

NHS Greater Glasgow & Clyde	Paper No. 20/04
Meeting:	NHS Greater Glasgow & Clyde Board Meeting
Date of Meeting:	25th February 2020
Purpose of Paper:	For Noting
Classification:	Board Official
Sponsoring Director:	Chief Executive

Paper Title

Queen Elizabeth University Hospital and Royal Hospital for Children Update

Recommendations

The Board is asked to note:

The process underway and progress being made with work programmes in respect of the Queen Elizabeth University Hospital and Royal Hospital for Children escalation to Level 4 of the NHS Scotland Performance Framework and associated linked issues.

That a number of associated papers are being presented to the Board in response to escalation on wider issues around, performance, governance and organisational culture.

Purpose of Paper

To provide the Board with an update on the Queen Elizabeth University Hospital and Royal Hospital for Children escalation to level 4 of the NHS Scotland Performance Framework. This paper describes the work programmes established and progress being made on these and associated issues.

Key Issues to be considered

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 (QEUIH) and the

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Royal Hospital for Children (RHC) and the associated communication and public engagement issues.

Level 4 Escalation is defined as 'significant risks to delivery, quality, financial performance or safety; senior level external transformational support required' It is worthy of note that the ladder of escalation as part of the Performance Framework is currently being reviewed by the Scottish Government.

This level Escalation results in Oversight Boards being established. In respect of the initial Escalation regarding Infection control an Oversight Board was established in December chaired by Professor Fiona McQueen, Chief Nursing Officer for NHS Scotland.

Three sub groups have since been established, namely; Infection Prevention and Control Governance, Communication and Engagement and a Technical group chaired. The detailed scope and work of these groups is set out in the paper presented and associated papers being presented to the Board.

The paper also deals with linked issues in relation to:

- Update on the work of the Cryptococcus Expert Advisory Group; and
- Legal Proceedings in relation to the pursuit of legal action for loss and damages in relation to the QEUH and RHC for which Court summons have been served on the main contractor for the hospital project.
- 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 Independent Review commissioned by the Cabinet Secretary for Health & Sport of the QEUH Campus the remit of which is 'to establish whether the design, build, commissioning and maintenance of the QEUH and RHC has had an adverse impact on the risk of Healthcare Associated Infection and whether there is wider learning for NHS Scotland'. This work continues and is expected to report in the spring of this year.
- The Public Enquiry into the Royal Hospital for Children and Young People in Edinburgh and the QEUH Campus. Lord Brodie QC has been appointed the Inquiry Chair and the Terms of Reference are expected for consultation imminently.

The Board has set up a Project Management Office to oversee all aspects of escalation and linked issues, where appropriate. The senior leadership team is working with the Oversight Board to ensure that the programmes of work are supported and actions are taken forward in a timely and appropriate manner.

Any Patient Safety /Patient Experience Issues

Strong leadership and governance are key to improving patient safety / patient experience.

Any Financial Implications from this Paper

Nil of note at this time.

Any Staffing Implications from this Paper

Nil

Any Equality Implications from this Paper

Nil

Any Health Inequalities Implications from this Paper

Nil

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

Risk management is a key component of all of the work programmes.

Highlight the Corporate Plan priorities to which your paper relates

Better Care
Governance and Leadership

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Tel No 0141 201 4614

Date 18 February 2020

NHS Greater Glasgow and Clyde – Queen Elizabeth University Hospital and Royal Hospital for Children - Update

1.0 Purpose of Paper

- 1.1 The purpose of this paper is to update the NHS Board in respect of the Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC) Escalation to Level 4 of the NHS Scotland Performance Framework. This paper describes the process underway and progress being made with the work programmes.
- 1.2 NHS Greater Glasgow and Clyde (NHS GGC) is taking this situation extremely seriously, working closely with Scottish Government colleagues, supporting the escalation frameworks being put in place.
- 1.3 A number of Board papers will be presented in response to escalation on wider issues around performance and organisational culture across the Board.

