SCOTTISH HOSPITALS INQUIRY

Bundle of documents for Oral hearings commencing from 16 September 2025 in relation to the Queen Elizabeth University Hospital and the Royal Hospital for Children, Glasgow

Bundle 52 – Volume 9

Miscellaneous Documents

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SCOTTISH HOSPITALS INQUIRY

Table of Contents

1.	A54027576	ZBP-XX-XX-SC-524-918-A - Isolation Rooms - Schematic Zone F - 122AHU08 & 09 - Last signed 17 December 2012	Page 4
2.	A54027611	Email from Jane Longstaff to Ken Hall and Darren Pike - Attaching Wallace Whittle NSGH Monthly Report for August - 12 August 2013	Page 5
2.1		Wallace Whittle NSGH Monthly Report for August - 12 August 2013	Page 6
3.	A54027573	ZBP-XX-XX-SC-524-918-B - Isolation Rooms - Schematic Zone F - 122AHU08 & 09 - Last commented 30 August 2013	Page 8
4.	A54027610	Wallace Whittle - New South Glasgow Hospitals - Monthly Report for the period to 10th September 2013	Page 9
5.	A54027601	Email from James Bailey to David Hall - Attaching drawings preceding Haemato Oncology change - 23 September 2013	Page 11
5.1		ME-ZE-04-PL-332-514_F	Page 12
5.2		ME-ZE-04-PL-332-513_H	Page 13
5.3		ME-ZE-04-PL-332-512_H	Page 14
6.	A54028191	ZBP-ZE-04-PL-524-045-D - Ventilation Layout - Fourth Floor- NSGH Haemo Oncology Ward - Last signed 24 September 2013	Page 15
7.	A54028183	ZBP-ZH-04-PL-524-048-F - Ventilation Layout - Fourth Floor - NSGH Renal Ward & Day Case Ward - Last signed 24 September 2013	Page 16
8.	A54027531	ZBP-ZE-04-PL-524-045-F - Ventilation Layout - Fourth Floor - NSGH Haemo Oncology Ward - Last commented 13 October 2013	Page 17
9.	A54269726	Email chain - Dr Penelope Redding to Jane Grant - RE: Infection Control - 24 to 30 November 2017	Page 18

10.	A54268919	Letter from John Brown to John Cuddihy - 27 September 2019	Page 21
11.	A41339719	Email - Matt Paterson to Melanie Karalis, Sandra Bustillo - Approved Comms re QEUH Case Note Review and Oversight Report - 22 March 2021	Page 22
12.	A41340069	Email Chain - Jonathan Best, Scott Davidson & Jamie Redfern - Action Note from Meeting with Mike Stevens and Independent Review Team - 22 March 2021	Page 26
13.	A54027600	Email from James Bailey to Douglas Ross - Level 4 Haemato Oncology Change - 27 September 2013	Page 29

Notes:
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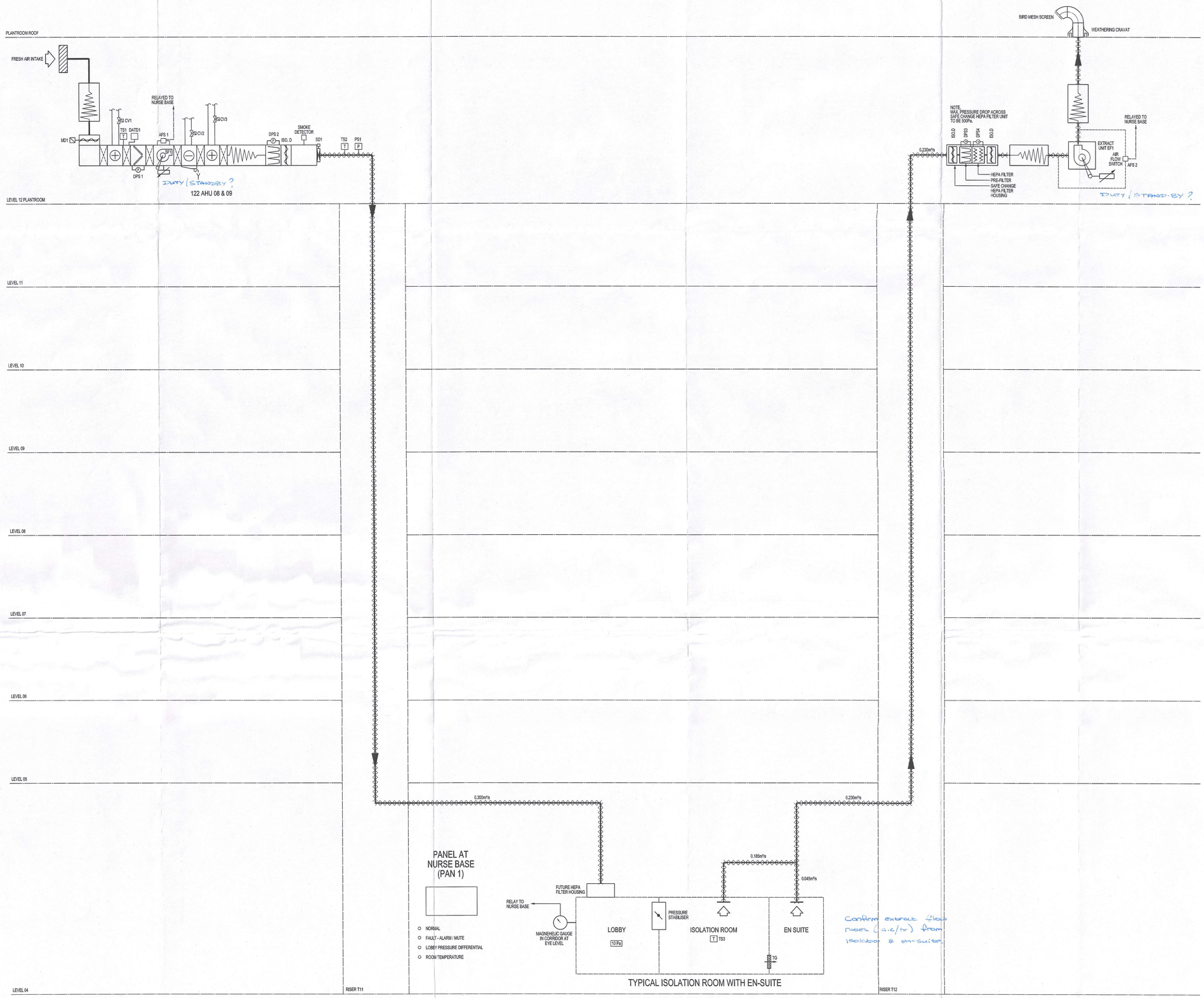
No	Design Risk Register



NOTES

1. FOR SYMBOLOGY REFER TO ZBP DRG No. ZBP-XX-XX-DT-S90-001
2. THIS DRAWING TO BE READ IN CONJUNCTION WITH ALL CONTRACT DOCUMENTATION

LEGEND

- SUPPLY DUCTWORK
- EXTRACT DUCTWORK
- DIRTY EXTRACT DUCTWORK
- FIRE RATED DUCTWORK

Rev	Date	Revision Notes	Drn	Chk
A	25.10.12	ISSUED FOR CONSTRUCTION T3	RTS	AP

NEW SOUTH GLASGOW HOSPITALS & LABORATORY PROJECT
NEW ADULT & CHILDREN'S HOSPITALS - DOCUMENT REVIEW
Representative(s) Name | Date | Category | Signature
Comment: see comments on extract plant room & duty/standby
1. No Comment
2. Responded Subject to Amendment
3. Subject to Amendment and Resubmit
4. Rejected - Amend the Sub-Held Item and Resubmit

NEW SOUTH GLASGOW HOSPITALS
0 9 NOV 2012

Contractor: Brookfield MULTIPLEX

Zisman Bowyer & Partners LLP Consulting Engineers
www.zbp.co.uk

Project: NEW SOUTH GLASGOW HOSPITALS (NSGH) PROJECT

Drawing Title: MECHANICAL SERVICES ISOLATION ROOMS SCHEMATIC ZONE F 122AHU08 & 09

Job No	Drawn	Checked	Approved
2900	RTS	SDP	AP
Status: CONSTRUCTION T3	Date: OCT'12		Scale @ A0: NTS

Drawing No.						Rev
Origin	Zone	Level	Type	Content	Sequential	
ZBP	XX	XX	SC	524	918	A

PLOTTED: 26/10/2012 @ 12:05:07 [RTSadonnell]
CAD FILE: J:\2900 Stage 3\ZBP Drawings\Schematics\Mechanical\ZBP-XX-XX-SC-524-918.dgn

A54326797

From: [redacted] wallacewhittle [redacted]] on behalf of [redacted]
To: Ken Hall; Darren Pike
Cc: [redacted] wallacewhittle [[redacted]]; LondonWest Filing
Subject: 8001-NSGH Monthly Report for August attached
Date: 12 August 2013 12:20:52
Attachments: 027-ww monthly report-120813.pdf

Kind regards

Jane

Jane Longstaff
Senior Secretary / Office Administrator
Wallace Whittle
Crown Business Centre, 17 Union Street, Kingston upon Thames, Surrey KT1 1RP
Tel: [redacted]
E-mail: [redacted]
Web: http://www.wallacewhittle.com

Wallace Whittle is a trading name of TUV SUD Ltd, registered in Scotland. Registration Number: SC215164
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WALLACE WHITTLE

NEW SOUTH GLASGOW HOSPITALS
MONTHLY REPORT FOR THE PERIOD TO 12th August 2013

DETAILED DESIGN

Progress in the Period

General
Detailed Design has now been completed for all MEP systems to the hospital.

Design Constraints

Commented drawings from the Board's Advisers are being reviewed and responses shared with BM before formal issue. An agreed programme for issuing final versions to the Board has been agreed on a zonal basis. To date Zones A, B, C, D, E, G and K have been issued to Brookfield; no responses have been received. Zone H will be issued this week and the remaining two zones F and J will follow. The format of presentation now required is taking longer than initially envisaged and previously issued zones will need to be revisited although a programme for this exercise is yet to be agreed.

The Environmental Data Sheets (EDS) have been updated for import into CodeBook. No significant impact on the completed designs has arisen.

