

SCOTTISH HOSPITALS INQUIRY

Hearing Commencing 26 February 2024 Bundle 8 – Documentation relating to the Decision to Delay

This document may contain Protected Material within the terms of [Restriction Order 1](#) made by the Chair of the Scottish Hospitals Inquiry and dated 26 August 2021. Anyone in receipt of this document should familiarise themselves with the terms of that Restriction Order as regards the use that may be made of this material.

The terms of that restriction order are published on the Inquiry website.

Table of Contents

1.	A41231981	Briefing for the Health and Sport Committee dated 19 November 2019	Page 9
2.	A41230953	Draft letter to the Convener of the Health and Sport Committee dated March 2020	Page 43
2.1		updated DCN Newsletter	Page 47
2.2		JF to HSC – DCN	Page 48
2.3		GIQ – DCN	Page 50
3.	A41348377	Update from Susan Goldsmith dated 27 November 2019 to the Finance and Resource Committee	Page 51
4.	A41346847	Example e-mail dated 20 August 2019	Page 56
5.	A41367935	Water Safety Report RHCYP DCN IPCT Assessment dated November 2019 (version 6)	Page 60
5.1		20191125 Water safety report v0.6	Page 61
6.	A41227199	E-mail from Susan Goldsmith to Barbara Crowe dated 13 August 2019	Page 83
7.	A41232344	E-mail from Brian Currie to Barbara Crowe for Cab Sec’s weekly briefing dated 20 August 2019	Page 85
8.	A41439244	E-mail from the Cabinet Secretary’s Private Secretary, Andrew Corr, dated 11 September 2019	Page 90

8.1		2019-20 - Health Finance and Infrastructure - Edinburgh Sick Kids - KPMG Report- 16 August 2019	Page 91
9.	A41348180	Note dated 5 September 2019 by Iain Graham, DCPP, to the Oversight Board regarding migration dependencies programming	Page 95
10.	A41230959	Report for the Board prepared by Susan Goldsmith dated 27 September 2019	Page 98
10.1		NHS Lothian Board Paper	Page 99
10.2		Board paper- RHCYP DCN - 2 October 2019	Page 100
10.3		RE NHS Lothian Board Paper	Page 104
11.	A41230632	Cabinet Secretary briefing dated 4 October 2019	Page 105
11.1		2019-20 - Health Finance and Infrastructure - Edinburgh Sick Kids - Current Position - 4 October 2019	Page 106
11.2		4.1 Winter Plans – Fiona	Page 108
12.	A41416721	Cabinet Secretary briefing undated but relating to a meeting on 9 October 2019	Page 109
13.	A41231115	E-mail from Calum Henderson to David Hutchison dated 30 October 2019	Page 127
13.1		Report Differences	Page 128
13.2		2019-09-20 RHCYP DCN fire elect MG V1.0	Page 131
14.	A33663196	Executive Steering Group Minutes dated 11 November 2019	Page 142
15.	A41367749	AGENDA MSC 25TH NOVEMBER 2019	Page 146
15.1		MSC DRAFT MINUTES 26TH AUG	Page 148

15.2		AGENDA MSC 25TH NOVEMBER 2019	Page 153
16.	A41367160	Email chain with 2 attachments	Page 154
16.1		Briefing requested for Cabinet Secretary following Oversight Board discussion 28 November 2019	Page 157
16.2		SBAR Fire report RHSC 27-11-19 (2)	Page 158
17.	A41367161	Briefing requested for Cabinet Secretary following Oversight Board discussion 28 November 2019	Page 161
18.	A41375063	SBAR Fire report dated 27 November 2019	Page 162
18.1		SBAR Fire report RHSC 27-11-19	Page 165
19.	A41230523	Cabinet Secretary briefing dated 6 December 2019	Page 168
19.1		Royal Hospital for Children and Young People - 6 December	Page 169
20.	A41231365	Report for the Board prepared by Susan Goldsmith dated 5 February 2020	Page 171
20.1		Public Board paper- RHCYP DCN Feb 2020 Cab Sec Version	Page 172
21.	A41232541	Cabinet Secretary briefing ahead of a labour debate, 18 February 2020	Page 176
22.	A41226239	Cabinet Secretary briefing dated 6 March 2020	Page 199
22.1		Department of Clinical Neurosciences Update - 6 March	Page 200
23.	A41228454	Cabinet Secretary briefing dated 25 March 2020	Page 202
23.1		RHCYP Update 25 March	Page 203

24.	A41226547	Cabinet Secretary's briefing to FM dated 10 April 2020	Page 205
24.1		Note to FM	Page 207
25.	A41231414	Letter to the Convener of the Health and Sports Committee dated 21 April 2020	Page 212
25.1		u418806_22-04-2020_08-11-49_2	Page 215
25.2		u418806_22-04-2020_08-11-49_3	Page 216
26.	A41416666	Cabinet Secretary briefing dated 29 April 2020	Page 217
26.1		Royal Hospital for Children and Young People - 29 April 2020	Page 219
27.	A41231744	Cabinet Secretary briefing dated 13 May 2020	Page 221
27.1		RHCYP & DCN PUBLIC Board Paper 13 May 2020	Page 222
28.	A41230507	Cabinet Secretary briefing dated 5 June 2020	Page 226
28.1		Update - 5 June - RHCYP DCN	Page 227
29.	A41231391	Draft letter to the Convener of the Health and Sport Committee dated June 2020	Page 229
29.1		GIQ - RHCYP - June 2020	Page 232
29.2		Letter to Lothian MSP's - RHCYP June 2020	Page 233
29.3		Letter to Committee - RHCYP June 2020	Page 234
30.	A41571977	Draft annual review briefing for the Cabinet Secretary dated 11 November 2020	Page 235
30.1		Project Update at 11_11_20 for Public Board_DRAFT	Page 238

31.	A41584294	E-mail exchanges between Mary Morgan, Susan Goldsmith and Professor McQueen dated 8 March 2021	Page 240
32.	A41584522	E-mail exchanges between Fiona Mithcell and Nicola Lowry dated 10 March 2021, attaching the RHCYP Staff Communication for the Final Migration	Page 242
32.1		RHCYP Staff Comms_Final Migration_090321	Page 244
33.	A41232151	Cabinet Secretary Briefing dated January 2021	Page 245
33.1		Update RHCYP January 2021	Page 246
34.	A41231407	Letter to the Convener of the Health and Sport Committee dated 15 January	Page 247
34.1		Update on Royal Hospital for children and young people	Page 250
35.	A41232617	Cabinet Secretary Briefing dated 9 March 2021	Page 252
35.1		Cabinet Secretary for Health and Sport - Letter - HSC - Final Phase of the move	Page 254
36.	A41011621	Narrative Chronology January 2019 to March 2021 provided by NHSL (p15)	Page 255
37.	A41231388	Draft responses to topical questions 9 December 2019	Page 256
37.1		Background note (003)	Page 260
38.	A41231386	Draft Q&A document for statement to parliament 11 September 2019	Page 263
39.	A41230028	E-mail from Mary Morgan to Fiona McQueen dated 7 September 2020	Page 272
40.	A41416317	Cabinet Secretary Briefing in advance of a meeting with staff side representatives on 13 August 2019	Page 273

41. A41716429 E-mail from Fiona Halcrow to a number of
individuals at NHS Lothian dated 15 April 2020

Page 293

Contents of briefing

Annex A – Opening Remarks

RHCYP

Annex B – Briefing on RHCYP

Annex C - Timeline and Background of Settlement Agreement

Annex D – KPMG Report

Annex E – NSS Report Phase 1 and 2

Annex F – HIS Inspection of Existing Site

Annex G – Costings

Annex H – Update on the current sites (Royal Hospital for Sick Children and DCN)

Annex I – St John’s Hospital

Annex J – Accountability

Annex K – Sick Kids FMQ

Annex A: Opening Remarks

Convener

I am grateful for the opportunity to update the Committee on the ongoing work at the Royal Hospital for Children and Young People (RHCYP), the Queen Elizabeth University Hospital (QEUH) and Clinical Waste.

When I announced in July the decision to halt the move to the RHCYP it was on the basis of protecting patient safety. I have since published two detailed assessments of compliance of all building systems which could impact on the safety of patients and staff at the new site from NHS National Services Scotland (NSS). I have also published the KPMG review of governance of the RHCYP.

In the case of the QEUH and the Royal Hospital for Children (RHC), the Committee will be aware that there have been a number of unusual infections over the past two years. In response to this, I have commissioned Dr Andrew Fraser and Dr Brian Montgomery to undertake an independent review into the situation at the Queen Elizabeth University Hospital campus. This review will look at the design, build, commissioning and maintenance of the QEUH and the RHC and how these matters contribute to effective infection prevention and control. This work is at an advanced stage and I expect the review to conclude in Spring 2020.

Further to the Independent Review, I have announced a public inquiry which will be held to examine issues at both the new RHCYP in Edinburgh and QEUH campus in Glasgow following concerns expressed by affected patients and their families. Work is underway to identify a chair and develop draft terms of reference. I intend to update Parliament on progress in the coming weeks.

When Healthcare Environmental Services ceased trading in December 2018, they removed access to 100% of the healthcare waste treatment capacity in Scotland. Clinical waste continues to be treated under contingency, these arrangements ensure clinical waste is appropriately stored, collected and disposed of in line with regulations. Tradebe were announced as the preferred operator of the national tender for waste management services on 1 February 2019. The contract manager, the NSS contingency team and health board regional waste managers are working closely with Tradebe to finalise a detailed transition plan which will see waste management services move to Tradebe.

In Programme for Government, the First Minister committed to ensure patient safety we will create a new national body to strengthen infection prevention and control, including in the built environment. The body will have oversight for the design, construction and maintenance of major infrastructure developments within the NHS and also play a crucial policy and guidance role regarding incidents and outbreaks across health and social care. This will allow the service to continue to provide quality healthcare.

I am committed to ensuring the voices of patients and families are always heard, and that any concerns raised are acted upon quickly and effectively, to ensure NHSScotland delivers the safest and highest quality of care possible for its patients.

Annex B - Briefing on RHCYP

Purpose

1. To provide briefing on the Royal Hospital for Children and Young People for the Health and Sport Committee on 19 November. Briefing on the Queen Elizabeth University Hospital is later in the pack.

Background

1. This project has experienced a number of delays which are detailed in Annex C. The Edinburgh Children's Hospital was expected to be completed in July 2017, but due to a number of technical issues which could not be resolved in time, the project completion date was delayed. At one point, NHS Lothian were considering taking court action against the contractor, however they instead agreed to work together to reach a Settlement Agreement which would put aside the question of liability and instead focus on resolving the various technical problems.

2. On 27 July 2018, the Cabinet Secretary was briefed that in order for the Edinburgh Children's Hospital to reach practical completion by October 2018, NHS Lothian, in conjunction with Scottish Government, had agreed a proposed £11.6 million Settlement Agreement which would formalise the compromise agreement and allow the hospital to be completed by the revised completion date of 31 October 2018.

3. On 7 November 2018, the Cabinet Secretary was informed that the hospital did not reach project completion on the specified date and there were a number of issues that remained unresolved; at that point we did not know when the hospital would be completed.

4. On 11 February 2019, there was further briefing noting that the Board of NHS Lothian approved the terms of the Settlement Agreement which enabled a project completion date of 7 February 2019 to be achieved. The Board is accepting the facility as being essentially complete once all outstanding issues, which the parties have agreed can be undertaken post-completion, have been resolved. This agreement would allow patients to be moved to the new hospital in July 2019.

Issues Emerging in July 2019

5. On 2 July 2019, DG Health and Social Care and the Chief Performance Officer, NHSScotland met with the Chief Executive and Chair of NHS Lothian who alerted them to an emerging issue with the ventilation systems in the 21 critical care beds which could impact on when services transfer over to the new hospital.

6. The main problem was that ventilation guidance requires there to be ten changes of air per hour, but recent testing conducted as part of final validation tests indicated that air is only being changed four times an hour. At that point, it was not clear whether it is a mis-specification (ie NHS Lothian's fault) or mis-provision (the contractor's fault).

7. NHS Lothian, supported by Health Facilities Scotland and Health Protection Scotland, considered the various options available. They were concerned with the risks associated with undertaking invasive rectification works within a live patient environment and recommended that critical care beds do not move until the problem has been fixed. The main risks were that while a technical solution had been identified it required further testing and challenge before we could be confident the solution works and could be delivered and there was concern about the impact on national capacity if beds were taken out during works.

8. On that basis, the Cabinet Secretary decided that the Health Board should not move services, and instead for NHS Lothian were to concentrate on the inpatient and critical care element of the move until later, once modification of the ventilation was compliant with SHTM03.

Action Taken

9. NHS Lothian were instructed to delay the transfer of patients to the new Edinburgh Children's Hospital. We expect that it will take at least six months for the problem to be resolved, but further work was required to test and validate the proposed solution and estimated timeline.

10. **Independent Reports** - Health Facilities Scotland and Health Protection Scotland were instructed to undertake an external series of checks, to ensure that all the relevant technical specifications and standards applicable to the new Edinburgh Children's Hospital are being followed and implemented. KPMG were engaged to conduct an independent audit of the governance arrangements for RHCYP. See Annex D and E for further details.

11. **Oversight Board** - In order to provide the necessary assurance to confirm the compliance with standards across the new hospital, a Project Oversight Group was established. Membership consists of Scottish Government, NHS Lothian, Scottish Futures Trust, Health Facilities Scotland and Health Protection Scotland, with a focus on ensuring that we have sufficient clinical and technical expertise as part of the Group; the Board had its first meeting on 8 August.

12. **Public Inquiry** - On 17 September, the Scottish Government announced a public inquiry to examine issues affecting safety and well-being at the new children's hospital in Edinburgh and Glasgow's Queen Elizabeth University Hospital (QEUH). The investigation will determine how problems relating to ventilation and other key building systems occurred and what steps can be taken to prevent the same situation happening in future projects.

13. **Audit Scotland Section 22 Report** - The Auditor General wrote to the Cabinet Secretary on 25 September 2019 regarding Audit Scotland's decision to prepare a report under section 22(3) of the Public Finance and Accountability (Scotland) Act 2000 on NHS Lothian for the year ended 31 March 2019. Audit Scotland intend to send the report to Scottish Government for laying in Parliament by the end of November 2019. Officials have reviewed the draft and provided comment on the factual accuracy, but there is no new revelations in the report.

14. **Healthcare Improvement Scotland Inspection** – During the Parliamentary debate on 18 September, Miles Briggs called for Healthcare Improvement Scotland to undertake an urgent inspection to investigate claims of poor standards of care.

15. Clinicians raised concerns regarding the appropriateness and timing of an urgent inspection and report from Health Improvement Scotland (HIS). The Cabinet Secretary wrote to the Chair of HIS asking that any inspection to be undertaken of the Royal Hospital for Sick Children in NHS Lothian should be undertaken for the purposes of identifying what immediate steps require to be taken to ensure the safety and cleanliness of the environment for the children and the young people undergoing care within the premises.

16. Healthcare Improvement Scotland were asked to pay particular attention to the difficult situation that the staff find themselves in, having to change well developed plans for the delivery of care in a new environment.

17. In October the inspection was carried out and initial verbal feedback from the inspection team commended staff for the outstanding patient care they continue to provide, for the cleanliness of the existing facilities and the positive attitudes they found in staff at all levels, More details are provided in Annex F.

Escalation to Level 4 and Appointment of Senior Appointment Director

18. Following the publication of both the KPMG and NSS reports on 11 September, the Director-General concluded, on the basis of scale of the challenge in delivering the Royal Hospital for Children and Young People, that NHS Lothian is escalated to Level 4 of our escalation framework for this specific project. This level is defined as 'significant risks to delivery, quality, financial performance or safety; senior level external transformational support required'.

19. Mary Morgan was appointed Senior Programme Director, effective from Monday 16 September, and has taken responsibility for day to day delivery of the RHCYP operational phase from now until the site is fully occupied.

Output from these actions

20. The KPMG report and Phase 1 of the NSS report were published on 11 September. Copies of both reports and a more detailed summary are contained in Annex D and E.

22. The KPMG report concludes that a mistake included in the tender documentation was not picked up at any stage over the next seven years despite the fact that there was appropriate professional and technical involvement in the project and that the governance arrangements operated as planned. The other issue of focus is that because the report provides a comprehensive summary of each issue that this project has had to deal with, it brings attention to the unusually high number of problems which this project has experienced and we may be asked why we did not intervene earlier.

23. NSS's Phase 1 report's main findings which need to be resolved prior to occupation of the building are:

- Ventilation - in addition to the issue previously identified in critical care - remedial action is required on the quality of work in a number of areas, with specific issues identified in Haematology / Oncology.
- Independent testing identified no widespread contamination of the water systems, but NSS has recommended some remedial and precautionary actions, as well as system-wide disinfection prior to occupation.
- NSS recommend active monitoring for drainage and plumbing, however both these areas are considered low risk.

24. The Phase 2 report was published on 30 October. No high risk issues were identified but improvement work is required within the fire and electrical systems prior to occupation. Observations have been identified within medical gas installations and a further improvement activity within the fire system noted. Following acceptance of this report, the review team are ready to assist the NHS Lothian team in developing a programme of activity and remedial actions.

25. Work is underway to confirm the chair of the public inquiry, and an announcement will be made as soon as possible once confirmed.

Current Position and Risks on the Six Key Areas

26. We are now committed to transferring services for the Department of Clinical Neurosciences (DCN) in spring 2020 and Children's services in spring 2020, however there are risks around that timeline.

27. **Ventilation** - Two high value Board Change Notices have been issued to IHS Lothian (IHSL) for critical care and Lochranza Ward (Haematology / Oncology) ventilation. IHSL have not yet been able to provide an initial response due to commercial issues raised by BYES. Until these commercial issues are resolved, it is not possible to identify a programme timeline.

28. However at a recent commercial meeting between the Board and IHSL / BYES on 5 November, the Board made a proposal to IHSL that in return for a commitment to progress design of the High Value Changes the Board would make a payment of £0.4 million, provide an indemnity to IHSL time limited to 5 years and agreement on an informal pragmatic operational protocol. This is an encouraging development, but will need to be reviewed by all parties before the agreement is confirmed.

29. **Water Safety** - The Final Water Safety Review meeting on 25 September confirmed all outstanding actions and escalation routes have been identified. This means that while no new issues are expected to be identified, they require proactive management to ensure mitigation is effective, for example the disinfection of all taps found to be with pseudomonas is an ongoing exercise.

30. **Drainage** - Early in the design process, it was identified as necessary to incorporate a basement into the facility. As a result, it was always known that there would be an internal sump pump to remove water from the basement outlets, given the invert level of the existing public sewer. This had been included in the project documents from the start. During early construction it became evident that the location of this sump was less than optimal (outside the main access to the kitchen). However, moving it was not an option as it would invalidate the concrete design and waterproofing of the entire basement.

31. HFS have reviewed the situation and the mitigation measures in place and while the location of the sump is not ideal, it can be concluded that there are appropriate measures in place to deal with reasonable and foreseeable issues including abnormal items in the system. The fact that six consecutive individual failures, with opportunities to intervene at each, have to occur before a significant problem presents provides reassurance that such an issue is extremely unlikely. Consequently this is considered a closed issue and will not routinely be discussed at the Oversight Board going forward.

32. **Fire Safety** - The most significant finding in the report relates to fire safety, specifically the possibility that we will need to install additional smoke dampers. The fitting of additional smoke dampers would be a positive enhancement to patient and public safety in the event of a fire which relied upon the corridor areas as an evacuation route. It is identified as a priority 5 (observation and improvement activity) within the report as it is not a compliance issue, however it is a recommended action as it would afford a significant improvement for these areas. There is an opportunity to improve the functionality of the design and use of the building prior to occupancy; this work can be undertaken concurrently while the ventilation issues are addressed.

33. **Electrical Systems** - Remedial action is required within both the high voltage (HV) and low voltage (LV) installations. The remedial actions required have been progressed as part of the contractual arrangements and the validation and verification evidence will be submitted for further review.

34. **Medical Gases** - The review of the medical gas installations confirmed that they have been designed installed and commissioned in accordance with the relevant standards, however the medical gas installations will be fully re-commissioned and validated prior to occupation.

35. **Overall** – the time taken to undertake the rectification work on the ventilation units should allow all the other remedial work to be carried out at the same time, provided the contractual negotiations can be resolved. That is the biggest risk to the programme, but recent developments have been positive and we remain on track to transfer services as per the revised timetable.

Costs

36. The cost of the project is as follows – the cost of the new building is £150.0 million, enabling works (ie getting the site ready for construction) and new equipment is £80.1 million, plus the settlement agreement is £11.6 million giving a total project cost of £241.7 million. We have also estimated that additional costs including rectification work on ventilation, maintenance and enhancements to the existing sites and extra project costs will cost £16 million, though that figure are not close to being finalised; Annex G has the breakdown of that estimate.

37. As this project is a Non Profit Distribution (NPD) contract, we do not pay the contractor for the cost of the building during the construction phase, instead we make monthly payments of approximately £1.4 million for the duration of the 25 year contract. In total, we anticipate making payments of £416.6 million over the duration of the contract. While that appears to be an excessive amount for a £150 million hospital, as part of the contract, maintenance and lifecycle replacement is the responsibility of the contractor, so they are not comparable figures.

38. The monthly £1.4 million payment began after the project completion certificate was issued in February 2019 by the Independent Tester (IT), which is a joint appointment of NHS Lothian and IHSL. The obvious question of why was a completion certificate issued by the IT, when the ventilation systems did not comply with relevant guidance is not one that is easily answered at this point. It would appear that the IT was measuring the performance against the incorrect specification in the tender document (which was highlighted in the KPMG report), but that is likely going to be a focus of the Public Inquiry and we cannot say too much more at this stage.

39. It should be noted though that the KPMG report stated (2.3.10 and 2.3.11) that NHS Lothian's technical advisors reminded Project Co that they must comply with SHTM and in January 2019 the Board asked IHSL for specific assurance that all critical ventilation systems were to be "inspected and maintained in line with 'SHTM 03-01'". IHSL confirmed in their response that all ventilation systems had been designed, installed and commissioned in line with SHTM 03-01.

Investment in Existing Sites

40. The Cabinet Secretary visited the existing Sick Kids hospital and Department for Clinical Neuroscience in July and then again in September to meet with staff and patients. She also met with staff side in August and on 8 October to discuss their concerns and to provide reassurance. The Chief Nursing Officer met with the Staffside on Monday 28 October to provide a further update on the ongoing work.

41. The Oversight Board is assessing what improvements are required to the existing sites to ensure that they can continue to provide high quality, safe clinical services. For example, on 17 October, the Oversight Board agreed to the replacement of Interventional neuroradiology equipment at DCN. At the Sick Kids, the Board have begun work to increase the ED capacity

to maintain flow in advance of the winter months. This includes the relocation of the current outpatients departments to another area of the site, this should increase the treatment rooms for the emergency department to 8 rooms (almost doubling of capacity). They are also making use of the space created by the moving of RVS Café to double the capacity of the current waiting area of the emergency department utilising this area to its maximum. Annex H has further details.

42. The option of more fully utilising St John's has been considered, however the unanimous clinical view is that it is not possible to safely reinstate the full 24/7 service from October; the Chief Medical Officer supports this position. We remain committed to the full 24/7 reinstatement of the service and NHS Lothian will continue their recruitment efforts; Annex I has more details.

Accountability

43. In your statement to Parliament on 11 September, the Cabinet Secretary said:

“I want to be clear that I hold the principle of accountability in our public services as vitally important. This is a publicly funded project of strategic importance that has not been delivered in compliance with the standards and guidance required for the safety of patients and staff...

“Exercising that principle of accountability requires me to ensure that we proceed fairly to all concerned and with due process with have as a public body and the duties of a fair employer. That process is underway and I will advise Parliament of its outcome in due course.

44. The reports from both NSS and KPMG raise a number of questions that are pertinent to the issue of accountability, including in relation to the quality of the board's governance structure and compliance systems (including quality of project documentation), action taken by the board in relation to the settlement agreement and sign-off of the build, access to qualified specialists and the management of the board's critical path.

45. Pursuant to these reports, noting that the board has commissioned an internal audit of events, and that further information may come to light as part of the inquiry, the process of considering appropriate action to be taken in respect of actor accountability remains ongoing.

46. At this point, it would not be appropriate to prejudge any of the ongoing suite of investigations or the terms of the inquiry. We will always act fairly and justly, in accordance with the law and our suite of employment policies. See Annex J.

Annex C – Timeline

August 2008 - An Outline Business Case (OBC) for the RHSC Re-provision, including CAMHS, was submitted to the Scottish Government and approved by the Capital Investment Group.

July 2008 - An Initial Agreement (IA) for the re-provision of DCN was approved by SG.

December 2009 - An OBC was approved by NHS Lothian, but did not proceed to Scottish Government because of the lack of availability of capital. The preferred option of that OBC was a joint RHSC and DCN build at Little France.

2010 - The RHSC was previously envisaged as being delivered as a design and build project. BAM was appointed in 2010 as the principal supply chain partner, with the architectural design work being undertaken by Nightingales Associates.

November 2010 - SG Draft Budget announced that both projects would be delivered using the Non Profit Distributing (NPD) revenue funded model, once again linking the RHSC and DCN projects. It represented a fundamental change to the procurement method for the project.

March 2011 – NHS Lothian submitted a Business Case Update to supplement the RHSC OBC and the DCN IA, setting out the options for delivering both re-provision projects on the Little France site using an NPD procurement route.

July 2011 – The preferred option of a joint RHSC and DCN was approved by Scottish Government and an OBC was developed.

January 2012 - The Outline Business Case was approved by NHS Lothian Board for submission to the Scottish Government.

19 September 2012 – Approval was announced by Alex Neil, Cabinet Secretary for Health and Wellbeing, on a visit to the RHSC.

December 2012 – NHS Lothian advertised the contract for the project through OJEU, which started a procurement process where three competing bidders developed their proposals until submission of final tenders in January 2014.

March 2014 – IHS Lothian was appointed to design, build, finance and maintain the facility.

August 2014 – NHS Lothian Board approve the Full Business Case and submit it to SG.

February 2015 – SG approve NHS Lothian's Full Business Case. Project financial close; all contracts were signed with IHS Lothian. Construction work started on the new hospital.

March & April 2015 – The Full Business Case addendum, confirming the contract signed at Financial Close, was approved by NHS Lothian then Scottish Government.

26 August 2016 – FMQ – First indication that the project may be late

1 September 2017 – Written PQ highlighting that the project will be delayed

9 January 2018 – PQ acknowledging that the project could be delayed until Autumn 2018

14 March 2018 – Briefing to Cabinet Secretary highlighting there were problems with the ventilation; NHS Lothian considering court action

21 March 2018 – Briefing to Cabinet Secretary noting that court action would need to be approved by CS before it starts

25 April 2018 – Email to Cabinet Secretary and First Minister informing both that court action is no longer being taken forward and that a loan of £10 million is being considered to allow the ventilation to be fixed

27 July 2018 – Briefing to Cabinet Secretary noting that the settlement agreement has been approved by NHS Lothian.

July 2018 – Paper from NHS Lothian's Finance and Resources Committee on the proposed commercial agreement between NHS Lothian and IHSL. This outlines why it is needed, what it does and what the risks are. This provides the necessary assurance for the Chief Finance Officer NHS Scotland to approve the payment.

20 September 2018 – Briefing to Cabinet Secretary detailing additional technical problems, most notably with the drainage. Highlights that 31 October handover will not be achieved.

7 November 2018 – Email to Cabinet Secretary confirming that the revised handover date of 31 October was not achieved and that a new date was still not known.

13 February 2019 – Briefing to Cabinet Secretary informing her that the Settlement Agreement was signed on 6 February 2019 and it would allow project completion to be confirmed. Three significant technical matters remain (drainage, void detectors and heat sensors) but they would be addressed post-completion and at the same time the Board undertakes its commissioning. Risks of contractor and Board working at the same time were highlighted.

February 2019 – A Settlement Agreement, totalling £11.6 million, was made with SG, NHS Lothian and IHSL. It was agreed to allow the completion of specific set of construction works and was out with the previously agreed funding package and monthly service payments.

February 2019 – The building was handed over to NHS Lothian.

June 25 2019 – A media event to launch the state-of-the-art facility to the public was held.

July 4 2019 – It was agreed to postpone the planned move of the children's hospital and Department of Clinical Sciences. Final safety checks of the building showed that the ventilation system within the critical care department needed further work to bring it into line with national standards.

July 5 2019 – Cabinet Secretary orders two reviews into the hospital – one by KPMG to examine the decisions taken and the governance involved and the other by HFS and HPS.

8 July 2019 - Cabinet Secretary announced that NSS would undertake a review on site compliance with technical specifications and standards.

12 July 2019 - KPMG were engaged to conduct an independent audit of the governance arrangements for RHCYP, to provide an external and impartial assessment of the factors leading to the delay.

11 September 2019 – Both KPMG and NSS reports published.

30 October 2019 – NSS phase 2 report published.

Annex D – KPMG Report

KPMG were instructed to independently establish the facts surrounding the decision to delay the move to the hospital. As part of the assessment KPMG were specifically instructed to consider the following areas:

- Establish what decisions were made by NHS Lothian, when these were made, by whom and on what basis these decisions were taken in relation to the air ventilation issues and any other material issues that led to the Delay;
- To determine the extent to which the design specification with regard to air ventilation complied with the Scottish Health Technical Memoranda (SHTM) at each stage of the project;
- To understand what professional and technical advice was given to the Board, in particular what derogations were proposed, who agreed them and what risk assessments were undertaken;
- To establish the governance arrangements in place.

Lines to take

- KPMG which found that the main issue with ventilation in critical care stemmed from an error in a document produced by NHS Lothian at the tender stage in 2012.
- This was despite the requirement to also adhere to relevant technical guidance in particular with regards to ventilation.
- The KPMG report attributes this to human error and confusion over interpretation of standards and guidance.
- It also concludes that opportunities to spot and rectify the error in the document were missed.

What were the findings of the KPMG Report?

- The key issue which led to the delay was the non-compliance with SHTM 03-01 for air change rates in some of the Critical Care areas of the Hospital which was identified by Institute of Occupational Medicine (IOM) and reported to the Project Team on 24 June and subsequently brought to the attention of the Board on 1 July 2019.
- Throughout all stages of the project, references were made to the requirement to adhere to SHTMs, including specifically SHTM 03-01 which related to ventilation. However notwithstanding any contractual obligations, the report clearly identifies a picture of confusion between the parties as to the correct application of these Standards. This appears to have stemmed from a document produced by NHS Lothian at the tender stage in 2012 which was inconsistent with SHTM 03-01 and which was referred to throughout.
- There is clear evidence that professional and technical advisors were involved throughout the project; specifically this includes involvement in relation to ventilation issues. However, there is no evidence that the problem was identified prior to June 2019.
- Governance processes and procedures operated in line with the structure that was put in place. There was regular dialogue between NHS Lothian and Scottish Government throughout the project, with evidence of escalation where required, albeit this was focused on financial rather than technical matters.
- Once NHS Lothian's Board became aware of the air change issue, steps were taken to assess the impact. The Executive Team and the Project Team met to discuss the issues uncovered on 1 July 2019 and on the same day the issue was escalated to other members

of the Board which resulted in an urgent internal meeting the following day. Later that day the Chief Executive and Chair briefed the DG Health and Social Care on the situation.

- But for the issue of non-compliance in air change rates, KPMG understands from NHS Lothian that the Hospital would have opened as planned. While this is the view of KPMG, we believe this statement needs to be explored further as we are aware of the other ventilation issues beyond the air change rate in Critical Care.

Background to the Project and the Delay

One of the more significant observations include that at the time of financial close in February 2015, the designs of the Hospital had not been fully developed, including issues relating to the design of the ventilation (pressure regime).

In early 2017, the report notes that it became clear that the Hospital would not be completed in time and there were three main issues – ventilation (pressure regime), High Voltage resilience and MRI provision which could not be resolved and it left both parties considering court action before they agreed to move to a negotiated settlement.

In order to resolve the pressure in single rooms, the air change rate was adjusted from six to four with two air change rates to be provided through natural ventilation (a 'mixed mode' solution). However an issue remained regarding the pressure in multi-bed rooms. Fourteen multi-bed rooms were adjusted to have balanced or negative pressure, four of which were in Critical Care. Reference was made in the proposed resolution of this issue to an air change rate of four.

During that period, it became apparent that while some issues were being addressed, there were a significant number of technical issues emerging. On 22 February 2019, the Settlement Agreement was signed which covered 76 identified problems, where 73 had an agreed solution and three technical issues (fire void detection, drainage and Heater Batteries) did not.

Following the signing of the Settlement Agreement, on the same day the Independent Tester provided a 'Certificate of Practical Completion' which meant the project moved from construction phase to operational phase and the payment of the Annual Services Charge began. During this operational phase a significant number of outstanding works were required to be carried out by Project Co, while at the same time NHS Lothian began commissioning the Hospital.

Was Professional and Technical Advice sought during the construction process?

The report concludes that advice and support was provided to the Project Team by both technical advisors and internal clinical advisors.

Where there appropriate Governance Arrangements?

The governance structure surrounding the construction and commissioning of the Hospital was operating in line with standard practice and issues were escalated appropriately. Oversight was delegated to the Finance and Resources Committee which included four Executive Directors.

KPMG saw evidence that the governance arrangements operated in practice and that it appears that at each stage of the Project, personnel with appropriate technical and clinical skills and experience were involved and that where appropriate external advice and guidance was sought.



independent-assess
ment-governance-arr.

Annex E – NSS Phase 1 and Phase 2 Reports

Phase 1

The NSS report published on 11 September made it clear that significant work had to commence to ensure compliance of the site.

The report highlighted a programme of work including a solution for the design of critical care ventilation, the procurement and installation of the ventilation system, as well as highlighting the significant level of testing and validation that was required.

Phase 2

The Report was published on the 30 October. This concluding work ordered by the Health Secretary in July, the latest NHS National Services Scotland (NSS) report focuses on fire systems, electrical systems and medical gases.

This has identified remedial work required within fire and electrical systems prior to occupation and also identified opportunities for improvement activity.

Lines to take

Phase 1 Report

- The main issues noted are management and assurance, ventilation systems, water systems and drainage and plumbing.

Phase 2 Report

- This document completes the NSS reports commissioned in July.
- The findings highlight remedial and improvement work required within fire and electrical systems prior to the hospital being occupied.
- This report deals mainly with engineering aspects.
- NHS Lothian will respond to each recommendation in the report once the necessary risk assessments have been carried out and a detailed action plan will be published following appropriate engagement with contractors.
- No high risk issues were identified but improvement work is required.

What did the Phase 1 report conclude?

1. It was recognised by NHSL that critical care ventilation was not designed to current guidance. As a result this report focuses on other systems, however, they have provided advice on the contractor design intent for a new CCU system.
2. Key outstanding information includes the design intent for the natural ventilation component.
3. The theatre ventilation has not been installed in accordance with current guidance (when maintenance is being undertaken, two theatres, rather than one, will be out of action).
4. Some of the water testing results, due to the time taken to process, are not yet available however it was found that there were certain fungi in the water, mainly at the taps as well as higher than anticipated total viable counts. Lessons learned across health systems strongly suggest that this should be eradicated before patients and staff move in. There would appear to be no systemic contamination of the hot and cold water systems.
5. The drainage for the hospital utilises one gravity system and two pumped systems. The pumped systems are used to overcome gravity as they are installed below the local water table and level of the external drains. We await an explanation of what foul waste and other sources drain into the basement sump. If suitable mitigation measures are in place, the drainage should not be an obstacle to occupation of the building.

What actions have been undertaken since the publication of the Phase 1 report?

Ventilation - Multiplex have completed a benchmark air handling unit (AHU) with what the contractor has stated is the extent of remedial works they will undertake across all units to achieve compliance. The Oversight Board has agreed to Accept the benchmark AHU as the standard to be applied across all units, prioritising remedial work on those serving the DCN facilities alone. The process and timeline for installation, warranties, verification and validation will require to be laid out initially by IHSL (Multiplex and their supply chain) and reviewed by NHS Lothian, HFS/ HPS with respective technical advisers. However, IHSL/MPX have advised the Board verbally that they have estimated a construction duration of 8 weeks to undertake works to the 16 AHUs serving DCN and a following 8 – 9 weeks for the remaining 20 AHUs serving the rest of the facility. The updated maintenance protocols and ongoing validation will potentially require a Board Change for those services provided by Bouygues, and those by NHS Lothian. The timeline will be dependent on Multiplex and their supply chain but it is envisaged that they will be significantly less than an overall replacement programme. This work is being carried out by Multiplex as

part of the ongoing contract and does not affect the guarantee of mechanical and engineering works and will not require additional payments.

The work began on w/c 21 October and the Air Handling Unit rectification works is progressing and regular engagement with contractors is ongoing.

NHS Lothian are expecting a commitment from IHSL on progression of key outstanding issues.

Drainage - Drainage systems typically relies on gravity to allow wastewater to flow downhill until it is disposed of off-site. However due to the topography of the site, the elevation loss (downhill gradient) was not as large as is desirable/required. To address that weakness, NHS Lothian, in conjunction with IHSL, fitted two sump pumps which ensures that the wastewater is moved off-site. NHS Lothian are of the view that the combination of the sump pumps and gravity will ensure that drainage does not cause a problem going forward; HFS concur with this view.

Water - The actions in relation to tap and shower hose lengths are continuing to progress. All taps now replaced and the Board undergoing pseudomonas retesting and disinfection work. These tests took place on 28 October.

The results of testing should be available 16 days after the first test had taken place. The outstanding issue of shower hose length solution as proposed by Multiplex is underway, parts are awaited to complete the work in accordance with requirements.

What did the Phase 2 report conclude?

The findings have been collated based on information provided by NHS Lothian and on-site reviews of the RHCYP & DCN. Expert advice was sought within the key focus areas of Fire, Electrical and Medical Gas systems and their overarching management and assurance processes relating to these systems.

Overall remedial action is required to be undertaken within the fire and electrical systems prior to occupation. Observations have been identified within medical gas installations and a further improvement activity within the fire system noted. Following acceptance of this report, the review team are ready to assist the NHS Lothian team in developing a programme of activity and remedial actions.

What actions have been undertaken by the Board following the Phase 2 publication?

NHS Lothian held a Workshop on 25/10 with senior management and clinicians from DCN, RHSC and CAMHS Team. The Board have held further workshops on the 05/11 and 06/11.

The workshops had been held with Clinical staff from Paediatrics, DCN and CAMHS. Workshops had covered principles to be applied; testing and risk assessing of patient groups; evacuation plans and the material gain in enhancing arrangements for the limitation of smoke spread and evidence around this. The output from the workshop proposes the use of combined smoke and fire dampers located at vents that feed corridors. This engineering proposal had been discussed and agreed with the National Fire Adviser and HFS. This proposal would mean around 100 combined dampers for the building, **excluding critical care and haematology/oncology**, and would mean less disturbance as the changes would be within the corridors. It is currently not possible at this point to predict the exact number of dampers required within Critical Care and Haematology/Oncology as this is subject to ventilation design, but we do not expect it to materially impact the number of overall dampers needed. We anticipate this work could be undertaken at the same time as the upgrade to the ventilation system in critical care and the work will not adversely impact the current timelines.

How many smoke dampers are required – is 760 dampers?

This proposal would mean around 100 combined dampers for the building, **excluding critical care and haematology/oncology**, and would mean less disturbance as the changes would be within the corridors. It was also recognised that currently it was not possible at this point to predict the required number of dampers within Critical Care and Haematology/Oncology as this was subject to ventilation design.

Why was smoke dampers rated at 5?

The fitting of additional smoke dampers would be a positive enhancement to patient and public safety in the event of a fire which relied upon the corridor areas as an evacuation route.

While identified as a priority 5 within the report it is recommended that this would afford a significant improvement for these areas. There is an opportunity to improve the functionality of the design and use of the building prior to occupancy.

How long will it take to make the suggested improvements?

Detailed project timelines are in the process of being developed, but we continue to work to the previously announced timeline.

At what cost?

Costs for the issues identified in either phase 1 or 2 report have not been finalised.

Who is responsible for ensuring these recommendations are carried out?

NHS Lothian will provide a wider action plan bringing together actions of both reports will follow in due course. However the Senior Programme Director has responsibility for the actions to ensure the facility is fit for occupation and will oversee the action plan to deliver a safe and complaint site for the new Hospital.

Will these recommendations be carried out prior to occupancy?

The report is with NHS Lothian, for them to determine appropriate action. NHS Lothian will provide a wider action plan bringing together actions of both reports will follow in due course and will provide timescales for the work to be completed.

Has NSS been instructed to conduct reviews on other NHS hospitals?

Yes. NSS will undertake reviews of all major NHS infrastructure builds that have recently completed, which will include both the Dumfries and Galloway Royal Infirmary and the Balfour Hospital in Orkney; this work has already started.

Other smaller scale projects will also be reviewed, including primary care health and social care centres and ward refurbishment projects, but the precise list of projects has not been finalised as NSS are prioritising the rectification work at the Edinburgh Children's Hospital.

Phase 1



nhs-lothian-royal-hospital-children-young

Phase 2



nhs-lothian-royal-hospital-children-young

Annex F – HIS Inspection of Existing Sites

Clinicians raised concerns regarding the appropriateness and timing of an urgent inspection and report from Health Improvement Scotland (HIS) following your visit to the existing sites.

You have written to Chair of HIS following understanding that HIS may have been preparing for an unannounced visit to the site given that it is still in use and therefore would be due for a re-inspection.

In line with the powers vested in Scottish Ministers in Section 10M (2) of the National Health Service (Scotland) Act 1978. You asked that any inspection to be undertaken of the Royal Hospital for Sick Children in NHS Lothian should be undertaken for the purposes of identifying what immediate steps require to be taken to ensure the safety and cleanliness of the environment for the children and the young people undergoing care within the premises.

You asked that Healthcare Improvement Scotland pay particular attention to the difficult situation that the staff find themselves in, having to change well developed plans for the delivery of care in a new environment.

Lines to take

- On 7 October, The Cabinet Secretary wrote to the Chair of HIS asking that any inspection to be undertaken of the Royal Hospital for Sick Children in NHS Lothian should be undertaken for the purposes of identifying what immediate steps require to be taken to ensure the safety and cleanliness of the environment for the children and the young people undergoing care within the premises.
- In initial verbal feedback the inspection team commended staff for the outstanding patient care they continue to provide, for the cleanliness of the existing facilities and the positive attitudes they found in staff at all levels

What did the inspection examine?

You asked the inspection team to understand the sensitivities and pressures the clinicians face and to work with them to identify what is needed to maintain high levels of quality and safety until the children and young people can be moved to the new facility in autumn 2020.

Staff at DCN and RHSC won high praise following an unannounced inspection by Health Improvement Scotland in late October.

The inspectors specifically focused on cleanliness and safety, they engaged time speaking to staff, patients and relatives.

What is the outcome of the inspection?

In initial verbal feedback the inspection team commended staff for the outstanding patient care they continue to provide, for the cleanliness of the existing facilities and the positive attitudes they found in staff at all levels. The findings will be included in the report. This report will be published in due course.

Annex G – Costings

Following the Cabinet Secretary's statement to Parliament on 11 September, Daniel Johnson (Scottish Labour Party) wrote to the Cabinet Secretary to request confirmation of whether the current estimate of £16 million additional costs for the Royal Hospital for Children and Young People includes £6-7 million to run the old hospital during rectification works and whether the current estimate is a final figure or an estimate.

The response to this question provides a breakdown of the current estimated cost, including the costs of maintaining existing sites, and makes clear that these are estimated costs that will be refined as plans are further developed.

It is important to emphasise that the £2 million costs noted for each of additional maintenance and investments at the current sites (£4 million total) are estimates and we do not know at this stage exactly what the costs will be. It would be unhelpful for us to make commitments until more exact costings are available.

Lines to take

- Estimated costs to complete the works recommended by NSS at the new hospital, to improve the usefulness of the existing sites, and to account for double running, is around £16 million.
- Works at the new hospital - £6 million (including £4 million for rectification for critical care and haematology/oncology, plus £2 million contingency to account for any issues in NSS phase 2 work.
- Costs of maintaining sites - £7.2 million (including £1.5 million for dual running sites, £2 million for additional maintenance at RHSC/DCN, £2 million for improvements to existing facilities, and £1.7 million for an interim modular unit at DCN to provide safe capacity.)
- Project Team Costs over delivery period - £2.35 million (including £1.5 million for the project team, £0.6 million for external advisers including legal, technical and financial, and £0.25 million in 'aborted commissioning'.)
- Independent reviews - £0.55 million.

What is the breakdown of costs?

Description	£000s
Costs associated with new hospital	
Rectification for critical care and Haematology / Oncology	4,000
Contingency for further remedial action	2,000
	6,000
Costs of maintaining existing sites	
Dual running of existing sites	1,500
Additional Maintenance at current RHSC / DCN	2,000
Additional investments in current RHSC and DCN facilities and equipment post July 19 delay (estimate)	3,700
	7,200
Project Team costs	
Project Team Costs	1,500
Additional project support	550
Advisor Fees (legal, technical, financial)	300
	2,350
Independent reviews	500
Total estimated additional costs	16,050

Annex H – Update on the current sites (Royal Hospital for Sick Children and DCN)

Cabinet Secretary visited the existing Sick Kids hospital and Department for Clinical Neuroscience in July and then again in September to meet with staff and patients.

She also met with staff side in August and on 8 October to discuss their concerns and to provide reassurance. The Chief Nursing Officer met with the Staffside on Monday 28 October to provide a further update on the ongoing work.

Lines to take:

- Services have continued to be provided from the existing sites and plans for a phased migration of services when it is safe to do so are being developed.
- The Board has provided a plan that gives the necessary assurances that the current sites can continue to provide and sustain the high quality services between now and the completion of migration to the new site.

What are some key areas of support provided to existing sites?

DCN:

Interventional neuroradiology equipment: The Oversight Group on 17 October have agreed to recommend replacement of the Bi plane scanner equipment at DCN and when the new hospital opens, to relocate that equipment to the new hospital. The risk to this option is the downtime involved in the replacement but the team are working to reduce the duration of this with suppliers. Additionally the impact can be off set in the following ways:

- Before, increase the number of elective cases undertaken in discussion with neurosurgery colleagues to minimise the number of patients waiting for elective procedures
- Undertake some of the urgent and emergency cases for coiling of aneurysms in uniplanar equipment which will still be available in DCN and elsewhere on the Western General Hospital site
- Coordinate rotas carefully with NHS Greater Glasgow and Clyde so that weekends in the Lothian down time are allocated to the Glasgow service, with an overall balanced position within a three month period. The weekend cover already alternates between Glasgow and Lothian due to the specialist nature of the service

The modular build option has been discounted because it has a longer lead time until it is available (at least nine months) and given that this type of build has not been done before, there is a concern that the module may not function entirely as intended. Clinical services and staff side have been engaged in the discussions raised in this paper, and support the recommendation for the replacement of equipment at DCN.

DCN Staffing: Due to a number of staff leaving DCN in anticipation of the move to new site and the location of the new site being more suitable for commuters, the nursing workforce had been reduced significantly. The board has undertaken a significant amount of recruitment to cover these vacancies. The result is over 50% of vacancies in nursing (band 5 and 2) and administration have been filled, this includes offers being made and start dates confirmed. The Board have also committed to implementing and developing the Working lives Programme at DCN to ensure its staff receive the same services for wellbeing as that across the NHS Lothian estate.

Sick Kids:

RHSC Emergency Department: The Board have begun work increase in ED capacity to maintain flow in advance of the winter months. This includes the relocation of the current outpatients departments to

another area of the site, this should increase the treatment rooms for the emergency department to 8 rooms (an almost doubling of capacity). They are also making use of the space created by the moving of RVS Café to double the capacity of the current waiting area of the emergency department utilising this area to its maximum. This work within the emergency department should be complete by the first week in December and will help the Hospital to manage the increased demand over December and January. The additional nursing staff who had been appointed for the new hospital are working on the current site.

Additional Winter Beds: The Senior Charge Nurse who will be in charge of the additional winter beds was pleased to confirm that the senior team in NHS Lothian had agreed to her request to site the additional beds above her ward so there was good proximity. This is improvement from last year and also reported good progress in recruiting additional staff.

Oncology and Haematology: The Board as part of moves to increase the capacity of medical wards and Patient Investigation Unit, this has allowed the hospital to increase the current Haematology and Oncology day care beds by a total of 3 beds. The Board are continuing to work closely with NHS Greater Glasgow and Clyde and NHS Grampian to manage the increased pressure as a result of the closures at the Queen Elizabeth University Hospital. The team commented on the fact that although the GGC patients being treated in NHS Lothian and NHS Grampian is putting additional pressure on the local service, relationships amongst the three units had improved significantly as they were pulling together to meet the needs of the patients and their families.

Equipment: Clinicians had raised concerns about the age of equipment and whether it can function at the current demand. The Board has undertaken to move much of the moveable equipment at the new site to the existing sites to cope with any increased demand over winter. This has included computers and the monitoring equipment for the additional 8 emergency department rooms and general wards. They have also increased Emergency Department trolleys by 10 in total moving trolleys from the new hospital to the Sick Kids to replace existing trolleys that have gone out of maintenance contract. They have also brought over 2 shower trolleys from the new site which has allowed nurses to manage capacity and provide a better treatment to patients in the medical wards.

Annex I – St John’s Paediatric Ward

In July 2017, NHS Lothian implemented a contingency model which resulted in patients not being admitted to the children’s inpatient ward at St John’s. The children’s ward was open 8am to 8pm, 7 days a week providing a short stay paediatric assessment service, with the paediatric ward remaining open for day-surgery activity as well as planned day case procedures and programmed investigations. The paediatric out-patient services, neonatal services and community child health services have all been unaffected. Now, as then, the vast majority of children who require services locally receive them at St John’s

From 18 March 2019 the 24 hour inpatient service re-opened four nights per week – Monday to Thursday – and for the remaining three days (Friday to Sunday) the assessment unit operates 8 am to 8 pm. The Board has maintained the four nights per week 24 hour inpatient service on all but one evening on Monday 7 October; there was no middle grade cover because nobody was willing or able to cover that evening. As a result, four West Lothian children required to be transferred and admitted to RHSC.

A total of 555 children have been admitted as inpatients to SJH Paediatric Ward between 18 March and 25 October 2019. The cumulative average daily admissions since reopening are 4.4 children per day. Over the same period, 154 children have been admitted to the Royal Hospital for Sick Children over the three weekend nights with cumulative average daily admissions of 1.4 children.

Lines to take

- The unanimous clinical view is that it is not possible to safely reinstate the full 24/7 service from October. Chief Medical Officer supports this position.
- Fully appreciate this will be disappointing for local people but I’m sure everyone will understand the safety of patients must be our overriding priority.
- The inpatient service, which re-opened in March between Mondays and Thursdays, will continue until full 24/7 services are reinstated.
- I remain committed to the full 24/7 reinstatement of the service and NHS Lothian will continue their recruitment efforts.
- Understand that NHS Lothian will invite the Royal College of Paediatrics and Child Health to return to review the Board’s progress to date towards a sustainable 24/7 service at St John’s as well as seeking advice on any other actions to progress.
- Understand that Royal College will also be asked for their advice on options for any services which could be relocated to SJH to help underpin the Children’s ward service at St John’s.

What is NHS Lothian doing around Recruitment?

The Board remain committed to the full 24/7 service re-opening and were working towards, dependent on permanent staffing levels, October this year. The clinically-led Paediatric Programme Board met on 27 August and concluded that despite success in recruitment, other staff had left post and the staffing position prevented the safe 24/7 reinstatement in October - 40 out of hours shifts require to be covered by permanent staff per month and only 32 can currently be covered by permanent career grade staff members. Another four are being covered by the fixed term Clinical Fellow. The CMO supports this position and advises that *The rota remains fragile - the required staffing levels are not being met due to staff shortages and pending further recruitment and I would support Lothian PPB decision here to continue with the robust 4 day service they currently provide until some of these gaps are filled.*

The inpatient service which re-opened in March for operation between Mondays and Thursdays will continue until full 24/7 services are reinstated.

Since the RCPCCH review in 2016, NHS Lothian have recruited an additional 16 staff made up of:

- 9 new consultants working in hybrid roles between St John's and the Sick Kids Hospital
- 1 replacement consultant to be based at St John's who has just recently been appointed
- 1 Clinical Fellow
- 5 Advanced Paediatric Nurse Practitioners/Trainee APNPs.

At the same time three staff have left to take up posts elsewhere and a further three are on either reduced hours, extended special leave or sick leave.

The Board have received one applicant for the recently re-advertised St John's Consultant post with an interview scheduled for 29th November. No applications were received for the recently re-advertised APNP posts - Board going back out to advertising.

What is the updated work on the Paediatric Programme Board?

The Paediatric Programme Board met again on 29th October. Its assessment of current out of hours rota position is that there are still gaps preventing any increase in the current four night opening – position is:

- 1 doctor who is currently on sick leave is due to start phased return to work in November. It is not clear at this point if the doctor will be able to contribute to the out of hours rota.
- 1 APNP has completed training and will join the out of hours rota at end of November.
- 2nd APNP is hoped to be able to join the rota in a few months' time, subject to completion of competencies.
- 3rd APNP should be able to do this from October 2020, subject to completion of competencies.

PPB will meet on 14 January 2020 and will receive an update on the second APNP's progress and re-assess the rota position.

Paediatric Programme Board also agreed to recommend that the Royal College of Paediatrics and Child Health should be invited to return and anticipate the review will start January/February. The exact remit has still to be finalised but will likely include:

- a review of the Board's progress to date towards a sustainable 24/7 service at SJH and seeking advice on any other actions to progress.
- asking for their advice on options for any services which could be relocated to SJH to help underpin the Children's ward service.

The advice from SG's paediatric advisor is that moving day time planned services from RHSC to St John's will have no impact in terms of making progress towards re-opening the inpatient service 24/7, which requires enough trained permanent nursing and medical staff to cover 40 out of hours shifts a month, with a degree of resilience for unplanned absence.

The Deputy Chief Nursing Officer is working with NHS Lothian to better understand the staffing and rota position and what can be done to move toward 24/7 service.

Annex J – Accountability

On 11 September 2019, the Cabinet Secretary made a statement to parliament, pursuant to the publication of two reports by KPMG and Health Facilities Scotland (HFS), concerning the delayed Royal Hospital for Children and Young People (RHCYP) and Department for Clinical Neurosciences (DCN). On accountability, the Cabinet Secretary stated the following:

“I want to be clear that I hold the principle of accountability in our public services as vitally important. This is a publicly funded project of strategic importance that has not been delivered in compliance with the standards and guidance required for the safety of patients and staff...

“Exercising that principle of accountability requires me to ensure that we proceed fairly to all concerned and with due process with have as a public body and the duties of a fair employer. That process is underway and I will advise Parliament of its outcome in due course.

On 30 October a further HFS report was published, which examined Fire, Electrical and Medical Gas installations at the hospital.

Collectively these reports raise a number of questions that are pertinent to the issue of accountability, including in relation to the quality of the board’s governance structure and compliance systems (including quality of project documentation), action taken by the board in relation to the settlement agreement and sign-off of the build, access to qualified specialists and the management of the board’s critical path.

Pursuant to these reports, noting that the board has commissioned an internal audit of events, and that further information may come to light as part of the inquiry, the process of considering appropriate action to be taken in respect of actor accountability remains ongoing.

Lines to take

- As I announced in my statement to parliament on 11 September 2019, the process of considering accountability issues in relation to the delayed RHCYP and DCN is underway and I will advise parliament in due course.
- This process will be undertaken fairly and in accordance with due process, on the basis of the information we already know, alongside the information that continues to emerge.
- As I have already outlined, this is a project of strategic importance, additional costs have been incurred as a result of identified issues regarding compliance with extant standards and guidance.
- It is important that we appropriately scrutinise the questions that have been raised and that we learn the relevant lessons, both in terms of accountability, but also systems failures.
- I am mindful that questions of accountability need to be contextualised in terms of the ongoing investigations and the public inquiry, the terms of which will be established in due course.

What about individual accountability? Will you hold senior executives to account?

- It would not be appropriate to make any comment on individual accountability, nor would it be appropriate to prejudge any of the ongoing investigations or the terms of the inquiry.
- We will always act fairly and justly, in accordance with the law and our suite of employment policies.

Annex K – Sick Kids FMQ

NOTE: 30 October - SG published NSS Review of Fire Systems, Electrical Systems and Medical Gas Installations (phase 2 report)

- This follows publication of NSS (phase 1) and KPMG reports, and NHS Lothian's action, on 11 September, when Health Secretary gave parliamentary statement.

Inquiry - 18 Sept – Tory debate saw SG amendment committing to public inquiry accepted (as was Labour's on the same subject), but the Tories abstained on the final vote. Currently awaiting inquiry chair to be appointed by Lord Advocate.

Escalation – We've escalated NHS Lothian to level 4 in the escalation framework– meaning a senior programme director (Mary Morgan), reporting to the Scottish Government, has been installed to oversee the completion of the project.

Delay - On 2 July NHS Lothian alerted SG to an issue with ventilation system in the critical Care unit of new Royal Hospital for Children and Young People.

- On 3 July, NHS Lothian and Health Facilities Scotland met to consider the various options available. They concluded due to the risks associated with undertaking invasive rectification works within a live patient environment, that critical care beds do not move until the problem has been fixed.
- On 4 July, the Health Secretary halted planned move in the interests of patient safety. This was communicated to staff and the wider public that day.
- W/C 8 July, Health Secretary announced that NHS National Services Scotland (NSS) would undertake a review on site compliance with technical specifications and standards.
- On 12 July KPMG were engaged to conduct an independent audit of the governance arrangements for the hospital, to provide an external and impartial assessment of the factors leading to the delay.

Top Lines

- In September, the Health Secretary updated this parliament with her statement and published independent reviews by NSS and KPMG.
- A further NSS report, to supplement the earlier one was published 30 October.
- The findings highlight remedial and improvement work required to fire and electrical systems prior to the hospital opening.
- NHS Lothian have been escalated to level 4 on the escalation framework to provide confidence that its action plan and the new Hospital will be delivered.
- The Deputy Chief Executive of NHS National Service Scotland started in the role of Senior Programme Director on 16 September to oversee completion.
- Health Secretary Jeane Freeman has confirmed a public inquiry into the Sick Kids hospital and Queen Elizabeth University site will be established.

Patient Safety is our top priority which is why we made the decision to delay the move to the new hospital and this will continue to be our focus.

- Having considered the calls of parents the Health Secretary Jeane Freeman confirmed on 18 September that to increase public confidence we will establish a public inquiry into the new Royal Hospital for Children in Edinburgh and the Queen Elizabeth University site.
- This inquiry will determine how vital issues relating to ventilation and other matters occurred. The Health Secretary has committed to returning to parliament to set out the full details of the inquiry.
- The inquiry will also be asked to establish how mistakes were made, and what steps can be taken to prevent them being repeated in future projects.

The NSS (phase 1) report revealed the range of issues which require to be resolved prior to occupation of the building.

- The main issues noted are management and assurance, ventilation systems, water systems and drainage and plumbing.
- The KPMG report set out picture of human error and confusion over interpretation of standards and guidance, and missed opportunities to spot and rectify the error.
- Our Oversight Board is overseeing all rectification works including work to bring the hospital up to the required clinical and safety standards.
- The main problem which led to the issues with air changes in the critical care unit, stems from an NHS Lothian document from 2012 (tender stage) which was inconsistent with guidance, but was referred to throughout project.

On 30 October we published the NSS Review of Fire Systems, Electrical Systems and Medical Gas Installations (phase 2 report).

- This document supplements the first NSS report issued in September.

- The findings highlight remedial and improvement work required within fire and electrical systems prior to the hospital being occupied.
- This report deals mainly with engineering aspects.
- NHS Lothian will respond to each recommendation in the report once the necessary risk assessments have been carried out and a detailed action plan will be published following appropriate engagement with contractors.
- No high risk issues were identified but improvement work is required.
- We remain committed to the previously announced timelines for this work.

The estimated costs to complete the works recommended by NSS at the new hospital, to improve the usefulness of the existing sites, and to account for double running, is around £16 million.

- **Works at the new hospital - £6 million** (including £4 million for rectification for critical care and haematology/oncology, plus £2 million contingency to account for any issues in NSS phase 2 work.)
- **Costs of maintaining sites - £7.2 million** (including £1.5 million for dual running sites, £2 million for additional maintenance at RHSC/DCN, £2 million for improvements to existing facilities, and £1.7 million for an interim modular unit at DCN to provide safe capacity.)
- **Project Team Costs over delivery period - £2.35 million** (including £1.5 million for the project team, £0.6 million for external advisers including legal, technical and financial, and £0.25 million in 'aborted commissioning'.)
- **Independent reviews - £0.55 million.**

There were suggestions that the move could be further delayed as a result of issues identified in the Phase 2 report

NOTE: The Edinburgh Evening News on 1 November said that the hospital could face 'major delay' over fire safety measures. It reported that fire safety measures are to be installed before patients move in, a union official has claimed.

