

NHS Greater Glasgow & Clyde	Paper No. 20/24
Meeting:	Board
Date of Meeting:	30th June 2020
Purpose of Paper:	For Noting
Classification:	Board Official
Sponsoring Director:	Jane Grant, Chief Executive

Paper Title

Queen Elizabeth University Hospital and Royal Hospital for Children Update.

Recommendation

The NHS Board is asked to:

- Note the update in respect of the escalation of the Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC) and associated issues.
- Note the key findings and recommendations of the Queen Elizabeth University Hospital Review Report.
- Note approach being employed to ensure the relevant recommendations are fully implemented within NHS Greater Glasgow and Clyde, presenting the outline action plan on the initial status.

Purpose of Paper

The Board received a full update regarding the QEUH and RHC escalation and associated work streams at the meeting on 25th February. This paper presents a summary position and notably details the findings, recommendations and initial action status stemming from the publication of the External Review of the QEUH led by Dr Andrew Fraser and Dr Brian Montgomery.

Key Issues to be considered

- The current position in respect of the escalation to Level 4 of the NHS Scotland Performance Management Framework.
- The findings and recommendations of the Independent QEUH Report with associated outline action plan on the initial status.
- The position in relation to the pursuit of legal action for loss and damages in relation to the QEUH and RHC.

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- The work the Board is progressing with the Health and Safety Executive to examine governance and processes relating to the QEUH and RHC on areas highlighted in the March 2019 Health Improvement Scotland report.
- The Public Inquiry into the Royal Hospital for Children and Young People in Edinburgh and the QEUH Campus.
- A brief update on the work of the Cryptococcus Expert Advisory Group.

Any Patient Safety /Patient Experience Issues

Core to overall report.

Any Financial Implications from this Paper

To be quantified.

Any Staffing Implications from this Paper

Not at this stage.

Any Equality Implications from this Paper

N/A

Any Health Inequalities Implications from this Paper

N/A

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.

This links to the Corporate Risk Register.

Highlight the Corporate Plan priorities to which your paper relates

Better Care.

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**Queen Elizabeth University Hospital and Royal Hospital for Children Update.
June 2020**

1.0 QEUH/RHC Escalation

1.1 Background

1.1.1 The Board received a full update of the progress being made with work programmes in respect of the QEUH and RHC escalation and associated linked issues at the meeting on the 25th February.

1.1.2 NHS GGC were escalated to Level 4 of the NHS Scotland Performance Management Framework on 22nd November 2019, in light of what was described as on-going issues around the systems, processes and governance in relation to infection prevention, management and control at the Queen Elizabeth University Hospital (QEUH) and the Royal Hospital for Children (RHC) and the associated communication and public engagement issues.

1.1.3 An Oversight Board was established in December 2019 chaired by Professor Fiona McQueen, Chief Nursing Officer for NHS Scotland. Three sub groups were also established at that time, namely; Infection Prevention and Control Governance, Communication and Engagement and a Technical group chaired by Scottish Government Officials.

1.1.4 This work has been running in parallel to the Independent Review of the QEUH and RHC led by Dr Andrew Fraser and Dr Brian Montgomery which has now been published and will be considered later in this paper. The Board set up a Project Management Office to oversee all aspects of escalation and linked issues such as the Independent Review. The senior leadership team have worked hard to support the programmes of work ensuring actions are taken forward in a timely and appropriate manner.

2 Current Position

2.1 The Chief Executive received a letter on the 1st April from Fiona McQueen, Oversight Board Chair, noting that the Oversight Board and the sub groups were suspended acknowledging the unprecedented pressure on the NHS in response to COVID-19, both locally and nationally. In her letter, she highlighted that this did not mean that the work of the Oversight Board had been paused. The Cabinet Secretary emphasised the importance of the issues that led to escalation being resolved and had not lost sight of the need to bring this process to a close as soon as practicable and support closure for the affected families and patients as well as the staff of the hospital and the Board.