Design Issues/ Information required

Key issues at the present time are:-

> The load/pick up shedding/strategy was presented to the clinical members of the NHS Project Team. Comments are awaited from them and their technical advisers..
>
> The Board have requested higher IT cooling loads in the Hubs Rooms than previously agreed. A proposal for upgrading the cooling systems has been made and awaiting further feedback.
>
> Comments have recently been received from the Board's adviser on the Final Low Carbon Report issued in October 2012. There are some issues raised that need to be addressed between the Board and Brookfield as they could impact on completed designs. The comments do not affect the achieving the target to demonstrate that the design of the A&C meets the target of 80kg/m^2.
>
> There is a proposal for the Board to reconcile the heat metering proposals originally agreed in Stage 2. Final confirmation of requirements is still awaited.

An inspection has been carried out on the Level 2 fire damaged area and a report has been issued.

Authority Issues

None at present.

WALLACE WHITTLE

Outstanding Design Activities

Whilst the designs are now complete some outstanding items remain; these being:

Final Children's atrium lighting circuitry (some information still awaited from Mercury).
Recategorisation of IPS zones.
The PMI for upgrading of filtration to Haemo-oncology ward ventilation is in progress and due for issue by the end of August.

Key Design Actions for Next Period

Ongoing closing out of outstanding design activities (as above).

POST DESIGN INPUT

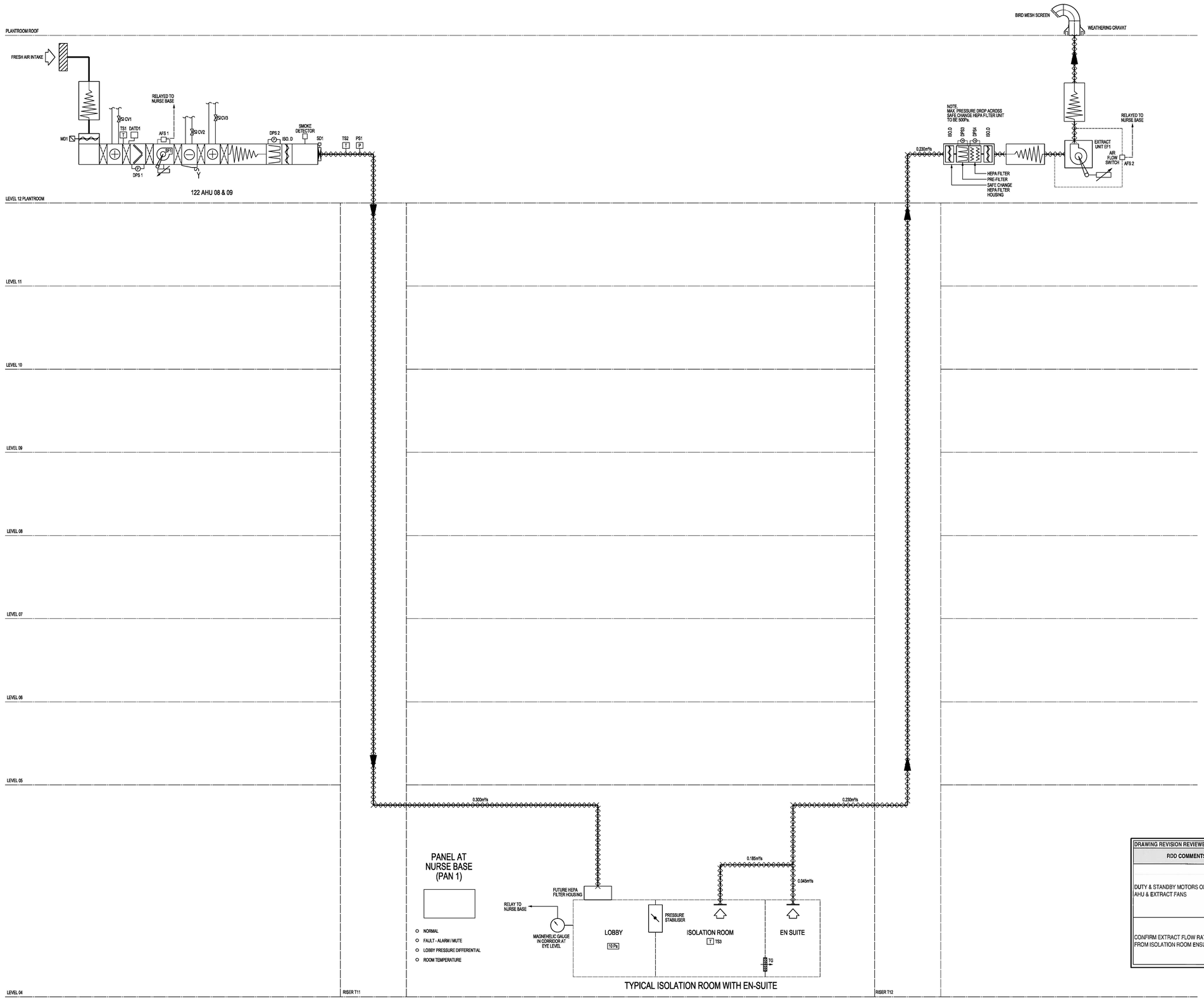
WW's input into project post design is limited and constrained as agreed with Brookfield during the bid stage. In order to maximise the most efficient use of the time available key areas of activity are being identified between BM and WW.

This will generally related to 'bench marking' exercises such as sample drawing reviews, sample site inspections and reviews of major plant items.

Arrangements for attendance at ongoing meetings are:

- Design Team Meetings – submit written report to IBI NA.
- EWN Meeting – conference call-in if requested.
- Low Carbon Meetings –three monthly.
- No other meetings being attended unless specifically requested.

Site visit reports have been issued with observations needing to be addressed following mechanical and electrical services inspections.



DRAWING REVISION REVIEWED	A
RDD COMMENTS	RESPONSE
DUTY & STANDBY MOTORS ON SUPPLY AHU & EXTRACT FANS	SINGLE MOTOR AS DETAILED IN SHPN 04 SUPPLEMENT 1
CONFIRM EXTRACT FLOW RATE(AC/HR) FROM ISOLATION ROOM ENSUITE	10 AC/HR FLOW RATE AS DETAILED IN SHPN 04 SUPPLEMENT 1

Notes:
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No	Design Risk Register

NOTES

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2. THIS DRAWING TO BE READ IN CONJUNCTION WITH ALL CONTRACT DOCUMENTATION

LEGEND

- SUPPLY DUCTWORK
- EXTRACT DUCTWORK
- DIRTY EXTRACT DUCTWORK
- FIRE RATED DUCTWORK

Rev	Date	Revision Notes	Drn	Chk
B	30.08.13	RDD COMMENTS INCORPORATED	RTS	MH
A	25.10.12	ISSUED FOR CONSTRUCTION T3	RTS	AP

Client: NHS

Contractor: Brookfield BM MULTIPLEX

WALLACE WHITTLE Consulting Engineers

Project: NEW SOUTH GLASGOW HOSPITALS (NSGH) PROJECT

Drawing Title: MECHANICAL SERVICES ISOLATION ROOMS SCHEMATIC ZONE F 122AHU08 & 09

Job No	Drawn	Checked	Approved
2900	RTS	SDP	AP

Status	Date	Scale @ A0
CONSTRUCTION T3	OCT'12	NTS

Drawing No.						Rev
Origin	Zone	Level	Type	Content	Sequential	
ZBP	XX	XX	SC	524	918	B

PLOTTED 30/08/2013 14:14:37 Stykun:ma
CAD File: N:\NSGH P108 Stage 3\ZBP Drawings\Schematics\Mechanical\ZBP-XX-XX-SC-524-918.dgn

WALLACE WHITTLE

NEW SOUTH GLASGOW HOSPITALS
MONTHLY REPORT FOR THE PERIOD TO 10th September 2013

DETAILED DESIGN

Progress in the Period

General
Detailed Design has now been completed for all MEP systems to the hospital.

Variations

The PMI for upgrading of filtration to Haemo-oncology ward ventilation has been completed.

Design Constraints

Commented drawings from the Board's Advisers are being reviewed and responses shared with BM before formal issue. All Zones have now been issued to Brookfield; some responses have been received from the Board but require clarification. Second round updates are being progressed.

Design Issues/ Information required

Key issues at the present time are:-

> The load/pick up shedding/strategy was presented to the clinical members of the NHS Project Team. Comments are awaited from them and their technical advisers..
>
> The Board have requested higher IT cooling loads in the Hubs Rooms than previously agreed. A proposal for upgrading the cooling systems has been made and awaiting further feedback.
>
> Comments have recently been received from the Board's adviser on the Final Low Carbon Report issued in October 2012. There are some issues raised that need to be addressed between the Board and Brookfield as they could impact on completed designs. The comments do not affect the achieving the target to demonstrate that the design of the A&C meets the target of 80kg/m^2.
>
> There is a proposal for the Board to reconcile the heat metering proposals originally agreed in Stage 2. Final confirmation of requirements is still awaited.

An inspection has been carried out on the Level 2 fire damaged area and a report has been issued.

Authority Issues

None at present.

Outstanding Design Activities

Whilst the designs are now complete some outstanding items remain; these being:

Final Children's atrium lighting circuitry in progress and due for issue this week. Recategorisation of IPS zones in progress and due for issue next week..

A PMI has been confirmed for the additional art lighting to the Children's hospital.

Key Design Actions for Next Period

Ongoing closing out of outstanding design activities (as above).

POST DESIGN INPUT

WW's input into project post design is limited and constrained as agreed with Brookfield during the bid stage. In order to maximise the most efficient use of the time available key areas of activity are being identified between BM and WW.

This will generally related to 'bench marking' exercises such as sample drawing reviews, sample site inspections and reviews of major plant items.

Arrangements for attendance at ongoing meetings are:

- Design Team Meetings – submit written report to IBI NA.
- EWN Meeting – conference call-in if requested.
- Low Carbon Meetings –three monthly.
- No other meetings being attended unless specifically requested.

Site visit reports have been issued with observations needing to be addressed following mechanical and electrical services inspections.

From: James Bailey [redacted] on behalf of James Bailey
Sent: 23 September 2013 13:33
To: David Hall
Subject: Level 4 Change Mercury RCP's
Attachments: ME-ZE-04-PL-332-514_F.pdf; ME-ZE-04-PL-332-513_H.pdf; ME-ZE-04-PL-332-512_H.pdf

David

As requested I have dug out the drawings immediately preceding the Haemato Oncology change.

If there are any more you need let me know.

Regards

James Bailey
Senior Quantity Surveyor - Construction

Brookfield Multiplex Europe
New South Glasgow Hospitals Project
Hardgate Road
Glasgow, G51 4SX, United Kingdom
T [redacted] **M** [redacted]
E [redacted]
W www.brookfieldmultiplex.com

Please consider the environment before printing this email.

