Scottish Hospitals Inquiry

Corporate Witness Statement of the Scottish Government

Re: The Queen Elizabeth University Hospital and Royal Hospital for Children

Advice and Assurance Review Group

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1.   This Inquiry has requested a witness statement from the Scottish Government in relation to the QEUH/RHC Advice and Assurance Review Group (AARG). AARG was provided with secretariat support by the Chief Nursing Officer's Directorate, a Scottish Government Health and Social Care Directorate. This statement is compiled based on the collective knowledge and experience of relevant members of the Chief Nursing Officer's Directorate as well as from review of relevant documentation currently available to the Scottish Government. It is hoped that this statement provides assistance to the Inquiry in understanding the function and work of AARG in so far as that is relevant to the Inquiry's terms of reference.

2.   This statement addresses:

    a. The QEUH/RHC Advice and Assurance Review Group (AARG); and
    b. AARG's Consideration of the Recommendations of the Independent Case Note Review.

The QEUH/RHC Advice and Assurance Review Group (AARG)

3.   During her time as Cabinet Secretary for Health and Sport (June 2018 to May 2021) Jeane Freeman instructed the preparation of a number of reports/investigations into, broadly put, issues concerning the built environment at the Queen Elizabeth University Hospital ("QEUH") and Royal Hospital for Children ("RHC") Glasgow. These reports included:

- The Independent Review conducted by Dr Andrew Fraser and Dr Brian Montgomery (published June 2020);

- The Oversight Board (chaired by Professor Fiona McQueen) Interim Report (published December 2020);

- The Oversight Board Final Report (published March 2021); and

- The Overview Report of the Case Note Reviews (published March 2021).

4.   Each of these reports made recommendations. In order to oversee progress around the various recommendations, the Scottish Government established a review and assurance process to monitor NHSGGC's implementation of these recommendations. This led to the creation of the AARG. A key part of this assurance and review process was the creation by NHSGGC of an action plan, which set out how they would address and implement the recommendations contained in the aforementioned reports. The Scottish Government, through the AARG, implemented monitoring arrangements to ensure, and be assured, that the action plan was being delivered by NHSGGC. This assurance was key to allowing the Scottish Government to assess whether the conditions for de-escalation of NHSGGC from Stage 4 of the 'NHS Scotland: support and intervention framework' were satisfied.

5.   The terms of reference setting out the membership and scope of work of the AARG are produced at **Bundle 27, Volume 12, Document 35, Page 363**. AARG's members were all relevant senior members/officers of NHSGGC and the Scottish Government. The Scottish Government provided AARG with secretariat support.

6.   AARG met on four occasions. The Chair changed on three occasions but was always a senior member of the Scottish Government. Professor Amanda Croft, then Chief Nursing Officer ("CNO"), chaired the first meeting of AARG on 7 June 2021. Professor Croft demitted office on 23 August 2021. The second meeting took place on 19 August 2021 and was chaired by John Burns, Chief Operating Officer for NHS Scotland. AARG's third and fourth

meetings took place on 17 December 2021 and 28 February 2022. These meetings were chaired by Professor Alex McMahon (Professor Croft's successor as CNO). The Chair of AARG reported directly to the then Cabinet Secretary for Health and Sport (Humza Yousaf MSP). Prior to taking up their post, each Chair was briefed on the function and purpose of AARG and, in the case of John Burns and Professor McMahon, its work to date.

7.   The Inquiry has asked what steps were taken by AARG to obtain assurance that NHSGGC put measures and processes in place that addressed the 108 recommendations noted above. This can be summarised as follows:

- In June 2021, AARG and NHSGGC agreed a range of proposed outcomes and measures to be taken for each of the recommendations made in the aforementioned reports. Once agreed, NHSGGC then created an action plan where they documented each of the recommendations, alongside the agreed proposed outcome/measures, the status of these and the expected delivery date.
- Evidence of the progress and assurance of completion were recorded within this action plan alongside the specific evidence provided of all associated work undertaken against each recommendation.
- Before each meeting of the AARG, NHSGGC provided documented updates in order to evidence that they were implementing/had implemented a complex programme of works in accordance with the action plan discussed at para 4 (above) to address the 108 recommendations contained in the reports noted at para 3.
- SG officials comprehensively reviewed all submissions made by NHSGGC that related to progress being made, or completion of the implementation of agreed improvements. This process relied on significant interaction between SG officials and NHSGGC staff ahead of the AARG meetings where progress was scheduled for discussion, including seeking further evidence and/or assurance where necessary.

