

SCOTTISH HOSPITALS INQUIRY

Bundle of documents for Oral hearings commencing from 19 August 2024 in relation to the Queen Elizabeth University Hospital and the Royal Hospital for Children, Glasgow

Bundle 27 - Miscellaneous Documents Volume 5

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.	A49816071	5316 - FW whistleblowing concern raised with NSS re the QEUH ID unit ventilation	Page 4
2.	A49816137	5317 - Fwd whistleblowing concern raised with NSS re the QEUH ID unit ventilation	Page 7
2.1		20200121 NHS GGC close letter 2.0	Page 13
3.	A49816144	5318 - 2023-02-09 11.43 RE NHSGGC Whistle Blower Contact with ARHAI	Page 14
4.	A49816167	5319 - RE NHSGGC Whistle Blower Contact with ARHAI	Page 16
5.	A49816183	5320 - 2023-02-10 14.38 FW Anonymous concern raised with NSS ARHAI re GGC	Page 20
6.	A49816184	5321 - 2023-02-10 17.08 Fwd Anonymous concern raised with NSS ARHAI re GGC	Page 22
7.	A49815731	5307 - NHSGGC - anonymous whistleblower	Page 24
8.	A49815763	5308 - RE Confidential	Page 25
9.	A49815770	5309 - Re Confidential	Page 27
10.	A49815778	5310 - RE Whistleblower	Page 29
11.	A49815811	5311 - Re GGC whistleblower	Page 30
12.	A49815829	5312 - whistleblower	Page 31
13.	A49815931	5313 - Re FW Queen Elizabeth Hospital Glasgow - Infection concerns	Page 32

14. A49816032 5315 - Fwd whistleblowing concern raised with NSS re the QEUH ID unit ventilation Page 34
15. A49815692 5304 - 2019-08-16 17.10 RE_ Confidential_Redacted Page 37
16. A49815710 5306 - 2019-08-16 19.00 Re_ Confidential_Redacted Page 38
17. A49816008 5314 - 2019-12-30 14.23 - Re FW Queen Elizabeth Hospital Glasgow - Infection concerns Redacted Page 40
18. A37917014 HIIORT 01.08.17 ward 2A Stenotrophomonas maltophilia Page 43
19. A49815996 5325 – Full incident report June 18 Page 46

From: [REILLY, Jacqui \(NHS NATIONAL SERVICES SCOTLAND\)](#)
To: [GOW, Ann \(NHS HEALTHCARE IMPROVEMENT SCOTLAND\)](#)
Cc: [IMRIE, Laura \(NHS NATIONAL SERVICES SCOTLAND\)](#)
Subject: FW: whistleblowing concern raised with NSS re the QEUH ID unit ventilation
Date: 31 January 2020 10:33:49

Hi Ann

As discussed, I'd be most grateful if you could confirm that the HIS review of this was concluded to your satisfaction. HPS were not aware of the matter being previously investigated by you and I do not want to duplicate any effort here in asking further questions, if this is not required.

Kind regards

Jacqui

Professor Jacqui Reilly

Director of Nursing

Executive Lead for AHPs, HAI and Quality

National Services Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH129EB

Tel: [REDACTED]

Twitter: [REDACTED]

PA: Ally Watt: [REDACTED]

NHS National Services Scotland is the common name for the Common Services Agency for the Scottish Health Service. www.nhsnss.org

From: de Caestecker, Linda <Linda.deCaestecker [REDACTED]>
Sent: 20 January 2020 16:39
To: REILLY, Jacqui (NHS NATIONAL SERVICES SCOTLAND) <jacquelineireilly [REDACTED]>
Cc: Haynes Jennifer (NHS GREATER GLASGOW & CLYDE) <Jennifer.Haynes [REDACTED]>
Subject: RE: whistleblowing concern raised with NSS re the QEUH ID unit ventilation

Dear Jacqui

I have in conjunction with colleagues looked into the concerns that were raised to HPS by an anonymous whistleblower in relation to the ventilation in wards 5C and 5D at QEUH. As you may know we received a similar query from HIS to which we recently responded. We have been aware of concerns around this issue and Jane Grant's response to HIS described the issues and the actions taken.

In December 2018, some clinical staff raised potential concerns with regard to air pressure in rooms in Ward 5C (Communicable Diseases) and Ward 5D (General Medicine). The concern at that time was that there was variance in room pressures, making it difficult to plan which rooms could be used for which types of patient, which is important in limiting the risk of airborne infections spreading. These concerns were responded to following a meeting, also in December 2018, with the Director of South Sector, Estates and Facilities colleagues, and the lead Infection Control Doctor. At that time, the wards were assessed by a specialist ventilation contractor and any necessary adjustments were made to ensure that all rooms in Ward 5C and 5D were negatively pressurised in the general ward environment. The data in the reports confirms the air pressure in rooms within Wards 5C and 5D, and we are satisfied that this has been maintained. I can send you the reports we have to verify this if you would find that helpful. This information was shared with the Infectious Diseases Team. I will find out if it was shared widely with the whole team to allay any of their concerns.

A49847958

At the same time, further engineering work was already underway to ensure that high risk patient isolation rooms were validated, and this was completed in June 2019. During this period lower risk patients were cared for in Wards 5C and 5D, and we had an agreed process and triage system for possible or proven Middle East Respiratory Syndrome Coronavirus (MERS Co-V) and smear positive pulmonary Tuberculosis (TB) patients, who were high risk. Those patients were considered on a case by case basis, and if required, transferred to either Glasgow Royal Infirmary or Monklands Hospital, where appropriate facilities were available.

When the work on the isolation rooms was completed in June 2019, high risk patients were then accommodated on the QEUH site. The clinical staff, and a Consultant in Infectious Diseases and General Medicine wrote to colleagues in both Monklands Hospital and Glasgow Royal Infirmary to confirm this position, and thank them for their support whilst this was resolved. Low risk patients continue to be appropriately cared for in 5C and 5D.

Patients with possible or confirmed highly infectious disease are only admitted with the agreement of an Infectious Diseases Consultant, in line with national guidance, to the negative pressure isolation rooms in our Medical High Dependency Unity. Therefore high risk patients in this category are not admitted to Wards 5C or 5D.

The concerns appear to have been raised as a potential issue, rather than as a result of a specific incident. We have reviewed our Datix system for recording incidents, and can confirm that we can see no individual patient case with issues that relate to what has been raised, nor are we aware of any specific case.

I hope this email reassures you that these issues have been investigated and addressed but please come back to me with any queries.

Kind regards

Linda

[Dr Linda de Caestecker](#)

Director of Public Health

NHS Greater Glasgow and Clyde

From: REILLY, Jacqui (NHS NATIONAL SERVICES SCOTLAND) [REDACTED]

Sent: 06 January 2020 17:02

To: de Caestecker, Linda

Cc: [Fiona.McQueen](#) [REDACTED] [Marion.Bain](#) [REDACTED]

Subject: [ExternaltoGGC]whistleblowing concern raised with NSS re the QEUH ID unit ventilation

Dear Linda

Thank you for the helpful conversation today about a concern raised via an email to the HPS IPC enquiry mailbox, received on 30/12/19, and thereafter escalated to me as the named whistleblowing contact in NSS. As agreed here is the detail of the concern raised:

'I am a nurse working in the Queen Elizabeth University Hospital in Glasgow. There is many ongoing concerns about infection control at this hospital. One issue that has not been addressed is regarding the infectious diseases unit, ward 5C and 5D. I feel the ventilation is not suitable for the type of patients cared for in these wards. There is nothing unique about this ward being an infectious diseases 'unit'. On a daily basis there is patients with compromised immunity. From cancer patients from the Beatson, to patients with advanced HIV. I believe there is a risk of infection due to the ventilation in these wards. I believe there should be enhanced ventilation in these wards due to there always being immunocompromised patients in these wards since the building opened in 2015.

Please can you investigate this as a matter of urgency. I believe that managers of the Queen Elizabeth University Hospital Glasgow are failing to provide a clean environment and where the risk of healthcare- associated infections is kept as low as possible. I fear that there is no specialised ventilation systems in ward 5C and 5D and this puts immunocompromised patients at risk. I believe that the mechanical supply ventilation in ward 5C and 5D are not adequate as it

fails to maintain a positive pressure in order to prevent the ingress of less clean air. Please investigate this as a matter of urgency.

I believe there should be a historical investigation to determine how many patients have contracted hospital acquired infections within ward 5C and ward 5D, and there should be an investigation to determine for any patients who have passed away in these wards since the opening of the building, if these hospital acquired infections played a part in their deaths.'

As discussed today, HPS responded to the email thanking the individual for raising their concerns with HPS. HPS also let them know the whistleblowing process within GG&C and NSS and also gave the national whistleblowing helpline contact details. The individual was informed that we take this matter very seriously and we would do what we could within our remit and organisational functions in support of their concerns.

The individual responded stating they did not feel: *'comfortable nor safe raising this internally, nor do I wish to contact the whistleblowing helpline. Whistleblowers are treated terribly within our organisation. I hope you use this information to bring about a safer environment for patients. Thank you for your time, I do not wish a response to this email.'*

I am communicating this to you to enable you to investigate the matter within the whistleblowing process of GG&C.

I have copied to Fiona and Marion in their current oversight roles, for information, as agreed.

Kind regards

Jacqui

Professor Jacqui Reilly

Director of Nursing

Executive Lead for AHPs, HAI and Quality

National Services Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH129EB

Tel: [REDACTED]

Twitter: [REDACTED]

PA: Ally Watt: [REDACTED]

NHS National Services Scotland is the common name for the Common Services Agency for the Scottish Health Service. www.nhsnss.org

From: [REILLY, Jacqui \(NHS NATIONAL SERVICES SCOTLAND\)](#)
To: [IMRIE, Laura \(NHS NATIONAL SERVICES SCOTLAND\)](#)
Subject: Fwd: whistleblowing concern raised with NSS re the QEUH ID unit ventilation
Date: 03 February 2020 10:48:31
Attachments: [20200121_NHS_GGC_close_letter_2.0.pdf](#)
[ATT00001.htm](#)

Hi Laura
Grateful if you could confirm content from HPS perspective and I'll reply to Linda in Glasgow.

Professor Jacqui Reilly
Sent from my I phone

Begin forwarded message:

From: "GOW, Ann (NHS HEALTHCARE IMPROVEMENT SCOTLAND)"
[REDACTED]
Date: 3 February 2020 at 10:40:43 GMT
To: "REILLY, Jacqui (NHS NATIONAL SERVICES SCOTLAND)"
[REDACTED]
Subject: FW: whistleblowing concern raised with NSS re the QEUH ID unit ventilation

Hi Jacqui

Our response below and attached looks like we did indeed close this off

Kind regards,

Ann

Ann Gow

NMAHP Director and Deputy Chief Executive

Healthcare Improvement Scotland

NMAHP Directorate

Delta House | 50 west Nile Street | Glasgow | G1 2NP

t: [REDACTED] Extension [REDACTED]

m: [REDACTED]

e: [REDACTED]

PA – Elaine Wilson-Drew

t: [REDACTED] ext. [REDACTED]

e: [REDACTED]

Website: www.healthcareimprovementscotland.org

Twitter: [@online_his](https://twitter.com/online_his)

Facebook: www.facebook.com/healthcareimprovementscot

We are Healthcare Improvement Scotland, an organisation with many parts and one purpose: better quality health and social care for everyone in Scotland.

Healthcare Improvement Scotland includes: The Improvement Hub (ihub), the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and Scottish Medicines Consortium.