2.0 Introduction

- 2.1 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.
- 2.2 Level 4 Escalation is defined as ‘significant risks to delivery, quality, financial performance or safety; senior level external transformational support required’ It is worthy of note that the ladder of escalation as part of the Performance Framework is currently being reviewed by the Scottish Government.
- 2.3 This level Escalation results in Oversight Boards being established. In respect of the initial Escalation regarding Infection control an Oversight Board was established in December chaired by Professor Fiona McQueen, Chief Nursing Officer for NHS Scotland. The Terms of Reference can be seen in Appendix 1. Three sub groups have since been established, namely; Infection Prevention and Control Governance, chaired by Diane Murray, Deputy Chief Nurse, Communication and Engagement, chaired by Professor Craig White and a Technical group chaired by Alan Morrison, Scottish Government Adviser. The Terms of Reference for the Communication and Engagement sub group can be seen in Appendix 2. Other Terms of reference are still to be finalised. In addition, Professor Marion Bain, the former medical director of NHS National Services Scotland, has taken over responsibility for infection prevention and control within NHS Greater Glasgow and Clyde. To support this work, from 17 February 2020, Professor Angela Wallace, currently the Director of Nursing within NHS Forth Valley, will support NHS GGC in the operational delivery of the infection prevention control, to allow Professor Bain to concentrate on the case note review and any policy issues.

3.0	QEUH / RHC
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3.1 Infection Control

- 3.1.1 In order to effectively manage this situation, a Programme Management Office (PMO) was established in response to Escalation 1, regarding infection prevention and control and communication and engagement in November 2019. The PMO is staffed full time, supported by an administration officer, a document manager and led by the Head of Corporate Governance. There are ongoing significant Scottish Government requests for information, reports and data, and a prompt and co-ordinated approach is required.
- 3.1.2 A Forensic Accountant has been seconded to work with the Scottish Government and is based in NHS GGC supporting the work of the PMO, and undertaking specific pieces of work in relation to governance, and is also supporting the 3 subgroups and Oversight Board. The Deputy Nurse Director for Acute Services has also been seconded to the Scottish Government, overseeing activities in the haemato-oncology unit on a day to day basis, and attends PMO meetings to provide relevant updates.
- 3.1.3 The PMO meet 3 times a week to oversee requests and ensure timeliness of responses. Increasingly, the co-ordination to support the significant work involved with the Oversight Board and sub groups is managed through the PMO. A broader reference group meets once weekly to support the sharing of data and information. A dedicated database has been established to ensure clarity on requests, prevent duplication and track action. Much of the information requested has also been provided to the External Review, and in time, will be required for the pending Public Inquiry. The PMO also supports and co-ordinates the work entailed in meeting the requirements of the External Review chaired by Dr Brian Montgomery and Dr Andrew Frazer.
- 3.1.4 Key members of senior staff represent NHS GGC on the Oversight Board and the 3 subgroups. Corporate Directors meet three times weekly to oversee all requirements and activity in respect of the overall position.
- 3.1.5 In addition to the work of the sub groups Professor Bain is leading a case note review of all haemato-oncology paediatric patients from 2015 to 2019 who had a gram-negative bacterium identified in laboratory tests. In particular, it relates to patients cared for in Wards 2A/2B in the RHC, as well as haemato-oncology paediatric patients with a gram-negative bacterium cared for in other areas of the RHC and QEUH over that time period. An expert panel will provide oversight and final analysis, which will include 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.
- 3.1.6 The subgroup on Infection Prevention and Control Governance has met on a number of occasions. Key areas of focus relate to the overarching governance of infection control, risk management arrangements, working practices between infection control and estates and facilities management, and how issues are escalated through the governance structures of the Board. All meetings have been positive in terms of exploring the position and understanding the complexity.

- 3.1.7 Daily PMO reports are submitted to the Scottish Government in respect of wards 6A and 4C, considering issues such as capacity, acuity, infection control, estates and facilities and family engagement and communication. All of these reports have been positively received, with no major issues identified.

