00	13.0	13.0										
Therapy Area	1.00	55.0	[illegible]		53.3		-1.7	-3.1%	yes	yes	yes	Designed out no issue	
Therapy Store	1.00	12.0	[illegible]		9.2		-2.8	-23.3%	yes	yes	yes	Designed out no issue	
Sub-Total			**80.0**		**75.5**	**-4.5**							
Total net			**946.8**		**994.6**	**48.0**	-14	-1%					
Planning	5%		47.3										
Sub-T Total			993.8										
Engineering	3%		29.8										
Circulation	31%		308.1										
Total			**1331.7**		1506.7								

1506.7 ← BE as drawn area

RENAL WARDS & MAIN DEPARTMENT

Total Bed Numbers = 80

NB: All beds are to be plumbed for haemodialysis

Number of Beds		22		2 No 22 Bed Wards to be Provided								
Porcentage Single Rooms		100%										
Description	Qty	Unit Area m²	Total Area m²	Comment	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Bed area facilities													
Acute single bedroom (incl family & clinical support space)	22	16.5	363.0	17 of 44 rooms below brief area - only 43 rooms provided - (100% Single rooms)			-2.1			Yes	Refer to NA-XX-XX-SK-AS 400-100	No/Yes	Revised sketch prepared to indicate minimum room size NA can achieve is 16.52m2 (max 17.11m2). No rooms below briefed area. All 44 Bedrooms have been provided - there is 1xmissing Bedroom in the Higher Acuity Ward
Patients en-suite wc & wash double assist	22	4.5	99.0	(as per HBN 00-02)									
additional waiting area					14.0								Waiting and Reception areas need to be reviewed. BE proposed design has flexible bedrooms between 16xBed Ward and 22xBed Wards. We believe this could lead to some sharing of support facilites, which needs to be reviewed and agreed during the Design Development Stage
additional reception					8.7								Waiting and Reception areas need to be reviewed. BE proposed design has flexible bedrooms between 16xBed Ward and 22xBed Wards. We believe this could lead to some sharing of support facilites, which needs to be reviewed and agreed during the Design Development Stage
Sub-Total			462.0		439.5	-22.6							
Patient support facilities													
Consulting/examination (or treatment) roor	1	16.5	16.5										
Quiet sitting space / Additional Social Space	1	9.0		not provided by bidder	0.0		-9.0	-100.0%	no	Yes	Yes	No/Yes	The end of the Wards can be used as 'break-out' spaces with seating provided and views out. This will provide 2x7.5m2 sitting areas
Interview/sitting room: 5 places	1	9.0	9.0										
Resuscitation trolley parking bay: 1 trolley	1	2.0	2.0		1.4		-0.6	-30.0%	no	Yes	Yes	No/Yes	Corridor can be reduced and/or riser size slightly adjusted if required
Pantry/Beverage making area	1	12.0	12.0		11.1		-0.9	-7.5%	yes	Yes	Yes	No/Yes	Disposal Hold above area; area can be increased if required
Ward Food trolley parking bay	1	1.5	1.5										
Wheelchair bay	1	4.0	4.0										
Nurses Station	1	8.0	8.0		10.6								
Touch Down Spaces	4	2.0	8.0	8 provided by bidder all below brief area - 2 wards allowance									Touchdown bases are required to be smaller to ensure all bedrooms are 16.5m2 minimum
Sub-Total			70.0		98.2	28.2							

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RENAL WARDS & MAIN DEPARTMENT

Total Bed Numbers = 80

NB: All beds are to be plumbed for haemodialysis

Number of Beds		22		2 No 22 Bed Wards to be Provided							
Percentage Single Rooms		100%									
Description	**Qty**	**Unit Area m²**	**Total Area m²**	**Comment**	***BE***	***DIFFERS***	**Room Area shortfall**		**Can area variance be explained by design tolerance?**	**Can NA plan functional room in this area**	**Functionality to be determined at RDS/1:50 planning stage**	**Will more area be required/can shortfall be designed out?**	**BE comment**
							sqm	***% target***					
Backup storage													
Linen trolley parking bay	1	1.5	1.5										
Consumables Store	1	14.0	14.0										
Clean Utility Room	1	12.0	12.0										
Equipment store	1	5.0	5.0	Plumbed Storage for Dialysis Machines									
Mobile equipment bay	1	4.0	4.0										
additional													
admin store					5.1								NOTE: These need to be reviewed and the space can be allocated to any missing rooms/area shortfalls
clinical supplies trolley					1.4								NOTE: These are provided as part of the Generic Ward Template. BE design includes for this area as it is assumed as required.
clinical store/controlled drugs cupboard					1.4								NOTE: These are provided as part of the Generic Ward Template. BE design includes for this area as it is assumed as required.
Sub-Total			**36.5**		**41.9**	**5.4**							
Utilities													
Dirty Utility/sluice/Test Room - small	1	6.5	6.5		6.9								
Dirty utility/Disposal hold	1	8.0	8.0	Interim Disposal Hold on Ward	20.6								
Cleaners room	1	7.0	7.0										
Staff wc & wash: Ambulant user	1	2.0	2.0										
Switchgear cupboard	1	1.0	1.0										
additional													
staff wc					2.4								NOTE: These need to be reviewed and the space can be allocated to any missing rooms/area shortfalls
shower					4.3								NOTE: These need to be reviewed and the space can be allocated to any missing rooms/area shortfalls
wc					3.2								NOTE: These need to be reviewed and the space can be allocated to any missing rooms/area shortfalls
Sub-Total			**24.5**		**38.2**	**13.7**							
Office and administration services													
Reception / Clerk - 1 position open to corn	1	6.0	6.0										
Office - 1 position + meeting area	1	12.0	12.0										
Charge Nurse/Sister's Office	1	9.0	9.0										
Printer/IT/Admin Store Room	1	6.0	6.0										
Waiting area: 3 places	1	4.0	4.0	Opposite Reception office									
additional wc					3.2								NOTE: These need to be reviewed and the space can be allocated to any missing rooms/area shortfalls
Sub-Total			**37.0**		**47.3**	**10.3**							
Total net			**630.0**		**665.1**	**35.1**							
Planning	5%		31.5										
Sub-Total			661.5										
Engineering	3%		19.8										
Circulation	31%		205.1										
Total			**886.4**										

RENAL WARDS & MAIN DEPARTMENT

Total Bed Numbers = 80
NB: All beds are to be plumbed for haemodialysis

Number of Beds		22		2 No 22 Bed Wards to be Provided								
Percentage Single Rooms		100%										
Description	Qty	Unit Area m²	Total Area m²	Comment	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Additional Space To support both 22 bed wards:													
Major General Storage for Department	1	31.0	31.0		0.0		-31.0	-100.0%					Circulation provision either side of the FM Bridge to be reviewed - the area adjacent to the Multi-Function Pod equates to 60m2. This area could be utilised to provide some/all of the shortfalls in Storage.
Workstations (6 x clinical)	1	24.0	24.0		17.9		-6.1	-25.4%	no				
Sub-Total			55.0		17.9	-37.1							
Total net			55.0										
Planning	5%		2.8										
Sub-Total			57.8										
Engineering	3%		1.7										
Circulation	31%		17.9										
Total			77.4				-68.6	-89%					

16 Bed Ward & Day Unit

Number of Beds		16										
Percentage Single Rooms		100%										
Description	Qty	Unit Area m²	Total Area m²	Comment								
Bed area facilities												
Acute single bedroom (incl family & clinical support space)	16	16.5	264.0	4 of 16 below bnef area -(100% Single rooms)						Yes	Refer to NA-XX-XX-SK-AS 400-100	No/Yes	Revised sketch prepared to indicate minimum room size NA can achieve is 16.52m2 (max 17.11m2).
Patients en-suite wc & wash double assist	16	4.5	72.0	(as per HBN 00-02)									
Quite sitting space / Additional Social Space	1	9.0	9.0		12.7								
Sub-Total			345.0		360.7	15.7							
Day Assessment & Treatment Area													
Minor Procedures & Treatment Room (incl prep)	1	21.0		NB: Air handling & Gases required	20.9		-0.1	-0.5%	yes	Yes	Yes	No/Yes	
Consult Exam Room	3	16.5	49.5										
Waiting Area	1	12.0	12.0										
4 Day Trolley Spaces	4	13.5		not provided by bidder - 2 sided glass cubicles, open front	50.8		-3.2	-5.9%	no	Yes	Yes	No/Yes	Room provided (No. RENW-082) at 50.8m2. Adjacent room oversized, room can be increased by 3.7m2
Patients en-suite assisted shower, wc & wash	1	4.5		not provided by bidder	5.0		0.5	11.1%	no	Yes	Yes	No/Yes	Room provided (No. RENW-200) at 5.0m2.
Staff Base	1	8.0		not provided by bidder	10.5		2.5	31.3%	no	Yes	Yes	No/Yes	Room provided (No. RENW-202) at 10.5m2.
WC - W'chair	1	4.5	4.5										
Sub-Total					87.0	-66.5							
Inpatient Dialysis Centre				***Supervised area for inpatients***									
Dialysis Stations	4	13.5	54.0	2 sided glass cubicles, open front									
Sub-Total			54		54.9	0.9							

RENAL WARDS & MAIN DEPARTMENT

Total Bed Numbers = 80
NB All beds are to be plumbed for haemodialysis

Number of Beds		22		2 No 22 Bed Wards to be Provided									
Percentage Single Rooms		100%											
Description	Qty	Unit Area m²	Total Area m²	Comment	*BE*	*DIFFERS*	Room Area shortfall *sqm*	Room Area shortfall *% target*	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Patient support facilities													
Consulting/examination (or treatment) room	1	16.5	16.5		16.0		-0.5	-3.0%	yes	Yes	Yes	No/Yes	
Interview/sitting room: 5 places	1	9.0	9.0	not provided by bidder	10.1		1.1	12.2%	no	Yes	Yes	No/Yes	Room provided (No. RENW-193) at 10.1m2.
Resuscitation trolley parking bay: 1 trolley	1	2.0	2.0										
Pantry/Beverage making area	1	12.0	12.0		11.4		-0.6	-5.0%	yes	Yes	Yes	No/Yes	
Ward Food trolley parking bay	1	1.5	1.5										
Touch Down Spaces	3	2.0	6.0	only 2 provided by bidder - (as per HBN 04-01)	2.0		-4.0	-66.7%	no	Yes	Yes	No/Yes	Additional Touchdown to be added
Sub-Total			47.0		82.3	35.3							
Backup storage													
Linen trolley parking bay	1	2.5	2.5	not provided by bidder	0.0		-2.5	-100.0%		Yes	Yes	No/Yes	BE proposed design has flexible bedrooms between 16xBed Ward and 22xBed Wards. We believe this could lead to some sharing of support facilites, which needs to be reviewed and agreed during the Design Development Stage
Clean Utility Room	1	12.0	12.0		10.6		-1.4	-11.7%	no	Yes	Yes	No/Yes	
Consumables Store	1	12.0	12.0	not provided by bidder	0.0		-12.0	-100.0%		Yes	Yes	No/Yes	BE proposed design has flexible bedrooms between 16xBed Ward and 22xBed Wards. We believe this could lead to some sharing of support facilites, which needs to be reviewed and agreed during the Design Development Stage
Equipment store	1	5.0	5.0	Plumbed Storage for Dialysis Machines									
Mobile equipment bay	1	4.0	4.0										2xprovided - omit 1 of these @5.6m2 and use for missing Storage
Sub-Total					21.4	-14.1							
Utilities				***co-locate with day unit***									
Dirty utility/disposal hold	1	8.0	8.0	Interim Disposal Hold on Ward									
Cleaners room	1	7.0	7.0										
Staff wc & wash: Ambulant user	1	2.0	2.0										
Switchgear cupboard	1	1.0	1.0										
Sub-Total			18.0		24.0	6.0							
Office and administration services													
Reception / Clerk - 1 position open to corridor	1	6.0	6.0										
Office incl meeting area	1	12.0	12.0										
Printer/IT/Admin Store Room	1	6.0	6.0										
Waiting area: 3 places	1	4.0	4.0	Opposite Reception office									
Workstation Area + Case Notes: 3 Person	1	15.0	15.0	not provided by bidder	0.0		-15.0	-100.0%		Yes	Yes	No/Yes	Room provided (No. RENW-175) at 12.2m2.
Sub-Total			43.0		28.3	-14.7							

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RENAL WARDS & MAIN DEPARTMENT

Total Bed Numbers = 80

NB All beds are to be plumbed for haemodialysis

Number of Beds		22		2 No 22 Bed Wards to be Provided									
Percentage Single Rooms		100%											
Description	Qty	Unit Area m²	Total Area m²	Comment	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Other & Shared Accommodation													
Staff / Nurse Bases	2	5.0	10.0	bonly 1 provided by bidder									
Sub-Total			**10.0**		11.6	1.6							
Other Support Acommodation													
Equipment Store	1	16.0	16.0	not provided by bidder	0.0		-16.0	-100.0%		Yes	Yes	No/Yes	1 additional equipment bays @5.6m2 to be used for missing Storage. Utilise area to back of Mech Risers for additional Renat Ward Storage. 2xareas @25m2 potentially viable space
Sub-Total			**16.0**		0.0	-16.0							
Total net			**722.0**		670.2	-51.8	-51.2	-7%					
Planning	5%		36.1										
Sub-Total			758.1										
Engineering	3%		22.7										
Circulation	31%		235.0										
Total			**1015.9**										

20 Bed Higher Acuity (Level 2 Ward)

Number of Beds		20											
Percentage Single Rooms		100%											
Description	Qty	Unit Area m²	Total Area m²	Comment	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Bed area facilities													
Single Room bed area	20	20.0	400.0	only 19 rooms provided by bidder 9 below briet area	387.5					Yes	Yes	No/Yes	BE have provided 14 with Ensuites - the omission of one of the Showers (RENW006) would provide the area for the missing adjacent to the oversized Bedroom (RENW-005). Total area available = 40m2
Gowning lobby single bedroom	2	5.0	10.0	4 provided by bidder									
Patients en-suite wc & wash double assist	12	4.5	54.0	14 provided by bidder -(as per HBN 00-0 2) These are to be associated with single rooms with gowning lobbies and 8No rooms						Yes	Yes	No/Yes	BE have provided 14 with Ensuites - the omission of one of the Showers (RENW006) would provide the area for the missing adjacent to the oversized Bedroom (RENW-005). Total area available = 40m2
Shower / WC - Assisted	2	7.0	14.0	To support rooms without en-suites									
Staff Meeting / Interview	1	16.0	16.0		14.5		-1.5	-9.4%	yes				
Communications / Staff Base	2	8.0	16.0	only 1 provided by bidder	7.3		-8.7	-54.4%	no				2x Staff Bases have been provided. 1@ 7.2m2, one @4.5m2.
Sub-Total			**510.0**		513.6	3.6							

RENAL WARDS & MAIN DEPARTMENT

Total Bed Numbers = 80

NB All beds are to be plumbed for haemodialysis

Number of Beds		22		2 No 22 Bed Wards to be Provided								
Percentage Single Rooms		100%										
Description	Qty	Unit Area m²	Total Area m²	Comment	*BE*	*DIFFERS*	Room Area shortfall *sqm*	Room Area shortfall *% target*	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Entrance/Reception/Administration facilities													
Reception desk/office 2 places	1	12.0	12.0	not provided by bidder - Adjacent to entrance	0.0		-12.0	-100.0%					BE propose to utilise the Core A Shared Wait @ 20m2 and the DisWC @6m2 = 26m2
Visitors sitting & waiting room (with beverages)	1	15.0	15.0	not provided by bidder	0.0		-15.0	-100.0%					BE propose to utilise the Core A Shared Wait @ 20m2 and the DisWC @6m2 = 26m2
Visitors wc Disabled/ wheelchair user	1	4.5	4.5	not provided by bidder	0.0		-4.5	-100.0%		Yes	Yes	No/Yes	Male & Female WC areas are provided in Core A, which equates to 2xareas @9m2. Whole area needs to be re-dosigned to share facilities where possible
Telephone area: single booth: low height	1	2.0	2.0	not provided by bidder	0.0		-2.0	-100.0%		Yes	Yes	No/Yes	Male & Female WC areas are provided in Core A, which equates to 2xareas @9m2. Whole area needs to be re-designed to share facilities where possible
Sub-Total			33.5		15.8	-17.7							
Utility/clinical area support facilities													
Clean utility	1	14.0	14.0										
Status laboratory	1	8.5	8.5	not provided by bidder	0.0		-8.5	-100.0%					Circulation provision either side of the FM Bridge to be reviewed - the area adjacent to the Multi-Function Pod equates to 60m2. This area could be utilised to provide the missing room.
Dirty utility with urine testing	2	12.0	24.0	1 of 2 below brief area									
Staff wc & wash: Ambulant user	1	2.0	2.0										
Housekeepers (cleaners) room	1	7.0	7.0										
Patients pantry	1	12.0	12.0										
Sub-Total			67.5		67.0	-0.5							
Office and administration services													
Relatives Rooms	2	14.0	28.0	2 of 2 below brief area	27.1					Yes	Yes	No/Yes	Area provided is adequate to be functional
Charge Nurse/Sister's Office	1	9.0	9.0										
Flexible office accomodation (6 spaces)	1	24.0	24.0	not provided by bidder	0.0		-24.0	-100.0%					Nurse Station/Reception (RENW-053) @ 15.8m2 can be utilised for office space if Reception moved to Core A. Cleaner could be shared from FM cores which would provide additional 9m2
Administration store room	1	2.0	2.0		0.0								
Sub-Total			63.0		36.3	-26.7							

RENAL WARDS & MAIN DEPARTMENT

Total Bed Numbers = 80
NB: All beds are to be plumbed for haemodialysis

Number of Beds		22		2 No 22 Bed Wards to be Provided									
Percentage Single Rooms		100%											
Description	Qty	Unit Area m²	Total Area m²	Comment	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Storage/holding facilities													
Bulk supplies store	1	15.0	15.0		16.0								
Clinical equipment store	1	18.0	18.0		25.0								
Linen bay/store	2	2.5	5.0	only 1 provided by bidder									
Ready use medical gas cylinders store	1	4.0	4.0		3.7		-0.3	-7.5%	yes	Yes	Yes	No/Yes	
Mobile equipment bay	1	4.0	4.0	not provided by bidder	0.0		-4.0	-100.0%					2xwheelchair bays equating to 5.3m2 have been provided but not required in the brief. BE propose to use this area for the Mobile Equipment Bay
Cardiac arrest/emergency trolley bay	2	1.0	2.0	not provided by bidder	0.0		-2.0	-100.0%					Circulation provision either side of the FM Bridge to be reviewed - the area adjacent to the Multi-Function Pod equates to 60m2. This area could be utilised to provide some/all of the shortfalls in Storage.
Sub-Total			**48.0**		52.4	4.4							
Engineering facilities													
Switchgear cupboard	1	2.0	2.0										
Battery/UPS room	1	9.0	9.0	not provided by bidder	0.0		-9.0	-100.0%		Yes	Yes	No/Yes	Circulation provision either side of the FM Bridge to be reviewed - the area adjacent to the Multi-Function Pod equates to 60m2. This area could be utilised to provide some/all of the shortfalls in Storage.
Sub-Total			**11.0**		2.0	-9.0							
Total net			**733.0**		**687.1**	**-45.9**	-91.5	-12%					
Planning	5%		36.7										
Sub-Total			769.7										
Engineering	3%		23.1										
Circulation	31%		238.6										
Total			**1031.3**										

BE proposed design has flexible Renal bedrooms between the 16xBed Ward and 22xBed Wards. There is currently 1xBedroom missing from the 20xBed Higher Acuity Ward which will need to be accommodated. This can be reviewed at the Design Development Stage. In addition, as we have located this within the Generic Ward Template, it benefits from the Shared Support Facilities, which will provide some flex for moving some support out of the main department to accommodate some of the missing rooms.