- NHSGGC then presented those updates, together with any other supporting information and/or further updates then available, at the AARG meetings.
- NHSGGC also established an audit process that was reviewed by AARG, with audit actions being monitored, tracked and a portfolio of evidence provided against each completed action, for assurance and completion of the recommendations.

8. At its meetings, the AARG reviewed a summary update prepared by NHSGGC that provided a summary of the progress of the action plan to date and next steps. Presentations were also given from each of the NHSGGC team members, with detailed discussions taking place.

9. Over the course of the lifespan of the AARG, the Scottish Government were content with the culmination of the actions undertaken and reported by NHSGGC to address the recommendations and that NHSGGC provided the required evidence and assurance to accept the closure of the actions. The recruitment of an Associate Director of Infection Prevention and Control by NHSGGC was seen by the then CNO, the Chair of the AARG, as a significant step in addressing the recommendations and providing continuity as the work taken forward in support of the recommendations had been developed in a sustainable leadership and delivery perspective. The newly appointed Associate Director of Infection Prevention and Control would be reporting to the NHSGGC Executive Nurse Director, who undertook work in actioning the recommendations.

10. Following de-escalation of NHSGGC on 13 June 2022 to Stage 2 of the 'NHS Scotland: support and intervention framework', the following measures were agreed and implemented between NHSGGC and the Scottish Government: monthly reporting provided to Chief Nursing Officer Directorate; and quarterly assurance meetings between the Chief Executive of NHSGGC, Chief Nursing Officer and Chief Operating Officer for NHS Scotland.

11. In relation to the extent to which the AARG scrutinised NHSGGC, it should be noted that NHSGGC evidenced a detailed and highly complex programme to implement and demonstrate action taken against each of the 108 recommendations. NHSGGC also devised and implemented an audit process, which was intended to provide assurance on the work being carried out to realise the recommendations. This audit process was recognised by the AARG as a means by which progress would be tracked through the provision of documented evidence from NHSGGC and assessed and/or challenged as part of the AARG assurance process. The SG, therefore, did not implement any separate audit process.

12. The last meeting of the AARG was held on 28 February 2022, chaired by the then Chief Nursing Officer, with the Chief Operating Officer of NHS Scotland and Scottish Government officials in attendance, ensuring continued high-level of chairmanship and assurance requirements. NHSGGC reported that of the 108 recommendations identified, 104 were complete. The remaining four were recommended and accepted by the AARG for closure. Those four recommendations were in relation to the completion of the Wards 2A/B refurbishment and the future structure of Infection Prevention and Control. All four remaining recommendations were completed prior to the de-escalation of NHSGGC in May 2022.

13. The work carried out to meet the recommendations was substantial and showed commitment from NHSGGC to continue in a spirit of continued improvement. The NHSGGC Board also provided a robust governance and audit process, which provided the Scottish Government with the relevant assurance regarding the completion of the recommendations provided at the fourth meeting of the AARG. This included the appointment of a Director of Infection and Prevention and Control. The AARG, as a result of the evidence provided, accepted the closure of all 108 actions, noting that four actions remained outstanding but with a clear action plan in place to address each over the following weeks.

14.   Furthermore, as part of a series of visits, the then CNO, Professor Alex McMahon, visited Wards 2A/2B on 30 May 2022. This enabled the then CNO to see first-hand the improvements made to the ventilation system, water filtering, IPC systems and processes and to hear from staff.

15.   The Inquiry asks for an explanation as to how the public can be satisfied that NHSGGC has implemented all of the recommendations of the three reviews and continues to have processes in place now which meet those recommendations. As outlined, NHSGGC established an audit process, with audit actions being monitored and tracked and a portfolio of evidence being maintained. NHSGGC began its programme of audit and review in November 2021. Each month, a selection of recommendations from across the three reviews are selected for a random audit. The audit was intended to provide assurance on the policy, governance and best practice that was in place and formed a fully embedded part of NHSGGC routine processes. As part of the rolling audit and review process NHSGGC developed an audit and review tracker which shows the status of the audit and where necessary the next audit date.

AARG's Consideration of the Recommendations of the Independent Case Note Review

16.   The Inquiry has asked whether AARG was satisfied that NHSGGC addressed the adequacy of the organisation's data systems, for example in the microbiological surveillance of the hospital environment and the extent of building, repair and maintenance work that took place in clinical areas.