From: HAMILTON, Leanne (NHS HEALTHCARE IMPROVEMENT SCOTLAND)
[REDACTED]

Sent: 03 February 2020 10:28

To: GOW, Ann (NHS HEALTHCARE IMPROVEMENT SCOTLAND)
[REDACTED]

[REDACTED]; LOVATT, Susan (NHS HEALTHCARE IMPROVEMENT SCOTLAND)

SCOTLAND) [REDACTED]

Subject: RE: whistleblowing concern raised with NSS re the QEUH ID unit ventilation

Hi Ann

We received correspondence on 6 January from an individual raising potential concerns within NHS Greater Glasgow and Clyde, in particular Ward 5c/5d in the Queen Elizabeth University Hospital. The detail of the concerns was:

<!--[if !supportLists]-->•<!--[endif]-->the ventilation in the infectious diseases unit, ward 5C and 5D is not suitable for the type of patients cared for in these wards

<!--[if !supportLists]-->•<!--[endif]-->there is no specialised ventilation systems in ward 5C and 5D and this puts immunocompromised patients at risk

<!--[if !supportLists]-->•<!--[endif]-->the mechanical supply ventilation in ward 5C and 5D is not adequate as it fails to maintain a positive pressure in order to prevent the ingress of less clean air.

We wrote to NHS GGC to ask for a response to the concerns and this was received 15 January. On review of the information provided, it was clear that there has been concerted action taken to address the concerns (which originated in December 2018). We noted the two reports provided as evidence of the work undertaken and that the Board is satisfied that air pressure in the rooms has been maintained. We also acknowledged that patients with possible or confirmed highly infectious disease are only admitted with the agreement of an Infectious Diseases Consultant, in line with national guidance, to the negative pressure isolation rooms in the Medical High Dependency Unity. Therefore high risk patients in this category are not admitted to Wards 5C or 5D.

On 21 January we wrote to the NHS GGC CEO to state that we were satisfied that no further assessment of this matter is required by Healthcare Improvement Scotland at this time. Letter attached for information.

Is that enough to respond to Jacqui? Please let me know if you need anything else
Leanne

From: GOW, Ann (NHS HEALTHCARE IMPROVEMENT SCOTLAND)
[REDACTED]

Sent: 03 February 2020 10:16

To: LOVATT, Susan (NHS HEALTHCARE IMPROVEMENT SCOTLAND)

[REDACTED]; HAMILTON, Leanne (NHS HEALTHCARE IMPROVEMENT SCOTLAND) [REDACTED]

Subject: FW: whistleblowing concern raised with NSS re the QEUH ID unit ventilation

Hi Both

Can you advise re the email below- can't remember where we left it. If you can draft something I can share with Jacqui

Kind regards,

Ann

Ann Gow

NMAHP Director and Deputy Chief Executive
Healthcare Improvement Scotland

NMAHP Directorate
Delta House | 50 west Nile Street | Glasgow | G1 2NP
t: [REDACTED] Extension [REDACTED]
m: [REDACTED]
e: [REDACTED]
PA – Elaine Wilson-Drew
t: [REDACTED] ext. [REDACTED]
e: [REDACTED]
Website: www.healthcareimprovementscotland.org

Twitter: [@online_his](https://twitter.com/online_his)

Facebook: www.facebook.com/healthcareimprovementscot

We are Healthcare Improvement Scotland, an organisation with many parts and one purpose: better quality health and social care for everyone in Scotland.

Healthcare Improvement Scotland includes: The Improvement Hub (ihub), the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and Scottish Medicines Consortium.

From: REILLY, Jacqui (NHS NATIONAL SERVICES SCOTLAND)

Sent: 31 January 2020 10:34

To: GOW, Ann (NHS HEALTHCARE IMPROVEMENT SCOTLAND) [REDACTED]

Cc: IMRIE, Laura (NHS NATIONAL SERVICES SCOTLAND) [REDACTED]

Subject: FW: whistleblowing concern raised with NSS re the QEUH ID unit ventilation

Hi Ann

As discussed, I'd be most grateful if you could confirm that the HIS review of this was concluded to your satisfaction. HPS were not aware of the matter being previously investigated by you and I do not want to duplicate any effort here in asking further questions, if this is not required.

Kind regards

Jacqui

Professor Jacqui Reilly

Director of Nursing

Executive Lead for AHPs, HAI and Quality

National Services Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH129EB

Tel: [REDACTED]

Twitter: [REDACTED]

PA: Ally Watt: [REDACTED]

NHS National Services Scotland is the common name for the Common Services Agency for the Scottish Health Service. www.nhsnss.org

From: de Caestecker, Linda [REDACTED]

Sent: 20 January 2020 16:39

To: REILLY, Jacqui (NHS NATIONAL SERVICES SCOTLAND)

Cc: Haynes Jennifer (NHS GREATER GLASGOW & CLYDE)

Subject: RE: whistleblowing concern raised with NSS re the QEUH ID unit

ventilation

Dear Jacqui

I have in conjunction with colleagues looked into the concerns that were raised to HPS by an anonymous whistleblower in relation to the ventilation in wards 5C and 5D at QEUH. As you may know we received a similar query from HIS to which we recently responded. We have been aware of concerns around this issue and Jane Grant's response to HIS described the issues and the actions taken.

In December 2018, some clinical staff raised potential concerns with regard to air pressure in rooms in Ward 5C (Communicable Diseases) and Ward 5D (General Medicine). The concern at that time was that there was variance in room pressures, making it difficult to plan which rooms could be used for which types of patient, which is important in limiting the risk of airborne infections spreading. These concerns were responded to following a meeting, also in December 2018, with the Director of South Sector, Estates and Facilities colleagues, and the lead Infection Control Doctor. At that time, the wards were assessed by a specialist ventilation contractor and any necessary adjustments were made to ensure that all rooms in Ward 5C and 5D were negatively pressurised in the general ward environment. The data in the reports confirms the air pressure in rooms within Wards 5C and 5D, and we are satisfied that this has been maintained. I can send you the reports we have to verify this if you would find that helpful. This information was shared with the Infectious Diseases Team. I will find out if it was shared widely with the whole team to allay any of their concerns.

At the same time, further engineering work was already underway to ensure that high risk patient isolation rooms were validated, and this was completed in June 2019. During this period lower risk patients were cared for in Wards 5C and 5D, and we had an agreed process and triage system for possible or proven Middle East Respiratory Syndrome Coronavirus (MERS Co-V) and smear positive pulmonary Tuberculosis (TB) patients, who were high risk. Those patients were considered on a case by case basis, and if required, transferred to either Glasgow Royal Infirmary or Monklands Hospital, where appropriate facilities were available.

When the work on the isolation rooms was completed in June 2019, high risk patients were then accommodated on the QEUH site. The clinical staff, and a Consultant in Infectious Diseases and General Medicine wrote to colleagues in both Monklands Hospital and Glasgow Royal Infirmary to confirm this position, and thank them for their support whilst this was resolved. Low risk patients continue to be appropriately cared for in 5C and 5D.

Patients with possible or confirmed highly infectious disease are only admitted with the agreement of an Infectious Diseases Consultant, in line with national guidance, to the negative pressure isolation rooms in our Medical High Dependency Unity. Therefore high risk patients in this category are not admitted to Wards 5C or 5D. The concerns appear to have been raised as a potential issue, rather than as a result of a specific incident. We have reviewed our Datix system for recording incidents, and can confirm that we can see no individual patient case with issues that relate to what has been raised, nor are we aware of any specific case.

I hope this email reassures you that these issues have been investigated and addressed but please come back to me with any queries.

Kind regards

Linda

[Dr Linda de Caestecker](#)

Director of Public Health
NHS Greater Glasgow and Clyde

From: REILLY, Jacqui (NHS NATIONAL SERVICES SCOTLAND)

[REDACTED]

Sent: 06 January 2020 17:02

To: de Caestecker, Linda

Cc: [Fiona.McQueen](#) [REDACTED]; [Marion.Bain](#) [REDACTED]

Subject: [ExternaltoGGC]whistleblowing concern raised with NSS re the QEUH ID unit ventilation

Dear Linda

Thank you for the helpful conversation today about a concern raised via an email to the HPS IPC enquiry mailbox, received on 30/12/19, and thereafter escalated to me as the named whistleblowing contact in NSS. As agreed here is the detail of the concern raised:

'I am a nurse working in the Queen Elizabeth University Hospital in Glasgow. There is many ongoing concerns about infection control at this hospital. One issue that has not been addressed is regarding the infectious diseases unit, ward 5C and 5D. I feel the ventilation is not suitable for the type of patients cared for in these wards. There is nothing unique about this ward being an infectious diseases 'unit'. On a daily basis there is patients with compromised immunity. From cancer patients from the Beatson, to patients with advanced HIV. I believe there is a risk of infection due to the ventilation in these wards. I believe there should be enhanced ventilation in these wards due to there always being immunocompromised patients in these wards since the building opened in 2015.

Please can you investigate this as a matter of urgency. I believe that managers of the Queen Elizabeth University Hospital Glasgow are failing to provide a clean environment and where the risk of healthcare- associated infections is kept as low as possible. I fear that there is no specialised ventilation systems in ward 5C and 5D and this puts immunocompromised patients at risk. I believe that the mechanical supply ventilation in ward 5C and 5D are not adequate as it fails to maintain a positive pressure in order to prevent the ingress of less clean air. Please investigate this as a matter of urgency.

I believe there should be a historical investigation to determine how many patients have contracted hospital acquired infections within ward 5C and ward 5D, and there should be an investigation to determine for any patients who have passed away in these wards since the opening of the building, if these hospital acquired infections played a part in their deaths.'

As discussed today, HPS responded to the email thanking the individual for raising their concerns with HPS. HPS also let them know the whistleblowing process within GG&C and NSS and also gave the national whistleblowing helpline contact details. The individual was informed that we take this matter very seriously and we would do what we could within our remit and organisational functions in support of their concerns.

The individual responded stating they did not feel: *'comfortable nor safe raising this internally, nor do I wish to contact the whistleblowing helpline. Whistleblowers are treated terribly within our organisation. I hope you use this information to bring about a safer environment for patients. Thank you for your time, I do not wish a response to this email.'*

I am communicating this to you to enable you to investigate the matter within the whistleblowing process of GG&C.

I have copied to Fiona and Marion in their current oversight roles, for information, as agreed.

Kind regards

Jacqui

Professor Jacqui Reilly

Director of Nursing

Executive Lead for AHPs, HAI and Quality

National Services Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH129EB

Tel: [REDACTED]

Twitter: [REDACTED]

PA: Ally Watt: [REDACTED]

NHS National Services Scotland is the common name for the Common Services Agency for the Scottish Health Service. www.nhsnss.org

Jane Grant
Chief Executive
NHS Greater Glasgow and Clyde

Gyle Square Office
Date: 21 January 2020
Enquiries to: [REDACTED]

Dear Ms Grant

NHS GGC, QEUH, Infectious Diseases Unit

Thank you for your correspondence of 15 January 2020, in which you provided information in relation to the potential concerns about the ventilation within Ward 5C and Ward 5D at the Queen Elizabeth University Hospital.

On review of the information provided, it is clear that there has been concerted action taken to address the concerns, which were originally raised in December 2018 and we note the two reports provided as evidence of the work undertaken. We note you are satisfied that air pressure in the rooms has been maintained.

We also acknowledge that patients with possible or confirmed highly infectious disease are only admitted with the agreement of an Infectious Diseases Consultant, in line with national guidance, to the negative pressure isolation rooms in the Medical High Dependency Unit. Therefore high risk patients in this category are not admitted to Wards 5C or 5D.

We are therefore satisfied that no further assessment of this matter is required by Healthcare Improvement Scotland at this time. We will notify the complainant of our decision.

I would like to take this opportunity to thank you for your support with this matter.

