Standards for Hospital Residential Accommodation and Associated Support Facilities

1.0 SUMMARY

This document sets out the Welsh Government’s Essential Quality Requirements and Best Practice relating to NHS hospital residential accommodation and associated support facilities for doctors and, where appropriate, medical students. The document also includes new inspection and monitoring arrangements.

The scope of this document covers residential accommodation and associated support facilities provided both on hospital sites and off-site.

2.0 BACKGROUND


This document is the result of a detailed review of the 2001 standards undertaken by the Junior Doctor Review Group (JDRG).

In 2010 the JDRG set up an Accommodation Review Group, which was tasked with the responsibility for conducting an inspection of residential accommodation on existing hospitals sites across Wales. Feedback from the inspections informed the review of the 2001 standards and the development of Essential Quality Requirements contained in Section 5.0 B and Best Practice contained in Section 5.0 C.

NHS Trusts and Local Health Boards (hereafter referred to as LHBs) are encouraged to work towards and achieve, where possible, Best Practice as set out in Section 5.0 C.

3.0 ROLES AND RESPONSIBILITIES

Junior Doctor Review Group

The JDRG includes representatives from the BMA, junior doctors’ representatives, the Wales Deanery, the Medical School, LHBs, the Welsh Government (WG), and NHS Wales Shared Services Partnership – Facilities Services (NWSSP-FS) and is responsible for:

- Setting up a task group (Accommodation Review Group) to conduct inspections, update any requirements and best practice guidance;
- Reporting/escalating the findings and recommendations of the Accommodation Review Group to the Minister for Health and Social Services.
Accommodation Review Group

The group includes representatives from the BMA, junior doctors’ representatives, the NHS Liaison Unit, the WG and NWSSP-FS and is responsible for:

- Conducting regular inspections on a two-yearly basis with ad hoc inspections as and when appropriate;
- Ensuring that performance of LHBs against the Essential Quality Requirements and Best Practice set out in Section 5.0 is monitored and reported to the JDRG;
- Requesting action plans from LHBs as and when necessary.

Local Health Boards

LHBs are responsible for:

- Involving and consulting staff and other key users, including doctors’ representatives, whenever new building, refurbishment, or other proposals affecting their working and living conditions are under consideration;
- Setting up Local Implementation Groups in which doctors’ representatives and LHB managers can discuss and address issues of concern about doctors’ living and working conditions;
- Ensuring local maintenance and service level agreements are in place and adhered to;
- Providing up-to-date information to all new employees, including doctors, explaining what facilities are available and how to access them;
- Designating a named LHB officer to whom staff and users can address complaints and concerns about facilities and ensuring that their contact details are clearly displayed in the appropriate accommodation;
- Ensuring that tenancy agreements are in place, signed and adhered to;
- Checking LHB facilities regularly to ensure compliance with HMO regulations referred to in Section 5.0 A. Where HMO regulations are not met for accommodation, the provisions of paragraph 175a of the Hospital Medical Terms and Conditions of Service will apply. LHBs are reminded, that they are obliged to provide accommodation free of charge until such time as improvements have been completed.
- Checking LHB facilities regularly to ensure that the Essential Quality Requirements set out in Section 5.0 B are achieved and maintained, and taking remedial action where necessary. Where Essential Quality Requirements are not met for accommodation, the provisions of paragraph 175a of the Hospital Medical Terms and Conditions of Service will apply. LHBs are reminded, that they are obliged to provide accommodation free of charge until such time as improvements have been completed.
- Working towards implementing Best Practice set out in Section 5.0 C;
- Completing and returning, at the WG’s request, LHB accommodation and facilities assessment forms, typically 18 months into the two-year inspection cycle.

Occupants

Occupants are responsible for:

- Signing a tenancy agreement and adhering to the conditions set out in the agreement;
• Involving themselves, through their representatives, in discussions on local proposals affecting their working and living conditions;
• Reporting concerns in particular where accommodation does not meet HMO and/or Essential Quality Requirements (para 175a of the Hospital Medical Terms and Conditions of Service) to the designated LHB officer, so that defects can be remedied as soon as possible.

4.0 ENQUIRIES

Enquiries about the contents of this document should be addressed to: Workforce and Organisational Development Department of The Health and Social Service Directorate, Welsh Government – ian.owen@wales.gsi.gov.uk

5.0 THE STANDARDS

A HOUSING IN MULTIPLE OCCUPATION (HMO) REGULATIONS

A1 LHBs are reminded of their obligations in respect of legislation relating to Houses in Multiple Occupation (HMOs). Relevant legislation includes:

• Housing Act 2004
• Welsh Statutory Instrument 2006 No. 1713 (W.175) The Management of Houses in Multiple Occupation (Wales) Regulations 2006

Current legislation does not set out minimum standards for HMOs. Rather, it places the responsibility on landlords to carry out risk assessments with the aim of avoiding or minimising potential hazards. The legislation lists 29 hazards categories against which risk assessments should be carried out.

A2 Where residential accommodation falls within the scope of the HMO regulations, LHBs need to satisfy themselves that they are fulfilling their obligations in respect of those regulations and, in particular, that they have carried out the required risk assessments.

