Communications During an Incident or Outbreak: Guidance for Problem Assessment Groups and Incident Management Teams

This guidance applies to all staff employed by NHS Greater Glasgow and Clyde and locum staff on fixed-term contracts.

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1. Introduction

Problem Assessment Groups (PAGs) and Incident Management Teams (IMTs) remain the primary areas for managing an incident or outbreak and how it is communicated.

The purpose of these groups, and how they go about their work, is well documented and generally well understood. However, when it comes to the communications function, there can be less certainty about what the best course of action might be.

The Hospital Infection Incident Assessment Tool (HIIAT) – Appendix 1 – sets out some guidance around communications, and we understand that more detailed national guidance is forthcoming.

The purpose of this document is to give some additional pointers in the interim to support PAGs and IMTs, and specifically the Chairs and the attending communications representative, as they decide how best to approach communications.

2. HIIAT guidance

The incident or outbreak will be assessed using the HIIAT, and the outcome of that assessment is marked GREEN, AMBER or RED.

- When an incident or outbreak is assessed as GREEN, there is no requirement for any actions around communications. However, it may still be appropriate to consider preparing a holding press statement or even undertaking proactive communications. This is a decision for the IMT based on the information it has at hand.
• Any incidents/outbreaks which are assessed as AMBER require the NHS Board to prepare a holding press statement. The IMT will determine if it is in the interest of the patient(s) directly involved and the public for this to be issued proactively. Communicating with other groups should also be considered. (See ‘3. Who Should We Communicate With?’ – Page 7).

• Any incidents which are assessed as RED require the NHS Board either to prepare a holding press statement or to issue a press release proactively. The IMT will determine which course of action is in the best interest of the patient(s) directly involved and the public. Communicating with other groups should also be considered. (See ‘3. Who Should We Communicate With?’ – Page 7)

To help determine the best course of action in each of the above scenarios, the IMT – or, if appropriate, a PAG – should consider a range of questions to aid the decision-making process.

Issues that might be considered include – but are not limited to – the following:

<table>
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<tr>
<th>Communicating and incident or outbreak: Questions to consider</th>
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<tr>
<td><strong>Has the pathogen been identified?</strong></td>
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<tr>
<td>If not, care should be taken with what is said in communications. Saying nothing, or sharing theories or ideas which are not know to be true, should if possible be avoided.</td>
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<td>If the pathogen has been identified, a number of additional questions come into play. For example, would naming it publicly cause public anxiety?</td>
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<td><strong>How many individuals are affected?</strong></td>
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<td>Generally, if a larger number of individuals is affected, there is more likely to be media interest and public concern.</td>
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<td>However, a small outbreak may cause high media interest and public anxiety given, for example, the nature of the infection.</td>
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<td>At all times, but particularly when the number of individuals affected is small, care</td>
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<tr>
<td>How severe is the infection?</td>
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<tr>
<td>As with the number affected, generally, severe infection is more likely to generate interest. However, for example, when allied with the ages of those involved, or the speciality affected, simply the existence of infection, whether severe or not, could generate media interest or anxiety.</td>
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<tr>
<th>Is the risk of transmission clear?</th>
<th>How many are potentially at risk?</th>
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<td>What is the mode of transmission? Is the pathogen highly communicable? Do we have controls in place to prevent further spread?</td>
<td>Is the person affected in a ward made up of single rooms or a nightingale ward? Was the patient isolated from others nearby? Did that happen quickly? Again, numbers are not the only factor to consider here. The ages of the patient cohort, the speciality involved, and the site where the incident/outbreak takes place should all be taken into account.</td>
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<tr>
<th>What specialty is affected?</th>
<th>Is this one case of an unusual organism?</th>
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<tr>
<td>The speciality affected, and the vulnerability of patients receiving treatment there, are important factors in determining potential media interest and levels of public anxiety.</td>
<td>A single case of a highly unusual organism – even if it is not particularly dangerous – could actually generate more interest than a large incident/outbreak. If it is highly unusual AND highly dangerous, media interest is likely to be significant.</td>
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Should be taken to avoid sharing information that could identify individual patients, either directly or through deductive disclosure. In general, when there are fewer than five cases then the number should not be confirmed in line with data protection.
<table>
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<tr>
<th><strong>On what site is the outbreak/incident?</strong></th>
<th><strong>Is the organism hospital or community acquired?</strong></th>
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<tr>
<td>A key consideration. If the site of the outbreak is already under media scrutiny any outbreak/incident is more likely to generate significant coverage in the press.</td>
<td>This could be critical to the tone of any release. If it is community acquired, the reputation of the health board is unlikely to be affected and issues such as public health and public information are more likely to be the key drivers of any communications. If it is healthcare acquired, the additional questions listed here become important factors in decided a course of action.</td>
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<thead>
<tr>
<th><strong>What is the condition of those affected?</strong></th>
<th><strong>Are robust control measures in place/ has the potential source of infection been removed?</strong></th>
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<tr>
<td>Whether or not the condition is giving cause for concern would help inform a decision about issuing a proactive release. In addition, whether the condition is improving or deteriorating would, in conjunction with other questions, help to inform the course of action an IMT takes.</td>
<td>Being able to add this information to any communications or responses to media inquiries can help to allay public anxiety.</td>
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<tr>
<td>What is the recent history of the site / speciality / board?</td>
<td>Is there a danger to the public?</td>
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<tr>
<td>Has there been recent media interest or controversy?</td>
<td>If the answer is ‘yes’, it is highly likely the HIIAT will have scored RED because of the potential for high public anxiety.</td>
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<td>Is this the latest in a number of incidents/outbreaks?</td>
<td>In cases like these there will be a requirement to draft a holding statement.</td>
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<td></td>
<td>However, would proactive communications be appropriate? If robust control measures are in place, would proactive comms risk creating unnecessary public panic?</td>
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<td></td>
<td>The need for public health messaging, and how it is handled, is a further consideration.</td>
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<td></td>
<td>For example, a simple alert to the public over the existence of a pathogen in the community, and advice on how to avoid/mitigate it, would require some fairly straightforward communications.</td>
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<td></td>
<td>However, if there is the need for a clear warning to stay away from the hospital where the outbreak/incident is centred, the potential for public anxiety, and significant media interest, is extremely high.</td>
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<td>This latter scenario would need very careful planning, and delicate handling.</td>
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<tr>
<th>What is the current political landscape?</th>
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<tr>
<td>Is there an election in the coming weeks?</td>
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<td>Is healthcare high on the political agenda?</td>
<td></td>
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<tr>
<td>Does the incident/outbreak involve a pathogen that is the subject of significant debate?</td>
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Just because an incident is assessed as RED using HIIAT, issuing a proactive release may not be the best course of action. Similarly, even if an incident is assessed as GREEN, it may not be best to do or say nothing.