Unison branch secretary Tom Waterson said the Scottish Government had promised smoke dampers would be fitted, but he said he understood 760 dampers were required and it took a day and a half to fit each one.

- The report did not identify dampers as a compliance issue. It set out the potential fitting of smoke dampers as category five – for observation and an opportunity for improvements.
- The works required to meet all aspects of the report are being factored into a wider plan being taken forward to ensure safety at the RHCYP and DCN.
- NHS Lothian have published an action plan bringing together the actions to meet the points found in both reports.
- We continue to work to the previously announced timelines.

There is a suggestion that a patient with cancer and who requires brain surgery was adversely impacted by the delay of DCN

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

We have been in contact with NHS Lothian and there is no suggestion that the delay has impacted on the treatment provided to the patient.

- NHS Lothian have confirmed there is no suggestion of any kind that the delay to the new DCN has anything to do with this case, but we of course appreciate how distressing it is for the patient to be requiring this treatment.

- NHS Lothian has confirmed that the patient has been seen well within [REDACTED] expected 12 week waiting time.
- [REDACTED] is due to undergo surgery in Edinburgh.

Under the contract terms, financial payments are and will be made by NHS Lothian to IHSL to meet their contractual responsibilities

NOTE: The Daily Record ran an article on 25 October that NHS Lothian have paid over £30 million to IHSL.

It is not clear how the Daily Record have arrived at a payment of £30 million.

We have paid IHSL £11.6 million for a Settlement Agreement in February 2019 and unitary payments to date of approximately £12 million.

- Integrated Health Solutions Lothian (IHSL) is legally responsible for the finance, design, build and maintenance of the Royal Hospital for Children and Young People and the Department of Clinical Neurosciences.
- Under the terms of the contract, financial payments are and will be made by NHS Lothian to meet their contractual responsibilities.
- An NPD contract means that NHS Lothian do not pay for the hospital during construction, but instead a unitary charge is paid every month once the hospital is complete over a 25 year period.
- Payments for the unitary charge began in February 2019 after the Independent Tester certified the hospital was complete.

Detailed work is underway to ensure issues are rectified and that the new site meets the required clinical and safety standards

- NSS have undertaken a detailed assessment of all buildings systems in the new hospital which could impact its safe operation - including ventilation, drainage, water, fire safety, and medical gases.
- Health Facilities Scotland are seeking assurance that current and recently completed major projects such as Dumfries and Galloway Royal Infirmary and Balfour Hospital (Orkney) are compliant with relevant guidance.
- KPMG have conducted an independent audit of the governance arrangements for the hospital, and of the factors leading to the delay.

Accountability

- The Health Secretary has made clear that she holds NHS Lothian accountable for delivery of the Sick Kids project.
- Given the number of issues to be rectified, the increased length of delay and increase in cost, we've now escalated NHS Lothian to stage 4.
- We've put in place a Senior Programme Director, Mary Morgan, who has taken responsibility for day to day delivery of the RHCYP operational phase from now until the site is fully occupied.
- She'll work alongside the clinical and operational team in NHS Lothian and will report directly to Scottish Government.
- Additional independent technical advice will be made available and the Oversight Board will remain in place.

High quality clinical service continues to be delivered from existing sites.

- The Health Secretary visited the existing Sick Kids hospital and Department for Clinical Neuroscience in July and then again in September to meet with staff and patients.
- She also met with staff side in August and on 8 October to discuss their concerns and to provide reassurance.
- Services have continued to be provided from the existing sites and plans for a phased migration of services when it is safe to do so are being developed.

We want to strengthen quality and control in the planning and construction of healthcare buildings.

- That's why as part of the Programme for Government I announced that we will create a new body which will have oversight for the design, construction and maintenance of major infrastructure developments within NHS
- It will involve a compliance function to ensure that construction and future maintenance is in line with statutory and other guidance.
- A programme brief has been prepared and Scottish Government officials will work closely with NSS to develop and refine the proposals.

Reports that the hospital will cost an extra £90 million are inaccurate.

NOTE: *The KPMG cost £322k; the NSS report £150k.*

- As part of the overall project, NHS Lothian needed to invest £80 million in new equipment and enabling works to get the site ready for construction.
- These costs were known at the outset of the project and were budgeted for.
- They are also reported in the regular updates to the Scottish Government's Infrastructure Investment Plan (IIP).
- £11.6 million was agreed as part of a Settlement Agreement following a previous issue reported with the building in February 2019.
- The estimated additional costs to rectify the issues are £16 million.

Timeline

- A programme of work including procurement, installation and a rigorous testing and validation is required before children's services can migrate over.
- This means that children's services will remain on the current site, likely until Autumn 2020. There are risks associated with this which will be closely managed by the Oversight Board.
- The Department of Clinical Neurosciences (DCN) is unaffected by the issue in critical care, but confirmation is required that the physical installation will not impact on the DCN clinical pathway.
- Our aim is that DCN will migrate services in Spring 2020.

The commitment to support staff at the Sick Kids hospital and Department of Clinical Neurosciences remains

NOTE: *The Edinburgh Evening News (9 October) asked for a response to comments from Miles Briggs accusing the Health Secretary of 'backtracking' on a pledge to instruct Health Improvement Scotland 'to undertake an urgent inspection' of the current Sick Kids site.*

- *The Health Secretary wrote to HIS on 7 October instructing them to undertake an inspection; she also wrote to Mr Briggs*
- *HIS undertook an unannounced inspection on last week.*
- On 7 October, the Health Secretary wrote to the Chair of Health Improvement Scotland (HIS) to instruct them to undertake an inspection.
- Staff at DCN and RHSC won high praise following an unannounced inspection by Health Improvement Scotland in October.
- In initial verbal feedback the inspection team commended staff for the outstanding patient care they continue to provide, for the cleanliness of the existing facilities and the positive attitudes they found in staff at all levels

ISSUES PRIOR TO JULY 2019

NOTE: *Before the current issues with the ventilation in critical care, this project had experienced problems which resulted in delays. It was originally due to be completed in May 2017.*

- *August 2016 - Multiplex (the building contractor) announced that due to the collapse of two key sub-contractors the project would be delayed by 6 months.*
- *March 2018 – Ventilation issues (different to the current problems) were causing problems and NHS Lothian were considering taking court action against IHSL.*
- *April 2018 – Court action was no longer being considered, instead both parties were working on a Settlement Agreement to resolve all issues.*
- *July 2018 – Both parties agreed in principle that a settlement agreement would be used to resolve all issues. This way forward was approved by the Health Secretary.*
- *September 2018 – Additional technical problems were identified, most notably with the drainage.*
- *February 2019 – Settlement Agreement was signed, which would allow project completion to be confirmed.*
- *Three significant technical matters remain (drainage, void detectors and heat sensors) but they would be addressed post-completion and at the same time the Board undertakes its commissioning.*
- *Risks of contractor and Board working at the same time were highlighted.*
- *July 2019 – Current issues with ventilation were notified to Scottish Government.*
- All these issues were publicly reported and acknowledged.
- The KPMG report provides a comprehensive summary of the issues.

Royal Hospital for Children and Young People, Department of Clinical Neurosciences and the Child and Adolescent Mental Health Service

Following the Cabinet Secretary's decision on 4 July to delay the move to the new Royal Hospital for Children and Young People (RHCYP) Edinburgh due to a number of building systems standards not being met, we received a letter updating the Committee on the factors leading to that decision and steps being taken:

[Letter from Jeane Freeman MSP, Cabinet Secretary for Health and Sport to Lewis Macdonald MSP, Convener of the Health and Sport Committee \(890KB pdf\)](#)

The Cabinet Secretary for Health and Sport provided an update on the Royal Hospital for Children and Young People (RHCYP) to the Scottish Parliament during Chamber business on 11 September 2019. Following this update, the Cabinet Secretary issued a letter to the Health and Sport Committee:

[Letter from Jeane Freeman MSP, Cabinet Secretary for Health and Sport to Lewis Macdonald MSP, Convener of the Health and Sport Committee \(330KB pdf\)](#)

The Cabinet Secretary for Health and Sport wrote to the Committee on 16 September 2019 with a further update to advise on the appointment of Mary Morgan as Senior Programme Director to the Royal Hospital for Children and Young People and Department of Clinical Neuroscience project.

[Letter from Jeane Freeman MSP, Cabinet Secretary for Health and Sport to Lewis Macdonald MSP, Convener of the Health and Sport Committee \(55KB pdf\)](#)

We received a further letter from the Cabinet Secretary for Health and Sport on 18 September 2019 confirming in writing the announcement of a public inquiry ahead of the Chamber Debate on Mismanagement of NHS Construction Projects.

[Letter from Jeane Freeman MSP, Cabinet Secretary for Health and Sport to Lewis Macdonald MSP, Convener of the Health and Sport Committee \(1.3MB pdf\)](#)

Following recent announcements and updates the Convener wrote to the Cabinet Secretary for Health and Sport regarding her offer to update the Committee directly, inviting her to attend on 19 November 2019.

[Letter to Jeane Freeman MSP, Cabinet Secretary for Health and Sport from Lewis Macdonald MSP, Convener of the Health and Sport Committee - 25 September 2019 \(82KB pdf\)](#)

The Convener also issued a letter to the Auditor General for Scotland regarding the additional costs to the overall health budget resulting from recent events and the delay to the opening of the Royal Hospital for Children and Young People.

[Letter to Caroline Gardner, Auditor General for Scotland from Lewis Macdonald MSP, Convener of the Health and Sport Committee - 25 September 2019 \(82KB pdf\)](#)

We received a response from the Auditor General for Scotland on 30 September 2019 confirming that a report will be drafted under Section 22(3) of the Public Finance and Accountability (Scotland) Act 2000. The report will be based on the two recent independent reviews by KPMG and NHS National Services Scotland (NSS) and the Auditor's report for NHS Lothian year ended 31 March 2019. It is intended that the report will be laid in the Scottish Parliament by the end of November 2019.

[Letter from Caroline Gardner, Auditor General for Scotland to Lewis Macdonald MSP, Convener of the Health and Sport Committee - 30 September 2019 \(34KB pdf\)](#)

The Cabinet Secretary for Health and Sport wrote to the Committee on 4 October 2019 following the update to the Scottish Parliament on discussions she has had with families of paediatric cancer patients affected by the infection outbreaks at the Royal Hospital for Children and Young People and the Queen Elizabeth University Hospital.

[Letter from Jeane Freeman MSP, Cabinet Secretary for Health and Sport to Lewis Macdonald MSP, Convener of the Health and Sport Committee - 4 October 2019 \(160KB pdf\)](#)

The Cabinet Secretary for Health and Sport wrote to the Committee on 30 October 2019 to advise of the publication of the second and final part of a review into compliance of all building systems at the Royal Hospital for Children and Young People and Department of Clinical Neurosciences.

[Letter from Jeane Freeman MSP, Cabinet Secretary for Health and Sport to Lewis Macdonald MSP, Convener of the Health and Sport Committee - 30 October 2019 \(53KB pdf\)](#)

From: Downie J (Jack) on behalf of Cabinet Secretary for Health and Sport
Sent: 12 March 2020 09:04
To: Henderson C (Calum); Cabinet Secretary for Health and Sport; Hart S (Suzanne); McQueen F (Fiona); Paterson M (Matt)
Cc: Minister for Mental Health; Minister for Public Health, Sport and Wellbeing; Murray D (Diane); Morrison A (Alan); McCallum R (Richard); Chief Medical Officer; Smith G (Gregor); Hutchison D (David)
Subject: RE: Official - Sensitive: Revised update on DCN
Attachments: updated DCN Newsletter.png; JF to HSC - DCN.docx; GIQ - DCN.docx

Calum,

Final version of the GIQ and HSC letter attached – grateful if you could send this version up via the system.

Matt,

Ms Freeman is also content with NHS Lothian's revised NR.

Thanks,
 Jack

From: Henderson C (Calum) [REDACTED]
Sent: 11 March 2020 15:19
To: Cabinet Secretary for Health and Sport [REDACTED] Hart S ([REDACTED])
 McQueen F (Fiona) [REDACTED]
Cc: Minister for Mental Health [REDACTED] Minister for Public Health, Sport and Wellbeing
 [REDACTED] Murray D (Diane) [REDACTED] Morrison A (Alan)
 [REDACTED] McCallum R (Richard) <[REDACTED]> Chief Medical Officer
 [REDACTED] Smith G (Gregor) <[REDACTED]> Hutchison D (David) [REDACTED]
Subject: RE: Official - Sensitive: Revised update on DCN

Jack

Please find revised GIQ answer and letter to committee.

The Programme Director and NHS Lothian have continued to work positively with contractors to address the actions identified in both NSS reports, which were subsequently published in 2019 following the announcement of halting the move. This progress has resulted in NHS Lothian being able to confirm an intended draft timetable. On Thursday 9 April, subject to a number of factors, NHS Lothian are hoping to confirm into moving the Department of Clinical Neurosciences from Monday 25th May for completion by 31 May 2020. The Programme Director and Oversight Board chaired by the Chief Nursing Officer, will continue to work with clinical staff and the Area Partnership Forum to closely monitor works completion up to that date and to mitigate any works that may be outstanding. We continue to work to the timescale of moving the full hospital into the new site in Autumn 2020.

Calum

From: Downie J (Jack) <[REDACTED]> On Behalf Of Cabinet Secretary for Health and Sport
 Sent: 11 March 2020 12:19
 To: Henderson C (Calum) [REDACTED] Cabinet Secretary for Health and Sport
 <[REDACTED]> Hart S (Suzanne) [REDACTED] McQueen F (Fiona) [REDACTED]
 Cc: Minister for Mental Health [REDACTED] Minister for Public Health, Sport and Wellbeing
 [REDACTED] Murray D (Diane) <[REDACTED]> Morrison A (Alan) [REDACTED]
 [REDACTED] McCallum R (Richard) [REDACTED]; Chief Medical Officer
 [REDACTED] Smith G (Gregor) [REDACTED] Hutchison D (David) [REDACTED]
 Subject: RE: Official - Sensitive: Revised update on DCN

Calum,

I've spoken discussed further with the Cabinet Secretary and she feels the last two sentences of the first paragraph need to be reworked (9 April date set our first, this is subject to a number of factors but NHS Lothian's intention would then be move DCN 25-31 May) I also think we will need a draft letter to the Health & Sport Committee that issues at the same time therefore grateful if you could rework the answer and draft a letter by 1630 this evening. I'll get the GIQ lodged just now – Ms Constance will ask the question and it will be answered tomorrow at 1430.

Thanks,
 Jack

Angela Constance MSP

To ask the Scottish Government when the Department of Clinical Neurosciences at the new Edinburgh Royal Hospital for Children is anticipated to open?

Proposed Answer

The Programme Director and NHS Lothian have continued to work positively with contractors to address the actions identified in both NSS reports, which were subsequently published in 2019 following the announcement of halting the move. This progress has resulted in NHS Lothian confirming a intended draft timetable for the move subject to a number of factors. The confirmation of the date for moving the Department of Clinical Neurosciences from Monday 25th May for completion by 31 May 2020 is needed by Thursday 9th April.

The Programme Director and Oversight Board chaired by the Chief Nursing Officer, will continue to work with clinical staff and the Area Partnership Forum to closely monitor works completion up to that date and to mitigate any works that may be outstanding.

We continue to work to the timescale of moving the full hospital into the new site in Autumn 2020.

From: Henderson C (Calum) [REDACTED]
 Sent: 11 March 2020 11:09
 To: Cabinet Secretary for Health and Sport <[REDACTED]> Hart S (Suzanne) [REDACTED]
 McQueen F (Fiona) [REDACTED]
 Cc: Minister for Mental Health [REDACTED] Minister for Public Health, Sport and Wellbeing
 [REDACTED]; Murray D (Diane) <[REDACTED]> Morrison A (Alan) [REDACTED]
 <[REDACTED]> McCallum R (Richard) <[REDACTED]> Chief Medical Officer
 [REDACTED]; Smith G (Gregor) <[REDACTED]> Hutchison D (David) [REDACTED]
 Subject: RE: Official - Sensitive: Revised update on DCN

Jack

We discussed, revised GIQ.

Calum

From: Henderson C (Calum)
Sent: 11 March 2020 09:58
To: Cabinet Secretary for Health and Sport [redacted] Hart S (Suzanne) [redacted]
McQueen F (Fiona) [redacted]
Cc: Minister for Mental Health [redacted]; Minister for Public Health, Sport and Wellbeing
[redacted]; Murray D (Diane) [redacted] Morrison A (Alan)
[redacted]; McCallum R (Richard) [redacted] Chief Medical Officer
[redacted] Smith G (Gregor) [redacted] Hutchison D (David) [redacted]
Subject: RE: Official - Sensitive: Revised update on DCN

Jack

Following comments from Mary Morgan, please see minor amendment to GIQ.

Calum

From: Downie J (Jack) <[redacted]> On Behalf Of Cabinet Secretary for Health and Sport
Sent: 10 March 2020 14:32
To: Hart S (Suzanne) [redacted]; McQueen F (Fiona) [redacted] Cabinet Secretary
for Health and Sport <[redacted]> Henderson C (Calum) [redacted]
Cc: Minister for Mental Health [redacted] Minister for Public Health, Sport and Wellbeing
[redacted] Murray D (Diane) [redacted]; Morrison A (Alan)
[redacted] McCallum R (Richard) [redacted]; Chief Medical Officer
[redacted] Smith G (Gregor) [redacted] Hutchison D (David) [redacted]
Subject: RE: Official - Sensitive: Revised update on DCN

Fiona/Calum/Suzanne,

The Cabinet Secretary has noted the additional information and made changes to the GIQ. The plan is for this to issue on Thursday (exact timings TBC) therefore I would be grateful for comms handling to be taken forward in the meantime. I will arrange for the GIQ to be lodged and confirm who will ask the question and exact timings tomorrow.

Thanks,
Jack

From: Hart S (Suzanne) [redacted]
Sent: 10 March 2020 13:57
To: McQueen F (Fiona) [redacted] Cabinet Secretary for Health and Sport [redacted]
Cc: Minister for Mental Health [redacted] Minister for Public Health, Sport and Wellbeing
<[redacted]>; Murray D (Diane) [redacted]; Morrison A (Alan)
[redacted] McCallum R (Richard) [redacted] Chief Medical Officer
[redacted]; Smith G (Gregor) [redacted] Hutchison D (David) [redacted]
Henderson C (Calum) [redacted]
Subject: RE: Official - Sensitive: Revised update on DCN

Fiona,

As discussed at the portfolio meeting, NHS Lothian comms have been in touch to say that the decision will now be made on April 9 given April 10 is Good Friday.

Andy/Jack - Once Cab Sec has fed back on the info Fiona sent over I will ask NHS Lothian comms to update their staff newsletter and send back over to clear. We will need to co-ordinate the GIQ going out and the newsletter being issued. Ideally the newsletter will need to be cleared by Ms Freeman and read to issue straight after the GIQ goes out.

Thanks,

Suzanne

From: Imrie D (Douglas) [redacted] **On Behalf Of** McQueen F (Fiona)
Sent: 06 March 2020 16:03
To: Cabinet Secretary for Health and Sport [redacted]
Cc: Minister for Mental Health [redacted]; Minister for Public Health, Sport and Wellbeing [redacted]; Murray D (Diane) <[redacted]>; Morrison A (Alan) [redacted]; [redacted]; McCallum R (Richard) [redacted]; Chief Medical Officer [redacted]; Smith G (Gregor) [redacted]; Hutchison D (David) [redacted]; Hart S (Suzanne) [redacted]; Henderson C (Calum) [redacted]
Subject: Official - Sensitive: Revised update on DCN

PS/Cabinet Secretary

Please disregard the previous email. Attached is a revised update on the department of clinical neurosciences.

Kind regards
Fiona

RHCYP + DCN UPDATE

MARCH 2020

DCN – A MOVE IN SIGHT!



The 25th May. That's the date we are working towards to move the Department of Clinical Neurosciences into its new home at Little France. The Programme Director and NHS Lothian have continued to work positively with contractors to address the actions identified in both NSS reports which were subsequently published in 2019 following the announcement of halting the move. The final decision day will be 9th April, six weeks ahead of the move-in

date. This is because staff need six weeks notice to get things ready, schedule patient appointments in the new building and transfer services.

So what's happening in the meantime? Although the building received its fire safety certification before the scheduled opening last July, NHS Lothian agreed to instruct fire enhancement work to incorporate the very latest thinking on safety. That work is due for completion in DCN in early May but we'll need to assess its progress and assure it's on track before committing to the 25th May date. The Programme Director and Oversight Board chaired by the Chief Nursing Officer will also continue to work with clinical staff and the Area Partnership Forum to closely monitor works completion up to that date and to mitigate any works that may be outstanding.

Paediatric Critical Care and Lochranza Ward

In other news we have now received a detailed design for the ventilation system for paediatric Critical Care and for the Haematology and Oncology Ward (Lochranza). Alongside that detailed design we have also received a plan from IHSL outlining how the ventilation work will be carried out over the summer months to enable Children's Services and Child and Adolescent Mental Health Services to move in the Autumn. This plan is what is called a 'target programme' and it is important for us to satisfy ourselves that our timelines will be met. These issues then, are forming the basis of the discussions taking place now with IHSL with a view to signing a commercial agreement later this month. The fire enhancement work nearing completion in DCN will be replicated across the building during this period too.

Showers, baths taps and sinks



A little known fact is that the review carried out by National Services Scotland last year picked up on a by-law which forbids shower hoses of a certain length. The concern is that if shower hoses are too long, they may touch the drains and create an infection control hazard. Equally we require hoses to be long enough to assist patient who may have mobility difficulties. A solution to this conundrum has now been agreed, and in the spirit of knowledge sharing is set to be implemented in hospitals across Scotland.



[REDACTED]
[REDACTED]

Lewis Macdonald MSP
Convener
Health and Sport Committee

By Email.

March 2020

UPDATE ON DEPARTMENT OF CLINICAL NEUROSCIENCES

I am writing to inform you of an update to the progress of opening the Department of Clinical Neurosciences in Edinburgh. When I halted the move to the new site of the Royal Hospital for Children and Young People and Department of Clinical Neurosciences, it was in the interest of patient safety. NHS Lothian were escalated to level 4 on the escalation framework with regards to the Royal Hospital for Children and Young People and Department of Clinical Neurosciences.

I appointed Mary Morgan as Senior Programme Director, Mary reports to Government through the Programme Oversight Board and has continued to work to deliver a safe site. The Programme Director and NHS Lothian have continued to work positively with contractors to address the actions identified the compliance reports undertaken by NSS, which were subsequently published in 2019 following my decision to delay the move.

This progress has resulted in NHS Lothian being able to confirm an intended draft timetable where they intend to transfer services for the Department of Clinical Neurosciences to the new building from Monday 25th May for completion by 31 May 2020. There are still some key risks to this timetable, not least the ongoing programme of work associated with Covid-19, however I thought it would be helpful to provide you with the current a high level planning assumptions.

The Programme Director and Programme Oversight Board chaired by the Chief Nursing Officer, will continue to work with clinical staff and the Area Partnership Forum to closely monitor works completion up to that date and to mitigate any works that may be outstanding.

We continue to work to the timescale of moving the full hospital into the new site in Autumn 2020. I will continue to keep the Parliament updated on the progress of these timescales.

JEANE FREEMAN

Angela Constance MSP

To ask the Scottish Government when the Department of Clinical Neurosciences at the new Edinburgh Royal Hospital for Children is anticipated to open?

The Answer

The Programme Director and NHS Lothian have continued to work positively with contractors to address the actions identified in both NSS reports, which were subsequently published in 2019 following the announcement of halting the move.

This progress has resulted in NHS Lothian being able to confirm an intended draft timetable. On Thursday 9 April, subject to a number of factors, NHS Lothian intend to confirm moving the Department of Clinical Neurosciences from Monday 25th May for completion by 31 May 2020. The Programme Director and Oversight Board chaired by the Chief Nursing Officer, will continue to work with clinical staff and the Area Partnership Forum to closely monitor works completion up to that date and to mitigate any works that may be outstanding.

We continue to work to the timescale of moving the full hospital into the new site in Autumn 2020.

COMMERCIAL – IN CONFIDENCE
NOT DISCLOSABLE UNDER THE FREEDOM OF INFORMATION (SCOTLAND) ACT 2002

NHS Lothian

Finance and Resources Committee
27 November 2019

Director of Finance

Update on Royal Hospital for Children and Young People, the Department of Clinical Neurosciences and Child and Adolescent Mental Health Services**1 Purpose of the Report**

- 1.1 The purpose of this report is to update members on governance arrangements surrounding the project and to seek members support for a set of recommendations relating to commercial decisions required to facilitate progress towards the opening of the Royal Hospital for Children and Young People, the Department of Clinical Neurosciences, and Child and Adolescent Mental Health Services at Edinburgh bioQuarter ('the Facility'). Such decisions affect NHS Lothian's position in terms of risk, cost and liability.

2 Recommendations

- 2.1 Members are asked to review the recommendations set out in the table below and recommend to NHS Lothian Board that these should be supported.

3 Discussion of Key Issues

- 3.1 Members will be aware that an Oversight Board has been established to support NHS Lothian in delivering the new facility, and that a Senior Programme Director has been appointed to lead this work, reporting to Scottish Government. The action taken is commensurate with the Board's escalation to Level 4 of the NHS Board Performance Framework.
- 3.2 Both the Oversight Board and the appointment of the Senior Programme Director are in support of NHS Lothian during the work to complete the new facilities and are not intended as a replacement for any governance or management processes that apply for NHS Lothian.
- 3.3 The Oversight Board will, in turn, co-ordinate advice and provide assurance to Scottish Ministers on the work and the readiness of the new facilities to open, essentially providing an additional layer of assurance. The Senior Programme Director, while reporting direct to Scottish Government will also act as an important link between NHS Lothian and Oversight Board, with the key role of ensuring that the new facility is fit for occupation. All other actions relating to the existing site and to the migration of services to the new facility will remain the responsibility of NHS Lothian.
- 3.4 As signatory to the contract, NHS Lothian continues to play a full part in this process and will continue to have overall accountability, with governance arrangements operating in the normal way. It will achieve this through membership the Oversight Board, which includes NHS Lothian's Director of Finance, Executive Medical Director and Nurse

Director, and in providing assurance around the significant and complex remedial work that must now take place to meet the required standards set for the Facility, as well as escalation of key issues to the Finance and Resources Committee or the Health Board as appropriate.

- 3.5 Under the auspices of the Oversight Board, a Commercial Sub-Group has been formed, chaired by Susan Goldsmith, which is responsible for considering the commercial issues and decisions required to make progress towards hospital opening. The Sub-Group makes recommendations to the Oversight Group. Recommendations will also be made direct to NHS Lothian where such decisions have a material or contractual impact on NHS Lothian, which will then be taken through the appropriate governance route as determined by the Director of Finance.
- 3.6 The critical path to the opening of the facility involves the following key actions, both of which require underpinning commercial decisions to be made:
- enact the processes that will allow the ventilation issues to be addressed and enactment of a further Board Change to enhance fire safety in the facility (together referred to as the 'Works'); and
 - ensure the readiness of the FM provider, Bouygues, to deliver their contractual obligations once the facility is open and occupied by staff and patients.
- 3.7 Given that the above actions and underpinning commercial decisions will have an impact on the level of risk being borne by NHS Lothian, the costs it will carry and on clinical and operational services once the Facility is open, such decisions require the support, and formal approval of NHS Lothian. The initial consideration of these actions and decisions rests with the Finance and Resources Committee before they can be taken forward.
- 3.8 IHSL have indicated that they are prepared to appoint a contractor team to deliver the Works, led by Imtech, with support from Hoare Lee and Vipond, who will design and implement the Works on IHSL's behalf. This differs from the previously assumed approach whereby Bouygues would carry out the Works. After detailed discussion, IHSL and NHS Lothian have concluded that it would be preferable for Bouygues to focus on operational readiness and for the Works to be delivered by a different entity, a contractor with a strong reputation known to NHS Lothian.
- 3.9 The Works have been progressed initially as Board Changes under the processes set out in the Project Agreement. However, the complexity of the arrangements, the scale and nature of the works and timescales within which they must be delivered mean that the normal Change process will need to be adapted to allow progress to be made.
- 3.10 Accordingly, NHS Lothian has received two documents from IHSL:
- a draft Letter of Engagement dated 15 November 2019, to facilitate commencement of the design work for the additional Works; and
 - a waiver letter dated 13 November 2019 setting out additional conditions that NHS Lothian requires to agree to progress the additional Works in order to meet a proposed completion date of Spring 2020 (DCN) and Autumn 2020 (Children and Young People).
- 3.11 The letters, once agreed and signed on behalf of the Board, will form the basis of elements of a Supplemental Agreement (SA), to be entered into in early 2020, that will expand on and contractually enact the measures required.

- 3.12 The table below sets out the key commercial issues, which will require to be dealt with in the letters and subsequent SA, and the recommended course of action to be taken. There are other issues that require finalisation, but these do not have a material impact on NHS Lothian's risk profile. Once NHS Lothian's position is agreed through governance, engagement will take place with IHSL to agree the commercial principles, which can then be accommodated in revised letters and the SA.

Issue	Recommendation
<p><u>£400k Deduction Mitigation</u></p> <p>Since the facility was handed over to NHS Lothian, IHSL have incurred over £1 million of deductions in relation to performance failures. These deductions are passed in full by IHSL to Bouygues, the FM operator. Analysis of these deductions shows up a range of errors on the part of Bouygues, who are operating the facility helpdesk and performance regime, in the way that failures are recorded and deductions generated. Alongside this, many failures are attributable to Multiplex rather than Bouygues.</p> <p>It has been agreed that the deductions will be mitigated by a sum of £400,000, this being an ex-gratia payment.</p>	<p>It is recommended that reimbursement of £280k is made to IHSL by NHS Lothian on signature of the Letter of Engagement and the balance is payable on entering into the SA in order to incentivise IHSL and Bouygues.</p> <p>Other conditions proposed are that should Bouygues receive recovery of any of these sums from Multiplex in due course these sums should be returned to NHS Lothian to avoid double-counting, and that payment would be made to IHSL for onward transmission to Bouygues.</p>
<p><u>Indemnity</u></p> <p>IHSL are seeking an indemnity to protect them from certain liabilities arising from the works. The need for such an indemnity is accepted by NHS Lothian given the highly unusual nature of the works and the complexity of interface arrangements. However, IHSL's initial proposals for the indemnity are extremely wide-ranging and NHS Lothian has been seeking to limit its scope to avoid becoming, in effect, the guarantor for Multiplex's shortcomings and taking on performance risks that should be managed by IHSL in the normal way through the Project Agreement.</p> <p>These arrangements will be in addition to the Excusing Cause (which provides deduction relief subject to protections set out in the Project Agreement) available to IHSL in the areas affected while the works are being implemented.</p>	<p>It is recommended that an indemnity should be provided but that it should:</p> <ol style="list-style-type: none"> 1. be applicable to the areas of the Facility directly affected by the Works only; 2. indemnify IHSL for Direct Losses suffered as a result of any issues for which Multiplex or Imtech would have been liable but for the Works; 3. ensure that IHSL continue to provide all of the services required of them at all times in all other respects; 4. provide other protections to NHS Lothian that allow its risk profile to be maintained.
<p><u>Operation of the Payment Mechanism</u></p> <p>The current situation is highly unusual in that while the project is now in its operational</p>	<p>A series of workshops will be run with Bouygues to establish how the payment mechanism will operate during the interim period, this being a short-term arrangement that will fall away, reverting to the</p>

Issue	Recommendation
<p>period, with the annual service payment being made in full, the facility will carry many attributes of a construction site while works are carried out.</p> <p>As indicated above, it is apparent that Bouygues still have much work to do to bring their helpdesk and performance management processes up to full operational speed.</p> <p>It has been agreed in principle that NHS Lothian will agree an approach to the operation of the payment mechanism that will incentivise Bouygues to focus on achieving operational readiness without the threat of high deduction levels for a facility with almost no staff or patients in it.</p>	<p>Project Agreement norm, once the DCN element of the facility is available.</p> <p>While it is NHS Lothian's intention to engage with Bouygues to agree the measures that will be taken, the Board team's preference is to enter these discussions with a view to eliciting from Bouygues their views on measures that they wish to be taken, rather than pre-empting this by offering concessions from the outset. However, the NHS Lothian team wish to secure the support of committee members to pursue agreement of measures that would relax the payment mechanism. The implication of this is that, during this period, NHS Lothian will not be able to recover deductions to the same level that would be the case if the payment mechanism were to apply in the normal way, although this sum cannot be quantified at present.</p>
<p><u>Termination Rights</u></p> <p>IHSL are currently potentially in default under the Project Agreement, having been served two Warning Notices, and with the potential for three more to be issued for the period up until end September. They have also sustained deductions at a level that triggers default.</p> <p>However, NHS Lothian does not wish to terminate IHSL, as working with them continues to represent the best way of delivering the facility. Therefore, NHS Lothian is willing to compromise in this area.</p> <p>IHSL are requesting that NHS Lothian should waive all of its termination rights under the Project Agreement while the works are taking place, on the basis that the threat of termination is a perverse incentive on IHSL and a major concern for funders. This is clearly unacceptable, although NHS Lothian is willing to agree a compromise position.</p>	<p>Members are asked to support the following approach:</p> <ol style="list-style-type: none"> 1. NHS Lothian should in principle waive historic termination rights as a gesture of goodwill, but to do this only once the SA is entered into in order to retain an incentive on IHSL to reach agreement on the commercial package that the SA will contain; 2. Once the SA is entered into, there will be a firm commitment by IHSL to undertake the Works. Whilst the Works are being executed, no termination rights will be exercised as a result of any events that are caused or materially contributed to by the undertaking of the Works; 3. Post-completion of the Works, the project will move to a steady state with the payment mechanism and the termination rights applying in the normal way.
<p><u>Self-Help</u></p> <p>The Project Agreement provides a mechanism for the Board to undertake the Works associated with the Changes themselves if IHSL fail to undertake them subject to certain conditions. IHSL have asked the Board to waive that right. NHS</p>	<p>Members are asked to support the following approach:</p> <ol style="list-style-type: none"> 1. The right to self-help is retained if the SA is not executed by a date to be agreed. 2. Once the SA is entered into, self-help is permitted only if IHSL fail to proceed

Issue	Recommendation
Lothian cannot accept that compromise, but is prepared to dilute the self-help rights on a limited basis.	<p>regularly and diligently/ fail to meet the completion date (as that may be extended).</p> <p>This broadly aligns with the self-help rights that NHS Lothian would have available under the Change Protocol.</p>

4 Key Risks

- 4.1 There is a risk that IHSL will find the position set out above unacceptable and will seek further concession from NHS Lothian, which may introduce further delay while this is resolved.
- 4.2 There is a risk that, despite the agreement of the measures to be taken relating to the payment mechanism, Bouygues will still not deliver the level of performance sought.
- 4.3 There is a risk that if the commercial package is not considered and agreed in the round, NHS Lothian may make concessions to IHSL that are not offset by appropriate reciprocation.

5 Risk Register

- 5.1 The delay to the Project has been added to the NHS Lothian risk register. The content of this update does not affect the risks already noted.

6 Impact on Inequality, Including Health Inequalities

- 6.1 No additional impacts arise from this update.

7 Duty to Inform, Engage and Consult People who use our Services

- 7.1 Arrangements are in place to update stakeholders on progress, including updates issued by Scottish Government and Ministers.

8 Resource Implications

- 8.1 There will be capital and revenue implications associated with works to be undertaken. The quantification of these implications is currently being assessed and will be reported to the Finance & Resources Committee for approval as soon as these are known. The indicative capital value of the combined Works, including design costs, is in the region of £6.7 million, which will be payable by NHS Lothian, although Scottish Government support will be available to finance this.

Susan Goldsmith
 Director of Finance
 November 2019

From: Currie, Brian
Sent: 20 August 2019 15:31
To: Goldsmith, Susan; [REDACTED] Graham, Iain
Subject: RE: Sick Kids - weekly briefing to Cab Sec

Importance: High

Barbara

Ventilation update as follows:

1.0 Introduction & Background

1.1 Since initial reports of problems with the critical care ventilation system by IOM during independent validation there have been twice weekly meetings held to progress each identified issue to a conclusion. Several items have been closed off but others remain open. The current position is outlined in the following sections.

2.0 Reports and Status

2.1 To date, three reports have been produced in relation to performance and compliance of the ventilation systems. These reports and their current status are:

- Independent validation of critical ventilation systems (IOM)– Issued in Draft
- Independent validation of general ventilation systems (IOM) – Draft expected imminently
- HFS Expert Review Report – Issued to HFS

2.2 The draft report issued after Independent validation of critical ventilation systems has been used as the basis for ongoing discussion and remedial works since it was issued in July. It identified 54 items of concern and these were developed into an action plan which is updated at the twice weekly meetings.

2.3 IOM were further commissioned to assess performance of the general ventilation systems focusing on 100% of the clinical areas and a sample of non clinical locations. A draft of their report is expected this week however ahead of this some items have been identified in a similar vein and will be added to the current action plan.

2.4 As part of the audit currently being undertaken by HFS they commissioned a review by a known expert. His report has been issued to HFS but is at present unable to be issued to IHSL until a consolidated view and/or report is obtained from HFS

3.0 Critical Care Ventilation

3.1 Currently the largest single outstanding item relating to ventilation is the need to deliver a ventilation system capable of providing 10 air changes per hour at 10 Pascals positive pressure to critical care areas (single bedrooms and multi bedded rooms). Initial discussions regarding concept design have taken place at the ventilation meetings however there is not yet full commitment to design development from IHSL supply chain.

3.2 Indications are that the design process will take 3 weeks from issue of letter of intent and the lead time for procurement of the air handling unit is estimated to be approximately 18 weeks. Delivery to site will be followed by a further 3 week period to

install, commission, and validate, some time should also be allowed for slippage and holidays. During the lead time for procurement, the associated design and construction elements can be progressed to the point where they are completed prior to delivery of the air handling unit.

- 3.3 It is proposed that the ventilation meeting held every Tuesday be converted to a meeting specifically to progress this work package. An initial internal meeting will be held on 20th August with clinical stakeholders to brief and engage in the design process.

4.0 Action Plan and Matrix

- 4.1 An action plan was produced from the 54 items of concern in the draft IOM report and to date 28 are closed. Items identified during the general ventilation discussions will be added to this list and Multiplex will update and re-issue. From the initial 54 items, the seven in section 5.0 below were identified as works that may be disruptive were they to be carried out while the hospital is fully operational and special emphasis has been placed on progressing these at the ventilation meetings. At present, except for the seven below, it is felt that none of the remaining items in the initial 54 and the latest additions are of a significant nature and could be carried out whilst the hospital is occupied with little or no disruption to activity.
- 4.2 A further matrix has been produced to update the IMT and contains water, drainage, and Electrical items as well as ventilation, this has been updated and issued yesterday, 19th August, as version 4. It includes items from HFS appointed experts initial reports which have not yet been shared with IHSL. We await an update or report from HFS confirming their view prior to issuing.

5.07 Major Items

- 5.1 **Very limited extract in theatre corridors** – Multiplex are proceeding with a design and installation to provide more extract to the corridor via a secondary fan. Expected completion 30th September
- 5.2 **Excessive flexible ductwork in theatre ceiling spaces** – Extent and compliance status of this item is unknown as flexible ductwork up to certain length and form is permitted. Multiplex have been made aware of locations that may be an issue and will survey to establish impact. If identified as excessive, remedial works will be short duration but would be very disruptive if theatres were in use.
- 5.3 **Scrub extract grilles** – According to guidance the extract grille in the scrub area should be low level, Multiplex have designed and installed these at high level and have provided their rationale for doing so. Multiplex are required to demonstrate that their installation meets or exceeds the performance of a low level grille. If it does not, work will be required to duct these to low level and would be very disruptive if theatres were operational.
- 5.4 **Isolation room back up arrangements appear to be very complex** – Multiplex have designed a back-up system which during periods of maintenance to air handling units serving isolation rooms can be operated to borrow air from less critical locations to maintain the integrity of the environment in the isolation room. This has yet to be fully demonstrated and if unsuccessful may require disruptive works to remedy. This would be difficult to achieve if the isolation rooms were occupied.
- 5.5 **Cabling and electrical items in airstream within air handling units** – Electrical components and cabling not normally designed within air handling units have been installed. If deemed non compliant, Multiplex will submit a proposal for review followed

by sample works to one unit for agreement before proceeding to remediate all units. This item covers some of the less disruptive items on the action plan and it is intended that these will be rectified at the same time. NHSL are pushing for timescales for this item.

5.6 Some motors running at 95% - Controls appear to indicate that there is little spare capacity to overcome dirty filters in air handling units as fan motors are running at close to full speed. Multiplex have carried out a survey and have verbally indicated that the readings have been misinterpreted and show only that they are running at 95% of design and have adequate spare capacity above these values. Report and evidence is expected this week, if satisfactory, this item can be closed upon receipt of confirmation.

5.7 AHU pressure controls – During inspection IOM noted some fluctuations in pressures and suggested it may be due to the location and type of sensor. Multiplex have logged performance over a significant period and submitted results on 16th August for review by NHSL. If satisfactory this item can be closed, if not remedial works although small and short duration will be disruptive if theatres are operational.

6.0 Conclusion

6.1 Until further information in the form of reports and recommendations from HFS and IOM are received the foregoing represents the current status of ventilation issues known to the two parties. It is recognised that some of the remedial work may take a reasonable time to rectify, however the vast majority of items could be done whilst the hospital is fully operational with little or no disruption or impact on performance.

The 7 items listed in section 5.0 above represent the most disruptive works and the focus and expectation is that these will be rectified before the hospital is fully operational.

Provided no other significant issues arise from the HFS and IOM reports, the duration of design and installation works required to provide the necessary ventilation to critical care areas mean that this element is likely to be the last of the items mentioned above to be completed.

Regards

Brian

Brian Currie
Project Director - NHS Lothian
RHCYP + DCN



From: Goldsmith, Susan
Sent: 20 August 2019 14:50
To: [REDACTED] Graham, Iain
Cc: Currie, Brian
Subject: RE: Sick Kids - weekly briefing to Cab Sec

Barbara

We had a legal meeting with IHSL and MPX last week based on the principles we agreed in the commercial paper that went to the Oversight Board. We agreed at the legal meeting that we would send a letter of intent to IHSL/MPX to commission the design first. We have to agree to pay for the design but MPX have also requested an indemnity from any claims against them for the existing critical care ventilation before they agree to commissioning the design. We issued a draft letter of intent last week and had their response last night. We had an internal legal meeting today and are aiming to meet with IHSL/MPX again tomorrow.

If we can agree the terms of the Letter of Intent then the design process will start. This will take approximately 3 weeks (our estimate) Once we have the design we will have to agree this with HFS/HPS and then commission the works to rectify. This requires a Supplemental Agreement with IHSL, so another legal process. However we are working on that now so that as soon as the design process is finalised we can move rapidly to the "works", assuming IHSL/MPX agree the terms of the Supplemental Agreement.

I have copied in Brian to give you a high level summary of where we are with the other ventilation issues which we are working through with IHSL and MPX. You should note that these are largely the Ventilation issues identified by the report we commissioned although there are also some issues raised by HFS/HPS.

However to date we have not received any formal report from HFS/HPS on water/drainage/ventilation/plumbing. I understand that is going to you first. Any associated issues can only be dealt with once we see the report

Regards

Susan

From: Barbara.Crowe [REDACTED]
Sent: 20 August 2019 14:21
To: Goldsmith, Susan [REDACTED] Graham, Iain
Subject: Sick Kids - weekly briefing to Cab Sec

Susan / Iain,

I am preparing the weekly briefing to the Cabinet Secretary. Do you have any updates since last week on the fix to critical care ventilation, the other ventilation issues or the other issues (e.g. drainage, plumbing)? Grateful for a prompt response.

Thanks,

Barbara

Barbara Crowe
Financial Accounting and Planning
Health Finance and Infrastructure Team
Directorate for Health Finance
Scottish Government

[REDACTED]
Floor BR, St Andrew's House, Regent Road, Edinburgh, EH1 3DG

From: Guthrie, Lindsay
Sent: 26 November 2019 17:39
To: Gillies, Tracey; Inverarity, Donald; Morgan, Mary; Cosens, Sorrel
Subject: Water paper- updated to reflect comments
Attachments: 20191125 Water safety report v0.6.docx

Updated and clean version attached
Lindsay

Water safety report RHCYP DCN: IPCT assessment November 2019

1. Introduction & Context Setting

National Services Scotland (NSS) were commissioned by Scottish Government to review the Royal Hospital for Children & Young People & Department of Clinical Neurosciences (RHCYP & DCN) following issues relating to ventilation and a decision to postpone opening of the new building in July 2019.

The purpose of the NSS review, led by Health Protection Scotland (HPS) and Health Facilities Scotland (HFS) is twofold:

- i) To review and provide assurance that all relevant technical specification and guidance is in place at the site
- ii) To advise on necessary remedial actions required where these specifications and guidance is not in place

Two specific areas of focus for the review are water – which includes a review of the water delivery system and water quality; and drainage. These issues, the resulting advice are considered in detail in this report, and are intended to inform NHS Lothian's response to the recommendations of the NSS report in the short, medium and long term.

Independent of, and prior to the NSS review, NHS Lothian commissioned two separate independent specialist water consultant assessments of water quality at the site. The output of these reviews was considered in parallel with the findings of an independent Health & Safety compliance report (the 'Callidus Report') of March-April 2019 commissioned by NHS Lothian to inform the handover of site responsibilities following the financial settlement agreement. The Callidus report highlighted some areas for improvement required in relation to management of Legionella in water systems as required by legislation. This report is discussed in more detail in the relevant section.

In addition to NSS review of the Boards compliance with current legislation, technical guidance and best practice, emerging information from an incident at the recently opened Queen Elizabeth University Hospital Glasgow was used by NSS to inform the recommendations made. This incident related to widespread contamination of the water system at the hospital, and a number of blood stream infections caused by a wide range of uncommon environmental pathogens, many of which are commonly found in water.

The incident is ongoing, and there have been no formal lessons learned and new or revised policy or guidance has not yet been developed. Limited information is available to NHS Lothian on this incident.

The published summary report QUEH ¹ made two specific recommendations for all NHS Boards:

- i) To ensure facilities teams are adequately resourced to ensure maintenance of all aspects of water systems are maintained in accordance with policies and guidance
- ii) Maintenance should be recorded and maintenance records reviewed regularly to ensure all aspects of the water system are maintained in accordance with policies and guidance

A number of actions for NSS were identified relating to the establishment of a national expert group, literature review and development of risk based guidance on water testing, interpretation of results, roles and responsibilities and remedial actions required in response to findings. As far as NHS Lothian is aware, the resource and capacity to complete these actions has yet to be confirmed by NSS.

1 What is currently required by legislation and guidance?

NHS Lothian has a statutory duty of care under Health & Safety law to undertake appropriate risk assessment to identify hazards associated with water and water delivery systems, and apply a hierarchy of controls to eliminate or mitigate for these hazards based on the likelihood and impact of outcomes associated with these. Residual risk must be documented on organisational risk registers and control measures reviewed at regular intervals to provide ongoing assurance that these remain appropriate and effective. This risk assessment is provided in the site water safety plan for RHCYP and DCN, and has been reviewed by NHS Lothian Authorising Engineer (water).

The Authorising Engineer (water) is defined by SHTM 04-01 (Part B) as someone who *“acts as an independent professional advisor to the NHS Board, appointed by the organisation with a brief to provide services in accordance with SHTM guidance”*. They also act as *“an assessor, making recommendations on Duty Holders and for the appointment of Designated Persons, Authorised Persons and Competent Persons, monitoring the performance of the service and providing an annual audit to the NHS Board’s Designated Person”*.

Potable water (drinking water) is not sterile, and is not required by legislation or guidance to be sterile i.e. without any microorganisms of any type. The absence of a range of particular organisms in potable water is used as surrogate markers of safety. This includes tests for coliforms and *Escherichia coli* (as an indicator of faecal contamination) and *Pseudomonas aeruginosa*. The total viable count (TVC) in 100mls of water (that is the total number of organisms including bacteria, fungi, mould and yeasts) present in drinking water can be measured as a further indicator of water quality. Under current guidance (SHTM 04-01 Part C) this is an optional rather than mandated action. In practice however, TVC monitoring remains a commonly used test across NHS Scotland. There are currently no clearly defined safe working thresholds for TVC in water. Interpretation of results is the responsibility of the site water safety group in conjunction with the microbiologist and infection control team.

Existing legislation and guidance directs organisations to take a risk based approach to water sampling and risk management. In the absence of any systemic contamination of the water supply, ongoing evidence of contamination or risk of exposure to patients, and where the controls of temperature and water quality are in place and can be evidenced, a risk assessment would not indicate further water sampling or microbiological investigation of the water system.

2. Actions required of NHS Lothian by National Services Scotland

In addition to the 2 board specific actions identified from the HPS QEUH report, a list of 26 water specific actions and 6 plumbing/drainage specific actions have been identified by NSS and listed in the action plan (as of October 2019). This includes actions required to demonstrate or improve

conformation with legislation and guidance, and a small number of actions directed by the expert opinion within NSS.

This paper provides NHS Lothian assessment, conclusions and proposed response in relation to the following actions directed by expert opinion:

This includes:

- 2.1 Re-sample 100% of taps in augmented care areas for TVC, *Pseudomonas aeruginosa* and Fungi. The sampling should be in accordance with SHTM 04-01, BS 8580-1, HSG 274, and HPS *Pseudomonas* guidance 2014. The narrative in the NSS review also states that the water sampling programme should be extended to “*reflect system contamination in general*” and take account of “*other organisms*” in line with patient type that will occupy the building, building an analysis of risk categorisation of patient type and consideration of susceptibility for each area.
- 2.2 The removal of items from the water delivery system to be “*handed over to Water Solutions Group*” who will facilitate transportation to laboratory (which is in Harrogate).
- 2.3 Sink drains to be disinfected with a suitable anti-biofilm agent prior to the facility being in use and every 6 months thereafter
- 2.4 Sink drains to be “*monitored*” for biofilm growth (augmented care areas – monthly; non augmented care areas 3 monthly)
- 2.5 Bottle traps to be subject to regular planned preventative maintenance and disinfection with a suitable agent

Discussion of these (identified by number set out above)

2.1 Discussion: The statement to broaden sampling to reflect “*wider contamination*” is in direct conflict with the conclusions of the published NSS review, and two independent expert water consultants, which concluded that there is no evidence of systemic contamination at RHCYP DCN.

The exact scope of additional microbiological testing proposed by NSS has not been formally communicated to NHS Lothian.

NHS Lothian have been unable to locate any draft or published Scottish, UK or International expert guidance to inform or support the implementation of routine extended water testing, and this approach is not currently supported by, or consistent with the risk based approach to water sampling advised by WHO, DEFRA, or NSS.

There is no defined methodology for such sampling.

Tests for Fungi are not included in these guidance documents, and NHS Lothian follow the HPS 2018 Guidance for management of *Pseudomonas* in augmented care which supersedes the 2014 version.

In the absence of interim or published expert guidance, there is no clarity on what actions might be expected by NHS Lothian in response to any water results which are positive for Fungi beyond those currently in place as part of the site water safety plan.

2.2 Discussion: There is no defined methodology for the removal and examination of water system components, disinfection or decontamination of drains or bottle traps. The value of this exercise in

the absence of guidance, and in the absence of systemic contamination or clinical infections is not clear.

2.3 Discussion: There is no published guidance or methodology for the routine monitoring or disinfection of drains. Biofilm is considered a normal feature of waste water drains and bottle traps. No guidance has been provided on a “suitable antibiofilm” agent or disinfectant. Disinfectants generally have poor penetration of biofilm, and are likely to offer limited and short lived impact on the overall microbiological burden in waste water drains. Preventative action to inform staff, patients and visitors on safe and appropriate disposal of waste fluids (including juice, parenteral nutrition, unused IV fluids and drugs) is arguably as important to prevent introduction of nutrient rich material, or exposure to antimicrobial agents which will support the proliferation of pathogenic bacteria including multidrug resistant bacteria.

2.4 Discussion: There is no guidance relating to direct actions that might be expected by NHS hospital management in response to visualisation of biofilm or other contamination within individual components of the water system outwith the context of incident management in response to clinical cases of water borne infection where system wide water disinfection and/or parts replacement may be required.

2.5 Discussion: The purpose of additional monitoring and decontamination of drain outlets or bottle traps is therefore not clear in relation to compliance with current legislation and guidance, or to improving patient safety. The purpose of a bottle trap is to provide to prevent gas and odour from the drainage system reaching the room. Cleaning is usually only indicated when there is an issue with slow drainage (indicating a blockage) or unpleasant odour. There is no specific requirement or guidance for bottle trap disinfection in SHTM 04-01 Parts B (operational management) or Part D (Disinfection of Public Water Systems).

Comparison of the QEUH and RHCYP DCN

There are relevant and appreciable differences relating to building construction, plumbing, water quality monitoring and management, patient exposure risk and assurance from the QEUH incident to the current situation at RHCYP DCN.

	QEUH	RHCYP
Constructed by	Multiplex (MPX)	Multiplex (MPX)
Size of hospital (Beds)	1109	233
'High Building' Design	Yes	No
Occupied by patients @ July 2019	Yes	No
Design of water system compliant with SHTM 04-01	Unknown	Yes
Provision of very high risk clinical specialties on site? (e.g. Bone Marrow Transplant)	Yes	No
Provision of high risk clinical specialties on site? (e.g. haematology/oncology)	Yes	Yes

	QEUH	RHCYP
Confirmed clinical infections arising from hospital environmental reservoirs	Yes	No
Ongoing incident/outbreak	Yes	No
Evidence of water temperature regulation prior to occupation	Unknown	Yes – some areas for improvement noted
Evidence of water system flushing prior to occupation	Unknown	Yes as of July 2019 – increased frequency implemented on advice of NSS
Evidence of water system disinfection prior to occupation	No- based on HPS report	Yes – completed & to be repeated prior to occupation
Evidence of recurring high TVC counts (surrogate marker of water contamination)?	Yes- based on HPS report	No – based on HPS report
Independent assessment of water safety completed	Yes	Yes
Evidence of systemic contamination of the water system?	Yes- based on HPS published report (conducted by Water Solutions Group)	No- based on HPS commissioned report (conducted by Water Solutions Group)

3. Independent Review of RHCYP DCN Water systems & findings

3.1 NSS report

Non compliance with legislation: The NSS report identified 1 non-compliance with legislation. Shower hose length was revised to comply with Scottish Water Byelaws, in consultation with Scottish Water who are in the process of reviewing a sample of outlets to confirm conformance.

Non conformance to SHTM 04-01 (all parts): The published NSS review of NHS Lothian water systems² confirmed that “*Independent testing identified no widespread contamination of the water systems, however, remedial actions is required on a number of water system areas as well as system wide disinfection prior to occupation*”

Further actions required: NHS Lothian must complete the remaining actions identified in the wider NSS review, and provide ongoing assurance of compliance to the Board via the Water Safety Group .

3.2 Callidus Report

NHS Lothian commissioned an independent high level Health & Safety compliance report (the ‘Callidus Report’) in March-April 2019. The purpose of this report was to provide assurance and inform any action as part of the handover of site responsibilities following the financial settlement agreement.

Non compliance with legislation: The Callidus report highlighted some areas for improvement required in relation to management of Legionella in water systems as required by legislation.

Non conformance to SHTM 04-01 (all parts): This was not considered as part of the Callidus report.

Further actions required: NHS Lothian have asked Callidus to confirm completion of the recommendations made in their report, and NHS Lothian Authorising Engineer (Water) to confirm compliance with statutory responsibilities in relation to Legionella control (in progress 20/11/19).

3.3 Westfield Report

In June 2019, NHS Lothian commissioned Westfield Caledonian to assess the overall microbiological load on the water in the filled distribution system and to sample augmented care areas for *Pseudomonas aeruginosa* in line with interim HPS Guidance (2018). The scope of this review was extended for Westfield to conduct any investigative sampling or investigation indicated by initial findings in relation to the first two points.

Non compliance with legislation: Legislative compliance was not an explicit part of the Westfield review, but the review did not identify any significant non compliance in relation to ACOP L8 guidance.

There were some excursions in the circulating temperatures of hot and cold water noted, but overall the thermal control regime in the hot and cold water system was deemed to be effective and was compliant with requirements of ACOP L8 guidance.

No Legionella was identified in samples.

Non conformance with SHTM 04-01: Again, this was not an explicit focus of the Westfield review; however the report did identify some issues in relation to system condition.

Some contamination of inlet filters and strainers with swarf and particulate matter was identified requiring further action (removal, cleaning and disinfection of the filters).

Water testing was undertaken in all augmented care areas – , and identified that *Pseudomonas aeruginosa* was present in a number of outlets in geographically localised (served off the same riser) areas in augmented care. It should be noted that this sampling programme included adult medical neurology as part of 'Neurosciences' - ward 231 where some positive samples were identified, but that this specialty does not form part of augmented care and NHS Lothian do not advise that this area is included in routine 6 monthly water testing for *Pseudomonas aeruginosa* going forwards, in line with current HPS Guidance.

As part of the wider review, a small number of outlets in non augmented care areas also found *Pseudomonas aeruginosa* – particularly in ARJO baths and ZIP (hot water) taps –indicating need for further action and monitoring. Both appliances are considered to be high risk for the development of *Pseudomonas aeruginosa*.

No Coliforms or E.coli were identified in samples (compliant with SHTM04-01)

There was some evidence of elevated TVC counts across thermostatic mixing valves in mixed outlets in particular (indicating a need for further review and action)

Further actions required: NHS Lothian are addressing the outlets which have tested positive for *Pseudomonas aeruginosa* in line with current HPS Interim guidance 2018, and continue to implement a biannual water monitoring programme in augmented care.

NHS Lothian must continue to progress the areas for improvement identified by the Westfield report.

The overall conclusion of the Westfield Report was that there was no evidence of systemic contamination with *Pseudomonas aeruginosa*, that the cold water system was microbiologically safe, but that further system disinfection was required to address some localised evidence of general microbiological contamination.

3.4 Water Solutions Group Report

A further independent review was commissioned by NSS, and conducted by the Water Solutions Group on their behalf (the Water Solutions Group Report). The testing methods used for analysis of water and component parts were not defined within the written report and have not been shared with NHS Lothian.

Non compliance with legislation: a number of areas for improvement in relation to evidence of compliance with appointment of key roles prescribed by legislation or guidance, quality and availability of records, absence of process and procedures for escalation. These had previously been identified by the Callidus report and internal NHS Lothian review

The report states that water samples obtained by the independent consultant were taken in accordance with the Water Supply Regulations, Private Water Supply Regulations and ACOP L8 (Legionella) and **all water results comply with the regulations.**

No Legionella was detected in samples.

Non conformance with SHTM 04-01:

Through additional (non standard) water testing for gram negative bacteria, fungi and “atypical” mycobacterium (Non Tuberculous Mycobacterium –NTM) that some water samples grew fungi however these results were not quantified, and no guidance was provided to determine if these results were acceptable or unacceptable

NTM were **not** detected in those samples examined for this (note this is not a standard test defined by current legislation or guidance)

The overall conclusion of this report was that *“There was no indication from the microbiological results to suggest that the water system is not fit for use”*.

Further actions required: The NSS report and action plan advise that additional testing for Fungi is carried out across the site.

In conclusion, the NSS published review and both independent reviews concluded that whilst there were some areas for improvement in relation to water quality and water management, there was no evidence of widespread contamination of the water system and the system complied with regulations.

4. Prevalence of organisms and infection identified at QEUH.

HPS reported a range of causative agents of blood stream infections in their initial report into the incident at QEUH, which includes:

- *Cupriavidus pauculus*
- *Pseudomonas fluorescens*
- *Pseudomonas aeruginosa*
- *Stenotrophomonas maltophilia*
- *Acinetobacter ursingii*
- *Enterobacter cloacae*
- *Klebsiella oxytoca*
- *Serratia marcescens*
- *Pseudomonas putida*
- *Pantoea* spp
- *Klebsiella pneumonia*
- *Chryseomonas indologenes*

Many of these organisms are considered commensal gut organisms. The infective dose for individual organisms was not defined by HPS in the report, but NHS Lothian acknowledge that there is may be a paucity of published guidance in relation this.

The significance of these organisms at QEUH appears to be in the context of paediatric haematology group where these organisms may have arisen from an endogenous or exogenous source. Extrapolation has been made to other clinical specialties with less immuno-suppression and in adult patients, without taking into account that some of these organisms are normal bowel flora and therefore may not arise from an environmental (Water) source.

The QEUH report was focused almost exclusively on the hypothesis that the infections had arisen as from an exogenous source. It is not clear how, when or why endogenous sources have been excluded from the investigation. Subsequent discussions and the opinion provided to NHS Lothian is therefore potentially skewed towards finding a solution to managing environmental sources without certainty that this is relevant.