17.   AARG recognised that the data systems used by NHSGGC to document facilities maintenance activities in clinical areas needed to consistently capture the exact location of the work done; the date which the work took place; the frequency activities occurred and be accessible to inform the IPC process. It was understood that the need to record precise locations and dates taken from any swabs or water sample for microbiological surveillance

which should also be shared to inform the IPC process. NHSGGC demonstrated to AARG that they had updated the NHSGGC Estate and Management System to meet these requirements.

18. For example, the update of NHSGGC Estate & Management System included making maintenance activities more accessible and available to the wider team and the water sampling process was also reviewed and enhanced, with data returns from NHSGGC's water management contractor strengthened.

19. The AARG noted that when a suspected infection outbreak is being investigated, the plans agreed for environmental sampling of the relevant area must demonstrate a systematic approach which was appropriate to the circumstances of the investigation. NHSGGC evidenced that when environmental sampling is considered by an Incident Management Team ("IMT") there was a process to request this sampling which was provided in the Incident and Outbreak Management Framework – evidence of this application in practice was provided to the AARG.

20. The AARG identified that when the Chair of an IMT (or similar future structure) identifies that environmental samples are required to inform an investigation, these should be taken, reported back and evidenced in the IMT minutes. NHSGGC confirmed to the AARG that this was in place, was standard practice across the Board and was able to evidence this within approved meeting minutes showing the process.

21. The Inquiry has asked whether the AARG was satisfied that NHSGGC addressed the adequacy of the organisation's systems, for example the lack of an electronic database of microbiological typing results, and the incident reporting system, DATIX, and methodology, for example inconsistency in environmental sampling.

22. The AARG addressed the adequacy of NHSGGC organisations systems. NHSGGC were required to develop a comprehensive and searchable database that allowed details of microbiology reference laboratory reports to

allow results to be compared between samples of the same bacteria obtained from different patients or environmental sites. NHSGGC developed a system that provided the capability to report on various data items in relation to samples, patient locations and sampling data. This database system combined data from three separate systems used to provide searchable data which is available through a series of reports to the IC Teams. Reports were provided as evidence with screenshots of new database system available. Joint sessions with stakeholders from IPC, microbiology and estates took place and evidence of clinical review provided as evidence of its completion.

23.   The AARG reviewed and accepted the Case Note Review recommendation that NHSGGC should assure and report consistent utilisation of the Datix system and audit the validity of the classification and risk categorisation given to incidents by NHSGGC staff. NHSGGC developed an SBAR (Situation, Background Assessment, Recommendation) for the Datix Governance Group to support consistent utilisation of the Datix system and provided minutes of a meeting held by the Datix System Governance Group highlighting that they were monitoring the agreed key point indicators. NHSGGC highlighted that this group meets quarterly to define the strategic priorities for utilising and improving the risk system. A new integrated incident, risk management and patient safety system was in the procurement process which received support from NSS, with the contract with Datix set to expire in May 2025.

24.   The AARG reviewed and accepted the Case Note Review recommendation that a systematic, fit for purpose, routine, microbiological water sampling and testing system was required to provide assurance going forward. How the results from such sampling/testing are recorded, accessible and used to highlight concerns required review, including to ensure that investigations of possible links between clinical isolates and water/environment sources could be informed in a timely way. In addition, investigations of possible links between clinical isolates and water/environment sources should consider whether (short or medium/long term) changes to the routine microbiological water sampling and testing system are required. NHSGGC addressed this by creating a clear Water Plan implemented at all hospital sites, this included site

management arrangements, routine sampling, reporting and SOP for out of spec results. Monthly water reports are created and this information is circulated through appropriate governance.

25. The AARG considered that NHSGGC should ensure that the Standard Operating Procedure (SOP) for Minimising the Risk of Pseudomonas Aeruginosa Infection from Water explicitly stated whether this also applied to high-risk areas other than the adult and paediatric intensive care units and neonatal units. NHSGGC updated the SOP and, in addition, undertook a risk assessment which demonstrated the method by which other areas were included in the areas to sample and what those areas are.

26. The Inquiry has asked if the AARG was satisfied that NHSGGC addressed the adequacy of procedures in place to monitor and trigger concerns about outbreaks of infections, and the modifying of the alert organism list in light of evolving experience.

27. NHSGGC completed its annual review of the ICNet Alert Organism list to ensure at a minimum it reflects the Scottish NIPCM and to give assurance that NHSGGC ICNet Alert Organism list is further updated to reflect the experience with GNE bacteraemia. An SBAR outlining this process was completed.

28. The AARG reviewed and accepted the recommendation that NHSGGC should ensure better communication between the Microbiology and IPC teams. NHSGGC set out for the AARG how this was to be achieved. Through an established forum, these teams would benefit from the sharing of information and actions that occur in real time in order to support and improve quality care to patients, maintain progress and discuss action for any potential change in a patient's condition or linked infection.