2.2 The Scottish Government has continued to review the work undertaken on behalf of the Oversight Board from December to March and draft sub group and associated work stream reports. We have reviewed and commented on the drafts received so far from the varying strands of work, with further drafts expected within the next week. Some timescales have slipped however due to the ongoing issues managing the COVID-19 response at national level. From these reports it is anticipated that a single Oversight Board Report will be prepared, likely to be completed by the end of July/early August

2.3 Board members will be aware of the work that Professor Bain is leading in respect of the case note review of all haemato-oncology paediatric patients from 2015 to 2019 who had a gram-negative bacterium identified in laboratory tests. This is being supported by an expert panel who are providing oversight and final analysis, and includes national expertise from: Professor Mike Stevens, Emeritus Professor of Haemato-oncology from the University of Bristol; Gaynor Evans, Clinical Lead for the Gram-negative Bloodstream Infection Programme at NHS Improvement

England; and Professor Mark Wilcox, Professor of Medical Microbiology, University of Leeds. In her letter of the 1st April to the Chief Executive, the Cabinet Secretary advised that this process would continue as far as possible through the COVID-19 period. It is anticipated that this review will now report into the autumn.

3.0 Queen Elizabeth University Hospital Review Report

3.1 Background

3.1.1 The Cabinet Secretary for Health and Sport commissioned an independent review of infection control concerns at the Queen Elizabeth University Hospital and the Royal Hospital for Children. The review was led by Dr Andrew Fraser and Dr Brian Montgomery and their report was published on Monday 15th June 2020.

The overarching remit of the Review was:

“To establish whether the design, build, commissioning and maintenance of the Queen Elizabeth University Hospital and Royal Hospital for Children has had an adverse impact on the risk of Healthcare Associated Infection and whether there is wider learning for NHS Scotland.”

3.2 Main and principal findings

3.2.1 The report details two high level findings and nine principal findings which relate directly to the specific issues considered during the Review. The main findings presented in the report are:

“In the course of the Review, through examination of documentation, listening to witnesses, discussion with experts and input from the Review’s expert advisers, and site visits, we have not established a sound evidential basis for asserting that avoidable deaths have resulted from failures in the design, build, commissioning or maintenance of the QEUH and RHC.”

“The QEUH and RHC combined now have in place the modern safety features and systems that we would expect of a hospital of this type. The general population of patients, staff and visitors can have confidence that the QEUH and RHC offers a setting for high quality healthcare.”

3.2.2 The Principal Findings Detailed are:

1. NHS GG&C has put in place, and is still working on, improvements to the wards where these vulnerable patients are managed. A series of remedies which minimise the additional risk to tolerable levels have been or are being implemented;
2. The QEUH project would have benefitted from greater external expertise and greater uptake of internally available expertise to support decision making on the water and air ventilation systems at key points in the design, build and commissioning phases;
3. The design of the hospital did not effectively reconcile the conflicting aims of energy efficiency and meeting guidance standards for air quality;
4. Some of the difficulties encountered with water and ventilation systems were the result of ambiguity concerning the status and interpretation of guidance;
5. The level of independent scrutiny and assurance throughout the design, build and commissioning phases was not sufficient;
6. Governance of the project during design, build, commissioning and maintenance did not adequately take account of the scale and complexity, and specialist nature of the building project;

7. The effectiveness of IP&C advice was undermined by problems within the NHS GG&C IP&C leadership team and internal relationships with the wider IP&C and microbiology cohorts;

8. There were deficiencies in the quality and availability of management and technical information relating to the QEUH project, especially relating to the build and commissioning stages. This constrained the Review and continues to hamper effective running of the QEUH/RHC building;

9. Communication about QEUH and its problems since opening has been variable ranging from appropriate and effective in relation to clinical communication with patients and families, to inadequate and reactive in relation to external communication about serious problems with the building and possible links to infectious disease events.

3.3 Recommendations

3.3.1 The Report makes 63 recommendations in total. The recommendations are wide-ranging and relate to both NHS Greater Glasgow and Clyde and to wider national agencies and professional organisations, these include:

- NHS Greater Glasgow and Clyde, its Board and headquarters staff;
- The QEUH and RHC, its staff and the population it serves;
- Scottish Government, NHS Scotland, its Boards and specialist agencies, policy makers, Estates and Facilities, Infection Prevention and Control Communities;
- The new National Centre for Reducing Risk in the Healthcare Built Environment and networks, collaborating organisations, learning and research institutions that it will bring together, including producers of technical guidance;
- Professional and standard setting organisations in clinical, construction and engineering disciplines.

3.3.2 Findings and recommendations requiring action by NHS Greater Glasgow and Clyde

Of the 63 recommendations in the report, 40 require to be addressed directly within NHS Greater Glasgow and Clyde.

An initial assessment of each recommendation has been undertaken and a full action plan will be developed with timescales and the current status in the next few weeks.

Corporate Directors will have responsibility for groups of recommendations with common themes, and each action will have a clearly designated “owner” responsible for ensuring full implementation. Timescales will be agreed and aligned to extant work.

