

6.11 A detailed description of the process and forums available for NHSL staff or contractors to report or raise concerns regarding the design, build, and maintenance of the RHCYP/ DCN, how any such process was implemented, and how any such process was made available to the relevant persons.

Preliminary Note

We had a meeting with representatives of the inquiry team on 16 March 2021. We understand that the response to this question should be primarily a narrative description of the processes, rather than being concerned with providing documents.

Introduction

There is a range of processes and forums in place within the organisational infrastructure of NHS Lothian. While they have not been purposely created for the RHCYPDCN, they potentially could have been used by staff to raise concerns about the project.

Adverse Event Management Policy

An adverse event is defined as “an event that could have caused, or did result in harm to people, including death, disability, injury, disease or suffering and/or immediate or delayed emotional reactions or psychological harm”.

Adverse events experienced as harassment on the grounds of age, disability, ethnicity or race, religion or belief, or sexuality are included. Harm is defined as “an outcome with a negative effect”. Harm to a person includes unexpected worsening of a medical condition and the inherent risk of an investigation or treatment. It is often not possible to determine whether or not the harm could have been avoided until a review is carried out.

Harm to parts, or all of, NHS Lothian as an organisation are also included, for example: system failure, service disruption, financial loss or adverse publicity.

A near-miss is an adverse event where a harmful outcome was avoided either by chance or by intervention.

NHS Lothian policy requires that adverse events and near-misses are reported and reviewed in a timely and effective way, in partnership with patients, carers, families and staff. Furthermore, that learning from review is identified, shared and used to inform improvements to services. The focus for adverse event review is on adopting a systems approach with a clear emphasis on learning and promoting best practice.

Historically within NHS Lothian adverse events were called incidents. Summarised in the table below are the provided copies of the associated policies and procedures throughout the period of the RHCYPDCN project.

File Reference	Name
6.11.1	NHS Lothian Incident Management Policy, Version 8, Review Date October 2009.
6.11.2	NHS Lothian Incident Management Policy, Version 22, 2 August 2011, Review Date August 2013.
6.11.3	NHS Lothian Incident Management Operational Procedure, Version 14, 2 August 2011, Review Date August 2013.
6.11.4	NHS Lothian Incident Management Policy, Version 23 (updated August 2012), Review Date August 2013.
6.11.5	NHS Lothian Incident Management Operational Procedure, Version 15, 21 June 2012, Review Date August 2013.
6.11.6	NHS Lothian Incident Management Operational Procedure, Version 18, 23 April 2013, Review Date August 2013.
6.11.7	NHS Lothian Adverse Event Management Policy, Version 1.0 (Healthcare Governance Committee approved on 25/3/14), Review Date April 2015
6.11.8	NHS Lothian Adverse Event Management Operational Procedure, Version 1.6 (Healthcare Governance Committee approved on 24/3/15), 31 March 2015, Review Date April 2015
6.11.9	NHS Lothian Adverse Event Management Policy, 26 June 2018 (Policy Approval Group approved on 26/6/18). This is the current policy.
6.11.10	NHS Lothian Adverse Event Management Operational Procedure, 27 July 2018 (Policy Approval Group approved on 27/7/18). This is the current procedure.

Partnership Working with Staff

NHS Scotland operates in line with the [NHS Scotland Staff Governance Standard](#), and partnership working is a key element of that. Partnership Working is the approach to employee relations within NHS Scotland. NHS boards have always worked with trade unions and professional bodies to negotiate terms and conditions for staff. Over the last 20 years, NHS Scotland has taken significant steps to develop and embed the concept and practice of partnership working. This involves the Scottish Government, NHS employers, trade unions and professional organisations working closely to come to an agreement which will affect them. This requires openness, honesty and a commitment to share information in a transparent manner. Consensus is widely accepted as the best way of prioritising and achieving commitment to long term strategic change. All HR policies for NHS Scotland - called PIN Policies are developed in full partnership.

Within Lothian Health Board there is a NHS Lothian Partnership Forum which the non-executive Employee Director and Chief Executive jointly chair. A partnership

forum consists of trade union/ employee representatives and management and meets regularly.

There are also several Local Partnership Fora, and the ones where any concerns regarding RHCYPDCN (if there were any) would have been most likely be raised were:

- I. Up until 2016, the Royal Infirmary of Edinburgh Partnership Forum. This is because this Forum covered the Royal Hospital for Sick Children.
- II. From 2016, after the re-structuring of partnership working, Women & Children's Services Partnership Forum.
- III. Western General Hospital Partnership Forum.
- IV. Corporate Services Partnership Forum.

Health & Safety Committees

There is a NHS Lothian Health & Safety Committee. This is a management committee which the Medical Director chairs. The Board approved its latest version of its [Health & Safety Policy on 7 April 2021](#) (*provided in evidence – 6.11.11*) and this includes a description of the health & safety committee structures and a detailed description of the arrangements in place to implement the policy.

The relevant local health & safety committees for the RHCYPDCN project were:

- I. Royal Hospital for Sick Children Health & Safety Committee.
- II. Western General Hospital Health & Safety Committee.
- III. Corporate Services Health & Safety Committee.
- IV. Royal Infirmary of Edinburgh Health & Safety Committee.

Whistleblowing and Speak Up Initiative

These have been described in the response to question 6.12.

Fraud, Bribery and Corruption

Should anyone have any such concerns NHS Scotland has a [Counter Fraud Services](#) team. Each NHS Board has a designated Fraud Liaison Officer.

The Board has published an [Anti-Bribery Statement](#) on its website and the contact details for the above are included in that, as well as been communicated through other initiatives and channels.

Processes within the Project for Staff to Raise Concerns

Throughout the life of the project there were various opportunities for staff to express any concerns. Examples were:

- User groups
- The process to develop the clinical model, brief and specifications.
- Commissioning sub-groups (inc. partnership) which escalated to a Commissioning Group and if necessary, the Programme Board
- Regular newsletters which explicitly invited staff comment.
- Inductions
- Familiarisation tours

Key Contacts:

██████████, Medical Director

██████████, Associate Director of Quality Improvement & Patient Safety

██████████, Director of Human Resources & Organisational Development

██████████, Deputy Director of Human Resources & Organisational Development