

# **Scottish Government's Response to the QEUH Independent Review Report Recommendations**

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**Scottish Government**  
Riaghaltas na h-Alba  
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## Scottish Government's Response to the QEUH Independent Review Report Recommendations

The Independent Review of the Queen Elizabeth University Hospital (QEUH), co-chaired by Dr Andrew Fraser and Dr Brian Montgomery, completed its work with the publication of its report on 15 June this year. The full report can be viewed at [Queen Elizabeth University Hospital Review: Review Report \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/reports/queuh-review-report).

The Review report is comprehensive, detailed and forward-looking. The Review made a number of recommendations based on its findings and conclusions – some of ambitious in their nature, often focusing on lessons learned that seek to provide assurance and confidence in respect of future major capital projects. To that regard, the Scottish Government welcomes the report and accepts its recommendations. This is the Scottish Government's response to the recommendations.

As some of the recommendations are wide-ranging, they will require further detailed consideration by the Scottish Government and NHS Scotland before we can fully implement them. There are also a number of policy developments and initiatives which have already been taken or are underway which will assist in meeting the Review's recommendations. The most important of these is the development of the National Centre for Reducing Risk in the Healthcare Built Environment. In the Programme for Government 2019-20, we made the following commitment,

*'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'*

NHS National Services Scotland (NSS) has been commissioned by the Scottish Government to support the creation of this new National Centre. Its scope will be to cover the full lifecycle of a build, from strategic assessment through to building operations and ongoing maintenance to decommissioning. It will consider all types of risk as it relates to the built environment.

There have been other relevant developments in the period since the planning and design stages of the Queen Elizabeth University Hospital concluded. These include:

- the introduction in 2010 of the NHSScotland Design Assessment Process (NDAP);<sup>1</sup>
- the requirement, from July 2015, for Health Boards to use the Healthcare Associated Infection System for Controlling Risk in the Healthcare Built Environment (HAI-SCRIBE);<sup>2</sup> and
- the requirement for all projects with a value greater than £2 million to use the Building Information Modelling Grading Tool.<sup>3</sup>

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<sup>1</sup> [https://www.sehd.scot.nhs.uk/mels/CEL2010\\_19.pdf](https://www.sehd.scot.nhs.uk/mels/CEL2010_19.pdf)

<sup>2</sup> [https://www.sehd.scot.nhs.uk/dl/DL\(2015\)19.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2015)19.pdf)

<sup>3</sup> [Scottish Procurement Policy Note 01/2017](#)

The Review provides recommendations for further improvements to be made to the processes of planning and delivering new healthcare facilities and the Scottish Government's response to each of the recommendations is set out below.

The Scottish Government's response to the Independent Review will complement the work of the QEUH Oversight Board and provide a useful source of information for the Public Inquiry in the construction of the QEUH, the Royal Hospital for Children and Young People and the Department of Clinical Neurosciences in Edinburgh.

## QEUH Independent Review Report – List of Recommendations and Responses

### Chapter 2 –Building a Hospital in the 21<sup>st</sup> Century

Recommendations	Scottish Government’s Response
<p>1. Altering or upgrading facilities in response to changes in demand, or developments in clinical practice needs a flexible approach to healthcare design taking account of the full range of considerations including infection prevention and control.</p>	<p>We recognise the need for healthcare facilities to be flexible to accommodate changes in demand or clinical practice. NHS Scotland’s Achieving Excellence Design Evaluation Toolkit (AEDET) rates designs according to a number of standards including, “The design is sufficiently flexible to respond to clinical change and to enable expansion” and “Where possible spaces are standardized and flexible in use patterns”. The use of a Design Quality Indicator Tool such as AEDET is a mandatory requirement of the NHSScotland Design Assessment Process (NDAP) under <a href="#">NHS CEL 19 (2010)</a> “A Policy on Design Quality for NHSScotland”.</p> <p>The National Centre for Reducing Risk in the Healthcare Built Environment’s (“the National Centre”) remit will cover the full lifecycle of all relevant builds, from strategic assessment through to building operations and ongoing maintenance to decommissioning. It will also cover major refurbishments as well as new builds and it will monitor compliance with guidance relating to water, ventilation, drainage, fire safety, electrical and medical gases as they relate to the built environment, and infection prevention.</p>
<p>2. Success criteria for healthcare construction projects need to reflect a broader and clinically-relevant range of parameters.</p>	<p>The Scottish Government agrees that the success criteria for healthcare construction projects need to reflect a broad and clinically-relevant range of parameters. The Scottish Capital Investment Manual (SCIM) provides guidance on the processes and techniques to be applied in the development of all infrastructure and investment programmes and projects within NHS Scotland. It includes a broad range of clinically-relevant objectives for projects</p>