Yours sincerely

I would like to take this opportunity to thank you for your support with this matter.

Yours sincerely



Leanne Hamilton
Senior Reviewer (job share)



Sue Lovatt
Senior Reviewer (job share)

From: [Jacqui Reilly](#)
To: [Laura Imrie](#)
Subject: 5318 - 2023-02-09 11.43 RE NHSGGC Whistle Blower Contact with ARHAI
Date: 09 February 2023 11:43:27
Attachments: [image001.jpg](#)

Thanks Laura

As discussed, from the whistleblowing perspective, there are three options in my view:

1. The WB uses the GG&C WB procedure to gain the WB legal protection - this includes an opportunity to refer to INWO if the person is not satisfied with the GG&C process/ investigation. INWO can also ask GG&C to investigate it for the person and monitor it is done if the person is finding it difficult to raise a concern:
<https://inwo.spsso.org.uk/complaining-independent-national-whistleblowing-officer-inwo>
2. Raise the concern with HIS, this is detailed with links on the INWO website:
<https://inwo.spsso.org.uk/how-can-i-raise-whistleblowing-concern>
3. Given the report has come to NSS we can raise this as an anonymous concern reported to NSS WB with GG&C WB team and, given the results of this would be of interest to our ARHAI service, we can ask to have sight of the outcome and recommendations from the investigation to have assurance needed.

As I understand it the WB has indicated they do not want to do any of these options as they do not want to use the WB process as this will take time and she is concerned for patient safety and so they asked that you inform SGHSCD CNOD, which you have done. It would be good to be clear what the next steps are for follow up and in what process given ARHAI and CNOD are now aware of this situation. We can as NSS/ ARHAI make a decision, independent of the WB, to ask GG&C the question outside the WB process given we have had this concern raised with us.

Hope helpful

Jacqui

From: Laura Imrie [REDACTED]
Sent: 08 February 2023 20:51
To: Jacqui Reilly [REDACTED]
Subject: NHSGGC Whistle Blower Contact with ARHAI

Dear Jacqui

Many thanks for our discussion earlier and your support. Below is a summary of the situation for your consideration,

I was contacted 8th February 2023 via telephone by an anonymous whistle blower who wish to report their concerns regarding the management of previously reported infection related incident within Bone Marrow Transplant Unit (BMT) at the QUEH NHSGGC.

The caller asked if ARHAI were aware that 5 rooms had been taken out of commission due to the presence of mould on ceiling tiles and shower area within Ward 4B. They also informed me that prophylactic therapy had been prescribed as a result. ARHAI have be receiving reports from NHSGGC for two separate incidents within this area however we were unaware of these alleged issues which would be relevant.

I asked if they had reported these concerns through NHSGGC Whistle Blower process to which they replied that no and they did not feel confident that that process would be effective. They confirmed that they had escalated their concerns through the laboratory management and lead ICD however had received no response.

I asked what they wished me to do with the information as this was out with any report or escalation process the caller replied that they wanted Scottish Government to be made aware of their concerns and that they were happy to speak to CNOD.

After consideration and discussion with CNOD I then returned their call to advise that my advice was to follow the whistle blowing process. The informant categorically refused to enter into this process and shared that they felt extremely concerned regarding the patient environment within BMT and that they were being left with no options.

Following discussion with yourself and a further discussion with CNOD I again returned the call and advised that as they had reported these concerns directly to myself I would be reporting through NSS whistle blowing structures and as I had informed CNOD that they would not be entering into Whistle Blowing process the NHS Board may be contacted directly by SG for a response. I ended the call with the perception that the caller was satisfied with the knowledge that she had passed on her concerns and that both ARHAI and Scottish Government were now both aware of the situation.

They did not request any follow up or update from NSS or CNOD.

Many thanks

Laura

Laura Imrie

Interim Clinical Lead NHS Scotland Assure

Consultant Lead ARHAI Scotland

NSS National Services Scotland

NHS Scotland Assure

ARHAI Scotland

4th Floor

Meridian Court

5 Cadogan Street

Glasgow

G2 6QE

T:

[REDACTED]

E:

[REDACTED]

W: www.nhsnss.org

PA:

[REDACTED]



Please consider the environment before printing this email.

NHS National Services Scotland is the common name for the Common Services Agency for the Scottish Health Service. www.nhsnss.org

From: [Colin Urquhart](#)
To: [Laura Imrie](#) [REDACTED]
Subject: RE: NHSGGC Whistle Blower Contact with ARHAI
Date: 09 February 2023 14:00:21
Attachments: [image001.jpg](#)

I'll give you a call later but at this stage we are awaiting a full report/response from GGC, this morning we got information on the planned works and handling etc but have asked for some specifics which haven't come through yet. We haven't agreed any actions for ARHAI at the moment other than requesting the data review as discussed.
Catch up later.

From: Laura Imrie [REDACTED]
Sent: 09 February 2023 13:33
To: Urquhart C (Colin) [REDACTED]
Subject: RE: NHSGGC Whistle Blower Contact with ARHAI

Thanks - I am on annual leave tomorrow, Monday & Tuesday and just need to pick up what has been agreed with NHSGGC and any actions for ARHAI.

From: [Colin.Urquhart](#) [REDACTED]
Sent: 09 February 2023 13:31
To: Laura Imrie [REDACTED]
Subject: RE: NHSGGC Whistle Blower Contact with ARHAI
Back to back now until 3 – free then

From: Laura Imrie [REDACTED]
Sent: 09 February 2023 13:29
To: Urquhart C (Colin) [REDACTED]
Subject: RE: NHSGGC Whistle Blower Contact with ARHAI
Can I give you a call to discuss?
L

From: [Colin.Urquhart](#) [REDACTED]
Sent: 09 February 2023 13:11
To: Laura Imrie [REDACTED]
Subject: RE: NHSGGC Whistle Blower Contact with ARHAI
Thanks Laura, very helpful.
If you can keep us in the loop about your next steps, as Jacqui has alluded to below, that would be great.
Cheers
Colin

From: Laura Imrie [REDACTED]
Sent: 09 February 2023 11:50
To: Urquhart C (Colin) [REDACTED]
Subject: FW: NHSGGC Whistle Blower Contact with ARHAI
As requested

From: Jacqui Reilly [REDACTED]
Sent: 09 February 2023 11:43
To: Laura Imrie [REDACTED]
Subject: RE: NHSGGC Whistle Blower Contact with ARHAI
Thanks Laura
As discussed, from the whistleblowing perspective, there are three options in my view:

1. The WB uses the GG&C WB procedure to gain the WB legal protection - this includes an opportunity to refer to INWO if the person is not satisfied with the GG&C process/ investigation. INWO can also ask GG&C to investigate it for the person and monitor it is done if the person is finding it difficult to raise a concern:
<https://inwo.spsso.org.uk/complaining-independent-national-whistleblowing-officer-inwo>
2. Raise the concern with HIS, this is detailed with links on the INWO website:
<https://inwo.spsso.org.uk/how-can-i-raise-whistleblowing-concern>
3. Given the report has come to NSS we can raise this as an anonymous concern reported to NSS WB with GG&C WB team and, given the results of this would be of interest to our ARHAI service, we can ask to have sight of the outcome and recommendations from the investigation to have assurance needed.

As I understand it the WB has indicated they do not want to do any of these options as they do not want to use the WB process as this will take time and she is concerned for patient safety and so they asked that you inform SGHSCD CNOD, which you have done. It would be good to be clear what the next steps are for follow up and in what process given ARHAI and CNOD are now aware of this situation. We can as NSS/ ARHAI make a decision, independent of the WB, to ask GG&C the question outside the WB process given we have had this concern raised with us.

Hope helpful

Jacqui

From: Laura Imrie [REDACTED]
Sent: 08 February 2023 20:51
To: Jacqui Reilly [REDACTED]
Subject: NHSGGC Whistle Blower Contact with ARHAI

Dear Jacqui

Many thanks for our discussion earlier and your support. Below is a summary of the situation for your consideration,

I was contacted 8th February 2023 via telephone by an anonymous whistle blower who wish to report their concerns regarding the management of previously reported infection related incident within Bone Marrow Transplant Unit (BMT) at the QUEH NHSGGC.

The caller asked if ARHAI were aware that 5 rooms had been taken out of commission due to the presence of mould on ceiling tiles and shower area within Ward 4B. They also informed me that prophylactic therapy had been prescribed as a result. ARHAI have be receiving reports from NHSGGC for two separate incidents within this area however we were unaware of these alleged issues which would be relevant.

I asked if they had reported these concerns through NHSGGC Whistle Blower process to which they replied that no and they did not feel confident that that process would be effective. They confirmed that they had escalated their concerns through the laboratory management and lead ICD however had received no response.

I asked what they wished me to do with the information as this was out with any report or escalation process the caller replied that they wanted Scottish Government to be made aware of their concerns and that they were happy to speak to CNOD.

After consideration and discussion with CNOD I then returned their call to advise that my advice was to follow the whistle blowing process. The informant categorical refused to enter into this process and shared that the felt extremely concerned regarding the patient environment within BMT and that they were being left with no options.

Following discussion with yourself and a further discussion with CNOD I again returned the call and advised that as they had reported these concerns directly to myself I would be reporting through NSS whistle blowing structures and as I had informed CNOD that they would not be

entering into Whistle Blowing process the NHS Board may be contacted directly by SG for a response. I ended the call with the perception that the caller was satisfied with the knowledge that she had passed on her concerns and that both ARHAI and Scottish Government were now both aware of the situation.

They did not request any follow up or update from NSS or CNOD.

Many thanks

Laura

Laura Imrie
Interim Clinical Lead NHS Scotland Assure
Consultant Lead ARHAI Scotland

NSS National Services Scotland
NHS Scotland Assure
ARHAI Scotland

4th Floor
Meridian Court
5 Cadogan Street
Glasgow
G2 6QE

T: [REDACTED]
E: [REDACTED]

W: www.nhsnss.org

PA: [REDACTED]



Please consider the environment before printing this email.

NHS National Services Scotland is the common name for the Common Services Agency for the Scottish Health Service. www.nhsnss.org

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 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.

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 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.

From: [Jacqui Reilly](#)
To: [Laura Imrie](#)
Subject: 5320 - 2023-02-10 14.38 FW Anonymous concern raised with NSS ARHAI re GGC
Date: 10 February 2023 14:37:43

Hi Laura

As per my previous message. FYI in case of contact.

KR

Jacqui

From: Jacqui Reilly [REDACTED]
Sent: 10 February 2023 14:34
To: Vanhegan, Elaine [REDACTED]
Cc: nss whistleblowing [REDACTED]
Subject: Anonymous concern raised with NSS ARHAI re GG&C

Hi Elaine

As you may be aware, NSS received an anonymous concern about GG&C and thus I am referring this matter to you for follow up and feedback please.

Laura Imrie (Our lead consultant in ARHAI) was contacted on 8th February 2023 via telephone by an anonymous whistle blower who wished to report their concerns regarding the management of previously reported infection related incident within Bone Marrow Transplant Unit (BMT) at the QUEH NHSGGC. The caller asked if ARHAI were aware that 5 rooms had been taken out of commission due to the presence of mould on ceiling tiles and shower area within Ward 4B. They also informed her that prophylactic therapy had been prescribed as a result. ARHAI have been receiving reports from NHSGGC for two separate incidents within this area however were unaware of these alleged issues, which would be relevant for reporting to ARHAI.

Laura asked if they had reported these concerns through the NHSGGC Whistle Blower process, to which they replied that had not, and they did not feel confident that that process would be effective. They confirmed that they had escalated their concerns through line management routes, however had received no response.