A number of the recommendations have already been addressed during the course of the Review, including some of those requiring revised controls relating to Capital Planning and Infection Control in the Built Environment.

A progress report will be submitted to the Corporate Management Team in July 2020 with a further update to the NHS Board in August 2020.

4.0 Legal proceedings

4.1 Following approval by the Board in December 2019 to the pursuit of legal action for loss and damages in relation to the QEUH/RHC, court summons were served on the main contractor for the hospital project, Multiplex, and the Health Board's advisors, Currie & Brown UK Limited and Capita Property and Infrastructure Limited. The estimation of damages and losses remains at approximately £73m, which include costs incurred to date and an estimate of future anticipated costs. The legal proceedings have been raised for losses and damages incurred in relation to a number of technical issues identified with the QEUH and RHC, namely, the water system, the ventilation system, plant and building services capacity, glazing, doors, the heating system, the atrium roof, internal fabric moisture ingress and the pneumatic transport system.

4.2 The Board continues to engage with the appointed legal team, with work continuing during forthcoming months to ensure that the Board presents a robust claim in court by early 2021.

5.0 HSE investigation

5.1 NHS GGC has been working with the Health and Safety Executive to examine governance and processes relating to the QEUH and the RHC on areas highlighted in the March 2019 Healthcare Improvement Scotland report.

5.2 On 24th December 2019, NHS GGC received notification from the Health and Safety Executive of their intention to serve an Improvement Notice as part of these investigations. This notice requires the Board to carry out a verification of the ventilation system for Ward 4C, which provides care for renal transplantation and adult haemato-oncology patients. These patients do not require specialist ventilation and are cared for in a general ward. We have appealed the decision by the Health and Safety Executive on the grounds that, under Scottish health technical memoranda, general wards do not require to undergo the critical system verification that is being sought under the Improvement Notice.

5.3 The appeal process was paused early in the COVID -19 pandemic, however the respective legal teams are scheduled to meet at the end of July.

6.0 Public Inquiry

6.1 In September 2019, the Scottish Government announced a Public Inquiry into the Royal Hospital for Children and Young People in Edinburgh and the QEUH Campus with Lord Brodie QC subsequently appointed as the Inquiry Chair. The Terms of Reference were published on the 15th June and the Cabinet Secretary for Health and Sport announced on the 25th June that the Inquiry will begin its work on the 3rd August 2020.

6.2 The dedicated PMO, established to manage the independent review and the escalation process, will continue to support the significant work that will require to be undertaken to respond to the needs of the Inquiry. The Central Legal Office have established a dedicated legal team to manage their role within the Inquiry set up, and also to support the other aspects of activity relating to the QEUH e.g. the HSE appeal process, and we have had regular meetings with them over recent months.

7.0 Cryptococcus

7.1 The final Cryptococcus Expert Advisory Group Report is awaited with delays associated with the COVID response. However, significant efforts will be made to conclude the report during August. However the findings of the Independent Review also scrutinised the issue with the specific comments from the report noted below:

They state: "In the specific instance of the pigeon and excrement found in the hospital near an air inlet, we understand that where the pigeon remains were found does not match the air systems supplying specific parts of the hospital where certain patients affected by one microorganism (Cryptococcus) spent much of their in-patient care.

"The presence of pigeons within or in the vicinity of the hospital, or defects on the building that would allow the entry of a pigeon or other bird carrying a specific organism capable of causing a serious infection in a vulnerable person are not sufficient to establish a strong association or causative link.

"On the reports we have reviewed and advice we have heard, therefore, we judge that the link between pigeons, pigeon guano or excrement, and air inlets in the vicinity of these finds providing contaminated air through high quality filters towards the patients involved, is not a sound theory on its own.'

The specific microorganism in question, Cryptococcus Neoformans, has never been isolated on that site."

8.0 Summary

8.1 The senior leadership team will continue to support the programmes of work described, ensuring swift implementation of recommendations with robust action plans. A process is being established to ensure a monitoring framework is created to track progress and ensure any required improvements are realised.

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QUEEN ELIZABETH UNIVERSITY HOSPITAL REVIEW REPORT

Update on initial status.

