List of Topics for February 2024 hearing in relation to Royal Hospital for Children and Young People and the Department of Clinical Neurosciences (RHCYP/DCN)

Introduction

The Scottish Hospitals Inquiry Team has produced the list of topics to seek to inform the public and Core Participants (CP) of the current focus of the Inquiry Team and the shape of the next hearing diet due to commence on 26 February 2024.

This paper sets out topics to be covered at the hearings diet and some associated issues. The hearings diet should conclude the evidence taking phase of the Inquiry in relation to the RHCYP/DCN.

Overlap with the Investigation into the QEUH

While the hearings diet is concerned with the RHCYP/DCN, to fully address the terms of reference, there may be evidence that overlaps with the aspects of the Inquiry relevant to the Queen Elizabeth University Hospital ("QEUH").

For example:

1. To address Inquiry terms of reference 11 and 12, regarding knowledge transfer arrangements and the opportunity to learn lessons from the QEUH, witnesses may be asked to explain what the perceived issues were with the QEUH and whether there was an opportunity to learn lessons for the purposes of the RHCYP/DCN project.; and

2. To address Inquiry term of reference 13, concerning lessons learnt and potential recommendations, it will be necessary to consider changes made after the completion of the RHCYP/DCN such as the creation of NHS Scotland Assure.

The topics to be covered at the hearing will include:

1. **The development of the design of the ventilation system for critical care rooms and isolation rooms in the period after financial close (February 2015)**

   1.1 The input (if any), provided by Clinicians, Infection Prevention and Control (IPC), Estates, and Technical Advisors, in relation to the design of the ventilation system for critical care and isolation rooms, in the period after financial close.

   1.2 The development of the Environmental Matrix in relation to critical care and isolation rooms, including changes made to guidance note 15.

   1.3 Issues that arose concerning the pressure regime. In particular, risk assessments relating to the pressure cascades in four-bedded rooms in various different departments of the hospital and whether implications for critical care rooms were considered.

   1.4 Correspondence, including an email chain on 18 April 2018, where NHSL indicated that 4 air changes per hour were required for areas in the hospital. In particular, whether this requirement included the multi-bed wards in critical care and, if so, the basis for including those rooms.

   1.5 Correspondence sent by IHSL to NHSL on 31 January 2019 confirming that that the ventilation systems had been designed, installed and commissioned in line with SHTM 03-01 together with further correspondence on this issue in February and March 2019.

2. **The decision making and governance concerning the agreement reached between NHSL and IHSL on 22 February 2019 (Settlement Agreement No 1)**

   2.1 Why NHSL agreed to enter into the agreement.

2.2 Why the ventilation parameters set out in the agreement were deemed adequate and appropriate by NHSL and IHSL, with particular regard to their application to critical care rooms.

2.3 The input (if any) obtained by NHSL from Clinicians, IPC, Estates and Technical Advisors on the ventilation requirements to be included in Settlement Agreement No 1, for critical care rooms, in advance of the agreement being concluded.

2.4 Whether the design parameters for the ventilation system set out in Settlement Agreement No 1 were appropriate for critical care rooms.

2.5 Whether the design parameters for the ventilation system in critical care and isolation rooms conformed to statutory regulation and other applicable recommendations, guidance and good practice.

2.6 Whether NHSL agreed to a formal derogation from the requirements of SHTM 03-01 and, if so, whether any prior risk assessment was conducted.

2.7 The procedure followed by NHSL for the approval of Settlement Agreement No 1. In particular, the consideration of the issue by the Finance and Resources Committee and the Board of NHSL.

2.8 What assurances (if any) were sought by and/ or provided to the Scottish Government that: (i) it was appropriate for NHSL to enter into Settlement Agreement No 1; and (ii) that the specification complied with published guidance and best practice.

2.9 Why NHSL agreed that the certificate of practical completion could be issued at the point Settlement Agreement No 1 was concluded.

2.10 Whether the organisational culture within NHSL allowed individuals to raise concerns and issues in relation to the proposed agreement.

3. The financing of the RHCYP/DCN

3.1. Whether the financing arrangements for the project contributed to issues and defects in the hospital. In particular, whether there was a perceived need for the building to be certified as practically complete as soon as possible to ensure the solvency of the project company.

4. The decision making and governance structure for the project in the period after Financial Close

Particular emphasis will be placed on the decision making and governance concerning Settlement Agreement 1, the instruction of IOM Limited, the consideration of the reports produced by IOM Limited and the escalation to Scottish Government

4.1 The decision making and governance processes NHSL had in place to oversee the project and whether they were adequately and effectively implemented.

4.2 Whether the operational management and governance provided by NHSL was adequate and effective for the scale of the project.