Laura asked what they wished her to do with the information as this was out with any ARHAI reporting or escalation process, the caller replied that they wanted Scottish Government to be made aware of their concerns. Laura gave advice that the correct process to raise the concerns was to follow the whistle blowing process. The caller categorically refused to enter into this process and said they were extremely concerned regarding the patient environment within BMT and that they were being left with no options.

The ARHAI service contacted me for advice on Wednesday night this week (8th Feb) and I laid out the options for our colleagues in the ARHAI service on Thursday 9th Feb (am) to encourage the person raising the concern to use the WB process to raise their concern as:

1. The person uses the GG&C WB procedure to gain the WB legal protection - this includes an opportunity to refer to INWO if the person is not satisfied with the GG&C process/ investigation. INWO can also ask GG&C to investigate it for the person and monitor it is done if the person is finding it difficult to raise a concern:
<https://inwo.spsa.org.uk/complaining-independent-national-whistleblowing-officer-inwo>
2. Raise the concern with HIS, this is detailed with links on the INWO website:
<https://inwo.spsa.org.uk/how-can-i-raise-whistleblowing-concern>
3. Given the report has come to NSS raise this as an anonymous concern reported to NSS WB with GG&C WB team and, given the results of this would be of interest to our ARHAI service, ask to have sight of the outcome and recommendations from the investigation to

have assurance needed.

As I understand it the person raising the concern said they did not want to do any of these options and did not want to use the WB process, as this would take time and they were concerned for patient safety, and so they asked ARHAI inform SGHSCD CNOD, which they have done, and the person raising the concern was satisfied with this.

In line with the advice from INWO in their guidance, I am referring this anonymous concern to you, so you are aware of it and, would ask that you confirm this is being investigated and we would be grateful if you would share the outcome of that investigation in due course.

Many thanks

Kind regards

Jacqui

Professor Jacqui Reilly

Executive lead for whistleblowing

NHS National Services Scotland

From: [Jacqui Reilly](#)
To: [Laura Imrie](#)
Subject: 5321 - 2023-02-10 17.08 Fwd Anonymous concern raised with NSS ARHAI re GGC
Date: 10 February 2023 17:08:22

FYI

Sent from my iPhone

Begin forwarded message:

From: "Vanhegan, Elaine" [REDACTED]
Date: 10 February 2023 at 16:58:10 GMT
To: Jacqui Reilly [REDACTED]
Subject: RE: Anonymous concern raised with NSS ARHAI re GG&C

Dear Jacqui, Thank you for alerting me to this situation. I am aware these allegations are being thoroughly investigated managerially in dialogue with the Scottish Government. In discussion with colleagues, I can advise we are not recognising any escalation through line management routes.

I would again request that this individual is encouraged to go through formal routes available, to provide appropriate support.

I trust this is helpful.

Kind regards

Elaine

Elaine Vanhegan

Director of Corporate Services and Governance

Greater Glasgow and Clyde

JB Russell House Gartnavel Royal

Glasgow

[REDACTED]
[REDACTED]

From: Jacqui Reilly
Sent: 10 February 2023 14:34
To: Vanhegan, Elaine [REDACTED]
Cc: nss whistleblowing [REDACTED]
Subject: Anonymous concern raised with NSS ARHAI re GG&C

Hi Elaine

As you may be aware, NSS received an anonymous concern about GG&C and thus I am referring this matter to you for follow up and feedback please.

Laura Imrie (Our lead consultant in ARHAI) was contacted on 8th February 2023 via telephone by an anonymous whistle blower who wished to report their concerns regarding the management of previously reported infection related incident within Bone Marrow Transplant Unit (BMT) at the QUEH NHSGGC. The caller asked if ARHAI were aware that 5 rooms had been taken out of commission due to the presence of mould on ceiling tiles and shower area within Ward 4B. They also informed her that prophylactic therapy had been prescribed as a result. ARHAI have

been receiving reports from NHSGGC for two separate incidents within this area however were unaware of these alleged issues, which would be relevant for reporting to ARHAI.

Laura asked if they had reported these concerns through the NHSGGC Whistle Blower process, to which they replied that had not, and they did not feel confident that that process would be effective. They confirmed that they had escalated their concerns through line management routes, however had received no response. Laura asked what they wished her to do with the information as this was out with any ARHAI reporting or escalation process, the caller replied that they wanted Scottish Government to be made aware of their concerns. Laura gave advice that the correct process to raise the concerns was to follow the whistle blowing process. The caller categorically refused to enter into this process and said they were extremely concerned regarding the patient environment within BMT and that they were being left with no options.

The ARHAI service contacted me for advice on Wednesday night this week (8th Feb) and I laid out the options for our colleagues in the ARHAI service on Thursday 9th Feb (am) to encourage the person raising the concern to use the WB process to raise their concern as:

1. The person uses the GG&C WB procedure to gain the WB legal protection - this includes an opportunity to refer to INWO if the person is not satisfied with the GG&C process/ investigation. INWO can also ask GG&C to investigate it for the person and monitor it is done if the person is finding it difficult to raise a concern: <https://inwo.spsso.org.uk/complaining-independent-national-whistleblowing-officer-inwo>
2. Raise the concern with HIS, this is detailed with links on the INWO website: <https://inwo.spsso.org.uk/how-can-i-raise-whistleblowing-concern>
3. Given the report has come to NSS raise this as an anonymous concern reported to NSS WB with GG&C WB team and, given the results of this would be of interest to our ARHAI service, ask to have sight of the outcome and recommendations from the investigation to have assurance needed.

As I understand it the person raising the concern said they did not want to do any of these options and did not want to use the WB process, as this would take time and they were concerned for patient safety, and so they asked ARHAI inform SGHSCD CNOD, which they have done, and the person raising the concern was satisfied with this.

In line with the advice from INWO in their guidance, I am referring this anonymous concern to you, so you are aware of it and, would ask that you confirm this is being investigated and we would be grateful if you would share the outcome of that investigation in due course.

Many thanks

Kind regards

Jacqui

Professor Jacqui Reilly

Executive lead for whistleblowing

NHS National Services Scotland

From: [IMRIE, Laura \(NHS NATIONAL SERVICES SCOTLAND\)](#)
To: [Jason Birch](#)
Cc: [REILLY, Jacqui \(NHS NATIONAL SERVICES SCOTLAND\)](#); [RAMSAY, Lorna \(NHS NATIONAL SERVICES SCOTLAND\)](#); [Josephine Ives](#)
Subject: NHSGGC - anonymous whistleblower
Sensitivity: Confidential

Dear Jason

I am writing to inform you that HPS received a letter from an anonymous whistleblower relating to the management of the current water incident within NHSGGC.

The main points from the letter received:

- The chair is unable to do her job in protecting patients from infections due to the culture and organisational failings citing lack of support from management
- Critical information has been denied to the chair, or false accounts given by high level managers
- Microbiology/Clinical judgement regarding the fact that there is a real issue with unusual environmental pathogens in Haematology paediatric patients is being continuously questioned
- Lack of transparency re communication

NSS considered this in line with national whistleblowing policy, the individual was advised of the national policy and encouraged to contact the national centre if they felt unable to access their own boards system.

NSS Medical Director has contacted the NHSGGC Medical Director today, firstly to make the NHS Board aware of the issues raised and also to offer further support from NSS in supporting this incident.

NHSGGC are aware that NSS are sharing this information with the HAI Policy Unit.

Please do not hesitate to contact me should you wish to discuss this further.

Kind regards

Laura

Laura Imrie
Nurse Consultant Infection Prevention & Control
Interim Lead Consultant ARHAI Group

NHS National Services Scotland

Health Protection Scotland

4th Floor Meridian Court

5 Cadogan Street

Glasgow

G2 6QE

Direct Dial: XXXXXXXXXX

HPS Reception: 0141 300 1100

Web page: www.hps.scot.nhs.uk

From: [RAMSAY, Lorna \(NHS NATIONAL SERVICES SCOTLAND\)](#)
To: [IMRIE, Laura \(NHS NATIONAL SERVICES SCOTLAND\)](#); [REILLY, Jacqui \(NHS NATIONAL SERVICES SCOTLAND\)](#)
Subject: RE: Confidential
Date: 26 August 2019 18:23:35

Laura

I have had a reply for NHSGGC's Medical Director requesting that we seek permission of the whistleblower for their details to be shared with one of their Board's designated Directors for whistleblowing (Dr Linda de Caestecker, DPH and Mr William Edwards, e-health Director) in order that their concern can be investigated appropriately in line with GGC policy.

Could you please ask the individual if they wish us to do so and let me know their decision?

Thanks
Lorna

Dr Lorna Ramsay
Medical Director NSS

NHS National Services Scotland
Room 031, Ground Floor
Gyle Square
1 South Gyle Crescent
Edinburgh, EH12 9EB

Tel: [REDACTED]
Email: [REDACTED]
Website: www.nhsnss.org

PA: Ally Watt
[REDACTED]

Please consider the environment before printing this email.

NHS National Services Scotland is the common name for the Common Services Agency for the Scottish Health Service. www.nhsnss.org

-----Original Message-----

From: IMRIE, Laura (NHS NATIONAL SERVICES SCOTLAND)
Sent: 16 August 2019 17:12
To: REILLY, Jacqui (NHS NATIONAL SERVICES SCOTLAND) [REDACTED]; RAMSAY, Lorna (NHS NATIONAL SERVICES SCOTLAND) [REDACTED]
Subject: FW: Confidential

Please see below email sent @ 1709:

Thank you for raising your concerns with HPS. We take this matter very seriously and will do what we can within our remit and organisational functions in support of your concerns.

Each board including NHSGG&C and NHSNSS (HPS) has a whistleblowing policy which details your internal contacts to raise concerns with . If you do not feel you can escalate internally there is an NHSScotland national whistle blowing centre you can call for advice in confidence. It is: 0800 008 6112. This service is run by PROTECT, an independent whistleblowing charity whose expertise in this field is recognised internationally. The advisers can also pass your concerns (with your consent) to the appropriate person to a scrutiny body for

further investigation. All employees are expected to escalate concerns in line with organisational policy reporting to the national helpline enables them to remain within these expectations.

The HIS hotline number that we discussed on the telephone is no longer available on their website therefore I have not included this.

Kind regards

Laura

Laura Imrie

Nurse Consultant Infection Prevention & Control Interim Lead Consultant ARHAI Group

NHS National Services Scotland
Health Protection Scotland
4th Floor Meridian Court
5 Cadogan Street
Glasgow
G2 6QE

Direct Dial: [REDACTED]
HPS Reception: 0141 300 1100
Web page: www.hps.scot.nhs.uk

From: [RAMSAY, Lorna \(NHS NATIONAL SERVICES SCOTLAND\)](#)
To: [IMRIE, Laura \(NHS NATIONAL SERVICES SCOTLAND\)](#)
Cc: [REILLY, Jacqui \(NHS NATIONAL SERVICES SCOTLAND\)](#)
Subject: Re: Confidential
Date: 27 August 2019 12:53:45

Thanks for asking and I will indicate to the Board that the person has declined
Lorna

Dr Lorna J Ramsay
Medical Director NSS
Sent from my iPhone

> On 27 Aug 2019, at 12:49, IMRIE, Laura (NHS NATIONAL SERVICES SCOTLAND)

[REDACTED] wrote:

>

> Lorna

>

> I received the response below from the whistleblower:

>

> "Thanks for your email. At this time I am not willing to disclose to NHSGGC my details. I hope it is clear from my emails that my concern is with the GGC board management and it's internal processes. For them to investigate themselves seems inappropriate after all that has happened here."