It is important for an IMT/PAG to be objective and measured in its approach to communications. Asking the above questions – or others more specific to the incident/outbreak – will help focus minds. It will also allow members of the IMT/PAG to take time and consider carefully and dispassionately the issue at hand.

3. Who should we communicate with?
As well as assessing whether it should communicate, a PAG/IMT should also should examine who it should be communicating with outside patients and/or families/carers directly involved in the incident/outbreak.

**Media statements/releases**

As indicated in the HIIAT, consideration will be given to issuing a media release. When doing so, depending on the issue, the Chair and communications officer need to agree who will act as spokesperson, including handling press interviews.

Within the release, care should be taken to avoid identifying individual patients either directly or through deductive disclosure. In general, when there are fewer than five cases then the number should not be confirmed in line with data protection.

*Also, when hypotheses are still being tested, the Chair and the communications adviser should consider the risks and benefits of reporting on hypotheses which have not been proven.*
Other groups to inform, and potential methods of communication with them, include the following:

- **Patients and/or families carers on the unit**

  It is particularly important that this group – the patients and/or families/carers on the unit who are not directly involved in the incident/outbreak – are kept informed wherever possible of developments. This should be approached with the same balance of openness and sensitivity that is used when communicating with those directly involved in an incident/outbreak, and should consider the confidentiality of patients with the infection/colonisation.

  Communications with this group can take a number of forms:

  - **Verbal/informal**: Staff should be prepared to answer any questions from other patients and/or families/carers. Information should be delivered in an open and sensitive manner.

    If the cause of an infection is not known, or if the member of staff cannot answer a question, they should relay that information to the patient and/or family/carers, with honesty and sensitivity. Advice should then be sought from a senior member of the team, so that the question can, if possible, be answered.

  - **Information letters/briefings**: When there is a large amount of information to be shared, if information needs to be shared with a large number of people or if a highly sensitive piece of information needs disseminated, this is often the most effective method of communication.
Letters or briefings should be straightforward and business-like, but be written in a tone that displays compassion. They should be signed by a named director or senior clinical decision maker, and should include that person’s contact details alongside an invitation for feedback or follow-up questions.

