



Eich cyf/Your ref P-06-1450  
Ein cyf/Our ref JMHSC/10425/24

Carolyn Thomas MS  
Chair  
Petitions Committee

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18 December 2024

Dear Carolyn,

**Petition P-06-1450 Welsh Government to take action to protect people from airborne infections in health care settings**

Thank you for your letter of 10 October regarding this petition. I apologise for the delay in responding. I will address each of the areas of the petition in turn.

**Improve air quality in health and social care settings through addressing ventilation, air filtration and sterilisation:**

The most recent WHTM 03-01 was published in 2023. On 25 June 2021, NHS Shared Services Partnership – Specialist Estate Services (NWSSP-SES) issued a Specialist Estates Services Notification SESN 21/12 25/6 adopting HTM 03-01 which was issued by NHS England as an interim measure.

These are being implemented through the work of the Authorised Person for ventilation, the Ventilation Safety Group (VSG) and the Authorising Engineer-Ventilation (AE-V) and respective design teams in accordance with new build works and refurbishments. The Authorised Person for ventilation is not a new role; these have been a requirement since HTM 03-01 in 2017. The definition was changed in the 2023 Welsh Health Technical Memoranda (WHTM 03-01). Ventilation Safety Groups were a recommendation in HTM 03-01 in 2021.

The pandemic focused minds on the importance of ventilation and changes were implemented as soon as possible to improve ventilation systems. The VSG is an overarching governance forum within the health board, which is regularly reviewed and obtains assurances about ventilation matters. It is a multi-disciplinary group including clinical and technical representatives.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

The assessments are provided to the health boards and NHS trusts by NWSSP-SES or another alternative provider to consider and action as necessary.

In relation to the petitioner's request for a report on the current ventilation status by health board and hospital, NWSSP-SES does not hold this information centrally.

Poor ventilation is more of a risk in terms of the dissemination of airborne pathogens. This is why guidance is issued about the importance of effective and efficient ventilation.

Ventilation systems within hospitals are monitored via building management systems which report faults to the relevant estates departments and sometimes to the specific clinical areas depending on the system and service provided. Clinical areas are tested in line with the Welsh Health Technical Memoranda requirements, however specific CO2 monitoring is not currently included in the testing recommendations. Health organisations may undertake ad-hoc testing as required by the Ventilation Safety Group.

**Reintroduce routine mask-wearing in those settings (as per WHO recommendation 20 Dec 2023), particularly respiratory masks:**

Person-to-person transmission of Covid-19 primarily occurs through direct transmission (involving droplets which land on mucous membranes) or by airborne transmission. Fluid repellent surgical masks provide protection from splashes and droplets.

Public Health Wales risk assessments for use with patients who have an acute respiratory infection support healthcare professionals to manage the risks of infection in acute clinical, outpatient and community settings. The set of mitigation measures recommended are set out in priority order in accordance with the hierarchy of controls. The Standard Infection Control Precautions (SICPs) – of which there are 10 – and transmission-based precautions provide an incremental approach to managing the transmission risk in clinical areas.

Fluid resistant surgical masks are one element of PPE intended to provide protection against droplet transmission. If aerosol generating procedures are required for a patient with a confirmed acute respiratory infection or suspected acute respiratory infection, then FFP3 masks would be the recommended PPE in accordance with transmission-based precautions.

When universal masking is recommended for consideration, the type of mask would depend on a number of factors, including the type of infection and the nature of the clinical care or procedure being carried out.

**Reintroduce routine Covid testing - it is asymptomatic:**

Covid-19 has existed for more than four years and natural immunity has built up in the general public during this time following successive waves of infection. The combination of natural immunity plus vaccination, which was deployed from December 2020, has further increased immunity to the virus.

In its latest [advice](#) in August 2024, the Joint Committee for Vaccination and Immunisation states that “the current situation is one of very high levels of population immunity against the SARS-CoV-2 virus and the emergence of new omicron sub-variants that are not associated with increased disease severity compared with earlier variants.”