>

> Many thanks

>

> Laura

>

> -----Original Message-----

> From: RAMSAY, Lorna (NHS NATIONAL SERVICES SCOTLAND)

> Sent: 26 August 2019 18:24

> To: IMRIE, Laura (NHS NATIONAL SERVICES SCOTLAND); REILLY, Jacqui (NHS NATIONAL SERVICES SCOTLAND)

> Subject: RE: Confidential

>

> Laura

>

> I have had a reply for NHSGGC's Medical Director requesting that we seek permission of the whistleblower for their details to be shared with one of their Board's designated Directors for whistleblowing (Dr Linda de Caestecker, DPH and Mr William Edwards, e-health Director) in order that their concern can be investigated appropriately in line with GGC policy.

>

> Could you please ask the individual if they wish us to do so and let me know their decision?

>

> Thanks

> Lorna

>

> Dr Lorna Ramsay

> Medical Director NSS

>

> NHS National Services Scotland

> Room 031, Ground Floor

> Gyle Square

> 1 South Gyle Crescent

> Edinburgh, EH12 9EB

>

> Tel: [REDACTED]

> Email: [REDACTED]

> Website: www.nhsnss.org

>
> PA: Ally Watt
> [REDACTED]
> [REDACTED]
>
> Please consider the environment before printing this email.
>
> NHS National Services Scotland is the common name for the Common Services Agency for the Scottish Health Service. www.nhsns.org
>
>
>
> -----Original Message-----
> From: IMRIE, Laura (NHS NATIONAL SERVICES SCOTLAND)
> Sent: 16 August 2019 17:12
> To: REILLY, Jacqui (NHS NATIONAL SERVICES SCOTLAND) [REDACTED]; RAMSAY, Lorna (NHS NATIONAL SERVICES SCOTLAND) [REDACTED]
> Subject: FW: Confidential
>
> Please see below email sent @ 1709:
>
>
> Thank you for raising your concerns with HPS. We take this matter very seriously and will do what we can within our remit and organisational functions in support of your concerns.
>
> Each board including NHSGG&C and NHSNSS (HPS) has a whistleblowing policy which details your internal contacts to raise concerns with . If you do not feel you can escalate internally there is an NHSScotland national whistle blowing centre you can call for advice in confidence. It is: 0800 008 6112. This service is run by PROTECT, an independent whistleblowing charity whose expertise in this field is recognised internationally. The advisers can also pass your concerns (with your consent) to the appropriate person to a scrutiny body for further investigation. All employees are expected to escalate concerns in line with organisational policy reporting to the national helpline enables them to remain within these expectations.
>
> The HIS hotline number that we discussed on the telephone is no longer available on their website therefore I have not included this.
>
> Kind regards
>
> Laura
>
>
> Laura Imrie
> Nurse Consultant Infection Prevention & Control Interim Lead Consultant ARHAI Group
>
> NHS National Services Scotland
> Health Protection Scotland
> 4th Floor Meridian Court
> 5 Cadogan Street
> Glasgow
> G2 6QE
>
> Direct Dial: [REDACTED]
> HPS Reception: 0141 300 1100
> Web page: www.hps.scot.nhs.uk
>
>
>
>
>

From: [IMRIE, Laura \(NHS NATIONAL SERVICES SCOTLAND\)](#)
To: [REILLY, Jacqui \(NHS NATIONAL SERVICES SCOTLAND\)](#)
Subject: RE: Whistleblower

Further correspondence;

I meant to add that this will be the 9th occasion an ICD has resigned in Qeuh in four years citing culture, management and transparency issues. At what point is someone in SG going to query whether the issue is not mass Microbiology ineptitude, and look at the embedded team and management? Seriously.

Thanks

Laura

From: IMRIE, Laura (NHS NATIONAL SERVICES SCOTLAND)
Sent: 02 September 2019 16:09
To: REILLY, Jacqui (NHS NATIONAL SERVICES SCOTLAND)
Subject: Whistleblower

Hi Jacqui

I have received further correspondence from the whistleblower:

Dear Laura,

Further to my previous emails I am writing to update you that Teresa Inkster has this morning resigned from her ICD role citing undermining, lack of respect, exclusion, GMC duty of candour issues and toxic culture.

I am writing to register my disappointment at the lack of external support and intervention in this scenario, but would like to thank you for raising the whistleblow to SG and NHSGGC.

The losers in all of this are the vulnerable patient groups.

Kind regards,

I am looking for some guidance on how to respond.

Many thanks

Laura

Laura Imrie
Nurse Consultant Infection Prevention & Control
Interim Lead Consultant ARHAI Group

NHS National Services Scotland

Health Protection Scotland

4th Floor Meridian Court

5 Cadogan Street

Glasgow

G2 6QE

Direct Dial: XXXXXXXXXX

HPS Reception: 0141 300 1100

Web page: www.hps.scot.nhs.uk

From: [RAMSAY, Lorna \(NHS NATIONAL SERVICES SCOTLAND\)](#)
To: [REILLY, Jacqui \(NHS NATIONAL SERVICES SCOTLAND\)](#)
Cc: [IMRIE, Laura \(NHS NATIONAL SERVICES SCOTLAND\)](#)
Subject: Re: GG&C whistleblower
Date: 07 September 2019 08:49:35

That's helpful Jacqui

Laura - let me know when you've got consent for us to share and I will share the info with GGC

Thanks
Lorna

Dr Lorna J Ramsay
Medical Director NSS
Sent from my iPhone

> On 6 Sep 2019, at 18:40, REILLY, Jacqui (NHS NATIONAL SERVICES SCOTLAND)

 wrote:

>

> Hi

> I phoned the national helpline at PROTECT who trained me and they were helpful. They said everything we have done so far is absolutely right and we should do the same again with this second email, seek consent to share the content with GG&C, without naming the person, so they can at least do an internal inquiry if they choose to, tell SGHsCD and let the whistleblower know that the national helpline can help then decide on next steps if they do not wish to raise internally.

>

> I'll leave you both to follow the same process as before in making this happen and you can let me know if you need any help.

> Jacqui

>

> Professor Jacqui Reilly

> Sent from my I phone

From: [IMRIE, Laura \(NHS NATIONAL SERVICES SCOTLAND\)](#)
To: [RAMSAY, Lorna \(NHS NATIONAL SERVICES SCOTLAND\)](#)
Cc: [REILLY, Jacqui \(NHS NATIONAL SERVICES SCOTLAND\)](#)
Subject: whistleblower

Lorna

Please see below the response from the whistleblower:

GGC are fully aware of the number of resignations of ICDs already and of Dr Inkster reasons for resigning. The circular nature of what passes as whistleblowing in NHS Scotland would mean that they would be informed of something they already know full well, and then chase down whomever they think went out with the organisation...So I have decided not to peruse this route any further . Thanks for escalating my concerns and for responding to my emails. I appreciate your diligence in this .

I am taking further legal advice and considering my options. I would therefore appreciate if GGC are not contacted with anymore information regarding my whistleblow and I will no longer write to you on this issue.

Many thanks for Jacqui and your support.

Laura

Laura Imrie
Nurse Consultant Infection Prevention & Control
Interim Lead Consultant ARHAI Group

NHS National Services Scotland

Health Protection Scotland

4th Floor Meridian Court

5 Cadogan Street

Glasgow

G2 6QE

Direct Dial: XXXXXXXXXX

HPS Reception: 0141 300 1100

Web page: www.hps.scot.nhs.uk

From: [REDACTED]
To: [IMRIE, Laura \(NHS NATIONAL SERVICES SCOTLAND\)](#)
Subject: Re: FW: Queen Elizabeth Hospital Glasgow - Infection concerns
Date: 30 December 2019 14:23:24

Hello Laura,

I do not feel comfortable nor safe raising this internally, nor do I wish to contact the whistleblowing helpline. Whistleblowers are treated terribly within our organisation.

I hope you use this information to bring about a safer environment for patients

Thank you for your time, I do not wish a response to this email.

[REDACTED]

On Mon, Dec 30, 2019 at 13:57, IMRIE, Laura (NHS NATIONAL SERVICES SCOTLAND) [REDACTED] wrote:

Dear Colleague

Thank you for raising your concerns with HPS. We take this matter very seriously and will do what we can within our remit and organisational functions in support of your concerns.

Each board including NHS GG&C and NHS NSS (HPS) has a whistle blowing policy which details your internal contacts to raise concerns with.

If you do not feel you can escalate internally there is an NHSScotland national whistle blowing centre you can call for advice in confidence. It is: 0800 008 6112. This service is run by PROTECT, an independent whistle blowing charity whose expertise in this field is recognised internationally. The advisers can also pass your concerns (with your consent) to the appropriate person or scrutiny body for further investigation.

All employees are expected to escalate concerns in line with organisational policy reporting to the national helpline enables them to remain within these expectations.

I hope this helps.

Best wishes

Laura

Laura Imrie

Nurse Consultant Infection Prevention & Control

Interim Lead Consultant ARHAI Group

NHS National Services Scotland

Health Protection Scotland

4th Floor Meridian Court

5 Cadogan Street

Glasgow

G2 6QE

Direct Dial: [REDACTED]

HPS Reception: 0141 300 1100

Web page: www.hps.scot.nhs.uk

From: HPSENQUIRIES (NHS NATIONAL SERVICES SCOTLAND) [REDACTED]
Sent: 30 December 2019 08:36
To: HPSINFECTIONCONTROL (NHS NATIONAL SERVICES SCOTLAND) [REDACTED]
Subject: FW: Queen Elizabeth Hospital Glasgow - Infection concerns

Dear colleague(s),

Please see the below email that came into the HPSEnquiries inbox.

Could I ask you to please respond?

Many thanks

Meg

HPS Enquiries

From: [REDACTED]
Sent: 29 December 2019 15:15
To: HPSENQUIRIES (NHS NATIONAL SERVICES SCOTLAND) [REDACTED]
Subject: Queen Elizabeth Hospital Glasgow - Infection concerns

Hello,

I am a nurse working in the Queen Elizabeth University Hospital in Glasgow.

There is many ongoing concerns about infection control at this hospital.

One issue that has not been addressed is regarding the infectious diseases unit, ward 5C and 5D.

I feel the ventilation is not suitable for the type of patients cared for in these wards. There is nothing unique about this ward being an infectious diseases 'unit'.

On a daily basis there is patients with compromised immunity. From cancer patients from the Beatson, to patients with advanced HIV.

I believe there is a risk of infection due to the ventilation in these wards. I believe there should be enhanced ventilation in these wards due to there always being immunocompromised patients in these wards since the building opened in 2015.

Please can you investigate this as a matter of urgency, I believe there is an ongoing risk to patients lives.

I believe from some reading that the Department of Health (The Health Act 2006), advises that for the prevention and control of healthcare associated infections, NHS bodies must plan and implement how they can prevent and control healthcare-associated infections. I believe that managers of the Queen Elizabeth University Hospital Glasgow are failing to provide a clean environment and where the risk of healthcare- associated infections is kept as low as possible. I fear that there is no specialised ventilation systems in ward 5C and 5D and this puts immunocompromised patients at risk.

I believe that the mechanical supply ventilation in ward 5C and 5D are not adequate as it fails to maintain a positive pressure in order to prevent the ingress of less clean air.

Please investigate this as a matter of urgency.

I believe there should be a historical investigation to determine how many patients have contracted hospital acquired infections within ward 5C and ward 5D, and there should be an investigation to determine for any patients who have passed away in these wards since the opening of the building, if these hospital acquired infections played a part in their deaths.

This message may contain confidential information. If you are not the intended recipient please inform the sender that you have received the message in error before deleting it. Please do not disclose, copy or distribute information in this e-mail or take any action in relation to its contents. To do so is strictly prohibited and may be unlawful. Thank you for your co-operation.

