

**Tuesday 11<sup>th</sup> June 2024 @ 14.00 am on MS TEAMS**

■	██████████ (Chair)	NHS Dumfries & Galloway
■	██████████	NHS Lanarkshire
■	██████████	NHS Lanarkshire
■	██████████	NHS Scotland Assure
■	██████████	NHS Scotland Assure
■	██████████	NHS NSS BST
■	██████████	NHS Scotland Assure
■	██████████	NHS Highland
■	██████████	NHS Scotland Assure
■	██████████	NHS Scotland Assure
■	██████████	NHS Grampian
■	██████████	NHS Scotland Assure
■	██████████	NHS Golden Jubilee

████	████████████████	NHS Greater Glasgow & Clyde
██	██████████	NHS Scotland Assure
██	██████████	NHS Dumfries & Galloway
██	████████████████	NHS Lothian
██	████████████	NHS Scotland Assure
██	██████████	NHS Orkney
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[REDACTED]  
 [REDACTED]  
 [REDACTED]



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## 2. Discussion on updates to SHTM 03-01

- Appendix 2 on lack of guidance on plant rooms
  - Plant rooms should be independently assessed (by whoever is specifying the chemical dosing) for combustion and frost protection where chemical dosing is required.
- General – Line 48 on Mold growth.
  - General whoever is installing the water tank into the room should consider the condensation on the surface of the tank and making sure there is adequate ventilation in the room. Should be independently assessed.
  - All spaces to be independently accessed for their ventilation requirements.
  - Wording to be developed.
- Tables 2 & 5/app2 on
  - The above to all be aligned to table 2.
- Tables 2 on ventilation in endoscopy rooms
  - The rate of air change 15 per hour changed to 10 per hour. To be raised with Malcolm as to why English HTM was changed from 15 to 10 and was the Scottish change from 15 to 10 intentional. Table 5 was missed.
  - Keep 15 air changes per hour in table 2 and appendix with the air changes. Section 8:16 should be referenced. As long as the concentration is no greater than 100ppm or 183mg/cubic meter.
  - Minimum requirement to be made clear upon risk assessment.
  - To be changed to 15 air changes per hour – in section 8:16.
- Table 2 on endoscopy rooms
  - Clarity to be if there are 2 types of endoscopy room, one positively charged room (for more invasive procedures – surgical procedure) and one negatively charged room (for increased risk of odor).
  - Decision needs to be made by surgical team rather than design team.
  - To be taken up with infection control colleagues.
- Table 3 on airborne protective facilities
  - Wording to be amended by adding to it to say supplying air from corridor would be passed into the room via transfer relative pressure stabilizer.
  - Keep wording, as it is part of the established guidance.

## Part B

- Chapter 1.45 on RIDDOR
  - Coordination to be done by Ventilation Safety Group
  - In the event of an incident, the VSG should coordinate the response.
- Chapter 1.51 on plant replacement after 20 years
  - To be moved towards risk-based approach. Overall inspection report after certain number of years. Then based on that, risk assessment to be carried out to determine when it should be replaced.
  - Should undergo significant inspection and condition report every 10 years, with a forecast of lifespan thereafter.
  - Statements to be included saying all ventilation should be inspected every 10 years, if deterioration detected, then inspections should be more regular.
- Chapter 4.7 on critical ventilation systems
  - Risk assessment to be carried out with VSG
  - Rewording required to include clinical risk assessment.
  - It would initially be taken out of service until such time as a clinical risk assessment is carried out.
  - More detailed written guidance required.
- Chapter 4.34 on critical ventilation and non-compliance
  - Further discussion required.
- Chapter 5.2 on degree and frequency of inspection and maintenance
  - More detailed written guidance required.
  - Would be with the AP and AE to discuss.
  - No change required.

- Appendix 1 on degree and frequency of inspection and maintenance
  - More detailed written guidance required.
  - No change required.

Volunteers sought from the group to review comments/reviews on the SHTM 03-01 document. Drafting and alternative wording needed as per the comments.

■ to assign amber comments/reviews to certain members of the group.

# action log

ACTION NO	ACTION	OWNER	AGENDA ITEM NO	DATE OF MEETING	Next Update Due	Progress
2024-06-12/2	Wording to be amended/developed/added to for the chapters; section A: General – line 48; tables 2 & 5/app2; table 3. Section B: 1.51; 4.7	[REDACTED]	2	12/06/2024	TBC	
2024-06-12/2	[REDACTED] [REDACTED]	[REDACTED]	1	[REDACTED]	[REDACTED]	
2024-06-12/2	[REDACTED] [REDACTED]	[REDACTED]	1	[REDACTED]	[REDACTED]	
2024-05-14/3	Wording to be amended/developed to the chapters; 5.1, 5.25, 8.35, 8.154, 9.8, 9.131, 9.241, 9.212/9.223 & 11.6.	[REDACTED]	3	14/05/2024	12/06/2024	
2023-07-18/8.1	Comments on implementing a risk-based approach to SHTM 03-01 to be circulated with the meeting notes	[REDACTED]	8	18/07/2023	17/10/2023	17/10/2023 – Discussion was had as part of agenda. This can be taken off the action log.
2023-07-18/11.1	[REDACTED] [REDACTED] [REDACTED]	[REDACTED]	1	[REDACTED]	[REDACTED]	[REDACTED] [REDACTED]
2023-07-18/12.1	[REDACTED] [REDACTED]	[REDACTED]	1	[REDACTED]	[REDACTED]	[REDACTED] [REDACTED]
2023-04-25/5.1	[REDACTED] [REDACTED] [REDACTED]	[REDACTED]	1	[REDACTED]	[REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]