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No	Design Risk Register

NOTES

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LEGEND:

- LIGHT FITTING
- LIGHT FITTING 'E' = EMERGENCY LIGHTING
- RADIANT PANEL
- SUPPLY AIR DIFFUSER
- SUPPLY AIR DIFFUSER
- EXTRACT GRILLE
- EXTRACT AIR GRILLE
- ACCESS HATCH
- SPRINKLER HEAD
- ROOM SMOKE DETECTOR
- LIG LIGHT
- PENDANT
- PENDANT
- VOID DETECTOR LED INDICATOR
- AIR SAMPLING POINT
- CHILLED BEAM
- NURSE CALL/FOLLOW ME LIGHT
- CEILING PULL CORD PATIENT/STAFF CALL
- STAFF EMERGENCY CALL REPEAT LAMP
- LAMP TONE UNIT
- CCTV CAMERA
- ART WORK
- PA SYSTEM
- CORR PIR — PIR- CORRIDOR
- 360 PIR — PIR-LED 360 DEGREE
- BMS PIR — BMS PIR IN THEATRES
- WIFI AP

REFERENCE DRAWINGS:

1. Architectural
   - X-NA-XX-04-251-WIP-FOURTHFLOORPLAN_31
   - X-NA-SZ-04-232-WIP-NSGH_ZE_ZF_ZH_ZJ_ZK_29
   - X-NA-SZ-04-332-WIP-NSGH_ZE_ZF_ZH_ZJ_ZK_08
2. Structural
   - X-WSP-SZ-04-PL-260-WIP-STRUCTURAL_33
   - X-WSP-SZ-XX-PL-260-WIP-GRID_05

Rev	Date	Revision Notes	Chk.	App
F	28/08/13	Construction Issue Update	BR	EMcE
E	20/12/12	Construction Issue Update	BR	EMcE
D	07/12/12	Construction Issue Update	BR	EMcE
C	20/09/12	Art Lighting Updated	BR	EMcE
B	18/07/12	Construction Issue	BR	EMcE
A	24/05/12	Construction Issue	BR	EMcE

Client: NHS

Contractor: Brookfield MULTIPLEX BM

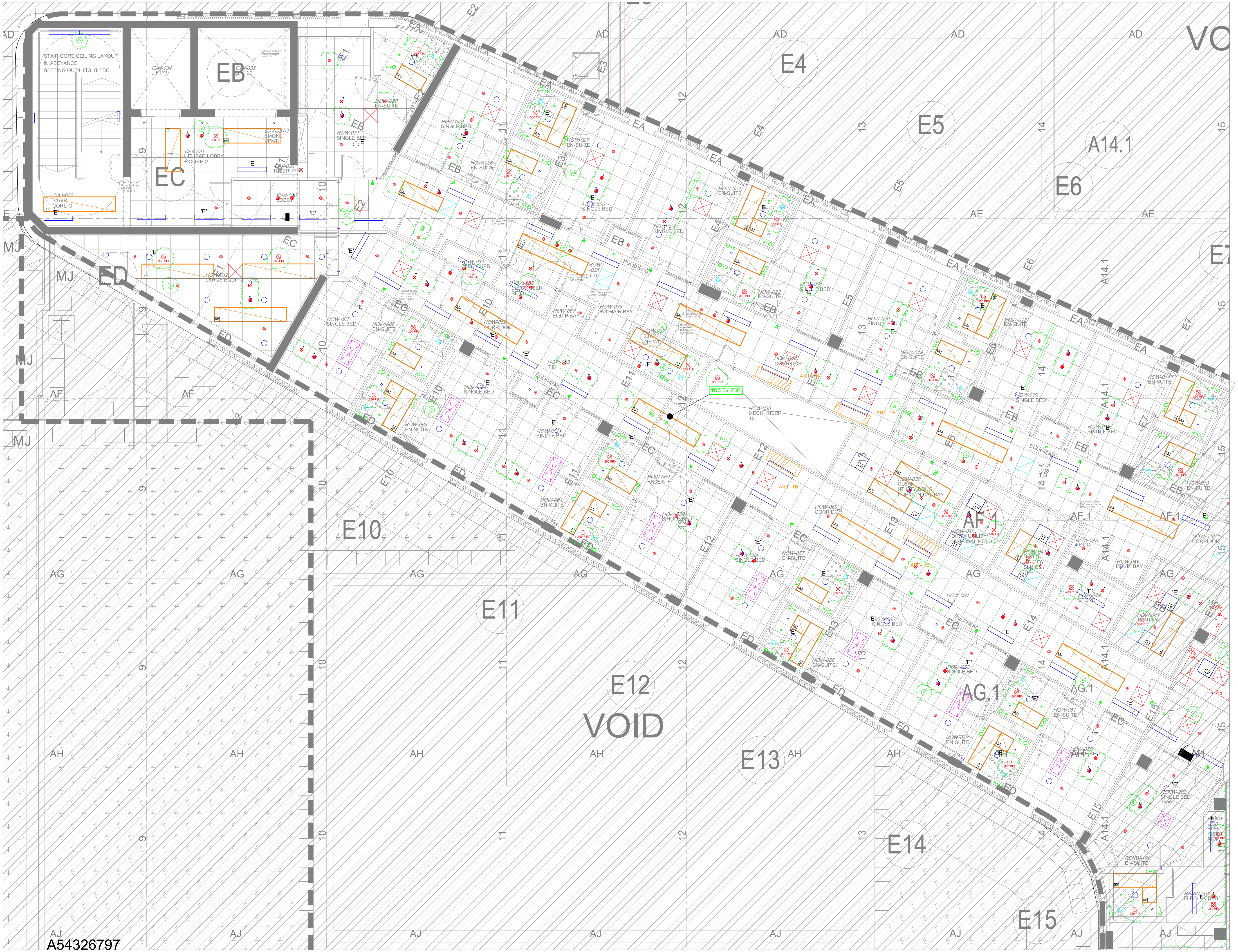
MERCURY ENGINEERING
22 Newton Place
Glasgow G3 7PY
T - 0141 353 0174

Project: NEW SOUTH GLASGOW HOSPITALS (NSGH) PROJECT

Drawing Title: FOURTH FLOOR PLAN
NSGH HAEMO-ONCOLOGY
REFLECTED CEILING PLAN
ZONE E

Job No	Drawn	Checked	Approved
MEI.0037	JF	BR	EMcE
Status: CONSTRUCTION		Date: 24.05.12	Scale@A0: 1:50

Drawing No						Rev
Origin	Zone	Level	Type	Content	Sequential	
ME	ZE	04	PL	332	514	F



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- SUPPLY AIR DIFFUSER
- SUPPLY AIR DIFFUSER
- EXTRACT GRILLE
- EXTRACT AIR GRILLE
- ACCESS HATCH
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- LAMP TONE UNIT
- CCTV CAMERA
- ART WORK
- PA SYSTEM
- CORR PIR — PIR- CORRIDOR
- 360 PIR — PIR-LED 360 DEGREE
- BMS PIR — BMS PIR IN THEATRES
- WIFI AP

REFERENCE DRAWINGS:

1. Architectural
   - X-NA-XX-04-251-WIP-FOURTHFLOORPLAN_31
   - X-NA-SZ-04-252-WIP-NSGH_ZE_ZF_ZH_ZJ_ZK_29
   - X-NA-SZ-04-332-WIP-NSGH_ZE_ZF_ZH_ZJ_ZK_08
2. Structural
   - X-WSP-SZ-04-PL-260-WIP-STRUCTURAL_33
   - X-WSP-SZ-XX-PL-260-WIP-GRID_05

Rev	Date	Revision Notes	Chk	App
H	28/08/13	Construction Issue Update	BR	EMcE
G	10/05/13	Construction Issue Update	BR	EMcE
F	07/12/12	Construction Issue Update	BR	EMcE
E	20/09/12	Art Lighting Updated	BR	EMcE
D	25/07/12	Construction Issue	BR	EMcE
C	24/07/12	Construction Issue	BR	EMcE
B	18/07/12	Construction Issue	BR	EMcE
A	24/05/12	Construction Issue	BR	EMcE

