



NHS Management Executive
St. Andrew's House
Edinburgh EH1 3DG

Telephone 0131-244
Fax 0131-244 2837

23rd February 1999

Dear Colleague

ACCOMMODATION, SECURITY AND CATERING FOR JUNIOR DOCTORS

Summary

1. This letter and the enclosed questionnaire asks NHS Trusts and DMUs to provide up-to-date information on the standards of accommodation, security and catering facilities provided for junior doctors.

Background

2. The New Deal for Junior Doctors, which was introduced in 1991, set targets for contracted and actual hours of work and specific standards for accommodation, security and catering. The commitment to achieving these targets and standards has re-affirmed in MEL(1997)71 and in the Human Resources Strategy. In December 1998 the Minister wrote to all Trust Chairmen asking them to take personal responsibility for ensuring full implementation of the New Deal. The Minister's letter made clear that he expects to see significant progress towards achieving compliance with the new deal by April 1999, with particular emphasis on the catering, security and accommodation standards.

3. Although a programme of visits to Trusts last summer and the statistical returns for 30 September 1998 provided some valuable information, we need a complete and up-to-date picture of the accommodation, security and catering facilities being provided across the NHS in Scotland.

Action

- 4. Trusts and DMUs are asked to:
 - complete the questionnaire enclosed with this letter;

Addressees

For action:
Chief Executives, NHS Trust

General Managers, Health Boards

General Manager, Common Services Agency

General Manager, State Hospital's Board for Scotland

For information:
Executive Director, Scottish Council For Postgraduate Medical and Dental Education
Postgraduate Deans and Directors

Chief Executive, Health Education Board for Scotland

Enquiries to:

Ken McMillan
Directorate of Human Resources
NHS Management Executive
Room 65
St Andrew's House
EDINBURGH EH1 3DG

Tel: 0131-244 2476
Fax: 0131-244 2837

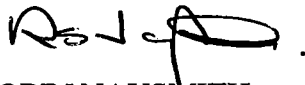
SCOTTISH HEALTH SERVICE
COMMON SERVICES AGENCY
TRUSTS AND HEALTH BOARD LIBRARY
DATE Rec'd
ACC. P-15: 104857
Date 24.2.99 Price

originally (mistakenly) written as 7

- provide a full explanation and alternative timetable where they do not anticipate achieving the non-hours standards by April 1999;
- ensure that responses are signed off by Trust Chairmen and the appropriate Junior Doctors' representatives and sent to Ken McMillan, Directorate of Human Resources, NHS Management Executive, St Andrew's House by no later than 12 March 1999.

5. Also enclosed with this letter is a copy of the BMA's Hospital Accommodation Charter which provides guidance on best practice in the provision of accommodation for on-call staff. Trusts and DMUs are urged to use the star rating system to indicate the standard of accommodation available when advertising posts with on-recall responsibilities.

Yours sincerely



ROBIN NAYSMITH
Assistant Director of Human Resources (Policy)

ACCOMMODATION, SECURITY AND CATERING QUESTIONNAIRE

Name of Trust/DMU

Name of Building*

	Yes/No
Accommodation	
1. Is the residential and on-call accommodation within the hospital grounds?	
2. If not, do juniors have ready access to their place of work?	
3. Is there accommodation for married staff?	
4. Can residents get privacy and quiet?	
5. Is the accommodation sound and free from leaks and damp?	
6. Is the accommodation properly maintained?	
7. Is there a properly furnished common room separate from any dining room?	
8. Are residents able to relax and study in comfort in their rooms?	
9. Do rooms contain a three foot bed or divan, necessary cupboards and drawers, a writing table and chair, bookcase or bookshelves and an armchair?	
10. If rooms are not large enough to provide sufficient bed-sitting space, is a separate sitting room available?	
11. Are all rooms in good decorative condition?	
12. Are the floors carpeted and the windows curtained?	
13. Is there a reading/bedside lamp in all rooms?	
14. Are there sufficient electric sockets?	
15. Are all fixtures and fittings of reasonable quality and maintained in a good state of repair?	
16. Are suitable fire protection devices provided?	
17. Can rooms be heated quickly and efficiently?	
18. Is heating under residents' control?	
19. Does each room contain a washbasin with hot and cold running water?	
20. Are a bathroom and a WC provided?	
21. Are the bathroom and WC shared by fewer than 2 residents?	
22. Is there a telephone by each bed connected to the internal hospital telephone system?	
23. Are external telephones readily accessible - from resident's rooms - in common rooms?	
24. Are telephone charges reasonable?	
25. Do domestic services include regular room cleaning and laundering of bed linen and towels?	
26. Do residents have access to well-maintained personal laundry facilities?	
27. Is the bed linen in on-call rooms changed between occupants?	
28. Are shared facilities - common rooms, dining rooms, kitchens, bathrooms and toilets - cleaned regularly?	

