

Dear Colleague

PROVISION OF SINGLE ROOM ACCOMMODATION AND BED SPACING

Further to the interim guidance issued by David Hastie, then Head of Property and Capital Planning, on 15 December 2006, the work of the Steering Group on single room provision has now been completed. This letter sets out the conclusions reached and introduces updated guidance on the future provision of single room accommodation and bed spacing in new and refurbished projects.

The background to the Steering Group's work is set out in Annex A.

Action

NHS Boards should implement the new guidance in all schemes in excess of delegated limits that have not yet submitted Outline Business Cases. For schemes within delegated limits the guidance should be applied for such projects that have not commenced procurement. The guidance is as follows:

New-build facilities

- For all new-build hospitals or other healthcare facilities which will provide in-patient accommodation there should be a presumption that all patients will be accommodated in single rooms, unless there are clinical reasons for multi-bedded rooms to be available.

Refurbishment of healthcare facilities

- For projects where the refurbishment of major healthcare facilities has been approved it is recognised that each building to be refurbished will present unique problems. However, in developing proposals for substantially refurbishing healthcare facilities NHS Boards should seek to provide the maximum number of single rooms consistent with the approach for new-build, e.g. 100%.
- In developing proposals for single room provision in refurbishments, recognising the constraints posed by existing buildings, it has been decided that the overall level of single room provision should be 50% as an absolute minimum, with due regard to the clinical needs of specific patient groups.

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Addresses

For action

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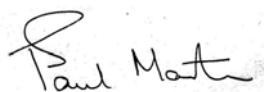
<http://www.scotland.gov.uk>

Pending the conclusion of the further work set out below schemes will be considered on a case by case basis and NHS Boards should consult with the Capital Investment Group.

Further work

- Further work is required to support clinical decision making on the need for multi-bedded areas for specific patient groups, or clinical specialties where 100% single rooms would be regarded as always appropriate. A Delphi Consultation exercise with the clinical speciality leads designated by the Chief Medical Officer is currently underway, and supporting materials will be produced in the near future. Separate advice on this issue will be issued in due course.
- Health Facilities Scotland will be asked to review and update all relevant technical guidance and also to lead the work on developing a risk matrix tool in conjunction with the Single Room Steering Group and other key stakeholders.

Yours sincerely



Paul Martin
Chief Nursing Officer

Background to the work of the Steering Group

Following a Peer Review of the European Union Health Property Network Report entitled “Hospital Ward Configuration: Determinants Influencing Single Room Provision”, a Steering Group was established in March 2006 to take forward the recommendation that further evidence in a Scottish context should be gathered. This Group’s membership was drawn from those involved in the Peer Review event who were experts in their subject and who represented a broad range of professional disciplines, both from NHSScotland and Scottish Government Health Department (now Health Directorates). The Steering Group has now reported and its recommendations have been accepted. The report will shortly be available in full at www.scotland.gov.uk/haitaskforce.

This Steering Group had as its remit:

To consider the evidence supporting the establishment of the future level of single room provision within new-build hospitals and in the refurbishment of major hospital facilities in Scotland.

The Group also considered the related issue of the appropriate space around each bed where these are not located in a single room. For the purpose of the report, a single room was defined as “a room with space for one patient which normally contains, at a minimum, a bed, locker, clinical wash-hand basin and also sanitary facilities comprising a toilet, shower and wash-hand basin”. The Group did not consider the requirements for “specialised isolation rooms” with fully engineered ventilation.

Members of the Steering Group recognised that there was a need for information which was specific to Scotland and commissioned a number of reports/studies as follows:

- Literature review
- Public attitude survey
- Nurse staffing report
- Financial impact study

In addition to these reports, the Group also had the benefit of a survey undertaken at the Golden Jubilee National Hospital of patients who had experience of both single room and multi-occupancy room provision. In relation to the financial impact of an increased level of single room provision, the Group had the benefit of the outcome of a study undertaken in Northern Ireland of the financial impact of increasing single room provision from 50% to 100%.

Having identified and evaluated options appropriate in a Scottish context, the Steering Group recognised that not only is it necessary to strike a balance between service quality and the opportunity cost in an environment which is influenced not only by clinical and “building” interest but also by the issue of patient safety and public expectation. It was also recognised as crucial that any conclusions and recommendations made regarding single room provision in future new-build and refurbished in-patient accommodation should be future-proofed and able to accommodate the changing standards expected by patients, given the lifecycle of such facilities which often extend beyond 50 years.

Recommendations

The Steering Group's recommendations were as follows:

- 1) For all new-build hospitals or other healthcare facilities which will provide in-patient accommodation there should be a presumption that all patients will be accommodated in single rooms, unless a lower percentage provision for specific patient groups has been justified to and approved by the Scottish Government Health Directorate (SGHD) as part of the Business Case approval process. Those patient groups for which 100% single room provision is considered essential will be agreed with the SGHD's Chief Medical Officer.
- 2) For those projects which identify a refurbishment as the appropriate option to be developed, the Steering Group recognised that it is extremely difficult for it to establish a definitive proposal as each of the buildings to be refurbished will present unique problems. However, the Steering Group's recommendation was that in developing proposals for refurbishing healthcare facilities which include in-patient accommodation, Health Boards should seek to provide the maximum number of single rooms consistent with the approach recommended for new build healthcare facilities and that the overall level of single room provision within any refurbished accommodation should be 50% as an absolute minimum.
- 3) For bed spacing, the Group considered that the current advice remains appropriate - namely that having regard to ergonomic criteria, primarily the space required for patient handling and other activities which take place in the immediate vicinity of the bed it is recognised that the minimum bed space should not be less than 3.6 m x 3.7m.

Accordingly when planning any new in-patient accommodation or any major refurbishments of existing accommodation it is recommended that the increased bed space is adopted.

Further work

The Group also recognised a need for further work to be undertaken and has commenced a Delphi Consultation exercise with the clinical speciality leads designated by the SGHD's Chief Medical Officer. This exercise, when completed, should identify those specific patient groups for whom 100% single room provision is essential.

Further the Group recognised that it would be helpful to Boards in developing projects for a Risk Matrix Tool to be developed. It is proposed that this be based on the SCART (Statutory Compliance Assessment Risk Tool) recently developed by Health Facilities Scotland (HFS) for use by all NHS Health Boards.