

NHS Greater Glasgow & Clyde	Paper No. 20/33
Meeting:	Board Meeting
Date of Meeting:	25th August 2020
Purpose of Paper:	For Noting
Classification:	Board Official
Sponsoring Director:	Mrs Jane Grant, Chief Executive

Paper Title

Queen Elizabeth University Hospital and Royal Hospital for Children Update

Recommendation

The Board is asked to:

Note the update on the related work streams in respect of the Queen Elizabeth University Hospital (QEUE) and Royal Hospital for Children (RHC).

Purpose of Paper

To ensure the NHS Board is kept abreast of the varying issues relating to the QEUE and the RHC.

Key Issues to be considered

- The current position in respect of the escalation to Level 4 of the NHS Scotland Performance Management Framework.
- The position regarding the recommendations of the Independent QEUE Report
- The Public Inquiry into the Royal Hospital for Children and Young People in Edinburgh and the QEUE Campus.
- The position in relation to the pursuit of legal action for loss and damages in relation to the QEUE and RHC.
- The work the Board is progressing regarding the Health and Safety Executive investigation.

Any Patient Safety/Patient Experience Issues

Core to the work underway.

Any Financial Implications from this Paper

No defined costs at this stage however varying elements will be of significance over time.

Any Staffing Implications from this Paper

Nil specific

Any Equality Implications from this Paper

None

Any Health Inequalities Implications from this Paper

None

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

Not applicable

Highlight the Corporate Plan priorities to which your paper relates

Improving quality, efficiency and effectiveness.

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Queen Elizabeth University Hospital and Royal Hospital for Children Update - August 2020

1.0 QEUH/RHC Escalation

1.1 NHS GGC were escalated to Level 4 of the NHS Scotland Performance Management Framework on 22 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.

1.2 Board members will be aware that as part of that process an oversight Board was established, chaired by Professor Fiona McQueen, with three sub groups reporting to the Oversight Board namely; Infection Prevention and Control Governance, Communication and Engagement and a Technical group.

1.3 As highlighted to the Board in June 2020, the Oversight Board and the sub groups were suspended acknowledging the pressure on the NHS in response to COVID-19. The Scottish Government 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.

1.4 Through July and early August, 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 continue to comment on the drafts received from the varying strands of work. Some timescales have slipped however, due to the ongoing issues in managing the COVID-19 response and staff taking much needed leave. From the sub group reports it is anticipated that a single Oversight Board Report will be prepared, which is now likely to be completed into the Autumn.

1.5 The work of the case note review continues, led by Professor Marion Bain which is considering 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 and Gaynor Evans, Clinical Lead for the Gram-negative Bloodstream Infection Programme at NHS Improvement. Reporting timescales have yet to be finally confirmed.

1.6 Work continues on Wards 2A and 2B of the RHC which were closed in September 2018 to allow investigation and remedial action to be taken following 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.

1.7 Timescales were updated when work began on the wards and the practicalities of installing the new ventilation system were more fully understood. The original intended method of breaking into the existing ductwork and refurbishing the existing air handling units was considered impracticable given the impact that this would have on other wards fed from the same system. The revised approach now being taken, involving replacing the existing system with new air handling units, has impacted on the timescales for the project. 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.

1.8 Following receipt of the Independent Review which considered the Air Handling Units' operating parameters, a review was commissioned in relation to the existing 4 BMT and 4 PPVL rooms. This review is considering the current operation of the system, and the potential lifespan of the existing plant. Should the review recommend that any further works be undertaken, it is anticipated that this work could be completed in parallel with the current works, thus avoiding any further impact on the timescales for completion.

1.9 This work has been further impacted on by COVID-19 with cessation of activity for some weeks, and the programme plan now recognises that various mitigation measures need to be in place to ensure safe working, adherence to social distancing, PPE and the enforcement of these measures. Key sub subcontractors and suppliers returned in a phased manner through May and June. Ongoing management of risk is essential, but Board members should be aware of the requirement to postpone work or reduce pace should the COVID-19 situation impact on daily operations. An updated timescale for completion is anticipated shortly.

