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Llywodraeth Cymru
Welsh Government

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Dear Medical Directors

I am writing to give notice that the 2015-16 report on the survey of isolation rooms in major hospitals (attached), issued last month to Chief Executives, will be an agenda item at the Medical Directors' meeting on 6 January.

Ahead of the meeting, I want to draw attention to the key findings that evidence our continuing failure to comply with extant requirements and the actions that need to be taken locally. At the meeting we will be seeking:

- a nominated professional to lead a critical review of the minimum requirements for the number and location of isolation rooms that will inform future provision and future capital development planning; and
- your agreement that an Executive lead will accompany NWSSP-SES during all future site surveys.

Background

In 2006, following the first all-Wales survey of negative pressure isolation rooms (NPIRs), WHC 2006 (057) promulgated measures to optimise existing facilities. Also in 2006, the Welsh Government Isolation Facilities Subgroup reviewed provision across Wales made the following recommendations:

- a minimum of one NPIR in every major A & E department.
- a minimum of one NPIR in every hospital with an acute medical unit;
- a minimum of one NPIR in every critical care unit with level 3 beds; and
- a minimum of one NPIR for paediatric use in each of the three Welsh NHS regions.

National requirements are set out in Welsh Health Technical Memoranda, Welsh Health Building Notes and other guidance with compliance evidenced through internal reviews and independent assessment by NWSSP-SES.

Current position

Direct comparisons between annual reports should be made with caution as the number of rooms surveyed differs, a number of rooms have been decommissioned between reports and others commissioned subsequently. However, the general picture is of continuing non-compliance with national requirements.



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Key points from the 2015-16 report are:

- for the first time all 34 isolation rooms but only 25 Air Handling Units (AHUs) were inspected (some support more than one room and there were access difficulties);
- there has been no improvement in compliance since the last survey i.e. **53% failed** to achieve the required air pressure differentials and/or air flow direction;
- **18%** of rooms assessed as **acceptable now** but can be improved or **may be getting to a point where they fail in future**.

NWSSP-SES advises that of the 18 isolation rooms that failed:

- 10 rooms likely require low cost minor maintenance work that could be undertaken quickly;
- 5 rooms are not suitable to be used to isolate infectious patients;
- 3 rooms require substantial work and investment work to bring them up to the required standard - or should not be used to isolate infectious patients.

It also provided the following indications about some of the work required at individual hospitals to bring isolation rooms up to standard and the likely costs:

Morrison Hospital ITU Room 7	AHU serves other areas and is therefore not suitable for use as an isolation room. Will require a new dedicated plant and this is a substantial amount of work which could cost anywhere between £250k and £500k depending on distance between the room and plant area.
Singleton Neo natal	Room pressure was too high this needs to be investigated. Most likely cause is minor maintenance work which should not take long or much money to rectify.
Princess of Wales ITU rooms 2555 and 2544	Extract system was not working at time of inspection. The cause should be investigated could be minor maintenance work or broken plant which requires complete replacement.
Royal Gwent ITU	Room pressures need to be re balanced. Most likely cause is minor maintenance work which should not take long or much money to rectify. (Work has been undertaken recently and NWSSP-SES is to reassess).
Glan Clwyd Enfys Ward rooms 8, 9 and 10	Common extract not individual to rooms, these rooms should not be used for the isolation of infectious patients. New rooms currently being built therefore room should no longer be classified as an isolation room.
CCU rooms 1.24a and 1.36a	Air pressures require to be rebalanced. Most likely cause is minor maintenance work which should not take long or much money.
UHW C3 North	The air pressures and volumes are non compliant and the room should be no longer classified as an isolation room.
UHW UG31	The air pressures and volumes are non compliant and the room should be no longer classified as an isolation room.
UHW A&E	Extract fan not working waiting repair. Most likely cause is minor maintenance work which should not take long or much money to rectify.
UHW Children's Hospital	The installation of a new HEPA filter has caused air balance to be non compliant and needs to be re commissioned. Most likely cause is minor maintenance work which should not take long or much money to rectify.

Glangwili Renal room4	Minor re balancing required. Most likely cause is minor maintenance work which should not take long or much money to rectify.
Prince Philip CCU and ITU	Supplied from general ventilation system and cannot be made compliant. Will require new dedicated plant just for Isolation room, this is a substantial amount of work which could cost anywhere between £250k and £500k depending on distance from room and plant area.

Next steps

It is essential that the report's findings are fully considered by boards with input from estates, capital planning and infection prevention and control leads and to determine with urgency the actions needed to:

- bring isolation rooms/NPIRs up to standard in the short/medium term;
- ensure that fully compliant rooms/NPIRs and their Air Handling Units are in the appropriate locations;
- ensure all non-compliance appears on risk registers with clear actions to mitigate the risk.
- ensure NPIR provision while capital works are being undertaken;
- finalise plans for longer term developments/new build - that need to be reflected in the Integrated Medium Term Plans.

In addition, it is timely that a fresh critical review of the national minimum requirements for the number and location of isolation rooms is undertaken to better inform future provision and future capital development planning. I believe that a NHS professional should lead this review and Medical Directors are therefore asked to come to the meeting with nominations for consideration.

I know that work has begun in some health boards but together we must address these issues as a matter of urgency now. We cannot allow the situation to continue whereby there is insufficient or proportionate capacity at local, regional and national levels to isolate infectious patients during normal operating conditions and when managing surge demand during outbreaks or incidents.

Yours sincerely

Personal Data

DR FRANK ATHERTON

NWSSP-SES 2015-16 ISOLATION ROOMS IN MAJOR HOSPITALSREPORT



Report for the Welsh
Government on the a