Client: NHS Greater Glasgow and Clyde

Contractor: Brookfield Multiplex

MERCURY ENGINEERING
22 Newton Place
Glasgow G3 7PY
T - 0141 353 0174

Project
NEW SOUTH GLASGOW HOSPITALS (NSGH) PROJECT

Drawing Title
FOURTH FLOOR PLAN
NSGH HAEMO-ONCOLOGY
REFLECTED CEILING PLAN
ZONE E

Job No	Drawn	Checked	Approved
MEI.0037	JF	BR	EMcE

Status	Date	Scale@A0
CONSTRUCTION	24.05.12	1:50

Drawing No

Origin	Zone	Level	Type	Content	Sequential	Rev
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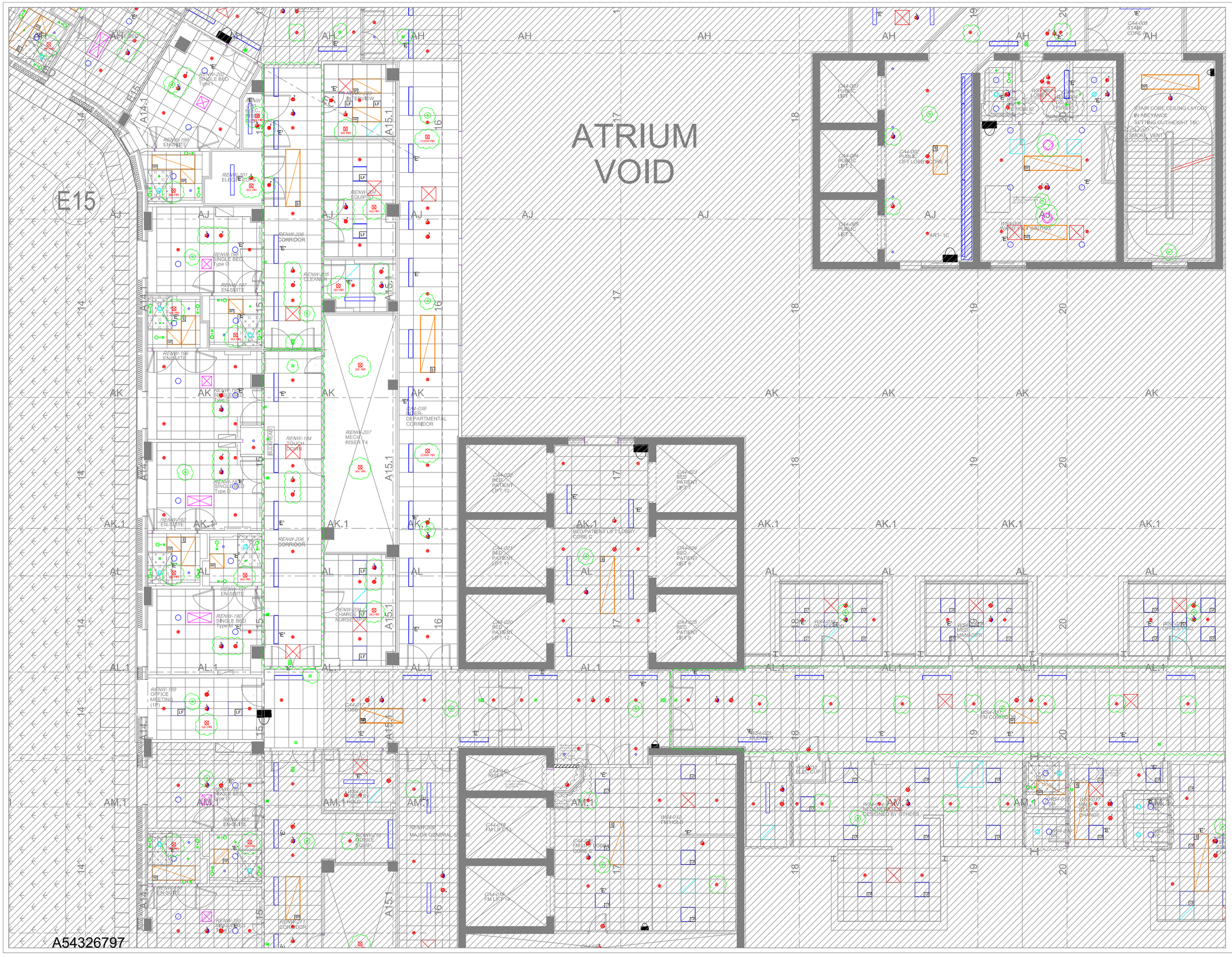
A54326797



Page 14

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No	Design Risk Register

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- CCTV CAMERA
- ART WORK
- PA SYSTEM
- CORR PIR — PIR- CORRIDOR
- 360 PIR — PIR-LED 360 DEGREE
- BMS PIR — BMS PIR IN THEATRES
- WIFI AP

REFERENCE DRAWINGS:

1. Architectural
   - X-NA-XX-04-PL-251-WIP-FOURTHFLOORPLAN_31
   - X-NA-SZ-04-252-WIP-NSGH_ZE_ZF_ZH_ZJ_ZK_29
   - X-NA-SZ-04-332-WIP-NSGH_ZE_ZF_ZH_ZJ_ZK_08
2. Structural
   - X-WSP-SZ-04-PL-260-WIP-STRUCTURAL_33
   - X-WSP-SZ-XX-PL-260-WIP-GRID_05

Rev	Date	Revision Notes	Chk	App
H	28/08/13	Construction Issue Update	BR	EMcE
G	27/01/13	Construction Issue Update	BR	EMcE
F	07/12/12	Construction Issue Update	BR	EMcE
E	20/09/12	Art Lighting Updated	BR	EMcE
D	24/07/12	Construction Issue	BR	EMcE
C	20/07/12	Construction Issue	BR	EMcE
B	18/07/12	Construction Issue	BR	EMcE
A	24/05/12	Construction Issue	BR	EMcE

Client: NHS

Contractor: Brookfield MULTIPLEX

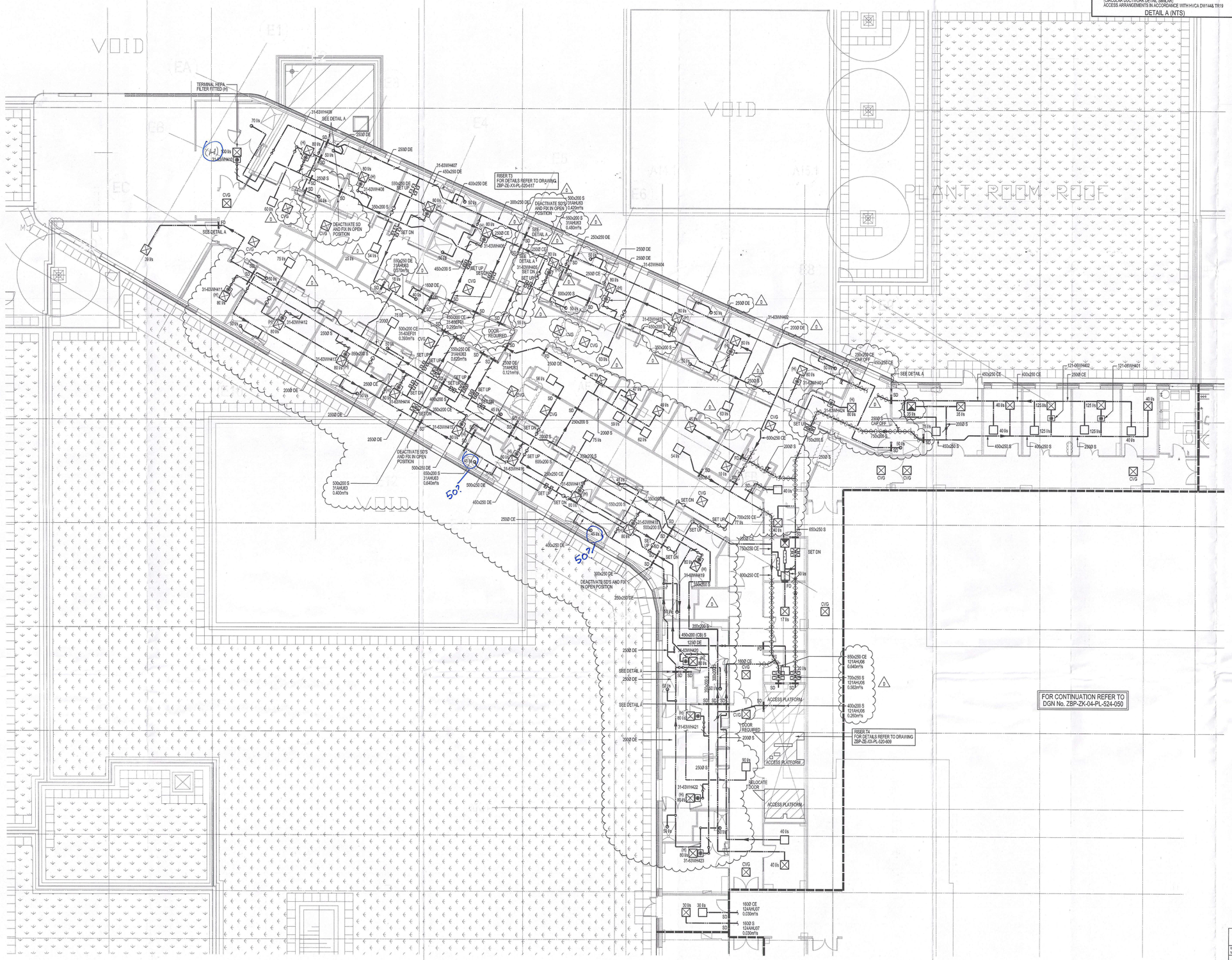
MERCURY ENGINEERING
22 Newton Place
Glasgow G3 7PY
T - 0141 353 0174

Project: NEW SOUTH GLASGOW HOSPITALS (NSGH) PROJECT

Drawing Title: FOURTH FLOOR PLAN
NSGH RENAL INPATIENTS & DAY UNIT
REFLECTED CEILING PLAN
ZONE E

Job No	Drawn	Checked	Approved
MEI.0037	JF	BR	EMcE
Status: CONSTRUCTION		Date: 24.05.12	Scale@A0: 1:50

Drawing No							Rev
Origin	Zone	Level	Type	Content	Sequential		
ME	ZE	04	PL	332	512		H



FOR CONTINUATION REFER TO DGN No. ZBP-ZK-04-PL-524-050

FOR CONTINUATION REFER TO DGN No. ZBP-ZF-04-PL-524-046

FOR CONTINUATION REFER TO DGN No. ZBP-ZH-04-PL-524-048

TYPICAL DETAIL AT DEPARTMENT FIRE BARRIERS
(CIRCULAR DUCTWORK DETAIL SIMILAR)
ACCESS ARRANGEMENTS IN ACCORDANCE WITH H/VCA DW144& TR19

DETAIL A (NTS)

GRILLE DUCT CONNECTIONS SCHEDULE

DUCT SIZE mm	MAX AIR VOL l/s
100Ø	18
125Ø	28
160Ø	47
200Ø	76
250Ø	125
315Ø	195
355Ø	230
400Ø	300

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No	Design Risk Register

This Drawing corresponds with Architects and Structural Drawings
Architects electronic issue dated as below
Compiled from the following reference files:

A4MA-XX04-PL-221-HIP-FourthRoofPlan_25	dated 06/11/12
F1-NSGH_04-04_Haematology_temp.	dated 06/08/13
F1-NSGH_04-02_Renal Acuity_temp.	dated 06/08/13
F1-NSGH_04-01_B_Renal Wards_temp.	dated 06/08/13
F1-NSGH_04-01_A_Renal Wards_temp.	dated 06/08/13
AR-XX-04-PL-052_NSGH_Renal Wards_temp.	dated 06/08/13
AR-XX-04-PL-052_NSGH_Haemato Onc_temp.	dated 06/08/13

and Structural Engineers drawing:

X-WSP-SZ-04-PL-050-HIP-STRUCTURAL_32	dated 11/09/12
X-WSP-SZ-XX-PL-200-HIP-GRID_05	dated 04/04/11
X-WSP-SZ-04-PL-220-HIP-SLAB_10	dated 11/09/12

Architects to be informed of all discrepancies in dimensions
Contractor to check all dimensions on site
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NOTES

