Procedure for the Use of Acute Hospital Premises by External Organisations
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1.0 INTRODUCTION

This procedure replaces the policies and procedures on the use of Acute hospital premises (Craigavon Area Hospital, Daisy Hill Hospital and South Tyrone Hospital) held in legacy Trusts.

2.0 PURPOSE

The purpose of this document is to detail the process for applying for use and to set out the responsibilities of external groups using Trust premises.

3.0 EXTERNAL ORGANISATIONS USING HOSPITAL PREMISES

3.1 The following rooms should only be considered for use by external organisations/groups:

Craigavon Area Hospital
- Boardroom, main building
- Seminar Rooms, Medical Education Centre
- Tutorial Rooms, Medical Education Centre
- Lecture Theatre, Medical Education Centre

Daisy Hill Hospital
- Committee Room 1
- Committee Room 2

South Tyrone Hospital
- Gordon Thompson Suite

3.2 The Trust will consider applications from external organisations/groups to use its premises provided that the usage is for Health and Social Care related activities.

3.3 Where appropriate a charge will be levied for room hire, rental of equipment and provision of hospitality.

3.4 Application must be made using the Application for Use of Hospital Premises (Appendix 1). Additionally applicants must be provided with general Terms and Conditions (Appendix 2). The application form should be completed and forwarded to the relevant Support Services Office (or MEC Secretary if applicable).

3.5 The final decision should be advised to the applicant(s) by the Locality Support Services Manager (or MEC Secretary if applicable) using Letter 1 (application refused) (Appendix 3) or Letter 2 (application approved) (Appendix 4) as appropriate.

3.6 Copy approved Application Form should be sent to the Trust’s Fire Safety Department by the Locality Support Services Manager (or MEC Secretary if applicable).
4.0 **EQUALITY AND HUMAN RIGHTS CONSIDERATIONS**

4.1 This procedure has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Equality Commission guidance states that the purpose of screening is to identify those policies, guidelines, procedures etc. which are likely to have significant impact on equality of opportunity so that greatest resources can be devoted to these.

4.2 Using the Equality Commission's screening criteria no significant equality implications have been identified. The procedure will therefore not be subject to an equality impact assessment.

4.3 Similarly, this procedure has been considered under the terms of Human Rights Act 1998, and was deemed compatible with the European Convention Rights contained in the Act.

5.0 **ALTERNATIVE FORMATS**

5.1 This document can be made available on request in alternative formats, e.g. Plain English, Braille, disc, audiocassette and in other languages to meet the needs of those who are not fluent in English.
## USE OF HOSPITAL PREMISES - APPLICATION FORM

Please read the Terms and Conditions before completing

### PART A (To be completed by the Applicant)

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<tr>
<td>1</td>
<td>Name of organisation/group making application</td>
</tr>
<tr>
<td>2</td>
<td>State the organisation/group’s link with Health and Social Care to justify the application</td>
</tr>
<tr>
<td>3</td>
<td>Group Representative and Position held (Secretary/Treasurer) Name, Address &amp; Contact telephone number</td>
</tr>
<tr>
<td>4</td>
<td>Name of Hospital and room/area to be used</td>
</tr>
<tr>
<td>5</td>
<td>Precise purpose for which application is made</td>
</tr>
<tr>
<td>6</td>
<td>Date/s, time/s and duration of proposed use</td>
</tr>
<tr>
<td>7</td>
<td>Number of persons likely to attend</td>
</tr>
<tr>
<td>8</td>
<td>Do you intend to bring any electrical equipment on to the premises, eg lap top, projector etc? If yes, please specify.</td>
</tr>
<tr>
<td>9</td>
<td>Does anyone require assistance to evacuate should the need arise? If so, how is this provided?</td>
</tr>
<tr>
<td>10</td>
<td>Catering requirements</td>
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**Please note:** All catering requirements in respect of rooms used in Craigavon Area Hospital, Daisy Hill Hospital and South Tyrone Hospital should be ordered directly from the relevant Catering Dept at the hospital or through Support Services office.

### DECLARATION:

On behalf of the above named organisation/group, I hereby make application for the use of premises as detailed above and agree to abide by the Trust’s terms and conditions governing their use.

Signed: ___________________________ Date: ___________________________

Group Representative

### PART B (To be completed on behalf of Southern Health & Social Care Trust)

I do/do not* approve use of premises detailed above (* delete as appropriate).

Signed: ___________________________ Date: ___________________________

Designation: Locality Support Services Manager/MEC Secretary
Appendix 2

TERMS AND CONDITIONS:

1. Ensure the main objective of use of hospital premises is for Health and Social Care related activities.

2. The premises must not be used for any purpose other than that which was agreed on the Application Form. Use of premises should be restricted to the area and time indicated on the Application Form. If there is any evidence of misuse of the premises permission for use will be withdrawn.