HAEMATO-ONCOLOGY WARD

NB: 3 Beds are to be plumbed for haemodialysis
NB: All bedrooms will require positive pressure

Number of Beds *Percentage Single Rooms*		14+ 4 day recliners 100%											
Description	**Qty**	**Unit Area m²**	**Total Area m²**	**Comment**	***BE***	***DIFFERS***	**Room Area shortfall** *sqm*	*% target*	**Can area variance be explained by design tolerance?**	**Can NA plan functional room in this area**	**Functionality to be determined at RDS/1:50 planning stage**	**Will more area be required/can shortfall be designed out?**	**BE comment**
Bed area facilities													
Acute single bedroom (incl family & clinical support space)	14	16.5	[illegible]	6 of 14 below brief area - Positive Pressure						Yes	Refer to NA-XX-XX-SK-AS-400-100	No/Yes	Revised sketch prepared to indicate minimum room size NA can achieve is 16.52m2 (max 17.11m2). No rooms below briefed area
Patients en-suite wc & wash double assist	14	4.5	63.0	(as per HBN 00-02)									
Sub-Total			**294.0**		**307.5**	**13.5**							
Day Case Zone													
Day Case Room - Recliner Space	4	13.5	[illegible]	4 of 4 below brief area	48.0		-6.0	-11.1%	yes	Yes	Yes	No/Yes	We have provided adddiitonal rooms to the Brief such as the adjacent Store. This can be reduced to 3m2 and the required space can be added back into the Day Case Recliner Rooms
Staff Base	1	3.0	3.0										
Treatment Room	1	16.5	[illegible]		16.1		-0.4	-2.4%	yes	Yes	Yes	No/Yes	
WC - W'chair	1	4.5	4.5										
additional store					9.0								This is additional to the Brief
Sub-Total			**78.0**		**75.0**	**-3.0**							
Patient support facilities													
Consulting/examination (or treatment) room	1	16.5	[illegible]	pentamidine treatment	16.1		-0.4	-2.4%	yes	Yes	Yes	No/Yes	
Treatment Room	1	16.5	16.5	Intrathecal chemotherapy	18.4								
Interview/sitting room	1	9.0	9.0										
Resuscitation trolley parking bay: 1 trolley	1	2.0	[illegible]		1.4		-0.6	-30.0%	no	Yes	Yes	No/Yes	Corridor can be reduced and/or riser size slightly adjusted if required
Pantry/Beverage making area	1	12.0	[illegible]		11.1		-0.9	-7.5%	yes	Yes	Yes	No/Yes	Disposal Hold above area; area to CU can be increased if required
Ward Food trolley parking bay	1	1.5	[illegible]		1.1		-0.4	-26.7%	no	Yes	Yes	No/Yes	Corridor can be reduced and/or riser size slightly adjusted if required
Wheelchair bay	1	4.0	4.0	2 @ 2.3 provided by bidder									
Nurses Station	1	8.0	8.0										
Touch Down Spaces	4	2.0	[illegible]	4 of 4 below brief area(as per HBN 04-01)	4.0		-4.0	-50.0%	no				Touchdown bases are required to be smaller to ensure all bedrooms are 16.5m2 minimum
additional wheelchair bay					4.6								This is additional to the Brief
Sub-Total			[illegible]		**72.3**	**-5.2**							

HAEMATO-ONCOLOGY WARD

NB: 3 Beds are to be plumbed for haemodialysis
NB: All bedrooms will require positive pressure

Number of Beds / *Percentage Single Rooms*		14+ 4 day recliners 100%										
Description	Qty	Unit Area m²	Total Area m²	Comment	*BE*	*DIFFERS*	Room Area shortfall *sqm*	Room Area shortfall *% target*	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Backup Storage													
Linen trolley parking bay	1	1.5	1.5		2.6								
Clinical supplies trolley	1	1.5	1.5		1.4		-0.1	-6.7%	yes				Corridor can be reduced and/or riser size slightly adjusted if required
Clinical Store/Controlled drug Cupboard	1	1.5	1.5		1.4		-0.1	-6.7%	yes				Corridor can be reduced and/or riser size slightly adjusted if required
Clean Utility Room	1	12.0	12.0		10.6		-1.4	-11.7%	?				Disposal Hold above area; area to CU can be increased if required
Large Eqpt Store	1	20.0	20.0		17.9		-2.1	-10.5%	?				Corridor can be reduced and/or riser size slightly adjusted if required
Sub-Total					**33.9**	**-2.6**							
Utilities													
Dirty utility/Sluice/Test Room - small	1	6.5	6.5		6.9								
Dirty utility/Disposal hold)	1	8.0	8.0	Interim Disposal Hold on Ward	20.6								
Cleaners room	1	7.0	7.0		7.5								
WC/WHB - type 1	1	2.0	2.0		3.9								
Switchgear cupboard	1	1.0	1.0										
Sub-Total			**24.5**		**41.9**	**17.4**							
Office and Administrative Services													
Reception - 2 position - open	1	8.0	8.0	not provided by bidder - shared 1 between two wards	0.0		-8.0	-100.0%		Yes	Yes	No/Yes	There is a shared reception area in Core A. The patients will then move to the dedicated Wait Area on the Ward. This area contains a Staff Base and WC
Office - 1 position + meeting area	1	12.0	12.0		11.4		-0.6	-5.0%	yes	Yes	Yes	No/Yes	
Charge Nurse/Sister's Office	1	9.0	9.0		9.2								
Printer/IT/Admin Store Room	1	6.0	6.0		5.8		-0.2	-3.3%	yes	Yes	Yes	No/Yes	
Waiting Area - 5-10 persons	1	16.0	16.0	not provided by bidder - shared 1 between two wards	18.2	2.2							A separate Waiting Area (NSGH-04-HMOW-002) of 18.2m2 has been provided which is dedicated to this Ward and not shared, In addition to the Shared area in Core A
Sub-Total					**44.6**	**-6.4**							

HAEMATO-ONCOLOGY WARD

NB: 3 Beds are to be plumbed for haemodialysis

NB: All bedrooms will require positive pressure

Number of Beds		14+ 4 day recliners									
Percentage Single Rooms		100%									
Description	**Qty**	**Unit Area m²**	**Total Area m²**	**Comment**	***BE***	***DIFFERS***	**Room Area shortfall**		**Can area variance be explained by design tolerance?**	**Can NA plan functional room in this area**	**Functionality to be determined at RDS/1:50 planning stage**	**Will more area be required/can shortfall be designed out?**	**BE comment**
							sqm	***% target***					
Essential Complementary Accomodation													
Assisted Bathroom	1	16.0	16.0										
Sub-Total			**16.0**		**16.1**	**0.1**							
Additional Accomodation and Services													
Medical Hot Desking (2 Places)	1	10.0	10.0		11.6								
additional office					16.1								This is additional to the Brief
Sub-Total			**10.0**										
Total net			**587.5**		**591.3**	**3.8**	**-25.2**	**-4%**					
Planning	5%		29.4										
Sub-Total			616.9										
Engineering	3%		18.5										
Circulation	31%		191.2										
Total			**826.6**		1013								This is the BE Total Area

WARD SUPPORT CORE

For Floor with 4 wards

	Qty	Unit Area m²	Total Area m²	Comment	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Shared Ward Support Facilities													
Regen Kitchen	1	30.0	30.0		48.5	18.5							
Allowance for Wash Up	1	12.0	12.0		0.0	-12.0				Yes	Yes	No/Yes	Wash-Up included within Kitchen Pod, no additional area required
Disposal Hold & Recycling Point	1	24.0	24.0		26.6	2.6							
Clean Hold					26.6	26.6							Note that we added a Clean Hold at 26m2 to ensure the functionality of the FM Strategy
FM Trolley bays	1	6.0	6.0	allow 4 no. trolleys	44.6	38.6							Note that this was NOT on the original Board SOA. We added these to ensure the functionality of the FM Strategy with the robots.
Workstations x 6	1	24.0	24.0	3 @ 11.5 provided by bidder	34.5	10.5				Yes	Yes	No/Yes	Area within one of 3xOffice Pods - area slightly under but 'Pod' can be adjusted to suit
Medicines Management	1	12.0		not provided by bidder	0.0	-12.0	-12.0	-100.0%		Yes	Yes	No/Yes	Area within one of 3xOffice Pods - area slightly under but 'Pod' can be adjusted to suit
Staff WC/wash	3	2.0	6.0	2f & 1m	0.0	-6.0				Yes	Yes	No/Yes	
Staff locker room - F	1	24.0	24.0	100 half height lockers	54.4	30.4				Yes	Yes	No/Yes	
Staff locker room - M	1	8.0	8.0	20 half height lockers	0.0	-8.0				Yes	Yes	No/Yes	
Staff shower	2	4.0	8.0		0.0	-8.0				Yes	Yes	No/Yes	
Accessible shower / WC	1	4.5	4.5	Includes lockers	0.0	-4.5				Yes	Yes	No/Yes	Area within Staff Change Pod
Cleaners Room	1	7.0	7.0		9.0	2.0							
WC - Wheelchair Visitor	2	4.5	9.0		0.0	-9.0				Yes	Yes	No/Yes	Note that each Public Core has 1xWheelchair WC - therefore we have provided 2xper floor which will comply with DDA sizes
WC/WHB - Visitor	4	2.0	8.0		0.0	-8.0				Yes	Yes	No/Yes	Note that each Public Core has 2xWCs with Lobby - therefore we have provided 4xper floor which are larger than Brief
Multi Functional Cluster	1	80.0	80.0	Varies by Floor it may be type A, B, C or D see below	84.5	4.5							
Sub Total			**262.5**		**328.7**	66.2							
Total Net			**262.5**										
Planning	5%		13.1										
Sub-Total			27.56										
Engineering	3%		8.3										
Circulation	25%		68.9										
Total			**352.8**				-12	-3%					

Multi Functional Cluster A (1no)			
Seminar / Education Room	*1*	*40.0*	*40.0*
Therapy Room (ADL beverage assessment)	*1*	*12.0*	*12.0*
Bulk Fluids & Clean Dressings etc Store	*1*	*28.0*	*28.0*
			80.0

WARD SUPPORT CORE

For Floor with 4 wards

	Qty	Unit Area m²	Total Area m²	Comment	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Multi Functional Cluster B (3no)													
Therapy Area and Store	*1*	*80.0*	*80.0*	*3 plinths, steps/stairs, table, parallel bars*									
			80.0										
Multi Functional Cluster C (2no)													
Seminar / Education Room	*1*	*80.0*	*80.0*										
			80.0										
Multi Functional Cluster D (2no)													
Seminar / Education Room	*1*	*40.0*	*40.0*										
Bulk Fluids & Clean Dressings etc Store	*1*	*40.0*	*40.0*										
			80.0										

For Floor with 2 wards

	Qty	Unit Area m²	Total Area m²			
Shared Ward Support Facilities					cannot locate on schedule	Note that we do not have a floor with 2xwards
Regen Kitchen	1	24.0	24.0			
Allowance for Wash Up	1	10.0	10.0			
FM Trolley bays	1	3.0	3.0	allow 2no. trolleys		
Disposal Hold & Recycling Point	1	16.0	16.0			
Seminar / Education Room	1	40.0	40.0			
Workstations x 6	1	24.0	24.0			
Therapy / AHP / Multi Purpose Assess / Treat	1	40.0	40.0			

WARD SUPPORT CORE

For Floor with 4 wards

	Qty	Unit Area m²	Total Area m²	Comment	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Medicines Management	1	12.0	12.0										
Staff WC/wash	3	2.0	6.0										
Staff locker room - F	1	16.0	16.0										
Staff locker room - M	1	6.0	6.0										
Staff shower	2	4.0	8.0										
Accessible shower / WC	1	4.5	4.5	Includes lockers									
Cleaners Room	1	7.0	7.0										
WC - Wheelchair Visitor	1	4.5	4.5										
WC/WHB - Visitor	2	2.0	4.0										
Sub Total			**225.0**										

Total Net			**225.0**
Planning	5%		11.3
Sub-Total			236.3
Engineering	3%		7.1
Circulation	25%		59.1
Total			**302.4**

CRITICAL CARE FACILITY

ICU 20 beds (2 "pods" of 10)
HDU (Med & Surgical) 39 beds (4"pods" 3 of 10, 1 of 9)
CCU 20 beds (2 "pods" of 10)
NB - Dialysis plumbing to 5 beds - distributed between ICU and HDU

GLOBALLY SHARED FACILITIES

Description	Qty	Unit Area m²	Total Area m²	Notes	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required or can shortfall be designed out?	BE comment
Combined Entrance/Reception/Administration Facilities													
Combined entrance	1			included in circulation area									see replan as per board comments to review through 1:200 stage
Visitors Foyer	1			included in circulation area									
Visitors waiting area	1	100.0	100.0		106.7								
Visitors wc: Disabled/ wheelchair user	3	4.5	13.5										
Reception desk/office: 8 places	1	40.0			39.2		-0.8	-2.0%	yes	yes	yes	designed out	
Sub-Total			153.5		164.1	10.6							
Family Support and Communication Area													
Relatives room	6	14.0	84.0	(May be split into groups)									
Relatives wc: Disabled/ wheelchair user	2	4.5	9.0	To be adjacent to relative areas									
Sub-Total			93.0		92.4	-0.6							
Office Area													
Clinical directors office / Manager 1 place	1	14.0			13.7		-0.3	-2.1%	yes	yes	yes	designed out	
Managers office: 2 piece	2	13.0	26.0										
Consultant Offices - 2 person rooms	7	13.0	91.0										
Clinical staff office/IT resource room: 4 places	4	24.0		2 of 4 below brief area	92.3		-3.7	-3.9%	yes	yes	yes	designed out	
Outreach office: 4 places	1	18.0	18.0		19.3								
Seminar/training room: 40 - 45 places	1	60.0			59.9		-0.1	-0.2%	yes	yes	yes	designed out	
Teaching & research office 2 places, teaching and research staff	3	13.0	39.0										
Meeting Room/Interview/Relatives room (8 person)	1	18.0			15.7		-0.3	-1.9%	yes	yes	yes	designed out	
Sub-Total			360.0		360.1	0.1							
Staff facilities													
Staff Lounge (Including pantry area)	1	140.0			127.0		-13.0	-9.3%	yes	yes	yes	designed out	
Staff changing facilities 60 places	1	30.0	30.0										
Staff changing facilities 160 places	1	70.0			64.2		-5.8	-8.3%	yes	yes	yes	designed out	
Staff shower	8	2.5		only 5 provided by bidder	12.5		-2.5	-16.7%	no	yes	yes	designed out	add shower. (note although one less provided these accommodate real door the 2.0sqm allowance won't therefore although 1 x less they are sized correctly.
Staff wc & wash: Ambulant user	15	2.0	30.0	only 14 provided by bidder					no	yes	yes	designed out	add shower. (note although one less provided these accommodate real door the 2.0sqm allowance won't therefore although 1 x less they are sized correctly.
WC / Shower / Change - Disabled	2	4.5	9.0										
Sub-Total					275.1	-18.9							
Total Net			900.5		891.7	-8.8							
Planning	5%		45.0										
Sub-Total			945.5										
Engineering	3%		28.4										
Circulation	31%		293.1										
Total			1267.0										

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CRITICAL CARE FACILITY

ICU	20 beds (2 "pods" of 10)
HDU (Med & Surgical)	39 beds (4"pods" 3 of 10, 1 of 9)
CCU	20 beds (2 "pods" of 10)

NB - Dialysis plumbing to 5 beds - distributed between ICU and HDU

GLOBALLY SHARED FACILITIES

Description	Qty	Unit Area m²	Total Area m²	Notes	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required or can shortfall be designed out?	BE comment
CRITICAL CARE: ICU/HDU (Medical & Surgical) AREAS													
Clinical areas													
Critical care bed area single room, isolation (access via gowning lobby)	10	26.0	[illegible]	10 of 10 under brief area - 2 beds in each of 5 "pods" (Including both ICU "pods")	239.2		-20.8	-8.0%	yes	yes	yes	designed out	see replan as per board comments to review through 1:200 stage
Gowning lobby single bedroom	10	7.0	[illegible]	2 beds in each of 5 "pods" (Including both ICU "pods")	65.6		-4.4	-6.3%	yes	yes	yes	designed out	see replan as per board comments to review through 1:200 stage
Single Room/Equivalent bed space	49	26.0	[illegible]		1209.3		-64.7	-5.1%	yes	yes	yes	designed out	see replan as per board comments to review through 1:200 stage
Patients en-suite wc & wash double assist	8	4.5	36.0	3 of 8 under brief area - (as per HBN 00-02) En-suite to the 6 single rooms with isolation lobbys in HDU "pods" and 2 further rooms in the remaining HDU pod with no associated gowning lobby									
Shower / WC - Assisted	6	7.0	42.0	3 of 6 under brief area - Aligned to 4 HDU "pods"	35.0				yes	?	yes	designed out	see replan as per board comments to review through 1:200 stage
Staff Resource Room	3	11.0	[illegible]	only 2 provided by bidder - 1 per 2 "pods"	22.7		-10.3	-31.2%	no	?	yes	designed out	add room (one was shown in CCU part, but refer to replan for both areas in line with Board comments
Staff Office / Rest	1	12.0	[illegible]	Associated with the 2 ICU "pods"	11.0		-1.0	-8.3%	yes	yes	yes	designed out	
Staff WC	6	2.0	12.0	1 per "pod"									
Staff Meeting / Interview	3	16.0	48.0	1 per 2 "pods"	16.7								
Communications / Staff Base	6	11.0	66.0	1 per "pod"									
Sub-Total			[illegible]		1793.6	-59.4							
Utility/clinical area support facilities													
Clean utility	3	14.0	[illegible]	1 of 3 under brief area - 1 each between 2 "pods"			-42.0	-100.0%	? These are in	yes	yes	designed out	see replan as per board comments to review through 1:200 stage
Status laboratory	3	8.5	[illegible]	2 of 3 under brief area - 1 each between 2 "pods"	25.4		-0.1	-0.4%	yes	yes	yes	designed out	see replan as per board comments to review through 1:200 stage
Dirty utility with urine testing	5	12.0	[illegible]	4 of 5 under brief area - 1 each per "pod"	55.9		-4.1	-6.8%	yes	yes	yes	designed out	see replan as per board comments to review through 1:200 stage
Dirty Utility with urine testing/equipment cleaning	1	18.0	[illegible]	Aligned to remaining "pod" which should be in ICU	17.3		-0.7	-3.9%	yes	yes	yes	designed out	see replan as per board comments to review through 1:200 stage
Pharmacy Support Area	1	18.0	[illegible]	Specific Client Request Supported By Pharmacy	16.7		-1.3	-7.2%	yes	yes	yes	designed out	see replan as per board comments to review through 1:200 stage
Blood Bank Fridge Area	1	6.0	6.0	Located centrally for all Critical care Facilities (Sized for 2 x fridges as required)	7.1								
Disposal hold	3	15.0	[illegible]	1 of 3 under brief area - 1 each between 2 "pods"	44.7		-0.3	-0.7%	yes	yes	yes	designed out	see replan as per board comments to review through 1:200 stage
Housekeepers (cleaners) room	3	7.0	21.0	1 of 3 under brief area - 1 each between 2 "pods"									
Patients pantry & Regeneration Area	2	12.0	24.0	Aligned to 4 HDU "pods"									
Store Room	1	16.0	[illegible]	not provided by bidder	0.0		-16.0	-100.0%	? Not on original schedule	?	yes	?	not on original schedule can try to accommodate in replan.
Sub-Total			275.5		276.0	0.5							
Storage/holding facilities													

CRITICAL CARE FACILITY

ICU 20 beds (2 "pods" of 10)
HDU (Med & Surgical) 39 beds (4"pods" 3 of 10, 1 of 9)
CCU 20 beds (2 "pods" of 10)
NB - Dialysis plumbing to 5 beds - distributed between ICU and HDU

GLOBALLY SHARED FACILITIES

Description	Qty	Unit Area m²	Total Area m²	Notes	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required or can shortfall be designed out?	BE comment
Bulk supplies store	1	95.0	95.0	Based on "Just In Time" supplies delivery Note. It may be necessary to split storage areas to reduce travel distances	84.7		-10.3	-10.8%	yes	yes	yes	designed out	see replan as per board comments to review through 1:200 stage
Clinical equipment store	1	130.0	130.0	Based on equipment being wall/ceiling mounted as far as possible. It may be necessary to split storage areas to reduce travel distances	124.4		-5.6	-4.3%	yes	yes	yes	designed out	see replan as per board comments to review through 1:200 stage
Equipment Service Room	2	24.0	48.0	2 of 2 under brief area	44.5		-3.5	-7.3%	yes	yes	yes	designed out	see replan as per board comments to review through 1:200 stage
Linen bay/store	6	4.0	24.0	1 of 6 under brief area - 1 each per "pod"	23.0		-1.0	-4.2%	yes	yes	yes	designed out	see replan as per board comments to review through 1:200 stage
Furniture store	1	85.0	85.0		88.4								
Ready use medical gas cylinders store	3	4.0	12.0	3 of 3 under bnef area - 1 per 2 "pods"	11.2		-0.8	-6.7%	yes	yes	yes	designed out	see replan as per board comments to review through 1:200 stage
Mobile imaging equipment bay (x-ray & Ultrasound) with image intensifiers	4	8.0	32.0	4 of 4 under bnef area - 1 each per ICU "pod" , 1 between 2 HDU "pods"	16.0		-16.0	-50.0%	no	?	yes	designed out	see replan as per board comments to review through 1:200 stage
Cardiac arrest/emergency trolley bay	6	1.0	6.0	1 each per "pod"									
Sub-Total					398.9	-33.1							
Engineering facilities													
Switchgear cupboard	3	2.0	6.0	5 provided by bidder									
Battery/UPS room	3	9.0		only 2 provided by bidder	14.8		-12.2	-45.2%					need to review with M&E as these are preferred in plant areas. Design development.
Sub-Total			33.0		28.4	-4.6							
Total net					2496.9	-96.6							
Planning	5%		129.7										
Sub-Total			2723.2										
Engineering	3%		81.7										
Circulation	40%		1089.3										
Total			3894.1										

CRITICAL CARE: CCU AREAS

Clinical areas													
Coronary care bed area: single room	20	20.0	400.0	All with suitable radiological protection to support emergency pacing									

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CRITICAL CARE FACILITY

ICU 20 beds (2 "pods" of 10)
HDU (Med & Surgical) 39 beds (4"pods" 3 of 10, 1 of 9)
CCU 20 beds (2 "pods" of 10)
NB - Dialysis plumbing to 5 beds - distributed between ICU and HDU