Recommendations	Scottish Government's Response
	and indicators of success. These include the objective of improving safety in the healthcare environment and one of its associated indicators of reducing healthcare associated infections.
<p>3. Infrastructure policy makers, construction professionals, budget specialists and engineers should join with people who bridge clinical and facilities disciplines to support work under the auspices of the new National Centre for Reducing Risk in the Healthcare Built Environment to design criteria for successful project management in healthcare construction and capital investment.</p>	<p>The National Centre will have increased capability to develop and maintain guidance and standards by which compliance within the healthcare built environment is measured and assurance can be provided.</p>
<p>4. We call for much higher profile for evidence generation and use in policy making and practice relating to health, healthcare, infection prevention and control in the built environment.</p>	<p>The National Centre will research and share best practice and changes in standards/models for the built environment across the world to inform guidance and capital projects.</p>
<p>5. There needs to be continuing investment in evidence based guidance to give design teams clear expectations of good design, build and commissioning practice.</p>	<p>The National Centre is also expected to share developments in research, guidance and intelligence with boards, targeting specific boards where the updates are pertinent to existing projects.</p>

### Chapter 3 – The QEUH

Recommendations	Scottish Government's Response
6. NHS Boards should prepare information resources to remind local people about past decisions on siting of health facilities.	We will write to all NHS Chief Executives in the new year highlighting the importance of these recommendations and asking them to ensure they are implemented.
7. In light of the public's perception of risks associated with the adjacent waste water site, any future project facing similar public perceptions should sustain a robust communication plan, recognising and addressing any concerns.	The Scottish Capital Investment Manual will be updated to reflect this point when it is next refreshed.

### Chapter 4 – Built Environment: Design

Recommendations	Scottish Government's Response
8. The implications of major funding changes need to be clear in relation to whole life costs and whole life risks, as the operational phase of a building's life is where such issues have the greatest impact.	The Scottish Capital Investment Manual (SCIM) already requires projects to set out the financial profile and funding consequences of the project. This includes operating costs, differentiating between the cost of clinical services and the cost of redesign and property running costs, and property lifecycle costs.
9. The expertise available to the project team must accurately reflect the requirements of the contractual and funding models.	The 'ownership' and responsibility for the investment planning process rests with the particular NHS Scotland body developing or leading the development of the programme/ project. The Scottish Government will write to NHS Chief Executives asking them to ensure that they make the appropriate expertise available to project teams. We will ask the National Centre to provide assurance that project teams have the correct expertise available to them.

<b>Recommendations</b>	<b>Scottish Government's Response</b>
<p>10. The impact and benefits of single rooms should be reviewed so that future design and management of facilities take full account of this policy in the light of experience at the QEUH.</p>	<p>The Scottish Government will ask the National Centre to carry out a review. Timescales will be established in due course, but the management of the pandemic will be prioritised.</p> <p>There are a number of advantages to single rooms, not least the fact that the presence of physical barriers separating patients makes it easier to isolate them from each other, reducing the risk of hospital acquired infections.</p> <p>However, as the Review has identified, single rooms do also create other risks and these have to be managed effectively, including through the design process.</p>
<p>11. NHS Boards should set up a specific working group for projects of long duration (more than three years) to advise changes or new guidance affecting IP&amp;C and other key risks. This could be a function of the IP&amp;C team or other dedicated resource, during major projects. (4.7.4)</p>	<p>The Scottish Government has taken steps since the design stage of the QEUH to improve Infection Prevention and Control measures in the design of healthcare facilities. Health Boards are required, as of July 2015, to use the Healthcare Associated Infection System for Controlling Risk in the Built Environment (HAI-SCRIBE). The aim of this system is:</p>
<p>12. When considering specialist built environment expertise, NHS Boards should make diligent enquiries regarding in-house and national NHS agencies, in addition to external consultants, and ensure they are involved throughout the project. Decisions around water and ventilation systems in particular, when accommodating patients vulnerable to infection, can greatly benefit from those who have experience in such matters, and who understand the impact of design and contractor variations on infection risks. (4.7.5)</p>	<p>“to ensure that IPC measures are not only designed-in but also maintained throughout the lifetime of the healthcare facility. It also aims to highlight potential IPC risks so that these can be designed-out. This is achieved through identifying the infection control risk associated throughout each of the following stages of lifecycle of the healthcare facility.</p> <ul style="list-style-type: none"> <li>• Development Stage 1 - consideration of the initial brief and proposed site for development. This coincides with Business Case Stage: 1A;</li> <li>• Development Stage 2 - Design and planning;</li> <li>• Development Stage 3 - Construction and refurbishment;</li> </ul>

