

Mr J Pentland
Convenor of Public Petitions Committee



18 February 2015

Dear Mr Pentland

As previously indicated to the Committee during 2014 we undertook to review published evidence relating to single room provision in hospitals following the period since the report of the NHSScotland Single Room Steering Group and the issuing of CEL 48 (2008) by the then Chief Nursing Officer, Paul Martin.

I have attached a preliminary copy of this review on which we are currently seeking some expert views. Whilst we have not yet formed a formal view on this yet, our initial analysis of this has shown that there is in fact little research which considers the impact of single rooms in isolation. Research in this area has tended to consider single rooms within the context of a package or suite of measures to improve the quality of the patient environment and experience. This is a point that has been repeatedly made in statements by Ministers..

We will write again in due course once we have obtained expert opinion on its findings and reassessed the Scottish Government's policy in the light of this evidence.

In light of the lack of research on this issue we recognise it will be important to gather evidence from our own facilities to measure the impact of single rooms and consider any implications for our current policy position and we will take steps to address this through ongoing surveys as well as formal post occupancy analysis.

It is perhaps worth reaffirming what the current policy position is. The Scottish Government's current policy that there is a **presumption** in favour of 100 per cent single rooms for new hospitals. Where NHS Boards consider that a different configuration is appropriate on clinical grounds, these proposals can be brought forward to the Scottish Government for consideration by the Chief Medical Officer. There are examples of projects in development

such as the Department of Clinical Neurosciences in Edinburgh where such cases have been made. It is recognised that where there is 100 per cent single room provision, appropriate areas will need to be provided for socialisation and interaction as well as policies/ procedures for the appropriate monitoring of patients.

Going forward we intend to review and update our data collection requirements before and after completion of new facilities to more clearly identify the impact of design on wellbeing and outcomes.

Yours sincerely

David Browning