No.	Recommendation	GGC Executive Lead (s)	Current Position
6.	NHS Boards should prepare information resources to remind local people about past decisions on siting of health facilities.	Director of Communications & Public Engagement	Under review.
7.	In light of the public's perception of risks associated with the adjacent waste water site, any future project facing similar public perceptions should sustain a robust communication plan, recognising and addressing any concerns.	Director of Communications & Public Engagement	Will be undertaken in future projects.
8.	The implications of major funding changes need to be clear in relation to whole life costs and whole life risks, as the operational phase of a building's life is where such issues have the greatest impact. (4.7.1)	Director of Estates and Facilities	Will be undertaken in future projects.
9.	The expertise available to the project team must accurately reflect the requirements of the contractual and funding models. (4.7.2)	Director of Estates and Facilities	Will be considered for all projects, both currently and in the future.
11.	NHS Boards should set up a specific working group for projects of long duration (more than three years) to advise changes or new guidance affecting IP&C and other key risks. This could be a function of the IP&C team or other dedicated resource, during major projects. (4.7.4)	Director of Estates and Facilities / Interim Director of IP&C	A process will be established and approved by the ICBE (Infection Control in the Built Environment) group to review the options and progress this recommendation for future projects.
12.	When considering specialist built environment expertise, NHS Boards should make diligent enquiries regarding in-house and national NHS agencies, in addition to external consultants, and ensure they are involved throughout the project. Decisions water and ventilation systems in particular, when accommodating patients	Director of Estates and Facilities / Interim Director of IP&C	Discussion will take place in relation to the processes which require to be established to achieve this recommendation. Work will also be undertaken with the new National Centre for Reducing Risk in the Healthcare Built Environment to ensure external

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	vulnerable to infection, can greatly benefit from those who have experience in such matters, and who understand the impact of design and contractor variations on infection risks. (4.7.5)		expertise is sourced as required.
13.	When considering high-level options, design teams should consider fully the implications for built environment choices on IP&C, seeking specialist expertise early, and link satisfactory IP&C sign-off to release of funds (e.g. NHS Scotland Design Assessment Process (NDAP). The new National Centre for Reducing Risk in the Healthcare Built Environment could provide or signpost to such expertise. (4.7.6)	Director of Estates and Facilities / Interim Director of IP&C National Agency	Under review for approval by the ICBE group.
16.	Governance arrangements for change management, especially major changes during projects need to include input from those with appropriate specialist technical knowledge and understanding of the built environment impact on IP&C. (4.7.9)	Director of Estates and Facilities / Interim Director of IP&C	Processes in relation to change management will be reviewed to ensure explicit input from IP&C.
21.	There should be greater use of digital technologies to create, log and store project documentation. This would allow relevant information to be shared with project partners. It would also facilitate governance, and review of project activities and decisions. (5.7.1)	Director of Estates and Facilities	Work has commenced on this recommendation.
22.	There should be a reliable system of retaining major project records, with greater use of digital technologies to record images and other documents, as evidence of critical 'hold points' for future checking. (5.7.2)	Director of Estates and Facilities	Further efforts will be made in relation to QEUH / RHC, although considerable work has already been undertaken in this regard. Processes will be reviewed in relation to future projects.

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No.	Recommendation	GGC Executive Lead (s)	Current Position
23.	During the process of construction, tasks that do not comply with the specification that the on-site Supervisor identifies must be closed out and should act as a trigger to challenge the contractor if there are repeated errors. (5.7.3)	Director of Estates and Facilities	Processes will be reviewed for future capital schemes.
24.	Suitably qualified individuals from the IP&C team, with knowledge and understanding of the built environment, or someone representing the interests of the IP&C team (either from the NHS Board or the new National Centre for Reducing Risk in the Healthcare Built Environment) should have sight of IP&C critical works for comment and have the opportunity to raise any concerns throughout the life of the project. (5.7.4)	Interim Director of IP&C	Work will be undertaken with the new National Centre to address this issues.
25.	All contractors (including sub-contractors) need to understand the implications of (what might seem inconsequential) deviations from prescribed standards for healthcare projects before undertaking such works. Ensuring this should be a vital part of the site management. (5.7.5)	Director of Estates and Facilities	Internal processes will be revised and included as part of the construction contract.
26.	There should always be an Independent Commissioning Engineer, covering at least water and ventilation systems, to ensure testing and commissioning is undertaken in an appropriate manner and in a timely fashion, and that the contractor responsible for commissioning makes available certification and documentation for future reference. (6.7.1)	Director of Estates and Facilities	Processes will be reviewed for all future capital projects where appropriate.
27.	Commissioning plans should allow a realistic timeframe for testing and commissioning, along with early-warnings to address anticipated problems or non-compliances. (6.7.2)	Director of Estates and Facilities	Process for commissioning plans will be reviewed to ensure realistic, clear milestones are set, with an escalation process to ensure early identification of deviance from the plan.