It is worth noting that the HPS review of NHSGGC paediatric haemato-oncology data (October 2019) “did not provide any evidence of single point of exposure”. This supports a hypothesis that at least some infections identified relate to translocation of bowel organisms rather than exposure to a point source (contaminated water) within the hospital.

Limited data is available on the overall incidence of blood stream infections associated with this range of defined pathogens in this patient group over time either at QEUH or within the same patient groups in other UK hospitals.

Microbiological assessment of potable water quality

5.1 General requirements

- Scottish Health Technical Memorandum (SHTM) 04-01 Part B paragraph 9.1 states that “routine quality control microbiological testing for TVCs is no longer considered to be necessary (other than where there are taste or odour problems), many estates personnel

invariably have them undertaken on a regular basis after acceptance of installations as a 'rule of thumb' indicator by which an abnormal change assists in identifying potential problems at an early stage." SHTM 04-01 Part C v2 Feb 2014 section 1.1

- TVC counts do not detect Mycobacteria³
- In Scotland, SHTM 04-01 Part C⁴ outlines criteria for testing Total Viable Counts (TVCs) and advocates:
- United Kingdom Accreditation Service (UKAS) or ISO 9002 accredited laboratories should always be used for analysis.
- Sampling should be undertaken in accordance with European and British Pharmacopoeia requirements to test the total number of bacteria, yeasts and moulds within water services distribution pipe work.
- In 2002 the United States Environmental Protection Agency (EPA) established a non enforceable Maximum Contaminant Level Goal (MCLG) of zero organisms (bacteria and viruses) including Mycobacteria, for drinking water.
- However, in current EPA protocols⁵ the MCLG of zero only applies to total coliforms count, giardia, cryptosporidium, Legionella and viruses.
- There is a Scottish Health Protection Network (SHPN) Public Health Microbiology Group. "The SHPN is a multi-disciplinary, multi-organisational, cross sectoral entity, reporting via its Chair to the Chief Medical Officer of Scotland therefore providing the necessary links with all stakeholders for the delivery of a successful Public Health Microbiology service." Within this group, Food, water and Environmental Microbiology are recognised as distinct from Diagnostic Human Microbiology and Reference Laboratory Services⁶
- WHO⁷ advocate a Hazard Analysis and Critical Control Point (HACCP) approach to risk management from water borne pathogens which involves establishing that the organism is an established hazard to human health through exposure to water, dose response studies should establish critical control levels, effective monitoring techniques need to be available to evaluate those control levels and effective corrective action must be available at each control point.
- Drinking water distribution systems are complex pipe networks which function as discrete ecosystems which are dominated by micro-organisms that are attached to the inner pipe surfaces and grow into the lumen of the pipes⁸.

5.2 Fungal Assessment of Water in Healthcare

- The Water Solutions Group Audit Report of water quality at RHCYP/DCN produced for HFS (July 2019) detected "some" fungi but it is unclear whether that was quantified in colony forming units/100ml water. It is unclear what testing methodology was used.

- Microbiological assessment of water for fungi is not part of the microbiological assessment of water advocated by the World Health Organisation to establish if the water is of a potable standard³.
- Fungi are commonly found in drinking water⁸.
- Microbiological assessment of household and commercial plumbing systems for fungi presents multiple methodological challenges and difficulties in interpretation of results. There is a need for standardised methods to investigate water for fungi ⁸
- Some mould (Aspergillus) attaches to pre-existing biofilm created by Pseudomonas aeruginosa to form further biofilm⁸.
- Polymicrobial biofilm (including pathogenic fungi) is “unavoidable” in healthcare facilities waterlines. Interventions to mitigate this have included: UV treatment of incoming water, continuous chemical treatment, thermal shock and point of use filters ⁸.
- Water system disinfection can paradoxically increase the abundance of Aspergillus detected in the water post-disinfection⁸.
- Fungi in water may arise from the municipal water supply and so the source may not necessarily be from within a healthcare setting(10)
- Fungal assessment of drinking water is performed in Sweden but not routinely. “Fungal analyses of water are conducted only in cases of complaints of taste and odour problems. The limit for the occurrence of fungi in water is 100cfu per 100ml water according to the Swedish regulatory authority.” (11)
- The Swedish drinking water fungal testing procedure is outlined and full document referenced (in Swedish) in Babic MN et al, Fungal Contaminants in Drinking Water Regulation? A tale of Ecology, Exposure, Purification and Clinical relevance. International Journal of Environmental Research and Public Health. 2017, 14, 636.
- Secondary metabolites produced by fungi, particularly those growing in localised pockets near the consumer end may be responsible for altering the taste and odour of drinking water. It is thought that the threshold level for numbers of fungi that can cause such issues may be around 10²-10³ CFU per 100ml water . While problems with taste and odour do not necessarily imply a health risk they are often perceived as such by the consumer. (12)
- Shower hoses are a particular ecological niche for fungal biofilm which may facilitate transmission of organisms to patients. (13)

5.3 Interpretation

- TVC testing may assist in providing both an indicator of water quality being of a potable standard and a surrogate marker of the burden of fungi that may be present in the water.

- It is unlikely that there can be extensive fungal contamination of healthcare water if TVC tests are within the previously used (2000) acceptable limits of 10cfu/ml at 37oC and 100cfu/ml at 22oC
- A trend of raised TVC counts should be further investigated by identifying which micro-organisms are present (whether bacteria or fungi) with full microbiological identification of the dominant organisms. Mapping the source location of the tested water with raised TVC counts should allow identification of locations within the water system which are most likely affected by biofilm, which can then be assessed further visually or microbiologically and corrective action taken to reduce the count – a “find and fix” strategy, as advised by US EPA.
- Assessing pipework visually for macroscopic biofilm is crude and gives false assurance if nothing is seen as most biofilm is initially microscopic and not visible (14)
- Although NHS Lothian has been advised that “some” fungi have been identified in RHCYP water, the information received does not explicitly state how much in terms of colony forming units/100ml water to assess whether this is above or below the 100cfu/100ml water threshold used in Sweden to trigger further investigation and corrective action.
- Testing and interventions that prevent and control *Pseudomonas aeruginosa* biofilm development should also assist in prevention of fungal biofilm development.
- Water system disinfection may have unintended consequences of promoting fungal contamination of water systems.

5. Microbiological assessment of water system components & drainage outlets

There is no industry standard or technical guidance available to inform either the methodology for selection of parts for testing, the qualitative methods for examination of parts, the operational definitions of acceptable thresholds for biofilm on visual evaluation, or the quantitative sampling of components or drainage outlets.

BSI 7592:2008 *Sampling for Legionella bacteria in water systems – Code of Practice* provides some guidance on seeking confirmation of the presence of *Legionella* in sampled biofilm, through the removal of pipe work and other components for examination. This is in the context of investigating a single organism which requires specific conditions for laboratory testing, and extrapolation of this to other water borne bacteria should only be considered with caution as part of a risk assessment which forms part of incident investigation. This type of microbiological assessment cannot provide assurance of the efficacy of control measures, other than complete eradication of any other specified organism.

It is accepted best practice in Infection Prevention & Control to consider environmental sources of infection where this is biologically plausible, and to consider sampling of the environment during infection incidents or outbreaks. However, environmental sampling is usually only undertaken with a high degree of caution in light of the limitations of meaningful analysis of results to demonstrate a causal link rather than association bias. For example, the presence of specific bacteria in a drain might be the cause of an infection with the same organism, or the bacteria may be present if patient wash water has been disposed of down the drain.

From the limited information provided by NSS in relation to the contamination identified in water components at QEUH, it is not possible to provide a standardised procedure for the removal and inspection of water components, or how any actual (rather than theoretical) clinical risks associated with any findings might be quantified or articulated. Should the proposed action be completed, the interpretation of results would rely heavily on subjective assessment, in the absence of any guidance. On an ongoing basis, it would continue to be impossible to differentiate normal from abnormal results.

Current HPS guidance on the management of Public Health Incidents (2017) requires an IMT to undertake an investigation to *“form a working hypothesis about the route of exposure to the infective agent or the environmental hazard involved, the source and level of that exposure, the nature and size of the population exposed or likely to be exposed, and the degree of risk to the public health”*

This is based on information available from:

1. an epidemiological investigation;
2. an investigation into the nature and characteristics of the implicated hazard e.g. a microbiological investigation, and
3. A specific investigation into how cases were exposed to the infective agent or other hazard (e.g. food supply and hygiene, hygiene in healthcare settings) in order to inform control measures

The approach taken at QEUH to examine water parts is therefore consistent with this guidance in relation to their situation. That is, an ongoing incident management investigation into confirmed cases of clinical infection in a very high risk patient group (i.e. bone marrow transplant patients) caused by pathogens known to be associated with water and biofilm, where the water system was determined to be systemically contaminated (based on high TVC counts).

NHS Lothian is not in an outbreak situation, and has no clinical cases to investigate. The implications and characteristics of the hazards in relation to patient health and risk of infection (the organisms of interest identified in the QEUH incident) are currently poorly understood with limited published case studies or research to guide appropriate action. Lothian do not have an equivalent patient population to QEUH (i.e. paediatric bone marrow transplant patients)

As part of robust incident management, the HPS guidance also requires further risk assessment, defined as *“essentially entails appraising the balance of evidence collected in the incident investigation and reaching a view as to whether it indicates that there is an ongoing significant threat to public health”*

That assessment should consider the following points:

- **Severity:** Dynamically assessed risk of the degree of foreseeable harm that may be caused to individuals or to the population and possible issues with recovery.
- **Confidence:** Knowledge, derived from all sources of information that confirm the existence and nature of the threat and the routes by which it can affect the population.
- **Spread:** The size of the actual and potentially affected population.

- **Interventions:** The availability and feasibility of population interventions to alter the course and influence the outcome of the event.
- **Context:** The broad environment, including media interest, public concern and attitudes, expectations, pressures, strength of professional knowledge and external factors including political decisions

As discussed above, it is difficult to extrapolate the findings from QEUH to NHS Lothian as there are material differences in the building, patient population and absence of clinical cases. Infectious doses of individual pathogens are not clearly defined and therefore the severity of risk, confidence in evidence, understanding the impact of interventions cannot be clearly defined.

NHS Lothian have been provided with expert opinion in the absence of published evidence and we would suggest that this should be appraised for risk of bias in the same way that research evidence is appraised (Schunemnan, Zhang & Oxman 2019).

The current situation in NHS Lothian does not fulfil the criteria for incident investigation, and therefore we suggest that to undertake speculative environmental sampling in the absence of a clear rationale or risk assessment could result in unintended high risk consequences.

There is significant political, media and public interest and anxiety relating to the incident at QEUH, and NHS Lothian are thoughtful that this may lead to unintended context bias for the nature of the actions being requested.

6. Summary of Actions taken to date

A detailed action plan was developed and implemented in response to the NSS review, and is considered at weekly meetings with NSS in the oversight board. This has already addressed, or is in the process of addressing:

- *P. aeruginosa* in a small number of outlets in augmented care areas [ongoing]
- Removal, cleaning and replacement of all tap strainers
- Shower hose length -revised to comply with Scottish Water Bylaws, in consultation with Scottish Water who are reviewing a sample of outlets to confirm conformance
- The site facilities provider (Bouygues) have provided a site specific water safety plan which has been assessed by NHS Lothian Authorising Engineer (Water) and NHS Lothian are awaiting confirmation from him that this is compliant with current legislation and mandatory requirements.
- NHS Lothian are in the process of reviewing the structure and membership of the Board Water Safety Group, including the review of the Board Water Safety Policy, Operational Plan and supporting risk assessments. This review takes into account both the findings of the NSS review in NHS Lothian, and the emerging findings from the QEUH incident.

7. Description of current controls

8.1 Temperature control of hot and cold water supply

Requirements:

- Temperature control of hot and cold water is a statutory requirement (HSE Approved Code of Practice L8: Legionnaires Disease in respect of the control of Legionella
- Cold water is stored and provided at temperatures below 20°C
- Hot water is stored and provided at temperatures above 55°C.

The temperature of stored and circulating water is monitored through the automated building management system, and temperature logs are available. Where temperature excursions are noted at critical points in the system, an alarm is triggered to alert the FM provider.

Issues relating to the way the building management system automated notification system operates have been identified and are in the process of being resolved. This will ensure that there is out of hours' notification of any issues with temperature control so that prompt action can be taken. A formal written escalation plan has been requested from BYES.

Temperature logs are being reviewed monthly, and exceptions reported by BYES to the site water safety group.

Where temperature excursions are noted, BYES have a protocol which requires them to contact the IPCT to ensure appropriate risk assessment is completed in relation to Legionella risk. This process will be kept under review at the site water safety group.

Exception reports from all site/provider water safety groups [will be] tabled at the overarching NHS Lothian Water Safety Group.

Additional actions required: None. A response has been provided to NSS for consideration in response to a range of questions posed by them in relation to water temperature excursions noted in July 2019. Confirmation is awaited from NSS that this is acceptable to them.

8.2 Microbiological monitoring of water quality

Requirements: Testing for Legionella specified by ACOP L8 , with optional TVC monitoring advised by SHTM 04-01 Part C.

There is no absolute requirement to undertake TVC monitoring, however NHS Lothian's preferred approach is to undertake a regular program of sampling as per SHTM 040-01 part C. This will be detailed in both site and Board Water Safety Plans .

Sampling for Legionella will be carried out from specified locations and sentinel outlets as part of a coordinated programme which is approved by the NHS Lothian Authorising Engineer (Water).

Biannual water quality monitoring will be carried out in augmented care areas as per HPS Interim guidance 2018, and any remedial work required in response to findings carried out as required. This will include further water testing as part of a return to use protocol as per the same guidance.

Additional actions required: NHS Lothian should ensure that the all estates and hard FM providers have a standard SOP requiring them to contact the IPCT promptly if issues are identified relating to quality of water, quality of domestic cleaning or compliance with flushing. This is to facilitate prompt risk assessment and action to mitigate risk to patients.

NHS Lothian should consider developing standardised reporting templates for the site and board water safety groups to ensure site estates teams report (by exception) any issues relating to the quality of tap water, domestic cleaning of outlets or issues with water flushing.

8.3 Planned preventive maintenance (System condition)

Requirements: The system condition is maintained by regular and periodic maintenance.

The requirements for water flushing, and operational management of water systems are defined in ACOP L8 guidance and SHTM 04-01 Part B. This includes (but is not limited to) removal and cleaning or replacement of strainers, shower hoses, shower heads; water tank inspections.

The site WSP will contain comprehensive detail of this, and the plan has been reviewed by NHS Lothian Authorising Engineer (Water). Confirmation that planned work has been achieved will require to be submitted to the site and Board Water Safety Group.

Additional actions required: Further development, assessment and review of water management processes is ongoing and iterative.

8.4 Reporting and Governance arrangements

Requirements: defined by SHTM 04-01 Part B

Description of current controls: NHS Lothian has a Water Safety Group and Water Safety Policy. Work is ongoing to review and update all site water safety plans.

The site WSP for RHCYP DCN is currently being reviewed by NHS Lothian Authorising Engineer (Water) who will confirm to NHS Lothian that this is compliant with legislation and guidance and advise on any further actions required .

Additional actions required: Further work is required internally within NHS Lothian to strengthen the structure and governance of the board Water Safety Group. Further work is also required to review the Water Safety Policy and associated guidance and documentation. This work is in progress and is supported by a multidisciplinary team under the direction of the Executive Medical Director.

The RHCYP DCN site water safety plan will be revised and aligned with NHS Lothian Water Safety Policy and associated guidance and documentation on completion of the wider Lothian review. This will provide improved consistency and review of information at the WSG.

8.5 Domestic cleaning

Requirements: Sink cleaning methodology, training, competency assessment, monitoring and QA

In line with NHS Scotland National Cleaning Specification (NCSS) and Infection Prevention and Control policy requirements, all sanitary outlets are cleaned daily using a disinfectant solution (ChlorClean) to a concentration of 1000parts per million available chlorine.

The frequency of cleaning is scheduled on a risk assessment basis, as per NCSS with more frequent cleaning occurring in high risk areas. At present, a reduced cleaning schedule is in place to reflect an unoccupied building, but dust control, and cleaning of sanitary items have been prioritised, and

aligned with the ongoing water flushing programme provide by Bouygues as the building FM provider. This is intended to manage the risk of any aerosol or splash contamination during flushing activity.

Domestic staff have received tool box talk training on correct sink cleaning methodology, and this forms part of an ongoing programme of education, training for domestic staff.

Additional cleaning (builders clean and deep cleaning) are arranged as required in response to ongoing remedial estates investigation and work ongoing across the site.

Additional actions required: The best method of monitoring and quality assuring cleaning activity is currently under discussion. Domestic cleaning is provided by night shift staff.

8.6 Alert organism surveillance

Requirements: there is a mandatory requirement for IPCT to maintain alert organism surveillance as per Appendix 13 of NIPCM. This includes the investigation of single cases of laboratory results in patients in high risk areas.

NHS Lothian already complies with the mandatory requirements for alert organism surveillance.

NHS Lothian use ICNet as an electronic infection case management system, which has an automated data feed from the laboratory reporting system APEX. This allows the IPCT to receive authorised results in as near to real time as possible, monitor the incidence of infections, set triggers for specific organisms and within specific clinical areas.

All positive microbiological laboratory results for patients are validated by a Consultant Microbiologist; this means any unusual infection identified will be picked up with local clinical teams for further review.

All blood stream isolates are communicated by phone by Consultant Microbiologist to the clinical team to assess the clinical significance of the result, and the likelihood of the infection arising from an endogenous and exogenous source in a patient centred approach rather than an organism centred approach.

Once the services move onto the RIE campus, this process will be easier as Laboratory and Children's services will be co-located on the same site facilitating bedside review by an infection specialist.

NHS Lothian already complies with the mandatory outbreak and incident reporting requirements detailed in the HPS National Infection Prevention & Control Manual Chapter 3. This means that HPS are notified of all incidents and outbreaks, and invited to provide expert external support where this is required.

8. Residual Risks

- There is significant risk for further delay in the transition of services from the existing sites at WGH and RHSC Sciennes if all actions advised on expert opinion are accepted by NHS Lothian. There is a moderate likelihood that specific (and non specific) bacterial and fungal pathogens of interest to NSS could be identified in the water supply or delivery system which has $\geq 1\text{cfu}/100\text{ml}$

TVC. The absence of guidance to meaningfully interpret the results and articulate clinical risk, and absence of guidance for actions required to achieve a water supply free from these organisms with ongoing monitoring, means that further discussion will be required with NSS and possibly other UK experts to agree a suitable course of action. Noting the ongoing incident in Glasgow, it is worth highlighting that wards 2A & 2B remained closed for more than 1 year after patients were decanted as a result of the incident, and work is ongoing to address water quality. It is therefore conceivable that further disruptive and invasive work to disinfect or replace parts of the water system might be advised. Further water sampling will be required to demonstrate that work is effective. This has the potential to push the timeline for occupation for any services out further than spring and autumn 2020. The Cabinet Secretary has advised that RHCYP DCN will not open until she is assured the facility is safe. NHS Lothian IPCT would be unable to provide that assurance in the absence of guidance or a quantitative test to demonstrate a reduction in the organism(s) being tested for. The risk of occupation of RHCYP in this context must be balanced against the ongoing (managed) risk to patient safety associated with prolonged occupation of the DCN building at WGH. There is persisting intermittent colonisation of the water system in the building which requires ongoing monitoring and management. This is associated with some disruption to service delivery, and also with significant financial costs (ongoing water sampling, use of point of use filters and other remedial plumbing work). *Pseudomonas aeruginosa* has also been identified in routine water monitoring in both critical care and ward 2 (Haematology-Oncology) at RHSC Sciennes.

- There is a risk that susceptible patients at increased risk of infection could be exposed to uncommon environmental pathogens in potable tap water of low or uncertain pathogenicity, the detection of which is not required by existing legislation, technical manuals, policy or guidance.
- Equally, there is a risk that highly susceptible patients are at risk of translocation of enteric organisms which could result in serious infection.
- There is a risk of unintended consequences for patient safety and service delivery associated with implementation of additional microbiological evaluation of water, water disinfection, and removal of parts in the absence of clear guidance, sampling methodology or actions required to address findings. This is associated with a lack of information to:
 - inform escalation and de-escalation of additional water sampling and remedial actions
 - inform clinical risk assessment (i.e. what is the risk to patient safety)
 - determine operational thresholds and triggers for actions (i.e. what level of contamination is unsafe)
 - patient, parent information (i.e. what does this mean for my care)
 - actions required to reliably address contamination
- There is a risk of unintended consequences of disturbing water ecology by repeated disinfection which may paradoxically increase the risk of *Aspergillus* biofilm
- There is a risk of introducing contamination into the water delivery system during the removal of multiple water system components.
- There is a risk that there will be microscopic biofilm present in pipe work which is not detectable through visual inspection or impacted by routine cleaning, flushing or maintenance; and that this will continue to provide a source of microbial contamination of the water supply at low level. This is mitigated through a structured programme of TVC monitoring.

- There is a risk that additional and more stringent infection prevention and control measures may be required in the short or medium term in some clinical areas where there is a higher risk of infection (patient susceptibility to infection) in response to dynamic risk assessment in response to infection data and water monitoring results. These additional measures may include enhanced environmental cleaning, increased frequencies of cleaning, and increased frequencies of PPM.
- There is a risk of unintended consequences associated with performing drain cleaning and biofilm removal which is not addressed by current cleaning practices in the absence of transparent expert evidence and defined methodology. This action may increase risk of aerosolisation and dissemination of pathogens normally stable within such biofilm and increase risk of infection to susceptible patients.

10, Conclusion and recommendations

10.1 In response to the QEUH report, NHS Lothian Water Safety Group should review how facilities teams are resourced to deliver the Board Water Safety Policy and operational plan. The way in which assurance levels are defined, and demonstrated, and/or any gap with existing resource should be highlighted through the escalation and governance structure to the Board.

10.2 NHS Lothian Water Safety Group should review the process for recording, reporting and storing maintenance records and water sampling results to ensure that legislative and mandatory requirements are met.

10.3 In response to the NSS recommendation to retrieve and examine individual components of the water delivery system, we recommend that this approach is not consistent with current IPCT/Public Health, Water Quality guidance or best practice and the risks associated with undertaking this work outweigh the value of the information such an exercise would provide, and the benefit for patient safety cannot be defined or quantified.

10.4 In response to the NSS recommendation to undertake more extensive microbiological water sampling, we recommend that NHS Lothian seek expert advice from a suitably qualified Public Health/Environmental Microbiologist and/or Authorising Engineer (Water) to conduct a clinical risk assessment of the water delivery system and to provide a standardised method of testing which is reproducible and can be performed by a ISO accredited laboratory and further guidance on the interpretation of results.

10.5 NHS Lothian should seek the advice of a suitably qualified authorising engineer (Water) to provide practical guidance on what actions could be taken by NHS Lothian to address microbiological contamination in the water system – over and above the existing controls.

10.6 NHS Lothian should continue to follow current policy and cleaning methodology in relation to domestic cleaning of sanitary outlets. This includes the routine use of a chlorine solution at 1000ppm available chlorine and does NOT include disturbing any biofilm beyond the drain outlet in the sink basin.

10.7 NHS Lothian should undertake a coordinated programme of education, training and awareness raising for staff and the general public in relation to safe disposal of waste fluids in hospitals. This should help minimise the risk of biofilm proliferation in clinical hand wash basins and other outlets.

10.8 NHS Lothian should be cognisant of emerging and updated national guidance relating to the built environment, and through the Board governance structure, make recommendations for the prompt implementation and monitoring of this to ensure delivery of safe, effective and patient centred care.

Lindsay Guthrie (Lead Nurse Infection Prevention & Control)

Dr Donald Inverarity (Consultant Microbiologist & Lead Infection Prevention & Control Doctor)

26th November 2019

References:

1. Health Protection Scotland (2018) *Summary of Incident and Findings of the NHS Greater Glasgow and Clyde: Queen Elizabeth University Hospital /Royal Hospital for Children water contamination incident and recommendations for NHS Scotland*
<https://www.hps.scot.nhs.uk/web-resources-container/summary-of-incident-and-findings-of-the-nhs-greater-glasgow-and-clyde-queen-elizabeth-university-hospitalroyal-hospital-for-children-water-contamination-incident-and-recommendations-for-nhsscotland/>
2. National Service Scotland (2019) *NHS Lothian-Royal Hospital for Children and Young People & Department of Clinical Neurosciences: Review of Water, Ventilation, Drainage and Plumbing Systems* [Royal Hospital for Children and Young People and Department of Clinical Neurosciences: review of water, ventilation, drainage and plumbing systems - gov.scot](https://www.gov.scot/publications/royal-hospital-for-children-and-young-people-and-department-of-clinical-neurosciences-review-of-water-ventilation-drainage-and-plumbing-systems-gov.scot/pdfs/royal-hospital-for-children-and-young-people-and-department-of-clinical-neurosciences-review-of-water-ventilation-drainage-and-plumbing-systems-gov.scot.pdf)
3. WHO Guidelines for drinking-water quality: fourth edition incorporating the first addendum. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.
4. SHTM 04-01 Part C TVC Testing Protocol
<http://www.hfs.scot.nhs.uk/publications/1475662815-SHTM%2004-01%20V2%20Part%20C.pdf>
5. EPA Drinking Water Contaminants – Standards and Regulations
<https://www.epa.gov/dwstandardsregulations>
6. SHPN (2018) A Public Health Microbiology Strategy for Scotland. November 2018. Published by Health Protection Scotland
7. WHO (2004) *Pathogenic Mycobacteria in Water: A Guide to Public Health Consequences, Monitoring and Management* edited by S. Pedley, I. Bartram, G. Rees, A Dufour and I. Co1ruvo.
8. Richardson M, Rautemaa-Richardson R. Exposure to Aspergillus in Home and Healthcare Facilities' Water Environments: Focus on Biofilms. *Microorganisms* 2019, 7, 7.)
9. (*Pathogenic Mycobacteria in Water: A Guide to Public Health Consequences, Monitoring and Management* edited by S. Pedley, I. Bartram, G. Rees, A Dufour and I. Co1ruvo. (2004))
10. Kadaifcler DG, Demirel R. Fungal contaminants in manmade water systems connected to municipal water. *Journal of Water and Health*. 16.2 2018. 244-252.
11. Hageskal G, Lima N, Skaar I. The study of fungi in drinking water. *Mycological Research* 113 (2009) 165-172.)
12. DEFRA. A review of fungi in drinking water and the implications for human health. 2011.)
13. Moat J et al. Domestic shower hose biofilms contain fungal species capable of causing opportunistic infection. *Journal of Water and Health*. 2016. 14.5; 727-737.

14. Kostakioti M et al, Bacterial Biofilms: Development, Dispersal, and Therapeutic Strategies in the Dawn of the Post antibiotic Era. [Cold Spring Harb Perspect Med](#). 2013 Apr; 3(4): a010306)
15. Health Protection Network (2017) *Management of Public Health Incidents: Guidance on the Roles and Responsibilities of NHS Led Incident Management Teams*
https://hpspubsrepo.blob.core.windows.net/hps-website/nss/1673/documents/1_shpn-12-mphi-21062017.pdf
16. Health Protection Scotland (2019) National Infection Prevention & Control Manual
<http://www.nipcm.hps.scot.nhs.uk/>
17. Schunemann, H.J. Zhang, Y. & Oxman, A.d. (2019) *Distinguishing opinion from evidence in guidelines* BMJ 2019;366:l4606
18. HPS (2019) *Review of NHSGG&C paediatric haemato-oncology data* October 2019

Report	NSS Action	Conformance with Legislation	Conformance with Guidance (e.g. SHTM 04-01)	NHS Lothian response
Health Protection Scotland (2018) <i>Summary of Incident and Findings of the NHS Greater Glasgow and Clyde: Queen Elizabeth University Hospital /Royal Hospital for Children water contamination incident and recommendations for NHS Scotland</i>	To ensure facilities teams are adequately resourced to ensure maintenance of all aspects of water systems are maintained in accordance with policies and guidance	General principle- Written Scheme of Control for Legionella	Not required by guidance	Water maintenance, monitoring and assurance activity including roles and responsibilities is currently being revised by NHS Lothian Water Safety Group
	Maintenance should be recorded and maintenance records reviewed regularly to ensure all aspects of the water system are maintained in accordance with policies and guidance	General principle- Written Scheme of Control for Legionella	SHTM 04-01 Part B Operational Management	This will be monitored through the NHS Lothian Water Safety Group
National Service Scotland (2019) <i>NHS Lothian- Royal Hospital for Children and Young People & Department of Clinical Neurosciences: Review of Water, Ventilation, Drainage and Plumbing Systems</i>	Once the pipe work has been disinfected and taps disinfected retest the system: Re-sample 100% of taps in augmented care areas for TVC, Pseudomonas aeruginosa and Fungi. The sampling should be in accordance with SHTM 04-01, BS 8580-1, HSG 274, and HPS Pseudomonas guidance 2014.	Sampling will be performed for Legionella in accordance with ACOP L8 guidance	Optional TVC monitoring will be performed to provide assurance of water quality in line with SHTM 04-01 Part C Additional programme of water sampling in all augmented care areas biannually in line with HPS 2018 Interim guidance	In the absence of sampling methodology and guidance, no extended microbiological water sampling is planned at this time.
	The removal of items from the water delivery system to be "handed over to Water Solutions Group" who will facilitate transportation to laboratory (which is in Harrogate).	Not required by legislation	Not required by guidance (other than on specific risk assessment as part of an outbreak investigation)	In the absence of defined methodology for selection,

	Sink drains to be disinfected with a suitable anti-biofilm agent prior to the facility being in use and every 6 months thereafter	Not required by legislation	Not required by guidance	Biofilm is a normal finding in drains. Evidence to support disinfection of drains is limited, and may be associated with unintended consequences. No methodology for disinfection or suitable agent exists.
	Sink drains to be "monitored" for biofilm growth (augmented care areas – monthly; non augmented care areas 3 monthly)	Not required by legislation	Not required by guidance	No methodology for quantitative monitoring. Qualitative (visualisation) monitoring is subjective and cannot be meaningfully interpreted
	Bottle traps to be subject to regular planned preventative maintenance and disinfection with a suitable agent	Not required by legislation	Not required by guidance	Biofilm is a normal finding in bottle traps. Bottle trap cleaning does not form part of routine PPM. There may be unintended consequences associated with repeatedly opening systems, and exposing biofilm to disinfectants.

From: Goldsmith, Susan [REDACTED]
Sent: 13 August 2019 10:35
To: Crowe B (Barbara); Graham, Iain
Subject: RE: Sick Kids - weekly briefing

Hi Barbara

Solution for critical care ventilation finalised, subject to final sign off by HFS

Meeting with IHSL/MPX this afternoon to consider the commercials (with lawyers in the room) on how the rectification work are procured

Other ventilation issues still being worked through to finalise what else requires to be rectified. However there will be issues of whose responsibility it is to rectify – so if defect (and MPX) accept it is defect it will be them at their cost. If we think it is defect and they don't it will take a bit more time to work through. I understand from speaking to Colin Sinclair this morning that HFS/HPS are due to have their RAG report on Ventilation/Water and drainage complete for next weeks Oversight Board

Regards

Susan

From: Barbara.Crowe [REDACTED]
Sent: 13 August 2019 10:28
To: Goldsmith, Susan [REDACTED] Graham, Iain
Subject: Sick Kids - weekly briefing

Susan / Iain,

I am preparing the weekly briefing to the Cabinet Secretary. Do you have any updates on the fix to critical care ventilation, the other ventilation issues or the other issues (e.g. drainage, plumbing)? Grateful for a prompt response.

Thanks,

Barbara

Barbara Crowe
Financial Accounting and Planning
Health Finance and Infrastructure Team
Directorate for Health Finance
Scottish Government

[REDACTED]
Floor BR, St Andrew's House, Regent Road, Edinburgh, EH1 3DG

This e-mail (and any files or other attachments transmitted with it) is intended solely for the attention of the addressee(s). Unauthorised use, disclosure, storage, copying or distribution of any part of this e-mail is not permitted. If you are not the intended recipient please destroy the email, remove any copies from your system and inform the sender immediately by return.

Communications with the Scottish Government may be monitored or recorded in order to secure the effective operation of the system and for other lawful purposes. The views or opinions contained within this e-mail may not necessarily reflect those of the Scottish Government.

Tha am post-d seo (agus faidhle neo ceanglan còmhla ris) dhan neach neo luchd-ainmichte a-mhàin. Chan eil e ceadachd a chleachdadh ann an dòigh sam bith, a' toirt a-steach còraichean, foillseachadh neo sgaoileadh, gun chead. Ma 's e is gun d'fhuair sibh seo gun fhiosd', bu choir cur às dhan phost-d agus lethbhreac sam bith air an t-siostam agaibh agus fios a leigeil chun neach a sgaoil am post-d gun dàil. Dh'fhaodadh gum bi teachdaireachd sam bith bho Riaghaltas na h-Alba air a chlàradh neo air a sgrùdadh airson dearbhadh gu bheil an siostam ag obair gu h-èifeachdach neo airson adhbhar laghail eile. Dh'fhaodadh nach eil beachdan anns a' phost-d seo co-ionann ri beachdan Riaghaltas na h-Alba.

The information contained in this message may be confidential or legally privileged and is intended for the addressee only. If you have received this message in error or there are any problems please notify the originator immediately. The unauthorised use, disclosure, copying or alteration of this message is strictly forbidden.

This email has been scanned by the Symantec Email Security.cloud service. For more information please visit <http://www.symanteccloud.com>

This email has been received from an external party and has been swept for the presence of computer viruses.

From: Currie, Brian [REDACTED]
Sent: 20 August 2019 15:31
To: Goldsmith, Susan; Crowe B (Barbara); Graham, Iain
Subject: RE: Sick Kids - weekly briefing to Cab Sec

Importance: High

Barbara

Ventilation update as follows:

1.0 Introduction & Background

1.1 Since initial reports of problems with the critical care ventilation system by IOM during independent validation there have been twice weekly meetings held to progress each identified issue to a conclusion. Several items have been closed off but others remain open. The current position is outlined in the following sections.

2.0 Reports and Status

2.1 To date, three reports have been produced in relation to performance and compliance of the ventilation systems. These reports and their current status are:

- Independent validation of critical ventilation systems (IOM)– Issued in Draft
- Independent validation of general ventilation systems (IOM) – Draft expected imminently
- HFS Expert Review Report – Issued to HFS

2.2 The draft report issued after Independent validation of critical ventilation systems has been used as the basis for ongoing discussion and remedial works since it was issued in July. It identified 54 items of concern and these were developed into an action plan which is updated at the twice weekly meetings.

2.3 IOM were further commissioned to assess performance of the general ventilation systems focusing on 100% of the clinical areas and a sample of non clinical locations. A draft of their report is expected this week however ahead of this some items have been identified in a similar vein and will be added to the current action plan.

2.4 As part of the audit currently being undertaken by HFS they commissioned a review by a known expert. His report has been issued to HFS but is at present unable to be issued to IHSL until a consolidated view and/or report is obtained from HFS

3.0 Critical Care Ventilation

3.1 Currently the largest single outstanding item relating to ventilation is the need to deliver a ventilation system capable of providing 10 air changes per hour at 10 Pascals positive pressure to critical care areas (single bedrooms and multi bedded rooms). Initial discussions regarding concept design have taken place at the ventilation meetings however there is not yet full commitment to design development from IHSL supply chain.

3.2 Indications are that the design process will take 3 weeks from issue of letter of intent and the lead time for procurement of the air handling unit is estimated to be approximately 18 weeks. Delivery to site will be followed by a further 3 week period to

install, commission, and validate, some time should also be allowed for slippage and holidays. During the lead time for procurement, the associated design and construction elements can be progressed to the point where they are completed prior to delivery of the air handling unit.

- 3.3 It is proposed that the ventilation meeting held every Tuesday be converted to a meeting specifically to progress this work package. An initial internal meeting will be held on 20th August with clinical stakeholders to brief and engage in the design process.

4.0 Action Plan and Matrix

- 4.1 An action plan was produced from the 54 items of concern in the draft IOM report and to date 28 are closed. Items identified during the general ventilation discussions will be added to this list and Multiplex will update and re-issue. From the initial 54 items, the seven in section 5.0 below were identified as works that may be disruptive were they to be carried out while the hospital is fully operational and special emphasis has been placed on progressing these at the ventilation meetings. At present, except for the seven below, it is felt that none of the remaining items in the initial 54 and the latest additions are of a significant nature and could be carried out whilst the hospital is occupied with little or no disruption to activity.
- 4.2 A further matrix has been produced to update the IMT and contains water, drainage, and Electrical items as well as ventilation, this has been updated and issued yesterday, 19th August, as version 4. It includes items from HFS appointed experts initial reports which have not yet been shared with IHSL. We await an update or report from HFS confirming their view prior to issuing.

5.07 Major Items

- 5.1 **Very limited extract in theatre corridors** – Multiplex are proceeding with a design and installation to provide more extract to the corridor via a secondary fan. Expected completion 30th September
- 5.2 **Excessive flexible ductwork in theatre ceiling spaces** – Extent and compliance status of this item is unknown as flexible ductwork up to certain length and form is permitted. Multiplex have been made aware of locations that may be an issue and will survey to establish impact. If identified as excessive, remedial works will be short duration but would be very disruptive if theatres were in use.
- 5.3 **Scrub extract grilles** – According to guidance the extract grille in the scrub area should be low level, Multiplex have designed and installed these at high level and have provided their rationale for doing so. Multiplex are required to demonstrate that their installation meets or exceeds the performance of a low level grille. If it does not, work will be required to duct these to low level and would be very disruptive if theatres were operational.
- 5.4 **Isolation room back up arrangements appear to be very complex** – Multiplex have designed a back-up system which during periods of maintenance to air handling units serving isolation rooms can be operated to borrow air from less critical locations to maintain the integrity of the environment in the isolation room. This has yet to be fully demonstrated and if unsuccessful may require disruptive works to remedy. This would be difficult to achieve if the isolation rooms were occupied.
- 5.5 **Cabling and electrical items in airstream within air handling units** – Electrical components and cabling not normally designed within air handling units have been installed. If deemed non compliant, Multiplex will submit a proposal for review followed

by sample works to one unit for agreement before proceeding to remediate all units. This item covers some of the less disruptive items on the action plan and it is intended that these will be rectified at the same time. NHSL are pushing for timescales for this item.

5.6 Some motors running at 95% - Controls appear to indicate that there is little spare capacity to overcome dirty filters in air handling units as fan motors are running at close to full speed. Multiplex have carried out a survey and have verbally indicated that the readings have been misinterpreted and show only that they are running at 95% of design and have adequate spare capacity above these values. Report and evidence is expected this week, if satisfactory, this item can be closed upon receipt of confirmation.

5.7 AHU pressure controls – During inspection IOM noted some fluctuations in pressures and suggested it may be due to the location and type of sensor. Multiplex have logged performance over a significant period and submitted results on 16th August for review by NHSL. If satisfactory this item can be closed, if not remedial works although small and short duration will be disruptive if theatres are operational.

6.0 Conclusion

6.1 Until further information in the form of reports and recommendations from HFS and IOM are received the foregoing represents the current status of ventilation issues known to the two parties. It is recognised that some of the remedial work may take a reasonable time to rectify, however the vast majority of items could be done whilst the hospital is fully operational with little or no disruption or impact on performance.

The 7 items listed in section 5.0 above represent the most disruptive works and the focus and expectation is that these will be rectified before the hospital is fully operational.

Provided no other significant issues arise from the HFS and IOM reports, the duration of design and installation works required to provide the necessary ventilation to critical care areas mean that this element is likely to be the last of the items mentioned above to be completed.

Regards

Brian

Brian Currie
Project Director - NHS Lothian
RHCYP + DCN

[Redacted signature block]

[Redacted signature block]



From: Goldsmith, Susan
Sent: 20 August 2019 14:50
To: 'Barbara.Crowe [REDACTED]'; Graham, Iain
Cc: Currie, Brian
Subject: RE: Sick Kids - weekly briefing to Cab Sec

Barbara

We had a legal meeting with IHSL and MPX last week based on the principles we agreed in the commercial paper that went to the Oversight Board. We agreed at the legal meeting that we would send a letter of intent to IHSL/MPX to commission the design first. We have to agree to pay for the design but MPX have also requested an indemnity from any claims against them for the existing critical care ventilation before they agree to commissioning the design. We issued a draft letter of intent last week and had their response last night. We had an internal legal meeting today and are aiming to meet with IHSL/MPX again tomorrow.

If we can agree the terms of the Letter of Intent then the design process will start. This will take approximately 3 weeks (our estimate) Once we have the design we will have to agree this with HFS/HPS and then commission the works to rectify. This requires a Supplemental Agreement with IHSL, so another legal process. However we are working on that now so that as soon as the design process is finalised we can move rapidly to the "works", assuming IHSL/MPX agree the terms of the Supplemental Agreement.

I have copied in Brian to give you a high level summary of where we are with the other ventilation issues which we are working through with IHSL and MPX. You should note that these are largely the Ventilation issues identified by the report we commissioned although there are also some issues raised by HFS/HPS.

However to date we have not received any formal report from HFS/HPS on water/drainage/ventilation/plumbing. I understand that is going to you first. Any associated issues can only be dealt with once we see the report

Regards

Susan

From: Barbara.Crowe [REDACTED]
Sent: 20 August 2019 14:21
To: Goldsmith, Susan [REDACTED]; Graham, Iain
Subject: Sick Kids - weekly briefing to Cab Sec

Susan / Iain,

I am preparing the weekly briefing to the Cabinet Secretary. Do you have any updates since last week on the fix to critical care ventilation, the other ventilation issues or the other issues (e.g. drainage, plumbing)? Grateful for a prompt response.

Thanks,

Barbara

Barbara Crowe
Financial Accounting and Planning
Health Finance and Infrastructure Team
Directorate for Health Finance
Scottish Government

[REDACTED]
Floor BR, St Andrew's House, Regent Road, Edinburgh, EH1 3DG

The information contained in this message may be confidential or legally privileged and is intended for the addressee only. If you have received this message in error or there are any problems please notify the originator immediately. The unauthorised use, disclosure, copying or alteration of this message is strictly forbidden.

This email has been scanned by the Symantec Email Security.cloud service. For more information please visit <http://www.symanteccloud.com>

This email has been received from an external party and has been swept for the presence of computer viruses.

From: Corr A (Andrew) on behalf of Cabinet Secretary for Health and Sport
Sent: 11 September 2019 08:30
To: Crowe B (Barbara); Morrison A (Alan); Cabinet Secretary for Health and Sport
Cc: Aitken L (Louise); McLaughlin C (Christine); Calderwood C (Catherine); Murray D (Diane); Smith G (Gregor); Rogers S (Shirley); Wright M (Malcolm); DG Health & Social Care; Chief Medical Officer; Hart S (Suzanne); Roche R (Rowena); Connaghan J (John) (Health); McCallum R (Richard); Neill S (Sean); Burkinshaw B (Beata); McQueen F (Fiona); Ives J (Josephine); Shepherd L (Lesley); Mair S (Suzi); Hutchison D (David); Kirkwood R (Robert); Lea-Ross S (Stephen); Birch J (Jason)
Subject: Further briefing for statement
Attachments: 2019-20 - Health Finance and Infrastructure - Edinburgh Sick Kids - KPMG Report- 16 August 2019.docx

Alan/Barbara,

The Cabinet Secretary has been considering the attached submission which you sent up when the KPMG report was first made available to her (16th August). From this she would like the following information (grateful if you could provide answers beside the relevant section/para:

12. Who agreed financial close? Was there any SG involvement in taking that decision
14. Do we know why in resolving the air pressure issue the issue of impact on 4 critical care beds was not picked up?
15. Who were the 4 Exec Directors on Finance and Resource Committee - job titles don't need names
22. Why did we not intervene earlier?
23. Do we have any answers to the 4 questions posed here?

Further to this the Cabinet Secretary would like a step by step how and by whom major projects are currently agreed & once agreed what is current SG locus.
If we could have this by 1200 today it would be most helpful.

Thanks,
Andy

Andrew Corr
Private Secretary to the Cabinet Secretary for Health and Sport
The Scottish Government

1st Floor | St Andrew's House | Regent Road | Edinburgh | EH1 3DG



All e-mails and attachments sent by a Ministerial Private Office to any other official on behalf of a Minister relating to a decision, request or comment made by a Minister, or a note of a Ministerial meeting, must be filed appropriately by the recipient. Private Offices do not keep official records of such e-mails or attachments.

Scottish Ministers, Special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

EDINBURGH CHILDREN'S HOSPITAL – KPMG DRAFT REPORT

Purpose

1. To provide an update on the KPMG working draft report on the 'Independent Assessment of Governance Arrangements' for the NHS Lothian Royal Hospital for Children and Young People (RHCYP) which was received on 15 August 2019.

Priority

2. Routine.

Background

3. Following the decision to delay the opening of the Hospital following final safety checks which revealed the ventilation system within the critical care department required further work to meet national standards, KPMG were instructed to independently establish the facts surrounding the decision to delay the move to the hospital. As part of the assessment KPMG were specifically instructed to consider the following areas:

- Establish what decisions were made by NHS Lothian, when these were made, by whom and on what basis these decisions were taken in relation to the air ventilation issues and any other material issues that led to the Delay;
- To determine the extent to which the design specification with regard to air ventilation complied with the Scottish Health Technical Memoranda (SHTM) at each stage of the project;
- To understand what professional and technical advice was given to the Board, in particular what derogations were proposed, who agreed them and what risk assessments were undertaken;
- To establish the governance arrangements in place.

Consultations

4. As part of the review KPMG held discussions with Mott McDonald (NHS Lothian's Technical Advisors), MacRoberts LLP (NHS Lothian's legal advisors), Integrated Healthcare Systems Lothian (IHSL – the SPV of the project), Institute of Occupational Medicine (IOM - specialist ventilation testers), Health Facilities Scotland and Arcadis NV (the Project's Independent Testers).

Summary of Findings

5. The key issue which led to the delay was the non-compliance with SHTM 03-01 for air change rates in some of the Critical Care areas of the Hospital which was identified by IOM and reported to the Project Team on 24 June and subsequently brought to the attention of the Board on 1 July 2019.

6. Throughout all stages of the project, references were made to the requirement to adhere to SHTMs, including specifically SHTM 03-01 which related to ventilation. However notwithstanding any contractual obligations, the report clearly identifies a picture of confusion between the parties as to the correct application of these Standards. This appears to have stemmed from a document produced by NHS Lothian at the tender stage in 2012 which was inconsistent with SHTM 03-01 and which was referred to throughout the project.

7. There is clear evidence that professional and technical advisors were involved throughout the project; specifically this includes involvement in relation to ventilation issues. However, there is no evidence that the problem was identified prior to June 2019.

8. Governance processes and procedures operated in line with the structure that was put in place. There was regular dialogue between NHS Lothian and Scottish Government throughout the project, with evidence of escalation where required, albeit this was focussed on financial rather than technical matters.

9. Once NHS Lothian's Board became aware of the air change issue, steps were taken to assess the impact. The Executive Team and the Project Team met to discuss the issues uncovered on 1 July 2019 and on the same day the issue was escalated to other members of the Board which resulted in

an urgent internal meeting the following day at 9am. Later that day the Chief Executive and Chair briefed the Director General of Health and Social Care on the situation.

10. But for the issue of non-compliance in air change rates, KPMG understands from NHS Lothian that the Hospital would have opened as planned. While this is the view of KPMG, we believe this statement needs to be explored further as we are aware of the other ventilation issues beyond the air change rate in Critical Care.

Structure of the Report

11. After providing a summary of findings, the report is split into the following sections:
- Background to the Project and the Delay
 - Design specifications and air ventilation standards (see Annex 1)
 - Professional and Technical advice given to the Board
 - Governance and escalation structure with NHS Lothian

Background to the Project and the Delay

12. This section provides useful background on the whole project. One of the more significant observations include that at the time of financial close in February 2015, the designs of the Hospital had not been fully developed, including issues relating to the design of the ventilation (pressure regime).

13. In early 2017, the report notes that it became clear that the Hospital would not be completed in time and there were three main issues – ventilation (pressure regime), High Voltage resilience and MRI provision which could not be resolved and it left both parties considering court action before they agreed to move to a negotiated settlement.

14. In order to resolve the pressure in single rooms, the air change rate was adjusted from six to four with two air change rates to be provided through natural ventilation (a 'mixed mode' solution). However an issue remained regarding the pressure in multi-bed rooms. Fourteen multi-bed rooms were adjusted to have balanced or negative pressure, four of which were in Critical Care. Reference was made in the proposed resolution of this issue to an air change rate of four.

15. During that period, it became apparent that while some of the issues were being addressed, there were a significant number of technical issues emerging. On 22 February 2019, the Settlement Agreement was signed which covered the 76 identified problems, where 73 had an agreed solution and three technical issues (fire void detection, drainage and Heater Batteries) did not.

16. Following the signing of the Settlement Agreement, on the same day the Independent Tester provided a 'Certificate of Practical Completion' which meant the project moved from the construction phase to operational phase and the payment of the Annual Services Charge began. During this operational phase a significant number of outstanding works were required to be carried out by Project Co, while at the same time NHS Lothian began commissioning the Hospital.

Professional and Technical Advice

17. The report concludes that advice and support was provided to the Project Team by both technical advisors and internal clinical advisors.

Governance Arrangements

18. The governance structure surrounding the construction and commissioning of the Hospital was operating in line with that described and issues were escalated through appropriate channels. Oversight was delegated to the Finance and Resources Committee which included four Executive Directors.

19. KPMG saw evidence that the governance arrangements operated in practice and that it appears that at each stage of the Project, personnel with appropriate technical and clinical skills and experience were involved and that where appropriate external advice and guidance was sought.

Cost of the Report

20. Due to the uncertainties as to how long this review would take, the cost of the review would be based on a series of daily rates. The current cost is around £300k and further work will add to this position.

Publication

21. You have previously indicated that you would prefer to publish the KPMG and NSS review at the same time, we would be supportive of this approach as it would allow us to work with KPMG to clarify a number of issues in the report – would the hospital really have opened if the air rate change was sufficient and did the changes to the SHTM guidance in recent years contribute to the problem.

Summary

22. The main issue contained in the report is that a mistake included in the tender documentation was not picked up at any stage over the next seven years despite the fact that there was appropriate professional and technical involvement in the project and that the governance arrangements operated as planned. The other issue of focus is that because the report provides a comprehensive summary of each issue that this project has had to deal with, it brings attention to the unusually high number of problems which this project has experienced and we may be asked why we did not intervene earlier.

23. In addition to the obvious question as to why the ventilation problem was not identified by the Board or any of its technical advisors, criticisms of the project are likely to include questions about:

- why the contract was signed in February 2015 before the design was complete,
- why was the practical completion certificate signed in February 2019 while there remained a large number of issues that needed to be resolved,
- why are we paying a monthly charge for a Hospital we can't use and
- how can we have technical guidance on ventilation systems which 'lacks clarity' and is open to interpretation.

24. We will liaise closely with Comms to develop lines for each issue note above and we will discuss publication options too.

Summary

25. You are invited to note the summary of the working draft KPMG report; a final copy of which is expected later this month.

Alan Morrison
Health Finance
16 August 2019

Annex 1**Design specifications and air ventilation standards**

Throughout all stages of the Project KPMG have seen references made to the requirements to adhere to SHTM, and specifically SHTM 03-01 in respect of ventilation standards; in particular within the Board Construction Requirements ('BCR') document which is the primary document at both tender and Project Agreement stage. The BCR stated that Project Co must comply with SHTM for the design of the Hospital and that all recommendations and preferred solutions contained with SHTMs must be adopted as mandatory.

It appears that there has been confusion between NHS Lothian and Project Co as to the application of these Standards throughout the Project. This appears to have stemmed from the Environmental Matrix ('EM') which was inconsistent with SHTM 03-01 from the tender process onwards.

The version of the EM document provided by NHS Lothian to bidders at the tender stage, included reference to both the single bed cubicles and four-bed rooms in Critical Care as requiring four changes of air per hour. This should have been 10 changes per hour and was not corrected in subsequent versions of the EM.

The guidance note at the front of the EM document, provided at the tender and Financial Close stages of the Project, suggested that all Critical Care Areas should be in accordance with SHTM 03-01 and 10 air changes per hour. This was inconsistent with the Matrix noted above. KPMG note that the inconsistency was removed after Financial Close in February 2015 by the insertion of the words 'for isolation cubicles' suggesting that isolation cubicles in Critical Care should have an air change rate of 10. NHS Lothian informed KPMG that this change was made by Project Co and was not flagged to them.

NHS Lothian told KPMG that they had not reviewed the EM in detail from a technical perspective and instead they looked at it for 'operational functionality'. NHS Lothian assumed that any changes to the EM would be highlighted for discussion and that it would be in compliance with SHTM 03-01. While KPMG understand that NHS Lothian and their advisors did not consider that they had an obligation to review the EM in detail, there are multiple instances of comments being provided by NHS Lothian on particular sections of the EM, including the four-bed rooms in Critical Care (though at no stage did they refer to air change rates).

KPMG have seen evidence where the Board's technical advisors reminded Project Co that they must comply with SHTM and in January 2019, the Board asked IHSL for specific assurance that all critical ventilation systems were to be '*inspected and maintained in line with SHTM 03-01*'. IHSL confirmed that all ventilation systems had been designed, installed and commissioned in line with SHTM 03-01.

On these issues KPMG make the following observations:

- There is a lack of clarity in the standards and they could be open to interpretation eg there is no definition of critical care;
- They have identified at least three specific instances when the air change error could have been identified;
- The Independent Tester saw their role as certifying that the design had been built in accordance with what had been agreed – not with what the standards require.

Migration dependencies and programming
RHCYP & DCN Oversight Board
5 September 2019

Introduction

A draft programme has been prepared to identify known migration dependencies and develop a possible critical path analysis. Assurance on the programme is currently not possible due to the considerable number of variables. It is intended to review these with the Oversight Board prior to developing a more robust programme. The Board are reviewing the option for DCN to move into the new facility ahead of RHCYP and CAMHS services, and the parameters and considerations included in the programme are outlined below.

Partnership and contract relationships

In order to progress to work, including design, outline specifications require to be issued by the Board to IHSL for implementation by their supply chain. There are mechanisms within the Project Agreement (PA) to undertake such “changes” and these include a series of steps to agree the scope, cost and programme prior to any work being undertaken.

Engaging with the commercial partners to abbreviate these procedures has to date been “commercial” as improved risk positions have been sought (e.g. waiver of liabilities for the works done in critical care, limited cost control, retained Intellectual Property rights, etc).

Nonetheless there has been positive engagement with IHSL and there is every indication that they plan to work with the Board to deliver the changes required. The programming does not take into account any potential delay due to commercial intransigence but has allowed for periods of negotiation, assurance and approvals based on experience to date.

Review by HFS and HPS

The key assumption and dependency for programming is that the Cabinet Secretary’s decisions post receipt of the technical review reports will be the trigger for the implementation of actions. The Board Change for Critical Care Ventilation has gone ahead of the reviews but only after agreement at the Oversight Board and briefings.

At this point it is still not fully clear what further works will be required to address the other ventilation issues, with a lack of clarity from IHSL/MPX on what they accept as non-compliance, and therefore will agree to undertake remedial works. Equally there will require to be ongoing input from HFS and HPS to ensure that any further specifications and works meet standards. A workshop on Ventilation chaired by the Board’s Medical Director is planned for the 4 September to consider what further specifications are required. This will include representation from HFS/HPS.

It is assumed that the Funders will be supportive and progress all approvals quickly.

Critical Care Ventilation

There has been ongoing engagement over a period of weeks with IHSL, their supply chain and the Board’s representatives working alongside HFS and HPS representatives. This culminated in the issue of the High Value Board Change for Critical Care Ventilation on 30 August 2019 by NHSL to IHSL. The initial meeting to consider the change, as required by the PA takes place on the 4 September.

It is recognised in the programme that the procurement of Air Handling Unit(s) for critical care and other remedial ventilation works cannot commence until the design is developed sufficiently to

ensure that it will be verifiable as fit for purpose and it will be based on an agreed specification from the Board supported by HFS / HPS. The procurement is understood to have a long lead time.

Therefore in order to mitigate against any delay, an order (such as a Letter of Comfort or Letter of Intent) may be required in advance of full sign off of the whole scheme. This raises programme and commercial risks for all parties. For the programme a conservative starting point has been identified as the completion of the commercial position.

There is an opportunity to run the commercial and legal workstreams in parallel.

Remedial works

It has been assumed for the programme that there will be low value works or service amendments required against all the HFS / HPS review elements: detailed requirements have not been confirmed and therefore timeframes are unknown, however it is assumed that these can be undertaken and completed in line with other programmed works.

Based on information available the anticipated works, to be prioritised in line with the proposal to move DCN ahead of RHCYP, are:

- Drainage
 - Information awaited from HFS / HPS to define if any works required
- Water
 - Action plan to be signed off by all parties
 - Action plan to be implemented – timing and process dependant on the extent of works. Most anticipated to be Operational Service changes
- Ventilation
 - 7 priorities from 54 on the first IOM review schedule (including Theatre Ventilation and DCN AHU's)
 - IHSL are arranging for a sample benchmark before seeking HFS / HPS confirmations and thereafter to instructions by NHSL being issued.
 - Other HFS ventilation issues, e.g. outcome of Helipad review may affect programming for DCN
 - Change of ventilation requirements for rooms in Lochranza Ward (haematology /oncology) – a Board change is likely to be required. The impact on DCN is thought to be minimal.
 - Any works identified in IOM's review of non-critical care ventilation – nothing significant has been noted for DCN
 - Possible requirement for works to change air changes / hour in general rooms; this would become a critical path item for DCN occupation.
- Operational Board Changes (issued already)
 - Some of these remain to be completed by IHSL and their supply chain but are being actioned presently. Examples include automatic doors and stair access control
- Fire / Electrical / Medical gases –
 - Information awaited from HFS / HPS in order to define scope and timescales for works, if any.
- Helpdesk outstanding calls are being addressed through the current operational mechanisms and have therefore not being programmed separately. Issues include:
 - Volume of outstanding remedial works
 - Follow up through helpdesk

Disposal of Sciennes

Engagement with the developer about a potential timeframe for vacant possession will be required in advance of all assurances and decision points. The period for decommissioning is based on current knowledge and may be varied following further engagement with the developer and estates personnel.

DCN Relocation

In conclusion, the timeframe for DCN moves in advance of RHSC migrations can be brought forward if remedial works affecting the DCN areas of the facilities are prioritised; and no RHCYP works impact on those facilities and services for DCN. The specification of remedial works requires to be agreed to confirm detailed programming.

No additional time has been added for escalating staffing levels and procedures to cope with a partially occupied Facility (e.g. additional security measures).

Communications

The long lead time for consultant and staff rotas and patient scheduling will require to be programmed in dependant on works. A date to commence this element in advance of final assurance sign off will be required in order to avoid a fallow period where the DCN Facility is ready but unused.

Notices to the wider public and Scottish Ambulance Service, for example, will be to a different timeframe.

The programming to date has not taken into account winter pressures or holiday shut down periods. Prolongation of works due to holiday periods or migration timing will need to be considered further.

Iain F Graham
Director of Capital Planning and Projects
NHS Lothian
4 September 2019

From: Henderson C (Calum)
Sent: 03 October 2019 11:11
To: Henderson C (Calum)
Subject: NHS Lothian Board Paper - RHCYP - 2nd October
Attachments: NHS Lothian Board Paper; RE: NHS Lothian Board Paper

From: Morrison A (Alan)
Sent: 27 September 2019 17:56
To: Cabinet Secretary for Health and Sport
Cc: DG Health & Social Care; McLaughlin C (Christine); Henderson C (Calum)
Subject: NHS Lothian Board Paper
Attachments: Board paper- RHCYP DCN - 2 October 2019.docx

David

Attached is NHS Lothian's board paper on the current situation at the Edinburgh Children's Hospital which they were going to circulate on Monday for discussion on Wednesday. Does the Cabinet Secretary have any comments?

Regards

Alan

Alan Morrison
Health Finance and Infrastructure
Scottish Government Health and Social Care Directorates



NHS Lothian

NHS Lothian Board
2 October 2019

Director of Finance

UPDATE ON THE ROYAL HOSPITAL FOR CHILDREN & YOUNG PEOPLE / DEPARTMENT OF CLINICAL NEUROSCIENCES ('RHCYP/DCN')

1 Purpose of the Report

- 1.1 The purpose of this report is to provide the Board with an update on the above project following the Finance and Resources Committee's consideration (on 25 September 2019) of the [reports which the Cabinet Secretary commissioned](#).

Any member wishing additional information should contact the Director of Finance in advance of the meeting.

2 Recommendations

The Board is recommended to;

- 2.1 Consider and discuss the issues raised in this report.