Briefing notes are appropriate for distribution to patients and/or family/carers on the unit to keep them informed of progress with the incident, or new decisions taken by the IMT. They should be handed out promptly by senior staff, and a record should be kept of who has received one. This is particularly important with day patients, to ensure all receive the communication during their visit. A verbal briefing, with an invitation for questions, should be given in conjunction with the written briefings. This interaction should be recorded.

More formal letters are appropriate when highly sensitive information needs shared directly with individual patients and/or families/carers, if a particularly important stage is reached in the progress of an incident, or if the IMT deems it appropriate to communicate in this manner.

If it is decided that a letter should be sent to patients and/or families/carers, it should be signed by a named director or senior clinical decision maker, and should include that person’s contact details alongside an invitation for feedback or follow-up questions.

When it is decided that a letter or briefing should be distributed, the patients and/or families/carers directly involved in the incident should, where possible, be informed in advance.

Staff on the unit should be briefed on its contents ahead of distribution.

Sample information letter: Appendix 2
• **Social media:** In the majority of circumstances, social media is not an appropriate method of sharing information about an HAI, and the risks and benefits should be weighed up very carefully before it is used.

However, in serious or rapidly developing outbreaks or incidents, the use of tools such as Private Facebook Groups can be extremely useful for sharing information and communicating directly with all patients or families/carers.

Ahead of establishing a private group, a number of issues should be considered:

  o **Moderators/feedback:** The service lead, senior clinical decision makers and the corporate communications team should be identified to undertake this task, and the amount of work such a group entails should be clearly explained to, and understood by, all those involved. It is essential that a private group is monitored and that appropriate feedback to comments is provided in good time.

  o **Membership:** Exactly who should be involved in the group should be decided ahead of launch. Criteria for adding new members, and for when users are no longer eligible for membership, should also be agreed. All staff involved in the administration of the group should be made aware of the membership, and of the criteria for choosing them and ending membership.

  o **Rules of conduct:** These should be agreed upon, and communicated with the membership, ahead of launch. All staff involved in the administration of the group should be made aware of the membership,
and of the sanctions available to them in cases when the rules of conduct are breached.

- **Timescale/winding up**: Clear criteria for winding up the group should be agreed ahead of launch, to avoid an unnecessary negative reaction when it is decided to close the group. The temptation to leave the timescale of the group as open-ended, without setting a date for closure, or agreeing criteria for closure, should be avoided if at all possible.

It should be noted that, because of the complexities in setting up and administering a private social media group, this method of communication should only be considered in the most serious circumstances.

- **Staff on the unit**

Staff on the unit are critical to the effective delivery of communications to those most closely affected by an incident or outbreak, and as such this group is represented on all IMTs.

The IMT representative should ensure that all staff on the unit are informed of developments in an incident or outbreak and, where possible, that they are briefed in advance about all communications – including external communications such as press releases.

This will allow them to communicate with patients and/or families/carers from a position of knowledge, will help reassure patients and/or families/carers if that is appropriate, and will help to avoid the growth of rumour or unfounded theories.

It will be important to consider what other staff to involve in helping to answer questions e.g. Infection Control, Estates and Facilities.
• **NHSGGC staff / other cohorts of patients or families within NHSGGC**

The need for regular and appropriate communications with staff across NHSGGC who do not work on the unit, or patients and/or families/carers outwith the affected unit, should be considered by the IMT as part of the overall communications plan.

*(Questions such as those suggested above would aid the decision-making process here)*

If communications are deemed necessary, existing internal channels should be used as methods of sharing developments with staff. For patients and families, update briefings could be appropriate ways of sharing information.
Appendix 1 – Hospital Infection Incident Assessment Tool (HIIAT)

Hospital Infection Incident Assessment (HIIA) Tool (Watt Risk Matrix Replacement)

Objective: To provide all those who manage and need to know about hospital infection incidents with a simple impact assessment tool.

**Step 1 – Assess the impact on: Patients, Services, Public Health and Public Anxiety as Minor, Moderate or Major**

<table>
<thead>
<tr>
<th>Patients</th>
<th>Services</th>
<th>Public Health</th>
<th>Public Anxiety</th>
</tr>
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<tbody>
<tr>
<td>Minor</td>
<td>No, or very short term closure of a clinical area(s) with minor impact on any other service.</td>
<td>No, or minor implications for public health.</td>
<td>No significant increased anxiety or concern anticipated.</td>
</tr>
<tr>
<td>Moderate</td>
<td>Short term closure(s) having moderate impact on some services, e.g. multiple wards closed or ITU closed.</td>
<td>Moderate implications, i.e. there is a moderate risk of only moderate impact infections to other persons.</td>
<td>Increased concern and or anxiety anticipated.</td>
</tr>
<tr>
<td>Major</td>
<td>Significant disruption and impact on services, e.g. hospital closures for any period of time.</td>
<td>Significant implications for public health, i.e. there is a moderate or major risk of major infection to someone else.</td>
<td>Alarm within at least some areas of the community anticipated.</td>
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**Step 2 Calculate the impact:** All Minor = **GREEN**; 3 Minor and 1 Moderate = **GREEN**; No Major and 2-4 Moderate = **AMBER**; Any Major = **RED**;