NHSmial is the secure email and directory service available for all NHS staff in England and Scotland. NHSmial is approved for exchanging patient data and other sensitive information with NHSmial and other accredited email services.

For more information and to find out how you can switch, <https://portal.nhs.net/help/joiningnhsmial>

From: [REILLY, Jacqui \(NHS NATIONAL SERVICES SCOTLAND\)](#)
To: [IMRIE, Laura \(NHS NATIONAL SERVICES SCOTLAND\)](#)
Subject: Fwd: whistleblowing concern raised with NSS re the QEUH ID unit ventilation
Date: 20 January 2020 21:11:54

Laura

Grateful if you could confirm HPS are aware of these matters and content with the GG&C response m. If there are any outstanding questions from your perspective please let me know.

Jacqui

Professor Jacqui Reilly
Sent from my I phone

Begin forwarded message:

From: "de Caestecker, Linda" [REDACTED]
Date: 20 January 2020 at 16:39:25 GMT
To: "REILLY, Jacqui (NHS NATIONAL SERVICES SCOTLAND)"
[REDACTED]
Cc: "Haynes Jennifer (NHS GREATER GLASGOW & CLYDE)"
[REDACTED]
Subject: RE: whistleblowing concern raised with NSS re the QEUH ID unit ventilation

Dear Jacqui

I have in conjunction with colleagues looked into the concerns that were raised to HPS by an anonymous whistleblower in relation to the ventilation in wards 5C and 5D at QEUH. As you may know we received a similar query from HIS to which we recently responded. We have been aware of concerns around this issue and Jane Grant's response to HIS described the issues and the actions taken.

In December 2018, some clinical staff raised potential concerns with regard to air pressure in rooms in Ward 5C (Communicable Diseases) and Ward 5D (General Medicine). The concern at that time was that there was variance in room pressures, making it difficult to plan which rooms could be used for which types of patient, which is important in limiting the risk of airborne infections spreading. These concerns were responded to following a meeting, also in December 2018, with the Director of South Sector, Estates and Facilities colleagues, and the lead Infection Control Doctor. At that time, the wards were assessed by a specialist ventilation contractor and any necessary adjustments were made to ensure that all rooms in Ward 5C and 5D were negatively pressurised in the general ward environment. The data in the reports confirms the air pressure in rooms within Wards 5C and 5D, and we are satisfied that this has been maintained. I can send you the reports we have to verify this if you would find that helpful. This information was shared with the Infectious Diseases Team. I will find out if it was shared widely with the whole team to allay any of their concerns.

At the same time, further engineering work was already underway to ensure that high risk patient isolation rooms were validated, and this was completed in June 2019. During this period lower risk patients were cared for in Wards 5C and 5D, and

we had an agreed process and triage system for possible or proven Middle East Respiratory Syndrome Coronavirus (MERS Co-V) and smear positive pulmonary Tuberculosis (TB) patients, who were high risk. Those patients were considered on a case by case basis, and if required, transferred to either Glasgow Royal Infirmary or Monklands Hospital, where appropriate facilities were available.

When the work on the isolation rooms was completed in June 2019, high risk patients were then accommodated on the QEUH site. The clinical staff, and a Consultant in Infectious Diseases and General Medicine wrote to colleagues in both Monklands Hospital and Glasgow Royal Infirmary to confirm this position, and thank them for their support whilst this was resolved. Low risk patients continue to be appropriately cared for in 5C and 5D.

Patients with possible or confirmed highly infectious disease are only admitted with the agreement of an Infectious Diseases Consultant, in line with national guidance, to the negative pressure isolation rooms in our Medical High Dependency Unit. Therefore high risk patients in this category are not admitted to Wards 5C or 5D. The concerns appear to have been raised as a potential issue, rather than as a result of a specific incident. We have reviewed our Datix system for recording incidents, and can confirm that we can see no individual patient case with issues that relate to what has been raised, nor are we aware of any specific case.

I hope this email reassures you that these issues have been investigated and addressed but please come back to me with any queries.

Kind regards

Linda

Dr Linda de Caestecker

Director of Public Health

NHS Greater Glasgow and Clyde

From: REILLY, Jacqui (NHS NATIONAL SERVICES SCOTLAND)

Sent: 06 January 2020 17:02

To: de Caestecker, Linda

Cc: Fiona.McQueen [REDACTED]; Marion.Baird [REDACTED]

Subject: [External to GGC] whistleblowing concern raised with NSS re the QEUH ID unit ventilation

Dear Linda

Thank you for the helpful conversation today about a concern raised via an email to the HPS IPC enquiry mailbox, received on 30/12/19, and thereafter escalated to me as the named whistleblowing contact in NSS. As agreed here is the detail of the concern raised:

'I am a nurse working in the Queen Elizabeth University Hospital in Glasgow. There is many ongoing concerns about infection control at this hospital. One issue that has not been addressed is regarding the infectious diseases unit, ward 5C and 5D. I feel the ventilation is not suitable for the type of patients cared for in these wards. There is nothing unique about this ward being an infectious diseases 'unit'. On a daily basis there is patients with compromised immunity. From cancer patients from the Beatson, to patients with advanced HIV. I believe there is a risk of infection due to the ventilation in these wards. I believe there should be enhanced ventilation in these wards due to there always being immunocompromised patients in these wards since the building opened in 2015.

Please can you investigate this as a matter of urgency. I believe that managers of the Queen Elizabeth University Hospital Glasgow are failing to provide a clean

environment and where the risk of healthcare- associated infections is kept as low as possible. I fear that there is no specialised ventilation systems in ward 5C and 5D and this puts immunocompromised patients at risk. I believe that the mechanical supply ventilation in ward 5C and 5D are not adequate as it fails to maintain a positive pressure in order to prevent the ingress of less clean air. Please investigate this as a matter of urgency.

I believe there should be a historical investigation to determine how many patients have contracted hospital acquired infections within ward 5C and ward 5D, and there should be an investigation to determine for any patients who have passed away in these wards since the opening of the building, if these hospital acquired infections played a part in their deaths.'

As discussed today, HPS responded to the email thanking the individual for raising their concerns with HPS. HPS also let them know the whistleblowing process within GG&C and NSS and also gave the national whistleblowing helpline contact details. The individual was informed that we take this matter very seriously and we would do what we could within our remit and organisational functions in support of their concerns.

The individual responded stating they did not feel: *'comfortable nor safe raising this internally, nor do I wish to contact the whistleblowing helpline. Whistleblowers are treated terribly within our organisation. I hope you use this information to bring about a safer environment for patients. Thank you for your time, I do not wish a response to this email.'*

I am communicating this to you to enable you to investigate the matter within the whistleblowing process of GG&C.

I have copied to Fiona and Marion in their current oversight roles, for information, as agreed.

Kind regards

Jacqui

Professor Jacqui Reilly

Director of Nursing

Executive Lead for AHPs, HAI and Quality

National Services Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH129EB

Tel: [REDACTED]

Twitter: [REDACTED]

PA: Ally Watt: [REDACTED]

NHS National Services Scotland is the common name for the Common Services Agency for the Scottish Health Service. www.nhsnss.org

From: [IMRIE, Laura \(NHS NATIONAL SERVICES SCOTLAND\)](#)
To: [REDACTED]
Subject: RE: Confidential
Date: 16 August 2019 17:10:00

Hi [REDACTED]

Thank you for raising your concerns with HPS. We take this matter very seriously and will do what we can within our remit and organisational functions in support of your concerns.

Each board including NHSGG&C and NHSNSS (HPS) has a whistleblowing policy which details your internal contacts to raise concerns with . If you do not feel you can escalate internally there is an NHSScotland national whistle blowing centre you can call for advice in confidence. It is: 0800 008 6112. This service is run by PROTECT, an independent whistleblowing charity whose expertise in this field is recognised internationally. The advisers can also pass your concerns (with your consent) to the appropriate person to a scrutiny body for further investigation. All employees are expected to escalate concerns in line with organisational policy reporting to the national helpline enables them to remain within these expectations.

The HIS hotline number that we discussed on the telephone is no longer available on their website therefore I have not included this.

Kind regards

Laura

Laura Imrie
Nurse Consultant Infection Prevention & Control
Interim Lead Consultant ARHAI Group

NHS National Services Scotland
Health Protection Scotland
4th Floor Meridian Court
5 Cadogan Street
Glasgow
G2 6QE

Direct Dial: [REDACTED]
HPS Reception: 0141 300 1100
Web page: www.hps.scot.nhs.uk

From: [REDACTED]
To: [IMRIE, Laura \(NHS NATIONAL SERVICES SCOTLAND\)](#)
Subject: Re: Confidential
Date: 16 August 2019 18:59:48

Dear Laura thank you for your call and email.

I very much appreciate the fact that HPS take these matters seriously.

I have already phoned the National WB line on a number of occasions over the years and found them to be utterly unable to assist. The internal WB policy I have followed previously and I have zero confidence in it.

There remains a deep seated governance issue at the heart of patient safety in Scotland despite all the talk talk talk of whistleblower protection , cultures and alleged dedication of NHS scotland to both patient and staff wellbeing and safety.

The bottom line is the ultimate authority is the Board. And if the Board is what one is WB about , forget it- they have immunity either by design or practice I am not yet sure which . There is fear at every level and deep dark waters where transparency should be sparkling clear.

meantime I will continue to exercise my professional duty to raise patient safety concerns in every way possible until I see evidence of resolution.

[REDACTED]
Sent from my iPhone

> On 16 Aug 2019, at 17:10, IMRIE, Laura (NHS NATIONAL SERVICES SCOTLAND) [REDACTED] wrote:

>

> Hi [REDACTED]

>

> Thank you for raising your concerns with HPS. We take this matter very seriously and will do what we can within our remit and organisational functions in support of your concerns.

>

> Each board including NHSGG&C and NHSNSS (HPS) has a whistleblowing policy which details your internal contacts to raise concerns with . If you do not feel you can escalate internally there is an NHSScotland national whistle blowing centre you can call for advice in confidence. It is: 0800 008 6112. This service is run by PROTECT, an independent whistleblowing charity whose expertise in this field is recognised internationally. The advisers can also pass your concerns (with your consent) to the appropriate person to a scrutiny body for further investigation. All employees are expected to escalate concerns in line with organisational policy reporting to the national helpline enables them to remain within these expectations.

>

> The HIS hotline number that we discussed on the telephone is no longer available on their website therefore I have not included this.

>

> Kind regards

>

> Laura

>

>

> Laura Imrie

> Nurse Consultant Infection Prevention & Control

> Interim Lead Consultant ARHAI Group

>

> NHS National Services Scotland

> Health Protection Scotland

> 4th Floor Meridian Court

> 5 Cadogan Street

> Glasgow

> G2 6QE

>

> Direct Dial: [REDACTED]

> HPS Reception: 0141 300 1100

> Web page: www.hps.scot.nhs.uk

>

>

>

>

>

>

>

>

>

>

> This message may contain confidential information. If you are not the intended recipient please inform the sender that you have received the message in error before deleting it.

> Please do not disclose, copy or distribute information in this e-mail or take any action in relation to its contents. To do so is strictly prohibited and may be unlawful. Thank you for your co-operation.

>

> NHSmail is the secure email and directory service available for all NHS staff in England and Scotland. NHSmail is approved for exchanging

patient data and other sensitive information with NHSmail and other accredited email services.

>

> For more information and to find out how you can switch, <https://portal.nhs.net/help/joiningnhsmail>

>

From: [REDACTED]
To: [IMRIE, Laura \(NHS NATIONAL SERVICES SCOTLAND\)](#)
Subject: Re: FW: Queen Elizabeth Hospital Glasgow - Infection concerns
Date: 30 December 2019 14:23:24

Hello Laura,

I do not feel comfortable nor safe raising this internally, nor do I wish to contact the whistleblowing helpline. Whistleblowers are treated terribly within our organisation.