In accordance with our strategy of living alongside Covid-19, our [Guidance for employers](#) outlines public health control measures, which could be used to support workplaces with the management of risk from the most common communicable diseases, which includes Covid-19, flu and norovirus.

These measures provide advice for the workplace, including the risk associated with staff who have respiratory symptoms and how to manage this. Those who are considered to be most at risk of becoming severely unwell due to Covid-19, are eligible for testing and antiviral treatment.

With regards to staff sickness since 2020, the pandemic saw a significant rise in sickness rates among NHS staff, which have remained high. The National Workforce Implementation Plan includes several actions aimed at addressing sickness absence:

- **Flexible Working Policies:** The plan emphasises the need to create more opportunities for flexible working arrangements to help improve work-life balance for employees.
- **Enhanced Wellbeing Support:** There are a number of initiatives to improve mental health and wellbeing support for staff, including early intervention and sustainable return-to-work programs.
- **Optimised Workforce Models:** The plan includes efforts to redesign roles and team structures to help reduce burnout and sickness absence.
- **Absence Management Policies:** By implementing effective absence management and wellbeing policies we can support employees in returning to work and reducing the recurrence of absences.

#### **Ensure staff manuals fully cover preventing airborne infection:**

The manuals can be found via the following web links:

[NIPCM - Public Health Wales \(nhs.wales\)](#)

[ARI - Acute Respiratory Infections - Public Health Wales](#)

#### **Provide public health information on the use of respiratory masks and HEPA air filtration against airborne infections:**

In relation to the definition of effectiveness of the HEPA air purification trials, there needs to be an assessment at each individual location where ventilation is not deemed adequate. Testing has been done at a health board level. This is not centrally managed, and results would be available from the individual health boards.

The Surgical Material Testing Laboratory (SMTL) conducted testing of air purifiers between November 2022 and July 2024; 13 tests were conducted. There is no recognised industry standard for testing of air purifiers (limits for particulates or airborne bacteria reduction) but there are UKAS accredited test methods for particulates and airborne bacteria counts. There is no national approach to testing air purifiers, units have been tested when requested and we are unaware of any studies where infection rates are being monitored in relation to air purifiers

The Scientific Advisory Group for Emergencies (SAGE) does not have a standing membership other than the UK Government Chief Scientific Advisor (GCSA). SAGE participants are scientific experts from within government, academia, and from a range of fields relevant to the nature of the emergency and the specific issues under consideration. Participants vary from meeting to meeting, depending on the expertise required.

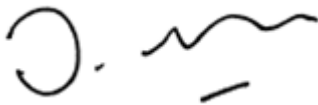
During the pandemic the Chief Scientific Advisor for Health (CSAH) in Welsh Government, the Welsh Government Chief Scientific Advisor (CSAW) and the co-chairs of TAG were participants.

Welsh Government would expect either the CSAW, the CSAH and/or the Chief Medical Officer (CMO) to be invited should SAGE be stood up again to provide independent scientific advice to support decision-making in the Cabinet Office Briefing Room (COBR) in the event of a national emergency relevant to the people of Wales, Wales or devolved competencies. The exact membership from Welsh Government, as per the guidance for SAGE, would depend on the nature of the emergency or incident.

Finally, with regards to nosocomial infections, while there are still some cases of hospital acquired Covid-19, overall admissions with any mention of Covid-19 has shown a decreasing trend with 6,574 admissions in 2023-24, compared to 19,196 in 2020-21.

There are well-established infection prevention and control measures in place in hospital settings to mitigate the spread of infection. For most people, Covid-19 is like any other common respiratory illness and should be managed accordingly. Those who are considered to be most at risk of becoming severely unwell due to Covid-19 are eligible for testing and antiviral treatment.

Yours sincerely,

A handwritten signature in black ink, consisting of a stylized 'J' followed by a series of wavy lines and a short horizontal stroke at the end.

**Jeremy Miles AS/MS**

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol  
Cabinet Secretary for Health and Social Care