

SCOTTISH HOSPITALS INQUIRY

Hearing Commencing 20 September 2021

Bundle 7 – Statement of Mark Bisset – Annex MB/02 for week commencing 1 November 2021

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nere is a copy of a letter to parents from the Director of Women's and Children's services, Kevin Hill, on Tuesday.

To: Parents/Carers of patients on Wards 6A and 4B

12 November 2019

Dear Parent

I am writing to provide you with the latest update on our investigations into a number of unusual infections in Ward 6A.

As you are aware Ward 6A has been closed to newly diagnosed patients and infusional chemotherapy patients for a number of weeks. This has enabled us to carry out environmental testing and to make a number of enhancements to the ward.

We have been meeting regularly to review the actions taken and consider the test results, all of which have been satisfactory. Another meeting was held yesterday afternoon when it was confirmed that the remaining HEPA filters have been installed in the en-suite rooms in Ward 6A. Additional power points have also been installed in the playroom.

This completes the enhancements to the ward following feedback from families, which also include a new dedicated parents' social space and kitchen. We have also provided a kitchen and rest area for staff. In view of the improved kitchen facilities available to families, the ward will now prepare to switch back to filtered tap water for drinking purposes.



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The safety, wellbeing and confidence of our patients and our staff is, was and always will be our absolute priority.

We apologise to patients for the distress and anxiety caused and are focused on addressing their concerns.

We fully acknowledge that there have been issues at this site and we have taken robust action to address these issues when we became aware of them.

We led and asked for expert help to investigate and resolve these issues and reports about these incidents are available to the public.

n response to ongoing issues, we commissioned a further comprehensive independent technical review in 2018 which supports the Cabinet Secretary's wider external review into design, construction and maintenance of the QEUH/RHC.

The potential link between the water supply and cases of infection in 2018 has already been fully reported. The Health Protection Scotland report highlights all the actions that were taken by the Board – together with an acknowledgement that patient safety is at the forefront of our considerations.

This has now resulted in a safe and effective water supply.

Responding to the points raised in turn:



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1. 2015 and 2017 water services reports In 2018 we carried out a full investigation into the handling of the routine water risk assessment reports. Key changes have been implemented and the water system is safe, wholesome and well maintained. We have a robust monitoring structure to keep it safe.

All the reports have been acted on and were shared with Health Protection Scotland and Health Facilities Scotland when the independent review of the water contamination issue in 2018 was carried out.

Routine water sampling was carried out from the time the hospital opened. Specific tests were also carried out at the request of infection control doctors when investigating possible infections. Our electronic records, available from April 2017, show that we tested 542 water samples from the Royal Hospital for Children water system until December that year.

None of the samples tested were positive for Stenotrophomonas. This includes 40 samples taken during the month of August – none of these were positive for Stenotrophomonas. This is the period that investigations were ongoing into two possible cases of linked Stenotrophomonas.

2. March 2017 In March 2017 concerns raised by hospital staff about line infections were taken extremely seriously and an expert clinician group with surgeons and oncologists and other clinical experts was set up with the result that over the following months the rates reduced significantly. We also involved international experts from Cincinnati to

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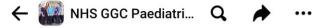
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The result of this was that we currently have the lowest rates of gram positive infections in this group of patients in Scotland. We have some of the most vulnerable patients in the country as we provide a number of highly specialist national services and so these results are very encouraging.

3. August 2017 investigation into Stenotrophomonas The investigations into two possible linked cases of Stenotrophomonas in August 2017 were carried out by an experienced infection control doctor and infection control nurse and the clinical team. This was reported to Health Protection Scotland at the time. In October 2017, this investigation was reported in public to the Board.

4. 2018 report into limited knowledge of the water systems This issue around understanding the risks in the water system was addressed when we trained



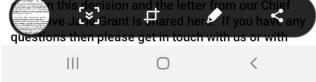
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4. 2018 report into limited knowledge of the water systems This issue around understanding the risks in the water system was addressed when we trained staff to become specialists in managing domestic water systems. This has now been completed and independently validated with our staff formally being appointed as authorised persons (AP water) in accordance with SHTM 04–01 Part B.

Thank you.