Recommendations	Scottish Government's Response
<p>13. When considering high-level options, design teams should consider fully the implications for built environment choices on IP&amp;C, seeking specialist expertise early, and link satisfactory IP&amp;C sign-off to release of funds (e.g. NHSScotland Design Assessment Process (NDAP)). The new National Centre for Reducing Risk in the Healthcare Built Environment could provide or signpost to such expertise. (4.7.6)</p>	<ul style="list-style-type: none"> <li>• Development Stage 4 - Pre-handover check, ongoing maintenance and feedback.”<sup>4</sup></li> </ul> <p>The HAI-SCRIBE makes it clear that collaboration between different experts is fundamental:</p> <p>“Successful use of HAI-SCRIBE is dependent on meaningful and ongoing dialogue and exchanges of information generated from representatives from Infection Prevention and Control and Estates &amp; Facilities Managers, Project Managers and construction professionals who can contribute individual and relevant expertise in their own disciplines. Their active partnership and participation is essential.”<sup>5</sup></p> <p>At Stage 1, HAI-SCRIBE requires the following to be involved as a minimum: “representatives from the Project Manager, Infection Prevention and Control, Health &amp; Safety, Estates, Clinical Environment, Domestic Services and Fire Safety”<sup>6</sup>.</p> <p>In order to assist Health Boards in bringing together the necessary expertise, the National Centre will co-ordinate and deploy subject matter experts (SMEs) to support NHS Boards to deliver building projects and ongoing risk management through the built environment lifecycle based on identified needs.</p> <p>The National Centre will also carry out Key Stage Authorisation Reviews to ensure that projects comply with guidance relating to the priority areas of water, ventilation, drainage, electrical distribution</p>

<sup>4</sup> Scottish Health Facilities Note 30, Part B: HAI-SCRIBE, para. 1.6

<sup>5</sup> Ibid. para. 1.10

<sup>6</sup> Ibid. para. 2.6



Recommendations	Scottish Government's Response
	(including medical locations), fire safety, medical gases as they relate to the built environment, and infection prevention.
14. NHS building specialists and design teams preparing and reviewing guidance on BREEAM for certain specialist acute treatments should recognise the energy requirement that supports patient care and adjust goals for BREEAM accordingly.	We agree BREEAM should not influence a ventilation rate or water temperature requirement equally as it would not influence the quantity of operating theatres, patient bedrooms or the area briefed. While reducing any of these quantities may reduce total energy or carbon emissions, BREEAM does not change the design brief. Instead of 'totals' BREEAM measures, compares and scores the energy and carbon emissions 'efficiency' of the processes required to achieve the design brief.
15. The new National Centre for Reducing Risk in the Healthcare Built Environment should investigate and produce definitive guidance on the status and hierarchy of NHS Design guidance for IP&C and the built environment. Specifically, what is guidance and what should be mandatory. (4.7.8)	The National Centre will have an ongoing role in developing and maintaining guidance to inform the design, build and maintenance of healthcare built environments, including environmental laboratory guidance to ensure that they are free from avoidable risk. This includes the standards by which compliance within the healthcare built environment is measured and assurance can be provided.
16. Governance arrangements for change management, especially major changes during projects need to include input from those with knowledge and understanding of the built environment impact on IP&C.	<p>The Scottish Government made the use by NHS Boards of HAI-SCRIBE mandatory to improve IP&amp;C in designing healthcare facilities.</p> <p>As above, in order to assist Health Boards in bringing together the necessary expertise, the National Centre will co-ordinate and deploy subject matter experts (SMEs) to support NHS Boards to deliver building projects and ongoing risk management through the built environment lifecycle based on identified needs.</p>

<b>Recommendations</b>	<b>Scottish Government's Response</b>
17. NHS buildings guidance should make explicit reference to the need for secondary controls (beyond usual thermal control) for large and complex water distribution systems. (4.7.10)	The National Centre will develop and maintain guidance to inform the design, build and maintenance of healthcare built environments. This will include guidance on ensuring water systems are free from avoidable risk and we expect the Centre to consider this recommendation in preparing that guidance.
18. Advice and quality assurance on design issues that impact on infection risks – not just the water system but ventilation and others covered in Design Guidance SHFN 30 – should be stronger than it has been. The Design & Build form of contract should, in future, allow more robust design advice to clients. (4.7.11)	The National Centre will develop and maintain all relevant guidance on infection risks associated with the built environment.
19. NHS England and the new National Centre for Reducing Risk in the Healthcare Built Environment, with other UK national agencies with the remit, should produce the supplement for people with profound immuno-suppression, missing from Design Guidance SHPN 04. (4.7.12)	The National Centre will develop and maintain guidance to inform the design, build and maintenance of healthcare built environments. We will ask it to take forward this recommendation along with its UK counterparts.
20. NHS England and the new National Centre for Reducing Risk in the Healthcare Built Environment, with other UK national agencies with the remit, should agree and deliver a programme of guidance that reflects modern construction knowledge of good practice, and redress recent lack of investment in the HTM portfolio and associated publications. (4.7.13)	We will ask the National Centre to seek to agree a programme of guidance with its counterparts in other areas of the UK.