1. FOR SYMBOLOGY REFER TO ZBP DRG No. ZBP-XX-XX-DT-590-001
2. THIS DRAWING TO BE READ IN CONJUNCTION WITH ALL CONTRACT DOCUMENTATION
3. REFER TO LATEST ARCHITECTURAL AND STRUCTURAL DRAWINGS AND RELEVANT CONSTRUCTION DETAILS.
4. GRILLE POSITIONS SHOWN ON THIS DRAWING ARE INDICATIVE ONLY AND SUBJECT TO FINAL SELECTION AND CO-ORDINATION BY SUB CONTRACTOR
5. WHERE LONG RUNS OF PARALLEL DUCTWORK EXIST A CLEARANCE OF 200mm MUST BE ALLOWED TO ALLOW FOR FIXINGS TO BE MADE TO THE STRUCTURE FOR PARTITIONING, CEILINGS AND OTHER SERVICES ETC.
6. WHERE FIRE RATED DUCTWORK IS INDICATED, IT SHALL EXTEND TO A MINIMUM OF 150mm BEYOND THE WALLS OF THE PROTECTED ROOM(S).
7. WHERE DUCTWORK PASSES THROUGH FIRE OR SOUND RATED WALLS OR STRUCTURE THE HOLE THROUGH WHICH THE DUCT PASSES SHALL BE MADE GOOD TO EQUAL THE RATING OF THE WALL/STRUCTURE
8. ACCESS PANELS TO BE SIZED AND POSITIONED IN ACCORDANCE WITH H/VCA DW144 & TR19
9. EACH INDIVIDUAL GRILLE/ DIFFUSER BRANCH DUCT CONNECTION SHALL INCORPORATE AN OPPOSED BLADE VOLUME CONTROL DAMPER POSITIONED AS FAR AS POSSIBLE FROM THE TERMINAL. WHERE THIS IS NOT PRACTICAL THE GRILLE/ DIFFUSER SHALL INCORPORATE AN OPPOSED BLADE VOLUME CONTROL DAMPER. FOR CLARITY THESE DAMPERS ARE NOT INDICATED ON THE DRAWINGS
10. ACCESS TO VCD'S ABOVE NON ACCESSIBLE CEILINGS TO BE CO-ORDINATED WITH LUMINAIRE POSITIONS

Rev	Date	Revision Notes	Drn	Chk
D	23.08.13	PM 228 HEPA FILTERS & HEATER BATTERIES ADDED. VENTILATION AMENDED TO SUIT REVISED ARCHITECTURAL LAYOUTS.	RTS	MH
C	22.11.12	AIR VOLUMES AT RISERS AMENDED. NOTES ADDED. HEATER BATTERY REFERENCES AMENDED.	RTS	AP
B	30.09.12	ISSUED FOR BUILDING WARRANT	AEM	AP
A	03.05.12	ISSUED FOR CONSTRUCTION T3 SERVICES FROM RISERS AMENDED. CHILLED BEAM ARRANGEMENTS AMENDED. DIRTY EXTRACTS FROM EN-SUITES AMENDED. VENTILATION ROUTES AMENDED TO CO-ORDINATE WITH PIPED SERVICES AND DRAINAGE. DETAIL "A" ADDED	RTS	AP
01	16.03.12	ISSUED FOR TENDER T1 REVIEW	RTS	AP

Brookfield MULTIPLEX BM
CONTRACTOR DOCUMENT REVIEW
A Reviewed
B Reviewed subject to comments, contract and required action
C Rejected - refer comments
Brookfield Multiplex review claims no liability for the design, accuracy or suitability of the drawings or other documents prepared by the company or by the other contractors with regard to coordination and compatibility with the other disciplines, with regard to compliance with the design and the Project Agreements, Employer's Requirements and the Cost Plan and for ensuring that there are no ambiguities, discrepancies, inconsistencies or omissions within this document or between it and any other design documents.

NEW SOUTH GLASGOW HOSPITALS
ACTION
- 6 SEP 2013
COPY TO

NEW SOUTH GLASGOW HOSPITALS & LABORATORY PROJECT
NEW ADULT & CHILDRENS HOSPITALS - DOCUMENT REVIEW

Representative Name:	Date	Category	Signature
D. HALL	17/9/13	B	[redacted]

Comments:
See notes re c.o.c. contract floor notes & Hepa filter in end bed.

1 No Comment
2 Comments Incorporated in Submission
3 Subject To Amendments and Resubmit
4 Rejected - Not Met Brief, Schedules Item and Resubmit

Client: NHS Greater Glasgow and Clyde

Contractor: Brookfield MULTIPLEX BM

Consulting Engineers: WALLACE WHITTLE

Project: NEW SOUTH GLASGOW HOSPITALS (NSGH) PROJECT

Drawing Title: MECHANICAL SERVICES VENTILATION LAYOUT FOURTH FLOOR NSGH HAEMO ONCOLOGY WARD

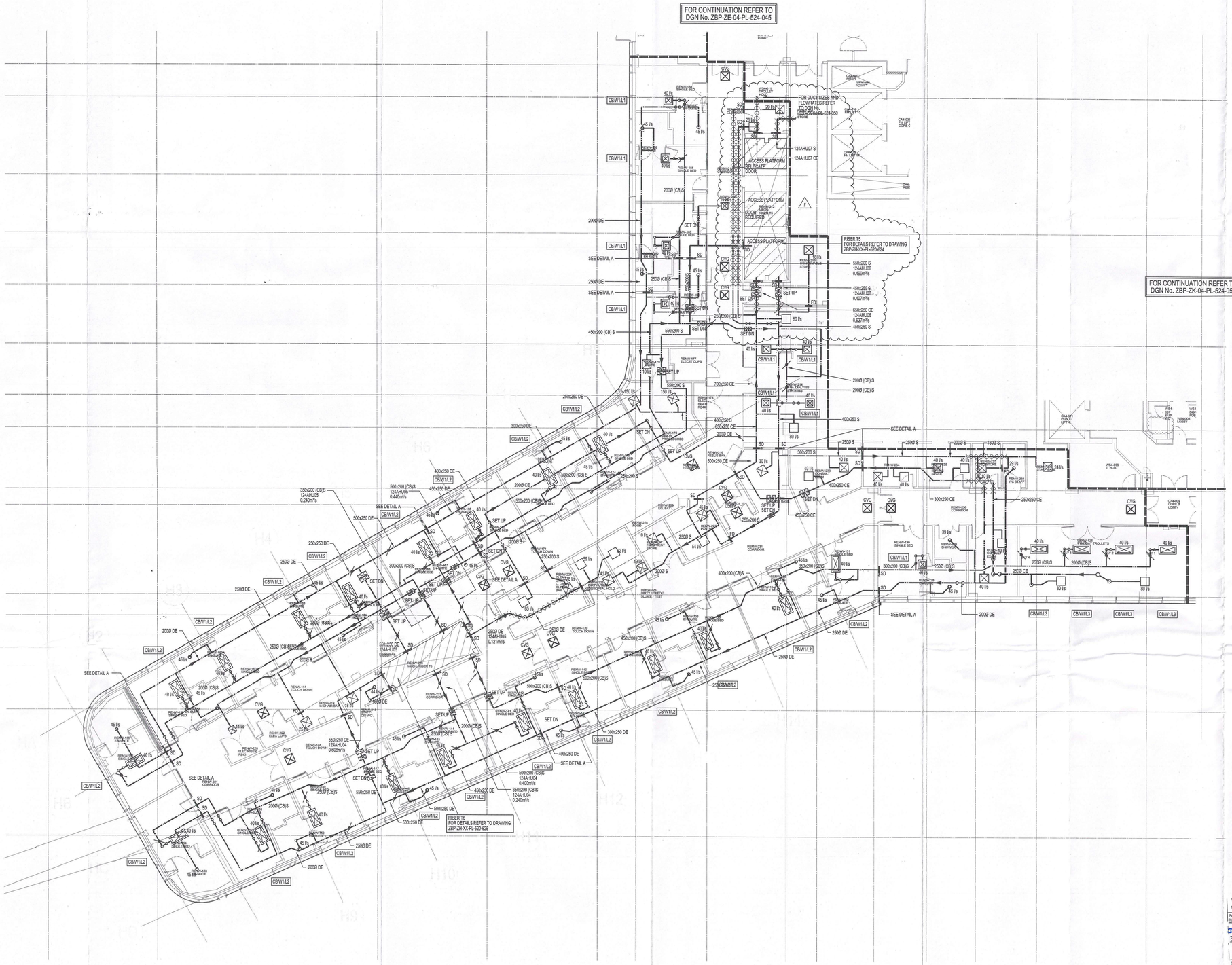
Job No	Drawn	Checked	Approved
2900	RTS	AP	AP

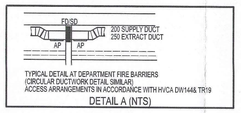
Status	Date	Scale @ A0
CONSTRUCTION T3	JAN'11	1:100

Drawing No.

Origin	Zone	Level	Type	Content	Sequential	
ZBP	ZE	04	PL	524	045	D

A54326797





TYPICAL DETAIL AT DEPARTMENT FIRE BARRIERS
(CIRCULAR DUCTWORK DETAIL SIMILAR)
ACCESS ARRANGEMENTS IN ACCORDANCE WITH HVCA DW/144& TR19

DETAIL A (NTS)

GRILLE DUCT CONNECTIONS SCHEDULE

DUCT SIZE mm	MAX AIR VOL l/s
100Ø	18
125Ø	28
160Ø	47
200Ø	76
250Ø	125
315Ø	195
355Ø	230
400Ø	300

Notes:
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No	Design Risk Register

This Drawing corresponds with Architects and Structural Drawings
Architects electronic issue dated as below
Compiled from the following reference files:

X-NA-XX-04-PL-251-WIP-FourthRoofPlan_25	dated 06/11/12
X-NA-SZ-04-PL-252-WIP-NCH_ZA_ZB_ZC_13	dated 24/10/12
X-NA-SZ-04-PL-252-WIP-NCH_ZE_ZF_ZH_ZJ_ZK_25	dated 28/11/12
X-NA-SZ-04-PL-400-WIP-NCH_ZA_ZB_ZC_14	dated 24/10/12
X-NA-SZ-04-PL-400-WIP-NCH_ZE_ZF_ZH_ZJ_ZK_23	dated 12/10/12

and Structural Engineers drawing:

X-WSP-SZ-04-PL-250-WIP-STRUCTURAL_32	dated 11/09/12
X-WSP-SZ-XX-PL-200-WIP-GRID_00	dated 04/04/11
X-WSP-SZ-04-PL-220-WIP-SLAB_10	dated 11/09/12

Architects to be informed of all discrepancies in dimensions
Contractor to check all dimensions on site
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NOTES