3 Discussion of Key Issues

Publication of the reports which the Cabinet Secretary Commissioned

- 3.1 The Scottish Government [published the reports](#) from the reviews which KPMG and NSS carried out in relation to 'RHCYPDCN' on 11 September 2019. The announcement stated that the Cabinet Secretary expects the Department of Clinical Neurosciences to move in Spring 2020, with the whole of the children's hospital moving to the new site in Autumn 2020. The Board's Finance & Resources Committee received and discussed these reports on 25 September.

Escalation of the Project to Level 4 of the NHS Scotland Performance Evaluation Framework

- 3.2 Upon review of the above reports, the Director-General has escalated NHS Lothian to Level 4 of the NHS Scotland Performance Evaluation Framework for this project. The existing RHCYP/DCN Oversight Board will continue. The Director-General has appointed a Senior Programme Director (Mary Morgan) who will report directly to the Scottish Government. In that capacity she is responsible for the actions to ensure the facility is fit for occupation. NHS Lothian will remain directly responsible for all other actions relating to the existing site and the migration of services to the new facility. The Scottish Government will give additional independent technical advice, to give confidence on the management and oversight arrangements to ensure that the facility is fit for occupation.

Public Inquiry

- 3.3 The Scottish Government subsequently [announced on 17 September](#) that there will be a statutory public inquiry into issues at the Queen Elizabeth Hospital (in Glasgow) and RHCYP/DCN.

Section 22 report

- 3.4 The Auditor General has advised NHS Lothian that she intends to prepare a [Section 22 report](#) on the project. The Auditor General prepares these reports when a matter of public interest, arising from a specific issue or concern, has been raised in the audit of public bodies. The Auditor General and the Board's external auditor prepare the report, and gives the Board an opportunity to review the draft for factual accuracy. The Scottish Government arranges for the Board's annual accounts and the Section 22 report to be laid before the Scottish Parliament. The Auditor General will brief the Scottish Parliament's Public Audit and Post Legislative Scrutiny Committee on the Section 22 report, and the Committee may decide to take evidence from the Board's Accountable Officer.

Continuing to use the Royal Hospital for Sick Children and DCN

- 3.5 Given the timeline for occupation announced by the Cabinet Secretary plans are being developed to address how existing sites might be supported over the winter period, and beyond
- 3.6 Over and above this the Cabinet Secretary, the Chief Medical Officer and the Chief Executive of NHS Scotland visited the existing RHSC and DCN on Monday 23 September to meet with staff. At the staff meetings staff raised some questions and concerns about the current sites at Sciennes and the Western General over the winter periods and until migration is complete.

These questions and concerns were in relation to a number of areas, namely:

- Current environmental issues
- Catering arrangements within RHSC
- Housekeeping arrangements for parent/ family accommodation at RHSC
- Pharmacy and Laboratory services
- INR equipment at DCN
- Winter planning
- FAQs for staff

- 3.7 These area of concern were rapidly risk assessed with a number of immediate actions taken including addressing catering and housekeeping issues at RHSC and re-signposting staff to FAQ's available on HR on line. The remainder will be incorporated into the single action plan being developed for both winter and to address environmental issues on the sites. This will be overseen by Jacquie Campbell, Chief Officer Acute Services. Progress will be reported through RHCYP/DCN Executive Steering Group then to Scottish Government Oversight Group.

The disposal contract for RHSC has been amended to facilitate continued operational use of the site. There are no additional obligations on the Board from this extension of time.

Update on the Progress Made to Resolve the Identified Issues with RHCYPDCN

- 3.8 The Board change required to rectify critical care ventilation and to make changes to Haematology/Oncology remains with IHSL for formal response, following a request to for a short period of additional time to engage with their supply change. Notwithstanding this there has been continual dialogue with IHSL and they have confirmed their commitment to work with NHS Lothian to resolve these issues as rapidly as possible
- 3.9 Progress continues to be made on other rectifications required with a number now complete. Where further review on solutions is required through workshops all parties have actively engaged including HFS and HPS. A verbal update will be provided to Board members following workshops taking place at the time of writing.
- 3.10 Finally the second stage of the HFS/HPS review is due to be completed by the 5 October and this should give us a comprehensive and complete schedule of all works to be programmed to deliver safe occupation.

4 Key Risks

- 4.1 The NHS Board received an update report on this project on 7 August 2019, and this highlighted the following risks:

‘There is a risk that there are further critical systems issues requiring rectification which will impact on the timeline for occupation. In addition there is a risk that IHSL will require extended engagement with their funders on changes required’

- 4.2 This reports highlights that the Scottish Government has subsequently published external reviews and appointed a Senior Programme Director. Both of these measures will shape the forward identification and management of risk.

5 Risk Register

- 5.1 The Board accepted a new risk to the corporate risk register on 7 August 2019. The risk (ID: 4813) is described as ‘There is a risk to patient safety, experience and outcome of care plus financial impact, due to the delay in providing clinical care for RHCYP and DCN patients on the Royal Infirmary of Edinburgh campus.’

6 Impact on Inequality, Including Health Inequalities

- 6.1 Management will need to undertake impact assessments as part of the programme of work.

7 Duty to Inform, Engage and Consult People who use our Services

- 7.1 Users of the service have been contacted to inform them of the change in the interim service provision. Continuing communication will focus on mitigating the disruption for service users.

8 Resource Implications

- 8.1 The resource implications of the delay have been discussed with the Scottish Government and provision has been made to meet the additional cost from within the national health budget.

Susan Goldsmith
Director of Finance
27 September 2019

From: Downie J (Jack) on behalf of Cabinet Secretary for Health and Sport
Sent: 30 September 2019 09:33
To: Morrison A (Alan); Cabinet Secretary for Health and Sport
Cc: DG Health & Social Care; McLaughlin C (Christine); Henderson C (Calum)
Subject: RE: NHS Lothian Board Paper

Alan,

The Cabinet Secretary has noted the paper without comment.

Thanks,
Jack

From: Morrison A (Alan) [REDACTED]
Sent: 27 September 2019 17:56
To: Cabinet Secretary for Health and Sport [REDACTED]
Cc: DG Health & Social Care [REDACTED] McLaughlin C (Christine) [REDACTED]
Henderson C (Calum) [REDACTED]
Subject: NHS Lothian Board Paper

David

Attached is NHS Lothian's board paper on the current situation at the Edinburgh Children's Hospital which they were going to circulate on Monday for discussion on Wednesday. Does the Cabinet Secretary have any comments?

Regards

Alan

Alan Morrison
Health Finance and Infrastructure
Scottish Government Health and Social Care Directorates
[REDACTED]

From: Henderson C (Calum)
Sent: 04 October 2019 17:24
To: Cabinet Secretary for Health and Sport
Cc: DG Health & Social Care; McLaughlin C (Christine); McQueen F (Fiona); Murray D (Diane); Calderwood C (Catherine); Smith G (Gregor); Rogers S (Shirley); Connaghan J (John) (Health); Morrison A (Alan); Birch J (Jason); Ives J (Josephine); Henderson C (Calum)
Subject: Edinburgh Children's Hospital - Update 4 October 2019
Attachments: 2019-20 - Health Finance and Infrastructure - Edinburgh Sick Kids - Current Position - 4 October 2019.docx; 4.1 Winter Plans - Fiona.DOCX

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Printed for DG

Jack

Please find attached a readout from the oversight group on Thursday 3 October.

The single plan with regards to the existing sites for the Sick Kids and DCN was discussed as part of this meeting. The Chair of the Oversight Group agreed this plan would be discussed internally by the Board at their Steering Group on Monday 7 October. The Chair confirmed with Lothian that the plan will be shared with the Scottish Government on Monday afternoon once this has been discussed by the Steering Group. We will share this for you for comment and will feed this back to the Oversight Group of 11 October.

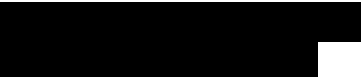
I am also sharing the note NHS Lothian sent to DG to confirm plans for over the winter. Christine McLaughlin has commissioned the single plan which will be broken down across the areas of direct clinical services and clinical support services, including laboratories and pharmacies; non-clinical support services, including domestic catering, portering, parental accommodation and facilities including catering; and the services that provide welfare and support to staff.

I would be grateful if you can confirm the Cabinet Secretary is content with the proposed timescale

Regards

Calum

Calum Henderson
St Andrew's House, Edinburgh, EH1 3DG



EDINBURGH CHILDREN'S HOSPITAL – CURRENT POSITION

Purpose

1. To provide an update on current progress at the Edinburgh Royal Hospital for Children and Young People (RHCYP).

Priority

2. Routine.

Background

3. The Oversight Board met on 3 October and discussed and considered the current position regarding the six areas which are subject to a technical review. The main risks to project delivery are that the commercial issues relating to the ventilation fixes in critical care and haematology / oncology need to be resolved before a timeline can be established and the question around smoke and fire dampers need answered before it is clear whether further rectification work is needed.

4. Further work is required on the Air Handling Units and the management of the water system (eg replacement of some taps), however these are known issues and we expect them to be successfully addressed before the planned handover in Autumn/Spring next year. While we await the final reports on medical gases and electrical systems next week, we do not expect them to identify any material issues; drainage has been closed as all issues have been resolved.

5. All issues requiring a decision will be considered by the Oversight Board before coming to you for final approval.

Ventilation - Critical Care and Haematology / Oncology

6. Two high value Board Change Notices have been issued to IHSL for critical care and Lochranza Ward (Haematology / Oncology) ventilation. IHSL have not been able to provide an initial response due to commercial issues raised by BYES which will be discussed at a workshop on 4 October. Until these commercial issues are resolved, it is not possible to identify a programme timeline. While the planned handover date (Spring 2020) remains achievable, it will be contingent on these issues being addressed quickly.

Ventilation – Air Handling Units

7. The validation and engineering reports into the technical condition of the new RHCYP / DCN facilities identified a number of issues with the AHU installation - 36 units. Following these reports and to address the recommendations in them, Multiplex completed a benchmark Air Handling Unit (AHU) which was reviewed and assessed by HFS, HPS and NHS Lothian on 27 September. Further enhancements are required and while Multiplex have not formally responded, it is assumed that they will accept the recommendations and change the AHUs.

8. Four options have been identified as potential ways of dealing with this issue:
 - Replace all AHUs;
 - Accept the AHUs as installed ie do nothing;
 - Accept the benchmark as the standard to be applied across all units, with the units in DCN being prioritised;
 - Accept the AHUs as installed but require the cabling to be removed from the units and instead be fitted externally (the cabling is considered the main risk).

9. A better understanding of the risks is required before the Oversight Board can make a recommendation to you, but it is likely that option three will be chosen as it is assumed the remedial work will address the identified risks; a revised risk assessment, with clinical input, will be undertaken following the remedial work. We would expect the Oversight Board to take a decision at their next meeting on 10 October.

Water Safety

10. The Final Water Safety Review meeting on 25 September confirmed all outstanding actions and escalation routes have been identified. This means that while no new issues are expected to be identified, they require proactive management to ensure mitigation is effective, for example the disinfection of all taps found to be with pseudomonas is an ongoing exercise.

Drainage

11. Early in the design process, it was identified as necessary to incorporate a basement into the facility. As a result, it was always known that there would be an internal sump pump to remove water from the basement outlets, given the invert level of the existing public sewer. This had been included in the project documents from the start. During early construction it became evident that the location of this sump was less than optimal (outside the main access to the kitchen). However, moving it was not an option as it would invalidate the concrete design and waterproofing of the entire basement.

12. HFS have reviewed the situation and the mitigation measures in place and while the location of the sump is not ideal, it can be concluded that there are appropriate measures in place to deal with reasonable and foreseeable issues including abnormal items in the system. The fact that six consecutive individual failures, with opportunities to intervene at each, have to occur before a significant problem presents provides reassurance that such an issue is extremely unlikely. Consequently this is considered a closed issue and will not routinely be discussed at the Oversight Board going forward.

13. It should be noted, that following suggestions from Staff side representation that members had concerns about drainage, the Senior Programme Director met with the Unison representative. While he provided vague, unspecified concerns about the drainage, there was no actionable intelligence that the Director could discern, therefore while his concerns were noted, no further action was proposed.

Fire, Electrical and Medical Gases

14. The final phase 2 report on fire, medical gases and electrical safety is expected at the end of next week (11 October).

15. Fire experts from Glasgow Caledonian Building School had been on site and the initial draft report had been shared for early visibility. Further information has been requested from IHSL in relation to the provision of smoke and fire dampers and their response will impact on the final report. NHS Lothian were keen to emphasise that the new building had received the appropriate building control certification and that the Scottish Fire and Rescue Service were content with the fire safety of the building.

16. The final report on Medical Gases is on schedule to be complete for next week, but verbal updates have been encouraging and no issues have been identified at this point.

17. Following receipt of the draft report on electrical safety, NHS Lothian have been discussing the initial observations with NSS, but no material issues have been identified.

Summary

18. You are invited to note the summary of the current situation, the identified risks and the decisions that we expect you will need to make following next week's Oversight Board (AHUs and fire/smoke dampers). A further update will be provided next week following receipt of the final phase 2 report from NSS on 11 October.

Alan Morrison
Health Finance and Infrastructure
4 October 2019

Winter Planning 2019 – RHSC

Update for Scottish Government

1. Draft Winter Plans- timescales for finalising

Following the delay in the move into the new hospital, the Children's Services Clinical Management Team undertook a re-assessment of the Winter Plan for 2019/20, to identify opportunities to improve patient flow through the Emergency Department and create more designated medical beds to cope with peak activity, rather than relying on 'boarding' beds. The initial proposals involved using the Surgical Neonatal Unit for Planned Investigation Unit (PIU) activity and concentrating Surgical Neonatal activity (which fluctuates) in the Paediatric Intensive Care (PICU) and HDU areas, however after discussion with the surgical and PICU teams, this was not felt to be a viable option.

Alternative options for the relocation of PIU have now been explored and revised proposals are being shared and consulted on this week, at the RHSC Site Liaison Committee (25/09/19) as well as with all wards and Departments individually, before formal discussion at the Children's Clinical Management Team on 1 October, which include representative from all clinical areas as well as Partnership.

The attached **SBAR** sets out more of the detail of these revised plans.

2. Winter Staffing Plan

- We are interviewing shortly for our additional winter nursing posts
- We have recruited all the extra staff in Phase 1 of our Emergency Department Staffing plan, which was approved by NHSL earlier this year and acknowledged the need to enhance nurse staffing levels year round in the ED, particularly to support evening and overnight activity which has grown significantly over recent years.

3. Other changes which will support winter pressures

The SJH Children's Ward is now open again for 4 nights/week, which will reduce the pressure on both the RHSC ED and the pressure on inpatient beds at RHSC.

The patient pathway for West Lothian children who are admitted to RHSC includes repatriation to the SJH Children's Ward, where clinically appropriate, to complete their inpatient care.

In addition, West Lothian children admitted to RHSC who require follow up Planned Investigations or outpatient appointments are referred back to SJH for this, so they can receive care closer to home and to reduce pressure on RHSC services.

25/09/19

EDINBURGH CHILDREN'S HOSPITAL – STAFF SIDE MEETING, 9 OCTOBER

Purpose

1. To provide briefing on the new Edinburgh Children's Hospital in advance of a meeting with staff side representatives on 9 October.

Priority

2. Immediate.

Background

3. You wrote to Alex Joyce following the visit to the Sick Kids and DCN today to speak to staff. Following the last meeting with the Staffside on 13 August, you wanted to meet with Staffside again to update on the current situation with regards to the RHCYP.

The meeting will take place on 9 October, 09:00 – 10:00 in TG20/21 - Parliament

Attendees are:

UNISON

Alex Joyce Employee Director

Royal College of Nursing

Stuart McLauchlan
Linda Rumbles
Ros Shaw

UNITE

Gordon Archibald
Susan Perriss

Chartered Society of Physiotherapy

Helen Fitzgerald

Society of Radiographers

Holly Buchanan

Official support

Fiona McQueen, Sean Neill , Alan Morrison

Contents of briefing

This briefing responds provides further background information relating to RHCYP, as follows:

Annex A – Update note from the last Oversight Group – 3 October

Annex B – Timeline of Cabinet Secretary Engagement with Staff

Annex C – NSS Report

Annex D – KPMG Report

Annex E – Developer of Current Site and the settlement agreement – background and timeline

Annex F – NHS Lothian annual audit report – key points

Annex G – Public Inquiry

Annex H – Escalation to Level 4 and Mary Morgan Appointment

Annex I – HIS Inspection of Existing Sites

Annex J – Letters from Cabinet Secretary to NHS Lothian Staff 13 September

Annex A: Update note from the last Oversight Group – 3 October

Background

The Oversight Board met on 3 October and discussed and considered the current position regarding the six areas which are subject to a technical review. The main risks to project delivery are that the commercial issues relating to the ventilation fixes in critical care and haematology / oncology need to be resolved before a timeline can be established and the question around smoke and fire dampers need answered before it is clear whether further rectification work is needed.

Further work is required on the Air Handling Units and the management of the water system (eg replacement of some taps), however these are known issues and we expect them to be successfully addressed before the planned handover in Autumn/Spring next year. While we await the final reports on medical gases and electrical systems next week, we do not expect them to identify any material issues; drainage has been closed as all issues have been resolved.

All issues requiring a decision will be considered by the Oversight Board before coming to you for final approval.

Ventilation - Critical Care and Haematology / Oncology

Two high value Board Change Notices have been issued to IHSL for critical care and Lochranza Ward (Haematology / Oncology) ventilation. IHSL have not been able to provide an initial response due to commercial issues raised by BYES which will be discussed at a workshop on 4 October. Until these commercial issues are resolved, it is not possible to identify a programme timeline. While the planned handover date (Spring 2020) remains achievable, it will be contingent on these issues being addressed quickly.

Ventilation – Air Handling Units

The validation and engineering reports into the technical condition of the new RHCYP / DCN facilities identified a number of issues with the AHU installation - 36 units. Following these reports and to address the recommendations in them, Multiplex completed a benchmark Air Handling Unit (AHU) which was reviewed and assessed by HFS, HPS and NHS Lothian on 27 September. Further enhancements are required and while Multiplex have not formally responded, it is assumed that they will accept the recommendations and change the AHUs.

Four options have been identified as potential ways of dealing with this issue:

- Replace all AHUs;
- Accept the AHUs as installed ie do nothing;
- Accept the benchmark as the standard to be applied across all units, with the units in DCN being prioritised;
- Accept the AHUs as installed but require the cabling to be removed from the units and instead be fitted externally (the cabling is considered the main risk).

A better understanding of the risks is required before the Oversight Board can make a recommendation to you, but it is likely that option three will be chosen as it is assumed the remedial work will address the identified risks; a revised risk assessment, with clinical input, will be undertaken following the remedial work. We would expect the Oversight Board to take a decision at their next meeting on 10 October.

Water Safety

The Final Water Safety Review meeting on 25 September confirmed all outstanding actions and escalation routes have been identified. This means that while no new issues are expected

to be identified, they require proactive management to ensure mitigation is effective, for example the disinfection of all taps found to be with pseudomonas is an ongoing exercise.

Drainage

Early in the design process, it was identified as necessary to incorporate a basement into the facility. As a result, it was always known that there would be an internal sump pump to remove water from the basement outlets, given the invert level of the existing public sewer. This had been included in the project documents from the start. During early construction it became evident that the location of this sump was less than optimal (outside the main access to the kitchen). However, moving it was not an option as it would invalidate the concrete design and waterproofing of the entire basement.

HFS have reviewed the situation and the mitigation measures in place and while the location of the sump is not ideal, it can be concluded that there are appropriate measures in place to deal with reasonable and foreseeable issues including abnormal items in the system. The fact that six consecutive individual failures, with opportunities to intervene at each, have to occur before a significant problem presents provides reassurance that such an issue is extremely unlikely. Consequently this is considered a closed issue and will not routinely be discussed at the Oversight Board going forward.

It should be noted, that following suggestions from Staff side representation that members had concerns about drainage, the Senior Programme Director met with the Unison representative. While he provided vague, unspecified concerns about the drainage, there was no actionable intelligence that the Director could discern, therefore while his concerns were noted, no further action was proposed.

Fire, Electrical and Medical Gases

The final phase 2 report on fire, medical gases and electrical safety is expected at the end of next week (11 October).

Fire experts from Glasgow Caledonian Building School had been on site and the initial draft report had been shared for early visibility. Further information has been requested from IHSL in relation to the provision of smoke and fire dampers and their response will impact on the final report. NHS Lothian were keen to emphasise that the new building had received the appropriate building control certification and that the Scottish Fire and Rescue Service were content with the fire safety of the building.

The final report on Medical Gases is on schedule to be complete for next week, but verbal updates have been encouraging and no issues have been identified at this point.

Following receipt of the draft report on electrical safety, NHS Lothian have been discussing the initial observations with NSS, but no material issues have been identified.

Annex B: Timeline of Cabinet Secretary Engagement with Staff

- You wrote to staff on 18 July and visited the existing Sick Kids and DCN sites the same day to provide an update and to answer questions that staff may have in response to the decision to delay moving the hospital to the new site.
- Alex Joyce (Unison), Employee Director and Joint Staff Side Chair of NHS Lothian wrote to you on 23 July 2019 requesting a meeting to discuss concerns that Staff Side had been excluded from any communications regarding the decision not to open the Sick Kids hospital. These concerns were also raised within the press, including in the Scotsman.
- You subsequently met staff-side representatives from NHS Lothian on 13 August 2019 where you reassured staff-side that the unions were not being excluded from communications and that you expected the Board to engage with them and work in full partnership.
- You confirmed your position in writing to Alex Joyce on 19 August and thereafter wrote to all staff of NHS Lothian to provide them with an update. You also set out the terms of reference for the KPMG and NSS Reports
- Upon publication of the reports, you wrote again to Alex Joyce and to all affected staff in NHS Lothian (11 September) to set out the findings and confirm the new timescales for occupation of the hospital.
- On each occasion you thanked staff personally for their fortitude and forbearance.
- On 18 September 2019, you announced in parliament that following concerns from affected parents, you would instruct a public inquiry, under the terms of the Inquiries Act 2005. You announced that the findings would inform the establishment of the new oversight body for large NHS Scotland capital construction projects.
- You visited the Sick Kids hospital, alongside the DG Health on Monday 23 September 2019.

NHS Lothian engagement with staff

NHS Lothian have undertaken a range of engagement with staff, including open sessions and a Q&A published on their intranet.

Lines to take

- It is untrue that the Scottish Government has sought to exclude the trades unions or staff on the decision not to open the Sick Kid's hospital.
- This was a developing situation and the Scottish Government worked closely with the Board to ensure the right decision was made.
- On issues of joint interest, it's routine for the Scottish Government and health boards to share media responses.

- My greatest responsibility is the safety of patients, and for this reason the decision was taken to delay the move of patients, staff and services to the new hospital.
- I recognise that many staff share my frustration following the announcement of the delay. The Chief Medical Officer and I have visited staff at the Sick Kids hospital to hear any concerns they may have, and to offer our personal thanks for the exemplary way in which they have managed the delayed move.
- The Scottish Government is committed to working in partnership with NHS Employers, Trade Unions and Professional Organisations.
- This partnership working has been recognised in NHSScotland as a critical success factor in achieving the aspiration of a world-class health service designed with the patient at the centre.

Annex C – NSS Report

External Review – NHS National Services Scotland (NSS)

NSS sent 130 questions to NHS Lothian on phase 1 of the review – ventilation, water and drainage. A meeting was arranged with NHS Lothian on 7 August to discuss areas where their responses were incomplete.

The NSS report published on 11 September made it clear that significant work had to commence to ensure compliance of the site. The report highlighted a programme of work including a solution for the design of critical care ventilation, the procurement and installation of the ventilation system, as well as highlighting the significant level of testing and validation that was required.

Summary of Findings

1. It was recognised by NHSL that critical care ventilation was not designed to current guidance. As a result this report focuses on other systems, however, they have provided advice on the contractor design intent for a new CCU system.
2. Key outstanding information includes the design intent for the natural ventilation component.
3. The theatre ventilation has not been installed in accordance with current guidance (when maintenance is being undertaken, two theatres, rather than one, will be out of action).
4. Some of the water testing results, due to the time taken to process, are not yet available however it was found that there were certain fungi in the water, mainly at the taps as well as higher than anticipated total viable counts. Lessons learned across health systems strongly suggest that this should be eradicated before patients and staff move in. There would appear to be no systemic contamination of the hot and cold water systems.
5. The drainage for the hospital utilises one gravity system and two pumped systems. The pumped systems are used to overcome gravity as they are installed below the local water table and level of the external drains. We await an explanation of what foul waste and other sources drain into the basement sump. If suitable mitigation measures are in place, the drainage should not be an obstacle to occupation of the building.

Annex D – KPMG Report

KPMG were instructed to independently establish the facts surrounding the decision to delay the move to the hospital. As part of the assessment KPMG were specifically instructed to consider the following areas:

- Establish what decisions were made by NHS Lothian, when these were made, by whom and on what basis these decisions were taken in relation to the air ventilation issues and any other material issues that led to the Delay;
- To determine the extent to which the design specification with regard to air ventilation complied with the Scottish Health Technical Memoranda (SHTM) at each stage of the project;
- To understand what professional and technical advice was given to the Board, in particular what derogations were proposed, who agreed them and what risk assessments were undertaken;
- To establish the governance arrangements in place.

Summary of Findings

- The key issue which led to the delay was the non-compliance with SHTM 03-01 for air change rates in some of the Critical Care areas of the Hospital which was identified by IOM and reported to the Project Team on 24 June and subsequently brought to the attention of the Board on 1 July 2019.
- Throughout all stages of the project, references were made to the requirement to adhere to SHTMs, including specifically SHTM 03-01 which related to ventilation. However notwithstanding any contractual obligations, the report clearly identifies a picture of confusion between the parties as to the correct application of these Standards. This appears to have stemmed from a document produced by NHS Lothian at the tender stage in 2012 which was inconsistent with SHTM 03-01 and which was referred to throughout the project.
- There is clear evidence that professional and technical advisors were involved throughout the project; specifically this includes involvement in relation to ventilation issues. However, there is no evidence that the problem was identified prior to June 2019.
- Governance processes and procedures operated in line with the structure that was put in place. There was regular dialogue between NHS Lothian and Scottish Government throughout the project, with evidence of escalation where required, albeit this was focussed on financial rather than technical matters.
- Once NHS Lothian's Board became aware of the air change issue, steps were taken to assess the impact. The Executive Team and the Project Team met to discuss the issues uncovered on 1 July 2019 and on the same day the issue was escalated to other members of the Board which resulted in an urgent internal meeting the following day at 9am. Later that day the Chief Executive and Chair briefed the Director General of Health and Social Care on the situation.
- But for the issue of non-compliance in air change rates, KPMG understands from NHS Lothian that the Hospital would have opened as planned. While this is the view of KPMG, we believe this statement needs to be explored further as we are aware of the other ventilation issues beyond the air change rate in Critical Care.

Structure of the Report

After providing a summary of findings, the report is split into the following sections:

- Background to the Project and the Delay
- Design specifications and air ventilation standards
- Professional and Technical advice given to the Board
- Governance and escalation structure with NHS Lothian

Background to the Project and the Delay

One of the more significant observations include that at the time of financial close in February 2015, the designs of the Hospital had not been fully developed, including issues relating to the design of the ventilation (pressure regime).

In early 2017, the report notes that it became clear that the Hospital would not be completed in time and there were three main issues – ventilation (pressure regime), High Voltage resilience and MRI provision which could not be resolved and it left both parties considering court action before they agreed to move to a negotiated settlement.

In order to resolve the pressure in single rooms, the air change rate was adjusted from six to four with two air change rates to be provided through natural ventilation (a 'mixed mode' solution). However an issue remained regarding the pressure in multi-bed rooms. Fourteen multi-bed rooms were adjusted to have balanced or negative pressure, four of which were in Critical Care. Reference was made in the proposed resolution of this issue to an air change rate of four.

During that period, it became apparent that while some of the issues were being addressed, there were a significant number of technical issues emerging. On 22 February 2019, the Settlement Agreement was signed which covered the 76 identified problems, where 73 had an agreed solution and three technical issues (fire void detection, drainage and Heater Batteries) did not.

Following the signing of the Settlement Agreement, on the same day the Independent Tester provided a 'Certificate of Practical Completion' which meant the project moved from the construction phase to operational phase and the payment of the Annual Services Charge began. During this operational phase a significant number of outstanding works were required to be carried out by Project Co, while at the same time NHS Lothian began commissioning the Hospital.

Professional and Technical Advice

The report concludes that advice and support was provided to the Project Team by both technical advisors and internal clinical advisors.

Governance Arrangements

The governance structure surrounding the construction and commissioning of the Hospital was operating in line with that described and issues were escalated through appropriate channels. Oversight was delegated to the Finance and Resources Committee which included four Executive Directors.

KPMG saw evidence that the governance arrangements operated in practice and that it appears that at each stage of the Project, personnel with appropriate technical and clinical skills and experience were involved and that where appropriate external advice and guidance was sought.

Annex E – Developer of Current Site and the contract settlement agreement – background and timeline

Developer of Sciennes Site

Alex Joyce has highlighted Staffside are likely to raise what arrangements have been made with the developer for the Sciennes site as we will not vacate the site as planned.

NHS Lothian are keeping the developer up to date with the current situation and their discussions indicate that there is no suggestion that they may pull out of the sale. This is mainly because:

- The site is probably worth more now than when it was originally sold;
- The developer has already spent money on planning permission;
- The developer has only paid a deposit of around 10% of the total value, so there is no real impact on the cash flow of the developer.

This is a commercial agreement, so it would not be appropriate to go into detail of the arrangements, beyond offering reassuring words that the developer is fully apprised of the situation and has no plans to change course.

Settlement Agreement

The construction of the new Edinburgh Children's Hospital was originally scheduled to be complete in July 2017, however due to a number of issues such as the ventilation system in 20 three and four bedded wards and the quench pipes in the MRI suite, the handover of the hospital was delayed.

NHS Lothian and IHSL, had been in dispute over who is responsible for the delay, but they began working on agreeing a programme of work which was intended to deliver practical completion of the new hospital by October 2018, with patients moving to the new facility in February 2019.

In order to deliver these outcomes, NHS Lothian developed a Settlement Agreement with IHSL, which confirmed all areas of dispute and costed what needed to be done in order to complete the hospital. As part of that agreement, NHS Lothian accepted that they needed to make an additional payment of £11.6 million which would resolve all areas of dispute and assist in the completion of the facility.

This proposal was endorsed by NHS Lothian's Finance and Resources Committee. Scottish Government were supportive and approved the proposed way forward because it offered more certainty in terms of costs and timescales and removed the risk of Court action being necessary.

On 22nd February 2019, the Board entered into a Settlement and Supplemental Agreement with IHSL. This agreement was to resolve various disputes between the Board and IHSL, with the ultimate aim of opening the new RHCYP & DCN hospital in July 2019. This agreement also resulted in certain provisions of the original Project Agreement (both legal and technical) being amended.

Settlement Agreement – what is it?

NHS Lothian and IHSL were in dispute over who was responsible for the delay in the opening of the new hospital and there were broadly two options available – settle the matter in Court or for the two parties to agree the necessary way forward. The Settlement Agreement is essentially the formal legal documentation of the agreed technical way forward which puts

aside who is responsible for the delay and instead focuses on what needs to be done, who needs to do it and what payment needs to be made.

The technical solution identified that additional capital works of £17.6 million was necessary and project financing and additional contractor costs of £5.8 million. It was agreed that NHS Lothian's contribution would be £10 million to the capital works and £1.6 million for the other costs.

Settlement Agreement – main issues to be resolved

The agreement identified around 80 issues which needed to be resolved. NHS Lothian challenged IHSL on all of these issues as they needed to be assured that the solution was deliverable and worked, which was why that while the principle of the Settlement Agreement was agreed in July 2018, the documentation was not finalised and signed until February 2019.

Even after the agreement was signed, we highlighted that there were three main technical issues that were identified as high risk – drainage, void fire detectors and heater batteries, but they would be addressed post-completion and at the same time the Board undertakes its commissioning. Risks of contractor and Board working at the same time were highlighted.

Timeline of briefings

14 March 2018 – Briefing to Cabinet Secretary highlighting there were problems with the ventilation; NHS Lothian considering court action at that point.

21 March 2018 – Briefing to Cabinet Secretary noting that court action would need to be approved by CS before it starts.

25 April 2018 – Email to Cabinet Secretary and First Minister informing both that court action is no longer being taken forward and that a loan of £10 million is being considered to allow the ventilation to be fixed.

27 July 2018 – Briefing to Cabinet Secretary noting that a loan would fail on state aid grounds, so instead a settlement agreement is now the agreed way forward.

July 2018 – Paper from NHS Lothian's Finance and Resources Committee on the proposed commercial agreement between NHS Lothian and IHSL. This outlines why it is needed, what it does and what the risks are. This provides the necessary assurance for Christine McLaughlin to approve the payment.

20 September 2018 – Briefing to Cabinet Secretary detailing additional technical problems, most notably with the drainage. Highlights that 31 October handover will not be achieved.

7 November 2018 – Email to Cabinet Secretary confirming that the revised handover date of 31 October was not achieved and that a new date was still not known.

13 February 2019 – Briefing to Cabinet Secretary informing her that the Settlement Agreement was signed on 6 February 2019 and it would allow project completion to be confirmed. Three significant technical matters remain (drainage, void detectors and heat sensors) but they would be addressed post-completion and at the same time the Board undertakes its commissioning. Risks of contractor and Board working at the same time were highlighted.

Annex F – NHS Lothian annual audit reports– key points

The Auditor General wrote to you on 25 September 2019 regarding Audit Scotland’s decision to prepare a report under section 22(3) of the Public Finance and Accountability (Scotland) Act 2000 on NHS Lothian for the year ended 31 March 2019.

This follows your consideration of the reports by KPMG and NSS following the delay to the opening of the Royal Hospital for Children and Young People, the Department of Clinical Neurosciences and the Child and Adolescent Mental Health Service in Edinburgh.

Audit Scotland intend to send the report to Scottish Government for laying in Parliament by the end of November 2019.

NHS Lothian Report Published on 6 August

The Report was presented in draft to the Board in a private session on 26 June. Papers from the private session refer to a verbal overview and to two key issues covered: 1. the external audit progress to date, and 2. a high level review of the arrangements for agreeing and approving the settlement agreement between NHS Lothian and the contractor with respect to the Royal Hospital for Children and Young People (RHCYP), Department of Clinical Neurosciences (DCN) and Child and Adolescent Mental Health Services project. The review was carried out by Scott Moncrieff, the external auditors, at the request of Audit Scotland. The review is included as part of the Annual Audit Report and looked at the governance arrangements relating to the settlement agreement only; and not those relating to the whole project.

Scottish Labour called for publication of the ‘secret report into sick kids hospital payments’ in a release published on 5 August and this was picked up by various media outlets.

In light of the ongoing public interest in the new Royal Hospital for Children and Young People (RHCYP), the Auditor General took the decision to publish the Annual Audit Report on NHS Lothian on 6 August. Scottish Government officials were made aware of the publication and associated Audit Scotland press release shortly ahead of the 1pm release on 6 August.

The Annual Report that is prepared each year for Board Members and for the Auditor General for Scotland. It is usually published at the end of September/beginning of October and was therefore published approximately 2 months ahead of the usual publication date.

Key findings

The Annual Audit Report confirms that NHS Lothian’s accounts received an unqualified audit opinion. In addition, the Report sets out findings from the high level review of governance arrangements of the settlement agreement, along with findings on financial sustainability, financial management, governance and transparency and value for money.

On the settlement agreement: the report notes that NHS Lothian sought professional advice and provided evidence of detailed evaluation of the available options before proceeding with the settlement agreement and that provision of a safe facility remained the board’s priority at all times.

Financial sustainability: the report notes that the annual operational plan sets out financial gaps for the 3 years of the plan and that there are limited plans to close the gap. The 2019/20 financial plan outlines a financial gap of £26 million. The report shows this gap increasing to £90 million by 2020/21. The report notes that this is in line with previous years projections and that while the plan shows financial gaps in each year, at this stage, the board does not intend to request brokerage.

Waiting times performance: The report notes that performance metrics have marginally improved in the year but the overall position continues to reflect a challenging environment and there has been a deterioration in performance against waiting times standards.

Funding and reform: the Report notes that there is a clear intention to focus on improving patient outcomes and reducing future demand, but there is limited funding available to support extensive improvement initiatives. NHS Lothian continue to work to reduce waiting times, with their first quarterly performance review showing steady progress on reducing waiting times.

Lines issued in response to media enquiries:

Daily Rec/Daily Mail – Audit Scotland report - The report says NHS Lothian is facing a financial gap of up to £90 million by 2021/22. Can you respond to this?

“NHS Lothian has received additional funding this year of £43.5 million, taking their overall budget in excess of £1.4 billion, along with a share of £392 million to go towards improving patient outcomes.

“As has been demonstrated in each of the previous financial years, it is normal for NHS Boards to begin the year with a relatively high variance against budget and for this to reduce throughout the year as savings plans are developed and as expenditure patterns become clearer.

“NHS Lothian are working to deliver a breakeven position this year, and over their three year financial plan.”

Daily Record; Daily Mail; PA; Herald; The Times - Annual audit report Settlement agreement review

A Scottish Government spokesperson said:

As part of this year’s audit, Audit Scotland commissioned Scott-Moncrieff to carry out a high level review looking specifically at arrangements around the settlement agreement between NHS Lothian and the contractor.

The report notes that NHS Lothian sought professional advice and provided evidence of detailed evaluation of the available options before proceeding with the settlement agreement and that provision of a safe facility remained the board’s priority at all times.

The results of this review will be considered as part of the independent audit of the overall governance arrangements for the new hospital that KPMG are conducting, at the Cabinet Secretary’s request, to provide an external and impartial assessment of the factors leading to the delay.

Background

NHS Lothian has received additional funding this year of £43.5 million, taking their overall budget in excess of £1.4 billion, along with and a share of £392 million to go towards improving patient outcomes.

As has been demonstrated in each of the previous financial years, it is normal for NHS Boards to begin the year with a relatively high variance against budget and for this to reduce throughout the year as savings plans are developed and as expenditure patterns become clearer.

NHS Lothian are working to deliver a breakeven position this year, and over their three year financial plan.

NHS Lothian continue to work to reduce waiting times, with their first quarterly performance review showing steady progress on reducing waiting times.

In 2019/20, additional investment of £16 million has been provided to specifically to target waiting times.

Susan Goldsmith, Finance Director, NHS Lothian, said:

“We welcome the report from Audit Scotland around the decisions made on the Royal Hospital for Children and Young People, the Department of Clinical Neurosciences, and Child and Adolescent Mental Health Services at the Little France campus.

“It reviewed the Settlement Agreement between NHSL and IHSL and considered the project governance and value for money.

“The report highlights that NHS Lothian provided evidence of detailed evaluation of the qualitative and quantitative options available to it before proceeding with the settlement. It also shows that the board sought technical advice and expertise throughout the project to ensure the safety of patients, staff and visitors remained the priority throughout.”

Annex G – Public Inquiry

On 17 September, you announced a public inquiry will be held to examine issues at the new Royal Hospital for Children and Young People and the Queen Elizabeth University Hospital sites following recent concerns from affected parents over safety and wellbeing.

The inquiry will determine how issues relating to ventilation and other key building systems occurred, and what steps can be taken to prevent this being repeated in future projects.

The recent KPMG and NSS reports into the new Edinburgh Children’s Hospital will provide a significant amount of the underpinning evidence for the inquiry alongside the ongoing independent review into the delivery and maintenance of the QEUH.

Please find below an outline of the powers of a statutory-based inquiry, including those powers of the inquiry pertaining to evidence and the compelling of witnesses.

Overview of the powers of the inquiry

The Inquiries Act 2005 (“the 2005 Act”) provides a framework for inquiries established by Ministers within the UK. While the powers of a statutory-based inquiry are located predominantly in the 2005 Act, rules on matters of evidence and procedure (as elaborated on in **part 2** below), record management, legal representation and expenses are also found in the Inquiries (Scotland) Rules 2007 (“the 2007 Rules”).

The 2005 Act gives a Minister various powers, including: to establish a public inquiry into matters of public concern (section 1); to appoint the inquiry panel (including the chairman) (section 4); to set out the dates for the inquiry together with its terms of reference (section 5); to suspend the inquiry if necessary under particular circumstances (section 13); to end the inquiry (section 14); and to pay remuneration and expenses as the Minister may determine (section 39). The powers of the inquiry include restricting public attendance at the inquiry and public access to evidence or documents provided to an inquiry (section 19), as well as awarding expenses to persons who have attended the inquiry (section 40).

Powers of the inquiry in relation to evidence and the compelling of witnesses

Section 17 (evidence and procedure) of the 2005 Act states that the procedure and conduct of an inquiry are to be such as the chairman of the inquiry may direct. To that end, section 21 of the 2005 Act provides that the chairman may require the production of evidence, including requiring a person to give evidence, or to produce documents in his custody that relate to a matter in question at the inquiry. However, this power is qualified by section 28 on Scottish inquiries which applies to an inquiry for which the Scottish Ministers are responsible. Section 28 states that the power to compel a witness under section 21 is exercisable only in respect of evidence, documents or other things that are wholly or primarily concerned with a Scottish matter; or for the purposes of inquiring into something that is wholly or primarily a Scottish matter. For instance, the Penrose Inquiry (2008-15) could not compel witnesses outside of Scotland to attend, due to jurisdictional issues.

The power of the chairman to compel a witness is also restricted by section 22 on privileged information, which provides that a person may not, under section 21, be required to give evidence if he could not be required to do so in civil proceedings in a court in the relevant part of the UK; if the requirement would be incompatible with an EU obligation; or on grounds of public interest immunity.

The 2007 Rules, made under section 41 of the 2005 Act, deal with matters of evidence and procedure. In particular, Rule 8 (requests for evidence) states that the inquiry panel may send a written request to any person for a written statement of evidence or oral evidence. Rule 9 (oral evidence) sets out that where a witness is giving oral evidence at an inquiry hearing, that witness can only be examined by the inquiry panel, counsel or solicitor to the inquiry, core participants or legal representatives of core participants.

Annex H – Escalation to Level 4 and Mary Morgan Appointment

Following the publication of both the KPMG and NSS reports on 11 September, the Director-General concluded, on the basis of scale of the challenge in delivering the Royal Hospital for Children and Young People, that NHS Lothian is escalated to Level 4 of our escalation framework for this specific project. This level is defined as ‘significant risks to delivery, quality, financial performance or safety; senior level external transformational support required’.

The RHCYP Oversight Board is in place and has overall responsibility for ensuring the completion of the works and the hospital opening, reporting directly to the Cabinet Secretary. The Oversight Board is chaired by Fiona McQueen and includes senior figures from Scottish Government Health and Social Care Directorates, NHS National Services Scotland, Scottish Futures Trust and NHS Lothian.

Mary Morgan was appointed Senior Programme Director, effective from Monday 16 September.

In this role, she will have responsibility for the actions to ensure the facility is fit for occupation. All other actions relating to the existing sites and to the service migration to the new facility, will remain the responsibility of NHS Lothian.

The Senior Programme Director will oversee the plan to deliver a safe and compliant site for the new Edinburgh Hospital for Children and Young people and DCN, and that is delivered in revised timescales set out by the Cabinet Secretary. This being the DCN by Spring next year and the Children’s Hospital by next Autumn.

The Cabinet Secretary has requested that the Board provides a plan that gives the necessary assurances that the current sites can continue to provide and sustain the high quality services between now and the completion of migration to the new site.

Annex I – HIS Inspection of Existing Sites

Clinicians raised concerns regarding the appropriateness and timing of an urgent inspection and report from Health Improvement Scotland (HIS) following your visit to the existing sites.

You have written to Chair of HIS following understanding that HIS may have been preparing for an unannounced visit to the site given that it is still in use and therefore would be due for a re-inspection.

In line with the powers vested in Scottish Ministers in Section 10M (2) of the National Health Service (Scotland) Act 1978. You asked that any inspection to be undertaken of the Royal Hospital for Sick Children in NHS Lothian should be undertaken for the purposes of identifying what immediate steps require to be taken to ensure the safety and cleanliness of the environment for the children and the young people undergoing care within the premises.

You asked that Healthcare Improvement Scotland pay particular attention to the difficult situation that the staff find themselves in, having to change well developed plans for the delivery of care in a new environment.

You asked the inspection team to understand the sensitivities and pressures the clinicians face and to work with them to identify what is needed to maintain high levels of quality and safety until the children and young people can be moved to the new facility in autumn 2020.

Annex J – Letters from Cabinet Secretary to NHS Lothian Staff 13 September and 30 September

Letter to NHS Lothian Staff – 13 September



Letter from Jeane
Freeman MSP.pdf

Letter to NHS Lothian Staff – 30 September



F20190026007.pdf

From: Henderson C (Calum)
Sent: 30 October 2019 20:49
To: Hutchison D (David)
Cc: Cabinet Secretary for Health and Sport; McQueen F (Fiona); McLaughlin C (Christine); DG Health & Social Care; Morrison A (Alan); Henderson C (Calum)
Subject: NSS Phase 2 report
Attachments: Report Differences.docx; 2019-09-20 RHCYP DCN fire elect MG V1.0.docx

Follow Up Flag: Follow up
Flag Status: Completed

Davie

You asked when the Cabinet Secretary saw the report.

We received the final draft on 16th October which I shared with the Cabinet Secretary on the 17th of October. The final version contained some changes which were:


- **Electrical Main Findings Section – There was one removal of the definition of Medical IT systems and a couple of clarifications of work required at CAHMS.**
- **Section 3.3.4 – There was an addition to the line regarding CAMHS**
- **Section 3.3.6 – There was a minor tweak to wording**
- **Medical Gas Main Findings – Small tweak to the wording**
- **Section 3.4.6 – Small tweak to wording to reflect update to main findings table**

These changes are laid out briefly in the paper attached.

For completeness, I have also attached the final NSS report that was published today.

Regards

Calum

Calum Henderson
St Andrew's House, Edinburgh, EH1 3DG


Report Received	When it was received by Scottish Government	When it was discussed at Oversight Board	Cabinet Secretary handling
Final Draft	16 th of October	17 th of October	Sent to MPO on 17 th of October
Final Version	22 nd of October	24 th of October	Cabinet Secretary published on 30 th October

Differences between the Final Draft and Final Version

Electrical Main Findings Section – There was one removal of the definition of Medical IT systems and a couple of clarifications of work required at CAHMS

Final Draft:

Main Findings

Priority	Review	Action Assessment
4	<p>All 3 Uninterruptable Power Supplies (UPS) are contained in the same room, thereby reducing resilience if a major localised failure should occur.</p> <p>The UPS and output switchboards are a significant distance from the point of load. From this point there is no alternative supply within the internal infrastructure thereby increasing the potential for a single point of failure contrary to clause 4.6 of SHTM 06-01.</p>	<p>NHS Lothian should require IHSL to demonstrate compliance with the technical intent of SHPN 00-07 Resilience planning for healthcare estates, providing mitigation measures to maximise resilience of co-located equipment.</p> <p>NHS Lothian should require IHSL to provide agreed mitigation strategies to meet SHPN 00-07 and SHTM 06-01 to avoid internal failure of the single electrical supply to the critical electrical services such as Medical IT cabinets serving life support and other critical systems.</p>
2	<p>Medical IT system (IT electrical system fulfilling specific requirements for medical applications) final circuit cabling exceeds manufacturer and SHTM recommended values. Final circuits are in excess of the 30 cable metre length of run set out in Clause 16.34 of SHTM 06-01 and Regulation 134.1.1 of BS 7671.</p>	<p>The designer should indicate their derogation of the manufacturer recommendations, BS 7671 and SHTM 06-01 requirements. The mitigations should also include consideration of the capacitive leakage current effects associated with multiple long runs of final circuits.</p>
2	<p>Child and Adolescent Mental Health Service (CAMHS) Unit Electrical installation. It was observed that there may be the potential to defeat the ligature reduction measures.</p>	<p>NHS Lothian and IHSL should check that the provision of access hatches in bedrooms and en-suites are consistent with the risk assessment approach to ligature reduction measures for the CAMHS.</p> <p>The luminaire type (particularly bedhead) should be checked against HBN 03-01 to confirm that they meet the requirements.</p>

Final Version:

Main Findings

Priority	Review	Action Assessment
4	<p>All 3 Uninterruptable Power Supplies (UPS) are contained in the same room, thereby reducing resilience if a major localised failure should occur.</p> <p>The UPS and output switchboards are a significant distance from the point of load. From this point there is no alternative supply within the internal infrastructure thereby increasing the potential for a single point of failure contrary to clause 4.6 of SHTM 06-01.</p>	<p>NHS Lothian should require IHSL to demonstrate compliance with the technical intent of SHPN 00-07 Resilience planning for healthcare estates, providing mitigation measures to maximise resilience of co-located equipment.</p> <p>NHS Lothian should require IHSL to provide agreed mitigation strategies to meet SHPN 00-07 and SHTM 06-01 to avoid internal failure of the single electrical supply to the critical electrical services such as Medical IT cabinets serving life support and other critical systems.</p>
2	<p>Medical IT system (IT electrical system fulfilling specific requirements for medical applications) final circuit cabling exceeds manufacturer and SHTM recommended values. Final circuits are in excess of the 30 cable metre length of run set out in Clause 16.34 of SHTM 06-01 and Regulation 134.1.1 of BS 7671.</p>	<p>The designer should indicate their derogation of the manufacturer recommendations, BS 7671 and SHTM 06-01 requirements. The mitigations should also include consideration of the capacitive leakage current effects associated with multiple long runs of final circuits.</p>
2	<p>Child and Adolescent Mental Health Service (CAMHS) Unit Electrical installation. It was observed that there may be the potential to defeat the ligature reduction measures. In addition, the power to the CAMHS unit rooms cannot be isolated outwith the room.</p>	<p>NHS Lothian and IHSL should check that the provision of access hatches in bedrooms and en-suites are consistent with the risk assessment approach to ligature reduction measures for the CAMHS.</p> <p>The luminaire type (particularly bedhead) should be checked against HBN 03-01 to confirm that they meet the requirements. Isolation arrangements for CAMHS room power supplies should be checked with clinical colleagues as this may require modification.</p>

Section 3.3.4 – There was an addition to the line regarding CAMHS

Final Draft:

During the site investigation works it was noted that the installation has potential for the ligature reduction measures intended for the CAMHS unit to be overcome. These include the provision of access hatches in these areas, the impact resistance and fixings of certain light fittings, excessive cable lengths and omission of security fixings. It is acknowledged that NHS Lothian have produced clinical risk assessments for the CAMHS area. If not already, it is recommended that NHS Lothian take into account all consequential construction issues and the points raised in this report into their ligature reduction risk assessment.

Final Version:

During the site investigation works it was noted that the installation has potential for the ligature reduction measures intended for the CAMHS unit to be overcome. These include the provision of access hatches in these areas, the impact resistance and fixings of certain light fittings, excessive cable lengths and omission of security fixings. It is acknowledged that NHS Lothian have produced clinical risk assessments for the CAMHS area. If not already, it is recommended that NHS Lothian take into account all consequential construction issues and the points raised in this report into their ligature reduction risk assessment. [In addition, the power to the CAMHS unit rooms cannot be isolated out with the room. This should be checked with clinical colleagues as this may require modification.](#)

Section 3.3.6 – There was a minor tweak to wording

Final Draft:

The Medical IT (isolated power supply) system which serves the critical care areas (such as theatres, recovery, intensive care, etc.) should be reviewed

Final Version:

The Medical IT ([IT here refers to](#) isolated power supply [not Information Technology](#)) system which serves the critical care areas (such as theatres, recovery, intensive care, etc.) should be reviewed.

Medical Gas Main Findings – Small tweak to the wording

Final Draft:

There is duplication within the ZUTEC electronic documentation system and some elements are omitted.

Final Version:

There is duplication within the [ZUTEC](#) electronic ~~documentation~~[document management](#) system and some elements are omitted.

3.4.6 – Small tweak to wording to reflect update to main findings table

Final Draft:

It is also recommended that the information in ZUTEC is reviewed to omit any duplication and the documentation noted above be included.

Final Version:

It is also recommended that the information in [ZUTEC](#)~~the electronic document management system~~ is reviewed to omit any duplication and the documentation noted above be included.

NHS Lothian - Royal Hospital for Children and Young People & Department of Clinical Neurosciences

Review of Fire Systems, Electrical Systems and Medical
Gas Installations

October 2019

Version 1.0

Contents

1.	Executive Summary	3
1.1	Overview	3
1.2	Summary of findings	3
2.	Analysis of information provided	5
2.1	Information provided	5
3.	Findings	6
3.1	Management and assurance.....	6
3.2	Fire.....	7
3.3	Electrical.....	8
3.4	Medical gas installations	10

1. Executive Summary

1.1 Overview

This document is supplementary to the NSS report issued on 9th September 2019. The objectives of this part of the review were to focus on the provision of the fire, electrical services and medical gas systems at RHCYP & DCN and:

- To provide a report by October 2019 to Scottish Government on whether the relevant technical specifications and guidance applicable to the RHCYP & DCN are being followed and implemented.
- Where relevant technical specifications and guidance have not been followed, identify necessary remedial actions.

This part of the report deals mainly with engineering aspects and there is limited commentary on Healthcare Associated Infection (HAI) associated with these three disciplines as there is little or no impact on HAI from the services considered. The process involved site visits, sample inspections and a targeted review of available documentation.

The review commenced on the 12th of August 2019, with this supplementary report published for consideration by the established RHCYP & DCN Oversight Board.

1.2 Summary of findings

The findings have been collated based on information provided by NHS Lothian and on-site reviews of the RHCYP & DCN. Expert advice was sought within the key focus areas of Fire, Electrical and Medical Gas systems and their overarching management and assurance processes relating to these systems. The following table outlines the status of key findings:

Review	Summary Assessment	No. of Issues per priority				
		1 (H)	2	3	4	5 (L)
Management & Assurance	Omissions identified in key roles within the management structure, ease of access to information and possible lack of appropriately qualified personnel in safety critical roles.			2	2	
Fire systems	Action is recommended to include remotely resettable fire and smoke dampers within the ventilation system serving all sleeping accommodation areas where ducting leads to a corridor serving as an evacuation route. Identified fire doors should be upgraded.			2	1	1
Electrical Systems	Remedial action is required within both the high voltage (HV) and low voltage (LV) installations.		2		1	
Medical gas systems	The review of the medical gas installations confirmed that they have been designed installed and commissioned in accordance with the relevant standards.				1	2

The following definitions were used to categorise the findings:

Priority	Definition
1	Significant – Concerns requiring immediate attention, no adherence with guidance
2	Major – Absence of key controls, major deviations from guidance
3	Moderate – Not all control procedures working effectively, elements of non-compliance with guidance
4	Minor – Minor control procedures lacking or improvement identified based on emerging practice
5	Observation and improvement activity

Overall remedial action is required to be undertaken within the fire and electrical systems prior to occupation. Observations have been identified within medical gas installations and a further improvement activity within the fire system noted. Following acceptance of this report, the review team are ready to assist the NHS Lothian team in developing a programme of activity and remedial actions.

2. Analysis of information provided

2.1 Information provided

- 2.1.1 The support of the NHS Lothian project team in responding to questions and accessing data is gratefully acknowledged.
- 2.1.2 At the time of writing the majority of the information required had been received and whilst the timescale for the review means a selective targeted review of documentation was necessary, the main themes appear clear. However, some information remains outstanding, and NHS Lothian colleagues continue to pursue a response.
- 2.1.3 The Special Purpose Vehicle (SPV), Contractor, sub-contractors, Facilities Management Contractor and Independent Tester were not directly involved in the production of this report, nor were they requested to verify its contents and they may have additional information not considered here. It is acknowledged that some of the information provided by NHS Lothian came directly from these sources.

3. Findings

3.1 Management and assurance

Summary

Review	Summary Assessment	No. of Issues per priority				
		1 (H)	2	3	4	5 (L)
Management & Assurance	Omissions identified in key roles within the management structure, ease of access to information and possible lack of appropriately qualified personnel in safety critical roles.			2	2	

Main findings

Priority	Review	Action Assessment
4	Structures and processes are not fully in place to assure NHS Lothian that the facility is being operated in compliance with contract requirements. These should be in place from the point where the building services referred to in this report are put into use.	NHS Lothian and IHSL should adopt the management and reporting processes as described in SHTM 00 - Best Practice Guidance for Healthcare Engineering and the SHTMs for each critical engineering service.
4	Some of the records and documents necessary for the effective and safe operation of the hospital could not be found.	NHS Lothian should require IHSL to rectify the filing structure of the documentation and verify that the information contained is both complete and accurate as required by the Electricity at Work Act (1989) and the Construction (Design and Management) Regulations 2015.
3	There appeared to be a lack of qualified and experienced Authorised Persons and Competent Persons for both the HV and LV electrical installations.	The number of HV and LV Competent Persons should be reviewed. NHS Lothian should require IHSL satisfy themselves that adequate numbers are provided as required by the Electricity at Work Act (1989) and SHTM 00, SHTM 06-01 and SHTM 06-02.
3	There is no responsible person formally identified for the high voltage electrical installation.	NHS Lothian should require IHSL satisfy themselves that a suitable responsible person is appointed as required by the Electricity at Work Act (1989) and SHTM 00, SHTM 06-01 and SHTM 06-02.

Detailed Narrative

- 3.1.1 Healthcare organisations have a duty of care to patients, their workforce and the general public to ensure a safe and appropriate environment. This requirement is identified in a wide range of legislation. At the most senior level within an organisation, the appointed responsible person should have access to a robust

structure which delivers governance, assurance and compliance through a formal reporting mechanism.

- 3.1.2 The review identified that for both IHSL and NHS Lothian, there appeared to be omissions in the identification, appointment and definition of key roles in an effective management structure. Additionally, some records which are necessary to demonstrate compliance with appropriate specifications and guidance remain outstanding.

3.2 Fire

Summary

Review	Summary Assessment	No. of Issues per priority				
		1 (H)	2	3	4	5 (L)
Fire Systems	Action is recommended to include remotely resettable fire and smoke dampers within the ventilation system serving all sleeping accommodation areas where ducting leads to a corridor serving as an evacuation route Identified fire doors should be upgraded.			2	1	1

Main Findings

Priority	Review	Action Assessment
5	Fire and smoke dampers are installed at compartment and sub-compartment level. However, smoke dampers are not fitted to corridors serving sleeping accommodation.	Remotely resettable fire and smoke dampers should be fitted to prevent the travel of smoke between sleeping accommodation areas where ducting leads to a corridor serving as an evacuation route.
3	Based on sample inspection some doors within the escape routes from sleeping accommodation are not fire door sets.	NHS Lothian and IHSL should ensure the appropriate fire rated door sets are installed.
3	The half leaf "penny farthing" doors are not fitted with self-closing devices.	Half leaf doors should be fitted with the same self-closing device as on the main leaf.
4	A number of remedial snagging and housekeeping issues were identified; damage to fire doors, seals and workmanship; penetrations in compartment walls; delineation of rooftop escape.	A number of the items have already been identified and logged by NHS Lothian via the helpdesk process. NHS Lothian and ISHL should ensure all works are undertaken prior to occupation. Procedures should be adopted to ensure rooftop escape remains clear.

Detailed narrative

- 3.2.1 It was identified that in areas where rooms are regarded as being used as sleeping accommodation that these did not have smoke dampers, but were fitted with fire dampers. The risk consequence of this in the event of a fire could be that smoke

would travel through ventilation into adjoining rooms and the corridor which is the escape route before the fire dampers would be actuated.

- 3.2.2 There is an opportunity to improve the functionality of the design and use of the building prior to occupancy. The fitting of additional smoke dampers would be a positive enhancement to patient and public safety in the event of a fire which relied upon the corridor areas as an evacuation route. While identified as a priority 5 within the report it is recommended that this would afford a significant improvement for these areas.