GLOBALLY SHARED FACILITIES

Description	Qty	Unit Area m²	Total Area m²	Notes	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at ROS/1:50 planning stage	Will more area be required or can shortfall be designed out?	BE comment
Patients en-suite wc & wash double assist	20	4.5	90	(as per HBN 00-02)									
Staff Resource Room	1	11.0	11.0		11.1								
Staff Meeting / Interview	1	16.0	[redacted]		6.7		-9.3	-58.1%	? This is much larger on plan than 6.7sqm	yes	yes	designed out	see rebriefed schedule with new rooms and layout.
Staff WC	2	2.0	4.0	One of these toilets should be close to the staff meeting/interview room									
Communications / Staff Base	2	8.0	16.0										
Sub-Total			**537.0**		**721.4**	**184.4**							
Utility/clinical area support facilities													
Clean utility / Prep	1	17.0	17.0		19.3								
Clean utility / Store	1	14.0	14.0		17.1								
Status laboratory	1	8.5	8.5		9.2								
Dirty Utility with Urine Testing	1	12.0	12.0		13.8								
Disposal Hold	1	10.0	[redacted]		8.2		-1.8	-18.0%	no	?	yes	designed out	see rebriefed schedule with new rooms and layout.
Housekeepers (cleaners) room	1	7.0	7.0		8.6								
Clinical directors office / Manager 1 place	1	14.0	[redacted]		12.5		-1.5	-10.7%	yes	yes	yes	designed out	see rebriefed schedule with new rooms and layout.
Managers office 2 place	1	13.0	13.0										
Patients pantry & Regeneration Area	1	12.0	12.0										
Sub-Total			**107.5**		**113.9**	**6.4**							
Storage/holding facilities													
Bulk supplies store	1	18.0	18.0										
Clinical equipment store	1	20.0	20.0										
Linen bay/store	2	4.0	[redacted]	1 of 2 under brief area	6.3		-1.7	-21.3%	yes	yes	yes	designed out	
Ready use medical gas cylinders store	1	4.0	4.0										
Mobile imaging equipment bay (x-ray & Ultrasound) with image intensifiers	1	8.0	8.0										
Cardiac arrest/emergency trolley bay	2	1.0	2.0										
Sub-Total			**60.0**		**60.9**	**0.9**							
Engineering facilities													
Switchgear cupboard	1	2.0	2.0										
Battery/UPS room	1	9.0	9.0										
Sub-Total			**11.0**		**18.0**	**7.0**							
Total net			**715.5**		**914.2**	**198.7**	-255.9	-36%					
Planning	5%		35.8										
Sub-Total			751.3										
Engineering	3%		22.5										
Circulation	31%		232.9										
Total			**1006.7**										
TOTAL OVERALL CRITICAL CARE FACILITY			**6167.9**		**6341.2**								This is the BE total area

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OPERATING THEATRES
THEATRE BLOCK - 20 THEATRES

Room Type	Quantity	Size M2	Total M2	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required or can shortfall be designed out?	BE comment
Entrance, reception & waiting facilities with admissions suite (AODOS Area)													
Entrance lobby: controlled access	1			Within circulation allowance									
Reception area (Open)	1	20.0	20.0	To support AOOOS admin									
Porters Base	1	6.0	6.0	Configured as an "open" area									
Waiting room /lounge (60 places)/Doubles as Shared Seminar Space	1	90.0	90.0	To support AODOS									
Secondary Waiting Areas (M & F)	2	24.0	48.0										
Locked store off waiting room/lounge	1	10.0	10.0	For secure storeage of seminar eqpt									
Locked area for storeage of patients bags on baggage trolleys off waiting room/lounge	1	6.0	6.0	Space for 2 x "baggage trolleys" in a secure area									
WC & handwash: accessible, wheelchair assisted	2	4.5	9.0										
Visitors & patients wc: Ambulant user	4	2.5	10.0										
Consulting, examination and changing roo	3	10.0	30.0										
Consulting, examination and changing roo	13	7.0	[illegible]	3 of 13 below brief area - To support AODOS	86.8		-4.2	-4.6%	yes	yes	yes	designed out	need to review plans to board comment
Changing rooms	6	3.5	[illegible]	6 of 6 under brief area -To support AODOS	17.6		-3.4	-16.2%	yes	yes	yes	designed out	need to review plans to board comment
additional bed wait					12.6								
additional bed management					50.8								
Sub-Total			**341.0**		**440.2**	99.2							
Operating theatre suites facilities													
Operating theatre: general	10	55.0		2 of 10 below brief area									need to review plans to board comment
Operating theatre: ultra clean	10	55.0		6 of 10 below brief area	540.1		-9.9	-1.8%	yes	yes	yes	designed out	need to review plans to board comment
Control Rooms	2	10.5	21.0	For imaging theatres									
Machine Rooms	2	9.0	18.0	To support imaging theatre eqpt									
Anaesthetic room: bed space	20	19.0		16 of 20 below brief area	365.0		-15.0	-3.9%	yes	yes	yes	designed out	need to review plans to board comment
Scrub-up & gowning room: 3 places	20	11.0	220.0	only 15 provided by bidder presume 5 shared - May be shared between 2 theatres (But same space required per theatre)									
Preparation room (Daily Use Store): Serv	10	16.0	160.0										
Exit/parking bay: theatre, 1 bed/trolley	20	12.0	240.0	1 of 10 paired exit bays below brief area - May be shared between 2 theatres (But same space required per theatre) This area should include identified "dictation space" with IT access!									
Store: equipment, local to theatre	4	6.0	24.0	(Assumes 4 "pods" of theatres - 1 per pod)									
Dirty utility	20	12.0		5 of 20 below brief area	223.6		-16.4	-6.8%	yes	yes	yes	designed out	need to review plans to board comment
Sub-Total			**2403.0**		**2688. 5**	**285 .5**							
Recovery Area													
Reception/Recovery bay 1 place	40	13.5	540.0	28 of 40 below brief area	531.2				yes	yes	yes	designed out	need to review plans to board comment
Recovery room: post anaesthetic, 1 place	2	16.5	33.0	Glazed with audio link									
Staff & communication base, open 5 staff	2	20.0	40.0	4 provided by bidder @ 10.5 - area to support recovery/reception (May be further sub-divided to optimise service delivery)									

Clean utility	1	14.0	14.0	May be combined with staff bases								
Dirty utility: bedpan disposal & urine test	2	12.0	24.0	1 only provided by bidder								
Parking bay: resuscitation trolley	1	1.0		not provided by bidder	0.0		-1.0	-100.0%	no	yes	yes	designed out	add room
Cleaners (Housekeeping) room	1	7.0		not provided by bidder	0.0		-7.0	-100.0%	no	yes	yes	designed out	add room
Sub-Total			**659.0**		**693.4**	**34.4**						
Support facilities												
Recovery Nurse Office: 1 staff	1	12.0	12.0	This office should be located within the theatre area as it supports a direct theatre day to day management function								
Theatre Management Office	1	30.0		This office should be located within the theatre area as it supports a	29.1		-0.9	-3.0%	yes	yes	yes	designed out	need to review plans to board comment
Theatre Management Office	1	18.0	18.0	This office should be located within the theatre area as it supports a direct theatre day to day management function	18.3								
Blood bank refrigerator bay space	1	6.0		Adjacent to reception/recovery and accesible to all theatres	5.6		-0.4	-6.7%	yes	yes	yes	designed out	need to review plans to board comment
Near patient testing/status laboratory	1	8.5		not provided by bidder - Should be centrally located and aligned to recovery area	0.0		-8.5	-100.0%	yes	yes	yes	designed out	add room
Utility: cleaning & store room, flexible end	1	24.0		Shared with endoscopy	22.6		-1.4	-5.8%	yes	yes	yes	designed out	need to review plans to board comment
Service room: equipment	1	21.0	21.0	For Med Physics use									
Parking bay: mobile x-ray & ultrasound ur	4	5.0	20.0	(Assumes 4 "pods" of theatres - 1 per pod) NB This space should be configured so as to be in the correct proportions for the eqpt in use									
Parking bay: resuscitation trolley	4	1.0	4.0	only 2 provided by bidder - (Assumes 4 "pods" of theatres - 1 per pod)									
Parking bay: e.g. fibre optic bronchoscop	2	4.0		not provided by bidder - (With wall hung clean storage cabinet for intubating bronchoscope)	0.0		-8.0	-100.0%	yes	yes	yes	designed out	need to review plans to board comment
Store: satellite pharmacy	1	12.0		not provided by bidder	0.0		-12.0	-100.0%					add room review plans to board comments
Store: bulk supplies	2	90.0		2 of 2 below brief area	159.3		-20.7	-11.5%	no	yes	yes	designed out	need to review plans to board comment
Store: clinical equipment	2	40.0		1 of 2 below brief area	77.2		-2.8	-3.5%	yes	yes	yes	designed out	need to review plans to board comment
Store: Orthopaedic Specific (For implants	1	30.0			22.3		-7.7	-25.7%	no	yes	yes	designed out	need to review plans to board comment
Store: linen	2	6.0		1 of 2 below brief area - Store or linen exchange trolley options	10.6		-1.4	-11.7%	no	yes	yes	designed out	need to review plans to board comment
Store: ready to use medical gas cylinders	2	4.0	8.0										
Hold: disposal	4	8.0	32.0	3 only provided by bidder - (Assumes 4 "pods" of theatres - 1 per pod)									
Cleaners (Housekeeping) room	2	10.0		1 of 2 below brief area	18.2		-1.8	-9.0%	no	yes	yes	designed out	need to review plans to board comment
Switchgear room	2	5.0		2 of 2 below brief area	5.1		-4.9	-49.0%	no	yes	yes	designed out	need to review plans to board comment
UPS & IT hub room	2	9.0		1 only provided by bidder	11.6		-6.4	-35.6%	no	yes	yes	designed out	need to review plans to board comment
Sub-Total					**508.1**	**-45.4**							
Staff support facilities													
Rest & dining room with beverage & snack preparation bay: 40 staff	1	116.0	116.0										
Small rest room	1	24.0		not provided by bidder - En-suite to rest/dining area	0.0		-24.0	-100.0%				?	add room plans review with Board
Workstations (6 persons)	1	24.0		En-suite to small rest room	23.3		-0.7	-2.9%	yes	yes	designed out	need to review plans to board comment	
Sub Total					**139.3**	**-24.7**							

Shared support facilities: Theatre & anaesthetic department											
Staff changing room including boot chang	1	50.0	50.0	Male staff							
Staff changing room including boot chang	1	90.0	90.0	Female staff							
Utility: footwear washing	2	4.0	8.0	1 For Male staff, 1 For Female staff							
WC Wheelchair user & changing / showe	2	4.5		not provoded by bidder - 1 For Male staff, 1 For Female staff	0.0		-9.0	-100.0%	no	yes	yes	yes	add room
WC & wash: ambulant	16	2.0	32.0	10 x f and 6 x m									
WC & handwash: accessible, wheelchair	2	4.5	9.0										
Shower: ambulant (non patient)	10	2.5	25.0	6 x f and 4 x m									
Sub Total			**223.0**		**237.9**	**14.9**							
Anaesthetic/Theatre Management Facilities											
Main entrance foyer	1		0.0	included in circulation space									
Waiting Area: 3 persons	1	4.5	4.5										
Interview/meeting room: 6 persons	2	14.0	28.0										
Workstation Area	1	36.0		not provided by bidder - With 6 workstations and study space	0.0		-36.0	-100.0%	is there	yes	yes	designed out	was provided next to Mech riser 9. but see new plan in review with Board comments.
Practice Development Team: 3 staff	1	18.0	18.0										
Clinical Director	1	14.0	14.0										
Office: 3 staff	2	18.0	36.0	Secretarial staff									
Consultant / SPRs 5 person offices	5	30.0		1 of 5 below brief area									check plans
Break-out / interview rooms re above	2	10.0	20.0										
Audit Office	1	15.0	15.0	3 persons									
Store: general & stationery	1	6.0	6.0										
On-call overnight stay room	1	13.0	13.0										
Shower, WC &wash: ambulant (non patie	1	5.0	5.0	En-suite to on-call room									
WCs	4	2.0	8.0										
Disabled WC	1	4.5	4.5										
Cleaners (Housekeeping) room	1	7.0	7.0										
additional telephones					142.4								
Sub Total			**365.0**		**372.1**	**7.1**							
TSSU/CSSD Support													
TSSU / CSSD Theatre Store (Deliver to / Collect from)			112.0	not provided by bidder					it is provided as sterile stores allocation 190sqm	yes	yes	designed out	see plans of submission. Also new sketch to take on board Baord comments
Sub Total			**112.0**		0.0	-112.0							
Total Net			**4820.5**		**5079.5**		-203.5	-4%					
Planning allowanc	5%		241.0										
Sub-total			5061.5										
Engineering Allowance	3%		151.8										
Circulation	25%		1265.4										
TOTAL			6478.8		6833.6								This is the BE total area

ENDOSCOPY - INPATIENT

Co-located with theatres

Room Type	Quantity	Size	Total	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required or can shortfall be designed out?	BE comment
		M2	M2										
Enrtance and Reception													
Reception / General office. 2 places	1	13.5			8.3		-5.2	-38.5%	no				
Patients trolley waiting area: 1 place	3	13.5		1 of 3 below brief area	39.8		-0.7	-1.7%	yes				
WC: Disabled/ wheelchair user	2	4.5	9.0										
Sub Total			63.0		57.3	-5.7							
Patients preparation areas													
Patients changing room: 1 place	1	6.5	6.5		7.5								
Sub Total			6.5		7.5	1.0							
Patient treatment facilities													
Endoscopy room (with C-arm)	1	26.0	26.0		22.1		-3.9	-15.0%	no				
Endoscopy room	2	22.0	44.0										
Patients local recovery	4	13.5	54.0	4 of 4 below brief area	51.6		-2.4	-4.4%	yes				
Recovery staff base/utility	1	10.5	10.5										
Scope storeage area (Sized for 40 scopes ir	1	40.0	40.0		39.1		-0.9	-2.3%	yes				
Resuscitation trolley parking bay: 1 trolley	1	1.0	1.0										
Sub Total			175.5		170.1	-5.4							
Patients sanitary facilities													
Patients wc/bidet/wash (Type 7)	2	4.0	8.0										
Sub Total			8.0		8.0	0.0							
Staff facilities													
Charge Nurse/Sister's Office	1	9.0			7.7		-1.3	-14.4%	no	yes	yes	designed out	no affect to main areas
Flexible office space: 3 spaces	1	12.0	12.0		14.8								
Sub Total			21.0		22.5	1.5							
Support spaces													
Dirty utility	1	6.5	6.5		9.4								
General store	1	12.0	12.0		12.4								
Cleaners room	1	7.0	7.0		9.6								
Disposal hold	1	8.0			6.3		-1.7	-21.3%	no	?	yes	designed out	no affect to main areas.
Sub Total			33.5		37.7	4.2							
Total Net			307.5		303.1	-4.4	-16.1	-5%					
Planning allowance @ 5%	5%		15.4										
Sub-total			322.9										
Engineering Allowance @ 3%	3%		9.7										
Circulation @ 27%	27%		87.2										
TOTAL			419.7		460.								This is the BE total area

Room Type	Quantity	Size M2	Total M2	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required or can shortfall be designed out?	BE comment
ED & Outpatient Support (Ground Floor)													
Main entrance, reception & waiting facilities													
Entrance foyer/concourse	1			In circulation allowance									
Waiting area: 40 places, incl. 4 wheelchair place	1	66.0			65.4		-0.6	-0.9%	yes	yes	yes	designed out	no issue .6 of sqm.
Wheelchair parking bay: 6 wheelchairs	1	4.0	4.0	For Portering Chairs									
Patients bed/trolley sub-waiting area: 2 places	2	8.0	16.0	A total of 4 places for all modalities (for ED & any inpatients using GF rooms)									
Reception/appointments desk: 3 position	1	13.0	13.0										
Office: 4 places	1	24.0			23.6		-0.4	-1.7%	yes	yes	yes	designed out	no issue .4 of sqm.
Refreshment vending machines	1	3.0	3.0										
Visitors & patients wc: Ambulant user	4	2.5		2 of 4 below brief area									
Visitors & patients wc: Disabled/ wheelchair use	1	4.5	4.5										
Staff WC	2	2.0	4.0										
Sub Total			144.5		149.1	4.6							
General x-ray imaging facilities													
Sub-waiting area: 20 places, incl. 2 wheelchair p	1	33.0			30.9		-2.1	-6.4%	yes	yes	yes	designed out	
Staff Base	1	8.0	8.0										
Ambulant patients pass through changing cubicl	12	2.5		6 of 12 below brief area	27.7		-2.3	-7.7%	yes	yes	yes	designed out	
Disabled/wheelchair patients pass through chan	2	4.5		1of 2 below brief area	8.7		-0.3	-3.3%	yes	yes	yes	designed out	
Patients belongings locker bay: 8 lockers	1	1.0		not provided by bidder	0.0		-1.0	-100.0%	no	yes	yes	designed out	add room
Dirty Utility	1	9.0		Shared with CT	8.8		-0.2	-2.2%	yes	yes	yes	designed out	
Clean Utility	1	12.0	12.0	Shared with CT									
General computed radiography x-ray room incl control cubicle	7	30.0		3 of 7 below brief area - NB 2 of these + supporting accommodation to be capable of conversion into CT in the future One room (A&E end) to accommodate OPG									
QA Room	2	24.0	48.0										
Visitors & patients wc: Disabled/ wheelchair use	2	4.5		1 of 2 below brief area									
Visitors & patients wc: Ambulant user	2	2.5	5.0										
Cardiac arrest/emergency trolley bay	1	1.0	1.0										
Sub Total			375.0		374.7	-0.3							
General fluoroscopic & fluorography imaging facilities													
Sub-waiting area: 5 places, incl. 1 wheelchair pl	1	9.0			8.8		-0.2	-2.2%	yes	yes	yes	designed out	
Staff Base	1	8.0			7.8		-0.2	-2.5%	yes	yes	yes	designed out	
Patients Changing with WC and shower (Disabl	2	7.0			13.8		-0.4	-2.9%	yes	yes	yes	designed out	
Patients belongings locker bay: 4 lockers	1	0.5	0.5										
Universal or remote fluoroscopy room incl. contr	1	40.0	40.0										
Dirty utility	1	9.0	9.0										
Clean utility	1	12.0			11.7		-0.3	-2.5%	yes	yes	yes	designed out	
Sub Total			92.5		92.8	0.3							
Ultrasound imaging facilities													
Sub-reception/administration/records area: 1 reception & 2 workstation positions	1	30.0			29.5		-0.5	-1.7%	yes	yes	yes	designed out	
Sub-waiting area: 13 places, incl. 2 wheelchair p	1	21.0			17.6		-3.4	-16.2%	no	yes	yes	designed out	
Staff Base	1	8.0	8.0										
Ambulant patients changing cubicle	2	1.5	3.0										
Disabled/wheelchair patients changing cubicle	1	3.5	3.5										
Dirty Utility	1	9.0	9.0										
Clean Utility	1	12.0	12.0										
Patients belongings locker bay: 12 lockers	1	1.5	1.5										
General Ultrasound examination room	2	18.0		1 of 2 below brief area					yes	yes	yes	designed out	
Patients en-suite wc: Disabled/ wheelchair user	2	4.5	9.0										

Counselling/interview room: 5 places	1	9.0	9.0								
Cardiac arrest/emergency trolley bay	1	1.0	1.0								
Sub Total			139.0		143.1	4.1						
Cross-sectional Imaging facilities: CT											
Sub-waiting area: 10 places, incl. 1 wheelchair p	1	16.0			11.3		-4.7	-29.4%	no	yes	yes	designed out	
Assisted patient changing cubicle	2	3.5			6.8		-0.2	-2.9%	yes	yes	yes	designed out	
Ambulant patients changing cubicle	2	1.5	3.0										
Patients/staff belongings locker bay	1	2.0		not provided by bidder - Locate close to MR & CT	0.0		-2.0	-100.0%	no	yes	yes	designed out	add rooms
Visitors & patients wc: Disabled/ wheelchair use	1	4.5			4.1		-0.4	-8.9%	yes	yes	yes	designed out	
CT scanner room	2	40.0		1 of 2 below brief area									
Lead apron & protection gear holding area	2	0.5		not provided by bidder	0.0		-1.0	-100.0%		yes	yes	designed out	add room
Counselling/interview room: 5 places	1	9.0	9.0										
Control Room - shared for 2 CT rooms	1	24.0	24.0										
Radiologists Office / Reporting area	1	12.0		not provided by bidder	0.0		-12.0	-100.0%	no	?	yes		add room
CT Prep Room (2 bays)	1	22.0		Two sided access with patient on trolley	19.2		-2.8	-12.7%	no	yes	yes	designed out	
CT Engineering /Technical room	1	15.0			14.9		-0.1	-0.7%	yes	yes	yes	designed out	
Sub Total					173.4	-22.1							
Shared facilities: CT & MRI													
Sub-reception/administration/records area: 2 reception & 2 workstation position	1	16.0			10.4		-5.6	-35.0%	no	yes	yes	designed out	
Waiting area: 15 places, incl. 2 wheelchair place	1	25.0			2.4				?	?	?	?	is accounted for in two places because of layout for CT and MRI in plan.
Supt Office (2 person)	1	13.0	13.0										
Patients bed/trolley sub-waiting area: 4 places	1	20.0		Include medical gases - patients may be from critical care or ED & have to wait etc	17.1		-2.9	-14.5%	no	yes	yes	designed out	
Store Rooms	1	6.0			0.0		-6.0	-100.0%	no	?	yes	designed out	add if needed can be double checked rationalised in 1:200
Cardiac arrest/emergency trolley bay	1	1.0			0.0		-1.0	-100.0%	no	yes	yes	designed out	add not an issue small parking up space.
Sub Total					43.0	-38.0							
Cross-sectional Imaging facilities: MRI													
Non Controlled Area:													
Sub-waiting area: 10 places, incl. 1 wheelchair p	1	16.0	16.0	Inpatients									
Interview & Patient / Staff locker bay	1	9.0	9.0										
Anaesthetic Recovery	1	19.0			18.9		-0.1	-0.5%	yes	yes	yes	designed out	
Ambulant Changing Cubicle	1	1.5	1.5										
Assisted patient changing cubicle	1	4.5	4.5										
Visitors & patients wc: Disabled/ wheelchair use	1	4.5		not provided by bidder	0.0		-4.5	-100.0%	?	yes	yes	designed out	add room there are more on plan than requested?
Clean Utility	1	12.0	12.0										
Dirty Utility	1	9.0	9.0										
Controlled Area:													
Controlled Lobby			0.0	In circulation space									
MRI scanner engineering/technical room	2	24.0	48.0										
MRI scanner room (3 Tesla is a possibility - may	2	84.0		1 of 2 below brief area	167.9		-0.1	-0.1%	yes	yes	yes	designed out	
Cleaners' room with non-ferromagnetic equipme	1	7.0	7.0										
Prep & Store Room	2	10.0	20.0										
Control Room - Shared by 2 scanner rooms	1	26.0		Includes safety records and slave anaesthetic monitors	24.8		-1.2	-4.6%	yes	yes	yes	designed out	
Sub Total			344.5		348. 7	4.2							
Whole Centre facilities: Support accommodation													
Image review/reporting area: 2 workstations	4	16.0		1 of 4 below brief area					yes	yes	yes	designed out	check
Counselling/interview room: 5 places	2	9.0	18.0										
Cleaners room	3	7.0		only 2 provided by bidder	14.4		-6.6	-31.4%	no	?	yes		check
General store	2	6. 0	12.0										
Equipment store	2	6.0		only 1 provided by bidder	6.1		-5.9	-49.2%	no	?	yes	designed out	add room to review in 1:200's these are provided across whole department.
Disposal hold	1	10.0			8.2		-1.8	-18.0%	no	?	yes	designed out	
Linen store	3	4.0		1 of 3 below brief area					yes	yes	yes	designed out	