3.2 Communications and Engagement

- 3.2.1 The Communication and Engagement Sub-Group, under the Chairmanship of Professor White has continued to meet regularly.
- 3.2.2 A tailored, person centred approach to communications with the parents and carers involved with the paediatric haemato-oncology unit is being developed. Professor White sought feedback from families on their preferred method of communication through a questionnaire issued to over 400 parents and carers. Twenty families responded to this questionnaire and their feedback and experience are helping inform our ongoing development of a personalised approach to enable families to engage with us in the way that they prefer.
- 3.2.3 An early priority agreed with the subgroup was for NHS GGC to develop and launch dedicated webpages on Ward 6A and 4B on our corporate website, and to publish the response to the 71 questions put to the Cabinet Secretary for Health and Sport by families she met. This resource, which has been developed with input from the parents' representatives on the subgroup, was launched in December 2019, and continues to be populated with new content, including information on the Public Inquiry and the external independent review currently underway.
- 3.2.4 A closed Facebook page, set up to provide a private space for families to engage with NHSGGC and its staff, continues to attract new members. Marketing materials have now been developed to promote the Facebook page and the website for families not already involved.
- 3.2.5 We are fully committed to providing high quality care to our young patients in a safe, person centred environment. We continue to develop and enhance our processes for obtaining feedback and for listening to the views of patients and their families. We embrace a 'What Matters To You' approach and our person-centred care team have also now commenced a process of in-depth conversations with patients and families in the haemato-oncology unit. To date, the feedback the team has received has been extremely positive, with particular praise for the care, respect and dignity demonstrated by staff, irrespective of their job or grade.
- 3.2.6 To ensure that local elected representatives are kept informed of the current situation, a meeting was held with local MSPs and MPs on 17 February 2019. As part of our refreshed approach to engagement with politicians and other stakeholders, we have committed to regular updates on progress in the current situation and will be creating a rolling programme of engagement.
- 3.2.7 As we continue to work to improve our communications and engagement with families and carers, we are also committed to learning from recognised experts in the field of involvement and consultation. The Consultation Institute is a not-for-profit

best practice Institute which promote high-quality public and stakeholder consultation in the public, private and voluntary sectors. The Institute has worked with a number of health authorities in England and in Scotland to build and develop capabilities and capacity for effective continuous engagement.

- 3.2.8 The Institute offers a range of services, including training, quality assurance and advice and guidance. They are highly experienced and have expertise in developing innovative techniques for effective, supported engagement, whether that be on a local issue or at scale. We have now commissioned the Consultation Institute to work with us to provide immediate support and longer term strategic planning in developing our approaches to engage with patients and families, local communities and the public at large.

3.3 Facilities and Estates

- 3.3.1 The Technical subgroup has been set up and a Terms of Reference agreed. The Director of Estates and Facilities is working with the Technical subgroup on an action plan to cover a number of technical issues. So far only one meeting has taken place.

Wards 2A and 2B

- 3.3.2 Wards 2A and B of the RHC closed in September 2018 to allow investigation and remedial action to be taken in the investigation of a number of cases of infection potentially linked to the water supply. It was subsequently decided to use the opportunity created by the temporary relocation of the unit to Ward 6A in the QEUH to carry out an upgrade of the ventilation system. This major programme of work is ongoing and is scheduled to be complete by summer 2020.
- 3.3.3 Earlier estimates of a March 2020 completion were revised when work began on the wards and the practicalities of installing the new ventilation system were fully understood. The intended method of breaking into the existing ductwork and refurbishing the existing air handling units has since been considered impracticable given the impact that this would have on other wards fed from the same system. The revised approach being taken, involving replacing the existing system with new air handling units, has impacted on the timescales for the project. At this time, as the ward is vacant, the opportunity is also being taken to redesign and re-fit the en-suite shower rooms in Wards 2A and 2B.

3.4 Linked issues

Update on Cryptococcus Expert Advisory Group

- 3.4.1 The Board has received regular reports on investigations carried out into two isolated cases of an unusual fungal infection within the QEUH. In November / December 2018, two cases of *Cryptococcus neoformans* bacteraemia were confirmed in inpatients within the QEUH and RHC. This was considered an Exceptional Infection Episode and was reported to Health Protection Scotland as per Chapter 3 of the National Infection Prevention and Control Manual. A Problem Assessment Group was convened on the 18th December 2018. This was followed by 14 Incident

Management Team meetings which took place between the 20 December 2018 and 15 February 2019.