Management Team and a review by Health Protection Scotland. We are writing to all parents and carers to



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Write a comment	0
NHS Royal Hospital for Children Admin 4 Oct 2019	ı, Glasgow 🛛 👐
Dear Group Member	
This is to confirm that John Browr Jane Grant Chief Executive and Dr Board Medical Director are visitin 2.30pm today.	r Jennifer Armstrong
Also attached to the thread of this today from the Cabinet Secretary parliamentary question and a pres Scottish Government for your info	in response to a ss release from
4 comments	Seen by 74
က် Like	Comment
Write a comment	0



Admin • 29 Nov 2019 • 🔝

Professor Craig White, Scottish Government has asked NHSGGC to pass on this update on the work of the Oversight Board to all those who are members of the Facebook Group

Update on NHS Greater Glasgow and Clyde – Establishment of Oversight Board – Communication and Engagement Sub–Group

As you know, ongoing issues relating to infection prevention, management and control at the Queen Elizabeth University Hospital and the Royal Hospital for Children have resulted in NHS Greater Glasgow and Clyde being escalated to stage 4 of the NHS Board Performance Escalation Framework for these specific matters. This action was deemed necessary to support the health board to ensure appropriate governance is in place with a Scottish Government led Oversight Board being introduced to strengthen current measures already in place to mitigate avoidable harms.

The Oversight Board, Chaired by Professor Fiona McQueen, Chief Nursing Officer for Scotland met for the first time earlier this week. It was agreed that there would be a 'Communication and Engagement' Sub-Group that will specifically consider the issues identified in respect of communication, provision of

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avoidable harms.

The Oversight Board, Chaired by Professor Fiona McQueen, Chief Nursing Officer for Scotland met for the first time earlier this week. It was agreed that there would be a 'Communication and Engagement' Sub-Group that will specifically consider the issues identified in respect of communication, provision of information and engagement with patients and families involved.

I have accepted an invitation to Chair this Sub–Group and will also be a member of the Oversight Board.

I want to ensure that in taking this work forward that the Sub-Group's work takes account of feedback on where communication, provision of information and engagement has worked well and where this could have been improved. I will be writing to everyone who has had contact with the paediatric haemato-oncology service to inform them of this and seek ideas and preferences on how best to capture a range of experiences and how best to ensure these are captured and influence the work of the Sub-Group. This might involve setting up specific meetings, seeking views on specific questions about experiences and/or providing the Oversight Board with your perspectives, proposals and questions.

You will be included in that communication when it is issued – though in the meantime and given our prior contact, I wanted to make you aware of this development and let you know that I would be interested in any suggestions or ideas that you might have to ensure that the voices of patients and femilies continue to be been and reconcided to

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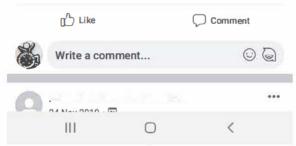
You will be included in that communication when it is issued though in the meantime and given our prior contact, I wanted to make you aware of this development and let you know that I would be interested in any suggestions or ideas that you might have to ensure that the voices of patients and families continue to be heard and responded to, acknowledging the importance of this particularly for those of you have kindly shared with me that this has sadly not always been your experiences. I am aware that some parents have expressed an interests in attending meetings such as those proposed I will be in touch individually with those who have done so to discuss how this can be progressed and ways we might work together to ensure that this work results in positive impact and outcomes.

I continue to be available of course if you have any questions, requests for information or further support in the meantime.

Yours respectfully

Craig W Professor

Craig White | Divisional Clinical Lead



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At the meeting, the latest environmental (water and surface) sampling reports were also presented, all of which were satisfactory.

We continue to work with Health Protection Scotland and clinicians to review the situation in Ward 6A and will provide you with a further update following our next meeting, scheduled for later this week.

In the meantime, we also are considering how we can continue to build on and improve our communications and engagement with families of patients under the care of our haemato-oncology team. A number of families recently took up our invitation to meet with our Chairman and Chief Executive when a key issue raised was the need to strengthen the relationship between the Board and parents and improve our communication with families.

Professor Craig White, who also attended the meeting, has been appointed by the Cabinet Secretary for Health and Sport as the point of liaison with the families. It was agreed that he would lead work to establish a parent/patient group to advise on communications and the flow of information to parents. It was acknowledged that the establishment of this group, which will also involve senior management from the Royal Hospital for Children, will help in rebuilding trust and confidence. This work will now be taken forward.

If you would like to be part of the parents' group, or to offer your suggestions for improved information sharing to parents, then we would be pleased to hear from you. Performer White can be contacted at

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