Mobile x-ray equipment bay 2 machines	1	5.0	5.0								
Mobile x-ray equipment maintenance/service wo	1	11.0	11.0								
Sub Total			165.0		169.7	4.7					
Outpatient Support (Ground Floor) TOTAL			1537.0		1494.5 2070.9	-42.5					
Inpatient Support (First Floor)											
Main entrance, reception & waiting facilities(ambulant and chairs)											
Reception/ Staff Area	1	30.0	30.0								
Waiting area	1	70.0	70.0								
Visitors & patients wc Disabled/ wheelchair use	2	[redacted]	9.0		8.8		-0.2	-2.2%	yes	yes	yes	designed out	
Staff wc & wash	2	[redacted]	4.0		2.1		-1.9	-47.5%	no	?	yes		to review in 1:200's there are WC's across the floor plat it may require swapping stores and WC's.
Sub Total			113.0		115.0								
Central Reception/Recovery (Bed/trolley) Area											
Reception/Recovery Staff Base	1	10.0	10.0								
Reception/Recovery Spaces	10	13.5	[redacted]	10 of 10 below bnef area - Configured as theatre reception/recovery area	126.1		-8.9	-6.6%	yes	yes	yes	designed out	
Nursing Staff Office	1	12.0	12.0										
Clean Utility	1	12.0	12.0										
Dirty Utility	1	9.0	9.0										
Visitors & patients wc Disabled/ wheelchair use	1	4.5	4.5										
Cardiac arrest/emergency trolley bay	1	1.0	1.0										
Linen Trolley Bay	1	2.0	2.0										
Staff wc Disabled/wheelchair user (with locker for disabled staff)	1	5.0	5.0										
Sub Total			190.5		191.8	1.3							
General x-ray imaging facilities													
Ambulant patients pass through changing cubicl	3	2.5	[redacted]	4 provided by bidder -(1 per x-ray room)	6.0		-1.5	-20.0%	no	yes	yes		
Disabled/wheelchair patients pass through chan	3	4.5	[redacted]	only one provided by bidder - (1 per x-ray room)	4.2		-9.3	-68.9%	no ?	in the one yes	yes	no	add room, but not easy to allow for desired configuration.
General computed radiography x-ray room incl. control cubicle	3	30.0	[redacted]	2 of 3 below bnef area	86.1		-3.9	-4.3%	yes	yes	yes	designed out	
PACS Room	1	24.0	[redacted]	not provided by bidder	0.0		-24.0	-100.0%					add room
QA Room	2	18.0	36.0										
Dirty utility	1	9.0	9.0	(Shared with U/S and mammography)									
Clean utility	1	12.0	12.0	(Shared with U/S and mammography)									
Linen Trolley Bay	1	2.0	2.0	(Shared with U/S and mammography)									
Cardiac arrest/emergency trolley bay	1	1.0	1.0										
Visitors & patients wc Disabled/ wheelchair use	2	4.5	[redacted]	not provided by bidder	0.0		-9.0	-100.0%	no	?	yes	designed out	add room, shared with entrance? Need review in 1:200's
Sub Total			[redacted]		172.8	-31.2							
X-ray mammography imaging facilities													
Symptomatic mammography x-ray examination r	1	15.0	[redacted]		14.7		-0.3	-2.0%	yes	yes	yes	designed out	
Sub Total			[redacted]		14.7	-0.3							
Ultrasound imaging facilities													
Disabled/wheelchair patients changing cubicle	2	[redacted]	7.0		6.4		-0.6	-8.6%	yes	yes	yes	designed out	
General Ultrasound examination room	2	16.0	32.0										
Patients en-suite wc Disabled/ wheelchair user	2	4.5	9.0										
Sub Total			48.0		48.6	0.6							

General fluoroscopic & fluorography imaging facilities											
Universal or remote fluoroscopy room incl. contr	1	40.0	40.0								
Patients Changing with WC and shower (Disabl	2	7.0	14.0	En-suite to fluroscopy room							
Patients belongings locker bay: 4 lockers	1	0.5	0.5								
Dirty utility	1	9.0	9.0								
Clean utility	1	12.0	12.0								
Linen Trolley Bay	1	2.0	2.0								
Sub Total			77.5		82.3	4.8					
Interventional Radiology											
Reception / Base	1	11.0	11.0								
Patients wc: Disabled/ wheelchair user	1	4.5			4.3		-0.2	-4.4%	yes	yes	yes	designed out	
Ambulant patients pass through changing cubicl	2	2.5	5.0								
Disabled/wheelchair patients pass through chan	2	4.5	9.0								
Staff Changing	2	10.0	20.0	(Split M&F)							
Staff shower	2	2.5	5.0	(Associated with changing areas)							
Staff wc & wash	2	2.0	4.0	(Associated with changing areas)							
Clean utility/preparation	1	12.0	12.0								
Dirty utility	1	14.0		Shared between theatres	9.1		-4.9	-35.0%	no	?	yes	designed out	tight but possible to make work given nature of department
Linen Trolley Bay	1	2.0	2.0								
Radiological / Surgical Endovascular Laboratory	2	65.0			126.4		-3.6	-2.8%	yes	yes	yes	designed out	
Control room - shared	1	24.0	24.0	Controlling both endo-vascular rooms									
Laboratory Theatre computer/engineering servic	2	16.0		bidder has combined into one room	31.9		-0.1	-0.3%	yes	yes	yes	designed out	
Scrub-up/gowning room: 3 places	2	11.0	22.0										
Anaesthetic room/ante room (angiography suite)	1	19.0	19.0										
Patient bed/trolley theatre exit bay parking bay	2	12.0			19.8		-4.2	-17.5%	no	yes	yes	designed out	
Interventional Sterile Supplies Storeage Area	1	20.0	20.0										
Cardiac arrest/emergency trolley bay	1	1.0	1.0										
Sub Total					351.3	-7.2							
Cross-sectional Imaging facilities: CT											
Supt Office (2 person)	1	13.0	13.0										
Assisted patient changing cubicle	2	3.5	7.0										
Patients/staff belongings locker bay	1	2.0		not provided by bidder	0.0		-2.0	-100.0%	no	yes	yes	designed out	add room .5 sqm can be incorporated within layout during 1:50 discussions
Visitors & patients wc: Disabled/ wheelchair use	1	4.5		not provided by bidder	0.0		-4.5	-100.0%	no	yes	yes	designed out	add room .5 sqm can be incorporated within layout during 1:50 discussions
CT scanner room	2	40.0	80.0										
Lead apron & protection gear holding area	2	0.5		not provided by bidder - 1 per CT Room	0.0		-1.0	-100.0%	no	yes	yes	designed out	add room .5 sqm can be incorporated within layout during 1:50 discussions
Control Room	1	24.0	24.0	Shared between both CT rooms									
Machine Rooms	2	9.0		1 per CT Room	17.0		-1.0	-5.6%	yes	yes	yes	designed out	
Radiologists Office / Reporting area	1	12.0			11.9		-0.1	-0.8%	yes	yes	yes	designed out	
Store Rooms	2	6.0	12.0	1 per CT Room									
CT Prep Room (2 bays)	1	22.0	22.0	Two sided access with patient on trolley									
Dirty Utility	1	9.0			8.7		-0.3	-3.3%	yes	yes	yes	designed out	
Clean utility	1	12.0			10.0		-2.0	-16.7%	no	yes	yes	designed out	
Linen Trolley Bay	1	2.0	2.0										
Cardiac arrest/emergency trolley bay	1	1.0	1.0										
Sub Total					210.2	-9.3							
Whole Centre facilities: Clinical Support accommodation											
Radiological Review/Reporting Areas: 6 place	2	48.0			94.5		-1.5	-1.6%	yes	yes	yes	designed out	
Radiological Review/Reporting Areas: 2 place	5	20.0		only 3 provided by bidder	119.1		19.1	19.1%	yes see comment	yes	yes	designed out	combined in DD discussions. Area provided over and above could make provision for PACS
Disposal hold	1	14.0	14.0										
Cleaners room	3	7.0		only 1 provided by bidder	7.0		-14.0	-66.7%	no	yes	yes	part design outdesigned out	add rooms discuss during 1:2 00 there is space near recovery to possibly took at
General store	2	6.0		not provided by bidder	0.0		-12.0	-100.0%					add rooms
Equipment store	2	6.0		only 1 provided by bidder	10.0		-2.0	-16.7%	no	?	yes	designed out	possibly lableed as just store not equipment store in which case it is in

Mobile x-ray equipment bay: 2 machines	1	5.0	5.0	not provided by bidder	0.0		-5.0	-100.0%	no	no	yes	designed out	add rooms these are park up spaces for mobile equipment and can be fitted into circulation junctions.
Mobile x-ray equipment maintenance/service wo	1	11.0	11.0	not provided by bidder	0.0		-11.0	-100.0%	no	no	yes	designed out	add rooms these are park up spaces for mobile equipment and can be fitted into circulation junctions.
Beverage preparation bay (Patient pantry)	1	12.0	12.0										
Counselling/interview room: 5 places	1	9.0	9.0										
Sub Total					266.3	-25.7							
Administration facilities													
Office: 1 place with large meeting area	1	16.0	16.0	not provided by bidder	0.0		-16.0	-100.0%	no	?	yes	? This can be designed out, but depends on need of user	add rooms, may need to look at shared offices and review 1:200 in terms of people numbers.
Office: 1 place with meeting area	1	12.0	12.0	not provided by bidder	0.0		-12.0	-100.0%	no	?	yes	? This can be designed out, but depends on need of user	add rooms
Superintendent radiographers office: 1 place	2	10.5	21.0	2 of 2 below brief area	20.2		-0.8	-3.8%	yes	yes	yes	designed out	
Senior radiographers: 2 places	3	13.0	39.0										
Secretarial office: Shared - 3 place + Filing	4	18.0		4 of 4 below brief area	69.2		-2.8	-3.9%	yes	yes	yes	designed out	add rooms
Clerical office: 6 place	1	30.0	30.0										
Office supplies store	2	6.0	12.0	not provided by bidder	0.0		-12.0	-100.0%	no	?	?	can be designed out with user input	add rooms could easily be achieved as cupboards in corridor.
Meeting room/interview room (6 person)	1	14.0	14.0										
Photocopy room	1	8.0	8.0										
Staff wc & wash	2	2.0	4.0										
Seminar room: 35 places	1	80.0			58.9		-1.1	-1.8%	yes	yes	yes	designed out	
Library/study area: 10 places	1	32.0	32.0	En-suite to seminar room									
Sub Total					281.4	-38.6							
Inpatient Support (First Floor) TOTAL					**1734.4**	**-103.6**							
					2404.6								

Joint Nuclear Medicine Dept

ADULT										
Reception office	1	14.0	14.0							
Wheelchair bay	1	2.0	2.0							
Bed / Trolley wait - pre admin	1	6.0	6.0	"cold" i.e. DXA, other pts pre-admin of radiopharmaceutical						
Waiting area: pre admin	1	20.0	20.0	assisted / wheelchair & "cold" i.e. DXA, other pts pre-admin of radiopharmaceutical						
Patients WC	1	4.5	4.5		3.7	-0.8	-17.8%	no	yes	yes	designed out	
Water Dispenser	1	0.5	0.5	not provided by bidder	0.0	-0.5	-100.0%	no	yes	yes		can be included in waiting area easily.
Waiting area: post admin	1	15.0	15.0	"hot" (post admin of radiopharmaceutical) and with beverage counter	12.2	-2.8	-18.7%	no	yes	yes	designed out	
Bed / Trolley wait - post admin	1	6.0	6.0	"hot" (post admin of radiopharmaceutical)								
Patients wc: Disabled/ wheelchair user - post admin	1	4.5	4.5	assisted / wheelchair & "hot" i.e. post admin of radiopharmaceutical								
Imaging room (radionuclide) - SPECT-CT	1	40.0	40.0		39.5	-0.5	-1.3%	yes	yes	yes	designed out	
Control room (radionuclide) - SPECT-CT	1	13.0	13.0		5.5	-7.5	-57.7%	no	?	yes	designed out	will depend on the equipment configuration we have 2 x small next to each other this could be one room
Radionuclide store & dispensary	1	12.0	12.0		11.1	-0.9	-7.5%	yes	yes	yes	designed out	
Radionuclide administration room	1	12.0	12.0									
Dirty utility / sluice	1	8.0	8.0									
Disposal hold	1	8.0	8.0	NB: radioactive waste storage								
Blood cell Labeling Room	1	10.0	10.0	Clean room NB EXHAUST DUCTING REQUIRED								
Sample Countiers	1	8.0			7.4	-0.6	-7.5%	yes	yes	yes	designed out	
Cardiac Room	1	13.0	13.0									
Clean Utility / Laboratory	1	12.0	12.0									
Clinical / examination room	1	10.0	10.0									
Store	1	8.0			6.8	-1.2	-15.0%	no	yes	yes	designed out	
Therapy Room	1	6.0	6.0									
Reporting Room	1	12.0	12.0									
Cardiac arrest/emergency trolley bay	1	2.0		not provided by bidder	0.0	-2.0	-100.0%	no	yes	yes	designed out	add easily accommodated in stange shaped corridors.
Consultant Physicist	1	14.0	14.0	1 person + meeting								
Office: 4 place	1	18.0	18.0									
Staff base	1	8.0	8.0		6.6	-1.4	-17.5%	no	yes	yes	designed out	
Staff changing facilities: 4 places	1	6.0	6.0	male	5.1	-0.9	-15.0%	no	yes	yes	designedout	
Staff changing facilities: 8 places	1	10.0	10.0	female	6.5	-3.5	-35.0%	no	yes	yes	designed out	
Staff wc & wash & shower	1	4.5	4.5									
Photocopier Bay	1	2.0		not provided by bidder	0.0	-2.0	-100.0%	no	yes	yes	designed out	add in junction to geometry behind reception
Patient changing cubicle (disabled)	1	4.5	4.5									
Imaging room (DXA)	1	20.0	20.0									
Interview room	1	9.0	9.0									
Sub Total			342.5		360.9	18.4						

CHILDRENS											
Reception / Staff Base	1	14.0	14.0								
Waiting area: pre admin	1	12.0	12.0	"cold" i.e. pre-admin of radiopharmaceutical							
Patients WC	1	4.5	4.5	Non-radioactive - patients & accompanying persons							
Water Dispenser	1	0.5		not provided by bidder	0.0	-0.5	-100.0%	no	yes	yes	designed out	can be included in waiting area easily.
Waiting area: post admin	1	12.0	12.0	hot (post admin of radiopharmaceutical) and with beverage counter							
Bed / Trolley wait - post admin	1	6.0	6.0	hot (post admin of radiopharmaceutical) and with beverage counter	5.6	-0.4	-6.7%	yes	yes	yes	designed out	
Patients wc: Disabled/ wheelchair user - post admin	1	4.5	4.5	assisted / wheelchair & "hot" i.e. post admin of radiopharmaceutical							
Imaging room (radionuclide)	1	40.0	40.0		39.9	-0.1	-0.3%	yes	yes	yes	designed out	
Control area -(radionuclide)	1	5.0	5.0	not provided by bidder	0.0	-5.0	-100.0%	no	?	yes	design out	add. We have never met to discuss this layout. There is scope to incorporate.
Equipment area (radionuclide)	1	5.0	5.0	not provided by bidder	0.0	-5.0	-100.0%	no	?	yes	design out	add. We have never met to discuss this layout. There is scope to incorporate.
Radionuclide store & dispensary	1	11.0	11.0									
Radionuclide administration room	1	12.0	12.0									
Dirty utility / sluice	1	8.0		Direct access from imaging room	7.4	-0.6	-7.5%	yes	yes	yes	designed out	
Disposal hold	1	8.0	8.0	Adjacent to injection room Clinical & domestic waste, dirty linen, radioactive waste								
Blood cell Labeling Room	1	10.0	10.0	not provided by bidder - Clean room NB EXHAUST DUCTING REQUIRED	0.0	-10.0	-100.0%	no	? No review of department ever held in DD period still to follow in 1:200		designed out	this in see plan. Surely not duplicated for children?
QC eqpt storage bay	1	2.0	2.0	not provideid by bidder - Near gamma camera rm 1	0.0	-2.0	-100.0%	no	? No review of department ever held in DD period still to follow in 1:200		designed out	add there are surely not duplicated with adult children? We can alwys provide a change nearby in the lift core as this is not a ward floor plate the wait area able to be reassigned.
Staff changing facilities: 1 places	1	3.0	3.0	not provided by bidder -male	0.0	-3.0	-100.0%	no	? No review of department ever held in DD period stillto follow in 1:200		?	add there are surely not duplicated with adult children? We can alwys provide a change nearby in the lift core as this is not a ward floor plate the wait area able to be reassigned.
Staff changing facilities: 3 places	1	5.0	5.0	not provided by bidder - female	0.0	-5.0	-100.0%	no	? No review of department ever held in DD period still to follow in 1:200		?	add there are surely not duplicated with adult children? We can alwys provide a change nearby in the lift core as this is not a ward floor plate the wait area able to be reassigned.
Staff wc & wash & shower	1	4.5	4.5	not provided by bidder	0.0	-4.5	-100.0%	no	? No review of department ever held in DD period still to follow in 1:200		?	add there are surely not duplicated with adult children? We can alwys provide a change nearby in the lift core as this is not a ward floor plate the wait area able to be reassigned.