I hope you use this information to bring about a safer environment for patients

Thank you for your time, I do not wish a response to this email.

[REDACTED]

On Mon, Dec 30, 2019 at 13:57, IMRIE, Laura (NHS NATIONAL SERVICES SCOTLAND) [REDACTED] wrote:

Dear Colleague

Thank you for raising your concerns with HPS. We take this matter very seriously and will do what we can within our remit and organisational functions in support of your concerns.

Each board including NHSGG&C and NHSNSS (HPS) has a whistle blowing policy which details your internal contacts to raise concerns with.

If you do not feel you can escalate internally there is an NHSScotland national whistle blowing centre you can call for advice in confidence. It is: 0800 008 6112. This service is run by PROTECT, an independent whistle blowing charity whose expertise in this field is recognised internationally. The advisers can also pass your concerns (with your consent) to the appropriate person or scrutiny body for further investigation.

All employees are expected to escalate concerns in line with organisational policy reporting to the national helpline enables them to remain within these expectations.

I hope this helps.

Best wishes

Laura

Laura Imrie
Nurse Consultant Infection Prevention & Control
Interim Lead Consultant ARHAI Group

NHS National Services Scotland

Health Protection Scotland

4th Floor Meridian Court

5 Cadogan Street

Glasgow

G2 6QE

Direct Dial: [REDACTED]

HPS Reception: 0141 300 1100

Web page: www.hps.scot.nhs.uk

From: HPSENQUIRIES (NHS NATIONAL SERVICES SCOTLAND) [REDACTED]
Sent: 30 December 2019 08:36
To: HPSINFECTIONCONTROL (NHS NATIONAL SERVICES SCOTLAND) [REDACTED]
Subject: FW: Queen Elizabeth Hospital Glasgow - Infection concerns

Dear colleague(s),

Please see the below email that came into the HPSEnquiries inbox.

Could I ask you to please respond?

Many thanks

Meg

HPS Enquiries

From: [REDACTED]
Sent: 29 December 2019 15:15
To: HPSENQUIRIES (NHS NATIONAL SERVICES SCOTLAND) [REDACTED]
Subject: Queen Elizabeth Hospital Glasgow - Infection concerns

Hello,

I am a nurse working in the Queen Elizabeth University Hospital in Glasgow.

There is many ongoing concerns about infection control at this hospital.

One issue that has not been addressed is regarding the infectious diseases unit, ward 5C and 5D.

I feel the ventilation is not suitable for the type of patients cared for in these wards. There is nothing unique about this ward being an infectious diseases 'unit'.

On a daily basis there is patients with compromised immunity. From cancer patients from the Beatson, to patients with advanced HIV.

I believe there is a risk of infection due to the ventilation in these wards. I believe there should be enhanced ventilation in these wards due to there always being immunocompromised patients in these wards since the building opened in 2015.

Please can you investigate this as a matter of urgency, I believe there is an ongoing risk to patients lives.

I believe from some reading that the Department of Health (The Health Act 2006), advises that for the prevention and control of healthcare associated infections, NHS bodies must plan and implement how they can prevent and control healthcare-associated infections. I believe that managers of the Queen Elizabeth University Hospital Glasgow are failing to provide a clean environment and where the risk of healthcare-associated infections is kept as low as possible. I fear that there is no specialised ventilation systems in ward 5C and 5D and this puts immunocompromised patients at risk.

I believe that the mechanical supply ventilation in ward 5C and 5D are not adequate as it fails to maintain a positive pressure in order to prevent the ingress of less clean air.

A49847958

Please investigate this as a matter of urgency.

I believe there should be a historical investigation to determine how many patients have contracted hospital acquired infections within ward 5C and ward 5D, and there should be an investigation to determine for any patients who have passed away in these wards since the opening of the building, if these hospital acquired infections played a part in their deaths.

This message may contain confidential information. If you are not the intended recipient please inform the sender that you have received the message in error before deleting it. Please do not disclose, copy or distribute information in this e-mail or take any action in relation to its contents. To do so is strictly prohibited and may be unlawful. Thank you for your co-operation.

NHSmMail is the secure email and directory service available for all NHS staff in England and Scotland. NHSmMail is approved for exchanging patient data and other sensitive information with NHSmMail and other accredited email services.

For more information and to find out how you can switch, <https://portal.nhs.net/help/joiningnhsmail>

Appendix 15 –



Healthcare Infection, Incident and Outbreak Reporting Template (HIORT)



**Complete within 24 hours for all HIAT RED and AMBER;
for HIAT Green complete only if HPS Support requested.**

Section 1 :Contact Details			
NHS Board/Care organisation	NHSGGC		
Date and time of reporting	26/7/17 @ 4.30pm		
Person Reporting and designation	[REDACTED] Susie Dodd – Lead IPCN		
Telephone number and email	[REDACTED] Susie Dodd - [REDACTED]		
Section 2: Infection Incident/outbreak Details			
Care facility/hospital	Royal Hospital for Children		
Clinical area/ward and speciality	2A – haemato oncology		
Total number of beds	25		
Total number of beds occupied			
Section 3: Initial assessment			
Type: Incident/outbreak/ data exceedance e.g. Gastrointestinal, decontamination failure	2 Stenotrophomonas maltophilia bacteraemias in an 8 day period.		
Infectious agent known or suspected	Stenotrophomonas maltophilia		
Case definition	2 positive isolates in a sterile site or 3 colonisations within a 2 week period.		
Date of first case (if applicable)	15/7/17		
Total number of confirmed patient cases	Total number of probable patient cases	Total number of possible patient cases:	Total number of staff cases:
<input style="width: 30px;" type="text" value="2"/>	<input style="width: 30px;" type="text" value="0"/>	<input style="width: 30px;" type="text" value="0"/>	<input style="width: 30px;" type="text" value="0"/>
Number of patients giving clinical cause for concern as a consequence of this incident/outbreak	1		
Number of deaths as a consequence of this incident/outbreak	0		
Was the infectious agent cited as a cause of death on a death certificate* (if yes, state which part of the certificate)	N/A		
Additional information: e.g. closure of care area, control measures The following actions are already in place following previous enhanced IPC input on the unit; <ul style="list-style-type: none"> Daily domestic clean of ward carried out with Actichlor plus Enhanced monitoring of environmental cleanliness by domestic services Hand hygiene audit and training (8 sessions) carried out in June 2017 Enhanced supervision by IPCT – 3 sessions already carried out and reported back to SCN, chief nurse and general manager. In general, improvement has been noted in all sessions with only minor issues identified. QI group focusing on line infection in 2A. Number of interventions to be rolled out in near future including, change to aseptic non touch technique, introduction of the curos port protector, washing of patient prior to line insertion. Following the 2 positive isolates the following additional actions have been carried out; <ul style="list-style-type: none"> Terminal clean of the 2 rooms occupied by the affected patients. Isolates sent for typing. Review of environment – enhanced surveillance session to be carried out tomorrow 27th July and action 			

taken where indicated.

- Parent education has been developed and will commence Monday 31st July.

Section 4: Healthcare Infection Incident Assessment Tool (HIIAT) (link to tool)

Severity of illness	Minor/Moderate/Major	Major
Impact on services	Minor/Moderate/Major	Minor
Risk of transmission	Minor/Moderate/Major	Minor
Public anxiety	Minor/Moderate/Major	Minor
HIIAT Assessment	RED AMBER GREEN	RED

Section 5: Organisational Arrangements

PAG/IMT meeting held	Yes	Date: 26/7/17	Chair: [REDACTED]
Next planned IMT	None unless patient condition deteriorates or any further cases.	Date: 26/07/17	
Press statement (send with HIIORT or provide date for receipt)	Holding statement to be prepared.		Date: 26/07/17
HPS support requested	No	Date.....	
Other information: e.g. decisions from IMT			

Complete this update section weekly as a minimum or as agreed with IMT and HPS for onward reporting to SGHSCD.

Section 6: Update

On this date:	27/07/2017	28/07/2017	31/07/2017	01/08/2017		
Cumulative total of confirmed patient cases	2	2	2	2		
Cumulative total of probable patient cases	0	0	0	0		
Cumulative total of possible patient cases	0	0	0	0		
Cumulative total of staff cases	0	0	0	0		
Total number of symptomatic patients today	1	1	1	1		
Number of patients giving cause for concern	1	1	1	1		
Total number of deaths as a consequence of the incident since last HIIORT report	0	0	0	0		
Is the ward/services closed	No	No	No	No		
Is a service restricted	No	No	No	No		
HIIAT assessment	Red	Red	Red	Red		
Organisation update certification information)	Comments (including changes to any control measures, case definition or death)					
Date: 27/07/2017	Case definition updated to any case of <i>Stenotrophomonas maltophilia</i> bacteraemia attributable to ward 2A at RHC starting from our PAG on 26/07/2017					
Date: 28/07/2017	Mild overall clinical improvement in patient but has been febrile. Still on ITU watch but further ITU review not needed as yet. Case definition updated to any case of <i>Stenotrophomonas maltophilia</i> bacteraemia attributable to ward 2A at RHC starting from 13/07/2017					
Date: 31/07/2017	Review of remaining inpatient this morning on ward round by Dr Brenda Gibson and HIIAT assessment carried out between Dr Gibson and Lead IPCN Susie Dodd in the absence of site ICD. [REDACTED]					

Date: 01/08/2017	[REDACTED] <i>HIAT will be re-assessed tomorrow.</i>
Date:	

ONCE COMPLETED, EMAIL TO: [REDACTED]

Full Incident Management Team Report

Incident Management	
Incident Management Team (IMT) lead:	Name and job title, Board: Dr Teresa Inkster, Lead ICD, NHSGGC
Agencies represented on IMT:	Health Protection Scotland Health Facilities Scotland
Date of first IMT meeting:	2 nd March 2018
Date of last IMT meeting:	13 th April 2018
Number of IMT meetings held:	9
Guidance used by IMT:	Chapters 2+ 3, National Manual
Please record any other points on IMT:	
Incident Detection and Initial Response	
Date of first notification of case(s):	5/2/18
Date incident detected:	1 st March 2018
Description of how the incident was detected:	A patient in ward 2A , RHC presented with a Cupriavidus bacteraemia. This is a rare clinical isolate. A previous case linked to our aseptic unit had been detected in Feb 2016 and water testing had revealed positive results.
Description of the initial risk assessment response and communications:	Initial focus was on the aseptic unit and a PAG was held on 5/2/18. Following negative water results from the aseptic pharmacy, water testing was undertaken on ward 2A. Outlets from 2A tested positive. Due to an uncontrolled source, the incident was assessed as a RED on HIIAT on 1 st March and reported to HPS. Due to the number of positive outlets in a high risk area chemical dosing was undertaken straight away with Silver Hydrogen Peroxide. Showers were placed out of use for patients and bottled water was provided for personal hygiene. Additional hand hygiene steps were implemented and bottled water provided for drinking.
Please note any other points on incident detection and initial response:	
Type of Incident	
Causative Organism :	Environmental Gram negatives and Fungi from biofilm
Main presenting illness:	Bacteraemia
Main Primary Exposure(s):	Food