29. Are there clearly understood arrangements for the recovery of costs for damage caused by residents, fair wear and tear excepted, provided that no deductions may be made from a practitioner's salary without his or her prior written consent?	
30. Is adequate car parking for juniors provided on the hospital site?	
31. Where recreational facilities are not provided on site, have managers looked into the possibility of establishing concessionary deals with local sports clubs or swimming pools?	
Security	
32. Are all connecting corridors, paths and roads in hospital grounds well lit?	
33. Are there measures in place to ensure the safety of residents called to the hospital during the hours of darkness?	
34. Are there security locks fitted to all residents' rooms?	
35. Do residents hold keys to the security locks?	
36. Are there arrangements in place to resolve security problems which can arise if, for example, accommodation is limited or where rooms are occupied by other doctors during periods of leave?	
Catering	
37. Are well-maintained kitchen facilities provided for residents who wish to cater for themselves?	
38. Can residents prepare beverages and snacks?	
39. Is there a doctors' mess facility of reasonable size, well equipped and easily accessible from wards and departments?	
40. Are meals provided for junior doctors adequate, varied, attractively and efficiently served and, where possible, freshly prepared?	
41. Are the catering facilities separate from those provided for patients, relatives and other non-employees?	
42. Are the main catering facilities supplemented by, for example, vending machines or microwave ovens with a supply of food, to provide meals for juniors out of hours?	
43. Are residents able to air their views on the services provided for them and put complaints to the Health Board or Trust if they wish?	

* Please copy this questionnaire for each building if standards vary between buildings.

VALIDATION

I have seen the completed questionnaire and am satisfied that it reflects the Trust's/DMU's position on the non-hours standards:

Chief Executive/Chairman

NAME: _____

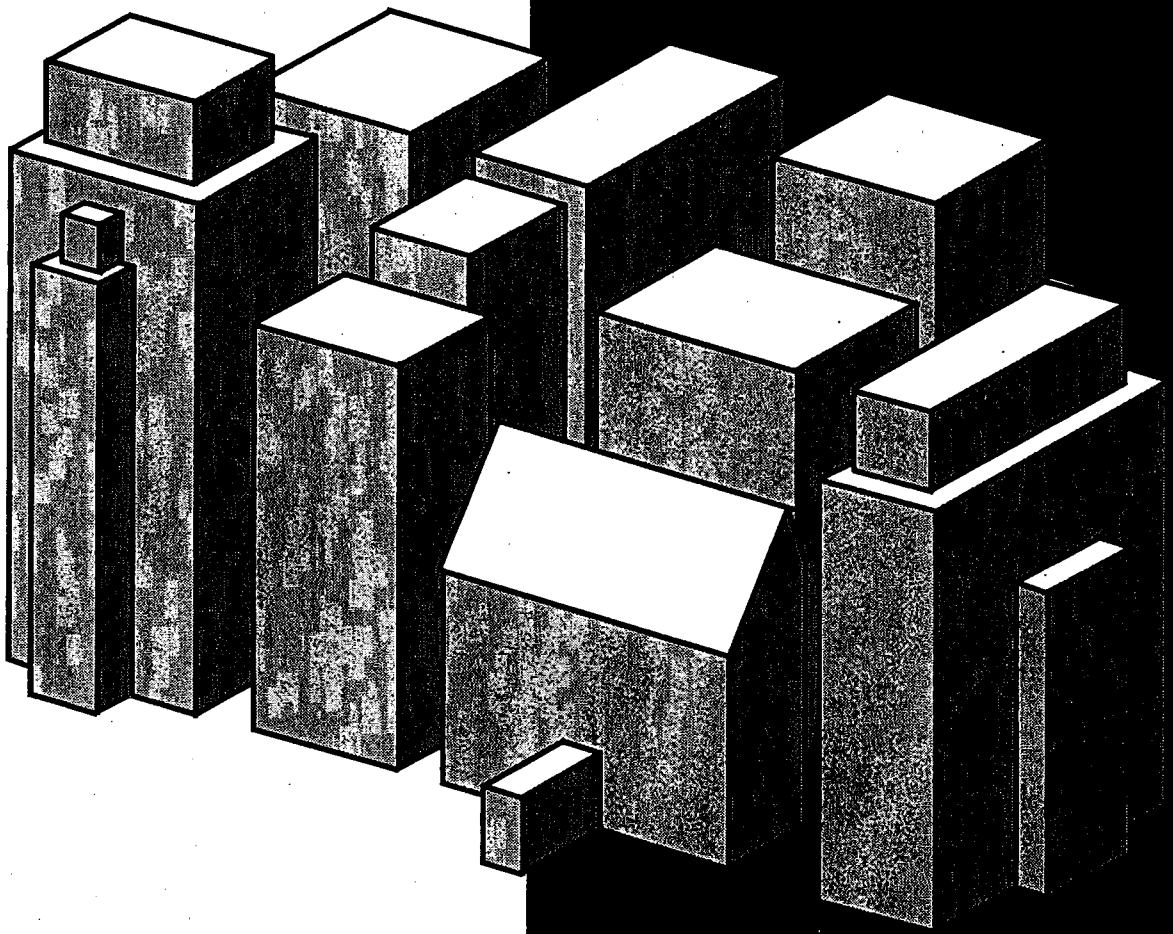
SIGNATURE: _____

Junior Doctors' Representative

NAME: _____

SIGNATURE: _____

HOSPITAL
ACCOMMODATION
charter



BMA 

HOSPITAL ACCOMMODATION *charter*



INTRODUCTION

The New Deal highlighted the deficiencies in hospital accommodation for junior doctors. Poor accommodation has long been a drain on the morale and efficiency of hospital doctors and attempts to improve conditions by the Royal Colleges, New Deal Task Forces and the British Medical Association have made only limited improvements. The funding of improvements offered by some Task Forces has been important but there is a danger such changes will not be sustained unless there is a fundamental change in attitude towards the provision of accommodation by all concerned.

This Charter takes forward the provisions for accommodation set out in the New Deal¹ and includes them as a basic minimum. A major obstacle to further progress is the lack of agreed, common standards and this Charter is designed to provide such standards for all involved in the provision, management, monitoring and use of accommodation within the NHS. It applies to both employers and occupants. It will allow staff applying for appointments to know the quality of accommodation available. It will give employers the opportunity to attract staff through providing good quality accommodation.

The Charter was developed to meet the needs of junior doctors but it is hoped that the same standards would apply to other professional groups.

This Charter has been drafted after consultation with the Regional Postgraduate Deans, the Royal Colleges and Regional Task Forces (*see appendix 1*) and it is intended that the standards set down will be used by providers and those who monitor accommodation on behalf of junior doctors. When advertising posts employers should indicate the standard of accommodation available by using the star rating system.

¹ NHS Management Executive, Junior Doctors: The New Deal, 1991.

Charter Principles for Employers

Accommodation is a valuable NHS resource which can be used for the benefit of both employing authorities and employees;

Providers should be required to demonstrate that they are managing their accommodation effectively;

Accommodation should be safe, comfortable and enhance the working life of employees;

A star rating system (*see below*) should be established which allows prospective employees to know the standard of accommodation available with a post;

Providers should have available a range of accommodation which should include short term tenancy and hotel accommodation;

Where employees are required to sleep in the hospital during duty periods, hotel accommodation should be provided free of charge;

Charges should be reasonable and reflect the standards of accommodation.

Charter Principles for Occupants

Accommodation should be treated with care and respect;

Occupants should be responsible for damage caused deliberately or through neglect during their occupancy;

Occupants should alert managers to problems as soon as they are recognised;

Occupants should at all times behave in a manner which enhances the living environment.