29. The AARG further advised that NHSGGC should revisit how they will monitor and, if necessary, trigger concerns about future outbreaks of Gram-negative environmental infections. Reliance on Statistical Process Control (SPC) charts

to determine if episodes of infection caused by unusual/uncommon microorganisms are significant should be re-evaluated. The process in place for much of the review period appears to have been insensitive to identifying clusters that should have raised earlier concerns about potential for a common/environmental source of infection.

30. The Inquiry has asked if the AARG was satisfied that NHSGGC addressed there being inconsistency, including in the approach to Problem Assessment Groups (PAG), Incident Management Group (IMT) structure, final reporting and upward reporting, environmental sampling, cleaning audits, and the way information was stored in the patient records system.

31. The AARG found the process involving the PAG and the IMT structure to have been inconsistent and that the absence of IMT reporting at the closure of an IMT sequence was a breach of NHSGGC's own policy. This was remedied so that practice complied with policy, and a hot debrief incident process was established in NHSGGC. An Incident Management Process Framework was established and an NHSGGC Outbreak and Incident Management Plan was approved.

32. NHSGGC developed a system to provide the capability to report on various data items in relation to samples, patient locations and sampling data, taking into account the need for a streamlined process for the management of reference laboratory results. The database system takes data from the Telepath, Specialist Service Providers and the Strain ID for water, environmental and clinical samples and results. This data is now searchable and available through a series of reports to the IPC Teams.

33. One of the roles of the Infection Prevention and Control Team ("IPCT") is to prevent and control infection through audit by influencing and supporting staff to undertake local Standard Infection Protection & Control (SICPs) audits which are recorded onto the Care Assurance and Improvement Resource "CAIR"dashboard. The updated SICPs tool was launched in November 2022 and the IPCT commenced quality assurance (QA) audits in acute wards in

February 2023 and within Mental Health wards in April 2023. The IPCT continues an annual programme of audit of approximately 20% of in-patient areas and theatre areas and all critical care areas, this process allows the IPCT to compare SICPs outcomes completed by local teams with their results to ensure an on-going quality peer review.

34.   To address the issues with the patient records system NHSGGC put in place a new SOP and staff reminders were issued; the monitoring of the implementation of these changes is ongoing. The NHSGGC eHealth Delivery Plan includes implementation of Active Clinical Notes (ACN) to replace scanned patient records. This functionality is available in the TrakCare system following the system upgrade to version T2021 in October 2021. The priority areas for the implementation of ACN were Emergency Department and Nursing Admission Record (known as My Admission Record - MAR). A programme of implementation was completed in 2022, which replaced acute scanned notes.

35.   The Inquiry has asked if the AARG was satisfied that NHSGGC addressed the issues of there being too much emphasis on standard definitions, inappropriate reassurance from the use of Statistical Process Control (SPC) methodology, and an unwillingness to accept that there was a problem.

36.   The AARG was satisfied that NHSGCC was addressing these issues by noting that a refreshed IPCT Incident Management Process Framework has been established to counter an over-reliance on SPC charts. Additionally, examples of the regular Healthcare Associated Infection Reporting Template (HIART) reports were presented to the NHSGGC Board, and outbreak timelines were produced by the Infection Control Team.

37.   The AARG also noted that the NHSGGC Outbreak and Incident Management plan had been approved. As part of this plan an early warning process had been established. Evidence from previous IMT minutes and work undertaken at NICU RHC highlight NHSGGC has operationalised the Outbreak and Incident Management Plan.

38. The IPCT at NHSGGC has also developed an SBAR outlining NHSGGC's approach to undertaking Root Cause Analysis (RCA) methodology. RCA is undertaken when an RCA approach is the appropriate measure.

39. The Inquiry has asked if AARG was satisfied that NHSGGC addressed the concern around minutes of IMT meetings without apparent action logs, which lead to a limited audit trail of the evidence used to support conclusions made or actions taken.

40. The AARG considered these issues and NHSGGC assured the group that appropriate reporting and governance arrangements are business as usual for IPCT IMTs. NHSGGC advised that documentation relating to IMTS include, as a minimum, minutes, action plans, debriefs and a data pack, and that systematic collection of IPC data for IMT is established practice.

41. A full review of the documentation was completed, and assurance was given of IMT NHSGGC compliance. In addition, a hot debrief incident process was established in NHSGGC.