								? No review of department ever held in DD period still to follow in			
Cardiac arrest/emergency trolley bay	1	2.0	2.0	not provided by bidder	0.0		-2.0	-100.0%	no	1:200	designed out	add easily added
Sub Total					150.1	-18.9						
JOINT												
Imaging room (radionuclide) - SPECT-CT	1	40.0	40.0									
Control room (radionuclide) - SPECT-CT	1	11.0	11.0		9.5		-1.5	-13.6%	no	yes	yes	designed out	
Cleaners store	1	7.0	7.0	not provided by bidder	0.0		-7.0	-100.0%					wo can uso the spaco in the lift core as this is not a ward floor and thore is capacity for it hero.
Sub Total					50.2	-7.8						
Joint Nuclear Medicine Dept			569.5		561.2	-8.3						
					810.6							
Total Net			3944.5		3790.1	-154.4	-298.6	-7.5%				
Planning allowance @ 5%	5%		197.2									
Sub-total			4141.7									
Engineering Allowance @ 3%	3%		124.3									
Circulation @ 28%	28%		1159.7									
TOTAL			5425.7		5286.1							Be total for all radiology

PHARMACY DISPENSARY

Activity	Qty	Unit Area m²	Total Area m²	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required or can shortfall be designed out?	BE comment
Dispensary													
Waiting	1	15.0	15.0		53								there is additional space in the waiting area with toilet added too
Interview room	1	5.0	5.0										
Dispensary	1	120.0	120.0	Includes storage, hot desks and autodispenser	109.8		-10.2	-8.5%	yes	yes	yes	design out	
Dispensary extemporaneous preparation area & store	1	10.0	10.0		0		-10.0	-100.0%	yes it's labelled as one area of 20sqm on line below	yes	yes	design out	add room isn't really a problem as there is space in the goods prep area labelled combined below and also waiting area so can be swapped when discussed with users at 1:200 stage.
Goods reception/unpacking area	1	10.0	10.0		20.9								
Temperature controlled store - freezer	1	5.0	5.0	Alarmed to switchboard with continuous temperature recording. Back up for general temp. controlled store									
Temperature controlled store - general	1	5.0	5.0	Alarmed to switchboard with continuous temperature recording									
Unlicenced medicines	1	5.0	5.0										
Controlled drugs store	1	10.0	10.0										
Clinical trials preparation	1	15.0	15.0										
Sub-Total			**200.0**		**230.9**	30.9							
Staff Facilities													
WC & wash, shower & lockers: male staff	1	8.0	8.0										
WC & wash, shower & lockers: female staff	1	15.0	15.0										
Cleaners room	1	7.0	7.0										
Sub-Total			**30.0**		**34.7**	4.7							
Total net			**230.0**		**265.6**	35.6	-20.2	-9%					
Planning	5%		11.5										
Sub-Total			241.5										
Engineering	3%		7.2										
Circulation	22%		53.1										note due to location/layout circulation for this area is well down
Total			**301.9**		**284.4**								BE as drawn area

ASEPTIC DISPENSARY

Activity	Qty	Unit Area m²	Total Area m²	ADB Code	Comments
Aseptic suite					
TOTAL ALLOWANCE			**520.0**		*Block allowance*

MEDICAL DAY UNIT

Room Type	Quantity	Size	Total	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required or can shortfall be designed out?	BE comment
		M2	M2										
Entrance and Reception													
General office: 2 places	1	13.0	13.0		12.5		-0.5	-3.8%		Yes	Yes	No/Yes	There is sufficient total area - the rooms can be adjusted during Design Development Stage
Medical records trolley store	1	3.5	3.5	not provided by bidder	0.0		-3.5	-100.0%		Yes	Yes	No/Yes	There is sufficient total area - the rooms can be adjusted during Design Development Stage
Waiting area: 12 places, incl. 2 wheelchair places	1	20.0	20.0		27.9								
Visitors wc: Ambulant user	2	2.5	5.0										
Patients wc: Disabled/wheelchair user	1	4.5	4.5										
Refreshment vending machine bay	1	3.0	[redacted]		1.9		-1.1	-36.7%		Yes	Yes	No/Yes	There is sufficient total area - the rooms can be adjusted during Design Development Stage
Sub Total			49.0		52.7	3.7							
Patient investigation & treatment spaces													
Consulting/examination room: dual sided couch access	2	16.5	[redacted]	2 of 2 below bnef area	27.0		-6.0	-18.2%		Yes	Yes	No/Yes	The functionality of the sizes of these rooms needs to be reviewed with the Users - the rooms can be adjusted during Design Development Stage
Staff base: 2 place	1	4.5	4.5		6.6								
Physical Measurement / Phlebotomy	1	8.5	[redacted]		7.8		-0.7	-8.2%		Yes	Yes	No/Yes	
Small Lab(endocrinology)	1	10.0	[redacted]		7.8		-2.2	-22.0%		Yes	Yes	No/Yes	The functionality of the sizes of these rooms needs to be reviewed with the Users - the rooms can be adjusted during Design Development Stage
INR testing Bay	1	1.0	1.0										
Treatment room/ cons/exam	2	16.5	[redacted]	2 of 2 below brief area	27.0		-6.0	-18.2%		Yes	Yes	No/Yes	The functionality of the sizes of these rooms needs to be reviewed with the Users - the rooms can be adjusted during Design Development Stage
Patient trolley/wheelchair parking bay: 1 trolley & 4 wheelchairs	1	5.0	5.0										
Interview room/cons/exam	1	16.5	[redacted]		15.9		-0.6	-3.6%		Yes	Yes	No/Yes	
Sub Total			[redacted]		98.3	-13.2							
Patient recovery areas													
Day space (cubicles - glass partition dividers)	21	13.5	[redacted]	21 of 21 under bnef area	248.3		-35.2	-12.4%		Yes	Yes	No/Yes	The functionality of the sizes of these rooms needs to be reviewed with the Users - the rooms can be adjusted during Design Development Stage
Single bedroom	1	16.5	[redacted]		16.0		-0.5	-3.0%		Yes	Yes	No/Yes	
Ensuite wc to single bedroom	1	4.5	4.5										
Beverage preparation bay	1	8.0	8.0										
Sub Total			[redacted]		277.0	-35.5							

MEDICAL DAY UNIT

Room Type	Quantity	Size	Total	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required or can shortfall be designed out?	BE comment
		M2	M2										
Sanitary facilities													
Patients wc: Disabled/ wheelchair user	6	4.5		6of 7 under brief area - addition wc provided	18.5		-8.5	-31.5%		Yes	Yes	No/Yes	
Sub Total			27.0		18.5								
Support spaces													
Resuscitation trolley parking bay: 1 trolley	1	2.0	2.0		1.8		-0.2	-10.0%		Yes	Yes	No/Yes	
Dirty utility	1	9.0	9.0		8.1		-0.9	-10.0%		Yes	Yes	No/Yes	
clean utility	1	10.0	10.0		9.1		-0.9	-9.0%		Yes	Yes	No/Yes	
General store	1	12.0	12.0										
Disposal hold	1	8.0	8.0		6.9		-1.1	-13.8%		Yes	Yes	No/Yes	
Switchgear room	1	4.0	4.0		1.9		-2.1	-52.5%		Yes	Yes	No/Yes	Area will be provided as part of M&E provision (areas have been allocated on current plan)
Sub Total					39.9	-5.1							
Total Net			545.0		486.4	-58.6	-70.0	-13%					
Planning	5%		27.3										
			572.3										
Engineering	3%		17.2										
Circulation	31%		177.4										
Total			766.8										

690 — This is the BE Total Area

OUTPATIENTS

Room Type	Quantity	Size M2	Total M2	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Outpatient Entrance													
Entrance / Concourse	1	30.0	30.0	From Hospital main entrance	0.0								
Enquiry / reception point				Patients go straight to reception desk	0.0								
Vending Area & Telephones	1	3.0	3.0		0.0								
Sub Total			**33.0**										
Toilets	4	2.5	[illegible]	Ambulant WC - on F1 (GF use main ent WCs)	8.8		-1.2	-12.0%	no				
Disabled WC	1	4.5	[illegible]	Assisted WC - on F1 (GF use main ent WCs)	4.4		-0.1	-2.2%	yes				
Store	1	8.0	8.0										
Sub Total			**22.5**										
Total for Outpatient Entrance			[illegible]		**20.9**	**-34.6**							
Admin & FM & Staff Areas etc													
Medical Records Sorting / Holding	1	16.0	16.0	Excludes main Med Recs Store / Dept	16.6								
Disposal Holds	3	6.0	[illegible]	only 1 provided by bidder - Convenient to clusters	6.7		-11.3	-628%				add	
Resus Bays	3	1.0	3.0	one per floor - 3 floors									
OPD Manager	1	11.0	11.0		12.3								
Admin / Clinical Notes Workstations	1	16.0	16.0		16.5								
Meetings / Seminar	1	28.0	[illegible]		26.8		-1.2	-4.3%					
Medicines Management	1	12.0	[illegible]	not provided by bidder	0.0		-12.0	-100.0%				add	
Cleaners Room	3	6.0	[illegible]	Convenient to clusters - 3 floors	7.4		-10.6	-58.9%				add	
Sub Total			**122.0**		**121.0**	**-1.0**							
Generic OPD Cluster (4no)													
Waiting Area	1	36.0	[illegible]		33.8		-2.2	-6.1%					
Reception	1	10.0	[illegible]		9.6		-0.4	-4.0%					
WC - Disabled Size	1	4.5	4.5										
Nurse Base & Physical Measurement Bay	1	8.0	[illegible]	Adjacent to waiting area	7.4		-0.6	-7.5%					
Consult / Exam Room	6	16.5	[illegible]	2 of 6 under brief area	95.0		-4.0	-4.0%					
Clean Utility or Store	1	12.0	12.0										
Dirty Utility	1	6.0	6.0										
Store Room	2	4.0	8.0	only 1 provided by bidder									
Specimen / Disabled WC	1	4.5	4.5	With hatch to dirty utility									
Treatment Room (with prep area)	1	16.5	[illegible]	Locate next to shared Clean & Dirty Utility Rooms	16.2		-0.3	-1.8%					
Linen Cupboard	1	1.0	[illegible]	not provided by bidder	0.0		-1.0	-100.0%				add	

OUTPATIENTS

Room Type	Quantity	Size	Total	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
		M2	M2										
Staff WC	1	2.0	2.0										
Consulting / Relatives / Interview / Counselling	1	13.5			9.6		-3.9	-28.9%					
Sub Total for cluster			**221.0**		**217.4**	**-3.6**							
Total for 4no generic cluster			**884.0**		**869.6**								

OUTPATIENTS

Room Type	Quantity	Size M2	Total M2	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
ENT & Audiology				Associate with an OPD Generic Cluster									
ENT Treatment/Consulting room	3	13.5	[illegible]	only 2 provided bybidder	23.7		-16.8	-41.5%					
Audiometeric Test Room	2	16.0	32.0	1 of 2 below brief area - NB - Refer to New National Standards									
Interview / Hearing Aid/Consulting room	3	13.5	[illegible]		34.9		-5.6	-13.8%					
Clean Utility/Scope	1	8.0	[illegible]	not provided by bidder	0.0		-8.0	-100.0%				add	
Dirty Utility/Scope	1	8.0	[illegible]	not provided by bidder	0.0		-8.0	-100.0%				add	
Patient WC (disabled)	1	4.5	[illegible]	not provided by bidder	0.0		-4.5	-100.0%				add	
Sub Total			**133.5**		**91.2**	**-42.3**							
Pre Op Assessment Area													
Waiting Area	1	20.0	20.0										
Reception	1	11.0	11.0										
WC - Disabled Size	1	4.5	4.5										
Consult / Exam Room	8	13.5	108.0	Single sided access									
Treatment room	1	13.5	13.5										
Clean Utility / Store	1	8.0	8.0										
Dirty Utility	1	6.0	6.0										
Nurse base & Physical measurement bay	1	8.0	[illegible]	not provided by bidder	0.0		-8.0	-100.0%				add	
Phlebotomy room	1	8.0	8.0										
Store Room	1	4.0	4.0										
Specimen / Disabled WC	1	4.5	[illegible]	With hatch to dirty utility	4.3		-0.2	-4.4%					
Linen Cupboard	1	1.0	[illegible]	not provided by bidder	0.0		-1.0	-100.0%				add	
Patient WC (disabled)	1	4.5	4.5										
Staff WC	1	2.0	2.0										
Sub Total			**203.0**		**229. 6**	**26.6**							
Orthopaedic / Fractures Clinic				Link with Generic OPD Cluster									
Orthotics Base & Fitting Room	1	24.0	24.0										
Staff Base / Reception Point	1	5.0	5.0										
Waiting Area	1	24.0	24.0	Link back to back with generic OPD cluster's waiting area									
Plaster Room (with 4 cubicles) & Store	1	32.0	32.0										
Store: Plaster	1	3.0	3.0										
Store: Equipment	1	6.0	6.0										
Consult / Exam	8	13.5	108.0										
Patient WC (disabled)	1	4.5	[illegible]	not provided by bidder	0.0		-4.5	-100.0%				add	
Sub Total			**206.5**		**220.0**	**13.5**							
Diabetic Centre													
Staff Base / Reception Point	1	5.0	5.0										
Waiting Area	1	18.0	[illegible]		14.7		-3.3	-18.3%					
Height & Weight Bay	1	3.5	3.5										

OUTPATIENTS

Room Type	Quantity	Size	Total	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
		M2	M2										
Clinic Nurse (BP + Vision)/ consulting roo	1	13.5	13.5										
Phlebotomy + Blood Testing Lab	1	12.0	12.0										
Consult / Exam Room	2	13.5	27.0	These are linked to Lab									
Consult / Exam Room	2	13.5	27.0										
Interview / Office/ consulting room	2	13.5	27.0										
Podiatry Room	1	24.0	24.0	With low level sink. Chair side on to good daylight split room									
Multi-function / Sp Nurse/cons/exam	1	13.5	[illegible]		13.1		-0.4	-3.0%					
Storage Cupboards	6	0.5	[illegible]	not provided by bidder - 0.5m deep & 1m high doubles	0.0		-3.0	-1000%				add	
Staff Resource / Education / Meetings	1	40.0	40.0										
Clean Store	1	4.0	4.0										
speciman/disabled WC	2	4.5	[illegible]	only 1 provided by bidder - additional wc added	3.9		-5.1	-56.7%					
Sub Total			**226.5**		**232.6**	**6.1**							

OUTPATIENTS

Room Type	Quantity	Size	Total	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
		M2	M2										
Ophthalmology Clinic													
Retinal Screening	1	13.5	13.5	Locate with Ophthalmology, but separate service									
Staff Base / Reception Point	1	5.0	5.0										
Waiting Area	1	15.0	15.0		23.3								
Orthoptic Examination Room/consulting	1	18.5	18.5	With 6m Snellen line									
Optometry room/consulting	1	13.5	13.5		19.0								
Visual acuity testing/ cons room	1	20.0	20.0		22.4								
OCT examination room	1	18.5	18.5		21.8								
Flounne angiogram room	1	18.5	18.5		20.4								
Laser Room	1	13.5	13.5		15.4								
Fields Testing/cons/exam room	1	13.5	13.5		15.6								
Consult / Exam	7	13.5	94.5										
Patient WC (disabled)	1	4.5		not provided by bidder	0.0								
additional cleaners room					8.0								
Sub Total			**248.5**		**289.9**	**41.4**							
Multi Test Areas													
Lung Function Lab	1	40.0	40.0										
Respiratory Investigation/Exercise test ro	1	20.0	20.0										
Vascular Lab	1	16.0			15.0		-1.0	-6.3%					
Sub Total			**76.0**		**76.1**	**0.1**							
Urology Clinic - Urodynamics													
Sub-waiting with Vending	1	11.0			9.0		-2.0	-18.2%					
Treatment room (with prep area)	1	16.5	16.5		22.5								
Ensuite WC (to treatment room)	1	4.5	4.5										
Patient WC (disabled)	2	4.5	9.0										
Technical area	1	44.0			41.2		-2.8	-6.4%					

OUTPATIENTS

Room Type	Quantity	Size M2	Total M2	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Sub Total			85.0		92.8	7.8							
Total Net			2240.5		2243.7	3.2							
Planning allowance	0.05		112.0										
Sub-total			2352.5										
Engineering Allowance	0.03		70.6										
Circulation	0.31		729.3										
Total			3152.4										
Cardiology OPD & Testing			432.7	see below for schedule									
Cardic Rehab			291.2	see below for schedule									
TOTAL: OPD, Cardiology & Cardiac Rehab			3876.3										

CARDIOLOGY - OUTPATIENTS & TESTING

Room Type	Quantity	Size M2	Total M2	Comments							
All Rooms											
Sub-reception / Admin / Staff Base	1	14.0	14.0								
Patients bed/trolley waiting area: 1 place	1	6.0			5.8		-0.2	-3.3%			
Sub-waiting area: 15 places, incl. 2 wheel	1	25.5			23.7		-1.8	-7.1%			
Drinking water dispenser	1	0.5	0.5								
Visitors & patients wc: Ambulant user	1	2.5			2.3		-0.2	-8.0%			
Visitors & patients wc: Disabled/ wheelcha	1	4.5	4.5								
Ambulant patients changing cubicle	2	1.5	3.0								
Disabled/wheelchair patients changing cu	1	3.5	3.5								
Linen bay/dirty linen (patient changing)	1	0.5	0.5								
Outpatient ECG Examination room	1	36.0		not provided by bidder - 4 trolleys	0.0		-36.0	-100.0%			add
Dirty Utility - OPD Type	1	6.0	6.0								
Resuscitation Trolley Space	1	1.0	1.0								
Echocardiography room	3	18.0	54.0								
Exercise ECG room	2	18.0	36.0								
Echocardiograph viewing room: 2 worksta	1	12.0			11.8		-0.2	-1.7%			
Tilt table room	1	16.0			15.1		-0.9	-5.6%			
Consulting / Examination room	2	16.5			23.7		-9.3	-28.2%			
Consulting / Examination room - single sit	1	13.5	13.5								
Counselling/interview room: 5 places	1	10.0					-10.0	-100.0%			add
Technicians Tape Reading Office: 3 place	1	18.0	18.0	not provided by bidder	0.0						add
Sterile supplies store	1	6.0	6.0								
Equipment store	1	6.0	6.0								
additional Dual echocardiography rm					30.6						
Total Net			307.5		344.9	37.4					

OUTPATIENTS

Room Type	Quantity	Size	Total	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
		M2	M2										
Planning allowance @ 5%	0.05		15.4										
Sub-total			322.9										
Engineering Allowance @ 3%	0.03		9.7										
Circulation @ 31%	0.31		100.1										
Total			**432.7**										
CARDIAC REHAB													
Gym/ Main excerse area	1	135.0	135.0		152.6								
Physiotherapy - assessment/treatment	1	16.0	16.0		18.7								
Lockers/changing - male	1	20.0	20.0										
Lockers/changing - female	1	20.0	20.0										
Shower rooms	4	4.0		2 of 4 below brief area	14.1		-1.9	-11.9%					
Sub Total			**207.0**		**231.2**	**24.2**							
Planning allowance @ 5%	0.05		10.4										
Sub-total			217.4										
Engineering Allowance @ 3%	0.03		6.5										
Circulation @ 31%	0.31		67.4										
Total			**291.2**			**1250**							
						2468.7							This is the BE Total Area
Total			3876.3				-183.5	-5%					

Complex Needs Cluster

Number of Beds		12											
Percentage Single Rooms		100%											
Description	Qty	Unit Area m²	Total Area m²	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required or can shortfall be designed out?	BE comment
Bed and Sanitary Facilities													
Acute single bedroom (incl family & clinical support space)	12	16.5	[illegible]	10 of 12 rooms below brief area	192.2		-5.8	-2.9%	yes	yes	yes	designed out	
En-suite assisted shower/wc/whb	12	4.5	54.0	(as per HBN 00-02)									
Sub-Total			**252.0**		**258.2**	6.2							
Patient Support Facilities													
Consultation/Examination Room	1	16.5	[illegible]		15.8		-0.7	-4.2%	yes	yes	yes	designed out	
Interview/sitting room: 5 places	1	9.0			7.9		-1.1	-12.2%	yes	yes	yes	designed out	
Nurses Station	1	8.0			7.8		-0.2	-2.5%	yes	yes	yes	designed out	
Resuscitation trolley parking bay: 1 trolley	1	2.0	2.0										
Pantry/Beverage making area	1	12.0	12.0										
Ward Food trolley parking bay	1	1.5		not provided by bidder	0.0		-1.5	-100.0%	no	?	yes	designed out	add small park space for trolley easily added
Wheelchair bay	1	4.0	4.0										
Sub-Total					**50.2**	-2.8			yes				
Backup storage													
Linen trolley parking bay	1	1.5	1.5										
Clinical store/Controlled Drug Cupboard	1	1.5	1.5		5.0								
Store - Equipment - Large	1	15.0	15.0	split into two stores by bidder									
Sub-Total			**18.0**		**22.8**	4.8							
Utilities													
Dirty utility/Sluice/Test Room - small	1	6.5	6.5										
Clean Utility Room	1	12.0			10.3		-1.7	-14.2%	yes	yes	yes	designed out	
Disposal Hold/bay - large	1	8.0	8.0										
Cleaners room	1	7.0	7.0										
Staff wc & wash: Ambulant user	2	2.0	4.0										
Switchgear cupboard	1	1.0	1.0										
Sub-Total			**38.5**		**40.3**	1.8							
Office and administration services													
Reception / Clerk: 1 position open to corridor	1	8.0	8.0										
Office incl meeting area: 1 place	1	12.0			11.7		-0.3	-2.5%	yes	yes	yes	designed out	
Charge Nurse Office	1	9.0	9.0										
Printer/IT/administration store	1	6.0			4.7		-1.3	-21.7%	yes	yes	yes	designed out	
Waiting area: 5-10 persons	1	16.0	16.0										
Staff locker bay	1	1.5	1.5										
Sub-Total			**52.5**		**52.5**	0.0							

Rehabilitative Therapy Area											
ADL bedroom with living assessment	1	18.0	18.0		17.6		-0.4	-2.2%	yes	yes	yes	designed out	
ADL wc/bathroom/shower	1	13.0	13.0		12.5		-0.5	-3.8%	yes	yes	yes	designed out	
ADL Kitchen	1	27.0	27.0	not provided by bidder	0.0		-27.0	-100.0%	no	yes can swop for extra room		no issue on plan	requirement not on original schedule. However, extra space is provided is in the light activity area which appears not to be needed anymore look at the plan.
Treatment Area	1	13.0	13.0	not provided by bidder	0.0		-13.0	-100.0%	no	yes can swop for extra room		no issue on plan	requirement not on original schedule. However, extra space is provided is in the light activity area which appears not to be needed anymore look at the plan.
Equipment Store	1	20.0	20.0										
additional light activities area					40.0								
Sub-Total			**91.0**		**90.1**	-0.9							
Total net			**505.0**		**514.1**	**9.1**	-53.5	-11%					general comment. New rooms have been added from the original brief supplied. E.g. the ADL kitchen and treatment room. However, the light activity area makes up the area therefore there isn't a problem. This can be picked up in the replan during 1:200 development.
Planning allowance	5%		25.3										
Sub-total			530.3										
Engineering Allowance	3%		15.9										
Circulation	31%		164.4										
Total			**710.5**		**5652.5**								**This is the BE total area (see comment next to box)**

	Qty	Unit Area m²	Total Area m²	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required or can shortfall be designed out?	BE comment
OPD CLUSTER													
Based on Generic OPD Cluster													
Emergency Centre OPD Cluster													
Waiting Area	1.0	12.0	12.0		35.6								
WC - Disabled Size	1.0	4.5	4.5										
Nurse Base & Physical Measurement Bay	1.0	8.0		Adjacent to waiting area	6.2		-1.8	-22.5%	no	yes	yes	designed out	
Consult / Exam Room	3.0	16.5	49.5										
Clean Utility or Store	1.0	12.0			11.4		-0.6	-5.0%	yes	yes	yes	designed out	
Dirty Utility	1.0	6.0			5.2		-0.8	-13.3%	no				
Store Room	1.0	4.0	4.0										
Specimen / Disabled WC	1.0	4.5	4.5	With hatch to dirty utility									
Linen Cupboard	1.0	1.0		not provided by bidder	0		-1.0	-100.0%	no	?	yes		add room store is larger than required therfore no issue.
Staff WC	1.0	2.0	2.0										
Sub Total			103.5		125.7	22.2							
Total net			103.5		125.7	22.2	-4.2	-4%					
Planning allowance	5%		5.2										
Sub-total			108.7										
Engineering Allowance	3%		3.3										
Circulation	31%		33.7										
Total			**145.6**		5652.5								This is the BE total area (see comment next to box)