SPECIFIC RECOMMENDATIONS

Management of accommodation

Accommodation should be managed effectively;

Nominated individuals (*eg. site manager, duty manager*) should be available at all times to deal with problems: name(s) and contact number(s) should be available in all living units;

Detailed information on the accommodation services available should be given to prospective employees on applying;

An inventory of the furnishings and fittings should be checked jointly by the occupier and the manager at the beginning and end of each occupancy;

There should be regular meetings between the residents and the accommodation manager.

Hotel services

These standards apply to both on-call accommodation and longer term lodgings. The 'one star' standards are based on the minimum standards set out in the New Deal.

The hotel services should be given a star rating using the following criteria. The rating should be reviewed at least annually.

★ 'One Star'

- Rooms should be serviced at least three times a week, including weekends and bank holidays and also between changes of occupants;
- Rooms should be sound and light proofed;
- Rooms should be effectively insulated;
- Rooms should ensure privacy for the occupant;
- Doors should be able to be secured from the inside;
- The heating of the rooms should be thermostatically controlled and that control should be adjustable by the occupant;
- Rooms should be well decorated and well maintained;
- Rooms should have a washbasin with hot and cold water;
- Separate toilet, bath and shower facilities should be available for every two occupants;
- Rooms should contain a telephone and telephone charges for personal calls should be reasonable;
- Rooms should have a good quality bed, desk and chair, reading lamp, bookcase/shelves, cupboards and drawers, and an armchair;
- Accommodation should be accessible to the main hospital and connecting routes should be well lit;

- Entrances to the building should be secure and well lit;
- The building should contain protection alarm and fire alarm systems;
- Rooms should have access to laundry facilities.

★★ 'Two Star'

- All facilities of 'one star' and in addition:
- Rooms should contain a direct dial telephone;
- Rooms should contain a radio and clock;
- Tea and coffee making facilities should be available in the room;

★★★ 'Three Star'

- All facilities of 'two star' and in addition:
- Rooms should have ensuite toilet and bathing facilities;
- Rooms should be serviced daily, including weekends and bank holidays;
- Room service for light snacks should be available 24 hours;
- Security patrols should take place over 24 hours;
- Rooms should have a designated door bell and an intercom link with the main door;
- Rooms should contain a colour television;
- Car parking should be available adjacent to the building.

S Accommodation failing to meet the 'one star' standard should be regarded as "substandard".

Rented accommodation

Sufficient accommodation for assured shorthold tenancy leasing should be available for all prospective employees wishing to rent;

A range of accommodation should be available reflecting differing requirements (1, 2 or 3 bedrooms, furnished and unfurnished);

Providers should establish or employ a recommended letting agency; Rents should be reasonable and reflect the standards of accommodation;

There should be a nominated manager available 24 hours: name(s) and contact

number(s) should be given to the tenant; Accommodation should be monitored at least annually and properly maintained;

Accommodation should be easily accessible to and from the place of work by public transport.

The Hospital Accommodation Charter was drawn up by the Junior Doctors Committee of the British Medical Association. (Reissued May 1998)

APPENDIX 1

Comments from the following were taken into consideration in drawing up the final draft of the Accommodation Charter:

Regional Postgraduate Deans

Dr J Anderson, Postgraduate Dean, Northern.
Dr R Bayley, Postgraduate Dean, Mersey.
Dr R V Boyd, Regional Postgraduate Dean, Trent.
Dr C Easmon, Dean of Postgraduate Medicine, North West Thames.
Dr R Feinmann, Associate Postgraduate Dean, North Western.
Dr P Flute, Dean of Postgraduate Medicine, South West Thames.
Dr M Gough, Acting Director of Postgraduate Medical Education and Training, Oxford.
Professor T M Hayes, Director and Dean of Postgraduate Studies, Wales.
Professor I Houston, Dean of Postgraduate Medicine, North Western.
Dr R Macdonald, Dean of Postgraduate Medical Education, Yorkshire.
Professor N MacKay, Dean of Postgraduate Medicine, Western Scotland.
Dr J R McCluggage, Chief Executive/Postgraduate Dean, Northern Ireland Council for Postgraduate Medical and Dental Education.
Dr M W N Nicholls, Regional Postgraduate Dean, South East Thames.
Dr E W Paice, Associate Dean of Postgraduate Medicine, North East Thames.
Dr H S Platt, Regional Postgraduate Dean, Wessex.
Dr J Tinker, Dean of Postgraduate Medicine, North East Thames.
Professor R West, Medical Postgraduate Dean, South Western.