A3 LHBs should be able to provide evidence of their HMO risk assessments if so required by the WG.
This section sets out the Essential Quality Requirements of the WG which have been agreed with the JDRG. LHBs are reminded of their roles and responsibilities for achieving and maintaining these requirements as set out in Section 3.0. They are also reminded of their obligations to comply with the statutory requirements referred to in Section 5.0 in respect HMO accommodation.

**GENERAL REQUIREMENTS**

B1 All residential accommodation and support facilities must be in good decorative order and condition.

B2 All furniture, fixtures, fittings and equipment must be robust and in good condition and repair and, where appropriate, fire retardant.

B3 All mechanical and electrical equipment must be in sound working order with appropriate documented checks being carried out.

B4 Regular refresh and replace programmes, together with appropriate monitoring procedures, should be in place to ensure that standards for the interior fabric, fixtures and fittings are maintained throughout the residential accommodation and support facilities.

**RESIDENTIAL ACCOMMODATION**

**GENERAL REQUIREMENTS**

B5 Standards for married accommodation are the same as for single accommodation, with changes to be made only as appropriate for married accommodation.

B6 A cleaning service to communal residential areas should be provided on a daily basis.

**BEDROOMS**

B7 Each bedroom should be furnished and fitted out for one occupant only, except for married accommodation.

B8 Bedrooms designed for single occupation should have sufficient space to accommodate the fixtures and fittings set out in B11 below, together with sufficient space for circulation. If this Essential Quality Requirement cannot be met in existing accommodation, LHBs may be required to demonstrate the adequacy of the accommodation and, if necessary, submit improvement proposals to the WG.
B9 Bedrooms should be able to block out daylight and artificial light from adjacent spaces to ensure the occupants are not disturbed at any time.

B10 Bedrooms should be lockable from inside and outside.

B11 Bedrooms should include the following finishes, fixtures and fittings:

   (i)    Carpeted flooring
   (ii)   Blackout curtains or blinds
   (iii)  Single bed (3ft minimum)
   (iv)   Double bed for married accommodation (4ft 6in minimum)
   (v)    Desk and chair
   (vi)   Wardrobe
   (vii)  Drawers
   (viii) Bookcase/shelves
   (ix)   Easy chair
   (x)    Reading light by bed
   (xi)   Reading light by desk
   (xii)  Two double power points (minimum)
   (xiii) TV aerial point
   (xiv)  Telephone connected using a standard BT or cable socket to an internal hospital telephone system with access for making external calls at no higher than relevant BT rates
   (xv)   Facilities for wired or wireless internet access which should be external to the hospital’s network
   (xvi)  Bin for waste disposal

B12 Bedrooms should be provided with the following hotel services:

   (i)    Weekly linen change
   (ii)   Twice weekly towel change
   (iii)  The provision of cleaning services once a week or the provision of suitable cleaning equipment to allow occupants to clean their own bedroom areas

WASHING AND SANITARY FACILITIES

B13 All new build accommodation should include en-suite washing and sanitary facilities.

B14 Toilets

   (i)    Must be provided in the ratio of one between no more than two occupants.
   (ii)   Must include toilet paper in a holder or dispenser
   (iii)  Must include suitable means for the disposal of sanitary dressings

B15 Showers

   (i)    Must be provided
(ii) Should be provided in the ratio of one between no more than two occupants

(iii) May be provided over baths but must be permanently plumbed in and include an appropriate screen curtain.

(iv) Should include an adjacent drying area. Where showers are provided en-suite, the drying area should not encroach into the bedroom.

(v) Should be fitted with an anti-scalding device

**B16** Baths (if provided)

(i) Should be provided in the ratio of one between no more than four occupants

(ii) Must be in the same building as the occupants for whom the facility is intended.

**COMMUNAL AREAS**

The configuration of kitchen, dining and living room areas is flexible. The points below detail the Essential Quality Requirements within each defined area.

**Kitchen and Dining Areas**

**B17** Kitchen areas should be provided in the ratio of one between no more than four occupants.

**B18** Each kitchen area should include the following:

(i) Sufficient worktop area for food preparation

(ii) Sufficient storage space per occupant

(iii) Cooker (4 rings and oven)

(iv) Microwave

(v) Fridge/freezer of suitable size for the number of occupants sharing

(vi) Appropriate cutlery, crockery, cookware and utensils for cooking and eating

(vii) Kettle

(viii) Steam iron and ironing board

(ix) Four power points (minimum)

(x) Suitable mechanical extraction

(xi) Bins for waste disposal which should take into account the LHB’s recycling policy

**B19** Dining areas should be provided in the ratio of one between no more than four occupants and may form part of, or adjoin, the kitchen area.

**B20** Each dining area should include the following fittings:

(i) Table or breakfast bar

(ii) At least one chair or stool per occupant
Living Rooms

B21 Living rooms should be provided in the ratio of one between no more than four occupants. They may be a self contained room or may form part of or adjoin the kitchen or dining area.