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No.	Recommendation	GGC Executive Lead (s)	Current Position
28.	There should be a transparent approach of presumption of data sharing with stakeholders in a way that fully evidences assurances that internal governance and external authorities seek. (6.7.3)	Head of Corporate Governance / Director of Estates and Facilities / Interim Director of IP&C	Current process for data sharing and internal governance will be revised, along with the requirements of external agencies.
29.	Resources for operational commissioning, and migration of services, should be proportionate to the scale of the task, including potential double running of old and new hospitals. (6.7.4)	Director of Estates and Facilities / Director of Finance, with input from COO / CO	Will be actioned for all future capital projects.
30.	Project Boards should place adequate value and invest resource in verification and smooth handover, in line with best practice and recent reports on testing, commissioning and certification, especially regarding water and ventilation systems, this should be considered separately from the requirements for design advice and on-site supervisor services with a realistic budget for both. (6.7.5).	Director of Facilities and Estates	This recommendation will be actioned for major capital projects in the future.
31.	NHS GG&C should allocate and sustain resources that reflect the QEUH building's continuing need for maintenance above expected levels. (7.7.1)	Director of Estates and Facilities / Interim Director of IP&C / Director of Finance	Further review of resource requirements will be undertaken.
32.	A re-evaluation is needed of resources specifically to service single rooms, taking account of the increased workload, impact of new technologies and procedures for Infection Prevention and Control (IP&C), and new guidance issued. For future projects, resource based on analysis of the requirement rather than solely historical cost should guide decisions on facilities and estates. New buildings contain sophisticated systems and require requisite skill in monitoring, problem assessment and correction. (7.7.2)	Director of Estates and Facilities / Interim Director of IP&C / Director of Finance National Agency for guidance	Will be undertaken in conjunction with Recommendation 31.

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No.	Recommendation	GGC Executive Lead (s)	Current Position
33.	Those involved in decision making around the design and specification of building services for healthcare buildings need to have (or be able to access) the knowledge and understanding to allow them to make sound judgements on how the design will facilitate access for maintenance. (7.7.3)	Director of Estates and Facilities / Interim Director of IP&C, in conjunction with COO / CO	Process will be revised for future capital projects.
35.	An Authorised Person for water safety must be trained and competent as per HSE guidance (L8) and NHS Boards must have sign off for the appointment. (7.7.5)	Director of Estates and Facilities	Complete
37.	The scope of the roles an ICD, ICN and IP&C Team involved in a major construction project should conform to the specification laid out in guidance and good practice documents. (8.24.1)	Interim Director of IP&C	Will be reviewed in line with guidance for all major capital projects.
38.	The IP&C Team should be appropriately involved throughout the life of a project. (8.24.2)	Director of Estates and Facilities / Interim Director of IP&C	Will be implemented for all future capital projects.
39.	ICDs are entitled to express their concerns and have them taken seriously on matters of infection prevention and the built environment. They should work with other stakeholders to develop effective solutions. (8.33.1)	Interim Director of IP&C	Significant work is underway to address this recommendation and support team working.
40.	All hospitals need to plan and have in place assured air ventilation systems that perform in the way they are intended or designed. (8.33.2)	Director of Estates and Facilities	In progress.
41.	Without knowing the thresholds for air quality that would quantify and minimise infection risk, we look to general measures: there should be continuing	Director of Estates and Facilities / Interim Director of IP&C	In Progress

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No.	Recommendation	GGC Executive Lead (s)	Current Position
	efforts to ensure the performance of the systems in place, assuring air quality for all patients, particularly patients vulnerable to airborne pathogens, and make specific provision for positive and negative pressure facilities for specific groups of patients and nearby patients and staff. (8.33.3)		
42.	There should be a fully integrated management structure for microbiology and infection control services, bringing together team leadership, management and accountability. (8.41.1)	Interim Director of IP&C / Chief Operating Officer	Revised structure agreed at CMT which will address this recommendation, although awaiting the outcome of Oversight Board report. Work underway to improve the communication between microbiology and infection control colleagues to assist in this area.
45.	Regardless of their professional background, those with Infection Control as part of their job role should undergo regular performance appraisal. This should include enquiry about challenges and problems encountered in the role, including team effectiveness. (9.4.1)	Director of Human Resources and OD / Interim Director of IP&C	In Progress
46.	Enhanced professional appraisal must, similarly, encompass critical appraisal and reflection. Critical incidents where Incident Management Teams (IMTs) present dilemmas and challenges should provide candid and confidential material for discussion with a view to continuous improvement. (9.4.2)	Medical Director / Interim Director of IP&C	A review of the current processes will be undertaken in this regard.
47.	The selection of Infection Control professionals in management positions such as the leadership team should be by competitive recruitment with the possibility of extension or reappointment. Appointees should be given every opportunity to address areas where assessment shows room for growth and learning. Effective team work must be	Director of Human Resources and OD / Interim Director of IP&C.	Will be addressed in any future recruitment process. The development needs of the IC team will be considered as part of the annual appraisals / PDP process.