## Chapter 5 – Built Environment: Design

Recommendations	Scottish Government's Response
<p>21. There should be greater use of digital technologies to create, log and store project documentation. This would allow relevant information to be shared with project partners. It would also facilitate governance, and review of project activities and decisions. (5.7.1)</p>	<p>The 'ownership' and responsibility for the investment planning process rests with the NHS Scotland body developing or leading the development of the programme/ project in question. The Scottish Government will write to NHS Chief Executives asking them to ensure that they make use of digital technologies to create, log and store project documentation. Health Facilities Scotland is currently leading on providing advice on the logging and storage of project documentation and the Scottish Government will monitor the use of these technologies through the National Centre.</p>
<p>22. There should be a reliable system of retaining major project records, with greater use of digital technologies to record images and other documents, as evidence of critical 'hold points' for future checking. (5.7.2)</p>	<p>The 'ownership' and responsibility for the investment planning process rests with the NHS Scotland body developing or leading the development of the programme/ project in question. The Scottish Government will write to NHS Chief Executives asking them to ensure that they have a reliable system of retaining major project records. The Scottish Government will monitor progress with implementing this recommendation through the National Centre.</p>
<p>23. During the process of construction, tasks that do not comply with the specification that the on-site Supervisor identifies must be closed out and should act as a trigger to challenge the contractor if there are repeated errors. (5.7.3).</p>	<p>The Scottish Government will write to Chief Executives in the new year highlighting this requirement.</p>
<p>24. Suitably qualified individuals from the IP&amp;C team, with knowledge and understanding of the built environment, or someone representing the interests of the IP&amp;C team (either from the NHS Board or the new National Centre for Reducing Risk in the Healthcare</p>	<p>In July 2015 the Scottish Government mandated the use of the HAI-SCRIBE to improve IP&amp;C input into the healthcare built environment.</p>

<b>Recommendations</b>	<b>Scottish Government's Response</b>
Built Environment) should have sight of IP&C critical works for comment and have the opportunity to raise any concerns throughout the life of a project. (5.7.4)	In addition, the new National Centre will carry out Key Stage Authorisation Reviews of major projects which will review compliance with guidance relating to the reduction of risk in the healthcare built environment. These reviews will initially focus on water, ventilation, drainage, fire, electrical and medical gases as they relate to the built environment, and infection prevention to ensure IP&C expertise is integral to the whole life-cycle of the project.
25. All contractors (including sub-contractors) need to understand the implications of (what might seem inconsequential) deviations from prescribed standards for healthcare projects before undertaking such works. Ensuring this should be a vital part of the site management.	The Scottish Government will write to NHS Chief Executives in the new year asking them to ensure that the necessary steps are in place their area. NHS Boards are responsible for the management of their projects and should take the necessary action to ensure contractors and sub-contractors understand the consequences of deviations from prescribed standards.

## Chapter 6 – Built Environment: Commissioning

<b>Recommendations</b>	<b>Scottish Government's Response</b>
26. There should always be an Independent Commissioning Engineer, covering at least water and ventilation systems, to ensure testing and commissioning is undertaken in an appropriate manner and in a timely fashion, and that the contractor responsible for commissioning makes available certification and documentation for future reference. (6.7.1)	The Scottish Government will make this a requirement for all capital projects as this will form part of the work programme and area of responsibility for the National Centre.
27. Commissioning plans should allow a realistic timeframe for testing and commissioning, along with	The commissioning of a healthcare facility is a major undertaking and realistic timeframes must be set to allow for anticipated

<b>Recommendations</b>	<b>Scottish Government's Response</b>
early-warnings to address anticipated problems or non-compliances. (6.7.2)	problems and non-compliances to be addressed. We will write to NHS Chief Executives asking them to ensure that this recommendation is acted upon by their organisations.
28. There should be a transparent approach of presumption of data sharing with stakeholders in a way that fully evidences assurances that internal governance and external authorities seek.	The Scottish Government will write to NHS Chief Executives in the new year asking them to ensure that this recommendation is acted upon by their organisations.
29. Resources for operational commissioning, and migration of services, should be proportionate to the scale of the task, including potential double running of old and new hospitals. (6.7.4)	The Commissioning Guidance, which forms part of the Scottish Capital Investment Manual states:  <i>"The importance of the commissioning process cannot be underestimated, as failure to adequately consider this process is likely to cause increases to project costs and failure to deliver agreed service benefits and project outcomes."</i>
30. Project Boards should place adequate value and invest resource in verification and smooth handover, in line with best practice and recent reports on testing, commissioning and certification, especially regarding water and ventilation systems; this should be considered separately from the requirements for design advice and on-site supervisor services with a realistic budget for both. (6.7.5)	The Scottish Capital Investment Manual sets out guidance on the Commissioning Process which all NHS bodies are required to follow. We will write to NHS Chief Executives reminding them of their obligation to follow the Commissioning Guidance and instructing them to ensure that this recommendation is implemented.