- 3.4.2 The hypothesis at the time of the incident was that patient acquisition could have resulted from spores of *Cryptococcus neoformans* (derived from the pigeon guano) likely to be present in the plant room air, which then 'gained access' in some way into the Air Handling Units (AHUs) which provided the ventilation to the wards in which the patients were treated.
- 3.4.3 The incident was declared over on 15 February 2019, following no further clinical cases and completion of agreed preventative actions generated from the IMTs.
- 3.4.4 Following the incident being declared closed a Cryptococcus IMT Expert Advisory subgroup was established to explore the hypothesis of the IMT described above. This involved extensive microbiological research, analysis of the ventilation systems as well as review of maintenance records.
- 3.4.5 The hypothesis that the air from the plant rooms, via the AHUs, was the likely source of the cryptococcal spores, specifically those of *C. neoformans*, which were then breathed in by the case patients, has subsequently been categorically ruled out as it is not technically possible.
- 3.4.6 A number of other hypotheses continue to be investigated by the group with the final report expected in March 2020.

Mucoraceous Mould

- 3.4.7 The Board received an update in December in respect of the cases linked to *Mucoraceous Mould* which received significant media attention. After extensive investigation of the environment, no Mucoraceous Mould was found. The Procurator Fiscal has concluded that in one case the cause of death was infection with Influenza A & B. The PF also stated that mucoraceous mould while present did not contribute to the death and as such the PF also concluded that death was from natural causes and was likely unavoidable. In the other case, the patient was colonised and did not have infection. This patient was discharged home.

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 have been 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 current estimation of damages and losses is approximately £73m, which include costs incurred to date and an estimate of future anticipated costs. As this sum is an estimate, it may be subject to change.

- 4.2 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.

Action plan to address technical issues

- 4.3 The technical review of the facilities and the environmental impact at the QEUH campus by external advisors has provided NHS GGC with the information required to develop and implement a significant programme of activities and projects to resolve issues identified in the report.
- 4.4 The work programme is being directed and managed by the Director of Estates & Facilities and progress is reported to the Finance Planning & Performance Committee and the Board at regular intervals.

5.0 HSE investigation

- 5.1 Over the past few months, 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.

6.0 Independent Review

- 6.1 As Board members are aware, the Cabinet Secretary for Health & Sport commissioned an Independent Review of the QEUH Campus and in March 2019, Dr Brian Montgomery (former Medical Director and interim Chief Executive of NHS Fife) and Dr Andrew Fraser (Director of Public Health Science, NHS Health Scotland) were appointed to undertake the Review as co-chairs. The aim of the Review is to address concerns about patient safety, and specifically look at the buildings' design, commissioning and construction, handover and on-going maintenance and how these matters contribute to effective infection control. The review team's remit is described as: 'To establish whether the design, build, commissioning and maintenance of the QEUH and RHC has had an adverse impact on the risk of Healthcare Associated Infection and whether there is wider learning for NHS Scotland'. This work continues and is expected to report in the spring of this year.

7.0 Public Inquiry

- 7.1 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. Lord Brodie QC has been appointed the Inquiry Chair and the Terms of Reference are expected for consultation imminently. It is, however, expected that the inquiry will determine how vital issues relating to ventilation and other key building systems occurred, and what steps can be taken to prevent this being repeated in future projects.

8.0 Next Steps

- 8.1 The senior leadership team is currently working with the Oversight Board to ensure that the programmes of work are supported and actions are taken forward in a timely and appropriate manner. Progress will be routinely reported to the NHS Board and relevant sub committees

Terms of Reference

Authority

The Oversight Board (OB) for Queen Elizabeth University Hospital (QEUH) and the Royal Hospital for Children (RHC), NHS GGC (hereinafter, “the Oversight Board”) is convened at the direction of the Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland, further to his letter of 22 November 2019 to the *Chairman and Chief Executive* of NHS GGC. These terms of reference have been set by the Director General, further to consultation with the members of the OB.

Purpose and role of the group

The purpose of the OB is to support NHS GGC in determining what steps are necessary to ensure the delivery of and increase public confidence in safe, accessible, high-quality, person-centred care at the QEUH and RHC, and to advise the Director General that such steps have been taken. In particular, the OB will seek to:

- ensure appropriate governance is in place in relation to infection prevention, management and control;
- strengthen practice to mitigate avoidable harms, particularly with respect to infection prevention, management and control;
- improve how families with children being cared for or monitored by the haemato-oncology service have received relevant information and been engaged with;
- confirm that relevant environments at the QEUH and RHC are and continue to be safe;
- oversee and consider recommendations for action further to the review of relevant cases, including cases of infection;
- provide oversight on connected issues that emerge;
- consider the lessons learned that could be shared across NHS Scotland; and
- provide advice to the Director General about potential de-escalation of the NHS GGC Board from Stage 4.