3.3 Electrical

Summary

Review	Summary Assessment	No. of Issues per priority				
		1 (H)	2	3	4	5 (L)
Electrical installations	Remedial action is required within both the high voltage (HV) and low voltage (LV) installations.		2		1	

Main Findings

Priority	Review	Action Assessment
4	<p>All 3 Uninterruptable Power Supplies (UPS) are contained in the same room, thereby reducing resilience if a major localised failure should occur.</p> <p>The UPS and output switchboards are a significant distance from the point of load. From this point there is no alternative supply within the internal infrastructure thereby increasing the potential for a single point of failure contrary to clause 4.6 of SHTM 06-01.</p>	<p>NHS Lothian should require IHSL to demonstrate compliance with the technical intent of SHPN 00-07 Resilience planning for healthcare estates, providing mitigation measures to maximise resilience of co-located equipment.</p> <p>NHS Lothian should require IHSL to provide agreed mitigation strategies to meet SHPN 00-07 and SHTM 06-01 to avoid internal failure of the single electrical supply to the critical electrical services such as Medical IT cabinets serving life support and other critical systems.</p>
2	<p>Medical IT system¹ final circuit cabling exceeds manufacturer and SHTM recommended values. Final circuits are in excess of the 30 cable metre length of run set out in Clause 16.34 of SHTM 06-01 and Regulation 134.1.1 of BS 7671.</p>	<p>The designer should indicate their derogation of the manufacturer recommendations, BS 7671 and SHTM 06-01 requirements. The mitigations should also include consideration of the capacitive leakage current effects associated with multiple long runs of final circuits.</p>

¹ (IT electrical system fulfilling specific requirements for medical applications. This does not refer to Information Technology)

2	<p>Child and Adolescent Mental Health Service (CAMHS) Unit Electrical installation. It was observed that there may be the potential to defeat the ligature reduction measures. In addition, the power to the CAMHS unit rooms cannot be isolated outwith the room.</p>	<p>NHS Lothian and IHSL should check that the provision of access hatches in bedrooms and en-suites are consistent with the risk assessment approach to ligature reduction measures for the CAMHS. The luminaire type (particularly bedhead) should be checked against HBN 03-01 to confirm that they meet the requirements. Isolation arrangements for CAMHS room power supplies should be checked with clinical colleagues as this may require modification.</p>
---	--	--

Detailed narrative

- 3.3.1 The high voltage and low voltage electrical systems at RHCYP & DCN were considered in relation to legislation, guidance and the lessons learned from other recent similar projects which may have an impact on the patient group and staff.
- 3.3.2 The principal legislation which is relevant to the electrical systems is The Electricity at Work Act (1989).
- 3.3.3 The principal guidance which is relevant to the electrical systems are: Scottish Health Technical Memorandum (SHTM) 06-01: Electrical services supply and distribution; SHTM 06-02: Electrical safety guidance for low voltage systems; SHTM 06-03: Electrical Safety Guidance for High Voltage Systems and British Standard (BS) 7671 (also known as the wiring regulations).
- 3.3.4 During the site investigation works it was noted that the installation has potential for the ligature reduction measures intended for the CAMHS unit to be overcome. These include the provision of access hatches in these areas, the impact resistance and fixings of certain light fittings, excessive cable lengths and omission of security fixings. It is acknowledged that NHS Lothian have produced clinical risk assessments for the CAMHS area. If not already, it is recommended that NHS Lothian take into account all consequential construction issues and the points raised in this report into their ligature reduction risk assessment. In addition, the power to the CAMHS unit rooms cannot be isolated out with the room. This should be checked with clinical colleagues as this may require modification.
- 3.3.5 It was observed that there was no Responsible Person (RP) identified for the HV or LV systems and there are limited numbers of Authorised Persons and Competent persons available on the site. There was no HV mimic diagram displayed and there is no version in the document management system; this and other items should have been highlighted as part of an Authorising Engineer's audit.
- 3.3.6 The Medical IT (IT here refers to isolated power supply not Information Technology) system which serves the critical care areas (such as theatres, recovery, intensive care, etc.) should be reviewed. The cable lengths from the distribution board to the final outlets are in excess of those required by BS 7671. There is also the potential for single points of failure due to the length (and routing) of cables between these distribution boards and the uninterruptable power supply (UPS). The power supply to medical IT systems should be fire rated / protected and it is not clear if this has been

achieved. The medical IT protective conductors are not wired from the respective medical IT cabinet which is contrary to BS 7671 fig 710.2. Typical theatre layout.

3.3.7 It was observed that fire stopping was not present in some trunking above the ceiling as it traversed wall compartment penetrations.

3.3.8 A number of the wall mounted Earth Bonding Bars (EBB) are not installed correctly. This was directly observed, additionally, dirt and debris ingress material could be spread when the EBB are opened for the annual testing. This should be considered by the service provider as part of their maintenance plan.

3.4 Medical gas installations

Summary

Review	Summary Assessment	No. of Issues per priority				
		1 (H)	2	3	4	5 (L)
Medical gas installations	The review of the medical gas installations confirmed that they have been designed installed and commissioned in accordance with the relevant standards.				1	2

Main Findings

Priority	Review	Action Assessment
4	The provision of the outlets in the following areas are slightly different from the requirements of SHTM 02-01. <ul style="list-style-type: none"> Assisted bathrooms. In-patient bed spaces. Theatre anaesthetic rooms. 	NHS Lothian should check that the installed provision meets their contract and operational requirements.
5	There is duplication within the electronic document management system and some elements are omitted.	NHS Lothian and IHSL should ensure that duplicated documents are removed and ensure all missing documentation is provided.
5	As the system has been "idle" for some time it is recommended that the systems be re-commissioned and revalidated.	NHSL and IHSL to re-commission MGPS as and when operational elements of the building become live.

Detailed narrative

3.4.1 The review of the medical gas installations (including medical gas pipeline systems (MGPS), associated dental air and vacuum systems (DAVS) and pathology laboratory gas systems (PLGS)) confirmed that they have been designed installed and commissioned in accordance with the relevant standards.

3.4.2 The commissioning of the medical gas installations had been overseen by a qualified Chartered Engineer which provided a degree of independence in the process.

- 3.4.3 The gas quality checks and identity testing were performed by a registered Quality Controller (MGPS) who again provided a degree of independence.
- 3.4.4 The provision of terminal units is generally as indicated in the guidance given in SHTM 02-01. This provision is slightly different in the following areas, which may have occurred as a result of operational requirements: -
- Assisted bathrooms.
 - In-patient bed spaces.
 - Theatre anaesthetic rooms.
- 3.4.5 It is recommended that the gas quality and identity tests are carried out again when the hospital or its departments become operational, particularly in relation to those pendants where outlets are connected to the MGPS via flexible hoses.
- 3.4.6 It is also recommended that the information in the electronic document management system is reviewed to omit any duplication and the documentation noted above be included.

End of report

DRAFT**RHCYP/ DCN Executive Steering Group**

Minutes of the RHCYP/DCN Executive Steering Group meeting held at 4:00pm on Monday 11 November 2019 in Meeting Room 5, Waverley Gate, Edinburgh.

Present: T Gillies (Chair); J Campbell; G Curley; B Currie; T Davison; S Goldsmith; L Guthrie; I Graham; D Inverarity; J Mackay and M Morgan.

In Attendance: D Weir.

Apologies for Absence were received from S Cosens, A Joyce and A McMahon.

1. Minutes of the Previous Meeting held on 4 November 2019

1.1. Approved.

2. Strategic Programme Director's Report

2.1 A circulated report was discussed. Alternative routes to delivering the high value ventilation changes were highlighted. SG reported that some commercial issues needed to be resolved and these were explained in detail. The Steering Group confirmed that in principle they were signed-up to the alternative routes of delivery with it being noted that initial technical discussions were anticipated to commence the following day. SG explained the process for securing the forward work programme which would include the Oversight Board, Cabinet Secretary and the Finance and Resources Committee with it being anticipated that aspects would run in parallel. The need for a strong audit trail was acknowledged. It was agreed that the level of indemnity needed to relate to the scope of the work.

2.2 MM would update the Programme Director's report for submission to the Oversight Board to reflect the fact that for reasons discussed ventilation would move to amber status. Further commercial discussions would be held the following morning the outcomes of which would be reported back to the Executive Steering Group on 18 November 2019. **MM**

2.3 BC in respect of ventilation provided a generally positive update on work in respect of theatre corridor and scrub extract rooms. However information from IHSL in relation to bypass arrangements to isolation rooms remained unconvincing and once in receipt of more information from IHSL clinical protocols would be developed accordingly. Both High Value Changes to Critical Care and Haemonc would incorporate full compliance for Isolation Rooms (one AHU per Isolation Room). Anaesthetic rooms were in the process of being retested mid-week once an alternative grille has been fitted by IJHSL. TG had asked B Cook to input his expertise as appropriate.

2.4 The position in respect of water was discussed with it being noted that this had regressed to red status for the reasons detailed in the Programme Director's report. An update was provided in respect of differing views around the decontamination of Arjo baths and whether this should happen on site or at the

manufacturers premises with it being noted that there was a need for urgent action from Bouygues as NHS Lothian had advised of its preferred option some six weeks previously. LG would check that work that had been promised to be undertaken by the previous week had in fact occurred. **LG**

2.5 TG commented on the need for the wider system to move to a position where water quality reverted back to its previous position. The disconnecting of affected Arjo baths would be a key part of this process with there being a need to work through and understand the risks and benefits of decontamination on site or not. TG further commented that there were a number of actions that needed progressed by NHS Lothian in respect of a water safety plan. She would lead this process over the next few weeks under the auspices of health and safety to ensure that NHS Lothian produced an easy to follow process that would be applicable across all Lothian sites. LG updated on work underway to ascertain whether there were systemic water contamination issues.

2.6 LG discussed the possible reasons why the water quality had deteriorated with it being noted that an appropriate level of cleaning needed to be undertaken given that water flushing was continuing. There was a need to see a schedule of works risk based against national standards and that was proportionate. A site water group with clinical representation was in place with a view to moving to a position of business as normal and that this should be reflected in the revised governance structure. **MM**

3. HFS Action Plan Incorporated Actions for Part 2

3.1 The action plan was discussed and noted. DI noted that the previous requirement for NHS Lothian to test water for Non Tuberculous Mycobacteria no longer appeared in this document. Also the references being used to justify P aeruginosa testing were out of date (cited as 2014) as the current guidance that related to this issue was from 2018. DI would provide MM with an explanation **DI**

4. Governance Structure Update

4.1 The updated structure was received with it being noted that there were still gaps that needed to be reflected. An update on discussion at the recent Board Development session was provided which had included debate around commercial lines of responsibility with it being noted that NHS Lothian remained the legal entity in respect of the contract and would not direct against legal advice. The governance structure would be amended to reflect the fact that SG no longer chaired the Executive Steering Group. **MM**

5. Workstream Updates

5.1 Ventilation – discussed earlier.

5.2 Water Safety – discussed earlier.

5.2 Fire: Update from Workshops on Fire Safety Improvements – BC provided an update on the actions from the 3 workshops with clinical teams. At the first

workshop the position in respect of enhancement versus compliance was discussed with NHS Lothian being of the firm view that the building was compliant and this had been confirmed through the receipt of a building warrant and Certificate of Completion from the City of Edinburgh Council. The National Fire Safety Officer's view, present during the first workshop, remained at odds with this. TD asked and received the unanimous opinion of the Executive Steering Group that the building was compliant. BC commented in respect of issues raised by GC about interpretation of the guidance that the external fire expert, 3-FE, whose report was expected imminently appeared to be of the view that the building was compliant. A full written report was awaited. Good progress nevertheless had eventually been made and the National Fire Officer's agreement was verbally received at the close of the first workshop as to the approach taken by NHSL and the outcome documented. This was then replicated at both the following days DCN and CAMHS workshops.

5.2.1 An update was provided on the position in respect of Paediatrics, DCN and CAMHS with it being noted that CAMHS was the most difficult patient group to address with a risk assessment having been undertaken in respect of carrying out an upgrade of all smoke dampers in bedroom areas. A High Value Change had been drafted with issues around how it would be delivered being discussed in light of the alternative route of delivery process as discussed earlier in the meeting. It is estimated that some 100 SCFDs would be required in conjunction with upgrades to a number of fire doors and the installation of self-closing devices at an estimated cost of circa £1.2m.

5.2.2 TD referred to previous criticisms by KPMG about sign-off arrangements for the air handling units and stressed the need for future arrangements and paperwork to be subjected to a triple lock check process. IG would progress an appropriate process of sign-off. Part of this would include the need to be clear about what NHS Lothian was asking for and that this was correct. Any disagreements would need to move to an agreed position at the outset of the process. Facilities would be part of the sign-off process. The composite of the scope of future works would be important. **IG**

5.2.3 It was agreed that details of the proposed way forward would be shared with HFS with an agreed position being presented to the Oversight Board later in the week. The scheduling of work would address DCN first to reflect the critical path around building occupancy. The scheduling of CAMHS work was discussed. **BC**

5.3 Electrical – BC reported that the action plan from HFS had raised a series of questions. A meeting with IHSL had been arranged. Detailed information from the test results was awaited. The isolation of power in each of the CAMHS bedrooms would most likely require a Board Change in the absence of any commitment from IHSL to undertake the remedial works. TD reported that he had asked SG and J Mac to provide briefing around responses to the types of questions that might be asked in future based on the themes that had emerged through recent media engagement and interviews. All 6 items in the NSS report would need to be addressed and responses produced in layman's terms. **SG/JMAC**

6. Commercial Update

- 6.1 The point was made that there would be a need to see what the IHSL response said later in the week. The process for informing NHS Lothian's view on what was a reasonable commercial deal was discussed with it being noted that a range of stakeholders would be involved in this process.

7. Continuity of Service Provision in RHSC & DCN

- 7.1 The circulated dashboard and the key areas within this were discussed. It was noted that a formal request had been made to the Royal College of Children and Young People to review what work from the existing RHSC could transfer to St John's and what could be done to support the winter position. A response was awaited. It had been agreed that theatre lights would be replaced at the existing RHSC and that these would be recycled at the point of the transition into the new building. Painting and upgrade work continued. Pseudomonas actions in augmented care areas would continue. It had been agreed to purchase new interventional radiology equipment and this would continue to be used post move with work underway to identify a space solution to house the equipment. An updated programme would be submitted to the Executive Steering Group on 18 November 2019.

JCAM

8. Communications Planning

- 8.1 J Mac advised that a staff update was due the following week. The Cabinet Secretary was due to attend the Health & Sport Committee on 19 November and it was agreed that there would be benefit in being able to provide her with details of the positive movements around the previously discussed alternative routes to delivery on ventilation issues. Mary Morgan would arrange.

MM

- 8.2 An update was provided on the potential timelines around the Parliamentary Audit and Post Legislative Committee and the publication of the Auditor General's Section 22 report. SG updated on the Grant Thornton process and expected timelines.
- 8.3 BC reported that specific well informed media enquiries were being received. It was agreed that these would be responded to in the normal way.

9. Oversight Board Agenda for 13 November 2019

- 9.1 The circulated agenda was agreed. TG would arrange to raise verbally under Any Other Competent Business the NHS 24 Helpline.

10. Date and Time of Next Meeting

- 10.1 The next meeting of the Executive Steering Group would be held at 4:00pm on Monday 19 November 2019 in Meeting Room 5, Waverley Gate, Edinburgh

From: Adams, Christopher
Sent: 25 November 2019 14:00
To: 'ADAMS, Christopher' [REDACTED]
Subject: FW: DRAFT MSC MINUTES FROM END AUGUST MEETING FOR 25TH NOV MEETING RHSC LECTURE THEATRE
Attachments: MSC DRAFT MINUTES 26TH AUG.pdf; AGENDA MSC 25TH NOVEMBER 2019.docx

Dear

RE:

Thank you.

Kind regards,

Chris

/Nov./2019, :hrs

(placed on NHS Lothian TRAK-EPR-Clinical Notes-Ward Round/ Consultant Review / MDT Meeting)

Mr Christopher I. Adams, FRCS Ed (Trauma and Orthopaedics), Consultant Spine Surgeon
General Medical Council number: 3564080, licence to practise

Web: Scottish National Spine Deformity Service [REDACTED]

Internal on the intrAnet: [REDACTED]

[NHS Lothian - Our Values Into Action - Quality | Dignity and Respect | Care and Compassion | Openness, Honesty and Responsibility | Teamwork](#)

For more information visit: [REDACTED]

From: Gillett, Peter
Sent: 19 November 2019 14:48
To: MedicalStaffCommittee
Subject: FW: DRAFT MSC MINUTES FROM END AUGUST MEETING FOR 25TH NOV MEETING RHSC LECTURE THEATRE

Dear all,

i am forwarding the draft minutes as PDF from last meeting. Many thanks to Margaret. The delay is all due to me.

Already noted is Mr Davison is incorrectly spelled and I will amend that in due course.

Please take a look and let me know if any errors or corrections required.

Also, see attached Agenda.

Next week looks like we will have many SMT team members in attendance to update and discuss questions and we will also be joined by Mary Morgan who is leading from a Scott Govt viewpoint, the hospital move.

I am sure recent missives regarding the works and remedial work for the move will be the subject of discussion.

Look forward to seeing you there.

Peter

DRAFT**NHS Lothian – University Hospitals Division****Medical Staff Committee****Minutes of meeting held on 26th August 2019 at 5pm
Lecture Theatre, RHSC**

Present: Peter Gillett (PMG Chair), Rozi Ardill (RA), Chris Adams (CA), Emily Baird (EB), Mary Brennan (MB), Donald Brown (DCB), Mark Brougham (MB), Anna Chillingworth (AC), Claire Clark (CC), Lyn Cresswell (LC), Emma Dickson (EMD), Eddie Doyle (ED), Paul Eunson (PE), Paul Henderson (PH), Daniel Hufton (DH), Cas Findlater (CF), Julie Freeman (JF), Phil Hammond (Phil H), Paul Henderson (PH), Ruth Henderson (RH), Matt Howard-Jones (MHJ), Angela Jesudason (AJ), Laura Jones (Laura J), Sonia Joseph (SJ), Pota Kalima (PK), Jimmy Lam (JL), Paul Leonard (PL), Guy Millman (GM), Jillian McFadzean (JMcF), Kenny Macleod (KMac), Ailsa McLellan (AMcL), Alison McLuckie (AMcL), Jon McCormack (JMcC), Catherine McDougall (CMcD), Jen McGill (JMcG), Kenneth McWilliam (KMcW), Mary Rose (MR), Sharon Russell (SR), Jay Shetty (JS), Conrad Schmoll (CS), Mairi Stark (MS), Kamath Tallur (KT), Ulf Theilen (UT), Gundula Thiel (GT), Thanos Tsirikos (TT), Stefan Unger (SU), Hamish Wallace (HW), David Wilson (DW)

Visitors: Tim Davidson (TD) Chief Executive NHS Lothian, Tracey Gillies (TG) Executive Medical Director, Alex McMahan (AMcM) Chief Executive for Nursing

Minutes: Margaret McPheely

	Apologies; Alistair Baxter, Suzanne Boyle, Lindsay Ford, Andras Husz, Merrill McHoney, David Rowney, Lindsey Taylor, Tobias Tipper, Pamela Winton, Colin Young	
1.	Minutes of last meeting – Please email any comments/changes to PMG/MMCP	
	<ul style="list-style-type: none"> PMG – Welcomed everyone and thanked the senior management team for coming along to speak to the group. 	
2.	MSC at RHSC – Arrivals & Departures:	
	<ul style="list-style-type: none"> Joyce Davidson is retiring on Friday along with her husband David Hughes - Renal and the group wish them all the best for the future. Welcome to: <ul style="list-style-type: none"> Tessa Housden who has joined Anaesthetics and is on Mat Leave. Naomi May who has joined Anaesthetics. Cas Findlater who also joined Anaesthetics. Donna Clark who has joined ED. 	
3.	Professor Hamish Wallace – Update on the closure of Glasgow Oncology Dept:	
	<ul style="list-style-type: none"> Pressure – Scotland, Glasgow is closed to new oncology patients. Not able to administer overnight chemotherapy This is down to infection. A report up to December 2018 made people aware of the problems since the move in 2015. Water borne 2016-2017 then again 2018. 23 children reported with infections. Huge problem and the new ward closed for 1 year and patients were decamped to Queen Elizabeth hospital. Still getting VC updates and Aberdeen has played a huge part, we have also taken our share of patients. Latest VC Conference today (26/08/19) unfortunately technical difficulties let us down. Some contractors used in Glasgow were used here as well, we need to be aware and we are quite concerned. 	

4. • **PMG** – Big issue, before move, the effort put in here has been huge, clearly understand this is too big a risk for the move to have taken place. Phased move deemed too big a risk. We would like to chat to you (chief executive team) and ask questions. We felt when keys were handed over it was too soon, everyone worked hard but were concerned that things were not quite ready. It has taken 16 years and has been a challenge, requirements taken up increased age, looked at team in Glasgow what do we do to make it safer? Learn from them, the orthopaedic, Gynae services and several health areas had a tough time.

Tim Davidson Chief Executive: First of all apologies to everyone for the upheaval caused, we are very sorry on behalf of the team. Apologies from Jim Crombie, Susan Goldsmith, Fiona Mitchell and Jackie Campbell who cannot be here but happy to say Alex McMahon and Tracey Gillies are here tonight.

I would like to give you some granular background as to why, summarise public finance in commissioning design team. We commission a builder, contractor provide company, design, build and maintain for life of contract. Queen Elizabeth a different type of PFI. We set out requirements expected for building, assurance privately financed in past e.g. RIE, Roodlands etc. Jointly appointed role of independent tester, various standards which get complicated as the building is already 2 years late. We didn't design but were clear what we wanted. Private finance no income to pay back, backdrop already delayed. We took the decision to agree settlement agreement, concerns about various things (84) issues – separate agreement to take building to allow us to get on. Process of derogations, reduce our requirements in some areas, reduction from standard e.g. 6-4 air change. 2 Things happened from 6-4 incorporated most rooms in ICU always at 10, should never have been. Problem 2 projection delayed, keen to move before winter, we agreed to move before snagging done. Normally all issues would be completed. We agreed that we would try to.....final checks. Shared problem, reason so late remedial work from snagging still ongoing.

I became aware on the Monday night, Tuesday morning. Clear decision by Wednesday night. We had incomplete information earring on safety first including risk at old building. Options:

1. Move and fix insitu – PICU
2. Move in decant PICU to main Ark
3. Move in on a phased way
4. Delay the whole thing (occupying old buildings – problems)

Decision to delay our preference was delay and phased move. Cabinet secretary took the decision influenced by Glasgow. All concerns, must be positives, learn from Glasgow. 2 things going on:

1. KPNG commissioning company – factors up to delay Governance arrangement through whole team. Role of technical advisors, conclusion/report imminently.
2. Health facilities – Protection Scotland – look at fire, drainage, water – are on track or we can do before move.

2 documents made known – get into it and make trying to engage. DCN desperate and I would like to get them in this side of Christmas.

- PMG – Issues in Glasgow/Edinburgh - my view is a review of paediatric services, regional increase now 2-3 parts in Lothian.....
- TD – National Planning Board -
- TG – Yes, how we plan things better M8 and beyond/before.....
- PMG – We are over that.
- TG – Minimise travel for patients, more collaborative report. Haematology/oncology,

we can work together plan for this.

- TD – There is National strategy, cleft lip and palate... not sufficient activity.....
- PMG – That is a sore point
- TD – We are happy to come back. We are a number of small, very small teams. Growth in east 1% per year, 15 years to train, population 20% bigger..
- CA – Comments telling, Felicity was a wakeup call for me, whether small team, we go through to Glasgow, problems there, interested in future not past. I am not feeling it from what you have said. Felicity was persecuted, take control of yourself don't wait. I am happy facility not getting pulled down. In good faith I scheduled 4 patients; I am not interested in KPMG we are provided beyond ventilation? I wanted to know what company tested it, show me the certificate; don't want to be in same boat as Glasgow. Independent enquiry 6th March in Glasgow, financial pressure to pay mortgage, I understand. Can you feel the ambition in here, move on from Felicity.
- PMG – Tracey came earlier in year, we do things better because we are a smaller unit. All areas not same as what we do for patients. Respiratory/sleep, patients all over. Glasgow cardiology brings in lots of patients we need to think what we are doing in other areas. We have taken on managing more than 25% of our patients. Would Jillian as PICU lead like to add to this.
- JMCF – I would just echo a lot of what Chris has said. People work well, we could not work without support of our colleagues we need the co adjacencies or you would not get the outcomes. 2 recent trainees who I was giving appraisals to when asked how they found it here, impressed how things work, lack of investment an issue. We do not want to get caught up in percentages, give children the best possible care, and invest in all specialities.
- TD – I agree, I think I was misinterpreted. Not remotest possibility Lothian not a tertiary service. Pressure other side of M8. Adult TAVI. Golden Jubilee wanted to development and Grampian, through the board we were heavily involved 3 centres sustained, conclusion split of activity that is the point I was making. Small groups are fragile due to illness and could collapse.....
- PMG – we have shadow rotas – staffing not goodwill this is not an option..
- TD – number of specialities cannot recruit NHSL, employ consultants and support sites.
- PMG – still chair ofSouth east and Tayside?
- TD – yes. New group for all things TAVI. Plans for new cancer centre. Dumfries & Galloway send patients to Glasgow.....
- MS – This is about the new hospital, I have heard that in Glasgow there is a lot of problems with the helipad and pigeons. Do we need a helipad at RHSC can we move it to the RIE site?
- TD – That problem with more to do with neuro
- TG – We are working through it, helipad what it means for different areas, it can be used safely not sure about helipad/pigeons can be linked. Lots of work for patient safety.
- Water issues – our own tests to comply with water safety, plan just about completed, and sign off. Water lessons in report make sure right flushing regime.
- PH – Water, fire, ventilation a month after we were to move in.....
- TD – Part of independent testers.....
- PH – Water....
- TG – Water clear and done....
- TD – In February sampling rather than universal testing was carried out, cabinet secretary wanted totality, check everything and check again.
- PMG – When we do move – blame game?
- PE – Contract given guarantee? Increase in population and there are still pockets of dyer poverty. Life expectancy is dropping and not going up, we need to be proactive

in improving outcomes of children. IS there something we can do to help improve this?

- TD – Bit like world peace, granular..., National planning board, NHS specialist service in Lothian begin with commissioning, planning, difficult to predict look at internet 20 years ago. Avoid return outpatients e.g. self help etc. We can support people to live their own lives.
- PMG – This group has good ideas, we have organised specialist nurses to deal with constipation, value for money, lots of good ideas.
- TD – Extended role of nurses.....
- DW – Regional SESSA Scotland provider – except disappointed as a group, other areas given input our area not given anything. Knowing regional working meeting with SESSA and Tayside, speak to people.
- TD – I am not aware of Regional
- CC – Clarification as surgeons required for 13 year old patients, new site up to 16th birthday we are now in limbo. What is our age cut off? We do not have beds if up to 16 years of age.
- TG – When we move age is 16 – no expectation your age will change over 13s in adult services until we move.
- CC – We are seeing more...
- ED – Change in referrals. Send away from front door of a children's hospital no we are going to see them. Child Scottish Government policy – Children/children's hospital here. Since delay drifting in limbo. Adult team great with teenagers but we will take them on a place by place basis. Children not to be turned away.
- PMG – In our service a 14 year old colonoscopy is not appropriate on adult site, issue of paediatric dept, cut off 13 increased earlier now in here earlier. Not aware if this is a massive increase, until we move we will not take surgical patients, that was my understanding. Lots of confusion over this, BGH/Fife all take up to 16 years of age.
- TD – TG & ED need to get together and discuss once timescales are given, look at what do age case by case mean.....
- GM – Only 1 or 2 a week being seen.....
- PL – This is always an issue, kids turn up we do not turn patients away even adults, there are 4000 attending RIE each year and we will get them when we move, toxicology small number.
- PMG – Email from CAMHS/PPALS – tight system at RIE. We've had a number of patients, difficult to engage mental health groups. Work needed to look at and offer support.
- AMcM – CAMHS – agreement to invest £3 million into CAMHS.
- PMG – Edinburgh Children's Charity funded 2 full time posts.....
- PL – Kylie & around, 2 CAMHS nurses they are around.
- MHJ – Labs side – Bloods back in timely manner. No slack in the system at this time. Support from RIE not what we need but better than nothing. If any illness/bereavement and this will breakdown. We just need to make you aware it is fragile as of now. We have agreed we will forgo UCAS inspection.
- TD – Thanks, this part removed accreditation earlier, continue dialogue once timescales clearer, plan better to work towards.....
- MHJ – No it was not removed.
- HW – Vision thing not prog. - Thank you for filling in the gaps and to help us to deal with our patients, children's cancer not easy with this crisis. We have worked better together. 14 health boards e.g. Glasgow, Edinburgh etc, each has their own ideas, and how to spread their money is new plans going to have teeth?
- TD – 14 boards structure not changed. We are trying to get adults to be mature about what is best for Scotland rather than each board. TAVI for example – unpicked and able to get a broker agreement – sustainable..... We haven't got teeth at health

	<p>board level to force through a decision without consent from executive marketing committee.....</p> <ul style="list-style-type: none"> • PMG – We want to work with you to push paediatrics, you are only here due to a cock up..... • TD – You have never invited me before, I have been to many MSC meetings in different areas. • PMG – We want to be part of the decisions being made so that we understand better. Paediatric services are an area that is growing. • TD – Happy to be part of a support but there has been clinicians involved, going forward 26000 staff, don't know why I have not been here, you are managing tams totality, happy to support. Once clarity on timeline then we can plan in more detail. Once give time/date it will be a further 8 weeks in total. • EB -orthopaedic colleagues in Glasgow – We know what is happening. More increase in age, team of 2, increase team, resilience yes take on what you said, like to give more details on figures..... • PMG – ENT raised issue of Medinet – money available but not smartly spent. Concerns of nursing staffing – worry and will get worse in new hospital. • TD – Just to pick up – financial pressure real, both points raised on our radar. Medinet one off funding but it has gone on for 10 years if we had know it would go on this length of time we would have take the gamble and appointed nurses, if we had known. 21.5 million non recurrent even I cannot gamble on that amount. We will recruit substantively for post of recurrent monies. I spoke with Fiona Mitchell and discussed and we will see what we can do. <p>LJ – Discussion quickly – unable to get presentation up on screen. We get on well with Glasgow, Inverness, Borders General Hospital, Aberdeen but this is the best place.</p> <p>TD – I have heard positivity in the room, you have all responded amazingly. I was a hospital manager, there is a visible challenge. Your leadership team are very connected to us, we have enjoyed this meeting tonight.</p> <p>SJ – Thank you I am impressed at ability to discuss issues past. Everyone of us use computers – improve HAN ED/FM support us. People staying late to input patient info which is a legal requirement – we need efficient systems.</p> <p>PMG – New website for RHSC old one is far to lacking in information. Funding, guideline, pathway, and journey of services some good ideas but always faced with no money. We want to visibility in future, more visibility with senior management. We want to be listened to. Come up worth solutions voice that needs to be heard. Let's get it coinciding with the move to the new hospital. Thanks you.</p> <p>TG – I will pick this up, unlikely changes, more than happy to meet with you, I will follow up with you.</p>	
5.	AOCB:	
	Date of Next Meeting	
	Monday 28 th October 2019, 5pm	

ROYAL HOSPITAL for SICK CHILDREN

MEDICAL STAFF COMMITTEE MEETING

Monday 25TH NOVEMBER 2019 5pm

Lecture Theatre, RHSC

AGENDA

1. Minutes of last meeting – comments to PG with corrections etc
2. MSC at RHSC – arrivals and departures.
3. Welcome to SMT and to Mary Morgan
3. SENIOR MANAGEMENT TEAM / MARY MORGAN – PROJECT UPDATE AND FREE DISCUSSION – RHCYP, the move and open questions.
4. ISSUES RAISED WITH CABINET SECRETARY, FUTURE PLANNING AND PAEDIATRIC SERVICES – FREE DISCUSSION
5. SUMMARISING NEXT STEPS
5. AOCB

Date of next meeting TBA

From: Gillies, Tracey
Sent: 28 November 2019 13:58
To: 'Calum.Henderson [REDACTED]'
Cc: Campbell, Jacquie; Goldsmith, Susan; 'MACKAY, Judith [REDACTED]'; McMahon, Alex; 'christine.mcLaughlin [REDACTED]'; Alan.Morrison [REDACTED]; 'Fiona.McQueen [REDACTED]'
Subject: RE: Existing Sites
Attachments: Briefing requested for Cabinet Secretary following Oversight Board discussion 28 November 2019.docx; SBAR Fire report RHSC 27-11-19 (2).docx

Here it is Calum
I have given you more detail than you need around the fire notice but in the interests of time thought that would be easier Tracey

Executive Medical Director
NHS Lothian
Waverley Gate
[REDACTED]

-----Original Message-----

From: Calum.Henderson [REDACTED]
Sent: 28 November 2019 11:27
To: Gillies, Tracey
Subject: RE: Existing Sites

Thank you

-----Original Message-----

From: Gillies, Tracey [REDACTED]
Sent: 28 November 2019 11:22
To: Henderson C (Calum) [REDACTED]; McMahon, Alex [REDACTED]; [REDACTED] <[REDACTED]>; Campbell, Jacquie [REDACTED]
Cc: McLaughlin C (Christine) [REDACTED]; McQueen F (Fiona) [REDACTED]; Morrison A (Alan) [REDACTED]
Subject: Re: Existing Sites

Thanks Calum we'll do our best and I'll coordinate this for today Tracey

Sent from my BlackBerry 10 smartphone on the EE network.

From: Calum.Henderson [REDACTED]
Sent: Thursday, 28 November 2019 11:18
To: McMahon, Alex; Campbell, Jacquie; Gillies, Tracey
Cc: Christine.McLaughlin [REDACTED]; Fiona.McQueen [REDACTED]; Alan.Morrison [REDACTED]
Subject: Existing Sites

Hi

As discussed at this morning's oversight group.

We would be grateful if you could provide the following to allow us to update the Cabinet Secretary.

- * Note on the IRN Equipment
- * Pseudomonas
- * Emergency Department moves at Sick Kids
- * Fire Improvement Notice

Apologies for the turnaround but could we get this by 14:30 to allow us to brief the Cabinet Secretary.

Thanks

Calum

Calum Henderson
St Andrew's House, Edinburgh, EH1 3DG



This e-mail (and any files or other attachments transmitted with it) is intended solely for the attention of the addressee(s). Unauthorised use, disclosure, storage, copying or distribution of any part of this e-mail is not permitted. If you are not the intended recipient please destroy the email, remove any copies from your system and inform the sender immediately by return. Communications with the Scottish Government may be monitored or recorded in order to secure the effective operation of the system and for other lawful purposes. The views or opinions contained within this e-mail may not necessarily reflect those of the Scottish Government.

The information contained in this message may be confidential or legally privileged and is intended for the addressee only. If you have received this message in error or there are any problems please notify the originator immediately. The unauthorised use, disclosure, copying or alteration of this message is strictly forbidden.

This email has been scanned by the Symantec Email Security.cloud service.
For more information please visit <http://www.symanteccloud.com>

This e-mail (and any files or other attachments transmitted with it) is intended solely for the attention of the addressee(s). Unauthorised use, disclosure, storage, copying or distribution of any

part of this e-mail is not permitted. If you are not the intended recipient please destroy the email, remove any copies from your system and inform the sender immediately by return. Communications with the Scottish Government may be monitored or recorded in order to secure the effective operation of the system and for other lawful purposes. The views or opinions contained within this e-mail may not necessarily reflect those of the Scottish Government.

Briefing requested for Cabinet Secretary following Oversight Board discussion 28 November 2019**1. INR equipment**

- The equipment at DCN for interventional neuroradiology is at the end of its life and discussions through the Oversight Board have agreed the best option is replacement with new equipment that will subsequently be available for use in the new RHCYP/DCN.
- The replacement programme will take place in December 2019. Detailed operational plans are in place to manage the patients who will require urgent intervention while the work is underway and additional on site capacity has been secured at WGH (i.e. on site) which will be suitable for all but the most complex elective cases. Close operational liaison continues on a weekly basis with GGC.
- Lothian continue to provide all elective work in this complex area for Scotland (6-8 cases per week) and their share of the emergency work with GGC. Some additional cases are being taken from GGC during the week related to their staffing profile

2. *Pseudomonas aeruginosa*.

- Routine sampling in augmented care areas in RHSC (Sciennes) has identified two outlets with a positive count for *Pseudomonas*. One is in neonatal critical care and one in a treatment room in Haem/Onc. This sink is not used by patients or families.
- All normal corrective actions are in place (point of use filter, cleaning and replacement of parts etc). There are no cases of *Pseudomonas* infection in either area in the look back exercise (back to Jan 19).
- In the interests of full transparency a leaflet will be provided to parents and families – this will need to be rewritten to ensure that it is clear that this is a finding as part of routine sampling and not associated with any infections
- There has been press coverage today of positive samples in the new RHCYP/DCN. There have been 57 outlets identified and these have been managed in the normal way with replacement of parts and retesting. There are no patients in the building therefore no cases.

3. ED RHSC

An additional area has been upgraded to provide more OPD consulting rooms. Clinics will relocate there from Monday 9 December, freeing up rooms in the main OPD for the Emergency Department to use, to assist with flow.

Minor works in ED/ main OPD to be completed by 30.11.19.

4. Fire notice RHSC

A detailed SBAR about this is attached

TG 28/11/19

SBAR: Fire Compliance Report for the Royal Hospital for Sick Children

George Curley; Director of Operations (Facilities)

27th November 2019

Situation:

A formal Warning Action Notice relating to the lower ground floor of the Royal Hospital for Sick Children (RHSC) placed upon NHS Lothian by the Scottish Fire and Rescue Service (SFRS) in their improvement notice letter to us of the 20th November 2019 has been verbally rescinded following our initial actions and a re-visit of the area on the 25th November 2019 and we await the written confirmation of this. We are however required to comply with the remaining items in the improvement notice.

In addition to this a similar inspection was carried out within the Department for Clinical Neurosciences (DCN) on the 21st November 2019 and we await the formal outcome of this.

Background:

On the 28th October 2019 the Scottish Fire and Rescue Services visited the lower ground floor to the RHSC and carried out a fire safety audit. During this they made a number of observations relating to the physical environment which they considered constituted failures in our responsibility to secure and maintain a means of escape (see appendix 1: SFRS letter dated 20.11.19). In their view this was mainly caused by:

1. Falling cables within the void to the lower ground floor where their immediate concern was the potential for Fire Fighters to be entangled. This observation caused the Enforcement Officer, to raise a Warning Action Notice relating to the potential entanglement.
2. Combustible obstruction within the lower ground floor area.
3. Cross corridor doors failing to close effectively thereby causing the loss of safe compartmentation.

The failures noted above were rectified in the days immediately following the visit although the tiled ceiling is still to be replaced and this will occur once fire stopping has been applied.

At the re-inspection on the 25th November the representative on the SFRS advised that he was withdrawing the Warning Action Notice allowing the status of the hospital lower ground floor to return to, 'as safe as possible for fire fighters arrival'. An important element of us in achieving this was the personal involvement of the site director which was noted by the inspectors.

It should be noted that this situation has arisen as a direct consequence of the delay in our vacating of the buildings, RHSC and DCN as these inspections were part of a pre-existing annual schedule.

Actions:

The majority of the actions stipulated within the improvement notice had been included by us within the double running costs for the site and are therefore not considered to be an additional cost pressure to us. We need to address the remaining requirements within the improvement notice received on the 20th November 2019 and have until the 20th December to either comply with these or seek an extension to allow additional time to complete the works. These remaining items are captured in an action plan corresponding to the notice, the

latest version of which is attached at appendix 2. It should be noted that the completion dates for a number of the actions still need to be confirmed and work is ongoing to achieve this.

Recommendations:

It is recommended that the Executive Management Team:

- Note the contents of this SBAR
- Note and support that a number of the actions specified in the improvement notice will not be completed by the current anticipated date of closure of the building
- Note that our Fire Officers and Estates Managers for the area are using our contracted suppliers to get estimates and programmes for the critical elements of the action plan.
- Confirm that the double running funding already identified can be utilised to underpin this work.

Appendix 1 SFRS Improvement Notice



FSA03 - SFRS Letter
RHSC Nov 20.12.19.pdf

Appendix 2 Action Plan in response to the SFRS Improvement Notice



RHSC.SFRS AP Nov
19 & 20MFP.docx

Briefing requested for Cabinet Secretary following Oversight Board discussion 28 November 2019**1. INR equipment**

- The equipment at DCN for interventional neuroradiology is at the end of its life and discussions through the Oversight Board have agreed the best option is replacement with new equipment that will subsequently be available for use in the new RHCYP/DCN.
- The replacement programme will take place in December 2019. Detailed operational plans are in place to manage the patients who will require urgent intervention while the work is underway and additional on site capacity has been secured at WGH (i.e. on site) which will be suitable for all but the most complex elective cases. Close operational liaison continues on a weekly basis with GGC.
- Lothian continue to provide all elective work in this complex area for Scotland (6-8 cases per week) and their share of the emergency work with GGC. Some additional cases are being taken from GGC during the week related to their staffing profile

2. *Pseudomonas aeruginosa*.

- Routine sampling in augmented care areas in RHSC (Sciennes) has identified two outlets with a positive count for *Pseudomonas*. One is in neonatal critical care and one in a treatment room in Haem/Onc. This sink is not used by patients or families.
- All normal corrective actions are in place (point of use filter, cleaning and replacement of parts etc). There are no cases of *Pseudomonas* infection in either area in the look back exercise (back to Jan 19).
- In the interests of full transparency a leaflet will be provided to parents and families – this will need to be rewritten to ensure that it is clear that this is a finding as part of routine sampling and not associated with any infections
- There has been press coverage today of positive samples in the new RHCYP/DCN. There have been 57 outlets identified and these have been managed in the normal way with replacement of parts and retesting. There are no patients in the building therefore no cases.

3. ED RHSC

An additional area has been upgraded to provide more OPD consulting rooms. Clinics will relocate there from Monday 9 December, freeing up rooms in the main OPD for the Emergency Department to use, to assist with flow.

Minor works in ED/ main OPD to be completed by 30.11.19.

4. Fire notice RHSC

A detailed SBAR about this is attached

TG 28/11/19

From: [REDACTED]
Sent: 10 December 2019 09:36
To: Cosens, Sorrel
Cc: Curley, George
Subject: RE: Executive Steering Group
Attachments: SBAR Fire report RHSC 27-11-19.docx

Hi Sorrel,

I have attached as not sure if it is the same or not.

Regards,

[REDACTED]

From: Cosens, Sorrel
Sent: 10 December 2019 09:25
To: [REDACTED]
Cc: Curley, George
Subject: RE: Executive Steering Group

I have that if it is the paper that went to ESG on 2 December, thanks.

From: [REDACTED]
Sent: 10 December 2019 09:21
To: Cosens, Sorrel
Cc: Curley, George
Subject: RE: Executive Steering Group

Hi Sorrel,

I will send the SBAR as soon as I locate it.

Regards,

[REDACTED]

[REDACTED]

From: Cosens, Sorrel
Sent: 10 December 2019 09:09
To: [REDACTED]
Cc: Curley, George
Subject: RE: Executive Steering Group

Thanks both!

From: [REDACTED]
Sent: 10 December 2019 09:09
To: Cosens, Sorrel [REDACTED]
Cc: Curley, George [REDACTED]
Subject: FW: Executive Steering Group

Hi Sorrel,

Please see email below which George sent to Tracey yesterday.

Regards,

[REDACTED]

EMAIL: nikki.watson [REDACTED]

From: [REDACTED] **On Behalf Of** Curley, George
Sent: 09 December 2019 11:21
To: Gillies, Tracey
Cc: Mitchell, Fiona (Director); Hamilton, Billy; Goldsmith, Susan; Douglas, Brian
Subject: Executive Steering Group

Hi Tracey,

I met with Fiona Mitchell as agreed at the Executive Steering Group RHYCP/DCN. This related to clarifying that there were ongoing risks following the recent fire audits at the old RHSC site.

Fiona is aware of these and recognises that there will be a need for ongoing risk management measures. To provide assurance to the Executive Steering Group I will update the action plan and clearly identify what could be implemented during the extended stay on site. I will also indicate on the plan further priority works should we have to further extend our stay (further 6 months) and finally indicate on the plan, what actions are unlikely to be implemented because of moving. This will be available by the end of this week and ready to present at the next Executive Steering Group on the 16th December, 2019.

Regards,
George.

[REDACTED]



SBAR: Fire Compliance Report for the Royal Hospital for Sick Children

George Curley; Director of Operations (Facilities)

27th November 2019

Situation:

A formal Warning Action Notice relating to the lower ground floor of the Royal Hospital for Sick Children (RHSC) placed upon us by the Scottish Fire and Rescue Service (SFRS) in their improvement notice letter to us of the 20th November 2019 has been verbally rescinded following our initial actions and a re-visit of the area on the 25th November 2019 and we await the written confirmation of this. We are however required to comply with the remaining items in the improvement notice.

In addition to this a similar inspection was carried out within the Department for Clinical Neurosciences (DCN) on the 21st November 2019 and we await the formal outcome of this.

Background:

On the 28th October 2019 the Scottish Fire and Rescue Services visited the lower ground floor to the RHSC and carried out a fire safety audit. During this they made a number of observations relating to the physical environment which they considered constituted failures in our responsibility to secure and maintain a means of escape (see appendix 1: SFRS letter dated 20.11.19). In their view this was mainly caused by:

1. Falling cables within the void to the lower ground floor where their immediate concern was the potential for Fire Fighters to be entangled. This observation caused the Enforcement Officer, to raise a Warning Action Notice relating to the potential entanglement.
2. Combustible obstruction within the lower ground floor area.
3. Cross corridor doors failing to close effectively thereby causing the loss of safe compartmentation.

The failures noted above were rectified in the days immediately following the visit although the tiled ceiling is still to be replaced and this will occur once fire stopping has been applied.

At the re-inspection on the 25th November the representative on the SFRS advised that he was withdrawing the Warning Action Notice allowing the status of the hospital lower ground floor to return to, 'as safe as possible for fire fighters arrival'. An important element of us in achieving this was the personal involvement of the site director which was noted by the inspectors.

It should be noted that this situation has arisen as a direct consequence of the delay in our vacating of the buildings, RHSC and DCN as these inspections were part of a pre-existing annual schedule.

Actions:

The majority of the actions stipulated within the improvement notice had been included by us within the double running costs for the site and are therefore not considered to be an additional cost pressure to us. We need to address the remaining requirements within the improvement notice received on the 20th November 2019 and have until the 20th December to either comply with these or seek an extension to allow additional time to complete the works. These remaining items are captured in an action plan corresponding to the notice, the

latest version of which is attached at appendix 2. It should be noted that the completion dates for a number of the actions still need to be confirmed and work is ongoing to achieve this.

Recommendations:

It is recommended that the Executive Management Team:

- Note the contents of this SBAR
- Note and support that a number of the actions specified in the improvement notice will not be completed by the current anticipated date of closure of the building
- Note that our Fire Officers and Estates Managers for the area are using our contracted suppliers to get estimates and programmes for the critical elements of the action plan.
- Confirm that the double running funding already identified can be utilised to underpin this work.

Appendix 1 SFRS Improvement Notice



FSA03 - SFRS Letter
RHSC Nov 20.12.19.pdf

Appendix 2 Action Plan in response to the SFRS Improvement Notice



RHSC.SFRS AP Nov
19 & 20MFP.docx

From: Henderson C (Calum)
Sent: 06 December 2019 17:39
To: Cabinet Secretary for Health and Sport
Cc: McQueen F (Fiona); McLaughlin C (Christine); Morrison A (Alan); Calderwood C (Catherine); DG Health & Social Care; Aitken L (Louise); Hutchison D (David); Henderson C (Calum)
Subject: Update on the Royal Hospital for Children and Young People - 6 December 2019
Attachments: Royal Hospital for Children and Young People - 6 December.docx

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Printed for DG

Andy

Please find attached an update on the RHCYP

Regards

Calum

Calum Henderson
St Andrew's House, Edinburgh, EH1 3DG



EDINBURGH CHILDREN'S HOSPITAL - UPDATE

Purpose

1. To provide an update on the current situation regarding the new Edinburgh Children's Hospital.

Priority

2. Urgent.

Background

3. The Oversight Board met on 5 December and discussed progress against known technical issues as well as the current commercial negotiations.

Key Issues

4. **Ventilation** – The Oversight Board has approved a High Value Change with regards to the Paediatric Critical Care and Haematology/ Oncology Ventilation. This High Value change has issued to IHSL on the afternoon of the 5 December. While there are other outstanding actions, most of which relate to the Air Handling Units, none are expected to adversely impact on the current timeline.

5. **Water** - The workstream status is Red due to high TVC counts post rectification works to address Pseudomonas findings at 57 outlets. However, additional works to strip back the associated pipework at 13 of these outlets has resulted in satisfactory water testing results. The outlets are being autoclaved and, when confirmed successful, this method will be applied to all other affected outlets. It is expected that this work will be complete by end December.

6. Shower hose clips have been installed but the Scottish Water Officer did not approve this solution at inspection on 26 November. Further discussion between NHS Lothian, regulator and HFS will take place to agree a pragmatic, risk based solution which provides the necessary assurances to Scottish Water of Water Safety.

7. **Fire Safety** - There are five actions required in this workstream, all of which are being progressed through submission of High Value Changes. These high value changes are expected to return to the next Oversight Board for approval.

8. **Electrical Safety** - The majority of the 36 outstanding actions relate to demonstrating the electrical system and providing the evidence that could not be located at the time of the second stage NSS report. A workshop is to be held on 11 December to progress this work and it is expected that some small scale work will be required in CAMHS ward.

Commercial Negotiations

9. The NHS Lothian Board considered the Commercial Position at the Private Board on Wednesday the 4 December. The Board have acknowledged that this proposal has been accepted by both the Commercial Sub Group and the Oversight Board. The Board were content with position further acknowledging the significant progress that has been made as well as the risks with regards to the proposed commercial negotiation.

Fire Incident at Royal Hospital for Children and Young People

10. The Board have alerted us that on 3 December, the fire alarm activated in the energy centre. The source of the smoke was traced to the straps securing the jacket fitted to the heat exchanger which were smouldering and generating the smoke. The energy centre building is adjacent to the hospital building and no damage was caused to the building. The Board highlighted that all smoke

detection systems operated as required as well as the backup systems with regards to the generator. A report of the incident will be shared with the Oversight Board.

Pseudomonas at Royal Hospital for Children

11. Following routine sampling in augmented care areas in Royal Hospital for Sick Children, this identified two outlets with a positive count for Pseudomonas. All normal corrective actions are ongoing. In the interests of full transparency a leaflet will be provided to parents and families.

12. As a consequence of finding pseudomonas in the water, NHS Lothian did a look back exercise to January 2019 and found no cases of infection from pseudomonas.

Summary

13. You are invited to:

- Note the update provided in the briefing.

Calum Henderson
6 December 2019

From: Henderson C (Calum)
Sent: 06 February 2020 13:41
To: Cabinet Secretary for Health and Sport
Cc: McQueen F (Fiona); Morrison A (Alan); DG Health & Social Care; Hutchison D (David); McCallum R (Richard); Hart S (Suzanne)
Subject: NHS Lothian Board Paper
Attachments: Public Board paper- RHCYP DCN Feb 2020 Cab Sec Version.docx

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Printed for DG

Andy

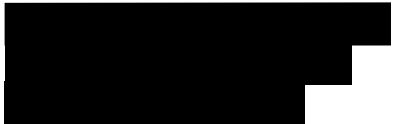
NHS Lothian intend to put this paper to next week's Board.

The CNO has cleared this paper so grateful if the Cabinet Secretary could also confirm she is content with the Board Paper.

Regards

Calum

Calum Henderson
St Andrew's House, Edinburgh, EH1 3DG



NHS Lothian

NHS Lothian Board
12th February 2020

Director of Finance

**UPDATE ON THE ROYAL HOSPITAL FOR CHILDREN & YOUNG PEOPLE
 AND DEPARTMENT OF CLINICAL NEUROSCIENCES (RHCYP & DCN)**

1 Purpose of the Report

- 1.1 The purpose of this report is to provide the Board with an update on the above project.

Any member wishing additional information should contact the Director of Finance in advance of the meeting.

2 Recommendations

The Board is recommended to;

- 2.1 Consider and discuss the issues raised in this report.

3 Discussion of Key Issues

- 3.1 The Scottish Government's Oversight Board meetings for RHCYP & DCN continue to meet fortnightly, chaired by Fiona McQueen, Chief Nursing Officer. The Oversight Board receives regular progress updates from Mary Morgan, Senior Programme Director.
- 3.2 NHS Lothian has made significant progress in addressing the issues identified in the building through NHS Lothian's own commissioning checks and the Scottish Government commissioned NSS Review. All actions related to drainage and medical gases have been completed. The workstreams focussing on ventilation, fire safety, water safety and electrical safety continue to close actions with the agreement of Health Facilities Scotland and Health Protection Scotland colleagues. An update on key issues is provided below.

Ventilation

- 3.3 IHSL / MPX have completed the remedial works, identified by the Board's independent expert, to all air handling units (AHUs) serving DCN, with the remaining AHUs anticipated to be complete by the end of February, 2020. Multi-stakeholder sign off has taken place as groups of AHUs have been offered for inspection.
- 3.4 Theatres ventilation work on theatre scrub extract, anaesthetic rooms and corridors, is anticipated to be complete by the end of February, when independent ventilation validation will commence. Further to our report to the Board in December 2019, a high value change has been agreed to progress the rectification of ventilation in critical care, and at the same time enhance ventilation in haematology/oncology ward, having learned the lessons from the QEUH which is supporting clinical opinion on the safest possible environment for this patient group
- 3.5 IHS Lothian have now appointed Imtech to deliver the work and progress is being seen through weekly meetings. Any proposed departures from technical standards are being

reviewed and signed off at both NHS Lothian's Executive Steering Group and the Oversight Board. A fully developed Concept Design Report is in preparation by IHSL and will form a key milestone in moving to the construction stage.

- 3.6 The Board have taken the opportunity to request that remedial work to ventilation systems serving isolation rooms and enhancements to fire dampers, corridor walls and doors to sleeping accommodation are addressed along with these works. The isolation room works is as a result of insufficient assurance from IHSL / Multiplex that satisfactory bypass arrangements are in place to allow for planned or unplanned shutdown of AHUs serving the isolation rooms.
- 3.7 The project team continue to assist in the preparation of a Supplementary Agreement (SA2) in relation to completion criteria, independent validation and technical governance arrangements. The Supplementary Agreement is the contractual document with IHSL for the completion of the works, and their ongoing maintenance over the life of the contract with IHSL.

Fire safety

- 3.8 A medium value change for the fire safety enhancements suggested by NSS in DCN is underway. Once this is finalised, a final migration date for DCN can be set.
- 3.9 A further change will follow in relation to fire enhancements in the remaining paediatric areas. Completion of these is envisaged within the overall timeline of the ventilation works above.

Child and Adolescent Mental Health Services (CAMHS) (Meville Unit)

- 3.10 Extensive engagement has been undertaken with the clinical and management team in relation to further modifications required to be made within the CAMHS unit prior to entry and occupation. This work has been in line with work required to be undertaken throughout the building but also elements of which are bespoke given the nature of the patient group. It is anticipated that the CAMHS service would move into the new hospital once other services are on site.

Programme/Mobilisation

- 3.11 The completion of the design work over the next 2/3 weeks will allow IHSL to formally issue a programme and a cost for the works. This will include the process for testing and assurance required by the Board and the Cabinet Secretary before a date for full occupation can be set which takes account of the Board's requirement for mobilisation.
- 3.12 This mobilisation includes the requirement to plan the move, issue patient appointments to attend the new building and to give staff notice of changes to rotas and their employment base.
- 3.13 The Chair of the Oversight Board has asked the Board to consider whether it can undertake this mobilisation in parallel with the work being completed, tested, and assurance given to the Cabinet Secretary, recognising that there may be some risk associated with this. The Executive Steering group will discuss how this is taken forward at its next meeting.

Continuing Service Delivery at the Royal Hospital for Sick Children and DCN

- 3.14 NHS Lothian continues to deliver against the action plan from fire safety and HEI inspections of the existing RHSC at Sciennes and DCN in the Western General Hospital.
- 3.15 In addition to the improvements to accommodation and capacity described at the December Board meeting:
- Replacement of the theatre lighting in RHSC is scheduled in downtime in February
 - DCN's interventional neuroradiology equipment is scheduled to be active from 6th February

Internal audit

- 3.16 Both the Board's Audit and Risk Committee and the Finance and Resources Committee received a presentation in January on the progress of the Internal Audit commissioned from Grant Thornton, through the Board's Chief Internal Auditor.
- 3.17 Further work is underway to complete the first phase of the audit by the end of February. This includes discussion with the Boards external advisers.

Public Inquiry

- 3.18 A meeting with the CLO is planned for next month to consider the Board's preparation for the Public Inquiry. However until the scope of the Inquiry is announced initial preparations will focus on ensuring that the Boards documentation is clear and comprehensive

4 Key Risks

- 4.1 There is a risk that IHSL will require extended engagement with their funders and supply chain to reach a conclusion to commercial agreement, which may impact on the programme for high value changes.

5 Risk Register

- 5.1 *There is a risk to patient safety, experience and outcome of care plus financial impact, due to the delay in providing clinical care for RHCYP and DCN patients on the Royal Infirmary of Edinburgh campus. Risk 4813, and its mitigation, is described in the separate Risk Register paper for the Board.*

6 Impact on Inequality, Including Health Inequalities

- 6.1 Management will need to undertake impact assessments as part of the programme of work.

7 Duty to Inform, Engage and Consult People who use our Services

- 7.1 Users of the service were contacted in July to inform them of the change in interim service provision. Continuing communication will focus on mitigating the disruption for service users.

8 Resource Implications

- 8.1 The resource implications of the delay have been discussed with the Scottish Government and provision has been made to meet the additional cost from within the national health budget.

Susan Goldsmith
Director of Finance
5 February 2020

ROYAL HOSPITAL FOR CHILDREN AND YOUNG PEOPLE, EDINBURGH

Contents	A. KPMG Report B. NSS Phase 1 and Phase 2 Reports C. Costings D. Update on the current sites (Royal Hospital for Sick Children and DCN) E. Accountability F. HEI Inspection Report G. St Johns H. Key Issues from FMQ
-----------------	--

A. KPMG Report

What were the findings of the KPMG Report?

- The key issue which led to the delay was the non-compliance with SHTM 03-01 for air change rates in some of the Critical Care areas of the Hospital which was identified by Institute of Occupational Medicine (IOM) and reported to the Project Team on 24 June and subsequently brought to the attention of the Board on 1 July 2019.
- Throughout all stages of the project, references were made to the requirement to adhere to SHTMs, including specifically SHTM 03-01 which related to ventilation. However notwithstanding any contractual obligations, the report clearly identifies a picture of confusion between the parties as to the correct application of these Standards. This appears to have stemmed from a document produced by NHS Lothian at the tender stage in 2012 which was inconsistent with SHTM 03-01 and which was referred to throughout.
- There is clear evidence that professional and technical advisors were involved throughout the project; specifically this includes involvement in relation to ventilation issues. However, there is no evidence that the problem was identified prior to June 2019.
- Governance processes and procedures operated in line with the structure that was put in place. There was regular dialogue between NHS Lothian and Scottish Government throughout the project, with evidence of escalation where required, albeit this was focussed on financial rather than technical matters.
- Once NHS Lothian's Board became aware of the air change issue, steps were taken to assess the impact. The Executive Team and the Project Team met to discuss the issues uncovered on 1 July 2019 and on the same day the issue was escalated to other members of the Board which resulted in an urgent internal meeting the following day. Later that day the Chief Executive and Chair briefed the DG Health and Social Care on the situation.
- But for the issue of non-compliance in air change rates, KPMG understands from NHS Lothian that the Hospital would have opened as planned. While this is the view of KPMG, we believe this statement needs to be explored further as we are aware of the other ventilation issues beyond the air change rate in Critical Care.

Background to the Project and the Delay

One of the more significant observations include that at the time of financial close in February 2015, the designs of the Hospital had not been fully developed, including issues relating to the design of the ventilation (pressure regime).

In early 2017, the report notes that it became clear that the Hospital would not be completed in time and there were three main issues – ventilation (pressure regime), High Voltage resilience and MRI provision which could not be resolved and it left both parties considering court action before they agreed to move to a negotiated settlement.

In order to resolve the pressure in single rooms, the air change rate was adjusted from six to four with two air change rates to be provided through natural ventilation (a 'mixed mode' solution). However an issue remained regarding the pressure in multi-bed rooms. Fourteen multi-bed rooms were adjusted to have balanced or negative pressure, four of which were in Critical Care. Reference was made in the proposed resolution of this issue to an air change rate of four.

During that period, it became apparent that while some issues were being addressed, there were a significant number of technical issues emerging. On 22 February 2019, the Settlement Agreement was signed which covered 76 identified problems, where 73 had an agreed solution and three technical issues (fire void detection, drainage and Heater Batteries) did not.

Following the signing of the Settlement Agreement, on the same day the Independent Tester provided a 'Certificate of Practical Completion' which meant the project moved from construction phase to operational phase and the payment of the Annual Services Charge began. During this operational phase a significant number of outstanding works were required to be carried out by Project Co, while at the same time NHS Lothian began commissioning the Hospital.

Was Professional and Technical Advice sought during the construction process?

The report concludes that advice and support was provided to the Project Team by both technical advisors and internal clinical advisors.

Where there appropriate Governance Arrangements?

The governance structure surrounding the construction and commissioning of the Hospital was operating in line with standard practice and issues were escalated appropriately. Oversight was delegated to the Finance and Resources Committee which included four Executive Directors.

KPMG saw evidence that the governance arrangements operated in practice and that it appears that at each stage of the Project, personnel with appropriate technical and clinical skills and experience were involved and that where appropriate external advice and guidance was sought.