## Chapter 7 – Built Environment: Maintenance

Recommendations	Scottish Government's Response
31. NHS GG&C should allocate and sustain resources that reflect the QEUH building's continuing need for maintenance above expected levels. (7.7.1)	This is specifically for NHS Greater Glasgow and Clyde to address, but the Scottish Government agree with this recommendation.
32. A re-evaluation is needed of resources specifically to service single rooms, taking account of the increased workload, impact of new technologies and procedures for Infection Prevention and Control (IP&C), and new guidance issued. For future projects, resource based on analysis of the requirement rather than solely historical cost should guide decisions on facilities and estates. New buildings contain sophisticated systems and require requisite skill in monitoring, problem assessment and correction. (7.7.2)	The Scottish Government will ask the National Centre to consider it as part of a review of single rooms referred to in the response to recommendation 10.
33. Those involved in decision making around the design and specification of building services for healthcare buildings need to have (or be able to access) the knowledge and understanding to allow them to make sound judgements on how the design will facilitate access for maintenance. (7.7.3)	The Scottish Government will ask Health Boards, working in conjunction with the National Centre, to consider how best to implement it.
34. HFS should have, as part of the new National Centre for Reducing Risk in the Healthcare Built Environment, a gateway function for construction projects; it should review the criteria for occupation and, post-operational commissioning, to ensure a demonstrable level of Planned Preventive Maintenance	The Scottish Government will ensure that this forms part of the work programme of the National Centre.

Recommendations	Scottish Government's Response
(PPM) undertakings are in place before patients occupy the hospital. (7.7.4)	
35. An Authorised Person for water safety must be trained and competent as per HSE guidance (L8) and NHS Boards must have sign off for the appointment. (7.7.5)	The Scottish Government will write to NHS Chief Executives in the new year reminding them of the need to follow such guidance.
36. Detailed and explicit guidance on a 'Soft Landings' approach for healthcare should be developed, and this guidance be adopted as mandatory for largescale projects. (7.7.6)	The 'Soft Landings' approach is already mandated for NHS projects assessed as Building Information Modelling (BIM) Level 2. Scottish Procurement Policy Note 01/2017 requires all building projects with a value over £2 million to use the BIM Grading Tool. Typically NHS projects above £2 million are BIM Level 2, rather than Level 1, which means they are underpinned by the full suite of PAS1192 standards, or where appropriate the newer ISO19650 standards. Both the PAS and ISO standards refer to the use of BS8536-1 as being an essential component part of BIM, which is the Soft Landings British Standard.

## Chapter 8: IPC

### Part 3 – The Management and Governance of The IP&C Function In QEUH/RHC

<b>Recommendations</b>	<b>Scottish Government's Response</b>
37. The scope of the roles an ICD, ICN and IP&C Team involved in a major construction project should conform to the specification laid out in guidance and good practice documents.	The National Centre will have the role of developing and maintaining guidance to inform the design, build and maintenance of healthcare built environments, including environmental laboratory guidance, to ensure that they are free from avoidable risk. The Scottish Government will write to NHS Chief Executives asking them to ensure that the roles of the ICD, ICN and IP&C Team involved in their construction projects conform to guidance and good practice. We will ask the National Centre to provide assurance that this recommendation is implemented by individual projects. The Scottish Government are working with stakeholders to review the roles and responsibilities of the IPC Team in terms of education and training, workforce requirements and succession planning.
38. The IP&C Team should be appropriately involved throughout the life of a project. (8.24.2)	In July 2015, the Scottish Government mandated the use of the HAI-SCRIBE to ensure that IP&C teams are appropriately involved throughout the life of a project. We will write to NHS Chief Executives reinforcing the importance of this recommendation. The National Centre for Controlling Risk in the Built Environment also have a role in supporting frontline IPC Teams in terms of build projects.