4.3 The extent to which decision makers sought and facilitated input from clinical leadership teams, IPC, Estates, technical experts and other relevant parties when making key decisions to ensure that the built environment made proper provision for the delivery of clinical care.

4.4 The steps taken by NHSL's IPC team, in particular the lead infection control doctor for NHSL, to ensure that a validation report that complied with SHTM 03-01 was obtained.

4.5 Contact between NHSL and individuals involved in the Queen Elizabeth University Hospital and whether this had any role in the key decisions made in the period after financial close, including the decision to instruct IOM Limited.

4.6 The reasons for the instruction of IOM Limited by NHSL to conduct testing of the ventilation system.

4.7 The commissioning and testing carried out by IOM Limited and the consideration of the results by decision makers, and governance bodies, within NHSL.

4.8 When concerns regarding the ventilation system at the RHCYP/DCN were escalated by NHSL to Scottish Government.

4.9 Whether there was any deliberate suppression of concerns regarding the ventilation system by any party involved in the project.

4.10 The escalation of NHSL to Level 3 and subsequently to level 4 of the NHS Board Performance Escalation Framework.

4.11 Changes made to the decision making and governance structure including: (i) the appointment of a Senior Programme Director; and (ii) the creation of the Oversight Board.

4.12 Whether the organisational culture within NHSL encouraged staff to raise concerns and highlight issues in relation to the projects at appropriate times.

4.13 Whether there were failures in the operation of systems and, if so, whether that was a result of failures on the part of individuals or organisations tasked with specific functions.

4.14 Whether national oversight and support was adequate and effective.

4.15 Whether there was effective communication between relevant organisations (including NHSL, Scottish Government, and NHS NSS).

5. **The decision making, and governance, around the decision not to open the hospital in 2019**

   5.1 When the Scottish Government became aware of a potential issue with ventilation at the RHCYP/DCN.

   5.2 Whether perceived issues with the QEUH impacted on the decision making. This will include consideration of contact from whistle-blowers at the QEUH with the Scottish Government and its relevance (if any) to decisions taken in relation to the RHCYP/DCN.

   5.3 The basis for the Cabinet Secretary's decision not to open the hospital, including the material available to her.

   5.4 Communications with patients and families. This issue was covered at the Inquiry's first set of hearings in relation to patients and families. The intention is for relevant individuals within NHSL and Scottish Government to have an opportunity to address the issue from their perspective.

6. **The changes to the ventilation system required by HVC Notice 107 and made prior to the opening of the hospital**

   6.1 Why the brief, and agreed strategy, for the ventilation system for critical care rooms and isolation rooms (as at the point of Settlement Agreement no 1) was deemed no longer to be adequate or appropriate.

   6.2 Whether lessons were learned from QEUH in relation to the ventilation system.

   6.3 The input (if any) from clinical leadership teams, IPC teams, estates teams, technical experts and other relevant parties prior to HVC Notice 107 being issued and Settlement Agreement No 2 being concluded.

   6.4 The reasons for NHSL issuing HVC Notice 107 and entering into Settlement Agreement No 2.

6.5 The changes made to the design for the ventilation system for critical care rooms and isolation rooms.

6.6 Remedial works undertaken to the ventilation system in relation to critical care and isolation rooms.

6.7 Whether the remedial works have been adequate and effective. In particular, whether the ventilation system in critical care and isolation rooms is designed, and commissioned, in compliance with published guidance and best practice.

6.8 The testing and commissioning carried out by IOM Limited.

7. The decision making, and governance, around the decision to open the hospital

7.1 The basis for the Cabinet Secretary determining that the hospital should open.

8. Whether the hospital provides a suitable environment for the delivery of safe, effective person-centred care

8.1 The material demonstrating that the ventilation system in critical care and isolation rooms provides a suitable environment for the delivery of safe, effective person-centred care.

9. Changes in Policies, Procedures, Protocols and Governance Arrangements after the project

9.1 Whether NHSL, and the wider NHS, have implemented recommendations from previous reports (including the Grant Thornton report) and whether these are now embedded in the wider NHS.

9.2 Whether there are systemic knowledge transfer arrangements in place to learn lessons from healthcare construction projects and whether they are adequate and effective.

9.3 Whether NHSL and the Scottish Government had an opportunity to learn lessons from the experience of issues relating to ventilation at the QEUH and whether they took advantage of that opportunity.

9.4 The changes in relation to new hospital projects arising from the creation of NHS Scotland Assure.

9.5 Changes introduced by the most recent version of SHTM 03-01, including the creation of the Ventilation Safety Group.

9.6 Lessons learnt to ensure past mistakes are not repeated.

For the avoidance of doubt, the above topics are not intended to be an exhaustive list.