B. NSS Phase 1 and Phase 2 Reports

What did the Phase 1 report conclude?

1. It was recognised by NHSL that critical care ventilation was not designed to current guidance. As a result this report focuses on other systems, however, they have provided advice on the contractor design intent for a new CCU system.
2. Key outstanding information includes the design intent for the natural ventilation component.
3. The theatre ventilation has not been installed in accordance with current guidance (when maintenance is being undertaken, two theatres, rather than one, will be out of action).
4. Some of the water testing results, due to the time taken to process, are not yet available however it was found that there were certain fungi in the water, mainly at the taps as well as higher than anticipated total viable counts. Lessons learned across health systems strongly suggest that this should be eradicated before patients and staff move in. There would appear to be no systemic contamination of the hot and cold water systems.
5. The drainage for the hospital utilises one gravity system and two pumped systems. The pumped systems are used to overcome gravity as they are installed below the local water table and level of the external drains. We await an explanation of what foul waste and other sources drain into the basement sump. If suitable mitigation measures are in place, the drainage should not be an obstacle to occupation of the building.

What actions have been undertaken since the publication of the Phase 1 report?

Ventilation - Multiplex have completed a benchmark air handling unit (AHU) with what the contractor has stated is the extent of remedial works they will undertake across all units to achieve compliance. The Oversight Board has agreed to Accept the benchmark AHU as the standard to be applied across all units, prioritising remedial work on those serving the DCN facilities alone. The process and timeline for installation, warranties, verification and validation will require to be laid out initially by IHSL (Multiplex and their supply chain) and reviewed by NHS Lothian, HFS/ HPS with respective technical advisers. However, IHSL/MPX have advised the Board verbally that they have estimated a construction duration of 8 weeks to undertake works to the 16 AHUs serving DCN and a following 8 – 9 weeks for the remaining 20 AHUs serving the rest of the facility. The updated maintenance protocols and ongoing validation will potentially require a Board Change for those services provided by Bouygues, and those by NHS Lothian. The timeline will be dependent on Multiplex and their supply chain but it is envisaged that they will be significantly less than an overall replacement programme. This work is being carried out by Multiplex as part of the ongoing contract and does not affect the guarantee of mechanical and engineering works and will not require additional payments.

The work began on w/c 21 October and the Air Handling Unit rectification works is progressing and regular engagement with contractors is ongoing.

NHS Lothian are expecting a commitment from IHSL on progression of key outstanding issues.

Drainage - Drainage systems typically relies on gravity to allow wastewater to flow downhill until it is disposed of off-site. However due to the topography of the site, the elevation loss (downhill gradient) was not as large as is desirable/required. To address that weakness, NHS Lothian, in conjunction with IHSL, fitted two sump pumps which ensures that the wastewater is moved off-site. NHS Lothian are of the view that the combination of the sump pumps and gravity will ensure that drainage does not cause a problem going forward; HFS concur with this view.

Water - The actions in relation to tap and shower hose lengths are continuing to progress. All taps now replaced and the Board undergoing pseudomonas retesting and disinfection work. These tests took place on 28 October.

The results of testing should be available 16 days after the first test had taken place. The outstanding issue of shower hose length solution as proposed by Multiplex is underway, parts are awaited to complete the work in accordance with requirements.

What did the Phase 2 report conclude?

The findings have been collated based on information provided by NHS Lothian and on-site reviews of the RHCYP & DCN. Expert advice was sought within the key focus areas of Fire, Electrical and Medical Gas systems and their overarching management and assurance processes relating to these systems.

Overall remedial action is required to be undertaken within the fire and electrical systems prior to occupation. Observations have been identified within medical gas installations and a further improvement activity within the fire system noted. Following acceptance of this report, the review team are ready to assist the NHS Lothian team in developing a programme of activity and remedial actions.

What actions have been undertaken by the Board following the Phase 2 publication?

NHS Lothian held a Workshop on 25/10 with senior management and clinicians from DCN, RHSC and CAMHS Team. The Board have held further workshops on the 05/11 and 06/11.

The workshops had been held with Clinical staff from Paediatrics, DCN and CAMHS. Workshops had covered principles to be applied; testing and risk assessing of patient groups; evacuation plans and the material gain in enhancing arrangements for the limitation of smoke spread and evidence around this. The output from the workshop proposes the use of combined smoke and fire dampers located at vents that feed corridors. This engineering proposal had been discussed and agreed with the National Fire Adviser and HFS. This proposal would mean around 100 combined dampers for the building, **excluding critical care and haematology/oncology**, and would mean less disturbance as the changes would be within the corridors. It is currently not possible at this point to predict the exact number of dampers required within Critical Care and Haematology/Oncology as this is subject to ventilation design,

but we do not expect it to materially impact the number of overall dampers needed. We anticipate this work could be undertaken at the same time as the upgrade to the ventilation system in critical care and the work will not adversely impact the current timelines.

How many smoke dampers are required – is 760 dampers?

This proposal would mean around 100 combined dampers for the building, **excluding critical care and haematology/oncology**, and would mean less disturbance as the changes would be within the corridors. It was also recognised that currently it was not possible at this point to predict the required number of dampers within Critical Care and Haematology/Oncology as this was subject to ventilation design.

Why was smoke dampers rated at 5?

The fitting of additional smoke dampers would be a positive enhancement to patient and public safety in the event of a fire which relied upon the corridor areas as an evacuation route.

While identified as a priority 5 within the report it is recommended that this would afford a significant improvement for these areas. There is an opportunity to improve the functionality of the design and use of the building prior to occupancy.

How long will it take to make the suggested improvements?

Detailed project timelines are in the process of being developed, but we continue to work to the previously announced timeline.

At what cost?

Costs for the issues identified in either phase 1 or 2 report have not been finalised.

Who is responsible for ensuring these recommendations are carried out?

NHS Lothian will provide a wider action plan bringing together actions of both reports will follow in due course. However the Senior Programme Director has responsibility for the actions to ensure the facility is fit for occupation and will oversee the action plan to deliver a safe and compliant site for the new Hospital.

Will these recommendations be carried out prior to occupancy?

The report is with NHS Lothian, for them to determine appropriate action. NHS Lothian will provide a wider action plan bringing together actions of both reports will follow in due course and will provide timescales for the work to be completed.

Has NSS been instructed to conduct reviews on other NHS hospitals?

Yes. NSS will undertake reviews of all major NHS infrastructure builds that have recently completed, which will include both the Dumfries and Galloway Royal Infirmary and the Balfour Hospital in Orkney; this work has already started.

Other smaller scale projects will also be reviewed, including primary care health and social care centres and ward refurbishment projects, but the precise list of projects has not been finalised as NSS are prioritising the rectification work at the Edinburgh Children's Hospital.

C. Costings

What are the highlights of proposed costings:

- Estimated costs to complete the works recommended by NSS at the new hospital, to improve the usefulness of the existing sites, and to account for double running, is around £16 million.
- Works at the new hospital - £6 million (including £4 million for rectification for critical care and haematology/oncology, plus £2 million contingency to account for any issues in NSS phase 2 work.
- Costs of maintaining sites - £7.2 million (including £1.5 million for dual running sites, £2 million for additional maintenance at RHSC/DCN, £2 million for improvements to existing facilities, and £1.7 million for an interim modular unit at DCN to provide safe capacity.)
- Project Team Costs over delivery period - £2.35 million (including £1.5 million for the project team, £0.6 million for external advisers including legal, technical and financial, and £0.25 million in 'aborted commissioning'.)
- Independent reviews - £0.55 million.

What is the breakdown of costs?

Description	£000s
Costs associated with new hospital	
Rectification for critical care and Haematology / Oncology	4,000
Contingency for further remedial action	2,000
	6,000
Costs of maintaining existing sites	
Dual running of existing sites	1,500
Additional Maintenance at current RHSC / DCN	2,000
Additional investments in current RHSC and DCN facilities and equipment post July 19 delay (estimate)	3,700
	7,200
Project Team costs	
Project Team Costs	1,500
Additional project support	550
Advisor Fees (legal, technical, financial)	300
	2,350
Independent reviews	500
Total estimated additional costs	16,050

D. Update on the current sites (Royal Hospital for Sick Children and DCN)

What are some key areas of support provided to existing sites?

DCN:

Interventional neuroradiology equipment: The Oversight Group on 17 October have agreed to recommend replacement of the Bi plane scanner equipment at DCN and when the new hospital opens, to relocate that equipment to the new hospital. The risk to this option is the downtime involved in the replacement but the team are working to reduce the duration of this with suppliers. Additionally the impact can be off set in the following ways:

- Before, increase the number of elective cases undertaken in discussion with neurosurgery colleagues to minimise the number of patients waiting for elective procedures
- Undertake some of the urgent and emergency cases for coiling of aneurysms in uniplanar equipment which will still be available in DCN and elsewhere on the Western General Hospital site
- Coordinate rotas carefully with NHS Greater Glasgow and Clyde so that weekends in the Lothian down time are allocated to the Glasgow service, with an overall balanced position within a three month period. The weekend cover already alternates between Glasgow and Lothian due to the specialist nature of the service

The modular build option has been discounted because it has a longer lead time until it is available (at least nine months) and given that this type of build has not been done before, there is a concern that the module may not function entirely as intended. Clinical services and staff side have been engaged in the discussions raised in this paper, and support the recommendation for the replacement of equipment at DCN.

DCN Staffing: Due to a number of staff leaving DCN in anticipation of the move to new site and the location of the new site being more suitable for commuters, the nursing workforce had been significantly reduced. The board has undertaken a significant amount of recruitment to cover these vacancies. The result is over 50% of vacancies in nursing (band 5 and 2) and administration have been filled, this includes offers being made and start dates confirmed. The Board have also committed to implementing and developing the Working lives Programme at DCN to ensure its staff receive the same services for wellbeing as that across the NHS Lothian estate.

Sick Kids:

RHSC Emergency Department: The Board has completed work to increase ED capacity to maintain flow in advance of the winter months. This includes the relocation of the current outpatients departments to another area of the site, this should increase the treatment rooms for the emergency department to 8 rooms (an almost doubling of capacity). They are also making use of the space created by the moving of RVS Café to double the capacity of the current waiting area of the emergency department

utilising this area to its maximum. The additional nursing staff who had been appointed for the new hospital are working on the current site.

Additional Winter Beds: The Senior Charge Nurse who will be in charge of the additional winter beds was pleased to confirm that the senior team in NHS Lothian had agreed to her request to site the additional beds above her ward so there was good proximity. This is improvement from last year and also reported good progress in recruiting additional staff.

Oncology and Haematology: The Board as part of moves to increase the capacity of medical wards and Patient Investigation Unit, this has allowed the hospital to increase the current Haematology and Oncology day care beds by a total of 3 beds. The Board are continuing to work closely with NHS Greater Glasgow and Clyde and NHS Grampian to manage the increased pressure as a result of the closures at the Queen Elizabeth University Hospital. The team commented on the fact that although the GGC patients being treated in NHS Lothian and NHS Grampian is putting additional pressure on the local service, relationships amongst the three units had improved significantly as they were pulling together to meet the needs of the patients and their families.

Equipment: Clinicians had raised concerns about the age of equipment and whether it can function at the current demand. The Board has undertaken to move much of the moveable equipment at the new site to the existing sites to cope with any increased demand over winter. This has included computers and the monitoring equipment for the additional 8 emergency department rooms and general wards. They have also increased Emergency Department trolleys by 10 in total moving trolleys from the new hospital to the Sick Kids to replace existing trolleys that have gone out of maintenance contract. They have also brought over 2 shower trolleys from the new site which has allowed nurses to manage capacity and provide a better treatment to patients in the medical wards.

E. Accountability

What about individual accountability? Will you hold senior executives to account?

- It would not be appropriate to make any comment on individual accountability, nor would it be appropriate to prejudge any of the ongoing investigations or the terms of the inquiry.
- We will always act fairly and justly, in accordance with the law and our suite of employment policies.

F. HEI Inspection Report

NOTE:

- On 15 January, HEI published a report into DCN and Sick Kids Hospital.
 - On 22 to 24 October 2019, there were unannounced Healthcare Environment Inspectorate (HEI) safety and cleanliness inspections at the hospitals.
 - Inspectors found that NHS Lothian did well in maintaining a good level of environmental cleanliness; good staff compliance with standard infection control precautions.
 - Inspectors also highlighted the positive feedback shared by patients and carers, particularly in relation to the standard of cleaning.
 - Inspectors found NHS Lothian could do better in maintaining the fabric of the built environment in order to facilitate effective cleaning and that all patient equipment is provided and maintained in a condition which allows for effective cleaning and that it is stored safely to minimise the risk of cross-infection.
 - NHS Lothian has identified actions to address each of the requirements and recommendations and, in their action plan, where appropriate, has detailed accountability for each action and the associated timescale for completion.
 - NHS Lothian have an action plan and continue to update on the progress made to address each of the 4 requirements and 2 recommendations.
-
- Inspectors found a high standard of environmental cleanliness throughout the two sites and there was good staff compliance with standard infection control precautions.
 - I am pleased to note that inspectors highlighted in particular the positive feedback shared by patients and carers.
 - Inspectors did highlight some areas that require improvement and we see from the published action plan that NHS Lothian are taking action to address the issues identified during the inspection. We expect these actions to be completed within the agreed timescales.
 - Following the announcement of the delayed move to the new site on the Royal Infirmary of Edinburgh campus, inspectors found that a number of measures were put in place to ensure the continued delivery of services at both sites.

G: St Johns

What is the St John's Children's Ward update?

The Ward has continued to run 4 nights /week over the winter pressures period, including Christmas and New Year. The last consultant vacancy was successfully recruited to at the end of 2019 and the post holder is expected to start at end February.

The Royal College of Paediatrics and Child Health have confirmed their follow up Review visit will take place on 11 and 12 February.

What is NHS Lothian doing around Recruitment?

The Board remain committed to the full 24/7 service re-opening and were working towards, dependent on permanent staffing levels, October this year. The clinically-led Paediatric Programme Board met on 27 August and concluded that despite success in recruitment, other staff had left post and the staffing position prevented the safe 24/7 reinstatement in October - 40 out of hours shifts require to be covered by permanent staff per month and only 32 can currently be covered by permanent career grade staff members. Another four are being covered by the fixed term Clinical Fellow. The CMO supports this position and advises that *The rota remains fragile - the required staffing levels are not being met due to staff shortages and pending further recruitment and I would support Lothian PPB decision here to continue with the robust 4 day service they currently provide until some of these gaps are filled.*

The inpatient service which re-opened in March for operation between Mondays and Thursdays will continue until full 24/7 services are reinstated.

Since the RCPCH review in 2016, NHS Lothian have recruited an additional 16 staff made up of:

- 9 new consultants working in hybrid roles between St John's and the Sick Kids Hospital
- 1 replacement consultant to be based at St John's who has just recently been appointed
- 1 Clinical Fellow
- 5 Advanced Paediatric Nurse Practitioners/Trainee APNPs.

At the same time three staff have left to take up posts elsewhere and a further three are on either reduced hours, extended special leave or sick leave.

The Board have received one applicant for the recently re-advertised St John's Consultant post with an interview scheduled for 29th November. No applications were received for the recently re-advertised APNP posts - Board going back out to advertising.

What is the updated work on the Paediatric Programme Board?

The Paediatric Programme Board (PPB) will be reviewing the current and anticipated out of hours rota position, to make an assessment of the most likely timing for increasing the service to 7 nights /week. Any further actions to achieve this which can be taken now (before the College visit) will be discussed and agreed. The Board are in the process of appointing two Parent/ Public representatives from West Lothian to join the PPB - one has been identified and the second will be identified imminently.

The Paediatric Programme Board met again on 29th October. Its assessment of current out of hours rota position is that there are still gaps preventing any increase in the current four night opening – position is:

- 1 doctor who is currently on sick leave is due to start phased return to work in November. It is not clear at this point if the doctor will be able to contribute to the out of hours rota.
- 1 APNP has completed training and will join the out of hours rota at end of November.
- 2nd APNP is hoped to be able to join the rota in a few months' time, subject to completion of competencies.
- 3rd APNP should be able to do this from October 2020, subject to completion of competencies.

PPB will meet on 14 January 2020 and will receive an update on the second APNP's progress and re-assess the rota position.

Paediatric Programme Board also agreed to recommend that the Royal College of Paediatrics and Child Health should be invited to return and anticipate the review will start January/February. The exact remit has still to be finalised but will likely include:

- a review of the Board's progress to date towards a sustainable 24/7 service at SJH and seeking advice on any other actions to progress.
- asking for their advice on options for any services which could be relocated to SJH to help underpin the Children's ward service.

The advice from SG's paediatric advisor is that moving day time planned services from RHSC to St John's will have no impact in terms of making progress towards re-opening the inpatient service 24/7, which requires enough trained permanent nursing and medical staff to cover 40 out of hours shifts a month, with a degree of resilience for unplanned absence.

The Deputy Chief Nursing Officer is working with NHS Lothian to better understand the staffing and rota position and what can be done to move toward 24/7 service.

H: Key Issues from FMQ's

NOTE: Edinburgh Evening News (5 February) reported 'Opening could be put off until spring 2021.

- Miles Briggs said after speaking to senior NHS managers he believed the promised opening date of autumn 2020 looked “unrealistic” and a more likely timetable would see the £150m hospital open in spring 2021.
- He said: “The Sick Kids is already running later than the disastrous tram project, which was two and a half years overdue when it was finally finished.

TOP LINES

- The Scottish Government has taken decisive action to ensure patient safety and to resolve the technical issues on the new site as quickly as possible.
- We are focused on two issues – making sure the existing sites are safe and can continue to provide high quality clinical services; and resolving the technical issues on the new site.
- Estimated costs (of £28 million covering both the Settlement Agreement and costs associated with the delay) are being managed centrally by the Scottish Government and will have no adverse impact for NHS Lothian services.
- The Health Secretary has confirmed that there will be a Public Inquiry into issues at the Queen Elizabeth University Hospital campus in Glasgow and the Royal Hospital for Children and Young People in Edinburgh.
- The Public Inquiry will be chaired by the Lord Brodie, and will consider how vital issues relating to ventilation and other matters occurred, and what steps can be taken to prevent these in future projects.
- NHS Lothian have been escalated to level 4 on the escalation framework to ensure that the Board's action plan and the new Hospital will be delivered.

Timescale for opening - The Cabinet Secretary made clear on Tuesday that we delayed the opening of the hospital in the interest of patient safety.

- The timescale for opening the new sick kids hospital was reached following consultation with NHS Lothian, which remains a member of the oversight board that is led by the Scottish Government
- The Programme Director is charged with making sure that all the work that is needed to ensure that the site is safe and meets the appropriate standard is done.
- The Cabinet Secretary has also committed that should any difficulties be experienced with the timescales she will return to the chamber to update members

NHS Lothian Under Pressure to Move before work Complete

Note:

- The Scotsman 13 February reported health chiefs in Lothian are under pressure from the Scottish Government to agree final preparations for the move to the new Sick Kids hospital should be carried out while work is still being finished.
- The idea has been proposed even though a similar arrangement ahead of the aborted opening in the summer was criticised in an independent report.
- The oversight board is working with NHS Lothian to ensure the issues raised regarding the simultaneous delivery of commissioning and mobilisation in the past project which were identified in the KPMG report have been acted upon.
- We are confident that these specific issues will not be a concern in future and we look forward to the hospital opening safely.

Edinburgh Sick Kids cost £6 million

Note:

- The Daily Record on 11 February reported Delays have plagued the 'ghost hospital' but taxpayers are still footing the bill for a facility with no patients.
- Figures obtained by the Daily Record show the Royal Hospital for Children and Young People in Edinburgh cost £6million in just over four months.
- Miles Briggs said: "We already know the failure to open the Sick Kids on time has totally failed young patients and their families. "But now it appears the taxpayer is taking a huge hit too. The SNP must take full responsibility for this fiasco. SNP ministers have proven to be totally useless and increasingly part of the problem.
- There has now been a qualified and appropriate contractor appointed to undertake the remedial works necessary to resolve the identified issues at the hospital.
- The current costs are within the forecast costs provided by the Cabinet Secretary to Parliament and have been budgeted for.
- We are continuing our work to deliver the new hospital in the timelines set out, and look forward to it opening as soon as is safely possible.
- While the new building remains closed, many staff are still working in the current RHSC or on other sites. This has been done with in partnership with staff and will be kept under review

NOTE: The Liberal Democrats issued a press release 3 February that Staffing costs at the delayed Royal Hospital for Children and Young People in Edinburgh have amounted to almost £140,000 a month.

- NHS Lothian bosses revealed that between March to August last year the staffing bill at the hospital came to £834,000
- Alex Cole-Hamilton said "The Scottish Government needs to ensure there is full transparency about how much money is being poured into this project and it must continue to provide updates on the remedial work and when patients will actually be able to use the new facilities."
- NHS Lothian have now identified a qualified and appropriate contractor to undertake the remedial works necessary to resolve the identified issues.

- While the new building remains closed many of these staff, with their agreement, are still working in the current Sick Kids or on other sites; this has all been done with staff partnership and will be kept under review.
- The estimated costs to complete the works recommended by NSS at the new hospital and maintain existing sites remains at £16 million – which includes any associated costs in keeping two sites open simultaneously
- We are continuing our work to deliver the new hospital in the timelines set out, and look forward to it opening as soon as is safely possible.
- Many of the NHS Lothian team have multi-faceted roles and were assigned new positions across multiple sites, including the existing Royal Hospital for Sick Children, the Royal Infirmary of Edinburgh and the new building.
- NHS Lothian have a number of staff on site to look after the daily maintenance and logistical needs of the building, while security is a significant issue.

Audit Scotland Section 22 Report - Audit Scotland published a Section 22 Report on NHS Lothian on Wednesday 18 December 2019.

- The Report is largely a factual account of what is currently known about the issues and the costs at the Sick Kids hospital.
 - The Report notes that the Cabinet Secretary said there were clear issues of accountability in the board to be considered, which must be done carefully and with due process.
 - It report sets out areas that the Public Inquiry may want to consider, including clarity of the guidance, contractual implications and the role and the effectiveness of oversight and scrutiny.
 - The Auditor General will appear in front of the PAPLS Committee on Thursday 16 January
- The Scottish Government has taken decisive action to ensure patient safety and to resolve the technical issues on the new site as quickly as possible.
 - We are focused on two issues – making sure the existing sites are safe and can continue to provide high quality clinical services; and resolving the technical issues on the new site.
 - Estimated costs (of £28 million covering both the Settlement Agreement and costs associated with the delay) are being managed centrally by the Scottish Government and will have no adverse impact for NHS Lothian services.
 - The Scottish Government continues to support all NHS Boards in working towards a balanced and sustainable financial position, while ensuring that patient care remains the top priority.
 - The Health Secretary has confirmed that there will be a Public Inquiry into issues at the QEUH campus in Glasgow and the Royal Hospital for Children and Young People in Edinburgh.
 - The Public Inquiry will be chaired by the Lord Brodie, and will consider how vital issues relating to ventilation and other matters occurred, and what steps can be taken to prevent these in future.

- NHS Lothian have been escalated to level 4 on the escalation framework to ensure that the Board's action plan and the new Hospital will be delivered.

1,000 issues still to be rectified

Note: Daily Mail (23 December) reported of more than 1,000 defects are still to be fixed at a scandal hit children's hospital, with the number of faults increasing every day

- It suggests a mounting catalogue of flaws has set back the opening date of the Royal Hospital for Children and Young People
- Miles Briggs was quoted 'The SNP has lost totally lost control of this building project'
- NHS Lothian said: 'The majority of the snagging issues has been dealt with and Multiplex remain on site to deal with those that remain.'
- The Health Secretary suspended the move to the new hospital site in order to ensure patient safety was maintained.
- The Scottish Government has appointed a Senior Programme Director.
- The Programme Director has responsibility for taking forward the actions to ensure the facility is fit for occupation and will oversee the NHS Lothian action plan to deliver a safe and complaint site for the Royal Hospital for Children and Young People.
- We continue to work to the previously announced timescales.

MULTIPLEX

NOTE: *Following the announcement that NHS GGC has launched legal action against construction firm Brookfield Multiplex over failings at the Queen Elizabeth University Hospital, NHS Lothian is being urged by MSPs not to rule out similar action over the Sick Kids hospital.*

- *Multiplex were the construction firm involved in the Edinburgh Sick Kids, but NHS Lothian's direct contract for the hospital was with a consortium, Integrated Health Solutions Lothian (IHSL), which included Multiplex.*
- *NHS Lothian have issued the following lines: "We are currently working with IHSL, our contractual partner for the new Royal Hospital for Children and Young People, to ensure that all the required work is undertaken within the agreed timelines which were announced by the Cabinet Secretary for Health."*
- *If NHS Lothian announce that they are taking legal action against IHSL/Multiplex then all rectification work will stop immediately and the timelines for transfer of services for DCN and Sick Kids will not be achieved.*

- NHS Lothian are currently working with IHSL, to ensure that all the required work is undertaken within the agreed timelines.
- The programme director is taking forward the actions to ensure the facility is fit for occupation and will oversee the NHS Lothian action plan to deliver a safe and complaint site for the Royal Hospital for Children and Young People.
- The priority is resolving the current technical problems with the new Edinburgh Children's Hospital and getting patients into the new facility. The legal position will be considered after the new hospital opens, but we will not jeopardise the current timelines.

Reports that the existing Sick Kids Hospital needs £700,000 of 'significant' maintenance

- **NOTE:** *The Scotsman* ran an article (6 December) highlighting more than £700,000 worth of “significant” maintenance is required at Edinburgh’s existing Sick Kids hospital, where children are still being treated after the move to the new building was called off in the summer.
- A list of items needing attention, released by NHS Lothian under freedom of information, includes work on the ventilation and fire alarm systems.
- Lothian MSP and Tory health spokesman Miles Briggs said: “It’s probably not that surprising given it’s an old building they were meant to be out of by now. But the extent of the backlog of maintenance is really concerning and demonstrates a real need to get to the new hospital.”

- NHS Lothian have confirmed a significant schedule of improvement and maintenance work was underway at the hospital.
- This will ensure patients continue to receive first-class care in a space which is both comfortable and welcoming, until migration is complete
- Initial verbal feedback from a recent Health Improvement Scotland (HIS) inspection, which will be published in January, highlighted outstanding patient care and cleanliness of the existing facilities.
- Patient safety is paramount and the Scottish Government is committed to supporting NHS Lothian supported in delivering the highest quality of care to all patients

Cleanliness at Sick Kids Hospital

NOTE: On 27 November, the Edinburgh Evening News reported, Family of premature Edinburgh baby who found bug and stained bedding left ‘angry’ at Sick Kids cleanliness.

- NHS Lothian have apologised to families and reassured families that they have taken immediate action to review and reinforce their stringent cleaning and hand hygiene regimes.
- The Cabinet Secretary wrote to the Chair of HIS asking that any inspection to be undertaken of the Royal Hospital for Sick Children should for the purposes of identifying what immediate steps require to be taken to ensure safety and cleanliness of the environment.
- Initial verbal feedback from a recent Health Improvement Scotland (HIS) inspection, which will be published in January, highlighted outstanding patient care and cleanliness of the existing facilities
- Patient safety is paramount and the Scottish Government is committed to ensuring NHS Lothian are supported to deliver the highest quality of care to all patients.

Bug which led to cancelled ops found at Edinburgh's new Sick Kids hospital

NOTE: On 28 November, the Evening News reported that a ‘BUG which led to operations being cancelled at Edinburgh’s Western General Hospital earlier this year has been found in the water supply at the new unopened Sick Kids hospital’.

- NHS Lothian confirmed the bug had been discovered in around 50 taps and baths out of well over 1,000 such fittings at the site.

- Brain operations at DCN at the Western General were suspended for a while in March after pseudomonas was found in a shower and taps.
- An expert report commissioned by Ms Freeman into ventilation, water and drainage systems at the new hospital identified a limited presence of pseudomonas.

- The expert report referenced in the article is the phase 1 NSS report which was published on 11 September, so we are aware of this issue.
- This not unusual and is not a cause for alarm. Pseudomonas bacteria are very common and rarely affect healthy individuals.
- However, exposure to these bacteria can be harmful to a small number of patients who are very vulnerable to infection.
- That is why NHS Lothian maintain a rigorous regime of water quality monitoring to ensure they identify this bacteria in areas of the hospital where they care for these types of vulnerable patients.
- These measures allows NHS Lothian to take corrective action quickly to eradicate the bacteria. As a further precaution the whole water system will be disinfected before patients move in next year.

Complacency with regards to New Children's Hospital in Edinburgh

NOTE: On 26 November, The Herald reported, Scottish Liberal Democrat leader Willie Rennie has accused the SNP of being “astonishingly complacent” over issues at the delayed children's hospital in Edinburgh.

- On 4 July, the Health Secretary halted planned move in the interests of patient safety.
- NHS Lothian have been escalated to level 4 on the escalation framework to provide confidence that its action plan and the new Hospital will be delivered.
- The Royal Hospital for Children and Young People Oversight Board is in place and has overall responsibility for ensuring the completion of the works and the hospital opening, reporting directly to the Cabinet Secretary
- The Deputy Chief Executive of NHS National Service Scotland started in the role of Senior Programme Director on 16 September to ensure the facility is fit for occupation and will oversee the NHS Lothian action plan to deliver a safe and complaint site.
- Health Secretary Jeane Freeman has confirmed a public inquiry into the Sick Kids hospital and Queen Elizabeth University site will be established

Ghost hospital payments'

NOTE: The Labour Party has demanded (17 Nov) that NHS Lothian freeze the £1.4 million monthly payment for the Edinburgh Children's Hospital.

- Monica Lennon said 'It's ridiculous that NHS Lothian is forking out millions of pounds in monthly payments to a private consortium for a faulty hospital that hasn't treated a single patient'.
- She added that 'Labour would scrap the SNP's version of PFI for good'.

- Each year NHS Boards pay £240 million for PFI/PPPs for NHS buildings started under the previous Labour administration.
- Under the terms of the contract, financial payments are and will continue to be made by NHS Lothian to meet their contractual responsibilities.
- An NPD contract means that NHS Lothian do not pay for the hospital during construction, but instead a unitary charge is paid every month once the hospital is complete over a 25 year period.
- Payments for the unitary charge began in February 2019 after the Independent Tester certified the hospital was complete.

Impact on patients

NOTE: On 10 November, the Daily Record ran an article with a headline 'Cancer patient claims Sick Kids hospital scandal has delayed vital brain operation'.

- This is likely the same patient that prompted Neil Findlay to ask a similar themed question during FMQs on 31 October.
- We have been in contact with NHS Lothian and there is no suggestion that the delay has impacted on the treatment provided to the patient.

- NHS Lothian have confirmed there is no suggestion of any kind that the delay to the new DCN has anything to do with this case, but we of course appreciate how distressing it is for the patient to be requiring this treatment.
- NHS Lothian has confirmed that the patient has been seen well within her expected 12 week waiting time.
- She is due to undergo surgery in Edinburgh.

On 30 October we published the NSS Review of Fire Systems, Electrical Systems and Medical Gas Installations (phase 2 report).

NOTE: Following phase 2 report Evening News (1 Nov) reported the hospital could face 'major delay' over fire safety measures.

- Unison branch secretary Tom Waterson said SG had promised smoke dampers would be fitted, but he said he understood 760 dampers were required and it took a day and a half to fit each one.

- This document supplements the first NSS report issued in September.
- The findings highlight remedial and improvement work required within fire and electrical systems prior to the hospital being occupied.
- This report deals mainly with engineering aspects.
- NHS Lothian will respond to each recommendation in the report once the necessary risk assessments have been carried out and a detailed action plan will be published following appropriate engagement with contractors.
- No high risk issues were identified but improvement work is required.
- We remain committed to the previously announced timelines for this work.

Dampers - The phase 2 report did not identify dampers as a compliance issue. It set out the potential fitting of smoke dampers as a 'category five' issue – for observation and an opportunity for improvements.

From: Imrie D (Douglas) on behalf of McQueen F (Fiona)
Sent: 06 March 2020 16:03
To: Cabinet Secretary for Health and Sport
Cc: Minister for Mental Health; Minister for Public Health, Sport and Wellbeing; Murray D (Diane); Morrison A (Alan); McCallum R (Richard); Chief Medical Officer; Smith G (Gregor); Hutchison D (David); Hart S (Suzanne); Henderson C (Calum)
Subject: Official - Sensitive: Revised update on DCN
Attachments: Department of Clinical Neurosciences Update - 6 March.docx

PS/Cabinet Secretary

Please disregard the previous email. Attached is a revised update on the department of clinical neurosciences.

Kind regards
Fiona

Department of Clinical Neurosciences**Purpose:**

1. To update the Cabinet Secretary on the proposed draft timeline of moving the Department of Clinical Neurosciences (DCN) to the new site.

Priority:

2. Urgent

Background:

3. NHS Lothian intend to issue a following newsletter to staff to update them on the progress of the work at DCN. The newsletter indicates a proposed moving in week of 24 May 2020. While officials were aware of this proposed timetable and target date, we were not aware that NHS Lothian were at this point and consequently this has not been reviewed or ratified by the Oversight Board. I have reiterated to the Senior Programme Director that decisions of this importance need to be cleared through the Oversight Board and the Cabinet Secretary.

Update from Programme Director:

4. The Project Team has been working towards the Spring (DCN) and Autumn (RHCYP) timelines since these were agreed by the Oversight Board last year and subsequently announced by the Cabinet Secretary in Parliament. DCN has been prioritised in order to secure a successful transition within this timeline and a date was needed for planning assumptions – 24 May – 31 May for migration is as good as any on the basis of the following:

- The programme of works to complete fire enhancement works is confirmed as 7 May 2020.
- The programme of works to complete Board changes and other minor works is also confirmed as 7 May 2020.

5. NHS Lothian have consistently maintained their wish that all works are completed and the facility handed over before an 8 week clinical commissioning plan is commenced.

6. NHS Lothian need to commit to a date in order to complete some of the required actions such as total water system disinfection, recommissioning of medical gases etc and whilst there may be some minor actions outstanding, there is nothing that would preclude the safe migration of DCN services into the new facility on this date assuming that the critical care and haemato oncology works do not have any material impact on the DCN operations. At present, there is no expectation that this will be the case and they are expecting this confirmation in the near future. There will be some service impact but that is normal during adjacent construction works.

7. In addition NHS Lothian have worked to reduce their migration plan from 8 weeks to 6 weeks. The plan needs to be scoped and they need to be able to contact key suppliers and supporting services, for example Scottish Ambulance Service, removal companies, equipment suppliers etc – as they need to be able to let Scottish Government know their final dates for notification and mobilisation.

8. The confirmation of the date for moving readiness from Sunday 24 May for completion by 31 May 2020 is needed by 10 April. The Oversight Board will continue to closely monitor works completion up to that date, to ascertain level of confidence and to mitigate any works that may be outstanding.

9. As we are working towards this and need to liaise with a range of stakeholders and staff both internally and externally, it is believed better to communicate the current planning assumptions proactively.

10. NHS Lothian Executive Team and the Boards Finance and Resources committee are supportive of these assumptions.

Recommendations:

11. Officials recommend a GIQ issue w/c the 9 March to inform the parliament of the draft timeline for the DCN move. Following this, NHS Lothian will issue the staff newsletter which will reflect the wording of the GIQ.

GIQ:

12. Proposed Question - To ask the Scottish Government when the Department of Clinical Neurosciences at the new Edinburgh Royal Hospital for Children is anticipated to open?

Proposed Answer - I halted the move to the new site in July 2019 in the interest of patient safety. The Programme Director has continued to work positively with contractors to address the actions identified in both NSS reports which were subsequently published in 2019 following the announcement of halting the move. This progress has resulted in NHS Lothian confirming a draft timetable for the move. The confirmation of the date for moving readiness from Sunday 24 May for completion by 31 May 2020 is needed by 10 April. The Programme Director and Oversight Board chaired by the Chief Nursing Officer will continue to closely monitor works completion up to that date and to mitigate any works that may be outstanding.

Recommendation

13. The Cabinet Secretary is invited:

- To note the content of the submission
- Confirm the proposed wording of the GIQ issues to Parliament next week.

Fiona McQueen
Chair, RHCYP, DCN, CAMHS Oversight Board
6 March 2020

From: Henderson C (Calum)
Sent: 25 March 2020 11:57
To: Cabinet Secretary for Health and Sport
Cc: DG Health & Social Care; Wright M (Malcolm); McQueen F (Fiona); McCallum R (Richard); Morrison A (Alan); Murray D (Diane); Hutchison D (David); Hart S (Suzanne); Henderson C (Calum)
Subject: Update on Royal Hospital for Children and Young People - 25 March 2020
Attachments: RHCYP Update 25 March.docx

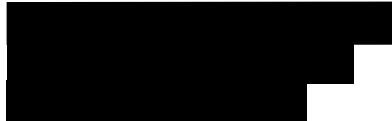
PS/ Cabinet Secretary for Health and Sport

Please find update attached.

Many thanks

Calum

Calum Henderson
St Andrew's House, Edinburgh, EH1 3DG



Purpose: To update the Cabinet Secretary on the progress of work at the Royal Hospital for Children and Department of Clinical Neurosciences.

Priority: Urgent

Royal Hospital for Children and Young People:

1. The ventilation issues that were initially identified in the critical care unit in July, now have a completed design. This design is being reviewed prior to being finally approved by the Oversight Board and is supported by NSS.
2. On the 27 March, the ventilation currently in place will start to be removed and the work to replace with new design that meets the necessary requirements will commence. This will ultimately mean the Hospital for Children will not be fit for occupation till this work is complete. This work is expected to be completed by 23rd November 2020. This step of removing ventilation is necessary in allowing the hospital to get into a fit state for use.
3. The Oversight Board will consider this tomorrow but the view of the Programme Director is that this should go ahead to allow us to remain on track to meet the programme timeline as set out by the Cabinet Secretary that the Royal Hospital for Children and Young People will open in Autumn 2020. The commercial negotiations still remain to be finalised but the positive engagement with the contractors over the last couple of months would suggest this is unlikely to be an issue in the future.

Department of Clinical Neurosciences:

4. The Programme Director had confirmed that IHSL have provided a revised timetable to support the early migration in response to COVID-19. IHSL have suggested the complete works of ventilation by 24 April and will be followed by testing on 27 April. This would mean we could bring the move of Department of Clinical Neuroscience early than previously announced.
5. The Oversight Board shall discuss this revised timeline, with the intention that NHS Lothian prepares a migration and mobilisation plan to align with the earlier options for occupation that this plan presents.

Construction Industry response to COVID -19

6. There is a current and ongoing debate on how the construction industry should respond to Covid-19. While the First Minister said in the Chamber yesterday that: *'We have been asked specifically about construction sites in Scotland. Our current advice, on the basis of the precautionary principle, is that we expect them to be closed, unless the building that is being worked on is essential, such as a hospital'*.
7. However, while this is helpful and we would certainly consider this project to be essential, work on sites can only continue where there is labour and materials available. Major builders merchants have already shut up shop and there is a risk that this could stop all

projects across the country. Guidance for the construction industry is expected to be issued today, which will reflect comments from the health portfolio and if it has any impact on the timescales of this project, we will provide a further update.

8. The Director General has written to the Senior Programme Director on 25 March to confirm that the construction should continue as intended and that officials will continue to support the Senior Programme Director over the coming weeks with regards to impact of COVID-19 on the project.

9. The Cabinet Secretary is invited to:

- Note the content of the update

Calum Henderson
Chief Nursing Officer Directorate
25 March 2020

From: Corr A (Andrew) on behalf of Cabinet Secretary for Health and Sport
Sent: 10 April 2020 11:18
To: DG Health & Social Care; Wright M (Malcolm); Cabinet Secretary for Health and Sport; Slater T (Tracy)
Subject: RE: Update FM 09042020
Attachments: Note to FM.doc

Hannah,

The Cab Sec has made two small changes. I have attached a final version here and I will issue this now.

Thanks,
Andy

From: [REDACTED] **On Behalf Of** DG Health & Social Care
Sent: 10 April 2020 10:16
To: Wright M (Malcolm) [REDACTED] Cabinet Secretary for Health and Sport
[REDACTED]; Slater T (Tracy) [REDACTED]
Cc: DG Health & Social Care [REDACTED]
Subject: RE: Update FM 09042020

Morning all,

Please see an updated version of the note for clearance.

Kind regards,
[REDACTED]

[REDACTED] DG Health and Social Care and Chief Executive NHS
[REDACTED]



From: [REDACTED] **On Behalf Of** Wright M (Malcolm)
Sent: 09 April 2020 19:00
To: Cabinet Secretary for Health and Sport [REDACTED] Slater T (Tracy) [REDACTED] Wright M (Malcolm) [REDACTED]
Cc: DG Health & Social Care <[REDACTED]>
Subject: RE: Update FM 09042020

Thanks Andy,

I will make suggested changes and commission updates.

[REDACTED] DG Health and Social Care and Chief Executive NHS
[REDACTED]



From: Corr A (Andrew) <[REDACTED]> **On Behalf Of** Cabinet Secretary for Health and Sport
Sent: 09 April 2020 18:57
To: Slater T (Tracy) [REDACTED] Cabinet Secretary for Health and Sport [REDACTED]; Wright M (Malcolm) [REDACTED]
Cc: DG Health & Social Care [REDACTED]
Subject: RE: Update FM 09042020

Tracy,

The Cabinet Secretary has considered the attached. She has made some small changes (in red) to this text. She has however asked for some more changes to be made and for some information to be added/removed (these are in bold red). Can you please get in touch with the appropriate official and ask for this work to be done.

The Cab Sec would like to see an amended version by 11am tomorrow morning.

Many thanks,
Andy

From: Slater T (Tracy) [REDACTED]
Sent: 09 April 2020 18:19
To: Cabinet Secretary for Health and Sport <[REDACTED]> Wright M (Malcolm) [REDACTED]
Cc: DG Health & Social Care [REDACTED]
Subject: Update FM 09042020

Hi Andy

Please see update for FM. As discussed Malcolm hasn't seen this yet. we will leave a hard copy for him to sign off.

Tracy

From: Cabinet Secretary for Health and Sport
10 April 2020

First Minister

HEALTH AND SOCIAL CARE RESPONSE TO COVID-19 UPDATE

Purpose

1. To provide an update on issues raised with me during my portfolio meeting yesterday (09/04/2020).

Priority

2. **Routine.**

PPE: SOCIAL CARE AND CARERS

NSS is currently operating a Triage system for urgent requests and a proactive 'push' model to local hubs. In three weeks of operation, NSS has distributed millions of items to social care providers.

The hubs were set up to proactively place items in local communities for onward distribution. Work is now ongoing to revise the hub model and distribute directly to care homes and other providers of services. We expect this to be up and running within the next week (w/c 13 April).

Supplies for unpaid carers will be added in to the new distribution model - we believe this to be a UK first - but we are not yet sure of the level of demand. We will closely monitor and NSS will do likewise with the overall stock levels. This will add pressure to stock levels and we will need to ensure that NSS is able to access appropriate supplies to keep up with the demand. This may require ongoing discussion with UK counterparts.

When the process for unpaid carers' access to PPE is established, we will use targeted communications to support early triaging, and ensure supplies are focused on those carers who need them. We will be looking to the National Carers Organisations, HSCPs and carers centres to help with communicating the information to carers about the service and how to access it.

The statement SG has agreed with COSLA and the unions has now been publicised.

Construction Workers

Construction workers across the country are working on key health and social care projects. It is intended that comms around all of the work be carried out, to express our gratitude of the flexibility and commitment that our construction workers are showing. If you agree, we propose to showcase some of the excellent work being carried out – DCN, health centre in Greenock, as well as Louisa Jordan early next week – highlighting the wider team it takes to deliver health and social care – as well as the contribution they are making economically.

Staffing

We now have a plan in place for redeployment of staff into social care. Around 1910 staff have come forward through the NES portal willing to return to community health and social care roles. These applicants are supplemented by a small number of final year nursing students who will be placed in community nursing home roles from next week. A full break down of applicants can be seen at **Annex A**.

Work that remains to be fully developed relates to a mapping of need and requirements in the social care sector across Scotland. It is expected that this mapping process along with the finalised details of matching processes in social care will be developed during the w/c 13th April.

All boards will receive a list of all applicants within their board boundary, by COP today and be asked to submit the top 10% for the next round of pre-employment, processing and also asked to discount returners known to them who are unsuitable for reengagement. This process will be repeated in subsequent rounds. Officials are producing further guidance to go out to boards tomorrow on expectations around redeployment.

Testing

Work is progressing on increasing testing capacity. Officials are bringing all of the information about different delivery models from both our own Health Boards and the pilots the UKG is trialling together with data about testing supply and take up, so that we can quickly and effectively scale up our community satellite services.

The first of the drive-thru testing centres is established at Glasgow Airport and a second centre will stand up in Aberdeen this weekend, an Edinburgh drive-thru centre has been approved and is expected to be up and running w/c 20th April with two more centres in the pipeline for this month.

Officials in NSS are working with Deloitte and the UK Government to set up a pilot next week using Blood Transfusion Service capability. We will learn from this and explore other NHS assets and capacity that we can use in this model.

The other key part of community testing is home delivery. The UK Government is piloting this with 1000 tests next week as part of the key worker programme and there is an indication of a robust supply chain behind that. We are pressing for information on the logistical arrangements and timelines for this programme being stepped-up and for assurances that any roll-out in Scotland will be in line with our priorities. Officials are involved in the UK Government work so we can learn quickly – we are using learning from the FIT bowel screening programme, noting that the actual mechanisms may be slightly different.

Resilience over the Easter Weekend

We have agreed with the BMA that practices stay open on Good Friday and Easter Monday, unless it is unsafe or otherwise impossible to do so. Community Pathway hubs provide 24/7 cover and continue to be open over the Easter weekend.

Scottish Ambulance Service and NHS24 have put in place increased capacity in preparing for the Easter public holidays. This is a key part of their contingency planning. Both organisations have also seen a reduction in the number of staff self-isolating as a result of the recent access to testing which should help with additional resilience.

We are liaising closely with the acute sector over the weekend and anticipate no pressures over Easter. Any immediate issues are picked up by the Performance Unit and actioned appropriately. Ministers will be advised of any concerns.

Over the Easter weekend demand for emergency eye care is predicted to be low (based on previous years). Some Emergency Eyecare Treatment Centres will remain open and other practices will continue to provide telephone triage. The ophthalmology on-call services will also be available to support our community colleagues and to care for patients who are unable to access services elsewhere.

Community pharmacy network have been requested to open on both Good Friday and Easter Monday, where it is possible to do so. Funding to support either a full day or half day operation has been agreed with Community Pharmacy Scotland and SG expectations for community pharmacies to be opened where it is possible to do so will work with local Health Boards for organisational coverage. The extended Minor Ailment Service, providing advice and if required treatment for minor illnesses and common conditions, was rolled out on 23 March. The service has seen an increase in registration of 200 per day.

Modelling Data

Modelling data has been shared with all Health Boards and IJBs yesterday (8th April). Chief Performance Officer and Statistician provided additional briefing to accompany this data, discussing responses to the four different scenarios presented.

Boards are planning to 40% compliance with social interventions and against a 12.5% ICU rate for those hospitalised to reflect the Scottish position. New model predicts peak in week 19 (now in week 10 or 11).

Next step is to analyse predictive model for each Board in terms of peak expected at week 19 versus capacity they can make available at week 19. Where we see any deficiencies with Boards versus capacity against peak we will discuss remedies over course of next week.

DCN / RHC

Work is progressing well with DCN and the building is expected to be available around 11 May 2020, ahead of schedule. However there are concerns with moving the DCN in the current environment. The complexities of focussing our ITU capacity for COVID-19 patients, and the fact that the remaining patients in our current DCN are unstable and vulnerable, means that I am considering the possibility of progressing the move outwith the proposed timetable.

We have also been advised of some issues within the RHC programme, such as delays in the supply chain. Whilst the target date for completion is sitting within two weeks either way of 23 November 2020. We have asked for further details from the Programme Director on examples of where there have been delays to date as a consequence of problems with the supply chain.

We have also asked for further information on the RHC programme along with risks of delay that have already been known such as change of design to the ED to support admission of Highly Infectious patients.

We will work with the Programme Director and have a fuller report next week that will include areas where Ministerial intervention from other areas in government may be helpful. In addition to matters of the supply chain there are obviously risks that there will be insufficient construction workers due to COVID-19, albeit given the limitation on construction work at the moment there is no shortage of construction workers.

Care Inspectorate

The Care Inspectorate is now taking a proactive approach to ensuring issues and picked up and support offered. They are monitoring care providers' notifications of suspected Covid-19 deaths and outbreaks on a daily basis.

From 3 April, the Care Inspectorate introduced a new RAG assessment for notification on staff levels. This enables the Care Inspectorate to identify the impact of COVID / staff absences on an organisation's ability to provide safe and effective care and to provide support and help.

Any notifications of Covid 19 outbreaks are shared with the HPS in order that they are able to provide specialist advice, guidance and support as necessary. The Care Inspectorate also contacts local public health teams to provide services with additional specialist advice on prevention, infection and control as well as informing the relevant HSCP. The approach taken by the Care Inspectorate is consistent with other UK regulators with whom they are in regular contact at the highest level.

We have also been discussing this with IJB Chief Officers and continue to reinforce the importance of support for the care sector during this difficult time.

I propose the Care Inspectorate be involved in the SGoRR deep dive scheduled for next week.

Recovery

Work has commenced on the development of a recovery and renewal plan for health and wellbeing. It builds on the established case for change and a history of reform and strategic development within health and social care.

The plan is being framed in relation to the three overlapping phases of Respond, Respond/Recover and Recover/Renew.

Proposed Recovery Objectives are:

- i. to put in place surveillance and control measures to enable transition out of the epidemic,
- ii. to address postponed procedures and unmet need in a prioritised manner,
- iii. to bed-in and further develop positive changes.

The proposed longer-term renewal process will focus on achievement of key population health and wellbeing priorities for Scotland to 2035, and be rooted in the National Performance Framework.

ANNEX A

Health Workforce – NES Accelerated Recruitment and Deployment

(Figures Correct as at 10.00 am – 09 April 2020)

Category	No.	Next Steps
Total Applicants	12,021	
Nurses (self-identified; emergency registrant)	2264	<ul style="list-style-type: none"> • C. 700 'priority' applicants pre-employment checks – chiefly HDU/ICU and registered nurses, intensivists, emergency medics, general physicians etc. • Placed into board batches for deployment via deployment team from 06 April 2020 – outturn figs. on those posted this week expected <i>from</i> Mon 13 April. • Territorial boards to be given a list of all applicants in their board area and invited to select 10% of the total for pre-employment processing. This process will be repeated to fill staffing needs.
Doctors (self-identified; emergency registrant)	1100	
Nursing Students	3684	<ul style="list-style-type: none"> • Final year students - deployment from 06 April 2020 - band 4 agenda for change – 16 deployed to nursing homes. • 2nd year students - deployment from 13 April – band 3 – c. 200 expected to deploy to nursing homes.
Medical Students	524	<ul style="list-style-type: none"> • Foundation interim placements for final year medics to commence from week commencing 13 April.
Other Care Professions (chiefly social and community care)	1864	<ul style="list-style-type: none"> • <i>Social care staff handed to SSSC for processing and employment through a linked portal.</i>
Remaining applicants – all categories medical, nursing, AHP etc.	2,585	<ul style="list-style-type: none"> • Territorial boards to be given a list of all applicants in their board area and invited to select 10% of the total for pre-employment processing. This process will be repeated to fill staffing needs.

From: Downie J (Jack) on behalf of Cabinet Secretary for Health and Sport
Sent: 22 April 2020 08:39
To: Henderson C (Calum); Cabinet Secretary for Health and Sport; Hart S (Suzanne)
Cc: Minister for Public Health, Sport and Wellbeing; Minister for Mental Health; Wright M (Malcolm); Connaghan J (John) (Health); McQueen F (Fiona); McCallum R (Richard); Morrison A (Alan); Murray D (Diane); Hutchison D (David); Paterson M (Matt); DG Health & Social Care
Subject: RE: Update on Department to Clinical Neuroscience
Attachments: u418806_22-04-2020_08-11-49_2.pdf; u418806_22-04-2020_08-11-49_3.pdf

Calum/Suzanne,

Apologises for not responding sooner. The Cabinet Secretary is content for NHS Lothian to issue their NR and has therefore signed both the letter to the Health & Sport Committee and to Lothian MSPs/MPs which I'll issue this morning (I'll issue at 10am to allow NHS Lothian to get their NR out)

Many thanks,
 Jack

From: Henderson C (Calum) [REDACTED]
Sent: 18 April 2020 19:01
To: Cabinet Secretary for Health and Sport [REDACTED]
Cc: Minister for Public Health, Sport and Wellbeing [REDACTED]; Minister for Mental Health [REDACTED]
 <[REDACTED]> Wright M (Malcolm) [REDACTED]; Connaghan J (John) (Health) [REDACTED]
 [REDACTED] McQueen F (Fiona) [REDACTED]; McCallum R (Richard) [REDACTED]
 [REDACTED] Morrison A (Alan) [REDACTED]; Murray D (Diane) [REDACTED]
 [REDACTED] Hutchison D (David) [REDACTED]; Hart S (Suzanne) [REDACTED]
 [REDACTED] Paterson M (Matt) <Matt.Paterson@gov.scot>
Subject: RE: Update on Department to Clinical Neuroscience

Craig

Thanks for your email.

Please find attached the Lothian Press Release and draft letters for the Cabinet Secretary's clearance.

Thanks

Calum

From: Hancock C (Craig) [REDACTED] On Behalf Of Cabinet Secretary for Health and Sport
Sent: 18 April 2020 12:31
To: Henderson C (Calum) [REDACTED] Cabinet Secretary for Health and Sport
 [REDACTED]
Cc: Minister for Public Health, Sport and Wellbeing <[REDACTED]> Minister for Mental Health [REDACTED]
 [REDACTED]; Wright M (Malcolm) <[REDACTED]> Connaghan J (John) (Health) [REDACTED]
 [REDACTED]; McQueen F (Fiona) [REDACTED]; McCallum R (Richard) [REDACTED]
 [REDACTED] Morrison A (Alan) [REDACTED]; Murray D (Diane) [REDACTED]
 [REDACTED] Hutchison D (David) [REDACTED]; Hart S (Suzanne) [REDACTED]

[Redacted]; Paterson M (Matt) [Redacted]

Subject: RE: Update on Department to Clinical Neuroscience

Calum,

The Cabinet Secretary has noted with thanks and is content to agree to sending a letter.

Thanks,
Craig

From: Henderson C (Calum) [Redacted]
Sent: 18 April 2020 11:54
To: Cabinet Secretary for Health and Sport <[Redacted]>
Cc: Minister for Public Health, Sport and Wellbeing <[Redacted]> Minister for Mental Health
[Redacted] >; Wright M (Malcolm) <[Redacted]> Connaghan J (John) (Health)
[Redacted] McQueen F (Fiona) [Redacted] McCallum R (Richard)
[Redacted] >; Morrison A (Alan) [Redacted] ; Murray D (Diane)
[Redacted] < [Redacted] Hutchison D (David) [Redacted] Hart S (Suzanne)
[Redacted] Paterson M (Matt) [Redacted] Henderson C (Calum)

Subject: Update on Department to Clinical Neuroscience

P/S Cabinet Secretary for Health and Sport

Purpose: To update the Cabinet Secretary on the Department of Clinical Neurosciences (DCN).

Priority: Immediate

DCN Completion:

The Programme Director has informed the Chair of the Oversight Board that there has been significant progress to complete the work at the DCN. IHSL have now completed their own testing on 17 April, and contractors will do a final walk round before handing the accommodation back to the Project Team on Monday 20 April.

The Project Team will work with testers from Oak leaf and IOM to complete respective inspections of fire enhancements and air handling before handing to NHS Lothian for commissioning and occupation on Friday 24 April.

Communications:

NHS Lothian will issue a press release on Monday to update on this progress, this release will be cleared by the Cabinet Secretary. Officials recommend in parallel to the news release issuing, the Cabinet Secretary may wish to write the Convener of the Health and Sport Committee and Lothian MSP's to update them on this progress. This would replicate previous DCN announcements.

The Cabinet Secretary is invited to:

- Note the update
- Confirm she wishes to write to the Health and Sport Committee and Lothian MSP's to update them on this progress.

Calum Henderson
St Andrew's House, Edinburgh, EH1 3DG





[REDACTED]

Lewis Macdonald MSP
Convener
Health and Sport Committee

By Email.

21 April 2020

[REDACTED]

UPDATE ON DEPARTMENT OF CLINICAL NEUROSCIENCES

I am writing to inform the Committee that the significant work to improve patient safety including improvements to ventilation and fire enhancement at the Department of Clinical Neurosciences is now complete. This will now allow a phased move of services to begin from 11 May 2020, subject to discussion with removal companies and suppliers.

I want to highlight the significant work of the contractors who have continued to work on this project over the past couple of months. Their contribution alongside that of the staff of the Department Clinical of Neurosciences has allowed us to reach this important milestone of the project.

The existing site of the Department of Clinical Neuroscience at the Western General can be used to enhance Covid capacity for NHS Lothian. The phased move will see Outpatient Services, including Neurophysiology and Diagnostic Radiology, migrate along with a number of administrative support staff. The plan of migration has been agreed with the full involvement of clinical teams and includes a commitment to revisit the timescale for the move of Inpatient Services and Interventional Neuroradiology. This has been paused for the time being to allow the Department of Clinical Neurosciences critical care teams to support the NHS Lothian Covid-19 response at the Western General Hospital. I continue to expect the NHS Lothian Senior Team to support staff to move to the new site, and continue to deliver the highest quality care to the patients of NHS Lothian.

We continue to work to the timescale of moving the full hospital into the new site in Autumn 2020. I will continue to keep the Parliament updated on the progress of these timescales.

[REDACTED]

JEANE FREEMAN

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot



[REDACTED]

Lothian MSPs/*mps*

By Email.

21 April 2020

[REDACTED]

UPDATE ON DEPARTMENT OF CLINICAL NEUROSCIENCES

Today, I have written to the Health and Sport Committee to confirm that the significant work to improve patient safety including improvements to ventilation and fire enhancement at the Department of Clinical Neurosciences is now complete. This will now allow a phased move of services to begin from 11 May 2020, subject to discussion with removal companies and suppliers.

I want to highlight the significant work of the contractors who have continued to work on this project over the past couple of months. Their contribution alongside that of the staff of the Department Clinical of Neurosciences has allowed us to reach this important milestone of the project.

The existing site of the Department of Clinical Neuroscience at the Western General can be used to enhance Covid capacity for NHS Lothian. The phased move will see Outpatient Services, including Neurophysiology and Diagnostic Radiology, migrate along with a number of administrative support staff. The plan of migration has been agreed with the full involvement of clinical teams and includes a commitment to revisit the timescale for the move of Inpatient Services and Interventional Neuroradiology. This has been paused for the time being to allow the Department of Clinical Neurosciences critical care teams to support the NHS Lothian Covid-19 response at the Western General Hospital. I continue to expect the NHS Lothian Senior Team to support staff to move to the new site, and continue to deliver the highest quality care to the patients of NHS Lothian.

We continue to work to the timescale of moving the full hospital into the new site in Autumn 2020. I will continue to keep the Parliament updated on the progress of these timescales.

[REDACTED]

JEANE FREEMAN

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

From: Downie J (Jack) on behalf of Cabinet Secretary for Health and Sport
Sent: 29 April 2020 15:05
To: Henderson C (Calum); Cabinet Secretary for Health and Sport
Cc: DG Health & Social Care; McQueen F (Fiona); McCallum R (Richard); Morrison A (Alan); Hutchison D (David)
Subject: RE: OFFICIAL SENSITIVE - Royal Hospital for Children and Young People - 29 April 2020
Attachments: Royal Hospital for Children and Young People - 29 April 2020.docx

Follow Up Flag: Follow up
Due By: 30 April 2020 05:30
Flag Status: Flagged

Categories: Action/Reply

Calum

I am on the Portfolio call so passing on feedback from for speed. Fiona can cover anything I've missed or specific work the Cabinet Secretary has asked to be taken forward with NHS Lothian and the contractors.

The Cabinet Secretary would like to update the FM and Parliament so has asked for a note to be drafted to the FM, a GIQ and a letter to the Health & Sport Committee. Our note to FM should also advise that we are doing a further check of wards 2A and 2B in the QEUH. I would therefore be most grateful for all of these things as soon as practically possible as we will need to have the GIQ lodged by tomorrow afternoon so we can answer it and issue the letter on Friday morning.

Andy and I will look at the diary with the view of Ms Freeman and Ester speaking before the weekend.