	<p>Water</p> <p>Air</p> <p>General Environment</p> <p>Person to Person (type e.g. sexual, respiratory, contact)</p> <p>Other (please describe)</p>
Source(s) of Exposure:	Contaminated water supply
Duration of Incident:	From: 1 st March To: Ongoing
Please Note any Other Points on the Type of Incident:	Complex incident. Contaminated water supply. Long term preventative measures will take some time to implement. This report focuses on the acute incident and any learning from that.
Investigation	
Epidemiological Investigation	
Type(s) of Epidemiological Investigation:	<p>Patient timelines</p> <p>Retrospective analysis of bacteraemia</p> <p>Ongoing analysis with HPS support looking at current cases, retrospective cases and national picture</p> <p>Review of epidemiology from Public Health Consultant</p> <p>Sampling of water, taps, showers, drains</p>
Final Case Definitions:	<p>1)Complex case definition. Started as a patient with Cupriavidus bacteraemia and evolved into bacteraemia due to any of the Gram negative bacteria identified in the water samples as being clinically significant. We included any patient exposed to the contaminated water supply prior to the application of filters</p> <p>2)Any patient with hospital acquired fungal infection</p>
Number of Cases by Organism	<p>1 Cupriavidus bacteraemia</p> <p>5 Stenotrophomonas bacteraemia</p> <p>1 Pseudomonas auerginosa – subsequently excluded following different identity of water isolate.</p>
Clinical Status	Admitted:6 ITU:1 Deaths:0
First and Last Date of Onset by Definition:	<p>1st case – 26/01/18; Blood culture</p> <p>Last case – 03/04/18; Blood culture (NB exposure to contaminated water took place before control measures were put in place.)</p>
Epidemic Curve Appended?:	Yes/No No

Areas of Incident Occurrence:	Initially ward 2a then throughout RHC and QEUH
Mapping of Cases Appended?	Yes/No No
Primary Exposures Investigated:	Food Water Air General Environment Person to Person (type) Zoonotic Other (please describe)
Source(s) of Exposures:	Contaminated shower and tap water
Secondary Exposures Investigated:	outlet components
Other Risk Factors for Illness:	Immunosuppression
Underlying Medical Conditions:	Haematological malignancy, and solid tumours
Further Epidemiological Investigations Colindale, PHE, London Report Appended?:	Yes/No Yes
Key Findings:	One historical case (2016) of Cupriavidus bacteraemia linked to current incident by typing. Typing reveals at least 5 different strains of Cupriavidus in patients and water Different strains of Stenotrophomonas identified in patients and water Typing of historical isolates of other organisms from patient and water has revealed no link so far
Main Conclusions:	Possible all cases are linked to water as links in time/place/person we just haven't found the strain as yet. Typing continues
Please Note Any Further Points on the Epidemiological Investigations:	Was concern that Stenotrophomonas was being transmitted via patients via indirect contact route. Typing excludes this as different strains identified pointing to water or other environmental source
Laboratory Investigations	
Diagnostic Laboratories Involved:	Glasgow Royal Infirmary, QEUH microbiology labs
Reference Laboratory Involved:	Colindale, PHE, London
Causative Agent:	Cupriavidus pauculus, Stenotrophomonas maltophilia, other environmental Gram negatives, fungi including Aspergillus and Fusarium
Strain/genotype of Micro-Organism:	Cupriavidus- strains 1-3 Stenotrophomonas – strains 1-4

Dates of First and Last Positive Results in Confirmed Cases by Laboratory:	1 st case – 26/01/18; Blood culture Last case – 03/04/18; Blood culture
Key Findings:	Multiple different strain types in patients and water
Main Conclusions:	Fairly typical to see several different species types in a water incident as conditions for one strain are conducive to other strains
Please Note any Further Points on the Laboratory Investigation:	Typing outstanding
Overall Summary from Investigation	
Key Findings:	Water testing revealed contamination of water supply within RHC and QEUH
Main Conclusions:	Hypothesis is that contamination took place during installation and has built up in the system creating thick biofilm

Control Measures	
Objectives:	Rapid control of water system and safe supply of water to patients
Prevention of Primary Exposure	
<p>Dosing of system with Sanosil and Chlorine</p> <p>Patient showers taken out of use for immunocompromised patients across RHC/QEUH site</p> <p>Extra hand hygiene precautions put in place, additional alcohol gel step</p> <p>Bottled water for drinking</p> <p>Bottled water to brush teeth</p> <p>Sterile water for BMT patients</p> <p>Portable sinks to provide warm water for washing children on 2A and for parents use during periods of dosing</p> <p>Point of use filters fitted to hand wash basins and showers in all high risk wards. A small number of filters were fitted in all other inpatient areas so that immunocompromised patients could be cared for in any ward if necessary. Some other day wards/departments had filters fitted depending on patient group. Quality assurance checks carried out at time of fitting by estates staff.</p> <p>Ciproxin prophylaxis for high risk patient groups</p>	
Criteria for Cessation of Main Control Measures	Fitting of point of use filters and sustained negative water testing from filtered outlets
Summary	
Compliance Issues	No compliance issues with IC precautions noted

Evaluation of Impact and Achievement of Objectives	Any further patient related bacteraemia
Main Conclusions	<p>No further bacteraemia therefore control measures were deemed successful</p> <p>Filters are a short term measure only and long term preventative measures are crucial</p> <p>Long term measures will likely entail</p> <ol style="list-style-type: none"> 1) Dosing with Chlorine Dioxide or Copper-Silver ionisation 2) Removal of mixer taps in high risk areas and replacement with more simple tap 3) Regular maintenance of tap flow straighteners in other areas 4) Use of filters long term in high risk areas <p>In addition all sources of water in the hospitals will be reviewed</p>

Communications	
Strategy	
Objectives:	Communication of incident
Audience(s):	Ward staff, relatives, senior management
Key Content: Assessed Risk to Health:	Yes
Key Content: Advice on Risk Reduction:	Yes
Main Spokesperson(s):	IMT via written info and core briefs
Method of assessing impact:	HIIAT tool
Communications Made: Service	
Public Health (Scotland):	HPS informed
Public Health (UK & Europe):	N/A
Scottish Government :	Informed via HPS
General Practice:	N/A
NHS 24:	N/A
Out of Hours & A&E:	N/A
Local Authorities:	Scottish water
Secondary Care:	N/A
Others:	Health facilities Scotland
Communications Made: Public	
Cases and Contacts:	Yes
Affected Communities:	Ward 2A

Local Media:	Yes
National Media:	Yes
Helpline:	No
Publicity and Specific Health Information:	No
Others:	
Summary	
Evaluation of Impact and Achievement of Objectives:	Concerns expressed re lack of Comms from clinicians
Main Conclusions:	Challenging incident with high anxiety. Difficult balance with releasing info and not causing undue alarm. To be discussed further in debrief

Antecedents of Outbreak	
What occurred to Precipitate the Outbreak? :	Contaminated water supply
Were there any System Failures which Contributed to this? :	Possible contamination at time of installation via pipework and outlets. Temperature control and maintenance may have been factors.
Were there any Organisational or Cultural Issues Contributing to these? :	Source of the contamination will be investigated as part of the ongoing SLWG.
What is the Likelihood of a Similar Event Occurring?	High, in a new build hospital
What Needs to be Done to Prevent this?	Learning from this incident communicated to other health boards and national guidance/recommendations developed as a result. Education of contractors ,plumbers, architects ,estates and infection control teams with respect to installation , handover of water systems and ongoing testing/maintenance

Learning from Experience	
Organisational Arrangements	<i>What worked well? :</i> The incident was recognised promptly Immediate actions were put in place Communication with clinical teams was good Excellent team working overall
	<i>What could be improved?:</i> IMT became very large, it needed less people and for people to be given specific roles and responsibilities Action plans would have been useful

	Microbiology were unaware of the scale of the incident and the large volume of testing required
Investigation	<i>What worked well? :</i> Reporting of cases went well Microbiology were able to process 100 samples a day and reduce turnaround times to 48 hours
	<i>What could be improved?:</i> Water results could have been presented in an easier to read format
Control Measures	<i>What worked well? :</i> Control measures were immediate Portable sinks provided a source of warm water for washing children Filters led to short term control Staff on wards coped well with the rapidly changing situation and advice given whilst dealing with anxious families
	<i>What could be improved?:</i> Antifungal prophylaxis had side effects Advice kept changing due to fast pace of incident which led to confusion Portable sinks brought trip and scalding hazards Filters could have been fitted earlier
Communications	<i>What worked well? :</i> Info was available quickly for clinical staff Good support from media colleagues ICNS worked well to ensure consistent advice given to both hospitals
	<i>What could be improved?:</i> There was a need to wait for press statements before issuing parent info to ensure consistency Comms over weekend in HPS caused confusion
Please Identity any Updates to Guidance that Should be Considered as a Result of the Incident:	<ul style="list-style-type: none"> • National guidance is being reviewed and reports being prepared for Scottish government • Consider water as a source when

	<p>bacteraemia detected due to <i>Cupriavidus</i> sp, <i>Stenotrophomonas maltophilia</i>, <i>Delftia Acidovorans</i>, <i>Elizabethkingia</i> sp</p> <ul style="list-style-type: none"> • Consider testing water supply for fungi when dealing with an outbreak of invasive fungal infections. • Previous water incidents and those in published literature tend to focus on the affected unit but more widespread testing should be encouraged as this will determine the most effective control measures. Local dosing will be insufficient if systemic problem • Silver hydrogen peroxide is a powerful biocide but may not be immediately effective when heavy biofilm present. Repeat sampling is necessary. • Silver hydrogen peroxide may not be compatible with certain materials or taps • Point of use filters can be utilised as a rapid control measure but should not be considered a long term solution
Please Identify any Research that Should be Considered as a Result of the Incident:	Incident should be written up and published so that learning is shared
Please Identify any Workforce/ Education/ Development Priorities to Arise as a Result of the Incident:	Review of terms of reference and composition of water group. Needs a more holistic approach and should include all sources of water in hospital rather than a focus on <i>Legionella</i> and <i>Pseudomonas</i> .

Recommended Actions Arising from the Incident

Recommended Action Should be set out as Objectives Using the 'SMART Approach' i.e. Specific, Measurable, Achievable, Realistic, Timed:

- Specific – Be Precise about the objective to be achieved.
- Measurable – Quantify the extent of the action.
- Achievable – Actions should not be an excessive burden on the owners.
- Timed – State the expected completion date.

Action No.	Description of Action	Action Owner	Complete by Date
1	Estates learning on how to plan water sampling if required and present results within the context of the estate.	Ian Powrie	June 2018
2	Annette Rankin/Ian Storrar will be looking at national guidance regarding testing at commissioning and during incidents.	Annette Rankin/ Ian Storrar	Ongoing
3	To have roles and responsibilities for membership of IMT and the purpose of individual's attending. ICT to develop action plans	Teresa Inkster	Complete
4	In Microbiology to appreciate the resource issue and how much testing is carried out at once. It was agreed to have a strategy for setting up testing.	Teresa Inkster/Janet Young/ John Mallon/ Ian Powrie	Complete
5	Communication to the out of hours team in HPS and Annette agreed to take this forward.	Annette Rankin	June 2018
6	Review of remit of board water safety group	Teresa Inkster Maryanne Kane	June 2018
7	Implementation of recommendations from water experts	Maryanne Kane Teresa Inkster Ian Powrie	Ongoing
8	Review communications to Consultant Microbiologists	Teresa Inkster	July 2018

		Brian Jones	
--	--	-------------	--

Report Approval**For Completion by the Chair of the Incident Management Team**

For Completion by the Chair of the Incident Management Team	
Name: Dr Teresa Inkster	Designation:Lead ICD
Signature:	Date:5/6/18
Email: [REDACTED]	Tel.: [REDACTED]



SCOTTISH HOSPITALS INQUIRY
**Bundle of documents for Oral hearings commencing from 19 August 2024 in
relation to the Queen Elizabeth University Hospital and the Royal Hospital for
Children, Glasgow**
Bundle 27 - Miscellaneous Documents - Volume 5