## Part 4 – Air Ventilation: Investigation of Links with Incidents of Disease

Recommendations	Scottish Government's Response
<p>39) ICDs are entitled to express their concerns and have them taken seriously on matters of infection prevention and the built environment. They should work with other stakeholders to develop effective solutions. (8.33.1)</p>	<p>The Scottish Government will write to NHS Chief Executives asking them to ensure that it is implemented. The Scottish Government will await the conclusions of the current QEUH Oversight Board to see what further national action on escalation matters should be taken.</p>
<p>40) All hospitals need to plan and have in place assured air ventilation systems that perform in the way they are intended or designed. (8.33.2)</p>	<p>The Scottish Government will write to NHS Chief Executives in the new year asking them to ensure that this recommendation is implemented. The National Centre's remit will cover the full lifecycle of all relevant builds, from strategic assessment through to building operations and ongoing maintenance to decommissioning and the Scottish Government will ask it to monitor the implementation of this recommendation by Health Boards as part of its work.</p>
<p>41) Without knowing the thresholds for air quality that would quantify and minimise infection risk, we look to general measures: there should be continuing efforts to ensure the performance of the systems in place, assuring air quality for all patients, particularly patients vulnerable to airborne pathogens, and make specific provision for positive and negative pressure facilities for specific groups of patients and nearby patients and staff. (8.33.3)</p>	<p>The Scottish Government will ask the National Centre to take this recommendation forward.</p>

## Part 5 – Management and Governance of IP&C in NHS GG&C

Recommendations	Scottish Government's Response
42) There should be a fully integrated management structure for microbiology and infection control services, bringing together team leadership, management and accountability. (8.41.1)	The Scottish Government will include this recommendation in the Oversight Board report.

## Part 7 – Health Protection Scotland

Recommendations	Scottish Government's Response
43 - The National Centre for Reducing Risk in the Healthcare Built Environment will wish to consider the views expressed in this report toward the scope and involvement of national and local IC Teams in projects on the healthcare built environment, and benchmarking good practice. (8.52.1)	The National Centre is already aware of this report and is working closely with the Scottish Government to address the recommendations identified.
44 - The National Centre will also wish to review the content of this report, reflecting on national agency skills, experience and capability matters in the recent past. (8.52.2)	The National Centre is already aware of this report and is working closely with the Scottish Government to address the recommendations identified.

## Chapter 9 – Themes

### Part A - IP&C, Technical Expertise, Standards of Professional Work

Recommendations	Scottish Government's Response
<p>45) Regardless of their professional background, those with Infection Control as part of their job role should undergo regular performance appraisal. This should include enquiry about challenges and problems encountered in the role, including team effectiveness. (9.4.1)</p>	<p>The Scottish Government will include this recommendation in the Oversight Board report. This recommendation applies to all territorial boards with IPC functions.</p>
<p>46) Enhanced professional appraisal must, similarly, encompass critical appraisal and reflection. Critical incidents where Incident Management Teams (IMTs) present dilemmas and challenges should provide candid and confidential material for discussion with a view to continuous improvement. (9.4.2)</p>	<p>The Scottish Government will include this recommendation in the Oversight Board report. This recommendation applies to all territorial boards with IPC functions.</p>
<p>47) The selection of Infection Control professionals in management positions such as the leadership team should be by competitive recruitment with the possibility of extension or reappointment. Appointees should be given every opportunity to address areas where assessment shows room for growth and learning. Effective team work must be an element. (9.5.1)</p>	<p>Responsibility for recruitment rests with the Boards and we will invite them to advise the Scottish Government on which forum to use to take it forward.</p>
<p>48) Incident management and problem assessment inevitably involves hypothesis development and testing; governance must ensure that hypotheses are sound, contestable and the debate that strengthens or removes hypotheses is respectful and transparent. (9.5.2)</p>	<p>The Scottish Government will include this recommendation in the Oversight Board report. This recommendation applies to all territorial boards with IPC functions.</p>

Recommendations	Scottish Government's Response

### Part C – Governance and Assurance

Recommendations	Scottish Government's Response
<p>49 - We endorse the recommendations of the Review of Edinburgh Schools as applied to hospital and other healthcare buildings and public sector capital investment. We recommend that they are implemented in full. (9.9.2)</p>	<p>NHS Scotland's Building Design &amp; Construction Group are considering the Review of Edinburgh Schools and a number of other reviews into building failures. A response to these reviews is scheduled to be finalised by January 2021 and this inform the Scottish Government's response to this recommendation on the applicability of the Review of Edinburgh Schools to hospital and other healthcare buildings.</p>
<p>50) The data on which those with responsibility offer assurance must be sharable to ensure transparency, complete with information on context and, where available and appropriate, valid comparison and external peer challenge. (9.9.3)</p>	<p>The Scottish Government will write to Chief Executives and ask the National Centre to take this recommendation forward, or advise on an alternative platform to deliver it.</p>
<p>51) Stakeholders advising on critical systems such as IP&amp;C should be:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Properly trained, experienced, capable of management and organisation of resource, capable of effective influence and have scoped the highly specialist functions of a healthcare building;</li> <li><input type="checkbox"/> Capable of escalating problem solving, and networking with evidence providers nationally and internationally when the situation demands it;</li> <li><input type="checkbox"/> Capable of understanding the implications of derogations, guidance and compliance;</li> </ul>	<p>The National Centre will provide a progressive, cohesive and integrated approach to specialist workforce education development for this multi-agency and multi-professional staff group (both internal and external to the National Centre) in agreed partnership with NES and Boards. It will also ensure Boards have access to staff with appropriate skills for projects, and assigned staff have the time, training and support to undertake their role.</p>