REHAB & THERAPY DEPARTMENT

Main Facilities

inpatient service co-located with wards

Activity	Qty	Unit Area m²	Total Area m²	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Entrance, reception & waiting facilities													
Vehicle drop-off point	1		0.0	External allowance									
Car parking spaces	1		0.0	External allowance									
Car parking spaces for people with disabilities	1		0.0	External allowance									
Parking bay: 3 wheelchairs	1	2.0	2.0										
Reception: 2 staff	1	10.0	10.0										
Waiting area: 10 persons including 3 wheelchair users	1	19.5	19.5		27.1								
Refreshment: drinking water dispenser	1	0.5	0.5										
Refreshment: vending machine	1	3.0	3.0										
WC dual access & handwash: accessible, wheelchair assisted	2	5.5	11.0		10.2					Yes	Yes	No/Yes	
WC & handwash: semi ambulant	3	2.5	7.5										
Sub Total			**53.5**		**64.2**	10.7							
Administration facilities													
Office: 6 staff base	3	27.5	82.5										
Conference/meeting room: 10 persons	1	20.0	20.0		25.9								
Sub Total			**102.5**		**112.6**	10.1							
Orthotics /OT													
Preparation & splint fitting room	1	35.0	35.0		39.1								
Splint Store	1	6.5	6.5		6.3								
Treatment Room	1	30.0	30.0		34.7								
Treatment cubicles: 2 patients	1	20.0	20.0		20.2								
Sub Total			**91.5**		**100.3**	8.8							
Physiotherapy facilities													
Activity area: Physiotherapy, 5 patients	1	50.0	50.0		89.1								
Activity area/gymnasium: Physiotherapy, 15 patients	1	100.0	100.0	also for exercise / classes 20 to 30 people	113.7								
Treatment cubicles: Physiotherapy, 10 patients	1	100.0	100.0		109.5								
Sub Total			**250.0**		**312.3**	62.3							

REHAB & THERAPY DEPARTMENT

Main Facilities

Inpatient service co-located with wards

Activity	Qty	Unit Area m²	Total Area m²	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Shared Treatment Rooms													
Group Area - Shared	1	50.0	50.0		53.4								
Treatment Room - 1 patient	6	15.0	90.0	3 of 6 rooms below brief						Yes	Yes	No/Yes	There is sufficient total area - the rooms can be adjusted during Design Development Stage
Patient changing room with cubicles, shower & wash: 10 places	1	15.5	[illegible]		15.2		-0.3	-1.9%	yes	Yes	Yes	No/Yes	
Patient changing room with cubicles, shower & wash: 10 places	1	15.5	[illegible]		15.3		-0.2	-1.3%	yes	Yes	Yes	No/Yes	
Store: exercise equipment, activity area	1	6.0	6.0		10.4								
Store: exercise equipment, activity area	1	9.0	9.0		10.8								
Store: exercise equipment, therapy treatment cubicles	1	6.0	6.0		9.6								
Sub Total			**192.0**		**221.0**	29.0							
Staff support facilities													
Staff changing room with cubicle & handwash, 10 places	1	14.0	14.0		17.0								
Staff changing room with cubicle & handwash, 20 places	1	18.0	18.0		18.4								
WC & handwash: accessible, wheelchair assisted	1	4.5	4.5										
WC & wash: ambulant	3	2.0	6.0										
Shower: ambulant (non patient)	1	2.5	2.5										
Sub Total			**45.0**		**53.4**	8.4							

REHAB & THERAPY DEPARTMENT

Main Facilities

inpatient service co-located with wards

Activity	Qty	Unit Area m²	Total Area m²	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Support facilities													
Parking bay resuscitation trolley	1	1.0		not provided by bidder	0.0		-1.0	-100.0%		Yes	Yes	No/Yes	Area will be allocated during Design Development Stage
Clean utility no controlled drugs	1	9.0	9.0		10.5								
Dirty utility urine test	1	9.0	9.0		8.8								
Store general	1	6.0		not provided by bidder	0.0		-6.0	-100.0%		Yes	Yes	No/Yes	There are 3xstores which have been provided by BE with a total area of 28.1m2. The Briefed area for this is 21m2, therefore there is sufficient over provision to create the missing store.
Cleaners (Housekeeping) room	1	7.0	7.0		7.8								
Hold disposal	1	6.0		not provided by bidder	0.0		-6.0	-100.0%		Yes	Yes	No/Yes	Room is provided adjacent to Activity Area (Room No. NSGH-00-OPD-032)
Switchgear cupboard	1	2.0		not provided by bidder	0.0		-2.0	-100.0%		Yes	Yes	No/Yes	Area will be provided as part of M&E provision (areas have been allocated on current plan)
Sub Total					27.1	-12.9							
Sub Total			**774.5**		**890.9**	**116.4**	-15.5	-2%					
Planning	5%		38.7										
			813.2										
Engineering	3%		24.4										
Circulation	21%		170.8										
Total			**1,008.4**		1209								This Is the BE Total Area

DERMATOLOGY OUTPATIENT & DAY CASE DEPT

Room Type	Quantity	Size	Total	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
		M2	M2										
Staff Base / Reception	1	16.0			14.2		-1.8	-11.3%		Yes	Yes	No/Yes	Library over area by 1.6m2 - move adjoining wall and re-provide space to Staff Base/Reception
Physical Measurement	1	8.0	8.0										
Waiting Area (30 persons incl 4 w'chair spaces)	1	48.0	48.0	May be split to allow for a sub waiting area near treatment rooms	53.5								
WCs - ambulatory assld	2	2.5	5.0										
WC - Wchair	1	4.5	4.5										
Consult / exam Room (dual sided access)	6	16.5		6 of 6 below brief area	96.7		-2.3	-2.3%		Yes	Yes	No/Yes	Waiting over area by 5.5m2 - adjust walls and re-distribute area to C/E rooms
Consult / exam Room (single sided access)	4	13.5	54.0										
Prep Room / clean utility room	2	12.0	24.0										
Biopsy Room with Prep area	3	16.5		3 of 3 below brief area	48.3		-1.2	-2.4%		Yes	Yes	No/Yes	Waiting over area by 5.5m2 - adjust walls and re-distribute area to C/E rooms
Leg Ulcer Treatment Room	1	16.5		With low level sink	16.1		-0.4	-2.4%		Yes	Yes	No/Yes	
Treatment room - general	3	16.5	49.5										
Counsel / Interview	1	13.5	13.5										
Shower / WC / WHB	1	6.0			5.2		-0.8	-13.3%		Yes	Yes	No/Yes	
Patients Waiting (following and between treatments)	1	14.0	14.0										
Resuscitation trolley parking bay 1 trolley	1	1.0	1.0										
Phototherapy Suite (UVA / UVB / Hand & Foot) Suite	1	40.0	40.0	Includes 2 x changing cubicles Run by 1 nurse - so each box / booth in open view moved from ward	40.1								
Dirty Utility	1	9.0	9.0										
Staff WC	1	2.0	2.0										
Resource Library/patient information	1	18.0	18.0		19.6								
2 Person Offices	1	12.0	12.0										
workstation area (x 6)	1	24.0	24.0		24.2								
Disposal Hold	1	10.0	10.0										
Cleaners Room	1	7.0			5.7		-1.3	-18.6%		Yes	Yes	No/Yes	
Linen Cupboard	1	2.0			1.9		-0.1	-5.0%		Yes	Yes	No/Yes	
Sub Total			**532.5**		**550.2**	17.7							
Dermatology Sub Total			**532.5**				-7.9	-1.5%					
Planning allowance	5%		26.6										
Sub-total			559.1										
Engineering Allowance	3%		16.8										
Circulation	31%		173.3										
TOTAL			**749.2**		802								This is the BE Total Area

Dialysis Unit (30 Stations)

Room Type	Quantity	Size M2	Total M2	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Entrance, reception & waiting facilities													
Vehicle drop-off point	1		0.0	External allowance. Designated									
Car parking spaces	12		0.0	External allowance. Dedicated space									
Car parking spaces for people with disabilitie	4		0.0	External allowance. Dedicated space									
Main entrance draught lobby	1	11.0	11.0	not provided by bidder - Includes entrance canopy area	0.0		-11.0	-100.0%		n/a	n/a	n/a	Dialysis Unit is on Level 2 - no external Entance provided/required
Public telephone: single booth	1	1.5	1.5		1.1		-0.4	-26.7%		Yes	Yes	No/Yes	
Public telephone: single booth, accessible	1	2.0	2.0		1.1		-0.9	-45.0%		Yes	Yes	No/Yes	
Reception & office: 6 staff	1	36.0	36.0	Includes record storage	29.8		-6.2	-17.2%		Yes	Yes	No/Yes	
Waiting area: 30 persons including 2 wheelc	1	44.0	44.0										
Parking bay: 5 wheelchair spaces	1	5.0	5.0										
Refreshment: vending machine	1	3.0			2.0		-1.0	-33.3%		Yes	Yes	No/Yes	
Sub Total					93.5	-9.0							
Counselling, interview, consulting/examination & treatment facilities													
Physical measurement area: Renal	3	8.0		1 of 3 under brief area	23.7					Yes	Yes	No/Yes	
Consulting & examination room: single side	2	13.5	27.0										
Treatment cubicle: dialysis, 1 patient	24	13.5	324.0	only 20 provided by bidder - Multi-areas - 3no x 8 recliners	269.5		-54.5	-16.8%					Only 20 requested in SOA - this is an additional Board request which was not included in the submitted design. 270m2 was originally requested and has been provided by BE
Isolation treatment room: dialysis, 1 patient	6	13.5	81.0	only 4 provided by bidder	54.4		-26.6	-32.8%					Only 4 requested in SOA - this is an additional Board request which was not included in the submitted design. 54m2 was originally requested and has been provided by BE
Treatment room: Continuous ambulatory per	2	16.5	33.0										
Training room & office: Pentoneal Dialysis (F	1	16.5	16.5										
additional Treatment rm dialysis ; 1 patient				6@13.5	81.0								
Sub Total			505.5		519.6	14.1							This TOTAL = 586.5m2 when the additional Board areas are included to the original Brief.
Support facilities: Clinical													
Staff base: 4 staff	2	12.0	24.0										
Clean utility	2	14.0	28.0										
Dirty utility: bedpan disposal & urine test	2	12.0	24.0										
Sub Total			76.0		79.9	3.9							
Visitors & patients support facilities													
Patient changing room: 15 places	2	15.0	30.0										
Shower & wash: assisted	3	4.5	13.5	only 2 provided by bidder	9.1		-4.4	-32.6%		Yes	Yes	No/Yes	Room needs to be added as part of Design Development. Department requires re-design to suit amended Board Brief re: number of Treatment cubicles.
WC & handwash: semi ambulant	4	2.5	10.0										
WC & handwash: accessible, wheelchair ass	1	4.5	4.5										
Pantry: serving 30 persons	1	12.0	12.0										
Sub Total					68.4	-1.6							

Dialysis Unit (30 Stations)

Room Type	Quantity	Size M2	Total M2	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDSM1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Staff support facilities: Offices													
Interview & counselling room: 5 persons	2	9.0	18.0										
Office: 1 staff	1	10.5	10.5										
Office: 2 staff	1	13.0	[redacted]		12.6		-0.4	-3.1%		Yes	Yes	No/Yes	
Sub Total			**41.5**		**41.3**	**-0.2**							
Staff support facilities: Sanitary & changing													
Staff changing room: 10 places	1	8.0	8.0										
Staff changing room: 20 - 30 places	1	16.0	16.0										
Shower: ambulant (non patient)	3	2.5	7.5	Separate males & females									
WC & wash: ambulant	4	2.0	8.0	Separate males & females									
WC & handwash: accessible, wheelchair ass	1	4.5	4.5										
Sub Total			**44.0**		**46.9**	**2.9**							
Staff support facilities: Education & training													
Seminar room: 20 persons	1	30.0	[redacted]	To be located such that it can provide future expansion space for dialysis stations	25.8		-4.2	-14.0%		Yes	Yes	No/Yes	Room to be reviewed as part of Design Development. No additional area will be added as there is sufficent allowance - BE proposal is 143m2 over SOA Briefed area.
Sub Total			**30.0**		**25.8**	**-4.2**							
Support facilities: Holding & storage													
Parking bay: resuscitation trolley	1	1.0	1.0										
Store: furniture, equipment & disposables	1	40.0	[redacted]		35.3		-4.7	-11.8%		Yes	Yes	No/Yes	Store provision to be reviewed as part of Design Development. No additional area will be added as there is sufficent allowance - BE proposal is 143m2 over SOA Briefed area.
Store: equipment & renal consumables	1	25.0	[redacted]		16.1		-8.9	-35.6%		Yes	Yes	No/Yes	Store provision to be reviewed as part of Design Development. No additional area will be added as there is sufficent allowance - BE proposal is 143m2 over SOA Briefed area.
Store: linen	1	9.0	[redacted]		8.1		-0.9	-10.0%		Yes	Yes	No/Yes	
Cleaners (Housekeeping) room	1	7.0	7.0										
Hold: disposal	1	10.0	[redacted]		9.8		-0.2	-2.0%		Yes	Yes	No/Yes	
Sub Total			**92.0**		**79.4**	**-12.6**							

Dialysis Unit (30 Stations)

Room Type	Quantity	Size M2	Total M2	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Support facilities: Equipment maintenance													
Equipment Servicing	2	24.0	48.0	2 of 2 below brief area - Covers whole renal service	42.8					Yes	Yes	No/Yes	
Live Test Area	1	6.0	6.0	Covers whole renal service									
Ready Use Equipment / Out Lobby	1	9.0	9.0	Covers whole renal service									
Component Store	2	16.0	32.0	1 of 2 under brief area - Covers whole renal service						Yes	Yes	No/Yes	
Sub Total			**95.0**		**90.8**	**-4.2**							
Support facilities: Engineering & plant													
Switchgear room	1	4.0	4.0										
Computer communication IT hub room	1	9.0	9.0										
Plant room: water treatment				See M&E Specification for water treatment plant and space required - additional to brief	15.4								No area allocated in previous SOA - 15.4m2 allowed for by BE.
			13.0		**26.7**	**13.7**							
Total Net			**1460.5**		**1072.3**	**2.8**	**-124.3**	**-12%**					
Planning allowance @ 5%	5%		53.5										
Sub-total			1123.0										
Engineering Allowance @ 3%	3%		33.7										
Circulation @ 27%	27%		303.2										
TOTAL OF DIALYSIS			**1459.9**										

1603 — This is the BE Total Area

Activity Space	No:	Unit Area m²	Total Area m²	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required or can shortfall be designed out?	BE comment
Entrance, reception & waiting facilities													
Car parking spaces for people with disabilities & parents with young children													
Main entrance draught lobby	1	11.0	11.0	Ambulatory Entrance	26.3								
Main entrance draught lobby	1	15.0	15.0	Ambulance Entrance	15.5								
Decontamination Facilities	0	75.0		(breakdown below)	77.2		77.2	#DIV/0!	no	no	yes	more area will be needed as shown on our drawings with external dotted box.	allocation shown externally as Decontamination requirements were not described as internal space throughout DD.(thought to be external) this is shown on A&E plans See NA-XX-00-PL-252-205
Vestibule area	1	18.0	18.0	not on Brookfield SoA	0.0		-18.0	-100.0%	see above	see above	see above		
Shower room	1	16.0	16.0	not on Brookfield SoA	0.0		-16.0	-100.0%	see above	see above	see above		
Dressing Area	1	18.0	18.0	not on Brookfield SoA	0.0		-18.0	-100.0%	see above	see above	see above		
Storage	1	23.0	23.0	not on Brookfield SoA	0.0		-23.0	-100.0%	see above	see above	see above		
Parking bay: 6 wheelchairs	2	6.0	12.0	only one provided	6.2		-5.8	-48.3%	no	?	yes	designed out	no effect
Parking bay: 3 accident trolleys & 3 wheelchairs	2	12.0	24.0										
Reception: 4/5 staff	1	12.5	12.5		11.8		-0.7	-5.6%	yes	yes	yes	designed out	no effect
Notes store & Photocopying	1	10.0	10.0	Behind reception									
Waiting area: 60 persons including 5 wheelchair users	1	85.0			71.4		-13.6	-16.0%	no	yes	yes	designed out	no effect
Waiting play area: 10 children	1	18.0	18.0										
Public telephone: single booth, accessible	3	2.0	6.0										
Refreshment: drinking water dispenser	2	0.5	1.0										
Refreshment: vending machine	2	3.0	6.0										
WC & handwash: semi ambulant	8	2.5	20.0	Seperate Male & Female									
WC & handwash: accessible, wheelchair assisted	1	4.5	4.5										
Nappy change room with handwash	1	4.0	4.0										
Infant feeding room	1	5.5	5.5										
Sub Total			309.5		325.7	16.2							
CPN, Social care & distressed/disturbed persons facilities													
Interview Room	1	11.0	11.0	Dual access required									
CPN / Social Work Bases / Police Office	1	40.0	40.0	Block Allowance	44.9								
WC & handwash: accessible, wheelchair independent/assisted	1	4.5	4.5										
Special room: distressed/disturbed patient	1	11.0	11.0	Dual access required	12.5								
WC & handwash: accessible, wheelchair independent/assisted	1	4.5	4.5										
Sub Total			71.0		78.5	7.5							

Assessment & Treatment facilities											
Generic Assess / Treatment room: A&E	26	12.0	312.0	5 of 26 cubicles below brief area				yes	yes	yes	designed out	no affect on area
MIU Assess & Treat Room	4	13.5	54.0	Dual Access Rooms (i.e. 2 doors)								
Waiting area: 10 persons including 1 wheelchair user	2	16.5	[illegible]		30.1		-2.9	-8.8%	yes	yes	yes	designed out	
WC & handwash: specimen; accessible, wheelchair	2	4.5	9.0										
Treatment room: A&E, head & neck & Opthalmology	2	16.0	32.0	With monitoring									
Treatment room: A&E, gynaecology/genitourinary colposcopy	1	16.0	16.0	With monitoring									
WC & handwash: accessible, wheelchair assisted	1	4.5	4.5										
Plaster Room (with 3 cubicles) & Store	1	32.0	32.0		34.7								
Staff & communication base: 15 staff	1	35.0	35.0										
Supplies base	1	20.0	[illegible]		17.4		-2.6	-13.0%	yes	yes	yes	designed out	
Patient resuscitation facilities													
Resuscitation room: 6 places	1	172.0	172.0	One bay equipped for babies, children & young people ??	180.1								
Major Procedures Room	2	29.0	58.0										
CDU / Assessment - First 4 Hours													
Distressed & bereaved persons facilities													
Relatives sitting room	2	16.0	32.0	Family and friends									
WC & handwash: accessible, wheelchair assisted	2	4.5	9.0	En-suite									
Body viewing/bier room	2	10.0	20.0	Dual access									
Support facilities: Clinical													
Dirty utility: bedpan disposal & urine test	2	12.0	24.0										
Parking bay: ultrasound unit	1	1.0	1.0										
Sub Total			**863.5**		**915.1**	**51.6**							

Staff Support Facilities											
Staff Facilities Area											
Rest, Office with Shower	1	50.0	50.0	Block Allowance							
Sanitary & changing											
WC & wash: ambulant	12	2.0	24.0								
Shower: ambulant (non patient)	4	2.5	10.0								
Staff changing room: 40 places	1	20.0	20.0								
Staff changing room: 80 places	1	40.0	40.0								
Staff support facilities: Offices											
Office: 1 staff	4	10.5	[illegible]		40.0		-2.0	-4.8%	yes	yes	yes	designed out	
Office: 2 staff	2	13.0	26.0								
Office: 4 staff	2	24.0	48.0								
Interview & counselling room: 5 persons	2	9.0	18.0								
Interview/meeting room: 6 persons	2	20.0	[illegible]		39.5		-0.5	-1.3%	yes	yes	yes	designed out	
Education and training											
Seminar & training room: 30 persons	1	50.0	50.0								
Library & study room: 5 persons	1	20.0	20.0								

Holding & storage											
Store: equipment & supplies	1	50.0	50.0							possibly may need minor adjustment to area, but looking at changes req. for board requirements to AAU can fit.	store area - there is minor float in the overall floor print, so with minor manipulation during 1:200 discussion this should be able to be resolved.
Store: sterile supplies	2	15.0	30.0	1 shared with Pharmacy	24.0		-26.0	-52.0%	no	?	yes
Linen Store	2	4.0			5.0		-3.0	-37.5%	no	yes	yes	deigned out
Store: major incident equipment	1	12.0			11.3		-0.7	-5.8%	yes	yes	yes	designed out
Store: ready to use medical gas cylinders	1	9.0	9.0								
Store: ambulance equipment	1	6.0			5.8		-0.2	-3.3%	yes	yes	yes	designed out
Service room: equipment	1	21.0			20.2		-0.8	-3.8%	yes	yes	yes	designed out
Miscellaneous											
Hold: disposal	1	10.0	10.0		9.8		-0.2	-2.0%	yes	yes	yes	designed out
Cleaners (Housekeeping) room	2	7.0	14.0	only one provided by bidder	6.5		-7.5	-53.6%	no	yes	yes	designed out the seminar and staff rest area are over so can be accommodated through minor replanning.
Switchgear room	1	4.0	4.0								
Battery & UPS room	1	9.0	9.0								
Sub Total			561.0		544.6	-16.4					
Net Total			1805.0		1863.9	58.9	-64.3	-4%			
Planning allowance	5%		90.3								
Sub-total			1895.3								
Engineering Allowance	3%		56.9								
Circulation	27%		511.7								
TOTAL OF Emergency Department			2463.8		2539.2						This is the BE total area