2.0 Independent Review – Update

2.1 The Board received an update on the work being undertaken in response to the Independent Review Report, published on 15th of June 2020. The Cabinet Secretary for Health and Sport commissioned the independent review of infection control concerns at the Queen Elizabeth University Hospital and the Royal Hospital for Children and was led by Dr Andrew Fraser and Dr Brian Montgomery.

2.2 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.

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

2.4 An initial assessment of each recommendation was presented to the Board at the June meeting with further work now underway led by the Chief Operating Officer for Acute Services.

2.5 This is being progressed in accordance with the action planning methodology set out in the NHS Scotland "Improvement Focused Governance" guidance document. The recommended template has been used to create a detailed action plan for reporting and monitoring the actions required to address each of the recommendations. Progress is being monitored by an executive group with input from appropriate Directors. Once finalised, through the CMT, progress will be presented to relevant governance committees into the Autumn.

3.0 Scottish Hospitals Public Inquiry

3.1 The Public Inquiry into the construction of the QEUH campus and the Royal Hospital for Children and Young People and Department of Clinical Neurosciences (RHCYP/DCN) in Edinburgh was launched on the 3rd of August. The overarching aim of this Inquiry is to consider the planning, design, construction, commissioning and, where appropriate, maintenance of both the QEUH, Glasgow and the RHCYP/DCN, Edinburgh. The Inquiry will determine how issues relating to adequacy of ventilation, water contamination and other matters adversely impacting on patient safety and care occurred; if these issues could have been prevented; the impacts of these issues on patients and their families; and whether the buildings provide a suitable environment for the delivery of safe, effective person-centred care.

3.2 The Central Legal Office have created a dedicated team across the two Health Boards to manage the Public Inquiry. Each Health Board will require to be represented by separate Counsel with GGC working closely with the CLO to identify Counsel to act on our behalf.

3.3 NHSGGC established a Programme Management Office (PMO) during 2019 to manage the External Review in to the QEUH and RHC, subsequent Escalation on the Scottish Governments Performance Framework and it has, most recently, supported the COVID-19 pandemic response. It is anticipated that the PMO will continue to manage the day to day requirements of the Public Inquiry in terms of administration and document flow and assessment. In addition, an Executive Oversight Group is being established to ensure effective and transparent decision making across the process at this stage. It is worthy of note that some of the issues under consideration are related to those detailed in the legal claim update below, and hence oversight of both elements will be critical moving forward.

4.0 Legal Proceedings

4.1 In December 2019, the Board approved that Court Proceedings should be raised against the parties responsible for delivering the QEUH/RHC construction project and engaged MacRoberts LLP to act on its behalf. 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 includes 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. The present focus for MacRoberts is in seeking to instruct work by independent experts to assist on the question of liability across each element of the claim and advise on the approach and next steps.

5.0 HSE Investigation

5.1 Board members will be aware that on the 24 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.

5.2 After an initial hearing in the Employment Tribunal relating to the Board's appeal against the HSE Improvement Notice, it was agreed that the legal representatives of the HSE and Board would meet. Due to COVID-19 there was a suspension of activity over the spring period. We are now re-engaging with the HSE through the CLO with legal teams scheduled to meet by the end of August. There is a continued procedural hearing in the Employment Tribunal to take place on 3 September, at which substantive hearings may be fixed and this will depend on the outcome of the discussions between the legal team.

6.0 Summary

6.1 The many issues described in this paper represent a significant amount of work over the coming months, and indeed years in respect of the Public Inquiry. In addition, an ongoing focus on the ability to scale up activity around COVID 19 will be essential. The requirements of the senior leadership team and supporting elements, such as the PMO, will remain under constant review. The senior leadership team are committed to support the programmes of work described, ensuring swift action and 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.