1. FOR SYMBOLOGY REFER TO ZBP DRG No. ZBP-XX-XX-DT-590-001
2. THIS DRAWING TO BE READ IN CONJUNCTION WITH ALL CONTRACT DOCUMENTATION
3. REFER TO LATEST ARCHITECTURAL AND STRUCTURAL DRAWINGS AND RELEVANT CONSTRUCTION DETAILS.
4. GRILLE POSITIONS SHOWN ON THIS DRAWING ARE INDICATIVE ONLY AND SUBJECT TO FINAL SELECTION AND CO-ORDINATION BY SUB CONTRACTOR
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Rev	Date	Revision Notes	Drn	Chk
F	04.09.13	PM 228 - VENTILATION ADDED	RTS	MH
E	16.08.13	RDD COMMENTS INCORPORATED	RTS	MH
D	23.10.12	NOTES ADDED. AIR VOLUME INTO RISER AMENDED. AHU REFERENCES AMENDED.	RTS	AP
C	30.09.12	ISSUED FOR BUILDING WARRANT	AEM	AP
B	08.06.12	CHILLED BEAMS REVISED WHERE INDICATED	JH	AP
A	03.05.12	ISSUED FOR CONSTRUCTION T3. SERVICES FROM RISERS AMENDED. CHILLED BEAM ARRANGEMENTS AMENDED. DIRTY EXTRACTS FROM EM-SUITES AMENDED. VENTILATION ROUTES AMENDED TO CO-ORDINATE WITH PIPED SERVICES AND DRAINAGE. DETAIL "A" ADDED. CVGS ADDED.	RTS	AP
01	16.03.12	ISSUED FOR TENDER T1 REVIEW	VLT	AP

Brookfield MULTIPLEX BM
CONSTRUCTION DOCUMENT REVIEW
Name/Initials/Multiplex Received Date:
1 No Comment
2 Proceed subject to comments, correct and resubmit within 7 Business Days
3 Resubmit Copy
4 Rejected
Multiplex Signature:
Date: 27/9/13
Brookfield Multiplex review status does not relieve the Consultant of its obligations with regard to the Contract Documents and particularly with the other Consultants, the Supplier's Representatives, the Unit Plan and the Statutory Authorities. Brookfield Multiplex does not accept any responsibility for errors, omissions, inconsistencies or ambiguities in the Contract Documents. Brookfield Multiplex does not accept any other design responsibility within this document by reason of its review.

NEW SOUTH GLASGOW HUSPITALS
FILE REF
DETAIL REF
- 6 SEP 2013
ACTION
COPY TO

NEW SOUTH GLASGOW HOSPITALS & LABORATORY PROJECT
NEW ADULT & CHILDRENS HOSPITALS - DOCUMENT REVIEW
Name/Initials/Name: D.HALL 17.9.13
Type: A
Category:
Signature:
COMMENTS: No comments
1 No Comment
2 Proceed Subject to comments
3 Resubmit Copy Rejected Not and Resubmit
NHS

Client: NHS Greater Glasgow and Clyde

Contractor: Brookfield MULTIPLEX BM

Consulting Engineers: WALLACE WHITTLE

Project: NEW SOUTH GLASGOW HOSPITALS (NSGH) PROJECT

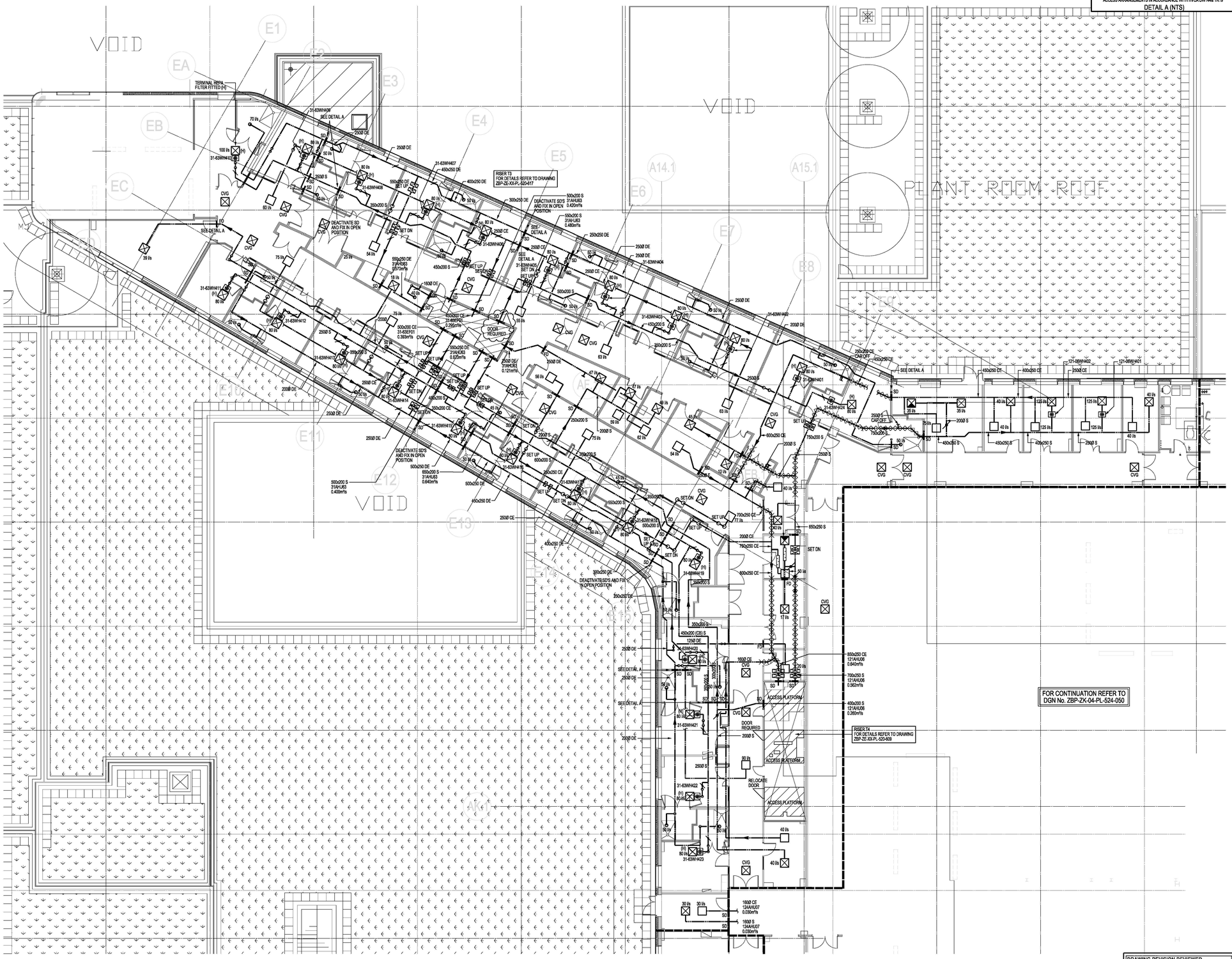
Drawing Title: MECHANICAL SERVICES VENTILATION LAYOUT FOURTH FLOOR NSGH RENAL WARD & DAY CASE WARD

Job No	Drawn	Checked	Approved
2900	RTS	AP	AP

Status	Date	Scale @ A0
CONSTRUCTION T3	MAR'12	1:100

Drawing No.						
Origin	Zone	Level	Type	Content	Sequential	
ZBP	ZH	04	PL	524	048	F

A54326797



TYPICAL DETAIL AT DEPARTMENT FIRE BARRIERS
(CIRCULAR DUCTWORK DETAIL SIMILAR)
ACCESS ARRANGEMENTS IN ACCORDANCE WITH HVCA DW144& TR19

DETAIL A (NTS)

GRILLE DUCT CONNECTIONS SCHEDULE

DUCT SIZE mm	MAX AIR VOL l/s
100Ø	18
125Ø	28
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200Ø	76
250Ø	125
315Ø	195
355Ø	230
400Ø	300

FOR CONTINUATION REFER TO DGN No. ZBP-ZF-04-PL-524-046

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No	Design Risk Register

This Drawing corresponds with Architects and Structural Drawings
Architects electronic issue dated as below
Compiled from the following reference files:

X-NA-XX-04-PL-251-WIP-FourthFloorPlan_25	dated 05/11/12
FT-NSGH_04-04_Haematology_temp.	dated 05/08/13
FT-NSGH_04-03_Renal Acuity_temp.	dated 05/08/13
FT-NSGH_04-01_B_Renal Wards_temp.	dated 05/08/13
FT-NSGH_04-01_A_Renal Wards_temp.	dated 05/08/13
AR-XX-04-PL-252_NSGH_Renal Wards_temp.	dated 05/08/13
AR-XX-04-PL-252_NSGH_Haemato Onc_temp.	dated 05/08/13

and Structural Engineers drawing:

X-WSP-SZ-04-PL-260-WIP-STRUCTURAL_32	dated 11/09/12
X-WSP-SZ-XX-PL-260-WIP-GRID_05	dated 04/04/11
X-WSP-SZ-04-PL-225-WIP-SLAB_10	dated 11/09/12

Architects to be informed of all discrepancies in dimensions
Contractor to check all dimensions on site

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NOTES

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Rev	Date	Revision Notes	Drn	Chk
F	11.10.13	RDD COMMENTS INCORPORATED COMMENT BOX ADDED	RTS	SDP
E	01.10.13	PMI 228 - MINOR MODIFICATIONS AS INDICATED	RTS	SDP
D	23.08.13	PMI 228 HEPA FILTERS & HEATER BATTERIES ADDED. VENTILATION AMENDED TO SUIT REVISED ARCHITECTURAL LAYOUTS.	RTS	MH
C	22.11.12	AIR VOLUMES AT RISERS AMENDED. NOTES ADDED. HEATER BATTERY REFERENCES AMENDED.	RTS	AP
B	30.09.12	ISSUED FOR BUILDING WARRANT	AEM	AP
A	03.05.12	ISSUED FOR CONSTRUCTION T3 SERVICES FROM RISERS AMENDED. CHILLED BEAM ARRANGEMENTS AMENDED. DIRTY EXTRACTS FROM EN-SUITES AMENDED. VENTILATION ROUTES AMENDED TO CO-ORDINATE WITH PIPED SERVICES AND DRAINAGE. DETAIL "A" ADDED	RTS	AP
01	16.03.12	ISSUED FOR TENDER T1 REVIEW	RTS	AP

Client: NHS

Contractor: Brookfield MULTIPLEX BM

WALLACE WHITTLE Consulting Engineers

Project
NEW SOUTH GLASGOW HOSPITALS (NSGH) PROJECT

Drawing Title
MECHANICAL SERVICES
VENTILATION LAYOUT
FOURTH FLOOR
NSGH HAEMO ONCOLOGY WARD

Job No	Drawn	Checked	Approved
2900	RTS	AP	AP

Status	Date	Scale @ A0
CONSTRUCTION T3	JAN'11	1:100

Drawing No.