Many thanks,
Jack

From: Henderson C (Calum [REDACTED])
Sent: 29 April 2020 12:25
To: Cabinet Secretary for Health and Sport <[REDACTED]>
Cc: DG Health & Social Care [REDACTED]; McQueen F (Fiona) [REDACTED]; McCallum R (Richard) [REDACTED]; Morrison A (Alan) [REDACTED]; Hutchison D (David) [REDACTED]
Subject: OFFICIAL SENSITIVE - Royal Hospital for Children and Young People - 29 April 2020
Importance: High

PS/ Cabinet Secretary for Health and Sport

Please find attached.

Many thanks

Calum Henderson

St Andrew's House, Edinburgh, EH1 3DG



Purpose: To update the Cabinet Secretary on the timelines for the Royal Hospital for Children and Young People.

Priority: Immediate

Background

1. Overall programme status has remained “green” because IHSL site management agent, George Street Ltd, have consistently advised that the Supplementary Agreement 2 (SA2) and Air Handling Unit delays have not and would not impact upon the overall programme. This has been further reinforced at commercial meetings and informal conversations with IHSL representatives.

2. NHS Lothian and the Senior Programme Director believed that the terms of SA2 had been fully agreed, and progressed the terms through relevant governance groups – NHS Lothian Finance and Resources committee, NHS Lothian Board and then on to the Oversight Board and submission to the Cabinet Secretary. The commercial sub group of the Oversight Board was fully involved in progressing the agreements and provided additional assurance. It was acknowledged that there were some outstanding matters and legal drafting to be agreed. This was not considered to be significant, given that the principles were agreed and IHSL had agreed to progress works, including the ordering of the new Air Handling Units – the ordering of the Air Handling Units being a critical milestone in the programme pathway.

3. However, on 22nd April 2020 it became clear that IHSL were not prepared to order the Air Handling Units in the absence of a signed SA2. The lack of clarity and need to reopen commercial discussions was reported at the Oversight Board on 23rd April 2020. Urgent discussions confirmed that IHSL would not progress the ordering of Air Handling Units pending completion of SA2. A commercial meeting was set for 28th April 2020 to progress the issues raised therein.

Situation

4. IHSL have verbally (but formally) advised (28/04/2020) that the HVC107 works programme will extend from 23rd November 2020 to 25th January 2021 (This date to be confirmed within the SA2)

5. The reasons given for this are:

- IHSL have not concluded negotiations with sub-contractors to a level sufficient to conclude SA2 or progress their governance arrangements
- Prioritisation of DCN, by the NHS. NHS Lothian did ask for prioritisation however at no time were we advised that it would push out overall date of completion.
- Scrutiny of the ventilation works design that is excessive, beyond that normally required and not accounted for in the design programme, this had not been raised prior to 28/04.
- Lockdown due to Covid 19 has had an (unquantifiable) effect on communications and review and added complexity, this is also being raised with GGC around the work in 2A/B and is possibly legitimate.

6. We will continue to have discussions around sub sections of the work and determine whether or not there will be entry to the building on a phased basis. At the moment, the Children and Adolescent Mental Health Services unit is likely to be ready in October and we are looking at what other services could enter Royal Hospital for Children and Young People other than the area having upgraded air handling unit (haemato oncology).

7. IHSL have agreed to progress the ordering of new Air Handling Units, decommissioning of existing Air Handling Units and commencement of down takings in good faith. They do not have a contractual requirement to do so until Settlement Agreement is signed. A contractually committed programme will form part of the Settlement Agreement.

Assessment

8. The commercial meeting of 28th April progressed agreement on points of perceived disagreement and lack of clarity. IHSL advised that they would not be ready to sign the SA2 until 14 May 2020. They had not completed their negotiations with sub-contractors or their governance requirements with Funders.

9. These negotiations had also impacted upon the terms of SA2 which required additional points to be agreed.

10. IHSL maintain that the previous delays to ordering of Air Handling Units, and the fact that down takings of duct work/existing services and decommissioning of existing Air Handling Units comprise construction works which requires an extension to the Letter of Engagement and confirmation of insurance have resulted in a delay to the overall programme. They have agreed to progress these works once the Letter of Engagement is completed.

11. The Programme Director has highlighted other areas of positive progress on the project:

- Department of Clinical Neuroscience completion and migration is not affected by this delay to the Haemto-oncology and Critical Care ventilation works at the Royal Hospital for Children and Young People
- The improvement works within the Children and Adolescent Mental Health Services unit is scheduled to be completed by 30/10/20.
- Fire enhancements works for Royal Hospital for Children and Young People in non-critical Haemto-oncology is scheduled to complete 27/07/20.
- NHS Lothian are considering a phased approach to migration of Royal Hospital for Children and Young People services in light of learning and positive service changes as a result of Covid 19 experience.
- The High consequence infectious diseases in the Emergency Department feasibility study is expected to commence w/c 4th May with a report 2-3 weeks thereafter. Programme implications will be clear at that point.

12. The Chair of NHS Lothian would welcome the opportunity to discuss the current change to timescales over the coming days.

13. The Cabinet Secretary is invited to:

- note the content of the update
- Confirm that she will discuss the handling of the delay to the timelines with the Chair of NHS Lothian

Calum Henderson

29 April 2020

Directorate for Chief Nursing Officer

From: Henderson C (Calum)
Sent: 05 May 2020 17:18
To: Cabinet Secretary for Health and Sport
Cc: McQueen F (Fiona); Morrison A (Alan); McCallum R (Richard); DG Health & Social Care; Hutchison D (David); Hart S (Suzanne)
Subject: NHS Lothian Board Paper
Attachments: RHCYP & DCN PUBLIC Board Paper 13 May 2020.doc

Follow Up Flag: Follow up
Flag Status: Completed

Andy

NHS Lothian are intending to provide the attached paper at the next public board meeting.

This paper has been cleared by the Chair of NHS Lothian and the CNO.

The Cabinet Secretary is invited to confirm she is content with the Board Paper.

Many Thanks

Calum Henderson
St Andrew's House, Edinburgh, EH1 3DG



NHS Lothian

Board Meeting
13 May 2020

Director of Finance

**ROYAL HOSPITAL FOR CHILDREN AND YOUNG PEOPLE AND
DEPARTMENT OF CLINICAL NEUROSCIENCES – PROJECT UPDATE****1 Purpose of the Report**

- 1.1 The purpose of this report is to recommend that the Board takes assurance from the progress made towards the opening of the new RHCYP and DCN building.

Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

- 2.1 The Board is recommended to accept:

2.1.1 Significant assurance that the facilities and the service are ready for DCN migration to Little France to commence on 11 May.

2.1.2 Moderate assurance of progress towards the signing of Supplemental Agreement 2 to deliver the required ventilation works in the RHCYP, noting that the timescale for Autumn completion is subject to further discussion.

2.1.3 Moderate assurance that the proposals for contract management of IHSL and their FM partners will be sufficient for the commencement of operations in the new facility.

3 Discussion of Key Issues**Implementation of NSS review findings**

3.1 All actions related to water quality, drainage, electrical safety and medical gases in the RHCYP & DCN have been addressed and closed off. Water quality tests have given the building a clean bill of health, with zero outlets tested showing pseudomonas.

3.2 All ventilation checks and improvements except the critical care and haematology / oncology ward works have been carried out. Air handling units for these two areas are the subject of the high value change and supplemental agreement discussed below.

3.3 With confirmation from the Scottish Government that RHCYP & DCN is an essential construction project, contractors continue on site whilst practising Covid 19 conditions for safe working. This includes distancing of personnel, which is mitigated through work in smaller teams over different shifts, however may yet result in a delay to the programme. The impact is being monitored with our contractors.

3.4 Fire safety enhancement works are completed in DCN and underway in RHCYP, due to be completed by the end of July.

- 3.5 In CAMHS a number of changes, including fire safety enhancements, are programmed for completion in October 2020.

DCN Migration

- 3.6 With the completion of all outstanding works in DCN, the contractor had cleaned and handed over these facilities by 1st May 2020.
- 3.7 In agreement with the Cabinet Secretary, the first phase of DCN migration will take place from 11-13 May 2020. Outpatient clinics, neurophysiology and diagnostic radiology will be moved from the WGH to the new site, along with the related office and administrative functions.
- 3.8 DCN will see the first outpatients in their new facility on 13 May. At present, due to Covid-19, appointments on site will be for on urgent neuro patients, including stroke and ophthalmology clinics. The full outpatient service will be ready and established in their new site when it is possible to resume all clinic activity.
- 3.9 A move of inpatient services is not advisable whilst the hospitals, and particularly critical care, are responding to Covid-19. It has been agreed that the remaining DCN services – wards, critical care, theatres and interventional radiology – will migrate when Covid-19 demands reduce. This is a complex piece of work because of the co-dependencies of each service and the demands to respond to Covid-19; the date at which this can be achieved is unknown yet. NHS Lothian is committed to transferring DCN as soon as it is safe for patients and staff, so that they can all benefit from their new, purpose built- home.
- 3.10 This phasing of DCN moves, as opposed to the plan for a whole-service move in July 2019, reflects the pressures faced by the system at present. Starting the moves on 11 May 2020 is supported by the staff in neurosciences, radiology, theatres and anaesthetics and critical care.
- 3.11 To supplement the experienced Clinical Management Team for DCN, and to provide leadership in bedding in with IHSL and Bouygues, a fixed-term interim Site Director has been appointed. Tim Montgomery will be taking on this part-time role until the Director of Women's and Children's Services moves onto site with RHCYP and CAMHS.

High Value Change 107 – Ventilation Remedials and Fire Enhancements – and Supplemental Agreement 2

- 3.12 Following approval of the commercial principles by the Board on 8th April 2020 and then the Oversight Board for the project on 9 April 2020, the Cabinet Secretary confirmed that NHS Lothian can proceed to signing the Supplemental Agreement on conclusion of negotiations.
- 3.13 Formal contracts to document the design, construction and operation of the new ventilation works required at the hospital are near finalisation. There remain some points of commercial detail to be agreed between the parties. These are expected to have been closed out by the date of the Board meeting, when a verbal update will be provided.

- 3.14 IHSL have confirmed that the order for the air handling units was placed on 1 May, however they have also informed the Oversight Board for the project that because of the complexities involved and the impact of COVID-19, it is possible that changes will have to be made to the works programme and its delivery.
- 3.15 Discussions are underway to establish a revised programme to allow a full handover as close to the autumn timeline as possible and we will update the June Board meeting on progress.

Contract Management Processes

- 3.16 The Board are putting in place a team to manage the contract during its steady state operational phase. The team will consist of the current Contract Manager, whose team will be augmented by two members of NSS staff who have extensive experience of PPP-type contract management and assurance. The NSS personnel will provide support for the remainder of 2020 while the project transitions from its current position to the steady state, with particular focus on planned maintenance and reactive maintenance processes, and on reporting and monitoring functions.
- 3.17 At the same time, the Board is in the process of identifying two members of staff who will form a permanent part of the team and who will take up their posts while NSS staff are still present to allow effective handover and skills and knowledge transfer.
- 3.18 A Business Partner, reporting directly to the Director of Finance, will oversee the transition, provide a link between the contract management team and the project and commissioning teams, and with Tim Montgomery in particular, and liaise with IHSL at a senior level to facilitate the transition to ensure that effective performance management processes are in place.
- 3.19 Support from NSS and SFT will continue throughout this period, with a focus on development of effective ongoing contract management, assurance and monitoring processes.
- 3.20 The contract management structure for this project forms part of a wider ongoing exercise to review and strengthen the Board's overall capacity to manage its ten PPP-type contracts.

4 Key Risks

- 4.1 Moving DCN during the current pandemic means that the migration programme has had to be split into phases. The service are confident that the outpatient service moves, in light of current reduced activity, can be achieved by mid May, however, the follow-up of inpatient services is dependent on critical care capacity and therefore Covid-19 demands on that service. The Medical Director and Chief Operating Officer will review the activity and confirm the remainder of the DCN moves as soon as it is possible and safe.
- 4.2 As described to the Board in April 2020, there is a risk that the overlapping of construction, commissioning and validation processes impacts on compliance sign-off of the finished works. This is being managed through working closely with contractors on the specification and design of the air handling units.

5 Risk Register

5.1 The impact of the delays to moving into RHCYP & DCN is included on the corporate risk register (risk 4813). This is regularly updated with evidence of the management actions taken to mitigate the risk, which remain satisfactory.

6 Impact on Inequality, Including Health Inequalities

6.1 There is no impact on equality arising from the matters outlined in this paper.

7 Duty to Inform, Engage and Consult People who use our Services

7.1 NHS Lothian has met its responsibilities to involve people in the Re-provision of RHCYP, DCN and CAMHS services. No further duty for public involvement has arisen regarding the issues in this paper.

8 Resource Implications

8.1 Funding for commissioning has been set aside within the financial plan and detailed budgets are being worked through with the project team, for commissioning, migration and decommissioning costs, including impact of phasing moves over a longer period now.

8.2 NSS support for the implementation and knowledge transfer for contract management is provided at no cost.

8.3 Identification of NHS staff to support contract management will require backfill. Further detail of the resource plan will be brought forward to Finance and Resources Committee as soon as possible.

Susan Goldsmith
Director of Finance
5 May 2020



From: Henderson C (Calum)
Sent: 05 June 2020 16:14
To: Cabinet Secretary for Health and Sport
Cc: Minister for Public Health, Sport and Wellbeing; Minister for Mental Health; DG Health & Social Care; Connaghan J (John) (Health); McQueen F (Fiona); McCallum R (Richard); Chief Medical Officer; Murray D (Diane); Morrison A (Alan); Hutchison D (David); Lunt A (Aislinn); Gosling J (James); Henderson C (Calum)
Subject: Update on Royal Hospital for Children and Young People - 5 June 2020
Attachments: Update - 5 June - RHCYP DCN.docx

PS/ Cabinet Secretary for Health and Sport

Please find attached update on RHCYP.

Many thanks

Calum Henderson
St Andrew's House, Edinburgh, EH1 3DG



Purpose: To update the Cabinet Secretary on the Royal Hospital for Children and Young People (RHCYP) and Department of Clinical Neurosciences (DCN).

Priority: Urgent

Programme Update

1. The overall programme has confirmed a target completion date of 25th January 2021 as result of positive progress with agreeing the terms of the Settlement Agreement 2 (SA2). The actual signing of the SA2 will take place over the next couple of weeks, meanwhile rectification works continue on site.
2. The discussion has shifted to consider further phased move of services to the new site.

Progress with Commercials

3. The Oversight Board noted that the commercial points are resolved and points of principle agreed between the Board and IHSL. We are just waiting for the funders to complete their governance process and confirm that they are also content with the Agreement.

Update on DCN

4. The Oversight Board supported the plans for Clinical Commissioning of DCN Phase 2 In-patient/Interventional Radiology/ Services at Western General Hospital moving to the RHCYP & DCN site. Once this takes place the DCN transition will be complete.

5. DCN Service, medical/clinical and nursing teams confirm they are ready to transfer their in-patient and supporting services with 5-6 weeks' notice contingent on; the capacity of adult critical care and theatres to move concurrently. These services advise that 6 weeks' notice is preferred to provide adequate time for doctors in training and consultants of changed rota commitments, as we enter peak holiday period. Theatres and Critical care are in a position to move within this timeframe provided that the critical actions outstanding in the outbreak sustainability and surge plan are completed. This includes all critically ill patients returning to the critical care bed footprint.

6. For an early July move date to be possible, assurance from Infection Prevention and Control Team and Facilities colleagues is required and agreed work needs to be completed in Western General Hospital and Royal Infirmary of Edinburgh critical care areas, as they will be used as part of COVID-19 second wave expansion, far enough in advance of this date to permit safe transfer of patients.

Update on RHCYP

7. The Oversight Board supported the plans for Clinical Commissioning of Paediatric out patients, Therapies out patients and clinical/ support staff moves into the Clinical Management Suite in advance of the main in patient moves.

8. The time frame was expected to be similar as for DCN Phase 2 move, although due to physical distancing requirements moves would not happen on same days and the phased move of Out Patient service in to the Children's part of the building would be early to mid-July 2020.

9. As per DCN, this move would be slowly phased starting with administrative and health records staff and virtual Out Patient activity would take place along with face to face appointments as required. NHS Lothian confirmed that there would be lead time to take account of relating to communicating changes to patients and families as well as required changes to clinic templates.

Next Steps

10. NHS Lothian will confirm the exact timings of the move for the remainder of the DCN and first phase of the RHCYP move by next week.

11. Officials recommend that to replicate previous announcements; a GIQ, letters to Health and Sport Committee and a NHS Lothian Staff Newsletter should issue to update Parliament and NHS Lothian staff on the progress.

12. The Cabinet Secretary is invited:

- to note the update
- confirm that she is content with proposed handling of the announcement

Calum Henderson

5 June 2020

Chief Nursing Officer Directorate

From: Henderson C (Calum)
Sent: 16 June 2020 14:26
To: Cabinet Secretary for Health and Sport; Smith L (Lucy)(Communications)
Cc: Minister for Public Health, Sport and Wellbeing; Minister for Mental Health; DG Health & Social Care; Connaghan J (John) (Health); McQueen F (Fiona); McCallum R (Richard); Chief Medical Officer; Murray D (Diane); Morrison A (Alan); Hutchison D (David); Lunt A (Aislinn); Gosling J (James); Hart S (Suzanne); Communications Covid-19; Mair S (Suzi)
Subject: RE: For clearance - RHCYP News release and newsletter - NHS Lothian
Attachments: GIQ - RHCYP - June 2020.docx; Letter to Lothian MSP's - RHCYP June 2020.docx; Letter to Committee - RHCYP June 2020.docx

Jack

Please see revised GIQ and letters

Thanks

Calum

Calum Henderson
St Andrew's House, Edinburgh, EH1 3DG

From: Downie J (Jack) [redacted] **On Behalf Of** Cabinet Secretary for Health and Sport
Sent: 16 June 2020 11:35
To: [redacted]; Cabinet Secretary for Health and Sport
Cc: Minister for Public Health, Sport and Wellbeing [redacted]; Minister for Mental Health [redacted]; DG Health & Social Care [redacted]; Connaghan J (John) (Health) [redacted]; McQueen F (Fiona) [redacted]; McCallum R (Richard) [redacted]; Chief Medical Officer [redacted]; Murray D (Diane) [redacted]; Morrison A (Alan) [redacted]; Hutchison D (David) [redacted]; Lunt A (Aislinn) [redacted]; Gosling J (James) [redacted]; Hart S (Suzanne) [redacted]; Communications Covid-19 [redacted]; Henderson C (Calum) [redacted]; Mair S (Suzi) [redacted]
Subject: RE: For clearance - RHCYP News release and newsletter - NHS Lothian

Lucy/Suzanne/Calum,

As per emails yesterday the Cab Sec has asked that NHS Lothian announce this tomorrow at 2pm but would happy to take a steer from you if I needs to be earlier. With the release, NHS Lothian's FAQ currently talks about "enhancement work" however Cab Sec feels it is more than that so it should say that as it is better to be accurate. Also in the FAQ, NHS Lothian talk about the autumn date whereas we have already issued a GIQ extending or caveating that therefore she has asked that NHS Lothian's release is consistent with what we have said previously and that our GIQ and letters are then consistent with all of that.

It would therefore be extremely helpful if we could have a revised release from Lothian and a revised GIQ answer and supporting letters by 4pm. I'll lodge the question with Parly Clerks shortly.

Many thanks,
Jack

From: [REDACTED]
Sent: 12 June 2020 18:35
To: Cabinet Secretary for Health and Sport [REDACTED]
Cc: Minister for Public Health, Sport and Wellbeing [REDACTED]; Minister for Mental Health [REDACTED]
<[REDACTED]@nhs.uk>; DG Health & Social Care <[REDACTED]@nhs.uk>; Connaghan J (John) (Health) [REDACTED]
[REDACTED]; McQueen F (Fiona) [REDACTED]; McCallum R (Richard) [REDACTED]
[REDACTED]; Chief Medical Officer [REDACTED]; Murray D (Diane) [REDACTED]
[REDACTED]; Morrison A (Alan) [REDACTED]; Hutchison D (David) [REDACTED]
[REDACTED]; Lunt A (Aislinn) [REDACTED]; Gosling J (James) [REDACTED]
[REDACTED]; Hart S (Suzanne) [REDACTED]; Communications Covid-19 [REDACTED]
[REDACTED]; Henderson C (Calum) [REDACTED]; Mair S (Suzi) [REDACTED]
Subject: For clearance - RHCYP News release and newsletter - NHS Lothian

Andy, Jack

Further to Calum's email of 5 June, NHS Lothian comms have shared the draft news release and newsletter they would like to issue on Tuesday re the final stage of the Department of Clinical Neurosciences move will take place from 13 July and that most of Children's Outpatients will operate from the new building from 20 July, as has been cleared through the Oversight Board.

They've highlighted that no appointment details are needing to be changed, as no patient letters relating to appointments to take place from these dates have yet been issued.

Is the Cab Sec content for the news release and newsletter to be issued on Tuesday? I will be off next week so please respond on this copy list with any comments.

Thanks

[REDACTED]
[REDACTED]
Senior Media Manager
Scottish Government
[REDACTED]

From: Henderson C (Calum) [REDACTED]
Sent: 05 June 2020 16:14
To: Cabinet Secretary for Health and Sport [REDACTED]
Cc: Minister for Public Health, Sport and Wellbeing [REDACTED]; Minister for Mental Health [REDACTED]
<[REDACTED]@nhs.uk>; DG Health & Social Care <[REDACTED]@nhs.uk>; Connaghan J (John) (Health) [REDACTED]
[REDACTED]; McQueen F (Fiona) [REDACTED]; McCallum R (Richard) [REDACTED]
[REDACTED]; Chief Medical Officer <[REDACTED]@nhs.uk>; Murray D (Diane) [REDACTED]
[REDACTED]; Morrison A (Alan) [REDACTED]; Hutchison D (David) [REDACTED]
[REDACTED]; Lunt A (Aislinn) [REDACTED]; Gosling J (James) [REDACTED]
[REDACTED]; Henderson C (Calum) [REDACTED]
Subject: Update on Royal Hospital for Children and Young People - 5 June 2020

PS/ Cabinet Secretary for Health and Sport

Please find attached update on RHCYP.

Many thanks

Calum Henderson
St Andrew's House, Edinburgh, EH1 3DG



To ask the Scottish Government to update on the ongoing work at the Royal Hospital for Children and Young People and Department of Clinical Neuroscience?

Following the significant progress of the Programme Director, Project Team, contractors and the staff of NHS Lothian, we are now in a position to continue the phased moves to the new hospital.

From July, a number of children's outpatient services will move to the new Royal Hospital for Children and Young People at the same time as remaining services from the Department of Clinical Neurosciences complete their move.

This phased move will see some Children's outpatient services, including Neurology and Orthopaedics migrate, along with a number of administrative support staff. The plan, which has been agreed with the full involvement of clinical teams and staff side representatives, will not only help to free up space at the existing Royal Hospital for Sick Children site, but will enable NHS Lothian to continue to deliver quality paediatric clinics adhering and supporting social distancing.

The final phase of the move of the Department of Clinical Neurosciences will also take place in mid-July. This will see inpatient Neurosurgery and Neurology wards, along with Neurosurgery Theatres and Interventional Neuro-Radiology relocated to their new home.

I informed Parliament in May that COVID-19 may adversely affect the timeline of the project. We now know that COVID-19 is impacting on supply chains and the pace of work, as contractors need to observe safe physical distancing, but at present the work is progressing on track and the original timeline remains.



[REDACTED]
[REDACTED]

All Lothian MSPs

By Email

June 2020

UPDATE ON ROYAL HOSPITAL FOR CHILDREN AND YOUNG PEOPLE AND DEPARTMENT OF CLINICAL NEUROSCIENCES

Dear

Today, I have informed the Parliament of the progress of the work at the Royal Hospital for Children and Young People and Department of Clinical Neurosciences.

From July, a number of children's outpatient services will move to the new Royal Hospital for Children and Young People at the same time as remaining services from the Department of Clinical Neurosciences complete their move.

This phased move will see some Children's outpatient services, including Neurology and Orthopaedics migrate, along with a number of administrative support staff. The plan, which has been agreed with the full involvement of clinical teams and staff side representatives.

The final phase of the move of the Department of Clinical Neurosciences will also take place in mid-July. This will see inpatient Neurosurgery and Neurology wards, along with Neurosurgery Theatres and Interventional Neuro-Radiology relocated to their new home.

I informed Parliament in May that COVID-19 may adversely affect the timeline of the project. We now know that COVID-19 is impacting on supply chains and the pace of work, as contractors need to observe safe physical distancing, but at present the work is progressing on track and the original timeline remains.

I want to put on record my thanks to the Programme Director, Project Team, Contractors and NHS Lothian staff who have continued to work on the Hospital during these unprecedented times.

Regards

Jeane Freeman



[REDACTED]
[REDACTED]

Lewis Macdonald MSP
Convener
Health and Sport Committee

By Email

June 2020

**UPDATE ON ROYAL HOSPITAL FOR CHILDREN AND YOUNG PEOPLE AND
DEPARTMENT OF CLINICAL NEUROSCIENCES**

Dear

I am writing to inform you of an update to the progress of the work at the Royal Hospital for Children and Young People and Department of Clinical Neurosciences.

From July, a number of children's outpatient services will move to the new Royal Hospital for Children and Young People at the same time as remaining services from the Department of Clinical Neurosciences complete their move.

This phased move will see some Children's outpatient services, including Neurology and Orthopaedics migrate, along with a number of administrative support staff. The plan, which has been agreed with the full involvement of clinical teams and staff side representatives.

The final phase of the move of the Department of Clinical Neurosciences will also take place in mid-July. This will see inpatient Neurosurgery and Neurology wards, along with Neurosurgery Theatres and Interventional Neuro-Radiology relocated to their new home.

I informed Parliament in May that COVID-19 may adversely affect the timeline of the project. We now know that COVID-19 is impacting on supply chains and the pace of work, as contractors need to observe safe physical distancing, but at present the work is progressing on track and the original timeline remains.

I want to put on record my thanks to the Programme Director, Project Team, Contractors and NHS Lothian staff who have continued to work on the Hospital during these unprecedented times.

Regards

Jeane Freeman

From: Currie, Brian
Sent: 11 November 2020 11:16
To: Goldsmith, Susan
Subject: RE: Annual review briefing: RHCYP & DCN
Attachments: Project Update at 11_11_20 for Public Board_DRAFT.docx

Attached draft for your review.

Regards

Brian

Brian Currie
Project Director - NHS Lothian
RHCYP + DCN

[Redacted]

[Redacted]



From: Goldsmith, Susan
Sent: 11 November 2020 10:36
To: Currie, Brian
Subject: RE: Annual review briefing: RHCYP & DCN

Hi Brian

This would be good outline for the Board paper

Susan

From: Currie, Brian [Redacted]
Sent: 05 November 2020 15:58
To: Cosens, Sorrel [Redacted]; Campbell, Jacquie
[Redacted]; Mitchell, Fiona (Director) [Redacted];
Pearson, Michael [Redacted]; Goldsmith, Susan
[Redacted]; 'Mary Morgan' [Redacted]
Cc: Ormerod, Gary [Redacted]; Walker, Anna [Redacted]
Subject: RE: Annual review briefing: RHCYP & DCN

Sorrel

My comments / update below.

Regards

Brian

Brian Currie
Project Director - NHS Lothian
RHCYP + DCN

[REDACTED]

[REDACTED]



From: Cosens, Sorrel
Sent: 05 November 2020 15:34
To: Campbell, Jacquie; Mitchell, Fiona (Director); Pearson, Michael; Goldsmith, Susan; Currie, Brian
Cc: Ormerod, Gary; Walker, Anna
Subject: Annual review briefing: RHCYP & DCN
Importance: High

Hi

We've been asked for a one-page briefing for the Chief Exec by Friday lunchtime for the annual review with the Cabinet Secretary. Draft info below – if there is anything you suggest is amended / added please could you let me know and I'll produce the final document.

This is high level information, drafted from info shared with the ESG and/or OsB.

Sorrel

Building occupation to date

DCN outpatient services moved in May and then inpatients and theatres in July 2020. These are fully integrated with adult services at Little France, including neurosciences critical care opened in the RIE.

RHCYP clinics, including radiology, opened in July 2020. > 80% of outpatient appointments are attending the new site.

Catering outlets, including the shop, are open for staff and visitors to the building. Feedback on the new facility has been overwhelmingly positive from staff, patients and families.

Progressing to full occupation

The contractor's target date for completion of ventilation works for haematology-oncology and critical care and handover to NHSL is 25/01/21. ~~NHSL are forecasting a 2 week delay to completion, the reasons being being multi-~~

~~faceted: Covid-19, space constraints, service clashes, and sub-contractor delay.~~ Programme slippage recently reported by IHSL has been recovered. Successful completion of major equipment lifts, roof weathering and builder's work over the next 10 - 14 days should see significant reduction in any remaining risk to the completion date.

Costs are reported as escalating – further work is underway to understand variances and project costs and will be reported to the Oversight Board on 19/11/21.

All other remedial and enhancement works are completed or will be completed in CAMHS in advance of the Annual Review date **with the exception of works to the Emergency Dept which are due to complete on 25/01/21.**

Programming the final moves from the old RHSC in Spring 2021 is under discussion with clinical services to ensure minimal disruption to both patients and staff.

The rooftop helipad has passed all **test flights inspections** and with the completion of training for the on-site safety team, which was postponed due to Covid-19, it will be opened for patient transfers to all services in the RIE and the new building.

Oversight and governance

NHSL Lothian remains under Level 4 for the delivery of this project, with an Executive Steering Group reporting to the Scottish Government Oversight Board.

A comprehensive team of independent authorising and validation engineers will remain in place to ensure compliance to technical standards until completion of the remaining works.

~~NHS Lothian's project team has worked closely with HFS, HPS, SFT and legal advisers to conclude the reviews of~~

Mary Morgan, Senior Programme Director, is discussing ongoing oversight and reporting arrangements with Fiona McQueen and colleagues. [Mary – any update?]

PPP Management

While the project is under construction and there are several complex and high value changes in progress, including delivery of works and associated supplemental agreements to the contract, and then until the building has been fully commissioned with RHCYP moves, the dedicated project team resource will remain in place.

Significant improvements have been made in terms of the working relationship between BYES, IHSL and NHSL, with the groundwork having been laid for a positive business as usual environment. At the same time, NHSL is working to agree the proposed PPP contract management structure and establish this team to move forward with operational management of the full facility.

Meanwhile at RHSC Sciennes

Following the cancellation of moves in July 2019 a review of the existing hospital was undertaken to ensure that services could be sustained until their new home was available. All of the identified repairs and improvements to the fabric of the building were completed, and the move of outpatients in July has allowed for further changes to accommodate Covid-19 measures on the current site.

Project Update 11 November 2020-11-11

Progress to full occupation

Following the successful migration of all DCN services and 80% of Paediatric Outpatients by July of this year, remedial and enhancement works to Paediatric Critical Care and Haematology and Oncology respectively continue to make good progress with a handover date from the contractor programmed for the end of January, 2021. This should ensure a final migration of all remaining paediatric services in the first quarter of 2021 (actual date to be finalised).

Catering outlets, including the shop, are open for staff and visitors to the building. Feedback on the new facility has been overwhelmingly positive from staff, patients and families.

Enhancement works to the Paediatric Emergency Department to deal with patients presenting with high consequence infectious disease and learning post COVID fit a similar timeline with handover expected in January, 2021.

The final portion of fire enhancement works has just recently completed and handover of CAMHS achieved from the contractor securing a migration date for this service of 15th January, 2021. These fire enhancements anticipate changes to SHTM guidelines in relation to control of smoke within wards.

The rooftop helipad has passed all test flights and with the completion of training for the on-site safety team this month, which was postponed due to Covid-19, it will be opened for patient transfers to all services in the RIE and RHCYP + DCN in December 2020.

Oversight and governance

NHSL Lothian remains under Level 4 for the delivery of this project, with an Executive Steering Group reporting to the Scottish Government Oversight Board. Mary Morgan, Senior Programme Director, is discussing ongoing oversight and reporting arrangements with Fiona McQueen and colleagues.

The pace of the Public Inquiry is now picking up with their infrastructure and physical offices just about in place. The inquiry team is looking to make progress on a number of fronts in the coming months and the Board have already provided their overview of the project with some supporting documents.

NPD Operational Management

Significant improvements have been made in terms of the working relationship between BYES, IHSL and NHSL, with the groundwork having been laid for a positive business as usual environment. At the same time, NHSL is working to agree the proposed NPD contract management structure and establish this team to move forward with operational management of the full facility.

RHSC at Sciennes Road

Following the cancellation of moves in July 2019 a review of the existing hospital was undertaken to ensure that services could be sustained until their new home was available. All of the identified

repairs and improvements to the fabric of the building were completed, and the move of outpatients in July has allowed for further changes to accommodate Covid-19 measures on the current site.

From: Mary Morgan
Sent: 08 March 2021 17:57
To: Goldsmith, Susan
Cc: Mackay, Judith
Subject: FW: RHCYP/DCN

And got the reponse below>>>

Mary Morgan
Director: Strategy, Performance and Service Transformation

NHS National Services Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh, EH12 9EB
[REDACTED]

From: Fiona.McQueen [REDACTED]
Sent: 08 March 2021 17:56
To: Mary Morgan [REDACTED]
Cc: Henderson C (Calum) [REDACTED]; Morrison A (Alan) [REDACTED]
Subject: RE: RHCYP/DCN

Mary – many thanks for this – this is indeed good news.

Calum – can you get a briefing up to CSH please and also ensure SG comms and Lothian comms are together – I assume we may want to inform Parliament first before any other external comms happens.

F

Fiona

Fiona C McQueen

From: Mary Morgan [REDACTED]
Sent: 08 March 2021 17:47
To: McQueen F (Fiona) [REDACTED]
Cc: Henderson C (Calum) [REDACTED]
Subject: RHCYP/DCN

Dear Fiona

The NHS Lothian Executive Steering Group have just met to consider the final validation reports from the RHCYP remedial works.

3 IOM reports on ventilation for each of the areas – Critical Care, Lochranza and Emergency Dept have all concluded that the (ventilation) systems are acceptable at the time of validation, are fit for purpose and will only require routine maintenance to remain so for the projected life.

The reports have been reviewed in detail and reported against positively by Dr Inverarity, Infection Control Doctor, NHS Lothian.

Gordon James, HFS has reported nil outstanding from their perspective

HAI Scribe 4 has been completed by Lindsay Guthrie, IPCT Associate Director, NHS Lothian

There is 1 (one) water outlet that has had additional work undertaken for a weak positive test. – this is a routine water management matter.

On the basis of the above, NHS Lothian have decided to progress with the migration of sick children’s inpatient services as planned for w/c 22 March. An internal briefing and external publicity is being prepared as time for advising staff and public is now short.

Given the point we have reached, I do not believe there is any merit in having a further OSB meeting this week – Chris Graham will circulate the IOM reports for OSB information and I would be pleased if Calum could arrange to brief the Cabinet Secretary as soon as possible.

Best wishes, Mary

Mary Morgan

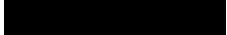
Director: Strategy, Performance and Service Transformation

NHS National Services Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh, EH12 9EB



This email is intended for the named recipient only. If you have received it by mistake, please (i) contact the sender by email reply; (ii) delete the email from your system; . and (iii) do not copy the email or disclose its contents to anyone.

This email has been scanned by the Symantec Email Security.cloud service.

For more information please visit <http://www.symanteccloud.com>

This e-mail (and any files or other attachments transmitted with it) is intended solely for the attention of the addressee(s). Unauthorised use, disclosure, storage, copying or distribution of any part of this e-mail is not permitted. If you are not the intended recipient please destroy the email, remove any copies from your system and inform the sender immediately by return. Communications with the Scottish Government may be monitored or recorded in order to secure the effective operation of the system and for other lawful purposes. The views or opinions contained within this e-mail may not necessarily reflect those of the Scottish Government.

From: [REDACTED]
Sent: 10 March 2021 13:18
To: Mitchell, Fiona (Director)
Subject: RE: RHCYP Announcement
Attachments: RHCYP Staff Comms_Final Migration_090321.docx

Message attached.

Thanks,

[REDACTED]
[REDACTED]
Communications Manager
NHS Lothian
[REDACTED]

From: Mitchell, Fiona (Director) [REDACTED]
Sent: 10 March 2021 13:17
To: [REDACTED]
Subject: RE: RHCYP Announcement

Can you send me the statement, so we can fire out at 2pm on the dot as an Everyone email ?

Thanks

F

Fiona Mitchell
Service Director
Women's & Children's Services
NHS Lothian

[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: 10 March 2021 13:15
To: Mitchell, Fiona (Director) [REDACTED]
Subject: RHCYP Announcement

Hi Fiona,

Just to let you know, Scottish Govt have confirmed that everything re RHCYP announcement can go at 2pm.

Are you ok to look after message to impacted staff?

Comms will cover – intranet news, internet news, press release and social?

Thanks,

[REDACTED]

[REDACTED]

Communications Manager
NHS Lothian

[REDACTED]

RHCYP – Final Migration Staff Message

9 March 2021

I am delighted to be able to confirm that we have now received final independent certification that the Royal Hospital for Children and Young People meets all required standards. This means we can go ahead with our plan to move the remaining services to the new building from 22 March. The remaining outpatient services yet to move, inpatient services, the Emergency Department and the services that support them will move on Monday 22 and Tues 23 March. The Emergency Department at RHSC will close at 8am on Tuesday 23 March.

The project team has worked tirelessly to bring us to this point and I'd like to offer them my thanks for their diligence and commitment. A huge thank you also to all the teams at RHSC who have been working hard planning this move to ensure that it goes smoothly.

Best wishes,

Susan Goldsmith
Director of Finance and Executive Lead for the RHCYP project

From: Henderson C (Calum)
Sent: 14 January 2021 20:28
To: Cabinet Secretary for Health and Sport
Cc: Minister for Public Health and Sport; Minister for Mental Health; DG Health & Social Care; Connaghan J (John) (Health); McQueen F (Fiona); McCallum R (Richard); Morrison A (Alan); Hutchison D (David); Communications Healthier; Lunt A (Aislinn); Paterson M (Matt); Henderson C (Calum)
Subject: IMMEDIATE - Update on Royal Hospital for Children and Young People - January 2021
Attachments: Update RHCYP January 2021.docx

PS/ Cabinet Secretary for Health and Sport

Please find attached regarding the Royal Hospital for Children and Young People

Many thanks

Calum Henderson
Covid Testing and Contact Tracing Performance and Delivery Division



Purpose: To update the Cabinet Secretary on the Royal Hospital for Children and Young People (RHCYP) and Department of Clinical Neurosciences (DCN).

Priority: Urgent

Programme Update

1. The Oversight Board met on 14 January. The Board noted the move of CAMHS on the 15 January.
2. The Oversight Board were however informed that due to a number of risks materialising, there is expected to be a two week delay to the project completion date and the programme will now not complete until 8 February.
3. **Covid 19:** Not all operatives have returned from leave and given more transmissible COVID now prevalent there may be instances of positive tests and isolations. There has also the loss of the Drager Installation Team, due to testing positive for COVID, this has resulted in the team being in isolation for fortnight and not returning to work until Sunday 17 January. This team fit the pendants that hold monitoring and medical gases in ITU.
4. **Testing and validating ventilation to Critical Care:** Critical Care works have been 2 – 3 weeks behind Lochranza works. To obtain the confidence that all is as it should be regarding ventilation distribution in Critical Care environment will not be possible before 14th January. Ventilation validation data will not be available from IOM until 22 January as a result.
5. **Residual generally cosmetic finishing to Critical Care:** Access will be required by Imtech to the multi bed rooms and their access corridors post 25th January to replace damaged ceiling tiles and undertake limited redecoration. It is estimated that this work will take 2 – 3 weeks to complete. It is anticipated that it would be challenging for clinical service and commissioning teams to set up equipment in this area while these finishing works are undertaken.
6. The project team recommended to the Oversight Board and was accepted by the Oversight Board to defer the 6 week notice period for service migration to Monday 8th February permitting migration on the 22 and 23 March 2021.

Recommendation

7. Officials recommend the Cabinet Secretary inform Parliament through a GIQ and a letter to the Convener of the Health and Sport Committee, this would replicate previous announcements on the Royal Hospital for Children and Young People.

Conclusion

8. The Cabinet Secretary is invited to note the update and confirm she is content to inform Parliament through a GIQ and letter to Health and Sport Committee.

Calum Henderson

January 2021

From: Downie J (Jack) on behalf of Cabinet Secretary for Health and Sport
Sent: 15 January 2021 17:59
To: Henderson C (Calum); Cabinet Secretary for Health and Sport; Paterson M (Matt)
Cc: Minister for Public Health and Sport; Minister for Mental Health; DG Health & Social Care; Connaghan J (John) (Health); McQueen F (Fiona); McCallum R (Richard); Morrison A (Alan); Hutchison D (David); Communications Healthier; Lunt A (Aislinn); Scott T (Taylor)
Subject: RE: IMMEDIATE - Update on Royal Hospital for Children and Young People - January 2021
Attachments: u418806_15-01-2021_17-57-01.pdf
Categories: Melissa

Calum/Matt – apologies for the delay in responding today – the Cab Sec has signed the draft letter so I will send it to the Committee shortly.

Many thanks,
Jack

From: Henderson C (Calum)
Sent: 15 January 2021 14:39
To: Cabinet Secretary for Health and Sport ; Paterson M (Matt)
Cc: Minister for Public Health and Sport ; Minister for Mental Health ; DG Health & Social Care ; Connaghan J (John) (Health) ; McQueen F (Fiona) ; McCallum R (Richard) ; Morrison A (Alan) ; Hutchison D (David) ; Communications Healthier ; Lunt A (Aislinn) ; Scott T (Taylor)
Subject: RE: IMMEDIATE - Update on Royal Hospital for Children and Young People - January 2021

Jack

Please find draft letter

Thanks

Calum

From: Downie J (Jack) [REDACTED] **On Behalf Of** Cabinet Secretary for Health and Sport
Sent: 15 January 2021 14:13
To: Paterson M (Matt) [REDACTED] Henderson C (Calum) [REDACTED] Cabinet Secretary for Health and Sport
Cc: Minister for Public Health and Sport [REDACTED] Minister for Mental Health [REDACTED]; DG Health & Social Care [REDACTED] Connaghan J (John) (Health) [REDACTED]; McQueen F (Fiona) [REDACTED]; McCallum R (Richard) [REDACTED]; Morrison A (Alan) [REDACTED] >; Hutchison D (David) [REDACTED]; Communications Healthier [REDACTED] Lunt A (Aislinn) [REDACTED]; Scott T (Taylor) [REDACTED] >
Subject: RE: IMMEDIATE - Update on Royal Hospital for Children and Young People - January 2021

Matt – thanks and valid points.

Calum – we haven't had the opportunity to discuss handling with the Cabinet Secretary however we won't be able to lodge a GIQ for answering today. Therefore it would be very helpful if you

could draft a letter to the Health & Sport Committee that we could also cc to all MSPs in the meantime and we will come back to you later this evening.

Many thanks,
Jack

From: Paterson M (Matt) [redacted]
Sent: 15 January 2021 12:53
To: Henderson C (Calum) [redacted] Cabinet Secretary for Health and Sport
[redacted]
Cc: Minister for Public Health and Sport [redacted] >; Minister for Mental Health [redacted]; DG Health & Social Care [redacted]; Connaghan J (John) (Health) [redacted]; McQueen F (Fiona) [redacted]; McCallum R (Richard) [redacted]; Morrison A (Alan) [redacted]; Hutchison D (David) [redacted]; Communications Healthier [redacted]; Lunt A (Aislinn) [redacted]; Scott T (Taylor) [redacted]
Subject: RE: IMMEDIATE - Update on Royal Hospital for Children and Young People - January 2021
Importance: High

Cab Sec/PO,

To flag that NHS Lothian were approached by the Scotsman seeking confirmation yesterday as to whether the project completion date has been delayed.

They have held off responding for now, and I see Calum has proposed GIQ notification – however NHSL are unlikely to be able to stall the Scotsman over the weekend given the Oversight Board has already accepted the deferral.

On that basis I don't know whether it would be feasible to issue a letter to the Convenor today, just to avoid it being leaked through the press first.

Matt

--
Matt Paterson | Senior Media Manager
Scottish Government, St Andrew's House
[redacted]

From: Henderson C (Calum) [redacted]
Sent: 14 January 2021 20:28
To: Cabinet Secretary for Health and Sport [redacted]
Cc: Minister for Public Health and Sport [redacted] Minister for Mental Health [redacted]; DG Health & Social Care [redacted] Connaghan J (John) (Health) [redacted]; McQueen F (Fiona) [redacted] McCallum R (Richard) [redacted]; Morrison A (Alan) [redacted]; Hutchison D (David) [redacted]; Communications Healthier [redacted]; Lunt A (Aislinn) [redacted]; Paterson M (Matt) [redacted]; Henderson C (Calum) [redacted]
<[redacted]>
Subject: IMMEDIATE - Update on Royal Hospital for Children and Young People - January 2021

PS/ Cabinet Secretary for Health and Sport

Please find attached regarding the Royal Hospital for Children and Young People

Many thanks

Calum Henderson
Covid Testing and Contact Tracing Performance and Delivery Division





[REDACTED]
Lewis Macdonald MSP
Convener
Health and Sport Committee

By Email.

15 January 2021

UPDATE ON ROYAL HOSPITAL FOR CHILDREN AND YOUNG PEOPLE

I informed the Committee in May 2020 that COVID-19 may adversely affect the timeline for fully opening the new Royal Hospital for Children and Young People. I initially confirmed that work would be complete by 25 January 2021, however there has been unprecedented challenges of COVID-19 to both clinical services and the construction industry. I wish to inform the committee that the completion of works will now be 8 February 2021.

While this is disappointing, let us not overlook the significant progress has been made, since I took the decision to halt the move to the new site in July 2019 in the interest of patient safety.

Outpatient Services at the Department of Clinical Neurosciences, including Neurophysiology and Diagnostic Radiology, moved into the new site in May 2020 as planned. The final phase of the move for the DCN took place in mid-July 2020, this saw inpatient Neurosurgery and Neurology wards, along with Neurosurgery Theatres and Interventional Neuro-Radiology relocate to their new home. All DCN services are now fully delivered from the new site.

From July, a number of children's outpatient services moved to the new Hospital. This phased approach saw some Children's outpatient services, including Neurology and Orthopaedics, migrate along with a number of administrative support staff.

I am also pleased to confirm that Children and Adolescent Mental Health Services moved to the new site on the 15 January 2021.

This approach, which had been agreed with the full involvement of clinical teams and staff side representatives, not only frees up space at the existing Royal Hospital for Sick Children site, but enables NHS Lothian to continue to deliver quality paediatric clinics adhering and supporting social distancing.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

I want to record my thanks to all those involved in this project who have allowed us to get to the current position with a number of services now delivered on the new site. The work has continued to ensure we deliver a safe hospital and that will remain the priority of this project till it is completed on the 8 February 2021.



JEANE FREEMAN

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.nhs.uk



From: Henderson C (Calum)
Sent: 09 March 2021 12:25
To: Cabinet Secretary for Health and Sport
Cc: DG Health & Social Care; Chief Nursing Officer; McQueen F (Fiona); McCallum R (Richard); Chief Medical Officer; Morrison A (Alan); Hutchison D (David); Paterson M (Matt); Scott T (Taylor); Communications Healthier; Henderson C (Calum)
Subject: Immediate - Update on the Royal Hospital for Children and Young People - 9 March
Attachments: Cabinet Secretary for Health and Sport - Letter - HSC - Final Phase of the move.docx
Categories: REVIEWED UP TO HERE

P/S Cabinet Secretary for Health and Sport

The Programme Director has provided the following update.

The NHS Lothian Executive Steering Group have met to consider the final validation reports from the Royal Hospital for Children and Young People remedial works. The 3 IOM reports on ventilation for each of the areas – Critical Care, Lochranza and Emergency Department have all concluded that the ventilation systems are acceptable at the time of validation, are fit for purpose and will only require routine maintenance to remain of quality for the projected life.

The reports have been reviewed in detail and accepted by the Infection Control Doctor of NHS Lothian. Health Facilities Scotland have confirmed they have no further action from their perspective and NHS Lothian have also confirmed that HAI Scribe has also been completed by the IPCT Associate Director.

On the basis of the above, NHS Lothian's Chief Executive and Executive Team are confident they can now progress and as previously agreed this process would be clinically led and the Board are content that the migration of sick children's inpatient services as planned for week commencing 22 March.

This decision replicates the agreement of the previous Oversight Board that we would continue to prepare for the week commencing the 22 March unless a substantive issue came as a result of the reports against the hospital.

NHS Lothian are commencing to prepare an internal briefing and external publicity given time for advising staff and public is now short. This will be cleared by the Cabinet Secretary as per previous announcements.

Officials recommend that the Cabinet Secretary write to the Convener of the Health and Sport Committee to match previous announcements regarding the opening of the hospital. This is attached for the Cabinet Secretary's clearance.

Calum Henderson
Covid Testing and Contact Tracing Performance and Delivery Division
E: [calum.henderson@](mailto:calum.henderson@nhs.uk) [REDACTED]
[REDACTED]



T: 0300 244 4000
E: scottish.ministers@gov.scot

Lewis Macdonald MSP
Convener
Health and Sport Committee
Scottish Parliament
The Royal Mile
Edinburgh
EH99 1SP

March 2021

UPDATE ON ROYAL HOSPITAL FOR CHILDREN AND YOUNG PEOPLE

Dear

I am writing to inform you of an update to the progress of the final phase of moving services to the new Royal Hospital for Children and Young People and delivering a safe hospital for the children and young people of Lothian.

NHS Lothian have now received the final validation reports for the Royal Hospital for Children and Young People remedial works and they are all satisfactory.

I am therefore pleased to confirm that NHS Lothian will proceed with the migration of outpatients in the week commencing 22 March, this migration plan has been designed in collaboration with the support of medical, nursing and support services such as Labs, Radiology and Theatres.

This is the final phase of the plan and from that date, all relevant clinical services will be delivered from the new hospital.

I want to record my thanks to all those involved in delivering a project that has resulted in a safe hospital for the patients, families and staff of NHS Lothian.

Regards

Jeane Freeman

	The initial estimated project cost was £1.8 million.	
30 th August 2019	With agreement of the Oversight Board, the Board's Representative issued a High Value Change Notice HVC 095 to Project Co's Representative for the remedial works required to provide compliant ventilation within critical care. This would later become HVC 107.	<p>20190829 RE NHSL - RHSCDCN - Ventilation Works draft LOI and contractor collateral warranty - lot7113 - 22.8.19 IWOV-eastdb1.FID638981</p> <p>20190830 RHCYP + DCN - Little France - HVCN 095</p>
9 th September 2019	<p>NSS Health Facilities Scotland & Health Protection Scotland issue a "Review of Water, Ventilation, Drainage and Plumbing Systems" in respect of RHCYP.</p> <p>In terms of ventilation, the main findings of the review highlights:</p> <p>General ventilation systems:</p> <ul style="list-style-type: none"> - air handling units and ductwork contain numerous deviations from SHTM 03-01; - single and multi-bed ventilation design is based on 4 air changes per hour mechanical ventilation and there is a component of natural ventilation which is not part of the design; <p>Theatre ventilation systems:</p> <ul style="list-style-type: none"> - Scrub areas are unlikely to be scavenged by theatre air changes; <p>Isolation room ventilation systems</p> <ul style="list-style-type: none"> - Not served by a single ventilation system for each room as recommended by SHPN4 Supplement 1. 	<p>20190909 NSS Audit Report</p>
October 2019	The Board issues a response to the "NSS Action Assessments" identified by NSS Health Facilities Scotland & Health Protection Scotland's "Review of Water, Ventilation, Drainage and Plumbing Systems" in respect of RHCYP.	<p>20191030 NHSL response to Part 2 NSS Actions for RHCYP Oct 2019</p>

From: Henderson C (Calum)
Sent: 09 December 2019 19:33
To: Cabinet Secretary for Health and Sport; McLaughlin C (Christine); Morrison A (Alan); Burkinshaw B (Beata)
Cc: DG Health & Social Care; McQueen F (Fiona)
Subject: RE: Topical Question
Attachments: Background note (003).docx

Follow Up Flag: Follow up
Flag Status: Completed

Andy

Please find revised background note.

We are seeking some minor points of clarification from Lothian but I will have these first thing in the morning.

Thanks

Calum

Calum Henderson
St Andrew's House, Edinburgh, EH1 3DG

[Redacted]

From: Henderson C (Calum) [Redacted]
Sent: 09 December 2019 18:06
To: Cabinet Secretary for Health and Sport [Redacted] McLaughlin C (Christine)
[Redacted]; Morrison A (Alan) <[Redacted]> Burkinshaw B (Beata)
Cc: DG Health & Social Care [Redacted]; McQueen F (Fiona) [Redacted]
Subject: RE: Topical Question

David

Please don't send the background note.

I will update and get it back to you shortly.

Thanks

Calum

Sent with BlackBerry Work (www.blackberry.com)

From: "Henderson C (Calum)" [redacted]
Sent: 9 Dec 2019 17:58
To: Cabinet Secretary for Health and Sport [redacted]; "McLaughlin C (Christine)" [redacted]; "Morrison A (Alan)" [redacted]; "Burkinshaw B (Beata)" [redacted]
Cc: DG Health & Social Care [redacted]; "McQueen F (Fiona)" [redacted]
Subject: RE: Topical Question

David

Please see proposed answer. I have also attached the background note.

Patient safety is paramount and the Scottish Government is committed to supporting NHS Lothian in delivering the highest quality of care to all patients. The Board has provided the Scottish Government with a plan that gives the necessary assurances that the current sites can continue to provide and sustain the high quality services between now and the completion of migration to the new site and that is what the £700,000 represents. This plan was brought to the Oversight Group chaired by the Chief Nursing Officer to ensure that NHS Lothian is supported in maintaining quality healthcare in the existing sites. I receive regular updates from Scottish Government officials with regards to the progress of the work ongoing at the existing sites.

Thanks

Calum

From: Bowman D (David) [redacted] On Behalf Of Cabinet Secretary for Health and Sport
Sent: 09 December 2019 16:06
To: McLaughlin C (Christine) [redacted]; Henderson C (Calum) [redacted]; [redacted]; [redacted]; [redacted]; [redacted]; [redacted]
<Beata.Burkinshaw@nhs.uk>
Cc: Cabinet Secretary for Health and Sport [redacted]; DG Health & Social Care [redacted]
Subject: FW: Topical Question
Importance: High

Apologies, the Cab Sec has now requested that a draft answer is sent up for tonight's box.

Regards

David Bowman
Deputy Private Secretary
Ministerial Private Office (Health)
St Andrew's House
Edinburgh

All e-mails and attachments sent by a Ministerial Private Office to any other official on behalf of a Minister relating to a decision, request or comment made by a Minister, or a note of a Ministerial meeting, must be filed appropriately by the recipient. Private Offices do not keep official records of such e-mails or attachments.

Scottish Ministers, Special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

From: Bowman D (David) [redacted] On Behalf Of Cabinet Secretary for Health and Sport
Sent: 09 December 2019 15:58

To: McLaughlin C (Christine) [redacted] Henderson C (Calum)
[redacted] Morrison A (Alan) <A [redacted]> Burkinshaw B (Beata)
< [redacted] >
Cc: Cabinet Secretary for Health and Sport < [redacted] > DG Health & Social Care [redacted]
Subject: FW: Topical Question
Importance: High

Good Afternoon

We have been informed that the topical question below has been selected for tomorrow.

1. Daniel Johnson: To ask the Scottish Government what action it is taking to ensure the Royal Hospital for Sick Children is fit for purpose, in light of reports that the existing building needs over £700,000 of significant maintenance work. ([S5T-01916](#))

I would be grateful if you could send up a draft answer and a background note for **08:30 tomorrow morning**.

Many Thanks

David Bowman
Deputy Private Secretary
Ministerial Private Office (Health)
St Andrew's House
Edinburgh

All e-mails and attachments sent by a Ministerial Private Office to any other official on behalf of a Minister relating to a decision, request or comment made by a Minister, or a note of a Ministerial meeting, must be filed appropriately by the recipient. Private Offices do not keep official records of such e-mails or attachments.

Scottish Ministers, Special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

From: Ferguson T (Tim) [redacted] > **On Behalf Of** Minister for Parliamentary Business and Veterans
Sent: 09 December 2019 15:49
To: Cabinet Secretary for Health and Sport [redacted]; Minister for Public Health, Sport and Wellbeing [redacted]; Minister for Mental Health [redacted] Hutchison D (David)
[redacted] Lloyd E (Elizabeth) [redacted] Spads Admin
Cc: Minister for Parliamentary Business and Veterans [redacted]
Subject: Topical Question

Hi,

Please find below topical question selected for answer tomorrow. Grateful if you can confirm who will respond on behalf of the Government.

1. Daniel Johnson: To ask the Scottish Government what action it is taking to ensure the Royal Hospital for Sick Children is fit for purpose, in light of reports that the existing building needs over £700,000 of significant maintenance work. ([S5T-01916](#))

Thanks,
Tim

Tim Ferguson | Deputy Private Secretary to Minister for Parliamentary Business and Veterans [REDACTED]

All e-mails and attachments sent by a Ministerial Private Office to any other official on behalf of a Minister relating to a decision, request or comment made by a Minister, or a note of a Ministerial meeting, must be filed appropriately by the recipient. Private Offices do not keep official records of such e-mails or attachments.

Scottish Ministers, Special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

Background – Investment in Existing Sites

You visited the existing Sick Kids hospital and Department for Clinical Neuroscience in July and then again in September to meet with staff and patients. You also met with staff side in August and on 8 October to discuss their concerns and to provide reassurance. The Chief Nursing Officer met with the Staffside on Monday 28 October to provide a further update on the ongoing work.

The Oversight Board is assessing what improvements are required to the existing sites to ensure that they can continue to provide high quality, safe clinical services. For example, on 17 October, the Oversight Board agreed to the replacement of Interventional neuroradiology equipment at DCN. At the Sick Kids, the Board have begun work to increase the ED capacity to maintain flow in advance of the winter months. This includes the relocation of the current outpatients departments to another area of the site, this should increase the treatment rooms for the emergency department to 8 rooms (almost doubling of capacity). They are also making use of the space created by the moving of RVS Café to double the capacity of the current waiting area of the emergency department utilising this area to its maximum.

HIS Review

To support staff in delivering services from the existing sites, you arranged for Healthcare Improvement Scotland to undertake a review. You asked that any inspection to be undertaken of the Royal Hospital for Sick Children in NHS Lothian should be undertaken for the purposes of identifying what immediate steps require to be taken to ensure the safety and cleanliness of the environment for the children and the young people undergoing care within the premises.

You asked that Healthcare Improvement Scotland pay particular attention to the difficult situation that the staff find themselves in, having to change well developed plans for the delivery of care in a new environment.

In initial verbal feedback the inspection team commended staff for the outstanding patient care they continue to provide, for the cleanliness of the existing facilities and the positive attitudes they found in staff at all levels. The findings will be included in the report. This report will be published in due course.

Supplementary Questions

Is this not a complete waste of money and further highlights the profligacy of this project?

My focus remains on ensuring that NHS Lothian continue to deliver safe and high quality patient services. This investment is needed to ensure that the staff at both the Sick Kids and DCN can continue to deliver quality services and I make no apologies in ensuring that these staff are given the appropriate resources to do their job.

What investments have had to be delayed or cancelled as a result of having to spend this £700k on maintaining two sites which NHS Lothian should have left six months ago?

The funding was provided by Scottish Government and there has been no adverse impact on any part of NHS Lothian's investment programme.

What is being done with regards to cleanliness at the Hospital?

The initial verbal feedback from a recent Health Improvement Scotland inspection highlighted outstanding patient care and cleanliness at the existing site, this inspection report is due to be published in January.

What is being done at the current sick kids hospital with regards to Fire Safety?

An external audit was also carried out by the Scottish Fire and Rescue Service (SFRS). This highlighted a number of areas that could be improved and which have been included within the schedule of works. NHS Lothian have informed us that SFRS said they are satisfied with the timeline of work, as well as progress already made

Is the ventilation safe at the Royal Hospital of Sick Children?

Both existing sites remain safe, NHS Lothian have confirmed the ventilation systems have also been reviewed in line with recent changes to national guidelines.

What are some key areas of support provided to existing sites?

RHSC Emergency Department: The Board have begun work to increase the capacity in ED to maintain flow over the winter. This includes the relocation of the current outpatients departments to another area of the site, this should increase the treatment rooms for the emergency department to 8 rooms. This work should be completed by the end of December.

Equipment: Clinicians had raised concerns about the age of equipment and whether it can function at the current demand. The Board has undertaken to move much of the moveable equipment at the new site to the existing sites to cope with any increased demand over winter. This has included computers and the monitoring equipment for the additional 8 emergency department rooms and general wards. They have also increased Emergency Department trolleys by 10, moving trolleys from the new hospital to the Sick Kids to replace existing trolleys that have gone out of maintenance contract. They have also brought over 2 shower trolleys from the new site.