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No.	Recommendation	GGC Executive Lead (s)	Current Position
	an element. (9.5.1)		
48.	Incident management and problem assessment inevitably involves hypothesis development and testing; governance must ensure that hypotheses are sound, contestable and the debate that strengthens or removes hypotheses is respectful and transparent. (9.5.2)	Director of Public Health / Interim Director of IP&C	A review of processes associated with incident management will be undertaken and OD work is underway to support team working.
50.	The data on which those with responsibility offer assurance must be sharable to ensure transparency, complete with information on context and, where available and appropriate, valid comparison and external peer challenge. (9.9.3)	Director of Estates and Facilities / Interim Director of IP&C	Data processes will be reviewed to ensure this recommendation is addressed.
51.	<p>Stakeholders advising on critical systems such as IP&C should be:</p> <ul style="list-style-type: none"> • Properly trained, experienced, capable of management and organisation of resource, capable of effective influence and have scoped the highly specialist functions of a healthcare building; Capable of escalating problem solving, and networking with evidence providers nationally and internationally when the situation demands it; Capable of understanding the Implications of derogations, guidance and compliance; • Diligent in documenting decision-making that is transparent and accountable. (9.9.4) 	Director of Estates and Facilities / Interim Director of IP&C	A review of current assurance processes will be undertaken to ensure those stakeholders have the required knowledge and experience.
52.	<p>Board and Area Infection Control Committees should:</p> <ul style="list-style-type: none"> • Have programme management responsibilities; 	Interim Director IP&C / Head of Corporate Governance	Work has commenced in this area and a report will be drafted to ensure the issues are addressed.

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No.	Recommendation	GGC Executive Lead (s)	Current Position
	<ul style="list-style-type: none"> • Where they have clear governance responsibilities, have well defined scope and remit in respect of other governance bodies; • Have the remit and scope of their governance responsibilities clearly defined; • Be competently supported by the Infection Control Manager, so that secretariat and professional leads pursue matters arising diligently, reporting progress and resolution at subsequent meetings; • Have clear and well understood interfaces between the CCGC, other sub-Committees of the Board and other governance groups. (9.9.4) 		
53.	<p>The Health Board should:</p> <ul style="list-style-type: none"> • Retain as formal consultants experienced construction professionals in non-executive positions at times when the organisation is making major investment in estates and facilities. They should scrutinise the project team's performance, critical external relationships with the contractor and assurance systems that include independent verification. They should also provide comment on main developments and changes; • Expect fuller briefings with problem-orientated records and risk management plans for key adverse events, such as those that are the subject of unplanned capital investment, or sustained and adverse public attention; • Expect the documentation of more significant critical incidents to address the wider effects on patient care and lessons learned in regular, routine reporting of the Infection Prevention and 	<p>Chief Executive / Head of Corporate Governance</p> <p>Chief Executive</p> <p>Medical Director/Interim Director of IP&C</p>	<p>A review will be undertaken of current processes / data provision for consideration by the appropriate governance committee of the NHS Board.</p>