Background

In light of the on-going issues around the systems, processes and governance in relation to infection prevention, management and control at the QEUH and RHC and the associated communication and public engagement issues, the Director General for Health & Social Care and Chief Executive of NHSScotland has concluded that further action is necessary to support the Board to ensure appropriate governance is in place to increase public confidence in these matters and therefore that for this specific issue the Board will be escalated to Stage 4 of the Performance Framework. This stage is defined as ‘significant risks to delivery, quality, financial performance or safety; senior level external transformational support required’.

Approach

The OB will agree a programme of work to pursue the objectives described above. In this, it will establish sub-groups with necessary experts and other participants. The remit of the sub-groups will be set by the chair of the Oversight Board, in consultation with Board members. The Board will receive reports and consider recommendations from the sub-groups.

In line with the NHSScotland escalation process, NHS GGC will work with the OB to construct required plans and to take responsibility for delivery. The NHS GGC Chief Executive as Accountable Officer continues to be responsible for matters of resource allocation connected to delivering actions agreed by the OB.

The OB will take a values-based approach in line with the Scottish Government's overarching National Performance Framework (NPF) and the values of NHSScotland.

The NPF values inform the behaviours people in Scotland should see in everyday life, forming part of our commitment to improving individual and collective wellbeing, and will inform the behaviours of the OB individually and collectively:

- to treat all our people with kindness, dignity and compassion;
- to respect the rule of law; and
- to act in an open and transparent way.

The values of NHSScotland are:

- care and compassion;
- dignity and respect;
- openness, honesty and responsibility; and
- quality and teamwork.

The OB Members will endeavour to adopt the NPF and NHSScotland values in their delivery of their work and in their interaction with all stakeholders.

The OB's work will also be informed by engagement work undertaken with other stakeholder groups, in particular family members/patient representatives and also NHS GGC staff.

The OB is focused on improvement. OB members, and sub-group members, will ensure a lessons-learned approach underpins their work in order that learning is captured and shared locally and nationally.

Meetings

The OB will meet weekly for the first four weeks and thereafter meet fortnightly. Video-conferencing and tele-conferencing will be provided.

Full administrative support will be provided by officials from CNOD. The circulation list for meeting details/agendas/papers/action notes will comprise OB members, their PAs and relevant CNOD staff. The Chairman and Chief Executive of NHS Greater Glasgow and Clyde will also receive copies of the papers.

Objectives, deliverables and milestones

The objectives for the Oversight OB are to:

- improve the provision of responses, information and support to patients and their families;
- if identified, support any improvements in the delivery of effective clinical governance and assurance within the Directorates identified;
- provide specific support for infection prevention and control, if required;
- provide specific support for communications and engagement; and
- oversee progress on the refurbishment of Wards 2A/B and any related estates and facilities issues as they pertain to haemato-oncology services.

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Matters that are not related to the issues that gave rise to escalation are assumed not to be in scope, unless OB work establishes a significant link to the issues set out above.

In order to meet these objectives, the OB will retrospectively assess issues around the systems, processes and governance in relation to infection prevention, management and control at the QEUH and RHC and the associated communication and public engagement; having identified these issues, produce a gap analysis and work with NHS GGC to seek assurance that they have already been resolved or that action is being taken to resolve them; compare systems, processes and governance with national standards, and make recommendations for improvement and how to share lessons learned across NHSScotland. The issues will be assessed with regards to the information available at the particular point in time and relevant standards that were extant at that point in time. Consideration will also be given to any subsequent information or knowledge gained from further investigations and the lessons learned reported.

Governance

The OB will be chaired by the Chief Nursing Officer, Professor Fiona McQueen, and will report to the Director General for Health & Social Care.