ACUTE ASSESSMENT CLUSTER

Number of Beds	28.0
Percentage Single Rooms	1.0

Description	Qty	Unit Area m²	Total Area m²	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required or can shortfall be designed out?	BE comment
Bed and Sanitary Facilities													
Acute single bedroom (incl family & clinical support space)	28	16.5	[illegible]	24 0f 28 rooms below brief									check plans
Sub-Total			462.0		435.9	-26.1							
Patient Support Facilities			0.0										
Assisted shower/wc/whb	8	4.5	36.0	9 provided by bidder 4 under brief ar	38.1		2.1	5.8%					
Interview/sitting room: 5 places	1	9.0	9.0										
Nurses Station	1	8.0	8.0		7.1		-0.9	-11.3%					
Resuscitation trolley parking bay: 1 trolley	1	2.0	2.0										
Pantry/Beverage making area	1	12.0	12.0		11.7		-0.3	-2.5%					
Ward Food trolley parking bay	1	1.5	1.5										
Wheelchair bay	1	4.0	4.0										
Touchdown spaces	4	2.0	8.0	only 3 provided by bidder	3.3		-4.7	-58.8%					
Sub-Total			80.5		84.9	4.4							
Backup storage			0.0										
Linen trolley parking bay	1	1.5	1.5		1.2		-0.3	-20.0%					
Clinical store/Controlled Drug Cupboard	1	1.5	1.5										
Store - Equipment - Large	1	15.0	15.0		13.3		-1.7	-11.3%					
Sub-Total			18.0		17.8	-0.2							
Utilities			0.0										
Dirty utility/Sluice/Test Room - small	1	6.5	6.5		4.3		-2.2	-33.8%					
Clean Utility Room	1	12.0	12.0		11.7		-0.3	-2.5%					
Disposal hold/bay - large	1	8.0	8.0		6.7		-1.3	-16.3%					
Cleaners room	1	7.0	7.0		6.7		-0.3	-4.3%					
Staff wc & wash: Ambulant user	2	2.0	4.0										
Switchgear cupboard	1	1.0	1.0	not included by bidder	0.0		-1.0	-100.0%					add
Sub-Total			38.5		33.5	-5.0							
Office and administration services			0.0										
Reception / Clerk: 2 position open to corridor	1	8.0	8.0										
Office incl.meeting area: 1 place	1	12.0	12.0		11.5		-0.5	-4.2%					
Charge Nurse Office	1	9.0	9.0										
Printer/IT/administration store	1	6.0	6.0		3.0		-3.0	-50.0%					
Waiting area: 5-10 persons	1	16.0	16.0										
Staff locker bay	1	1.5	1.5		1.4		-0.1	-6.7%					
Sub-Total			52.5		54.7	2.2							

Control Room Area							
Reception / Clerk: 1 position open to corridor	1	8.0	8.0				
Open Plan Control Area (6 work stations)	1	27.5	27.5				
Office 1 person	2	12.0	24.0				
Office 3 Person	2	18.0	36.0	32.6		-3.4	-9.4%
Sub-Total			95.5	**93.1**	-2.4		
Total net			747.0	**719.9**	**-27.1**	-17.9	-2%
Planning allowance	5%		37.4				
Sub-total			784.4				
Engineering Allowance	3%		23.5				
Circulation	31%		243.1				
TOTAL			**1051.0**				

ACUTE ASSESSMENT CLUSTER

Number of Beds		28.0										
Percentage Single Rooms		1.0										
Description	Qty	Unit Area m²	Total Area m²	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required or can shortfall be designed out?	BE comment
Bed and Sanitary Facilities													
Acute single bedroom (incl family & clinical support space)	28	16.5		24 Of 28 rooms below brief									check plans
Sub-Total					435.9	-26.1			yes	yes	redesign req. as Board comment	design out	
Patient Support Facilities			0.0										
Assisted shower/wc/whb	8	4.5		9 provided by bidder 4 under brief area	38.1		2.1	5.8%	yes	? On most yes	yes	designed out	
Interview/sitting room: 5 places	1	9.0	9.0										
Nurses Station	1	8.0			7.1		-0.9	-11.3%	yes	yes	yes	designed out	
Resuscitation trolley parking bay: 1 trolley	1	2.0	2.0										
Pantry/Beverage making area	1	12.0			11.7		-0.3	-2.5%	yes	yes	yes	designed out	
Ward Food trolley parking bay	1	1.5	1.5										
Wheelchair bay	1	4.0	4.0										
Touchdown spaces	4	2.0		only 3 provided by bidder	3.3		-4.7	-58.8%	no	will add/shift round	yes	designed out	
Sub-Total			80.5		84.9	4.4							
Backup storage			0.0										
Linen trolley parking bay	1	1.5			1.2		-0.3	-20.0%	yes	yes	yes	designed out	
Clinical store/Controlled Drug Cupboard	1	1.5	1.5										
Store - Equipment - Large	1	15.0			13.3		-1.7	-11.3%	yes	yes	yes	designed out	
Sub-Total					17.8	-0.2			yes	yes	yes	designed out	
Utilities			0.0										
Dirty utility/Sluice/Test Room - small	1	6.5			4.3		-2.2	-33.8%	no	?	yes	designed out	
Clean Utility Room	1	12.0			11.7		-0.3	-2.5%	yes	yes	yes	designed out	
Disposal hold/bay - large	1	8.0			6.7		-1.3	-16.3%	no	?	yes	designed out	
Cleaners room	1	7.0			6.7		-0.3	-4.3%	yes	yes	yes	designed out	
Staff wc & wash: Ambulant user	2	2.0	4.0										
Switchgear cupboard	1	1.0		not included by bidder	0.0		-1.0	-100.0%	no	?	yes	designed out	add/ not labeled it's shown as riser, but there will be design development
Sub-Total					33.5	-5.0							
Office and administration services			0.0										
Reception / Clerk: 2 position open to corridor	1	8.0	8.0										
Office incl meeting area: 1 place	1	12.0			11.5		-0.5	-4.2%	yes	yes	yes	designed out	
Charge Nurse Office	1	9.0	9.0										
Printer/IT/administration store	1	6.0			3.0		-3.0	-50.0%	no	yes when considered with function of reception	yes	designed out	
Waiting area: 5-10 persons	1	16.0	16.0										
Staff locker bay	1	1.5			1.4		-0.1	-6.7%	yes	yes	yes	designed out	
Sub-Total			52.5		54.7	2.2							
Control Room Area													
Reception / Clerk: 1 position open to corridor	1	8.0	8.0										
Open Plan Control Area (6 work stations)	1	27.5	27.5										
Office 1 person	2	12.0	24.0										
Office 3 Person	2	18.0			32.6		-3.4	-9.4%	yes	yes	yes	designed out	
Sub-Tot					93.1	-2.4							

Total net		747.0	719.9	-27.1	-17.9 -2% yes	note some of the cleaners and disposal rooms fall adjacent to another cluster. There is space in this area to accommodate some most of the omissions particularly the majority which are resus trolley bays, linen cupboard and swithc cupbaords. Note most of the switch cupboards are picked up with an E, M or R consonant followed by a number to tie in with M&E design. These will be refined during design development.
Planning allowance	5%	37.4				
Sub-total		784.4				
Engineering Allowance	3%	23.5				
Circulation	31%	243.1				
TOTAL		1051.	5652.5			This is the BE total area (see comment next to box)

ACUTE CLUSTER

Number of Beds		30											
Percentage Single Rooms		100%											
Description	Qty	Unit Area m²	Total Area m²	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required or can shortfall be designed out?	BE comment
Bed and Sanitary Facilities													
Acute single bedroom (incl family & clinical support space)	30	16.5	[illegible]	18 of 30 rooms below brief area	481.6								check plans through 1:200's
En-suite assisted shower/wc/whb	30	4.5	[illegible]		134.5		-0.5	-0.4%					
Sub-Total					**628.3**	-1.7							
Patient Support Facilities													
Diagnostic Testing Room (Exercise Testing/Echo)	1	16.5	16.5										
Interview/sitting room: 5 places	1	9.0	[illegible]		8.9		-0.1	-1.1%					
Nurses Station	1	8.0	8.0										
Resuscitation trolley parking bay: 1 trolley	1	2.0	2.0										
Pantry/Beverage making area	1	12.0	12.0										
Ward Food trolley parking bay	1	1.5	1.5										
Wheelchair bay	1	4.0	4.0										
Touchdown spaces	4	2.0	[illegible]	5 provided by bidder all below brief	4.0		-4.0	-50.0%	no	?	yes	designed out	
Sub-Total			[illegible]		**60.5**	-0.5							
Backup storage													
Linen trolley parking bay	1	1.5	1.5										
Clinical store/Controlled Drug Cupboard	1	1.5	1.5										
Store - Equipment - Large	1	15.0	[illegible]	split into two stores	12.6		-2.4	-16.0%	yes	yes	yes	designed out	
Sub-Total			**18.0**		**20.4**	2.4							
Utilities													
Dirty utility/Sluice/Test Room - small	1	6.5	6.5										
Clean Utility Room	1	12.0	[illegible]		9.8		-2.2	-18.3%	no	?	yes	designed out	
Disposal Hold/bay - large	1	8.0	8.0										
Cleaners room	1	7.0	7.0		10.4								
Staff wc & wash: Ambulant user	2	2.0	4.0										
Switchgear cupboard	1	1.0	1.0										
Sub-Total			**38.5**		**44.9**	6.4							
Office and administration services													
Reception / Clerk: 1 position open to corridor	1	8.0	8.0										
Office incl meeting area: 1 place	1	12.0	12.0										
Charge Nurse Office	1	9.0	[illegible]		8.9		-0.1	-1.1%	yes	yes	yes	designed out	
Waiting area: 5-10 persons	1	16.0	[illegible]		15.6		-0.4	-2.5%	yes	yes	yes	designed out	
Staff locker bay	1	1.5	1.5		5.9								
Sub-Total			**46.5**		**50.7**	4.2							
Additional Area's													
WC & handwash: accessible, wheelchair assisted	1	4.5	[illegible]		3.8		-0.7	-15.6%	no	?	yes	designed out	
Body viewing/bier room	1	10	10										
Sub-Total			**14.5**		**14.9**	0.4							

Total net		**808.5**		**819.7**	**11.2**		note some of the cleaners and disposal rooms fall adjacent to another cluster. There is space in this area to accommodate some most of the omissions particularly the majority which are resus trolley bays, linen cupboard and swithc cupbaords. Note most of the switch cupboards are picked up with an E, M or R consonant followed by a number to tie in with M&E design. These will be refined during design development.
					-10.4	-1% yes	
Planning allowance	5%	40.4					
Sub-total		848.9					
Engineering Allowance	3%	25.5					
Circulation	31%	263.2					
TOTAL OF Acute Cluster Department		**1137.6**		**5652.5**			This is the BE total area (see comment next to box)

GENERAL RECEIVING CLUSTER

Number of Beds			48										
Percentage Single Rooms			100%										
Description	Qty	Unit Area m²	Total Area m²	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required or can shortfall be designed	BE comment
Bed and Sanitary Facilities													
Acute single bedroom (incl family & clinical support space)	48	16.5	[redacted]	39 of 48 below brief area - (1	758.5				yes	yes	yes	designed out	check plans
En-suite assisted shower/wc/whb	48	4.5	216.0	(as per HBN 00-02)									
Sub-Total			[redacted]		991.2	-16.8							
Patient Support Facilities													
Consultation/Examination Room	1	16.5	[redacted]		15.4		-1.1	-6.7%	yes	yes	yes	designed out	
Interview/sitting room: 5 places	2	9.0	[redacted]		16.6		-1.4	-7.8%	yes	yes	yes	designed out	
Nurses Station	2	8.0	16.0										
Resuscitation trolley parking bay: 1 trolley	2	2.0	[redacted]		3.2		-0.8	-20.0%	no	yes	yes	designed out	
Pantry/Beverage making area	1	12.0	[redacted]		10.7		-1.3	-10.8%	yes	yes	yes	designed out	
Ward Food trolley parking bay	2	1.5	[redacted]	only one provided by bidder	1.9		-1.1	-36.7%	no	?	yes	designed out	add one in there's space in department re-plan
Wheelchair bay	1	6.0	6.0										
Touchdown spaces	4	2.0	8.0	13 provided by bidder									balance against short fall in other parts of AAU.
Sub-Total			83.5		87.4	3.9							
Backup storage													
Linen trolley parking bay	3	1.5	[redacted]	only two provided by bidder			-4.5	-100.0%	no	?	yes	designed out	add
Clinical store/Controlled Drug Cupboard	2	1.5	[redacted]	not provided by bidder	0.0		-3.0	-100.0%	no	?	yes	designed out	add
Store - Equipment - Large	2	15.0	[redacted]		26.8		-3.2	-10.7%	yes	yes	yes	designed out	
Sub-Total			[redacted]		35.0	-2.5			yes				
Utilities													
Dirty utility/Sluice/Test Room - small	2	6.5	[redacted]	only one provided by bidder	6.5		-6.5	-50.0%	no	?	yes	designed out in replan	add
Clean Utility Room	2	12.0	[redacted]	only one provided by bidder	12.0		-12.0	-50.0%	no	?	yes	designed out in replan	add (but double check in new layout as this will be on a junction with other AAU clusters)
Disposal Hold/bay - large	2	8.0	[redacted]	only one provided by bidder	7.4		-8.6	-53.8%	?	?	yes	designed out in replan	add again check cover in other AAU cluster as may be shared. Will be picked up in replan.
Cleaners room	2	7.0	[redacted]	only one provided by bidder	7.9		-6.1	-43.6%	?	?	yes	designed out in replan	add again check cover in other AAU cluster as may be shared. Will be picked up in replan.
Staff wc & wash: Ambulant user	2	2.0	[redacted]	only one provided by bidder	3.0		-1.0	-25.0%	no	yes	yes	designed out in replan	add
Switchgear cupboard	1	1.0	1.0	two provided by bidder									
Sub-Total			[redacted]		39.2	-32.8							

Office and administration services										
Reception / Clerk: 1 position open to corridor	1	8.0		6.8		-1.2	-15.0%	yes	yes	yes	dosigned out
Office incl meeting area: 1 place	1	12.0	12.0	16.3						
Charge Nurse Office	1	9.0		7.9		-1.1	-12.2%	yes	yes	yes	designed out
Waiting area: 15 persons inc. 2 wheelchair users	1	25.5	25.5	30.4						
Staff locker bay	2	1.5		2.8		-0.2	-6.7%	yes	yes	yos	designed out
Sub-Total			**57.5**	**66.7**	**9.2**					
Total net			1258.5	**1219.5**	**-39.0**	-53.1	-4%	yes			note some of the cloaners and disposal rooms fall adjacent to another cluster. There is space in this area to accommodato some most of the omissions particularly the majority which are resus trolley bays, linen cupboard and swithc cupbaords. Note most of tho switch cupboards are pickod up with an E, M or R consonant followed by a number to tie in with M&E design. These will be refined during design development.
Planning allowance	5%		62.9							
Sub-total			1321.4							
Engineering Allowance	3%		39.6							
Circulation	31%		409.6							
TOTAL OF General Cluster Department			**1770.77**	**5652.5**						This is the BE total area (see comment next to box)

Complex Needs Cluster

Number of Beds		12											
Percentage Single Rooms		100%											
Description	Qty	Unit Area m²	Total Area m²	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required or can shortfall be designed out?	BE comment
Bed and Sanitary Facilities													
Acute single bedroom (incl family & clinical support space)	12	16.5		10 of 12 rooms below brief area	192.2		-5.8	-2.9%	yes	yes	yes	designed out	
En-suite assisted shower/wc/whb	12	4.5	54.0	(as per HBN 00-02)									
Sub-Total			**252.0**		**258.2**	6.2							
Patient Support Facilities													
Consultation/Examination Room	1	16.5			15.8		-0.7	-4.2%	yes	yes	yes	designed out	
Interview/sitting room: 5 places	1	9.0			7.9		-1.1	-12.2%	yes	yes	yes	designed out	
Nurses Station	1	8.0			7.8		-0.2	-2.5%	yes	yes	yes	designed out	
Resuscitation trolley parking bay: 1 trolley	1	2.0	2.0										
Pantry/Beverage making area	1	12.0	12.0										
Ward Food trolley parking bay	1	1.5		not provided by bidder	0.0		-1.5	-100.0%	no	?	yes	designed out	add small park space for trolley easily added
Wheelchair bay	1	4.0	4.0										
Sub-Total					**50.2**	-2.8			yes				
Backup storage													
Linen trolley parking bay	1	1.5	1.5										
Clinical store/Controlled Drug Cupboard	1	1.5	1.5		5.0								
Store - Equipment - Large	1	15.0	15.0	split into two stores by bidder									
Sub-Total			**18.0**		**22.8**	4.8							
Utilities													
Dirty utility/Sluice/Test Room - small	1	6.5	6.5										
Clean Utility Room	1	12.0			10.3		-1.7	-14.2%	yes	yes	yes	designed out	
Disposal Hold/bay - large	1	8.0	8.0										
Cleaners room	1	7.0	7.0										
Staff wc & wash: Ambulant user	2	2.0	4.0										
Switchgear cupboard	1	1.0	1.0										
Sub-Total			**38.5**		**40.3**	1.8							
Office and administration services													
Reception / Clerk: 1 position open to corridor	1	8.0	8.0										
Office incl meeting area: 1 place	1	12.0			11.7		-0.3	-2.5%	yes	yes	yes	designed out	
Charge Nurse Office	1	9.0	9.0										
Printer/IT/administration store	1	6.0			4.7		-1.3	-21.7%	yes	yes	yes	designed out	
Waiting area: 5-10 persons	1	16.0	16.0										
Staff locker bay	1	1.5	1.5										
Sub-Total			**52.5**		**52.5**	0.0							

Rehabilitative Therapy Area											
ADL bedroom with living assessment	1	18.0	18.0		17.6		-0.4	-2.2%	yes	yes	yes	designed out	
ADL wc/bathroom/shower	1	13.0	13.0		12.5		-0.5	-3.8%	yes	yes	yes	designed out	
ADL Kitchen	1	27.0	27.0	not provided by bidder	0.0		-27.0	-100.0%	no	yes can swop for extra room		no issue on plan	requirement not on orginal schedule. However, extra space is provided is in the light activity area which appears not to be needed anymore look at the plan
Treatment Area	1	13.0	13.0	not provided by bidder	0.0		-13.0	-100.0%	no	yes can swop for extra room		no issue on plan	requirement not on orginal schedule. However, extra space is provided is in the light activity area which appears not to be needed anymore look at the plan
Equipment Store	1	20.0	20.0										
additional light activities area					40.0								
Sub-Total			**91.0**		**90.1**	-0.9							
Total net			**505.0**		**514.1**	**9.1**	-53.5	-11%					general comment. New rooms have been added from the orginal breif supplied. E.g. the ADL kitchen and treatment room. However, the light activity area makes up the area therefore there isn't a problem. This can be picked up in the replan during 1:200 development
Planning allowance	5%		25.3										
Sub-total			530.3										
Engineering Allowance	3%		15.9										
Circulation	31%		164.4										
Total			**710.5**		**5652.5**								**This is the BE total area (see comment next to box)**

OPD CLUSTER

Based on Generic OPD Cluster

	Qty	Unit Area m²	Total Area m²	Comments	BE	DIFFERS		Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required or can shortfall be designed out?	BE comment
Emergency Centre OPD Cluster														
Waiting Area	1.0	12.0	12.0		35.6									
WC - Disabled Size	1.0	4.5	4.5											
Nurse Base & Physical Measurement Bay	1.0	8.0	[redacted]	Adjacent to waiting area	6.2			-1.8	-22.5%	no	yes	yes	designed out	
Consult / Exam Room	3.0	16.5	49.5											
Clean Utility or Store	1.0	12.0	[redacted]		11.4			-0.6	-5.0%	yes	yes	yes	designed out	
Dirty Utility	1.0	6.0	[redacted]		5.2			-0.8	-13.3%	no				
Store Room	1.0	4.0	4.0											
Specimen / Disabled WC	1.0	4.5	4.5	With hatch to dirty utility										
Linen Cupboard	1.0	1.0	[redacted]	not provided by bidder	0			-1.0	-100.0%	no	?	yes		add room store is larger than required therfore no issue.
Staff WC	1.0	2.0	2.0											
Sub Total			103.5		125.7	22.2								
Total net			103.5		125.7	22.2		-4.2	-4%					
Planning allowance	5%		5.2											
Sub-total			108.7											
Engineering Allowance	3%		3.3											
Circulation	31%		33.7											
Total			**145.6**		5652.5									This is the BE total area (see comment next to box)