Origin	Zone	Level	Type	Content	Sequential	
ZBP	ZE	04	PL	524	045	F

DRAWING REVISION REVIEWED	D
RDD COMMENTS	RESPONSE
SEE NOTE RE WC EXTRACT FLOW RATES & HEPA FILTER IN END BED	AIR VOLUMES ADJUSTED TO SUIT REQUIRED ROOM DUTIES. HEPA NOTE CLARIFIED IN END BEDROOM. AS DETAILED ON REV E OF THE DRAWING

1 3 5 7 9
0 2 4 6 8 10

PLOTTED BY: Stuart Hyslop 12/08/13 09:49:47
CAD File: V:\2900 NSGH Stage 3\ZSF Drawings\Mechanical\Fourth Floor\Zone E\ZBP-ZE-04-PL-524-045.dgn

From: Redding, Penelope <[redacted]>
Sent: 30 November 2017 09:47
To: Jane Grant (NHS Greater Glasgow and Clyde)
Subject: RE: Infection Control

Dear Jane

Thank you for your email.

I agree with what you are saying and am happy to follow your advice.

It is disappointing that it has taken since 4th October to arrange the meeting on the 7th December.
Myself and other consultant colleagues have tried to engage with the senior infection control managers, Brian Jones and Rachel Green. I am happy to try one last time.
Brian Jones says he is the infection control co-ordinator and not lead ICD. This is adding to the pressures of running the service at the moment.

I am not invited to the meeting on the 7th December and will wait to get feedback from those who do attend. I am concerned that the people attending do not have the authority to resolve the overall
problems of the infection control service as that includes the ICNs.
I am happy to comply with your request to wait and will review the position on the 8th.

I do understand that the challenges are difficult, I have been involved with infection control for a long time. I have a long standing loyalty for the organisation, but must balance that against my professional responsibilty for patient safety.

We are where we are with the issues that need to be resolved. However I believe that we need to understand why we are where we are so that further problems are prevented from happening in the future.

Kind Regards

Penelope

From: Grant, Jane [Chief Exec]
Sent: 29 November 2017 14:54
To: Redding, Penelope
Subject: RE: Infection Control

Dear Dr Redding

Thank you for your recent email in respect of ongoing infection control issues. I have been kept informed of the current dialogue by Dr Armstrong as the Lead Director for the NHS Board in this regard. As you indicate in your email, it is essential that Infection control colleagues, both nursing and medical staff, work as a team to ensure there is coherence across the service and that everyone recognises the essential nature of that supportive team working environment. I understand that a very significant amount has been done to address the issues raised by you and your colleagues in the south sector and, undoubtedly, this dialogue needs to continue.

It is important that everyone works together to seek realistic solutions to ongoing issues and that any communication issues are also considered and addressed. Professional discussion needs to take place when there is a difference of opinion between colleagues to ensure that all voices are heard and considered. Infection control is an

important issue that needs to be considered across NHS Glasgow and Clyde and it would be important to understand whether there are any differences in approach across the sectors and I have asked Dr Armstrong to discuss that position with Dr Green in advance of your meeting.

The most appropriate way forward would seem to be through the meeting that Dr Green will chair on the 7 December and I will ensure she is made aware of your views contained within this email exchange. Dr Armstrong will update me of progress in this area. In the meantime, I would urge you to continue to work with Dr Green, Professor Jones as the NHS Board's interim lead ICD and your colleagues to seek an acceptable solution to these issues.

Kind regards.
Jane

Jane Grant
Chief Executive
NHS Greater Glasgow and Clyde
JB Russell House
1055 Great Western Road
Glasgow, G12 0XH

From: Redding, Penelope
Sent: 24 November 2017 15:19
To: Grant, Jane [Chief Exec]
Subject: Infection Control

Dear Jane

I am sure you are aware that Jennifer Armstrong chaired a meeting on the 4th October to discuss some of the concerns relating to infection control and there is ongoing work being undertaken.

However the concerns about the infection control structure are still awaiting discussion and several attempts my microbiologists at QE and RHC to explain these concerns have failed.
There is a meeting arranged for 7th December, to be chaired by Rachel Green, which only seems to be looking at ICD roles.

Please see attached the concerns I have sent to Rachel and Jennifer about the whole of the infection control structure that I feel need to be reviewed.

The last few weeks have seem several examples of problems that have arisen as a result of the present IC structure. This includes the shutting of the orthopaedics wards recently, which caused a huge amount of service disruption and stress to patients and staff.
I was in on the Saturday morning and it took me a couple of minutes, once I had the information in front of me, to see that there was no outbreak.

This week has again seen serious examples of;

ICNs making decisions without reference to a microbiologist or ICD. They are making decisions and assessments on their interpretation of microbiology results that they do not understand.

ICNs are not informing ICDs of serious infection control incidents.

The microbiologists at QE and RHC have serious professional concerns around their input to the infection control service. This was discussed again at the consultant meeting this morning.

I feel that, despite some progress being made, I may have to go to Stage 2 of the whistleblowing process.

The long term roles of infection control team need to be looked at as well.

I believe that it is essential for an infection control to work as a team. ICNs and ICDs have specific skill sets that need to work in synergy. An ICN led service will result in more over-reactions and more problems being overlooked. These both have clinical governance risks and consequences to the organisation.

I am happy to meet with you to help you understand the issues more clearly if you think that would be helpful.

If you want to contact me my mobile ([redacted]) is the best way as I only work 2 days a week. This I can do flexibly.

Kind Regards

Penelope

Greater Glasgow and Clyde NHS Board

JB Russell House
Gartnavel Royal Hospital
1055 Great Western Road
GLASGOW
G12 0XH
Tel. 0141-201-4444
Fax. 0141-201-4601
Textphone: 0141-201-4479
www.nhsggc.org.uk

NHS Greater Glasgow and Clyde

Private and Confidential

[redacted]

Date: 27th September 2019
Our Ref: JB/GD

Enquiries to: John Brown
Direct Line: [redacted]
E-mail: [redacted]

Dear John

Thank you for your email of 5th August 2019. I can see from the detail in your note that this continues to be a very worrying time for you, Molly and your wider family. I am aware that since you wrote to me Molly has undergone surgery, and I very much hope that this went as planned, and that she is feeling as well as she can be at the moment.

I have also noted your comments about Dr Sastry and his team. It was kind of you to highlight this to me, and I will ensure your positive comments are passed on to him.

Turning to the questions you posed in your email, with regards to Molly's case being reported, we do not routinely report individual cases of infection within our Board report, as we would not wish to disclose confidential and sensitive information which may identify the patient. Please be assured that we did, however, report Molly's case to Health Protection Scotland as part of the work of the incident group.

Regarding your concern about communication, I am sorry you were not kept informed to the level you anticipated. I note from your email that you found out a development when you were at the hospital because Molly had an outpatient appointment. In order to protect patient confidentiality, whilst early investigations were ongoing to confirm the type of organism, it was critical that the patient and parents of this other case were informed in the first instance. As you will now be aware, Molly's infection and this other patient's bacterium were found not to be related. However, I do note the point you are making and I understand that, throughout all of this, Molly is your primary concern and focus. For that reason, I am truly sorry for the distress and disappointment you have felt.

I was pleased to read from your email that Molly and Sara would be interested in doing a patient story for the Board. I will ask Jen Rodgers, Chief Nurse for the Royal Hospital for Children, to contact you directly to discuss this potential further.

I hope this further response is helpful, and I wish Molly all the very best with her care and treatment going forward.

Yours sincerely

[redacted]

PROFESSOR JOHN BROWN CBE
Chairman

A54326797

From: Matt.Paterson[redacted]
Sent: 22 March 2021 13:00
To: Karalis, Melanie
Cc: Bustillo, Sandra
Subject: [ExternalToGGC]RE: Report today

Hi both,

With apols for delay, please see our NR below which the Cab Sec has just cleared.

Matt

QEUH Case Note Review and Oversight Board Report

Health Secretary responds to findings.

Two reports have been published today highlighting significant failings in infection prevention and control, governance and risk management at the Queen Elizabeth University Hospital (QEUH)

The Independent Case Note Review, led by Professor Mike Stevens, investigated 118 episodes of serious bacterial infection in 84 children and young people who received treatment for blood disease, cancer or related conditions at the Royal Hospital for Children.

It found that a third of these infections were 'most likely' to have been linked to the hospital environment, and that the deaths of two of the 22 children who had died were, at least in part, the result of their infection.

The infection episodes resulted in longer hospital stays for patients and the need for additional treatment, as well as delays in planned treatment in some cases. A third of infection episodes were rated as having a severe or critical impact on patients.

Whilst noting NHS Greater Glasgow & Clyde (NHS GGC) had made some improvements, the review panel has made 43 recommendations to be taken forward, including improvements in environmental surveillance and how water sampling and testing are used to better inform investigations of possible links between clinical infections and water or environment sources.

Individual reports will be prepared the families of those patients affected by the infections at the QEUH, and they will also have the opportunity to meet with a member of the Expert Panel to discuss further.

In addition, the Oversight Board chaired by former Chief Nursing Officer Professor Fiona McQueen has also provided its final report on infection prevention and control practices at the hospital, clinical governance and related risk management issues, and communication and engagement with patients and families.

The Oversight Board acknowledges NHS GGC has taken strong remedial action to find and address water contamination issues, however it found NHS GGC's overall response was too short-term and reactive, and there were significant failings in governance, including infection numbers and building issues not being sufficiently escalated or acted upon.

It found substantial evidence of frontline staff taking a compassionate approach to communicating with families but this had been inconsistently applied at a Health Board level. Some patients and families felt responses to their questions about episodes of infection were was not timely or informative, and they were not presented with a full and accurate picture of what was happening.

The Oversight Board's final report recognises NHS GGC has taken a number of steps to address these issues, but concludes further work is required before it can be de-escalated from Stage 4 of NHS Scotland's national performance framework.

Health Secretary Jeane Freeman said:

"Patients and their families should not feel unsafe in our hospitals, and staff should not be afraid to speak out as whistle-blowers if they have serious concerns. That is why I commissioned these reports alongside the Independent Review, NHS GGC's escalation to Stage 4, and the Public Inquiry that is now underway, so the issues raised could be fully investigated.

"These findings, which will inform the ongoing Public Inquiry, do not fault the quality of care provided by frontline NHS GGC staff, but they do highlight serious failings at the Health Board level. I agree with the Oversight Board's conclusion that NHS GGC should remain at Stage 4.

