

Dear Colleague

PROVISION OF SINGLE ROOM ACCOMMODATION AND BED SPACING

1. [Chief Executive Letter \(CEL\) 48 \(2008\)](#) confirmed the guidance for the provision of single room accommodation. It also advised that further work was being taken forward to advise the Chief Medical Officer.
2. This was taken forward as an Expert Consultation over three stages in which the Clinical Speciality Advisers (designated by the Chief Medical Officer) considered which of the specialities 100% single room provision is appropriate for.
3. That process has now been completed, and a number of conclusions reached, including:
 - the current provision of single room accommodation is not sufficient across NHSScotland; and
 - 100% single room provision is clinically appropriate in most clinical settings.
4. The Chief Medical Officer has reviewed the outcome of the Expert Consultation and taken into account the views of the speciality advisers. He has also considered the impact of increasing multidisciplinary team working and new ways of delivering care during the anticipated life span of new builds and extensive refurbishment.
5. Accordingly, the Chief Medical Officer has concluded that the guidance set out in the above CEL that there should be a presumption of 100% single rooms in future hospital developments, is confirmed as the policy for NHSScotland except for:
 - existing accommodation which is being refurbished, where taking into account the constraints of the existing building, a minimum of 50% single room accommodation would be allowed but as close to 100% as possible would be expected; and
 - in new developments where there are clinical reasons for not making 100% single room provision they should be clearly identified and articulated in the appropriate Business Case. However, each case would be subject to Scottish Government agreement as part of the Business Case approval process.

CEL 27 (2010)

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Addresses

For action
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NHS Boards, National
Waiting Times Centre
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6. In relation to the issue of bed spacing for multi-bedded rooms, the current advice remains unchanged. That is, taking account of 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 3.6m (wide) x 3.7m (deep).
7. When carrying out refurbishment work to existing multi-bedded ward accommodation NHS Boards should seek to achieve this bed spacing. This may require considering reducing the number of beds in the room. NHS Boards should also seek to achieve this bed spacing standard in accommodation which is not being refurbished or replaced.
8. Guidance on the design of single rooms and supporting accommodation can be obtained from Health Facilities Scotland (<http://www.hfs.scot.nhs.uk/>)
9. For the avoidance of doubt this guidance covers all schemes for the replacement or refurbishment of patient accommodation whether they are within NHS Board's delegated limited or submitted for approval through the process outlined in Scottish Capital Investment Manual.

Next Steps

10. Arrangements have been made for NHS: National Services Scotland (NHS: NSS) to undertake a survey of single room provision in NHSScotland. This is a follow up to the single room census undertaken in 2006.
11. NHS Boards Chief Executives are there requested to ensure that their NHS Board cooperates with the survey. Further information will be available when the survey is issued by colleagues in NHS: NSS. The Census will be issued to the appropriate Information Services Manager(s) in your area and also the Facilities Manager(s) as it will require a collaboration to complete it.

Yours sincerely

MIKE BAXTER
Deputy Director