SHARED EMERGENCY CLUSTER SUPPORT CORE

	Qty	Unit Area m²	Total Area m²	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required or can shortfall be designed out?	BE comment
Shared Cluster Support Facilities													
Regen Kitchen	1	30.0	[illegible]		29.5		-0.5	-1.7%	yes	yes	yes	designed out	
Allowance for Wash Up	1	12.0	[illegible]		11.9		-0.1	-0.8%	yes	yes	yes	designed out	
F/M Trolley Bays	1	6.0	[illegible]	not provided by bidder	0.0		-6.0	-100.0%	no	?	yes	designed out	add
Disposal Hold & Recycling Point	1	24.0	[illegible]		21.8		-2.2	-9.2%	yes	yes	yes	designed out	
Seminar / Education Room	1	40.0	[illegible]		35.2		-4.8	-12.0%	yes	yes	yes	designed out	
Near-patient testing/status laboratory	1	8.5	[illegible]		8.2		-0.3	-3.5%	yes	yes	yes	designed out	
Bulk Fluids & Clean Dressings Etc	1	40.0	[illegible]	not provided by bidder	0.0		-40.0	-100.0%	no	no	yes	not picked up on original schedule. there is spare space in whole department so it should not impact on plan. It may have to be divided into 3 x smaller stores. To be defined in 1:200 replan.	add during 1:200 replan. This is a large area, but within the floor plate there is scope to accommodate - so should not impact on overall area.
Blood Fridge	1	6.0	6.0										
Workstations x 6	1	24.0	[illegible]		23.2		-0.8	-3.3%	yes	yes	yes	designed out	
Therapy / AHP / Multi Purpose Assess / Treat	1	38.0	[illegible]		31.1		-6.9	-18.2%	no	yes	yes	designed out	1:200 replan for whole area proposed.
Medicines Management	1	12.0	[illegible]		7.8		-4.2	-35.0%	no	?	yes	designed out	
Automated Dispensary Area	1	15.0	[illegible]	not provided by bidder	0.0		-15.0	-100.0%	no	?	yes	not on original schedule	add in 1:200 replan, there should be space
Staff WC/wash	2	3.0	6.0										
Staff locker room - F	1	24.0	[illegible]	100 half height lockers	17.8		-6.2	-25.8%	no	yes	yes	designed out	
Staff locker room - M	1	8.0	8.0	20 half height lockers									
Staff shower	2	4.0	[illegible]		7.8		-0.2	-2.5%	yes	yes	yes	designed out	
Accessible shower / WC	1	4.5	4.5	includes lockers									
Cleaners Room	1	7.0	[illegible]	not provided by bidder	0.0		-7.0	-100.0%	no	?	yes	designed out	add
Printer/IT/administration store	1	10.0	10.0										
Sub Total			[illegible]		230.0	-93.0	-94.2	-29%					In the support area there are two new rooms one for 15m² and one for 40m². With the replan these should be able to be accommodated as the floor area for the overall department id circa 380m² over schedule.
Total Net			323.0										
Planning allowance	5%		16.2										
Sub-total			339.2										
Engineering Allowance	3%		10.2										
Circulation	31%		105.1										
Total			454.5		5652.5								This is the BE total area (see comment next to box)

MEDICAL RECORDS

Room Type	Quantity	Size	Total	Comments	BE	DIFFERS
		M2	M2			
Clinical Coding						
Open Plan Office for 20 persons	1.0	45.0	45.0			
Printer Stations	5.0	3.0	15.0			
Sub Total			**60.0**		**61.9**	**1.9**
Total			**60.0**			
Planning allowance	5%		3.0			
Sub-total			63.0			
Engineering Allowance	3%		1.9			
Circulation	30%		18.9			
Total			**83.8**			
Medical Records Offices						
Audit Room	1.0	18.0	18.0	4 workstation positions		
Legal Room/Viewing room	1.0	11.0	11.0	2 workstation positions		
Copying Room	1.0	6.0	6.0			
General Receipt/Sorting & Scanning	1.0	45.0	45.0	Open fronted office, with counter.		
WC/WHB - Type 1	3.0	2.0	6.0	not provided by bidder	0.0	
WC: Disabled/ wheelchair	1.0	4.5	4.5	not provided by bidder	0.0	
Main Records staff area	40.0	4.5	180.0		178.0	
Office - 1 position + filing	1.0	13.0	13.0			
Admin Store	1.0	6.0	6.0		4.9	
Office - 1 position + meeting area	1.0	14.0	14.0			
Deputy Manager(s)	1.0	11.0	11.0		10.2	
Sub Total			**314.5**		**306.9**	**-7.6**
Total Net			**314.5**			
Planning allowance	5%		15.7			
Sub-total			330.2			
Engineering Allowance	3%		9.9			
Circulation	30%		99.1			
Total			**439.2**			
TOTAL FOR DEPARTMENT			**523.0**			

BED MAINTAINENCE

Activity Space	No:	Unit Area m²	Total Area m²	Comments
Bed Maintenance				
Ready to use bed store	1	33.0	33.0	10 beds
Ready to use transit chair store	1	19.0	19.0	25 chairs
Ready to use transit trolley store	1	36.0	36.0	25 trolleys
Bed, trolley, chair maintenance	1	24.0	24.0	
Bed, trolley, chair decontamination	1	16.0	16.0	

BROOKFIELD DIFFERS

Sub Total			**128.0**
Total Net			**128.0**
Planning allowance	5%		6.4
Sub-total			134.4
Engineering Allowance	3%		4.0
Circulation	20%		26.9
TOTAL			**165.3**

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MAIN ENTRANCE & PUBLIC AREAS

Activity Space	No:	Unit Area m²	Total Area m²	Comments	BE	Differs	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Entrance													
Entrance draught lobby	1	20.0	20.0		77.10								
Entrance concourse	1	40.0	40.0		2382.20								
Patient trolley/wheelchair parking bay: 2 trolleys & 8 wheelchairs (& Shop Mobility Allowance)	1	10.5	10.5		15.00								
Refreshment vending machine bay	2	3.0	6.0										
Telephones w/chair height	2	1.5	3.0										
Telephones	4	1.0	4.0										
Shopping & pushchair bay	1	10.0	[redacted]	not provided on Brookfield SoA	0.00		-10.0	-100.0%		Yes	Yes	No/Yes	Note that there is more than sufficient space within the Entrance Concourse to accommodate this
additional children's play area					152.70								
Net Total			93.5		2640.00	2546.50							
Reception													
Main Reception & Information	1	20.0	20.0		71.90								
Waiting area: 30 places, incl. 5 wheelchair places	1	45.0	[redacted]		32.70		-12.3	-27.3%		Yes	Yes	No/Yes	Note that there is more than sufficient space within the Entrance Concourse to accommodate this
Net Total			65.0		104.60	39.60							
Sanitary facilities													
WC: visitor ambulant user	8	2.5	20.0										
WC: visitors disabled/ wheelchair user	2	4.5	9.0										
Baby/infant feeding room	1	5.5	5.5										
Nappy change room	1	4.0	4.0										
Adult changing/WC (disabled)	1	12.0	12.0	weightbearing facility reference www.changing-places.org	14.80								
Cleaners Room - Large Equipment Store	1	16.0	[redacted]		10.70		-5.3	-33.1%		Yes	Yes	No/Yes	We can add an additional Cleaners Room in Core B and replace the Disabled WC (additional to Brief)
Switchgear cupboard	1	2.0	2.0										
Net Total			68.5		101.40	32.90							
Admissions													
Reception/ admissions office	1	18.0	18.0										
Interview rooms	4	9.0	36.0										
Net Total			54.0		59.30	5.30							

MAIN ENTRANCE & PUBLIC AREAS

Activity Space	No:	Unit Area m²	Total Area m²	Comments	BE	Differs	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Discharge Lounge													
Patients & visitors discharge lounge	1	74.0	74.0	Includes staff base	80.70								
Nurse Base	1	6.0	6.0										
Ambulance staff duty room: 5 place	1	10.0	10.0										
Ambulance Office (Board Staff)	1	18.0	[redacted]		15.20		-2.8	-15.6%		Yes	Yes	No/Yes	This Area is 11m2 above the SOA/Brief, therefore we believe there is sufficient space to adjust the area shortfall
Resus Bay	1	2.0	2.0										
Hoist Bay	1	4.5	[redacted]		4.20		-0.3	-6.7%		Yes	Yes	No/Yes	This Area is 11m2 above the SOA/Brief, therefore we believe there is sufficient space to adjust the area shortfall
Consulting / Examination Room: single	1	13.5	13.5										
Beverage bay	1	6.0	6.0										
Food trolley bay	1	1.5	1.5										
Dirty Utility	1	9.0	9.0										
Equipment store	1	6.0	6.0										
Clean store	1	4.0	[redacted]		3.40		-0.6	-15.0%		Yes	Yes	No/Yes	This Area is 11m2 above the SOA/Brief, therefore we believe there is sufficient space to adjust the area shortfall
Staff WC	1	2.5	2.5										
WC: Ambulant - patient	2	2.5	5.0										
WC: Independent wheelchair	1	4.5	[redacted]		3.50		-1.0	-22.2%		Yes	Yes	No/Yes	This Area is 11m2 above the SOA/Brief, therefore we believe there is sufficient space to adjust the area shortfall
Net Total			**166.5**		**177.50**	11.00							
Security & Porters													
Security (local) & Porters room	1	26.0	26.0										
Net Total			**26.0**		**27.20**	1.20							

MAIN ENTRANCE & PUBLIC AREAS

Activity Space	No:	Unit Area m²	Total Area m²	Comments	BE	Differs	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
FM Offices													
Domestic & Portering Manager	1	20.0	20.0										
Assistant Domestic & Portering Managers	1	20.0	20.0										
Quality/Training Managers	1	20.0	20.0										
Supervisors (hot desk)	1	30.0	30.0										
Net Total			**90.0**		**91.50**	1.50							
Patient Information & Support													
Cashiers office	1	18.0	18.0	With security hatch & safe	**18.20**								
Internet & NHS Information Stations	3	2.0	6.0	only one at 10 provided by	**10.00**								
Patients advocates room	1	16.0	16.0										
Interview room. 5 places	1	9.0	9.0										
Voluntary Services - allowance	1	15.0	15.0		**16.00**								
additional secure lobby													
Net Total			**64.0**		**76.60**	1260							
Spiritual Care Facility													
Reception	1	5.0	5.0		**15.20**								
Beverage bay	1	4.0	4.0		**5.40**								
Large Sanctuary Area	1	35.0	35.0		**88.90**								
Adjacent Ablution Facilities	1	5.0	5.0		**6.00**								
Vestry / Office - 3 person	1	15.0	15.0		**19.50**								
Single Ofice with Meeting Space	1	12.0	12.0		**13.60**								
			76.0		**148.50**	72.50							
Bereavement Service													
Bereavement Service	1	10.0	10.0	not included by bidder			-10.0	-100.0%		Yes	Yes	No/Yes	Note that this was NOT included in the original SOA Brief. However, there is more than sufficient space within the Entrance Concourse/Spiritual Care Facility (which is 72.5m2 over area) to accommodate this Board additional space.
Net Total			**10.0**		**0.00**	-10.00							
Total Net			**713.5**		**3426.6**	2713.10	-42.3	-6%					
Planning allowance	5%		35.7										
Sub-total			749.2										
Engineering Allowance	3%		22.5										
Circulation	25%		187.3										
Total			**958.9**										

MAIN ENTRANCE & PUBLIC AREAS

Activity Space	No:	Unit Area m²	Total Area m²	Comments	BE	Differs	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Bidder Items - Retail & Café				Gross area allowances									
Additional Retail Space			250.0										
Snack Bar (incl seating area)			90.0										
Net Total			**340.0**		**423.10**	83.10							
Additional Atria Allowance			**120.0**										
Department Total			**1418.9**		3923.7								This is the BE Total Area

Ross Ballingall

From: Emma White [redacted] **Sent:** Thu 17/12/2009 10:47
To: Ross Ballingall
Cc: Graham Harris; Neil Murphy; Jonathan Hendrick; Paul Britton
Subject: SOA Analysis - FM Areas
Attachments:

Ross,

This commentary should close out the FM areas, and where they have been unable to locate FM departments.

Telephone Services:

This is located on Level 02 adjacent to NSGH Theatres opposite Core B (refer to drawing NA-XX-02-PL-252-010). I think the area may have been affected by the revised Theatre design, but I'm sure this can be accommodated within the current building envelope/area.

Hotel Services & Portering:

This is located in the Basement (refer to drawing NA-XX-B1-PL-252-010), the area is 760.3m2, and includes the 100m2 allowance for the Children's Hospital.

I've also noticed that we have additional FM & Distribution Stores @665.3m2 in the Basement which we believe were put in as part of the variant Lab/FM Building scheme. These will no longer be required if we are to provide the compliant Scheme. This space could be used if they do not accept our smaller End Kitchen (Staff Change and Equipment Library could move down as per the Exemplar Scheme), or it could simply be removed from the scheme.

FM & Staff Facilities

			Requires further FM input	
Main Dining Room & Servery		1,196	Shared with Children's Hospital	
End Kitchen		982		
Staff changing - manual		187	Allowance	180.20
Staff Accommodation		128	8 rooms @ 16m2 gross	included in 218.4 above
Telephone services	4000 extensions	150	Allowance	unable to locate
Hotel Services & Domestic / Portering etc		660	Allowance	unable to locate
Bed Management		165		) 285.2
Specialist Bed Store		50	Allowance	)
Equipment Library/Store (non Bio-engineering)		250	Allowance	243.40
		3,768	NB External compound for waste, clinical waste, dirty laundry etc	

Regards,

Emma

Emma White | Director

NIGHTINGALE ASSOCIATES

87-91Newman St | London | W1T 3EY

[redacted]

www.nightingaleassociates.com

KITCHEN & CATERING

Activity Space	No:	Unit Area m²	Total Area m²	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Catering													
Restaurant and coffee lounge													Noto that our design has been provided by CDS, our Catering Specialist Subcontractor. The rooms have been adjusted following their advice and can be discussed in detail with the Board during the Design Development Stage.
Entrance lobby	1	20.0	20.0							Yes	Yes	No/Yes	
Food store	1	7.5		not provided by bidder	0.0		-7.5	-100.0%		Yes	Yes	No/Yes	There is sufficient space in Core D to provide this room if required
Dining servery	1	130.0	130.0										
Restaurant	1	375.0	375.0										
Additional Overflow for Dining	1	220.0	220.0										
Coffee lounge servery	1	30.0	30.0										
Coffee lounge	1	150.0			149.3		-0.7	-0.5%		Yes	Yes	No/Yes	
Supervisiors office 1 place	1	7.0	7.0										
Restaurant & coffee lounge furniture store	1	12.0		not provided by bidder	0.0		-12.0	-100.0%		Yes	Yes	No/Yes	There is sufficient space in Core D to provide this room if required
Linen & disposable goods store	1	4.5	4.5										
Cleaners room	1	7.0		not provided by bidder	0.0		-7.0	-100.0%		Yes	Yes	No/Yes	We can provide additional Cleaners Rooms in Level 1 Cores A and B
Switchgear cupboard	1	2.0	2.0										
Sub Total			**965.0**		**1106.1**	**141.1**							

Total Net			**965.0**
Planning allowance	5%		48.3
Sub-total			1013.3
Engineering Allowance	3%		30.4
Circulation	15%		152.0
Total			**1195.6**

1131.4 ← This is the BE Total Area

KITCHEN & CATERING

Activity Space	No:	Unit Area m²	Total Area m²	Comments	BE	DIFFERS	Room Area shortfall? sqm	% target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Kitchen													Note that our design has been provided by CDS, our Catering Specialist Subcontractor. The rooms have been adjusted following their advice and can be discussed in detail with the Board during the Design Development Stage.
										Yes	Yes	No/Yes	
Delivery Area				159.0	106.0	-53.0							
Delivery bay	1	50.0			39.0		-11.0	-22.0%					
Storekeepers office 1 place	1	9.0	9.0										
Returns empties store	1	45.0		not provided by bidder	0.0		-45.0	-100.0%					
CFPU returned containers trolley parking bay (outward)	1	55.0	55.0										
Food stores				315.0	360.7	45.7							
Provisions store	1	60.0			47.0		-13.0	-21.7%					
Bread store	1	15.0	15.0										
Diet food store	1	10.0	10.0										
Diary products cold store	1	18.0			17.5		-0.5	-2.8%					
Bulk chilled food store	2	100.0	200.0										
General cold store	1	12.0	12.0										
Food preparation rooms				6.5	4.8	-1.7							
Hygiene control bay	1	6.5			4.8		-1.7	-26.2%					
Meal despatch				100.0	46.8	-53.2							
Ward bulk distribution - temp controlled	1	40.0		not provided by bidder	0.0		-40.0	-100.0%					
Staff food service room	1	60.0			46.8		-13.2	-22.0%					
Returned ward food trolley parking bay				87.0	16.8	-70.2							
Central wash-up & pot wash bay	1	80.0		not provided by bidder - Restaurant only	0.0		-80.0	-100.0%					
Trolley wash bay	1	7.0	7.0										
Offices & Staff accommodation				81.0	74.0	-7.0							
Male staff shower	4	2.5		4 of 4 below bnef area	9.2		-0.8	-8.0%					
Male staff wc & wash: Ambulant user	4	2.0	8.0										
Female staff shower	4	2.5		4 of 4 below bnef area	9.2		-0.8	-8.0%					
Female staff wc & wash: Ambulant user	4	2.0	8.0										
Staff rest room: 40 places	1	45.0			38.0		-7.0	-15.8%					
Support spaces				39.0	71.4	32.4							
Detergents store	1	7.0	7.0										
Cleaners room	2	7.0	14.0										
Clean linen & uniform store	1	7.0	7.0										
Dirty linen & uniform store	1	7.0	7.0										
Switchgear room	1	4.0	4.0										
Gas meter room	1	5.0	5.0										
Sub Total			[illegible]		680.5	-112.0	-240.2	-30%					

Total Net		792.5
Planning allowance	5%	39.8
Sub-total		832.1
Engineering Allowance	3%	25.0
Circulation	15%	124.8
Total		**981.9**

770.0 — This is the BE Total Area

KITCHEN & CATERING

Activity Space	No:	Unit Area m²	Total Area m²	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Catering													
Restaurant and coffee lounge													Note that our design has been provided by CDS, our Catering Specialist Subcontractor. The rooms have been adjusted following their advice and can be discussed in detail with the Board during the Design Development Stage.
Entrance lobby	1	20.0	20.0							Yes	Yes	No/Yes	
Food store	1	7.5		not provided by bidder	0.0		-7.5	-100.0%		Yes	Yes	No/Yes	There is sufficient space in Core D to provide this room if required
Dining servery	1	130.0	130.0										
Restaurant	1	375.0	375.0										
Additional Overflow for Dining	1	220.0	220.0										
Coffee lounge servery	1	30.0	30.0										
Coffee lounge	1	150.0			149.3		-0.7	-0.5%		Yes	Yes	No/Yes	
Supervisiors office: 1 place	1	7.0	7.0										
Restaurant & coffee lounge furniture store	1	12.0		not provided by bidder	0.0		-12.0	-100.0%		Yes	Yes	No/Yes	There is sufficient space in Core D to provide this room if required
Linen & disposable goods store	1	4.5	4.5										
Cleaners room	1	7.0		not provided by bidder	0.0		-7.0	-100.0%		Yes	Yes	No/Yes	We can provide additional Cleaners Rooms in Level 1 Cores A and B
Switchgear cupboard	1	2.0	2.0										
Sub Total			965.0		1106.1	141.1							

Total Net			965.0
Planning allowance	5%		48.3
Sub-total			1013.3
Engineering Allowance	3%		30.4
Circulation	15%		152.0
Total			1195.6

1131.4 ← This is the BE Total Area

KITCHEN & CATERING

Activity Space	No:	Unit Area m²	Total Area m²	Comments	BE	DIFFERS	Room Area shortfall sqm	Room Area shortfall % target	Can area variance be explained by design tolerance?	Can NA plan functional room in this area	Functionality to be determined at RDS/1:50 planning stage	Will more area be required/can shortfall be designed out?	BE comment
Kitchen													Note that our design has been provided by CDS, our Catering Specialist Subcontractor. The rooms have been adjusted following their advice and can be discussed in detail with the Board during the Design Development Stage.
										Yes	Yes	No/Yes	
Delivery Area				159.0	106.0	-53.0							
Delivery bay	1	50.0			39.0		-11.0	-22.0%					
Storekeepers office: 1 place	1	9.0	9.0										
Returns empties store	1	45.0		not provided by bidder	0.0		-45.0	-100.0%					
CFPU returned containers trolley parking bay (outward)	1	55.0	55.0										
Food stores				315.0	360.7	45.7							
Provisions store	1	60.0			47.0		-13.0	-21.7%					
Bread store	1	15.0	15.0										
Diet food store	1	10.0	10.0										
Diary products cold store	1	18.0			17.5		-0.5	-2.8%					
Bulk chilled food store	2	100.0	200.0										
General cold store	1	12.0	12.0										
Food preparation rooms				6.5	4.8	-1.7							
Hygiene control bay	1	6.5			4.8		-1.7	-26.2%					
Meal despatch				100.0	46.8	-53.2							
Ward bulk distribution - temp controlled	1	40.0		not provided by bidder	0.0		-40.0	-100.0%					
Staff food service room	1	60.0			46.8		-13.2	-22.0%					
Returned ward food trolley parking bay				87.0	16.8	-70.2							
Central wash-up & pot wash bay	1	80.0		not provided by bidder - Restaurant only	0.0		-80.0	-100.0%					
Trolley wash bay	1	7.0	7.0										
Offices & Staff accommodation				81.0	74.0	-7.0							
Male staff shower	4	2.5		4 of 4 below brief area	9.2		-0.8	-8.0%					
Male staff wc & wash: Ambulant user	4	2.0	8.0										
Female staff shower	4	2.5		4 of 4 below brief area	9.2		-0.8	-8.0%					
Female staff wc & wash: Ambulant user	4	2.0	8.0										
Staff rest room: 40 places	1	45.0			38.0		-7.0	-15.6%					
Support spaces				39.0	71.4	32.4							
Detergents store	1	7.0	7.0										
Cleaners room	2	7.0	14.0										
Clean linen & uniform store	1	7.0	7.0										
Dirty linen & uniform store	1	7.0	7.0										
Switchgear room	1	4.0	4.0										
Gas meter room	1	5.0	5.0										
Sub Total			792.5		680.5	-112.0	-240.2	-30%					

Total Net			**792.5**
Planning allowance	5%		39.6
Sub-total			832.1
Engineering Allowance	3%		25.0
Circulation	15%		124.8
Total			**981.9**

770.0 ← This is the BE Total Area

Bundle of documents for Oral hearings commencing from 19 August 2024 in relation to the Queen Elizabeth University Hospital and the Royal Hospital for Children, Glasgow

Bundle 27 – Miscellaneous Documents

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