B22 Each living room should include the following:

(i) Four power points (minimum)
(ii) Telephone connection
(iii) TV aerial connection
(iv) Sufficient sofas and comfortable chairs for all occupants
(v) Coffee table
(vi) Waste bin

Laundry Areas

B23 Access to and from laundry and ancillary areas should be safe, secure and well lit without risk to health or welfare.

B24 Laundries should include an adequate number of washing machines and dryers.

RESIDENTIAL SUPPORT FACILITIES

DOCTORS’ MESS

B25 There should be a doctors’ mess easily accessible from wards and departments. In large hospitals more than one mess may be required.

B26 Each mess area should:

(i) Be secured from patient areas with key pad, swipe card or similar access
(ii) Take into account the need for the facility to be approached and accessed safely and securely during out of hours and night shifts
(iii) Include a designated kitchen area which can be integral or separate from the mess area fitted and equipped with:
   (a) Sink and drainer
   (b) Suitable food preparation area
   (c) Storage space
   (d) Fridge/freezer
   (e) Microwave
   (f) Kettle
   (g) Drinking water facility
   (h) Bins for waste disposal
   (i) Cutlery and crockery
   (j) Table and chairs for eating, where space allows
(iv) Include a designated seating area with:
   (a) Comfortable sofas or easy chairs suitable for rest and relaxation
(b) Coffee table(s)
(c) TV aerial point
(v) Include the following general facilities:
   (a) Internal telephones linked to the main hospital system
   (b) Computers linked to the hospital network/systems
   (c) Lockers either within the mess itself or an adjoining area

HOSPITAL AT NIGHT (H@N) FACILITIES

B27 A room should be provided as a central resource for handover and case discussion for the members of the H@N team.

B28 The H@N facilities must be situated with good proximity to clinical areas allowing appropriate clinical response.

B29 The H@N facilities should be secure from patient areas with key pad, swipe card or similar access.

B30 Cleaning of H@N areas must occur after every night shift.

B31 H@N facilities should include the following:

(i) Designated kitchen area integral to the H@N facility fitted, furnished and equipped with:
   (a) Hot and cold food storage
   (b) Suitable food preparation area
   (c) Fridge/freezer
   (d) Microwave
   (e) Kettle
   (f) Drinking water facility
   (g) Bins for waste disposal which should take into account the LHBs recycling policy
   (h) Cutlery and crockery
   (i) Table and chairs for eating, where space allows

(ii) Designated social area furnished and equipped with:
   (a) Comfortable sofas or easy chairs suitable for rest and relaxation
   (b) TV aerial point, television and DVD player

(iii) Designated quiet rest area furnished and equipped with:
   (a) Suitable lighting with appropriate dimming control
   (b) Selection and appropriate number of comfortable reclining chairs suitable for rest and relaxation

(iv) Designated handover area furnished and equipped with:
   (a) Large table/desk area
   (b) Chairs
   (c) Internal telephones linked to main hospital system
   (d) A minimum of two computers linked to the hospital network/systems
   (e) X-ray viewing box
CATERING FACILITIES

Canteen/Restaurant

B32 Opening times should be clearly advertised and displayed (especially during national holiday periods).

B33 Hot and cold food must be available with options to cater for healthy eating, vegetarian, cultural and specific religious requirements.

24-Hour Catering Facilities

B34 Access to vending machines should be available 365 days a year

B35 The facilities should be easily accessible from clinical areas when working out-of-hours and at night

B36 Vending machines should be regularly maintained, checked and stocked

B37 Access to hot and cold drinks

B38 Appropriate food options to cater for vegetarian, healthy eating, cultural and specific religious requirements

MISCELLANEOUS FACILITIES

B39 A secure communal cycle store

B40 Access to a parking space near the accommodation where on-site car parking is available. Where this is not available, LHBs should make every effort to put in place alternative parking arrangements.

B41 24-hour access to library facilities with key pad, swipe card or similar access.
BEST PRACTICE FOR HOSPITAL RESIDENTIAL ACCOMMODATION AND ASSOCIATED SUPPORT FACILITIES

This section sets out Best Practice endorsed by the WG and agreed by the JDRG. LHBs are encouraged to work towards and achieve, where possible, Best Practice.

RESIDENTIAL ACCOMMODATION

General Requirements

C1 The provision of windows that comply with current building regulations.

C2 The ability to control the temperature in individual rooms and/or self contained flats and houses.

C3 A clear LHB strategy in terms of energy awareness and recycling for accommodation areas.

Bedrooms

C4 The provision of en-suite facilities in existing accommodation, where sufficient space permits.

C5 A high standard of soundproofing to ensure the occupants are not disturbed at any time.

C6 The provision of a ¾ or double bed for single occupancy, where space permits.

C7 Following vacation of a room, self contained flat or house all soft furnishings, especially mattresses, should be checked for integrity and soiling and replaced where necessary as part of a refresh programme.

SUPPORT FACILITIES

HOSPITAL AT NIGHT (H@N) FACILITIES

C8 The provision of toilet and shower/bathing facilities integral to the H@N facility.

MISCELLANEOUS FACILITIES

C9 The provision of 24-hour access to the internet via personal smart phone, laptop or similar using the internal hospital WIFI, but excluding hospital clinical systems for educational and training purposes.