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No.	Recommendation	GGC Executive Lead (s)	Current Position
	<p>Control function. This should be in addition to Healthcare Infection Incident Assessment Tool (HIIAT) reports;</p> <ul style="list-style-type: none"> View the Estates and Facilities management function of the NHS Board as central to the Board's work, as NHS GG&C does now, to ensure that stewardship of the built environment and the Board's capital assets receive proportionate management focus. (9.9.4) 	Chief Executive	
54.	<p>The documentation and audit trails of key decisions during the time of important projects should be better preserved in order to ensure accountability and clarity of past decision-taking. There should be a review of reasonable timescales for records retention, and this may involve law or regulation to ensure the necessary changes. (9.11.1)</p>	Director of Estates and Facilities / Head of Corporate Governance	This recommendation will be addressed as necessary for all future capital projects.
55.	<p>We therefore report examples of team and individual behaviour that were inappropriate. We ask the teams we have identified to reflect on these remarks, and the extent to which the IP&C function has left behind the tendency to focus on the dispute rather than the problem needing to be solved for the benefit of the patients at the centre of the incident. We commend initiatives already underway to address this matter. We direct readers to the recent (2019) reports from John Sturrock QC and Coia and West on inappropriate behaviour care and compassion for staff, and urge stakeholders to examine and apply the recommendations of these reports in their own context. (9.12.9)</p>	Director of Human Resources and OD / Interim Director of IP&C.	<p>Significant OD work is underway to address these issues.</p> <p>Work is also being undertaken on wider scale in relation to the Board's culture.</p>
56.	<p>We welcome NHS GG&C's recent investment in its strategic communications capability. NHS GG&C's Board needs to ensure political and public messaging that is accurate and sensitive:</p>	Director of Communications & Public Engagement	The Communications and Engagement team has bene significantly strengthened in recent months, with the appointment of the substantive Director and a new Deputy Director who

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No.	Recommendation	GGC Executive Lead (s)	Current Position
	<ul style="list-style-type: none"> • To manage adverse events and atypical public disclosures effectively within an overall plan underpinned by values of accountability and transparency; • To recognize that modern communications need to acknowledge perceptions as well as facts as the NHS Board sees them; • To adapt to a changing picture including defensive approaches that could include rebuttal of inaccurate reporting and disclosure that is false or threatens confidentiality; • To recognise tactically within its internal and external communications that declining public trust may necessitate greater disclosure in justifying its actions rather than tighter control on the flow of information (9.14.1) 		<p>commenced in June. Additional staff have also been recruited to support the team.</p> <p>A number of the communications issues have also been considered as part of the Communication and Engagement sub group of the Oversight Board and the GGC team has bene working with external colleagues in a number of areas.</p> <p>A review of the issues raised within this recommendation will be undertaken by the Director.</p>
62.	<p>Infection Control specialists should reflect as a group on the development of their role in Duty of Candour relating to HAIs. They should share examples in confidence as a learning process, with a view to sharing experience. As these events are unusual, such learning should be on a Scotland-wide basis, in a confidential setting. It may subsequently form a critical event for reporting and discussion in enhanced professional appraisal. (9.28.1)</p>	<p>Medical Director / Interim Director of IP&C</p> <p>National Agency for national events</p>	<p>NHSGGC will work with national colleagues to address this issue.</p>
63.	<p>Those responsible for Duty of Candour Policy in NHS Boards and Government may wish to review their operational processes to allow for this eventuality. They should consider how to apply the Duty consistently relating to HAI, encompassing governance to acknowledge events that have triggered a Duty action, along with a review of any</p>	<p>Medical Director / Interim Director of IP&C</p>	<p>As above.</p>

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No.	Recommendation	GGC Executive Lead (s)	Current Position
	learning that might arise from the Duty investigation. (9.28.2)		

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QUEEN ELIZABETH UNIVERSITY HOSPITAL REVIEW REPORT (NATIONAL AGENCY RECCOMENDATIONS)

No.	Recommendation
1.	<i>Altering or upgrading facilities in response to changes in demand, or developments in clinical practice needs a flexible approach to healthcare design taking account of the full range of considerations including infection prevention and control.</i>
2.	<i>Success criteria for healthcare construction projects need to reflect a broader and clinically-relevant range of parameters.</i>
3.	<i>Infrastructure policy makers, construction professionals, budget specialists and engineers should join with people who bridge clinical and facilities disciplines to support work under the auspices of the new National Centre for Reducing Risk in the Healthcare Built Environment to design criteria for successful project management in healthcare construction and capital investment.</i>
4.	<i>We call for much higher profile for evidence generation and use in policy making and practice relating to health, healthcare, infection prevention and control in the built environment.</i>
5.	<i>There needs to be continuing investment in evidence based guidance to give design teams clear expectations of good design, build and commissioning practice.</i>
10.	<i>The impact and benefits of single rooms should be reviewed so that future design and management of facilities take full account of this policy in the light of experience at the QEUH. (4.7.3)</i>
14.	<i>NHS building specialists and design teams preparing and reviewing guidance on BREEAM for certain specialist acute treatments should recognise the energy requirement that supports patient care and adjust goals for BREEAM accordingly. (4.7.7)</i>
15.	<i>The new National Centre for Reducing Risk in the Healthcare Built Environment should investigate and produce definitive guidance on the status and hierarchy of NHS Design guidance for IP&C and the built environment. Specifically, what is guidance and what should be mandatory. (4.7.8)</i>
17.	<i>NHS buildings guidance should make explicit reference to the need for secondary controls (beyond usual thermal control) for large and complex water distribution systems. (4.7.10)</i>
18.	<i>Advice and quality assurance on design issues that impact on infection risks – not just the water system but ventilation and others covered in Design Guidance SHFN 30 – should be stronger than it has been. The Design & Build form of contract should, in future, allow more robust design advice to clients. (4.7.11)</i>
19.	<i>NHS England and the new National Centre for Reducing Risk in the Healthcare Built Environment, with other UK national agencies with the remit,</i>