What is the Board publicly doing wider with regards to service continuity?

Please find an update from the Public NHS Lothian Paper with regards to the Royal Hospital for Children and Young People, this is provided in **ANNEX A**.

ANNEX AContinuing Service Delivery at the Royal Hospital for Sick Children and DCN

- 1.1 Two visits have been made by the Cabinet Secretary to the current sites, and regular Executive / Senior Team walk-rounds established to give staff the opportunity to raise concerns about service delivery in their current location and engage with plans for the delayed opening.
- 1.2 Unannounced HEI inspection visits took place on 22 October 2019 in both RHSC and DCN. Verbal feedback from the inspectors was positive and their draft report is due on 4 December, to be reviewed and signed off by NHS Lothian by 18 December 2019.
- 1.3 A Scottish Fire and Rescue Service audit of RHSC at Sciennes took place on 22 and 25 November 2019; their action plan is being addressed.
- 1.4 Considerable progress has already been made to address actions to support the existing Sciennes site and DCN at the WGH through the winter period and beyond. These include:
 - Upgrades to patient accommodation in RHSC & DCN
 - Improvements to public and staff catering provision and parent accommodation in RHSC
 - Increase in RHSC emergency department capacity and medical beds for winter pressures
 - Replacement theatre lighting in RHSC where maintenance can no longer ensure functionality
 - Approval to replace interventional neuroradiology equipment in current DCN
 - Agreement to relocate some new items of equipment from the RHCYP and DCN to be used now, for example: patient trolleys, treatment chairs, wheelchairs, DVD players, anaesthetic machines, infusion pumps.
 - Installation of additional videotelemetry monitoring in DCN to address waiting time pressures that would otherwise continue to rise until moving to the new facility
 - Focussed recruitment to DCN vacancies created by staff leaving / retiring to coincide with the planned move, and to RHSC winter nursing posts.
 - Approval of additional posts to cover extended split-site working in pharmacy, laboratories, and, once DCN moves, anaesthetics.

Delay to the opening of the RHCYP - Questions and Answers

Note that consideration of a section 22 report is entirely a matter for the Auditor General and should not be referenced in either the statement or Q&A session

General Questions

Q. Why did the problem not come to light until so late in the day?

The KPMG report explains what happened – that there was a mistake made in a tender document back in 2012, however it also notes that they saw evidence where the Board's technical advisors reminded Project Co that they must comply with guidance and SHTM. Furthermore in January 2019, the Board asked IHSL for specific assurance that all critical ventilation systems had been designed, installed and commissioned in line with the relevant guidance - they received that assurance.

Clearly, there were mistakes made on both sides and once the NSS work is complete, lessons learnt from this will be shared with the wider NHS in Scotland and will be taken forward by the new Centre of Expertise.

Q. How confident are you that the Children's Hospital will open next Autumn?

There are risks to the programme which will need to be managed closely, but I will set out what I think is a challenging, but realistic timetable for both sites to move services over.

For critical care at the Children's Hospital, I envisage the timeline to be:

- Design work on the new ventilation system will be complete before the end of the year;
- We expect the solution to require bespoke air handling unit which typically take 12-16 weeks to procure. These units usually come from Europe, so Brexit could impact on availability and delivery.
- Installation and fitting is also estimated to take 12-16 weeks to complete.
- During that period, the other issues identified in the NSS report, such as maintenance of the water system and addressing the other ventilation issues will be addressed.

For DCN, we do not expect the critical care ventilation at the Children's Hospital to impact on the move of DCN, however that has still to be confirmed as it is subject to the design solution. Between now and Spring next year, the other issues which I have just referenced (water and other ventilation) will be addressed.

NSS Report

Q. The NSS report notes an absence of key controls and major deviations from guidance in both ventilation and water systems. Who is taking ultimate responsibility for this fundamental lack of control and governance and why are they still in post?

- Responsibility for controls and adherence to guidance rests with NHS Lothian.

Q. The NSS report states that it focuses primarily on other ventilation issues (para 3.1.4). What is the scale of the other ventilation issues and were these also a reason to delay the opening?

- Remedial work is required in general and theatre ventilation systems. Haematology / Oncology are also being reviewed as specific risks were identified in these areas. The Board action plan provides further detail on the actions required and the Board's responses to these.

Q. Is the Cabinet Secretary aware of any other hospital in Scotland which does not comply with the ventilation guidance?

- The ventilation guidance is best practice and recommended to be used throughout new build and major refurbishment projects
- It is important to realise that ventilation is only one part of the HAI control process and so for any part of our older estate which is unable to comply with current guidance, then compensatory mitigation and controls need to be put in place.
- It's important to emphasise that although not all hospitals in Scotland are new builds, we would expect that their Estate is maintained in line with the extant technical guidance on an ongoing basis and that any issues are identified and rectified as soon as possible.
- Also, Appendix 13 of the National IPC Manual outlines a nationally agreed minimum list of alert organisms/conditions to alert the infection prevention and control team of any unusual organisms which may require further investigation. This is particularly pertinent in those patients deemed as high risk.
- It would be wrong to suggest that if a hospital does not comply with ventilation guidance then it is automatically unsafe. For all compliance issues we expect boards to manage the whole process and if there is a weakness, for instance there is an old ventilation system that can't easily be upgraded, then compensatory controls need to be introduced.

Commented [MA(1): Actual examples from the CNO would be helpful.

Commented [MA(2): It would be wrong to suggest that if a hospital does not comply with ventilation guidance then it is automatically unsafe. For all compliance issues we expect boards to manage the whole process and if there is a weakness, for instance there is an old ventilation system that can't easily be upgraded, then compensatory controls need to be introduced.

Formatted: Default Paragraph Font, Font: (Default) Arial, 12 pt

Formatted: Indent: Left: 1.27 cm, No bullets or numbering

[CAN YOU INCLUDE THE POINTS YOU MAKE TO THE RIGHT IN THIS ANSWER – BC - have only included second point]

Q. Which other hospitals are NSS looking at with regards to compliance with relevant technical standards?

- The focus for the next stage of the NSS review will be on two new builds - the Dumfries & Galloway Royal Infirmary and the Balfour Hospital in Orkney, but their remit will be extended to include all new capital investments in Scotland.

Q. Given that deaths occurred at the QEUH due to contamination, does the Cabinet Secretary find it acceptable that water test results in RHCYP and DCN indicate some fungi in the water and that contamination has particularly been found at outlets with complex interstices and organic components which can make them more susceptible to persistent contamination?

- Pseudomonas was found in some taps and swarf and biofilm was found in some tap strainers. Testing has also found some fungi / mould contamination. System-wide disinfection followed by further testing will be carried out by the Board prior to occupation and replacements made where necessary.

Factors that led to the delay – KPMG report

Q. Why was the contract signed in February 2015 before the design was complete?

- The contract for the project was signed off at financial close in February 2015. The NPD standard form project agreement used on this project was developed in full consultation with Scottish Futures Trust to adapt it to the specific risks and requirements of the major acute healthcare sector. The contract allows for amendments to design as the project progresses.
- The contract was signed because it was assumed that any changes could be accommodated within the confines of the contract, but in retrospect making design changes when it is a NPD contract is a more difficult task.

Q. Why was the practical completion certificate signed in February 2019 while there remained a significant number of issues that needed to be resolved?

- The hospital was certified as complete by the Independent Tester in February 2019. At that time NHS Lothian were aware that there were a number of issues under the categories of drainage, ventilation and fire which needed to be addressed and these were detailed in the Settlement Agreement.
- The commissioning for the hospital was to run in parallel with the rectification work required in the Settlement Agreement. This is unusual and it makes the commissioning process more difficult, but this was the approach which NHS Lothian chose to pursue because they wanted to occupy the hospital as early as possible.
- The reason for this additional delay is unconnected to the Settlement Agreement and instead stems from the fact that the mistake made at the design stage was not picked up.

Q. How can we have technical guidance on ventilation systems which 'lacks clarity' and is open to interpretation?

- I can announce that I have asked the Chief Medical Officer and Chief Nursing Officer ~~to oversee a~~ review and update of this guidance as a matter of priority.

Commented [MA(3)]: Note, the CMO has not been asked to do this, but she has expressed a desire to address some of the issues in the guidance.

Q. How is it possible that it took seven years (2012 to 2019) before it was realised that there was a problem with critical care ventilation?

- It is disappointing that the error was not picked up sooner and we will learn lessons from this. Lessons learnt will be shared with the wider NHS in Scotland and will be taken forward by the new Centre of Expertise.

Range of issues that led to the delay and actions to resolve these

Q. Does the Cabinet Secretary know what caused the problems and who is accountable for the situation?

- It is clear from the NSS and KPMG reports that there is no single factor that caused the problems. The Oversight Board will work with NHS Lothian to progress with rectifying all remaining issues to enable the hospital to be opened at the earliest possible time.

Q. The project is over £90 million over budget and that you were considering demolishing the whole hospital due to problems with the drainage. How is this an acceptable situation?

- Can I take this opportunity to correct a number of factual inaccuracies which have been reported. First of all, there are categorically no plans to pull the building down and any suggestion is ill informed speculation. I know that this particular rumour upset staff, so I would like to take this opportunity to say there is no truth to these rumours.
- Secondly, the project is not £90 million overspent. Prior to the construction of the hospital, NHS Lothian needed to invest £80 million in enabling works to get the site ready for the new hospital to be built there. This was factored into the business case and was part of the overall cost to the project – again it is simply factually inaccurate to suggest that these costs are additional and unplanned.

Q. What actions are the Scottish Government taking to ensure that all future NHS building projects are protected against problems with water, ventilation and drainage systems?

- For the Edinburgh Children's Hospital, I have established an expert Oversight Board which will provide advice on the readiness of the facility to open and on the migration of services to the new facility.
- We also recognise that we need to strengthen quality and control in the built environment. That's why as part of the Programme for Government we announced that we will create a new body which will have oversight for the design, construction and maintenance of major infrastructure developments within NHS
- It will involve a compliance function to ensure that construction and future maintenance is in line with statutory requirements and other guidance.

Q. At the end of June, you told this chamber that you had received assurances that the problems associated with the Queen Elizabeth University Hospital were not being repeated at the Sick Kids. How is it possible that barely one week later, the whole move needed to be called off?

- The reason why I gave that assurance was because, at that point, the problem with the ventilation in critical care was not known. Clearly the late reporting of the problem is something which concerns me greatly, which is why I commissioned KPMG to conduct an independent audit of the governance arrangements for the project, to provide an external and impartial assessment of the factors leading to the delay.
- The KPMG report was published today and I provided a summary in my main statement.

Q. Has this fiasco been caused by a lack of sufficient funding and pressure on the Board from Scottish Government to open the hospital as quickly as possible with a reduced focus on regulations, safety and procedures?

- No.

Timeline for migration to the new site

Q. Can the Cabinet Secretary give assurance that patients and staff will not be impacted by ongoing remedial works once they move to the new hospital?

- The potential disruption to patients and staff by remedial works is being factored into the phased migration plan.

- NHS Lothian has identified works that may be disruptive if carried out while the hospital is fully operational and is prioritising these works so that they are all completed prior to patients and staff moving in.
- The vast majority of works can be carried out prior to the hospital being occupied with little or no disruption to patients.

Q. When will the Cabinet Secretary be able to provide specific dates on when the new hospital will open?

- Now that we have the reports from NSS and KPMG, I have outlined the expected timeline. The Oversight Board which I put in place will work with NHS Lothian to plan for a phased migration in a measured and safe manner.
- I will update Parliament with more specific dates as progress with the phased migration plan proceeds.

Sale of the existing site

Q. Is there a risk that the developer for the current site will pull out of the purchase or require compensation for the delay to the sale?

- There is currently no indication that the developer for the current site will pull out of the purchase. I would expect NHS Lothian to keep the developer fully informed of the current situation and any future developments.

Q. Is it likely that the developer for the current site will sue NHS Lothian? NHS Lothian are engaging with the developers and there is currently no indication that the developer will take this course of action.

Expected costs of delay and impact of costs on other NHS Scotland capital projects

Q. There have been press reports that there is a further £90 million cost for the new hospital. How is it possible that costs have been allowed to escalate to this scale?

- To set the record straight, the project has not overspent by £90 million. Prior to the construction of the hospital, NHS Lothian needed to invest £80 million in enabling works to get the site ready for the new hospital to be built there. This was factored into the business case and was part of the overall cost to the project – it is simply factually inaccurate to suggest that these costs are additional and unplanned.

Impact on patients and staff

Q. Can you tell me how many patients had appointments cancelled, disrupted or rearranged as a result of the delay?

- NHS Lothian quickly contacted all patients with planned appointments in both the Children's Hospital and the Department of Clinical Neurosciences, either by phone or by letter, to inform them of the change in arrangements.
- A helpline was also set up and while calls to it in the last couple of weeks have averaged in single figures, it will remain in place until I decide it can be stood

down. The last call received was on 7 September, with only 2 calls in total in that week.

- Overall, high quality services continue to be delivered from the exiting sites and I would reiterate my gratitude to the staff who continue to deliver high quality patients services
- At the time of the cancellation of the moves on 4th July 2019, 3995 patients had appointments booked in the new RHCYP between 11th July and 31 December 2019. It is not possible to provide a month by month breakdown of the patients that were booked at the time of the moves being cancelled on 4th July as 1) all bookings have since been updated and 2) additional appointments have subsequently been booked. All patients with appointments up to the end of July were contacted by phone. Patients booked August to December were notified by letter. The majority of appointments remained scheduled for the same date and time, with just the location changed.

Q. There were reports that staff were kept in the dark about what was happening and that communication was confused by your intervention

- I met with staff side representatives on 13 August to reassure them that I was committed to an open and honest dialogue and I have written to all staff to bring them up to date on the current position.
- I wrote to staff side and staff on 19 August following this meeting. I had previously met with and written to staff on 18 July
- I recognise the difficult situation that staff have been put in and I am enormously grateful to staff who continue to provide high quality clinical services in what has been difficult circumstances.

NPD Contract

Q. Given that Multiplex were involved with the Queen Elizabeth University Hospital and the Sick Kids, do you think it is appropriate for them to be given any more public sector contracts?

- There is a well-established process in place for the awarding of contracts and it would not be appropriate for me to get involved or comment on any future contracts.

Q. This project demonstrates that the Scottish Government's Non Profit Distribution (NPD) is no better than the failed PFI projects that have been supported by both the Conservative and Labour parties. Can you admit that the SG PFI-lite model is no better than PFI?

- There is no suggestion that the procurement model contributed to the problem. We know that the NPD model eliminated the excessive profits of the PFI projects, which are still being paid for by the Scottish Government even today.

Q. Why is the taxpayer footing the bill for massive interest rates on loans to private firms?

- In all NPD contracts, the (private) financing of the project is split between senior and junior debt. The interest rate on senior debt is around 5% whereas the junior debt is typically 10% (or in the case of the Sick Kids 9.47%); these rates compare favourably to PFI projects.

- Across the whole NPD programme the projected rate of return is around 10% and a cap on profits is applied to all projects which is one of the key differences between NPD and PFI contracts.

Q. Why is the taxpayer footing the bill for massive interest rates on loans to private consortiums when the debts are under-written by the Scottish Government and are virtually risk-free?

- Whilst the Scottish Government provides commitments to NHS Lothian as part of the contract, we do not underwrite IHSL's debt.
- To finance the new hospital, the private consortium had to borrow significant sums of money which is at risk and while government contracts tend to be low risk investments, risk still exists and so the contract is structured to provide a reasonable return on investment.

Q. Why is the taxpayer paying substantial monthly payments for a hospital that is currently not being used?

- The unitary charge payment became payable once NHS Lothian had taken possession of the site as part of the contract. My opening statement details what happened and what the next steps are.

Miscellaneous and press coverage

Q. A retired architect, Mr Menzies, has been reported in the press as having raised concerns about the design of the hospital a number of years ago but his warnings were ignored. Does the Cabinet Secretary have confidence that all issues he raised have been addressed?

- Mr Menzies has submitted a letter and list of concerns he has around the design. It will take some time to consider his extensive list of concerns but we will endeavour to reply as soon as possible. My officials have requested a meeting with Mr Menzies to discuss his concerns but he has so far declined.

Q. Given recent press reports, can the Cabinet Secretary give a cast iron guarantee that the building will not be torn down?

- There are categorically no plans to pull the building down and any suggestion of this is ill informed speculation. I know that this particular rumour upset staff, so I would like to take this opportunity to say there is no truth to these rumours.

Q. The Prime Minister announced last week that Health would be receiving £176 million consequentials for Health capital projects. Given the additional costs for the Sick Kids, cladding for the QEUH and the amount of backlog maintenance required throughout NHS Scotland, can the Cabinet Secretary guarantee that the full amount of this funding will be provided to Health capital projects and not siphoned off to bolster other areas of the budget?

- The funding that has been provided by the Prime Minister is very welcome but does not make up for years of austerity. Whilst the SNP Government has protected the health budget from the worst of the cuts to funding, the level of backlog maintenance required is testament to cuts to capital budgets imposed by Westminster.

Commented [MA(4): At this point no decision has been made as to how these consequentials will be allocated.

Q. There have been comparisons made to the issues at the QEUH in Glasgow, which led, sadly, to patient deaths. Have adequate lessons been learnt from the mistakes made by QEUH to ensure there is no repetition of their issues?

- We recognise that there is a need to strengthen quality and control in the built environment across Health. This is why we will be creating a new body through our Programme for Government which will have oversight for the design, construction and maintenance of major infrastructure developments within NHS Scotland.
- The new body will include a compliance function to ensure that construction and future maintenance is in line with statutory and other guidance.
- An Independent Review is under way to look at the QEUH building's design, commissioning and construction, handover and ongoing maintenance and how these matters contribute to effective infection control. We are determined that lessons will be learned from this Review not only for the QEUH but for application across the NHSScotland estate.

Q. Can we be confident that once the Sick Kids is opened, we won't see a repeat of the Gram-negative bacteria infections that have been reported last weekend to have affected 13 children in Ward 6A QEUH?

- The key point about the work at the Sick Kids Hospital is that it is being done before any patients are admitted to the building. This gives us the confidence that we will be able to mitigate against preventable infections linked to the built environment in future.
- A wide range of control measures and investigations are in place at the QEUH to understand the cause of these GNB infections and prevent future cases

Q. Does the Cabinet Secretary agree that there should be a full public inquiry into both the Sick Kids and the QEUH in response to the disasters that have befallen both projects and which have led to patients and staff being inconvenienced at the least and in some cases their safety and well-being being put at risk?

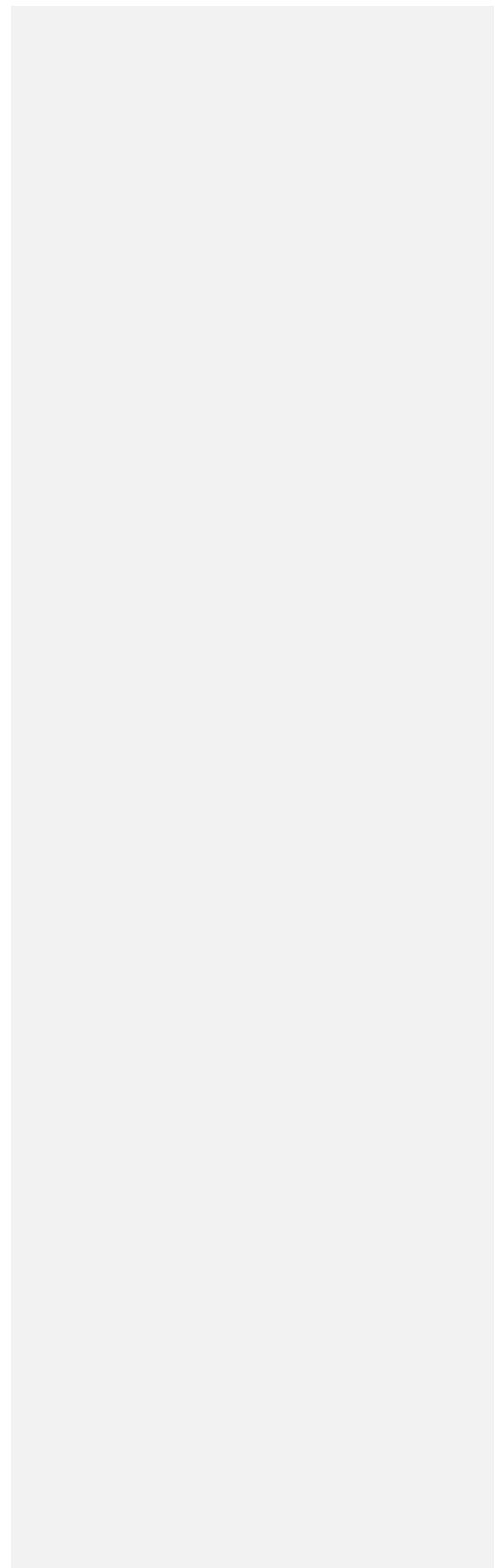
- Two reviews into the Sick Kids were published today and a review of the QEUH is in progress. I can assure Parliament that lessons will be learnt from these projects and these will be taken forward by the new body announced as part of our Programme for Government which will have oversight for the design, construction and maintenance of major infrastructure developments within NHS Scotland.

Q. You provided information to Parliament on 25 January on an independent review that you had commissioned into the QEUH. Why was this review not concluded in time to factor into the Sick Kids project in order to prevent some of the issues that have now arisen?

- The independent review into the QEUH was commissioned prior to the issues with the Sick Kids coming to light.

Q. The Prime Minister announced additional capital funding for the health service in England of £1.8 billion, where is the Scottish Government planning on directing its share of the consequentials?

- We have not decided how these consequentials will be allocated?



From: Mary Morgan [REDACTED]
Sent: 07 September 2020 09:13
To: McQueen F (Fiona)
Cc: Henderson C (Calum)
Subject: RHCYP/DCN Escalation Review

Dear Fiona

I have reflected on the status of the DCN/RHCYP project and the progress that has been made:

- More than 180 actions progressed
- Remedial works for CAMHS, Critical Care & Haem Onc and Emergency Dept are all in progress with programmes of work defined for completion
- Programmes of work are running to time and timeline has been publicly announced
- DCN are fully relocated to their new facility
- Children's outpatients have been relocated to the new facility
- The programme governance is in place.
- It is agreed that NHS Lothian will progress migration plans for services that recognise a range of factors to be considered

I am also thoughtful that NHS Lothian have a new Chairman and Chief Executive since the Board was escalated. The project is in a good place and subject only to monitoring at this point

I would be pleased if the status of escalation could be reviewed with a goal of de-escalation for this project

Best wishes, Mary

Mary Morgan
Director: Strategy, Performance and Service Transformation

NHS National Services Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh, EH12 9EB
[REDACTED]

This email is intended for the named recipient only. If you have received it by mistake, please (i) contact the sender by email reply; (ii) delete the email from your system; . and (iii) do not copy the email or disclose its contents to anyone.

This email has been scanned by the Symantec Email Security.cloud service.

EDINBURGH CHILDREN'S HOSPITAL – STAFF SIDE MEETING, 13 AUGUST

Purpose

1. To provide briefing on the new Edinburgh Children's Hospital in advance of a meeting with staff side representatives on 13 August.

Priority

2. Immediate.

Background

3. Alex Joyce (Employee Direct, Joint Staff Side Chair) wrote to you on 23 July to raise concerns on communication with unions on the delayed move to the Royal Hospital for Children and Young People (RHCYP), to set out the impact that he believes that this is having on the partnership working between NHS Lothian and the unions, and to request a meeting to discuss these concerns.

4. The meeting will take place on 13 August, 15.30–16.30 in 1.3/5 Glennie A & B , Atlantic Quay, Glasgow. Attendees are:

UNISON

Alex Joyce Employee Director
Wanda Fairgrieve Partnership Lead Midlothian IJB
Jane Anderson Partnership Lead Corporate Services (job share)
Thomas Miller Partnership Lead East Lothian IJB
Tracy Miller Partnership Lead Royal Infirmary & Branch Secretary
Debbie Reilly Partnership Lead Western General
Sharlene Philp Partnership Lead DATCC
Tom Waterson Branch Chairperson
Willie Duffy Full Time Officer

Royal College of Nursing

Stuart McLauchlan Partnership Lead REAS
Linda Rumbles Partnership Lead St Johns Hospital
Jasmin Clark Partnership Lead Corporate Services (job share)
Ros Shaw Full Time Officer

UNITE

Gordon Archibald Partnership Lead OAS
Gillian MacKay Full Time Officer

College of Podiatry

Caroline McDowall Partnership Lead West Lothian IJB

Chartered Society of Physiotherapy

Helen Fitzgerald Partnership Lead Edinburgh IJB

Official support

Christine McLaughlin, Shirley Rogers and Alan Morrison.

Contents of briefing

This briefing responds to the points raised in the letter (Annex G), and provides further background information relating to RHCYP, as follows:

Annex A – key points from Alex Joyce’s letter and responses (full letter at Annex G)

Annex B – media coverage on unions, background and lines issued

Annex C – drainage issues – background and current status

Annex D – settlement agreement – background and timeline

Annex E – NHS Lothian annual audit report – key points

Annex F – current status: NSS assessment; KMPG review; critical care ventilation solution

Annex G – staff engagement events and activities by NHS Lothian

Annex H – letter from Alex Joyce

Annex A: key points from Alex Joyce's letter and responses

Alex Joyce (Unison), Employee Director and Joint Staff Side Chair of NHS Lothian wrote to you on 23 July 2019 requesting a meeting to discuss concerns that Staff Side had been excluded from any communications regarding the decision not to open the Sick Kids hospital. In his letter he alleges that this was as a direct result of advice from the Scottish Government, which we refute. Feedback we have received is that the main issue is the concern that staff side are not being included due to SG requiring communications to staff having to be cleared first.

In his letter Mr Joyce states that *"this is a major departure from our normal working practices within our Partnership Agreement with NHS Lothian"* which implies that in normal circumstances these partnership arrangements work well. However, Mr Joyce then goes on to request an urgent meeting to *"share our concerns and to try and agree a way to repair increasingly fractured partnership working within NHS Lothian as a result of this situation"*.

Whilst the non-opening of the Sick Kids hospital may have presented very specific challenges to the local partnership working arrangements in NHS Lothian we have not been made aware of any concerns or issues with the local arrangements prior to this.

The Staff Governance Standard states:

The NHS Board Partnership Forum has a key role in ensuring that best practice is shared across local structures, including integrated systems of health and social care and other contractors. It will be a system-wide approach and will carry out policy development across the health system to support staff governance. The Forum should also advocate, broker and monitor staff-side involvement in all aspects of service planning, strategy development and workforce planning.

The Partnership Forum should ensure that all available data from the Staff Governance Standard's monitoring arrangements is used to create a Staff Governance Action Plan. The Staff Governance Action Plan should underpin the Local Delivery Plan and Workforce Plan. In this way, the Forum will contribute to the development of the Local Delivery Plan and Workforce Plan and assess the impact of decisions upon the staff governance agenda, feeding in solutions and proposals as necessary. This will allow the Forum to participate in the wider strategic organisational objectives of the NHS Board and the key areas of Board accountability and governance.

The specific responsibilities of the Forum are to:

- *take a proactive approach in embedding partnership working at all levels to assist the process of devolved decision-making in relation to staff;*
- *be involved in the processing of the staff experience and staff governance monitoring arrangements;*
- *submit recommendations and details of the staff experience and staff governance monitoring arrangements and associated action plans to the Staff Governance Committee;*
- *be linked into regional planning arrangements for service and workforce development and delivery; and*
- *link with the SPF (through SWAG) and provide reports on progress within its area. This flow of information is two-way, and the SPF and SWAG will consult with NHS Board Partnership Forums on any proposals for policy development they are considering, and any problems highlighted from statistical returns that require local attention or explanation.*

NHS Lothian engagement with staff

NHS Lothian have undertaken a range of engagement with staff, including open sessions and a Q&A published on their intranet. On 15 July, NHS Lothian's director of Communications provided detail of this engagement and this is included at Annex G.

SG engagement with staff

You wrote to staff on 18 July and visited the existing Sick Kids and DCN sites the same day to provide an update and to answer questions that staff may have, as set out in the GIQ which stated:

NHS Lothian staff have all made considerable efforts to help make the move and some have made personal and domestic plans to coincide with the move. I have written to staff today to thank them for their hard work in preparing to for the move, for all that they are doing to help manage the situation and for their excellent track record of providing high quality patient care. NHS Lothian have also carried out a number of staff sessions and a Q&A has been posted on the NHS Lothian Intranet to answer questions received from staff to date, and going forward. The Senior Team at NHS Lothian will continue to work with all staff as we proceed with the work required to allow the move to take place.

Incident management team (IMT)

Communication from Lothian's IMT has included updates to Unions. As Mr Joyce notes in his letter, the incident management team will have more detailed information on current status and activities than that which is shared with the Unions due to confidentiality and or emerging issues on which it would not be appropriate to share more detailed information.

Lines to take

- It is untrue that the Scottish Government has sought to exclude the trades unions or staff on the decision not to open the Sick Kid's hospital.
- This was a developing situation and the Scottish Government worked closely with the Board to ensure the right decision was made.
- On issues of joint interest, it's routine for the Scottish Government and health boards to share media responses.
- My greatest responsibility is the safety of patients, and for this reason the decision was taken to delay the move of patients, staff and services to the new hospital.
- I recognise that many staff share my frustration following the announcement of the delay. The Chief Medical Officer and I have visited staff at the Sick Kids hospital to hear any concerns they may have, and to offer our personal thanks for the exemplary way in which they have managed the delayed move.
- The Scottish Government is committed to working in partnership with NHS Employers, Trade Unions and Professional Organisations.
- This partnership working has been recognised in NHSScotland as a critical success factor in achieving the aspiration of a world-class health service designed with the patient at the centre.

- Partnership Fora must focus on finding solutions at a local level between staff-side representatives based on principles of mutual trust and confidence.
- We fully expect Boards to work closely in partnership, at local level, and encourage proactive dialogue to ensure that staff are fully informed of any decisions which may affect them.

Annex B: media coverage on unions, background and lines issued

Over the course of 4 and 5 August there was significant media coverage quoting Tam Waterson, UNISON, who claimed that he had spoken to senior figures at NHS Lothian and that:

Drainage is a bigger problem than ventilation. That, two years ago, NHS Lothian paid around £23 million to address the issues, half of which was a loan to the contractor. [See Annex C on drainage.]

“There is a school of thought that they might have to rip it down [the building].”

He said that the SG told NHS Lothian not to provide information to the unions around the time of the delay last month: “We have been deliberately excluded by the Health Secretary.”

He said the SG is “after” the NHS Lothian CEO.

He said: “Jeane Freeman is cold and has no empathy”. He added that she could lose her job over the hospital row.

Tam Waterson - GMS - 0705

Mr Waterson appeared on GMS on the morning of 5 August and the main points are summarised below:

- The issues with drainage emerged around 18 months ago.
- NHS Lothian hoped it had been remedied - paid £11.5 million for works to fix the problem.
- Construction company had to continue building so no guarantee can be given that it is now fit for purpose.
- This drainage problem is over and above the ventilation issues.
- Three members of the Scottish futures trust sat on board and would have been aware of these issues 18 months ago. This means Scottish Government cannot say they were not aware.
- Monica Lennon is calling for full public inquiry.
- Conservatives calling for Audit Scotland to get involved.
- He is not as pessimistic as Monica Lennon- he does think the hospital will open.
- Also claimed issues with on-going maintenance in the existing Sick Kids because staff were not expecting to still be there.
- He says staff were packing boxes to leave the old hospital several days after Cab Sec made the decision to suspend opening.

Scottish Government response

A Scottish Government spokesperson said:

“The Health Secretary has made clear that her greatest responsibility is the safety of patients, and for this reason decided to delay the move of patients, staff and services to the new hospital. Patients and carers have been contacted directly to confirm appointment arrangements and a dedicated helpline remains in place.

“She recognises that many staff share her frustration following the announcement of the delay. The Health Secretary and the Chief Medical Officer visited staff at the Sick Kids hospital to hear any concerns they may have, and to offer their personal thanks for the exemplary way in which they have managed the delayed move. The Health Secretary will meet again with NHS Lothian staff representatives in the coming weeks.”

“It is untrue that the Health Secretary has sought to exclude the trades unions or staff.”

Background

Is the government aware of any risk that this hospital might have to be torn down? (BBC, The Sun, Telegraph)

No.

Is it true that the Scottish Government is ‘after the chief executive’ of NHS Lothian as Mr Waterson suggests? (The Sun)

No.

NHS Lothian Statement

Professor Alex McMahon, Nurse Director, NHS Lothian, said:

“There are a number of independent reviews and investigations underway to verify and provide assurance that all aspects of the Royal Hospital for Children and Young People, the Department of Clinical Neurosciences, and Child and Adolescent Mental Health Services meet the appropriate standards before it becomes operational.

“The decision to delay the move followed the identification of a problem with ventilation in critical care. Given the pause in occupation, the commissioned reviews will focus on ventilation and will also look at drainage and water systems as a priority.

“An Oversight Board, made up of Scottish Government, NHS Lothian, National Services Scotland and Scottish Futures Trust, has been established in order to provide co-ordinated advice on the readiness of the hospital to open and on the migration of services to the new facility.

“The reviews and subsequent reports will be provided to the Cabinet Secretary for Health and NHS Lothian.”

Notes to news editors:

A total of £11.6m was agreed as part of a Settlement Agreement between NHS Lothian and contractors IHSL.

Annex C: drainage issues – background and current status

Drainage

Drainage systems typically relies on gravity to allow wastewater to flow downhill until it is disposed of off-site. However due to the topography of the site, the elevation loss (downhill gradient) was not as large as is desirable/required. To address that weakness, NHS Lothian, in conjunction with IHSL, fitted two sump pumps which ensures that the wastewater is moved off-site.

NHS Lothian are of the view that the combination of the sump pumps and gravity will ensure that drainage does not cause a problem going forward.

HFS review of drainage

HFS's review of internal drainage systems are progressing to plan. They are currently undertaking an onsite and desktop review of drainage drawings, design details, specifications and any derogations from the contract.

HFS are aware that RHCYP is served in part by two basement sumps which collect the sewage which is then pumped to an external sewer. They know that during construction there was an issue with the rainwater collection tank overflowing into the sump. This sump, which was not in use at the time, then subsequently overflowed into the basement. They believe, though they have yet to fully confirm, that this should have no implications for the building as occupied.

The basement sump may present issues with potential for flooding of the basement if pumps, strainers block, and alarms fail at the same time. The HFS report will therefore consider protocols, procedures and resilience plans to ensure this risk is managed.

Other flood

In addition to the flood noted above, there was another flood last summer which received media attention:

<https://www.edinburghnews.scotsman.com/news/severe-flood-damages-150m-sick-kids-development-1-4753559>

However, that flood was caused by a burst water pipe and was unconnected to any issues around the drainage system.

Annex D – settlement agreement – background and timeline

The construction of the new Edinburgh Children's Hospital was originally scheduled to be complete in July 2017, however due to a number of issues such as the ventilation system in 20 three and four bedded wards and the quench pipes in the MRI suite, the handover of the hospital was delayed.

NHS Lothian and IHSL, had been in dispute over who is responsible for the delay, but they began working on agreeing a programme of work which was intended to deliver practical completion of the new hospital by October 2018, with patients moving to the new facility in February 2019.

In order to deliver these outcomes, NHS Lothian developed a Settlement Agreement with IHSL, which confirmed all areas of dispute and costed what needed to be done in order to complete the hospital. As part of that agreement, NHS Lothian accepted that they needed to make an additional payment of £11.6 million which would resolve all areas of dispute and assist in the completion of the facility.

This proposal was endorsed by NHS Lothian's Finance and Resources Committee. Scottish Government were supportive and approved the proposed way forward because it offered more certainty in terms of costs and timescales and removed the risk of Court action being necessary.

On 22nd February 2019, the Board entered into a Settlement and Supplemental Agreement with IHSL. This agreement was to resolve various disputes between the Board and IHSL, with the ultimate aim of opening the new RHCYP & DCN hospital in July 2019. This agreement also resulted in certain provisions of the original Project Agreement (both legal and technical) being amended.

Settlement Agreement – what is it?

NHS Lothian and IHSL were in dispute over who was responsible for the delay in the opening of the new hospital and there were broadly two options available – settle the matter in Court or for the two parties to agree the necessary way forward. The Settlement Agreement is essentially the formal legal documentation of the agreed technical way forward which puts aside who is responsible for the delay and instead focuses on what needs to be done, who needs to do it and what payment needs to be made.

The technical solution identified that additional capital works of £17.6 million was necessary and project financing and additional contractor costs of £5.8 million. It was agreed that NHS Lothian's contribution would be £10 million to the capital works and £1.6 million for the other costs.

Settlement Agreement – main issues to be resolved

The agreement identified around 80 issues which needed to be resolved. NHS Lothian challenged IHSL on all of these issues as they needed to be assured that the solution was deliverable and worked, which was why that while the principle of the Settlement Agreement was agreed in July 2018, the documentation was not finalised and signed until February 2019.

Even after the agreement was signed, we highlighted that there were three main technical issues that were identified as high risk – drainage, void fire detectors and heater batteries, but they would be addressed post-completion and at the same time the Board undertakes its commissioning. Risks of contractor and Board working at the same time were highlighted.

Timeline of briefings

14 March 2018 – Briefing to Cabinet Secretary highlighting there were problems with the ventilation; NHS Lothian considering court action at that point.

21 March 2018 – Briefing to Cabinet Secretary noting that court action would need to be approved by CS before it starts.

25 April 2018 – Email to Cabinet Secretary and First Minister informing both that court action is no longer being taken forward and that a loan of £10 million is being considered to allow the ventilation to be fixed.

27 July 2018 – Briefing to Cabinet Secretary noting that a loan would fail on state aid grounds, so instead a settlement agreement is now the agreed way forward.

July 2018 – Paper from NHS Lothian's Finance and Resources Committee on the proposed commercial agreement between NHS Lothian and IHSL. This outlines why it is needed, what it does and what the risks are. This provides the necessary assurance for Christine McLaughlin to approve the payment.

20 September 2018 – Briefing to Cabinet Secretary detailing additional technical problems, most notably with the drainage. Highlights that 31 October handover will not be achieved.

7 November 2018 – Email to Cabinet Secretary confirming that the revised handover date of 31 October was not achieved and that a new date was still not known.

13 February 2019 – Briefing to Cabinet Secretary informing her that the Settlement Agreement was signed on 6 February 2019 and it would allow project completion to be confirmed. Three significant technical matters remain (drainage, void detectors and heat sensors) but they would be addressed post-completion and at the same time the Board undertakes its commissioning. Risks of contractor and Board working at the same time were highlighted.

Annex E – NHS Lothian annual audit report – key points

Background

The Report was presented in draft to the Board in a private session on 26 June. Papers from the private session refer to a verbal overview and to two key issues covered: 1. the external audit progress to date, and 2. a high level review of the arrangements for agreeing and approving the settlement agreement between NHS Lothian and the contractor with respect to the Royal Hospital for Children and Young People (RHCYP), Department of Clinical Neurosciences (DCN) and Child and Adolescent Mental Health Services project. The review was carried out by Scott Moncrieff, the external auditors, at the request of Audit Scotland. The review is included as part of the Annual Audit Report and looked at the governance arrangements relating to the settlement agreement only; and not those relating to the whole project.

Scottish Labour called for publication of the ‘secret report into sick kids hospital payments’ in a release published on 5 August and this was picked up by various media outlets.

In light of the ongoing public interest in the new Royal Hospital for Children and Young People (RHCYP), the Auditor General took the decision to publish the Annual Audit Report on NHS Lothian on 6 August. Scottish Government officials were made aware of the publication and associated Audit Scotland press release shortly ahead of the 1pm release on 6 August.

The Annual Report that is prepared each year for Board Members and for the Auditor General for Scotland. It is usually published at the end of September/beginning of October and was therefore published approximately 2 months ahead of the usual publication date.

Key findings

The Annual Audit Report confirms that NHS Lothian’s accounts received an unqualified audit opinion. In addition, the Report sets out findings from the high level review of governance arrangements of the settlement agreement, along with findings on financial sustainability, financial management, governance and transparency and value for money.

On the settlement agreement: the report notes that NHS Lothian sought professional advice and provided evidence of detailed evaluation of the available options before proceeding with the settlement agreement and that provision of a safe facility remained the board’s priority at all times.

Financial sustainability: the report notes that the annual operational plan sets out financial gaps for the 3 years of the plan and that there are limited plans to close the gap. The 2019/20 financial plan outlines a financial gap of £26 million. The report shows this gap increasing to £90 million by 2020/21. The report notes that this is in line with previous years projections and that while the plan shows financial gaps in each year, at this stage, the board does not intend to request brokerage.

Waiting times performance: The report notes that performance metrics have marginally improved in the year but the overall position continues to reflect a challenging environment and there has been a deterioration in performance against waiting times standards.

Funding and reform: the Report notes that there is a clear intention to focus on improving patient outcomes and reducing future demand, but there is limited funding available to support

extensive improvement initiatives. NHS Lothian continue to work to reduce waiting times, with their first quarterly performance review showing steady progress on reducing waiting times.

Lines issued in response to media enquiries:

Daily Rec/Daily Mail – Audit Scotland report - The report says NHS Lothian is facing a financial gap of up to £90m by 2021/22. Can you respond to this?

“NHS Lothian has received additional funding this year of £43.5 million, taking their overall budget in excess of £1.4 billion, along with a share of £392 million to go towards improving patient outcomes.

“As has been demonstrated in each of the previous financial years, it is normal for NHS Boards to begin the year with a relatively high variance against budget and for this to reduce throughout the year as savings plans are developed and as expenditure patterns become clearer.

“NHS Lothian are working to deliver a breakeven position this year, and over their three year financial plan.”

Daily Record; Daily Mail; PA; Herald; The Times - Annual audit report Settlement agreement review

A Scottish Government spokesperson said:

As part of this year’s audit, Audit Scotland commissioned Scott-Moncrieff to carry out a high level review looking specifically at arrangements around the settlement agreement between NHS Lothian and the contractor.

The report notes that NHS Lothian sought professional advice and provided evidence of detailed evaluation of the available options before proceeding with the settlement agreement and that provision of a safe facility remained the board’s priority at all times.

The results of this review will be considered as part of the independent audit of the overall governance arrangements for the new hospital that KPMG are conducting, at the Cabinet Secretary’s request, to provide an external and impartial assessment of the factors leading to the delay.

Background

NHS Lothian has received additional funding this year of £43.5 million, taking their overall budget in excess of £1.4 billion, along with and a share of £392 million to go towards improving patient outcomes.

As has been demonstrated in each of the previous financial years, it is normal for NHS Boards to begin the year with a relatively high variance against budget and for this to reduce throughout the year as savings plans are developed and as expenditure patterns become clearer.

NHS Lothian are working to deliver a breakeven position this year, and over their three year financial plan.

NHS Lothian continue to work to reduce waiting times, with their first quarterly performance review showing steady progress on reducing waiting times.

In 2019/20, additional investment of £16 million has been provided to specifically to target waiting times.

Susan Goldsmith, Finance Director, NHS Lothian, said:

“We welcome the report from Audit Scotland around the decisions made on the Royal Hospital for Children and Young People, the Department of Clinical Neurosciences, and Child and Adolescent Mental Health Services at the Little France campus.

“It reviewed the Settlement Agreement between NHSL and IHSL and considered the project governance and value for money.

“The report highlights that NHS Lothian provided evidence of detailed evaluation of the qualitative and quantitative options available to it before proceeding with the settlement. It also shows that the board sought technical advice and expertise throughout the project to ensure the safety of patients, staff and visitors remained the priority throughout.”

Annex F – current status: NSS assessment; KMPG review; critical care ventilation solution

External Review – NHS National Services Scotland (NSS)

NSS sent 130 questions to NHS Lothian on phase 1 of the review – ventilation, water and drainage. A meeting was arranged with NHS Lothian on 7 August to discuss areas where their responses were incomplete. We are still expecting an interim report on phase 1 in the third week of August and a final report in early September.

KPMG Audit of Governance

KPMG continued their follow up interviews last week (we 9 August) which were focussing on answering key questions: was there a change to ventilation requirements or a lack of clarity on ventilation specifications from the outset; is the guidance clear; what did the independent testing test against in October; was there adequate contingency planning? Preliminary findings indicate that the information from all parties is providing a consistent and not conflicting picture, the right people appear to have been involved at the right times in the project but there was lack of clarity on ventilation requirement from the outset. Due to the complexity of the follow up on these key areas the initial draft of KPMG's findings is expected this week (wc 12 August; rather than by 9 August as previously indicated). The finalised report is still expected the following week (wc 9 August) as planned.

Technical Fix – Critical Care Ventilation

An Oversight Board was set up to oversee all components required to be in place to allow the new hospital to open and the phasing of migration. The Oversight Board met for the first time on Thursday 8 August where it reviewed ventilation issues in detail. The main ventilation issue relates to critical care. A specification to produce a design that complies with technical standards was agreed in principle by all members of the Board. This will now be developed in more detail and shared with IHSL. The contractual nature of the request from NHS Lothian remains under consideration and a meeting will be held between NHS Lothian and IHSL next week to begin negotiation.

There are 7 other ventilation issues (1) very limited extract in theatre corridors; (2) excessive flexible ductwork in theatre ceilings; (3) scrub extract grilles; (4) back up arrangements appear to be very complex and as such likely to be challenging in practice; (5) cabling and cable connectors inside air handling units (AHU); (6) some motors running at over 95% speed; (7) the use of pressure control sensors downstream of AHU but upstream of ultra clean ventilation (UCV) canopy theatres. A ventilation working group is assessing each of these. At this point in time our working assumption is that each of these issues will be resolved within the same timeframe as the critical care ventilation

There is a key decision point in relation to the 7 other ventilation issues regarding whether these will impact on the ability to undertake a phased occupation of the building. An assessment of this point is expected at the next Oversight Board meeting on 22 August.

The Oversight Board asked NSS to consider the three components of the second phase of validation – fire, electrics and medical gases – and the extent to which assurance can be provided through inspections in order to take a risk based approach to review. It was agreed that fire officers from NSS and NHS Lothian will meet to review fire safety and report back to the next meeting.

Annex G – staff engagement events and activities by NHS Lothian

The following timetable was provided by NHS Lothian on 15 July. We can confirm that the last communication issued to staff was on 7 August, ahead of the Board meeting.

Delayed RHCYP opening and Services move to Little France campus
Staff Briefings, Meetings and Events. From 4 July 2019

Date	Detail of meetings/workshops	Lead
4 July	RHSC - open staff briefing sessions x 2	Director Women's and Children's Services Associate Medical Director RHSC
4 July	Floor walking at RHSC	Director Women's and Children's Services Associate Medical Director RHSC
4 July	DCN - Open staff briefing sessions	Chief Officer, Acute Services, General Manager, Clinical Services Manager,
4 July	DCN - floor walking	Chief Officer, Acute Services, General Manager, Clinical Services Manager,
4 July	Radiology - open staff briefing sessions	Medical Director
4 July	Radiology – floor walking	Medical Director
4 July	RHSC Walk around by Service Director and Associate Nurse Director to speak to staff on night shift	Director Women's and Children's Services
5 July	RHSC - open staff briefing session	Director Women's and Children's Services
5 July	updated WGH staff at Safety Huddle	Chief Officer, Acute Services
5 July	walked around DCN wards	Site Director WGH, CNM Oncology
5 July	Walk round whole DCN department to speak to staff	Clinical Services Manager, Surgical Services Directorate
5 July	Face to Face meeting with DCN Senior Charge Nurses and department heads	Clinical Services Manager,
5 July	DCN meeting with Tim Davison re SG letter	Clinical Services Manager,
5 July	Face to face Meeting with DCN Clinical Management Team to plan feasibility/migration meeting on Monday	Clinical Services Manager,
5 July	Telephone /email discussions with various DCN staff to 'un-move' hospital	Clinical Services Manager,

5 July	Telephone calls to RHSC patients regarding appointment and operating dates	Director Women's and Children's Services
5 July	Telephone calls to DCN patients regarding appointment and operating dates	Clinical Services Manager
8 July	Partnership Reps - Briefing session via conference call	Director of HR &OD Chief Officer Acute Services
8 July	*Incident Management Team (IMT) convene Dir Of Nursing & Exec Lead for Infection Control (Chair) Chief Executive Medical Director Director of Finance Director of HR & OD Chief Infection Control Chief Officer, Acute Director of Estates Director Operations- Facilities Director of Communications IMT will meet twice weekly on Mondays and Thursdays	
8 July	Open meetings with DCN wards, neurophysiology and admin team	Clinical Services Manager , Hester and Partnership
8 July	8am face to face meetings with RHSC Heads of Department to address immediate issues	Director Women's and Children's Services
8 July	Open meetings with RHSC staff	Director Women's and Children's Services
8 July	Walk rounds to DCN wards	Assoc. Nurse Director, WGH
8 July	Face to face meeting with DCN clinical/operational colleagues from DCN and associated directorates to discuss feasibility/risks of DCN moving	Clinical Services Manager,
8 July	Telephone contact with DCN patients – all inpatient and day cases were contacted.	Clinical Services Manager,
8 July	Telephone calls to RHSC patients regarding appointment and operating dates	Director Women's and Children's Services
9 July	Teleconference meeting between DCN and project team to discuss migration plan and feasibility	Clinical Services Manager, Hester Niven, Mike Fitzpatrick, Re-provision Project Manager
9 July	8am face to face meetings with RHSC Heads of Department to address immediate issues	Director Women's and Children's Services

9 July	Calls to DCN patients to transfer appointments and operating	Clinical Services Manager
9 July	Telephone calls to RHSC patients regarding appointment and operating dates	Director Women's and Children's Services
10 July	8am face to face meetings with RHSC Heads of Department to address immediate issues	Director Women's and Children's Services
10 July	2 x open staff briefing sessions x 2	Chief Officer , Acute Services Director Women's and Children's Services Associate Medical Director RHSC Service Manager, Children's Services
10 July	Telecon with Scottish Ambulance Service to confirm arrangements for a DCN mid-week move and notice period required for move	Re-provision Project Manager
10 July	2 x open staff briefing sessions x 2	Chief Officer , Acute Services Director Women's and Children's Services Associate Medical Director RHSC Service Manager, Children's Services
10 July	RIE Hospital Management Group – update provided to all services CMT representatives at RIE by DCN GM, CSM, CNM and ASM	Clinical Services Manager
10 July	Letters sent out to DCN patients to confirm new appointment details	Clinical Services Manager
10 July	DCN and project team meeting between to finalise migration/feasibility meeting notes before sending to group	Re-provision Project Manager Clinical Services Manager Clinical Commissioning Manager Asst. Directorate Manager, Radiology
10 July	Calls to DCN patients to transfer appointments and operating dates (ongoing	Clinical Services Manager
10 July 2019	Telephone calls to RHSC patients regarding appointment and operating dates	Director Women's and Children's Services
11 July	Session to brief NHS Lothian Board members on events to date. Areas covered included project chronology, contractual arrangements with the SPV and their contractors, Settlement Agreement, ventilation issue and possible solutions, impact of works and clinical co- dependencies on migration plan. Commissioning Review and Governance Review.	Chief Executive and Executive Team

	10 Board members present so this meeting will be repeated on 18 July for those unavailable today.	
11 July	IMT (as 8 July) Director of Finance takes over as IMT chair. Attendees as before plus Employee Director	Director of Finance
11 July	DCN feasibility / migration meeting notes sent to attendees (by email) from all clinical stakeholder groups for comment and approval	Clinical Services Manager
11 July	8am face to face meetings with RHSC Heads of Department to address immediate issues	Director Women's and Children's Services
11 July	Letter sent out from eHealth to indicate that patients will receive contact from department regarding appointment dates	eHealth
11 July	Calls to DCN patients to transfer appointments and operating dates	Clinical Services Manager
11 July	Telephone calls to RHSC patients regarding appointment and operating dates	Director Women's and Children's Services
12 July	Executive team walkaround at DCN	Chief Executive, Chief Officer Acute, Executive Director Nursing, Midwifery and Allied Healthcare Professionals
12 July	Workshop to discuss ventilation solution: IHSL Multiplex Technical advisers NHS Lothian projects team HFS / HPS	NHSL Project Director
12 July	8am face to face meetings with RHSC Heads of Department to address immediate issues	Director Women's and Children's Services
12 July	Calls to DCN patients to transfer appointments and operating dates (ongoing)	Clinical Services Manager
12 July	Telephone calls to RHSC patients regarding appointment and operating dates	Director Women's and Children's Services

FUTURE ENGAGEMENT

Date	Details	Lead
15 July	Workshop to understand if / how Critical Care came to be included in the derogation of Feb 2019. Chaired by Director of Finance. From NHSL this will involve: Chief Executive Project Director, Commissioning Manager Hard FM	Director of Finance

	Dir of Nursing (Exec Lead for Infection Control) Chief Infection Control Doctor, Assoc. Medical Director RHSC 2 X reps Mott MacDonald (Technical Advisers) NHS L Legal Representative - Macroberts	
15 July	IMT Chaired by Director of Finance	
16 July	Chief Executive and chairman visiting RHSC to meet and speak to patients and staff	Chief Executive , Chairman
17 July	Chief Officer Acute Services to update Senior Management Team, Acute	Chief Officer Acute Services
18 July	NHS Lothian Board Briefing update. To capture those Board members unable to make last week's briefing session. These will continue as open weekly meetings to keep members updated.	Chief Executive and Executive Team
18 July	IMT Chaired By Director of Finance	Director of Finance
Ongoing	Ongoing orientation in new building for DCN staff	Clinical Services Manager /Re-provision Project team
Ongoing	Follow up meetings to feasibility / migration meeting	Project team
Ongoing	Further calls to DCN patients to transfer appointments and operating dates	Clinical Services Manager
Ongoing	Further calls to RHSC patients to transfer appointments and operating dates	Director Women's and Children's Services
Ongoing (daily)	8am face to face meetings with RHSC Heads of Department to address immediate issues	Director Women's and Children's Services
Late July/August	RHSC senior staff to meet with RHSC Family Council face to face	Director Women's and Children's Services
7 August	NHS Lothian Board Meeting Paper to public session	Chief Executive, Director of Finance

Annex H – Letter from Alex Joyce (23 July)

Dear Cabinet Secretary

At a meeting of the NHS Lothian Joint Staff Side Committee held yesterday morning the main topic of discussion was the current situation at RHCYP/DCN. Serious concerns were raised regarding the lack of communication with Trade Unions On this issue as a direct result of advice from Scottish Government. This is having a direct effect on the staff that we represent.

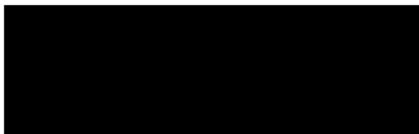
Staff Side only learned of the decision not to open the hospital via media channels as NHS Lothian management were advised to remain silent until after the press release from Scottish Government. This is a major departure from our normal working practices within our Partnership Agreement with NHS Lothian.

NHS Lothian has always worked in Partnership with the TUS and this departure from the normal process with regard to the RHCYP/DCN situation is impacting on our Partnership working. Within Lothian normal processes are being delayed while advise/direction is sought from Scottish Government.

As Employee Director I sit on the Incident Management Team, however I am limited in what I can then pass on to my staff side colleagues, this is a situation which is causing increasing levels of frustration and unrest amongst the Trade Unions.

Therefore I am requesting that you meet urgently (within the next 10 days) with NHS Lothian Joint Staff Side Committee to allow us to share our concerns and to try to agree a way to repair increasingly fractured Partnership working within NHS Lothian as a result of this situation.

Yours Sincerely



Alex Joyce
Employee Direct
Joint Staff Side Chair
NHS Lothian

From: Dick, Shelley
Sent: 15 April 2020 11:18
To: Bradbury, Nick
Subject: FW: DCN Migration Plan

FYI

From: Halcrow, Fiona [REDACTED]
Sent: 15 April 2020 09:03
To: Campbell, Jane Y [REDACTED]; Cosens, Sorrel
 [REDACTED]; Currie, Brian [REDACTED]; Davidson, Stuart X
 [REDACTED]; Denholm, David <[REDACTED]> [REDACTED]; Dick,
 [REDACTED]; DiMascio, Margaret [REDACTED]
 Evans, Stephen [REDACTED]; Gordon, Callum [REDACTED]
 [REDACTED]; Haig, Karen [REDACTED]; Hanley, Dorothy
 [REDACTED]; Henderson, Ronnie [REDACTED]; Hull,
 Ashley [REDACTED]; Jones, Emma L [REDACTED]; Mullen,
 Ashleigh [REDACTED]; Riddell, Dean [REDACTED]
Subject: DCN Migration Plan

Hi All

Just an email to confirm what was said this am.

At yesterday's ESG it was agreed for a phased approach to DCN migration.

I am aware there will be many questions etc so I thought I would send this email round to advise you all what is happening down in DCN and about the DCN Migration.

DCN staff will be informed this am via the General Manager Michael Pearson and Service Manager Marie Gardiner. So they will not be at any meetings in this building this am.

Tim Montgomery will be joining the interim management meeting at 10.00 hrs. The workshop at 11.00 hrs is postponed as staff are down in DCN this am.

I will be down in DCN later this week and will be able to provide greater detail following this.

Summary

DCN Phased Move

Why? COVID-19 pandemic and the workload on critical care and the anaesthetic directorate at this time. The DATCC could not support the in-patient move.

DCN Service and Associated Services will relocate under the restrictions of COVID-19 practice at this time. Emergency In-Patient Practice only.

Services relocating W/C 11th May include:

DCN OPD 7 – approximately 80% of this function will transfer. Further detail will follow. The Ophthalmology part of the service still see patients on site. Their OPD day is a Thursday – approximately 80 patients are seen. The majority of other clinics will be carried out remotely – consultant phones patient. When COVID -19 restrictions removed the OPD will be fully functioning from that time on this site. Resuscitation Trolley will be set up for the move

Diagnostic Radiology – further detail will follow next week when Stephen back but at this time limited patients are being processed but again when COVID-19 restrictions removed this service will be fully functional. Details of staff relocating at this time will follow. INR will stay on the WGH site and out of hour MRI Scanning until in-patients move. Resuscitation Trolley will be set up for the move.

Neurophysiology – service will relocate including server etc. Emergency mobile EEG's will be carried out on the WGH site (this part of the service would have been remaining when DCN moves off this site anyway). Detail of work is currently being carried out with OPTIMA re remote access etc. Details of staff to be on site will follow.

Therapy Service – the staff will remain on the WGH site as providing service to the DCN In-Patient Group. They will identify what can be transferred in prior to service resource moving, so the department is well prepared for the in-patient group.

Clinical Management Office – details of staff taking up residence in building will be finalised early next week – assumptions have been made that Clinical Nurse Specialists/ Neuropsychology/ Some admin Support/Neurologists/MSK/STAG/ will relocate into the building.

Wards – 130/230/231 – will **not** move at this time. The services will partially locate stock etc to allow full set up, so they are ready for when the green button pressed for in-patients to be transferred. DCN will not be allowed to ramp up their service when COVID 19 restrictions relaxed and therefore the notice here could be very short for patients moving.

Theatres and Anaesthetics – will **not** move at this time. Kit /Stock to transfer will be assessed to allow further setting up. Specialist training will continue as planned.

Super Users Training will be programmed again. Familiarisation and Induction is continuing down at the WGH.

Site Co-Ordinator Training will be set up in preparedness for the service in totality moving over.

No in-patient catering will be needed. Once I have the number of staff transferring and who will be in the building I will advise asap.

ID cards will need activated for the staff relocating or working on two sites. Names to follow. Some new cards will be needed plus some staff will need RIE Cards – but service progressing this.

SAS will be advised this morning regarding the postponement and contact will be regularly made with them so that they can hopefully respond in short notice of a patient move.

Callum will be advising HarrowGreen, who will be working with the services re move. We will hopefully get crates delivered w/c 20th April to allow staff to commence packing.

Ehealth and telecoms – once I have the confirmed list of staff transferring will advise. Discussions needed re telephone numbers and potential of service in two areas and how this will be managed. RICOH printers to move etc etc. Service discussing with Health Records how this will be managed at this time.

Medical Physics – will be advised later today of services migrating and areas that need commissioned first etc.

PTS – continue with what is planned.

Lifts – continue with what is planned – unless someone has an objection to this, but don't want staff wandering on the 1st/3rd floors etc

Car Park – for patients – in the main this may just be for a Thursday Eye clinic – but will update next week - can we discuss the use of the RHCYP Proximity Car Park for this phase.

Staff Car Park facilities – presume we will advise them to go to car park F or will we allow them access to 1b at this time?

This is not everything, but gives a sort of direction.

Regards

Fiona

Fiona Halcrow
Project Manager

RHSC + DCN - Little France

RHCYP and DCN
4th Floor - Clinical Management Office



www.nhslothian.scot.nhs.uk/proudhistorienewchapters



**Hearing Commencing 26 February 2024
Bundle 8 – Documentation relating to the
Decision to Delay**