3. Where appropriate a charge will be made for room hire, rental of equipment and provision of hospitality and payment must be made within 28 days of invoice, as otherwise the permission for use will be withdrawn.

4. Rooms used should be left clean and tidy and any reorganisation of furniture should be reinstated to its original position. All electrical equipment including lights should be switched off after use and any blinds or curtains drawn before vacating the room. Posters or Flip Chart Sheets should under no circumstances be attached to walls with blu-tack or other adhesive.

5. Ensure that keys are collected prior to the meeting if required and returned immediately after use. If keys are not returned immediately after use permission for use will be withdrawn.

6. Ensure that all persons entering upon the premises do not cause damage to the property or the property of any other person(s) and do not act in such a manner as to become a nuisance or annoyance.

7. To indemnify the Trust in respect of any loss, injury or damage sustained by any person arising out of or in any way connected with the use of the premises by this group/organisation and provide details of all relevant insurance policies held by this group/organisation. If permission is granted to provide confirmation from these insurers that they are aware of the proposed use and agree to apply cover in relation to same.

8. To make good and reinstate to the satisfaction of the Trust or make suitable compensation for any loss or damage which may be done to the property or the property of any other person(s) by any person(s) admitted to the premises in connection with the permission hereby granted.

9. To obtain all necessary licences, permits, consents, etc. required in connection with the purpose for which this permission is granted and to indemnify the Trust from all liability there from and in particular from all responsibility for copyright fees, royalties, patent fees, duties and other costs and charges.

10. To report to the Support Services office (or MEC Secretary if applicable) details of any loss or damage or any accident/incident which occurs to any person while on/using hospital premises or any untoward issues in relation to health and safety.
11. Electrical equipment should not be used or brought on to the premises unless authorisation is given.

12. To ensure that you are familiar with the fire and evacuation procedures for the relevant area and that at all times you have adequate arrangements in place to deal with the evacuation of your group.

13. To comply with the Trust’s Smoke Free Policy i.e. smoking is not permitted within any hospital, including at entrances and exits, nor within a reasonable smoke free zone around entrances and exits.

14. Consumption of alcohol is not permitted on hospital premises.

15. The application, if approved, remains valid for one year only and must be renewed annually.

16. The Trust reserves the rights to refuse any application without giving any reasons for such refusal and withdraw at any time, permission granted for the use of the premises.

17. Application must be made by an OFFICE BEARER who is signing and accepting responsibility for upholding the above terms and conditions on behalf of the group.

18. The Trust reserves the right to withdraw permission for use by giving the applicant one month’s notice in writing.

19. If the group/organisation no longer wishes to use the premises they should give one month’s notice in writing to the Support Services office (or MEC Secretary if applicable).

20. Failure to comply with any of these terms and conditions and permission for use will be withdrawn.
LETTER 1: APPLICATION REFUSED

Dear...

I regret to inform you that the Trust is at present unable to facilitate your request to use the [specify area/s of building to be used], [Hospital name and address]

____________________________________
Locality Support Services Manager/MEC Secretary
LETTER 2: APPLICATION APPROVED

Dear...

I am pleased to inform you that your application to use the [specify area/s of building to be used] [Hospital name and address] has been approved. I would however, draw your attention to the following points:

1. Approval only relates to the area and time indicated on the Application Form for Use of Hospital Premises, and does not entitle access to the area outside of this time or to other areas. Any changes in relation to your application form must be notified to Support Services (or MEC Secretary if applicable) at the above number.

2. In the event of emergency evacuation of the building, it is your responsibility to ensure that all your members are evacuated and following the all clear signal from Police or others authorised to do so, you are requested to advise Portering staff should a decision be taken not to resume the meeting in order that they can check the area is left secure.

3. In the event of a power failure, plumbing leak, break-in and/or damage to the premises or any other incident, the group must inform switchboard immediately (dial 0 from an internal telephone).

4. The Support Services office (or MEC Secretary if applicable) must be informed the next working day if an accident or incident has occurred whilst using the premises.

5. It is your responsibility to familiarise yourself with the fire and evacuation procedures for the relevant area and ensure that escape routes are unobstructed. A copy of these procedures are enclosed. If you have any concerns please contact Support Services (or MEC Secretary if applicable) at the above number.

6. Failure to comply with any of the terms and conditions and permission for use will be withdrawn.

7. Can you please provide confirmation from your insurers that they are aware of the proposed use of hospital premises and agree to apply cover in relation to same.

Thank you for your co-operation.

Locality Support Services Manager/MEC Secretary