



## INTERIM GUIDANCE FOR NHSSCOTLAND

### PROVISION OF SINGLE ROOM ACCOMMODATION

Current guidance on the design of in-patient accommodation recognises the principle of devolved clinical case management to the patient bedside with services and supplies located as closely as possible. In an attempt to balance the potential conflicting demands for a clinically suitable, people-centred environment with the efficient use of staff and financial resources the extant guidance<sup>1</sup> provides choices enabling beds to be provided in an arrangement of 50%, 75% or 100% single occupancy rooms.

There is also a wider current debate on the determinants influencing such design decisions as healthcare systems are faced with new challenges such as rising public expectations, increased professional competencies widening the portal for care and treatment and to assist in controlling the incidence of healthcare associated infection.

Recognising that there is a lack of clear direction on this issue a Steering Group has been established to take forward the recommendations from a Peer Review of a report prepared for the Department of Health by the European Health Property Network entitled "[Hospital Ward Configuration – Determinants Influencing Single Room Provision](#)".

Perhaps the most significant conclusion of the Peer Review Group, in the context of this interim statement, was the acceptance of the general principles and conclusions contained in the EuHPN Report. This interim statement therefore reflects that Report's broad conclusions.

Membership of the Steering Group has been drawn from experts within NHSScotland and the Health Department and as this work will take some months to complete the Steering Group feel it essential that SEHD provide an interim statement which outlines the latest thinking on this issue for those in NHSScotland developing projects.

In making any decision on the appropriate level of single room provision you should be fully aware of the changing perceptions described above including the recommendations contained in the EuHPN Report. In planning for the construction or major refurbishment of healthcare facilities it is appropriate to provide an overall single occupancy room level of between 50% and 100%. The appropriate level within that range is a matter for each individual NHSScotland Board to consider based on the following broad criteria.

- **Science-based** decisions relating to the clinical and nursing care of patients and overall hygiene standards;
- **Value-based** judgements about the nature of personal services and responsiveness to the local community and generational cultures;
- **Operational needs**, for example managing volatility in demand or changing clinical needs and priorities; and



- The need to balance these against **economic considerations**.

The above criteria clearly establish the need to make decisions on sound clinical judgements and the profile of the hospital and its local catchment population in developing a predictive model which will translate population need and risks such as infection into service requirement. It is important when considering the percentage provision of single rooms that full regard is taken of the conditions which will be treated, the models of care for the delivery of treatment and the changing aspirations of patients over future years, rather than basing decisions on past trends and social patterns – particularly around the acceptability of communal facilities.

The related issue of bed spacing will also be covered by the Review Group in its final report. Current guidance<sup>2</sup> recommends that “where not in a single-bed room each bedspace should not be less than 3.0m x 2.7m”. 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 bedspace 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 bedspace is adopted.

I hope that the information provided in this statement gives a degree of clarity on where we are at present and will enable those involved in developing projects to make decisions regarding new or refurbished major facilities against a sound evidence based background.

If you have any specific questions which arise from this interim statement you should address these in the first instance to David Hastie, at the Scottish Executive Health Department’s Property and Capital Planning Division on 0131 244 2079 or via email to [david.hastie@scotland.gsi.gov.uk](mailto:david.hastie@scotland.gsi.gov.uk).

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#### Notes

<sup>1</sup> Scottish Health Planning Note 04 – In-patient accommodation: Options for choice, May 2000

<sup>2</sup> Scottish Health Planning Note 04 – In-patient accommodation: Options for choice, May 2000; and  
Scottish Health Facilities Note 30 – Infection Control in the Built Environment – Design and Planning, January 2002

The above publications are available for download at the Health Facilities Scotland website:

<http://www.hfs.scot.nhs.uk>