Membership

Oversight Board	
<u>Member</u>	<u>Job Title</u>
Professor Fiona McQueen (Chair)	Chief Nursing Officer, CNOD, Scottish Government
Keith Morris (Deputy Chair)	Medical Advisor, CNOD, Scottish Government
Professor Hazel Borland	Executive Director of Nursing, Midwifery and Allied Health Professionals & Healthcare Associated Infection Executive Lead, NHS Ayrshire and Arran
Professor Craig White	Divisional Clinical Lead, Healthcare Quality and Improvement Directorate, Scottish Government
Dr Andrew Murray	Medical Director, NHS Forth Valley and Co-chair of Managed Service Network for Children & Young People with Cancer (MSN CYPC)
Professor John Cuddihy	Families representative
Lesley Shepherd	Professional Advisor, CNOD, Scottish Government
Alan Morrison	Health Finance Directorate, Scottish Government
Sandra Aitkenhead	CNOD, Scottish Government (seconded)
Greig Chalmers	Interim Deputy Director, Queen Elizabeth University Hospital Support, CNOD, Scottish Government
Calum Henderson (Secretariat)	Queen Elizabeth University Hospital Support Unit, CNOD, Scottish Government

The Co-chair of Area Partnership Forum and the Chair of the Area Clinical Forum will be in attendance at the meetings. In addition to these members, other attendees may be present at meetings based on agenda items, as observers: senior executives and Board Members from NHS GGC including, Medical Director, Nurse Director, Director of Estates and Facilities, Director of Communications, Board Chair and Chief Executive; and representatives from HPS, HFS, HIS, HEI and HSE.

Stakeholders

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The OB recognises that a broad range of stakeholder groups have an interest in their work, and will seek to ensure their views are represented and considered. These stakeholders include:

- Patients, service users and their families
- The general public
- The Scottish Parliament
- Scottish Government, particularly the Health and Social Care Management Board
- The Board of NHS GGC and the senior leadership team of NHS GGC
- The staff of NHS GGC and Trade Unions

Special focus will be given to patients of the haemato-oncology service and their families, as highlighted by their direct involvement in the Communications & Engagement sub-group.

Chief Nursing Officer's Directorate
The Scottish Government
January 2020

Appendix 2

SCOTTISH GOVERNMENT
HEALTH AND SOCIAL CARE DIRECTORATES
COMMUNICATION AND ENGAGEMENT SUB-GROUP
QUEEN ELIZABETH UNIVERSITY HOSPITAL AND ROYAL HOSPITAL FOR CHILDREN,
NHS GREATER GLASGOW AND CLYDE (NHSGGC)

TERMS OF REFERENCE

Purpose and role of group

The Communications and Engagement Sub-Group for Queen Elizabeth University Hospital (QEUH) and the Royal Hospital for Children (RHC), NHS Greater Glasgow and Clyde (NHSGGC), is a time limited group to offer advice and assurance working with Scottish Government and NHSGGC on:

- Effective communication and engagement with patients and families.
- Robust, consistent and reliable person-centred engagement and communication

Background

In light of the on-going issues around the systems, processes and governance in relation to infection prevention, management and control at the QEUH and RHC and the associated communication and public engagement issues, the Director General for Health & Social Care and Chief Executive of NHSScotland has concluded that further action is necessary to support the Board to ensure appropriate governance is in place to increase public confidence in these matters and therefore that for this specific issue the Board will be escalated to Stage 4 of the performance framework. This stage is defined as 'significant risks to delivery, quality, financial performance or safety; senior level external transformational support required.'

Approach

The Communications and Engagement Sub-Group will take a values based approach in line with the National Performance Framework (NPF) and the values of NHSScotland (NHSS).

The NPF values inform the behaviours people in Scotland should see in everyday life, forming part of our commitment to improving individual and collective wellbeing, and will inform the work of the Sub-Group individually and collectively:

- to treat all our people with kindness, dignity and compassion
- to respect the rule of law
- to act in an open and transparent way

The values of NHSS are:

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork

These values will be embedded in the work of the Communications and Engagement Sub-Group, and this work will also be informed by engagement work undertaken with other stakeholder groups, in particular family members / patient representatives, respecting the importance of specific values informed actions linked to personal context and experiences.

The Communications and Engagement Sub-Group is focused on improvement. Sub-Group members, will ensure a 'lessons learned' approach, as well as respecting the experience of

families must underpin and inform the identification of improvements for dissemination both locally and nationally.

Meetings

The Communications and Engagement Sub-Group will meet fortnightly initially and then at a frequency to be determined thereafter. Tele-conferencing will be provided.