"Efforts have been made to improve and adopt the culture of transparency, openness and clinical leadership I expect, however we will continue to work closely with the Board to ensure these are demonstrably embedded – to provide the assurance patients and their families deserve, and also so that these lessons can be considered more widely across NHS Scotland.

"I want to again extend my deepest sympathies to the families of patients who died, and to everyone who has been affected as a result of the issues raised, on top of the significant distress, anxiety and disruption they will already have faced with loved ones in hospital.

"Ensuring that affected families are supported and fully engaged is of paramount importance, and in addition to the individual engagement the Case Note Review will undertake with each family, it is very welcome that the Public Inquiry has appointed a Family Liaison Officer who will play an important role in ensuring full engagement and communication with families as the Inquiry progresses. The Scottish Government as a core participant is committed to assisting the Inquiry and respond to its findings and recommendations.

"I am grateful to all members of the Case Note Review and Oversight Board for their dedication and diligence in conducting these reports, and also to the clinicians who originally raised these concerns for their assistance to the Oversight Board throughout this period.

Professor Mike Stevens, Expert Panel Lead for the Case Note Review said:

"Central to our report is a concern for the safety of children and young people receiving treatment for cancer and serious blood diseases at the Royal Hospital for Children.

"Although serious infection is always a risk in those undergoing treatment of this kind, our investigations not only suggest a likely link to the hospital environment in a third of the episodes we reviewed, but have also allowed us to characterise the scale of the impact on the lives of the patients involved, and their families.

"We hope that our findings and recommendations will assist families in understanding the background to the infections experienced by their children and offer a way to reduce future risk by improving infection prevention and control in the future."

Background

Case Note Review [LINK]

Oversight Board Final Report [LINK]

The Case Note Review was commissioned by Health Secretary Jeane Freeman in January 2020. Led by Professor Mike Stevens, Emeritus Professor of Paediatric Oncology at the University of Bristol, the review team's expert panel looked at all recorded bloodstream infections in children who received haemato-oncology treatment from the opening of the Royal Hospital for Children to the end of 2019, and whether these children were put at risk because of the physical environment in which they were cared for.

The Oversight Board was established by the Director-General of Health and Social Care in the Scottish Government and Chief Executive of NHS Scotland in November 2019 following escalation of NHS GGC to Stage 4 of NHS Scotland's national performance framework.

This decision was taken in response to critical issues relating to the operation of infection prevention and control, governance, and communication and engagement with respect to the Queen Elizabeth University Hospital and the handling of infection incidents affecting children, young people and their families within the paediatric haemato-oncology service.

Chaired by former Chief Nursing Officer Professor Fiona McQueen, the Oversight Board consists of a group of experts and representatives drawn from other Health Boards, the Scottish Government and the affected families themselves.

The reports follow an Independent Review into the design, build, commissioning and maintenance of the Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC), which was published in June 2020.

An independent statutory public inquiry commissioned by the Health Secretary is also underway to review issues at the QEUH campus in Glasgow and the Royal Hospital for Children and Young People (RHCYP) in Edinburgh. The inquiry will determine how vital issues relating to ventilation and other key building systems occurred, and what steps can be taken to prevent this being repeated in future projects.

From: Karalis, Melanie [redacted]
Sent: 22 March 2021 12:17
To: Paterson M (Matt) [redacted]
Cc: Bustillo, Sandra [redacted]
Subject: Report today

Hi Matt,

Would it be possible for you to let me know when the report is published? I'll be issuing our response to journalists shortly after so great if you could confirm timings.

Many thanks
Mel

Melanie Karalis
Senior Communications Officer
NHS Greater Glasgow and Clyde

0141 201 4467

[redacted]

24-hour media enquiry line: 0141 201 4429
Visit our Media Centre at: www.nhsggc.org.uk/mediacentre

From: Best, Jonathan
Sent: 22 March 2021 21:59
To: Vanhegan, Elaine; Bustillo, Sandra
Subject: FW: Action Note from Meeting with Mike Stevens and Independent Review Team 22/3/21

This is a sensitive one and we will keep trying.

Jonathan.

From: Davidson, Scott
Sent: 22 March 2021 18:48
To: Redfern, Jamie <[redacted]>; Best, Jonathan <[redacted]>
Subject: Re: Action Note from Meeting with Mike Stevens and Independent Review Team 22/3/21

thanks for update Jamie and let us know how transpires tomorrow

Scott

From: Redfern, Jamie <[redacted]>
Sent: 22 March 2021 18:43
To: Best, Jonathan <[redacted]>; Davidson, Scott <[redacted]>
Subject: Re: Action Note from Meeting with Mike Stevens and Independent Review Team 22/3/21

Seems we are having difficulty locating address of 1 family.
This is of a child who died so quite sensitive.
Our team have checked and address we sent matched what was on Track and GP confirmed this was last known address they had; [redacted] still registered.

After further work we have identified that [redacted] might have now registered with a separate GP and has a different address. So further work tomorrow speaking to GP. If [redacted] we will provide review team with what we have managed to pull together and they can decide what they want to do next.

JRo well up to speed on this one.

Jamie

Get Outlook for iOS

From: Redfern, Jamie <[redacted]>
Sent: Monday, March 22, 2021 12:42:06 PM
To: Best, Jonathan <[redacted]>; Davidson, Scott <[redacted]>
Subject: Fwd: Action Note from Meeting with Mike Stevens and Independent Review Team 22/3/21

Met again with MS today
After a slow start meeting lasted about 1hr
All present had read the report
Will send to u final copy once formatted and AMM / JRo have given comment
Overall was a reasonable meeting.
Lot of focus on the QI work to follow
Jamie

Get Outlook for iOS

From: Redfern, Jamie
Sent: Monday, March 22, 2021 12:39:15 PM
To: Mathers, Alan <[redacted]>; Rodgers, Jennifer <[redacted]>
Subject: Action Note from Meeting with Mike Stevens and Independent Review Team 22/3/21

Listed below is action note / brief minute from meeting held today as per above. Please feel free to comment / amend before finalise for wider circulation

Action Note from Meeting with Mike Stevens and Independent Review Team meet 22/3/21 11am on Microsoft Teams

In attendance

Senior Management NHS GGC
JR, AMM and JRO

Senior Nursing
PF, AMcD, GR

Senior Consultants
BG, AME, EC, SC, FP, NH, JS, MR, DM and DMcIntosh

Independent Review Team
MS, GE, MB

Actions

MS will provide a breakdown of 84 cases and outcome in report of environment link to infection by diagnosis.

Clinical team and W&CD Management team will work together with NHS GGC comms team delivery of comms strategy and hand lining parent queries. Noted need for this is likely to intensify following release of report and start of clinic schedules this week.

Clinical Team will summarise areas of QI work streams they intend to follow up on referenced to recommendations in the report. A lot of focus in discussions at today's meeting on line removal.

A follow/ wrap up meeting with MS and Clinical Team will be set up for mid to end of April 21 to discuss next stages. By this time parents and older patients will have had their individual reports.

MS will likely through Scottish Govt complete media interviews today. Had been noted report leaked on Friday by BBC and some initial queries following this fielded by Scot Govt / NHS GGC media teams.

Points to note.

Independent review team did not think they were critical in report of clinical care and content for consultants and others to formally note this in any discussions with parents.

Independent Review team were aware work had started in 2019 by NHS GGC on a number of the recommendations made in the report. Conscious that report covered period 2015- 2019 and was now 2021.

Get Outlook for iOS

From: Mr James Bailey - Brookfield Multiplex Construction Europe
To: Mr Douglas Ross - Currie & Brown
Cc: Mr John Ballantyne - Brookfield Multiplex Construction Europe; Mr Darren Pike - Brookfield Multiplex Construction Europe; Mr Grant Wallace - Brookfield Multiplex Construction Europe; Mr David Hall - Currie & Brown
Subject: Level 4 Haemato Oncolgy Change
Date: 27 September 2013 17:04:18

Douglas

I've attached Mercury's updated price showing the breakdown including the labour. I understand that Grant has already sent this to you. They have also issued a supporting statement including a methodology.

I have also attempted to provide a narrative below based on my understanding.

The initial supply air ductwork to the active chilled beam system has to be scrapped and replaced with wider ductwork to accommodate the greater airflow required to push through the hepa filters.

I have taken plenty of photos (attached) which shows that the redundant supply air duct is the closest service to the soffit in the branch modules going into the individual rooms and is above the majority of the services in the primary modules running the length of the department corridor.

All the branch modules into the rooms need to come down, the extract air duct, the water circuits, the sprinklers and all the services (Nurse call/BMS/Voice & Data/Fire Alarm/Electrical) in the Wago trunking will all need to come out.

One or two of the primary modules will have to come down in their entirety. This will need to take place where the new supply air duct coming up through the mechanical riser from plantroom 31 re-enters level 4.

Potentially a lot of the other services in the primary modules will also need to be stripped out. Everything will need to be re-coordinated around the new ductwork and the additional heater batteries in the rooms. The wider ductwork will also lead to builders work as the 1st fix partitions are in accommodating the existing services.

I've attached a Wallace Whittle mark up showing the level of the Wago trunking at 2850mm from the floor and where it goes under the new ductwork. Of course it isn't possible to leave cable in place in between these clash points, the majority of the cables will need to be pulled back to source.

When all the services are down and the re-co-ordination has taken place the process reverses and the new ductwork goes back in followed by all the services underneath. Mercury have committed to re-using material where they with each element being stripped out individually by the respective Mercury Subcontractors. Whilst it is Mercury's intention to preserve as much of the installation as possible, resultant damage is inevitable due to the tight programme. Mercury have understandably tried to price out this risk as defective work will just cause commissioning delays which we can't afford.

On the current programme Mercury have a 12 week period to finish their 1st fix works in the tower fingers. They have estimated that to get back to the same stage from the commencement of strip out will take up to sixteen weeks due to difficulty of working around installed modules and the co-ordination of the builders work requirements.

Mercury have stressed that there will be knock on commissioning affects as we will have to start commissioning zone E up the tower while bypassing level 4 until it get's integrated back into the tower programme.

This is not allowed for in their current price. I have also noted that the durbar plate in the mechanical riser will have to be cut insitu to accommodate the new ductwork, this has also not been allowed for.

Hopefully this is enough information to lead to a meaningful discussion next week so we can resolve this issue.

If there is any more specific information needed please let me know and will endeavor to

get it to you as quickly as I can.

Regards

James

SCOTTISH HOSPITALS INQUIRY

Bundle of documents for Oral hearings commencing 16 September 2025 in relation to the Queen Elizabeth University Hospital and the Royal Hospital for Children, Glasgow

Bundle 52 – Volume 9

Miscellaneous Documents

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