Recommendations	Scottish Government's Response
<input type="checkbox"/> Diligent in documenting decision-making that is transparent and accountable. (9.9.4)	
<p>52) Board and Area Infection Control Committees should:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Have programme management responsibilities;</li> <li><input type="checkbox"/> Where they have clear governance responsibilities, have well defined scope and remit in respect of other governance bodies;</li> <li><input type="checkbox"/> Have the remit and scope of their governance responsibilities clearly defined;</li> <li><input type="checkbox"/> Be competently supported by the Infection Control Manager, so that secretariat and professional leads pursue matters arising diligently, reporting progress and resolution at subsequent meetings;</li> <li><input type="checkbox"/> Have clear and well understood interfaces between the CCGC, other sub-Committees of the Board and other governance groups. (9.9.4)</li> </ul>	<p>The Scottish Government will look to the QEUH Oversight Board report for appropriate recommendations before considering how to take forward action nationally.</p>
<p>53) The Health Board should:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Retain as formal consultants experienced construction professionals in non-executive positions at times when the organisation is making major investment in estates and facilities. They should scrutinise the project team's performance, critical external relationships with the contractor and assurance systems that include independent verification. They should also provide comment on main developments and changes;</li> <li><input type="checkbox"/> Expect fuller briefings with problem-orientated records and risk management plans for key adverse events,</li> </ul>	<p>The Scottish Government will look to the Health Boards to apply these principles to all capital investment projects, which will be overseen by the National Centre.</p>

Recommendations	Scottish Government's Response
<p>such as those that are the subject of unplanned capital investment, or sustained and adverse public attention;</p> <ul style="list-style-type: none"> <li>□ Expect the documentation of more significant critical incidents to address the wider effects on patient care and lessons learned in regular, routine reporting of the Infection Prevention and Control function. This should be in addition to Healthcare Infection Incident Assessment Tool (HIIAT) reports;</li> <li>□ View the Estates and Facilities management function of the NHS Board as central to the Board's work, as NHS GG&amp;C does now, to ensure that stewardship of the built environment and the Board's capital assets receive proportionate management focus. (9.9.4)</li> </ul>	
<p>54) The documentation and audit trails of key decisions during the time of important projects should be better preserved in order to ensure accountability and clarity of past decision-taking. There should be a review of reasonable timescales for records retention, and this may involve law or regulation to ensure the necessary changes. (9.11.1)</p>	<p>The National Centre, working in conjunction with NHS Boards, will implement this recommendation.</p>

### Part D – Behaviour and Relationships

Recommendations	Scottish Government's Response
<p>55) We therefore report examples of team and individual behaviour that were inappropriate. We ask the teams we have identified to reflect on these remarks, and the extent to which the IP&amp;C function has left behind the tendency to focus on the dispute rather than the</p>	<p>The Scottish Government will look to the QEUH Oversight Board report for appropriate recommendations before considering how to take forward action nationally.</p>

<p>problem needing to be solved for the benefit of the patients at the centre of the incident. We commend initiatives already underway to address this matter. We direct readers to the recent (2019) reports from John Sturrock QC and Coia and West on inappropriate behaviour care and compassion for staff, and urge stakeholders to examine and apply the recommendations of these reports in their own context. (9.12.9)</p>	<p>This work will build on the existing work across the Scottish Government and NHS Scotland on workplace culture and whistleblowing, and any internal actions being taken forward by NHS GGC.</p>
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## Part E - COMMUNICATION

<b>Recommendations</b>	<b>Scottish Government's Response</b>
<p>56) We welcome NHS GG&amp;C's recent investment in its strategic communications capability. NHS GG&amp;C's Board needs to ensure political and public messaging that is accurate and sensitive:</p> <ul style="list-style-type: none"> <li>□ To manage adverse events and atypical public disclosures effectively within an overall plan underpinned by values of accountability and transparency;</li> <li>□ To recognize that modern communications need to acknowledge perceptions as well as facts as the NHS Board sees them;</li> <li>□ To adapt to a changing picture including defensive approaches that could include rebuttal of inaccurate reporting and disclosure that is false or threatens confidentiality;</li> <li>□ To recognise tactically within its internal and external communications that declining public trust may necessitate greater disclosure in justifying its actions</li> </ul>	<p>The Scottish Government will look to the QEUH Oversight Board report for appropriate recommendations before considering how to take forward action nationally.</p>

rather than tighter control on the flow of information (9.14.1)	
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## Part G – Research, Evaluation and Learning