42. An Outbreaks and Incidents folder was created within NHSGGC's IPC Shared Drive to file all the related documentation to any Red or Amber IMTs and PAGs. The IPC Shared Drive is managed by the IPC Business Manager.

43. The Inquiry has asked if AARG was satisfied that NHSGGC addressed the issue of communication between microbiologists, the infection control doctors and the rest of IPCT not being as robust or cohesive as it should be.

44. Following review of the recommendation that NHSGGC should ensure better communication between its microbiology and IPC teams, and that a more collaborative approach for IPC should be taken forward to ensure that IPC is less siloed across the Health Board, the AARG recommended the use of a forum to allow the sharing of information and actions in real time to support

and improve quality care to patients, maintain progress and discuss action for any potential change in a patient's condition or linked infection.

45.   The AARG was satisfied that communication issues had been addressed by NHSGGC as a communications strategy was put in place, including gold and silver command meetings, and a multi-disciplinary meeting (known as "the buzz") was established by the Interim Director of Infection Prevention and Control. In addition, an ongoing organisational development process was underway.

46.   The Inquiry has asked whether the AARG was satisfied that NHSGGC had introduced, and maintained, a systematic and structured approach to the investigation of all future bacteraemias using Root Cause Analysis ("RCA") methodology. The AARG considered these issues and was informed that RCA methodology is established practice across NHSGGC infection control analysis and monitoring has been in place since 2019.

47.   The AARG reviewed and accepted the recommendation that NHSGGC should consider the further and consistent use of the RCA process across the organisation to a) to identify evidence of common themes as a cause of infection over time; and b) what can be extracted from the RCA process for organisational learning and improvement. However, it was recognised that this is a resource intensive process, both for IPCT and for front line clinical teams, and is not mandatory in NHS Scotland. Nevertheless, NHSGGC put RCA in place for high-risk paediatric units (NICU, PICU, 2A).

48.   The Inquiry has asked if the AARG was satisfied that NHSGGC addressed the concern that the organisation's focus was more on a task or process being carried out than on causes or consequences of a situation or on quality improvement.

49.   The AARG was satisfied with progress on this issue and was assured that actions to address the recommendations in this area had taken place, including:

- A refreshed Infection Prevention and Control Team Incident Management Process Framework was implemented.

- Infection Prevention & Control Activity (IPCAT) established a short life working group and agreed terms of refence with colleagues from HIA?, HIS and an Infection Control Manager from another Health Board as a critical friend. This was to refocus the approach to audit processes, benchmarking areas of good practice (national), and to agree a process going forward in relation to future audit governance.

- The IPCAT strategy aimed at ensuring audit and monitoring improvement following an IPCAT, would be influenced and modified as NHSGGC moved into the CAIR system and the work re SICPs as part of the Network. The CAIR system / dashboard provides data on the quality of care provided by nursing and midwifery staff in Scotland. This information is used by nurses, midwives and senior management to monitor and improve quality of care.

- NHSGGC undertook a project to benchmark its IPC activities against those of other health boards in Scotland. This SBAR reported on four key IPC processes: alert organism surveillance, IPC advice documentation, SSI surveillance and IPC audit. The draft NHSGGC IPC Benchmark Report has been developed from this reviewed and agreed by HIS and other Boards were content with this and the recommendations.

50. The Inquiry has asked if the AARG was satisfied that NHSGGC addressed inconsistencies in the way patient healthcare records were stored and organised within NHSGGC's Clinical Portal system.

51. The AARG was satisfied that work to address inconsistencies was completed. A workshop was held with Health Records Services and eHealth Clinical

Leads to assess the effectiveness of scanned and digitally recorded clinical records. An assessment of areas for improvement was completed and a report was compiled with the detail of the review and recommendations.

52. To address the issues with the patient records system, NHSGGC put in place a new SOP and staff reminders were issued; this is ongoing and monitoring continues.

53. The NHSGGC eHealth Delivery Plan included implementation of Active Clinical Notes (ACN) to replace scanned patient records. This functionality was available in the TrakCare system following the system upgrade to version T2021 in October 2021. The priority areas for the implementation of ACN were Emergency Department and Nursing Admission Record (known as My Admission Record - MAR). A programme of implementation was completed in 2021 which replaced acute scanned notes.

Statement of Truth

54. The Scottish Government officials who have compiled this corporate statement believe that the facts stated in this statement are true and understand that this statement may form part of the evidence before the Inquiry and be published on the Inquiry's website.

Appendix A

A50491351 - Bundle 27, Volume 12 – Miscellaneous Documents