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No.	Recommendation
	<i>should produce the supplement for people with profound immuno-suppression, missing from Design Guidance SHPN 04. (4.7.12)</i>
20.	<i>NHS England and the new National Centre for Reducing Risk in the Healthcare Built Environment, with other UK national agencies with the remit, should agree and deliver a programme of guidance that reflects modern construction knowledge of good practice, and redress recent lack of investment in the HTM portfolio and associated publications. (4.7.13)</i>
34.	<i>HFS should have, as part of the new National Centre for Reducing Risk in the Healthcare Built Environment, a gateway function for construction projects; it should review the criteria for occupation and, post-operational commissioning, to ensure a demonstrable level of Planned Preventive Maintenance (PPM) undertakings are in place before patients occupy the hospital. (7.7.4)</i>
36.	<i>Detailed and explicit guidance on a 'Soft Landings' approach for healthcare should be developed, and this guidance be adopted as mandatory for large scale projects. (7.7.6)</i>
43.	<i>The National Centre for Reducing Risk in the Healthcare Built Environment will wish to consider the views expressed in this report toward the scope and Involvement of national and local IC Teams in projects on the healthcare built environment, and benchmarking good practice. (8.52.1)</i>
44.	<i>The National Centre will also wish to review the content of this report, reflecting on national agency skills, experience and capability matters in the recent past. (8.52.2)</i>
49.	<i>We endorse the Recommendations of the Review of Edinburgh Schools as applied to hospital and other healthcare buildings and public sector capital investment. We recommend that they are implemented in full. (9.9.2)</i>
57.	<p><i>Construction related research and evaluation should be grouped under the following headings:</i></p> <ul style="list-style-type: none"> <i>- Air quality;</i> <i>- Water quality;</i> <i>- Sanitary ware;</i> <i>- Healthcare & BREEAM;</i> <i>- Microbiology, Environment Health & Public Health;</i> <i>- Communicating health and risk. (9.16.4)</i>
58.	<i>There are three key areas where evidence review and research is urgently needed, so that future technical guidance can be clearer, and project</i>

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	<p><i>and incident managers can make better decisions:</i></p> <ul style="list-style-type: none"> <i>i. The evidence base for air changes and air quality that protects against infection in a range of hospital settings; we understand that air ventilation systems, the resulting air quality characteristics and their influence on clinical outcomes is an under-researched area.</i> <i>ii. The need for additional water disinfection for large buildings and little used water outlets, especially where vulnerable people are concerned; several rapid developments are occurring in the realm of modern hospital design, complexity of water systems, microbiological testing relating to water, unusual organisms and vulnerable patients, and the influence of these developments on patient safety and clinical outcomes.</i> <i>iii. The significance of findings of unusual micro-organisms in patient and environmental sampling. (9.17.1)</i>
59.	<p><i>We ask the Academy of Medical Royal Colleges and Faculties in Scotland and the UK, the Royal College of Nursing, together with the Royal Academy of Engineering, The Royal Incorporation of Architects in Scotland, Architecture and Design Scotland and those with interests in the environmental sciences to examine ways to engender a community of practice and scholarship that enhances collaborative work in improving the healthcare built environment. The National Centre for Reducing Risk in the Healthcare Built Environment should facilitate this initiative with its UK counterparts. (9.20.1)</i></p>
60.	<p><i>The National Centre for Reducing Risk in the Healthcare Built Environment and local NHS Boards should encourage linkages, facilitate robust networks that are cross-disciplinary, build on experience and form part of career and professional development, anticipate the need for expertise in areas where construction projects and novel interventions are in the planning stages. (9.20.2)</i></p>
61.	<p><i>The National Centre and participants should recognise that lessons are often held in organisations at a distance from host institutions by the very nature of unusual occurrences and occasional projects, and that they should create a ‘safe space’ where experience that is reputationally sensitive can flow more freely. (9.20.3)</i></p>