Recommendations	Scottish Government's Response
<p>57) Construction related research and evaluation should be grouped under the following headings:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Air quality;</li> <li><input type="checkbox"/> Water quality;</li> <li><input type="checkbox"/> Sanitary ware;</li> <li><input type="checkbox"/> Healthcare &amp; BREEAM;</li> <li><input type="checkbox"/> Microbiology, Environment Health &amp; Public Health;</li> <li><input type="checkbox"/> Communicating health and risk. (9.16.4)</li> </ul>	<p>The National Centre will research and share best practice and changes in standards/models for the built environment across the world to inform guidance and capital projects. It will develop a research strategy and define detailed research priorities.</p>
<p>58) There are three key areas where evidence review and research is urgently needed, so that future technical guidance can be clearer, and project and incident managers can make better decisions:</p> <ul style="list-style-type: none"> <li>i. The evidence base for air changes and air quality that protects against infection in a range of hospital settings; we understand that air ventilation systems, the resulting air quality characteristics and their influence on clinical outcomes is an under-researched area.</li> <li>ii. The need for additional water disinfection for large buildings and little used water outlets, especially where vulnerable people are concerned; several rapid developments are occurring in the realm of modern hospital design, complexity of water systems, microbiological testing relating to water, unusual organisms and vulnerable patients, and the influence of</li> </ul>	



Recommendations	Scottish Government's Response
<p>these developments on patient safety and clinical outcomes.</p> <p>iii. The significance of findings of unusual micro-organisms in patient and environmental sampling. (9.17.1)</p>	
<p>59) We ask the Academy of Medical Royal Colleges and Faculties in Scotland and the UK, the Royal College of Nursing, together with the Royal Academy of Engineering, The Royal Incorporation of Architects in Scotland, Architecture and Design Scotland and those with interests in the environmental sciences to examine ways to engender a community of practice and scholarship that enhances collaborative work in improving the healthcare built environment. The National Centre for Reducing Risk in the Healthcare Built Environment should facilitate this initiative with its UK counterparts. (9.20.1)</p>	<p>The National Centre will lead this exercise.</p>
<p>60 - The National Centre for Reducing Risk in the Healthcare Built Environment and local NHS Boards should encourage linkages, facilitate robust networks that are cross-disciplinary, build on experience and form part of career and professional development, anticipate the need for expertise in areas where construction projects and novel interventions are in the planning stages. (9.20.2)</p>	<p>The National Centre will provide a progressive, cohesive and integrated approach to specialist workforce education development for this multi-agency and multi-professional staff group (both internal and external to the National Centre) in agreed partnership with NES and boards. It will also ensure Boards have access to staff with appropriate skills for projects, and assigned staff have the time, training and support to undertake their role.</p>

<b>Recommendations</b>	<b>Scottish Government's Response</b>
<p>61 - The National Centre and participants should recognise that lessons are often held in organisations at a distance from host institutions by the very nature of unusual occurrences and occasional projects, and that they should create a 'safe space' where experience that is reputationally sensitive can flow more freely. (9.20.3)</p>	<p>The National Centre will support the routine and effective collation, and appropriate dissemination of lessons learned across NHS Scotland.</p>

### Part I – Duty of Candour

<b>Recommendations</b>	<b>Scottish Government's Response</b>
<p>62) Infection Control specialists should reflect as a group on the development of their role in Duty of Candour relating to HAIs. They should share examples in confidence as a learning process, with a view to sharing experience. As these events are unusual, such learning should be on a Scotland-wide basis, in a confidential setting. It may subsequently form a critical event for reporting and discussion in enhanced professional appraisal. (9.28.1)</p>	<p>The Scottish Government will look to the QEUH Oversight Board report for appropriate recommendations before considering how to take forward action nationally.</p>
<p>63) Those responsible for Duty of Candour Policy in NHS Boards and Government may wish to review their operational processes to allow for this eventuality. They should consider how to apply the Duty consistently relating to HAI, encompassing governance to acknowledge events that have triggered a Duty action, along with a review of any learning that might arise from the Duty investigation. (9.28.2)</p>	<p>The Scottish Government will look to the QEUH Oversight Board report for appropriate recommendations before considering how to take forward action nationally.</p>



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