Dr R Wood, Postgraduate Dean, North Eastern Scotland.

Royal Colleges

Professor P S Boulter, President, Royal College of Surgeons of Edinburgh.
Professor N Browse, President, Royal College of Surgeons of England.
Dr J Bullimore, Dean, Faculty of Clinical Oncology, Royal College of Radiologists.
Mrs V Cameron, Secretary, Royal College of Psychiatrists.
Dr D Campbell, President, Royal College of Physicians and Surgeons of Glasgow.
Dr S Davies, Chairman, Collegiate Trainees Committee, Royal College of Psychiatrists.
Dr P Morris, Vice-President, Royal College of Anaesthetists.
Sir Stanley Simmons, President, Royal College of Obstetricians and Gynaecologists.
Dr A Toft, President, Royal College of Physicians.
Professor L A Turnberg, President, Royal College of Physicians.

Regional Task Forces

Ms P Botting, Regional Task Force Co-ordinator, North West Thames.
Dr A R R Cain, Regional Task Force Chairman, Wessex.
Professor L Donaldson, Regional Task Force Chairman, Northern.
Dr A Drury, Consultant in Medical Manpower, South West Thames.
Dr W J Green, Regional Task Force Chairman, Yorkshire.
Dr S D Horsley, Regional Task Force Chairman, North Western.

Dr P C Moore, Regional Task Force Chairman, West Midlands.
Dr J A Muir Gray, Regional Task Force Chairman, Oxford.
Mr P Rankin, Regional Task Force Chairman, South East Thames.
Mr A Scotland, Regional Task Force Chairman, North East Thames.

Additional Comments Received from Oxford Region

Ms K Barratt, Accommodation Manager, South Buckinghamshire NHS Trust.
Mr M J Cahalan, Director of Facilities, West Berkshire Priority Care Service NHS Trust.
Ms L Clark, Accommodation Officer, Milton Keynes General NHS Trust.
Mr K Cunningham, Unit General Manager, Stoke Mandeville Hospital.
Mr M Fleming, Director of Personnel and Administration, Churchill John Radcliffe Hospital.
Dr G Hendry, District Clinical Tutor, Chiltern Postgraduate Medical Centre, Wycombe General Hospital.
Mr A M James, Director of Human Resources, Kettering & District General Hospital.
Mr R J Luck, Consultant Surgeon, Heatherwood Hospital.
Ms L Martin, Accommodation Manager, Heatherwood Hospital.
Miss S Raven, Medical Staffing Manager, Oxfordshire Health Authority.
Mrs V Shorrock, Director of Personnel, The Radcliffe Infirmary.
Dr T J Williams, District Clinical Tutor, Prince William Postgraduate Centre, Kettering.
Ms J Willis, Chiltern Postgraduate Medical Centre, Wycombe General Hospital.

Junior Doctors Committee

Catering Standards



Introduction

"Food, glorious food" that's all we want. This seems to sum up many of the deficiencies in hospital catering facilities. The New Deal set out some detail as to a basic standard, but it is obvious that a junior doctor with a full stomach is more likely to be contented than one roaming the hospital corridors in the middle of the night in search of at least a packet of crisps. It is unfair to penalise doctors with poor quality and poor value food just because they are unable to go elsewhere. The standards set out below are aimed at ensuring that there is a basic provision in all hospitals and also encouraging hospitals to aim higher.

The Standards

Meals provided for doctors in training should be adequate, varied, attractively and efficiently served and, where possible, freshly prepared.

* One Star (New Deal minimum)

- The catering facilities should be open 365 days a year;
- There should be access to snacks at all times;
- There should be hot food available out of normal opening hours;
- Catering facilities should be separate from those provided for patients, relatives and other non-employees.

** Two Star

All the facilities of "one star" and, in addition, four of the criteria given for three star:

*** Three Star

All the facilities of "one star" and, in addition, all of the following:

- The canteen should be open for at least two hours overnight with freshly prepared hot food;
- Doctors should have their own dining area outside the mess facility;
- There should be mess facilities within five minutes walk of all clinical areas;
- There should be microwave facilities in the doctors' mess, together with a supply of food and utensils to cook and eat the food;
- Bread, cereals and drinks should be available at all times;
- There should be a wide choice of food, including healthy eating options.