A range of communication and engagement mechanisms will be agreed to enable patients and families to feed into the work of the Communications and Engagement Sub-Group.

Full administrative support will be provided by officials from Scottish Government. The circulation list for meeting details/agendas/papers/action notes will comprise Oversight Board members, their PAs and relevant Chief Nursing Officer Directorate (CNOD) staff.

Outcomes

The Outcomes for the Communications and Engagement Sub-Group are:

- to positively impact on patients and their families in relation to how complex infection control issues and all related matters are identified, managed and communicated.
- to demonstrate a proactive approach to engagement, communications and the provision of information.
- to identify what has worked well and where the provision of information, communication and engagement could have been and could be enhanced and improved.
- to ensure that the outputs from the group are disseminated to key stakeholders and any wider learning points or recommendations are shared nationally.

In order to achieve these outcomes, the Communications and Engagement Sub-Group will retrospectively assess factors influencing the approach to communication and public engagement associated with the infection prevention and control issues and related matters at the QEUH and RHC.

Having identified these issues, the Sub-Group will work with NHSGGC to seek assurance that they have already been resolved or that action is being taken to resolve them; compare systems, processes and governance with national standards, and make recommendations for improvement and good practice frameworks as well as lessons learned across NHSScotland.

Deliverables

The Deliverables for the Communications and Engagement Sub-Group is to:

- A prioritised description of communications and information to be provided to families, with a focus on respect and transparency (with an initial focus on ensuring that all outstanding patient and family questions raised are answered).
- Development of a strategic Communications and Engagement Plan with a person-centred approach as key. This should link to and be informed by consideration of existing person-centred care and engagement work within the Board, to ensure continued strong links between families and NHSGGC. Specific enhancements and improvement proposals should also be clearly identified and should consider how the

proposals from parent representatives on an approach that identifies and supports the delivery of personalised actions through the PACT proposal can inform further work.

- Describe findings following a review of materials, policies and procedures in respect of existing practices with regards to communications, engagement and decision-making arising from corporate and operational communications and engagement, linked to infection prevention and control and related issues. This will include consideration of organisational duty of candour, significant clinical incident reviews, supported access to medical records (principally engagement, involvement and provision of information to families in relation to these processes).
- Describe findings and make recommendations to (a) NHSGGC, (b) Health Protection Scotland (c) NHS Scotland and (d) Scottish Government on learning to support any required changes and improvements for communications and public engagement relating to the matters considered by the Sub-Group.

Governance

The Communications and Engagement Sub-Group will be chaired by Professor Craig White, and will report to the Oversight Board.

The Oversight Board is chaired by the Chief Nursing Officer, Scottish Government and reports to the Cabinet Secretary for Health and Sport.

Members and those present at Sub-Group meetings should ensure that they circulate information about the work of the Sub-Group to colleagues and networks with an interest, contribution and perspective that can inform the work to be undertaken. It has been agreed that this must include clinical and care staff within relevant operational services, as well as senior management and corporate staff within NHSGGC.

Membership

Member	Job Title
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BOARD OFFICIAL

Professor Craig White (Chair)	Divisional Clinical Lead, Healthcare Quality and Improvement Directorate
Professor John Cuddihy	Families representative
Ms Lynsey Cleland	Director of Community Engagement at Healthcare Improvement Scotland
Mr Andrew Moore	Head of Excellence in Care for Healthcare Improvement Scotland
Professor Angela Wallace	Nursing Director, NHS Forth Valley
Ms Jane Duncan	Director of Communications, NHS Tayside
Mr Phil Raines	CNOD, Scottish Government
Mr Calum Henderson (Secretariat)	CNOD, Scottish Government

In addition to these members, other attendees may be present at meetings based on agenda items, for example: Chair of Infection Prevention & Control and Governance sub-group; relevant Directors and senior staff from NHSGGC and communications staff from Scottish Government.

Stakeholders

The Communications and Engagement Sub-Group recognise that a broad range of stakeholder groups have an interest in their work, and will seek to ensure their views are represented and considered. These stakeholders include:

- Patients and their families
- The general public
- The Scottish Parliament
- Scottish Government, particularly the Health and Social Care Management Board
- The staff of NHSGGC, Trade Unions and professional bodies
- The senior leadership team of NHSGGC and the Board

Scottish Government

14 January 2020