**Step 3 Take actions are in line with HIIA Tool colour**

<table>
<thead>
<tr>
<th><strong>GREEN</strong></th>
<th><strong>AMBER</strong></th>
<th><strong>RED</strong></th>
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<tbody>
<tr>
<td>Manage within the NHS Board. Log on SHORS if an outbreak. Inform CPHM.</td>
<td>Report to SGHD. Engage with CPHM. Log on SHORS and report to HPS if an outbreak. Ask HPS for support if required**</td>
<td>Report to SGHD. Engage with CPHM. Report HPS** Log on SHORS if an outbreak. Consider issuing press statement (prepare holding statement)***</td>
</tr>
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*Public Anxiety: If a press statement was released today summarising the situation what would be the likely impact on public anxiety.

**Consider others who may be of assistance in managing hospital infection incidents: Food Standards Agency, Scottish Environmental Protection Agency (SEPA), Water Authority, Dental Public Health Consultant, Health and Safety Executive, etc.

***The outbreak status should be confirmed prior to a press statement being issued – this should take no longer than 24 hours. As far as is practicable, patients and relatives should be informed of an incident prior to press statement release. All press statements should be shared with SGHD and Health Protection Scotland.

HPS: October 2011.
Appendix 2 – Example of good practice – NHS Grampian
Infections at Royal Aberdeen Children’s Hospital, May 2021

- In May 2021, a number of infections of unknown origin came to light at the Royal Aberdeen Children’s Hospital.

- Three patients were involved and there had been no deaths.

- There had been some awareness of an issue for a number of weeks, and a follow-up IMT was held on 13th May when things were clearer (though sampling still being done).

- **IMT HIIAT score**: Red. Holding lines prepared.

Communications:

- By Friday 14th they knew they had to say something to staff because of new measures that had been put in place. However, it was decided that staff message should be the same as the holding line, as they were very aware that these things leak.

- The treating clinicians spoke to the families directly affected, while a more general briefing went out to staff about risk control measures that had been put in place, and how they should communicate and explain these to patients/families. For both groups, there was an open offer to ask questions of their clinical team – and, for staff, to speak to their line manager/team leader.

Inquiries:

- The First inquiry came from STV on the evening of 14th May.
• Communications officer had a background phone call with journalist, to explain the situation, and to discuss numbers. How they put it was that, under FOI, numbers are not revealed when less than 5. Reporter understood and was fine with that. Holding line was shared.

• By Friday 21st, there had been no follow up inquiries.

Further statements:

• Proactive lines were released on 17th May and 26th May.

Handling:

• In the first instance, the key priority was to brief staff about what was happening to ease concerns and prevent the spread of rumours.

• All statements were clear about what was known – and what was not known. This, allied to an open and honest conversation with the first journalist to inquire about the story, helped to prevent excessive media speculation.

• Some media were concerned that NHS Grampian were not naming the infection.

• However, because RACH community is relatively small, there was an awareness that a connection could be made between type of infection and individual patients.

• So they stuck to the line – an approach which received unanimous support from the IMT.

• Government was initially informed on the 13th, and lines were shared with them. NHS Grampian then kept in regular contact that first weekend, informing them of actions being taken and of tweaks to lines.
NHS Grampian statements:

**HOLDING LINES – 13th May**

"We have identified a small number of unusual infections in patients treated at RACH. While we investigate the causes of this - and whether or not there is a link to the hospital environment - we are taking a very precautionary approach. This means we are changing some of our processes in theatres and considering the relocation of some procedures. This may lead to a delay for a very small number of patients, for which we apologise. We are communicating directly with both patients and staff about this. RACH continues to admit and treat patients as normal."

**STATEMENT – 17th May**

A very small number of unusual infections have been detected in patients treated at RACH. Due to the small number of patients involved, and the unusual nature of the infections, we cannot confirm any details as to do so would risk patient identification. However, we can say that these infections are not linked to COVID-19 or any of its variants.

An Incident Management Team (IMT) has been set up to consider whether or not there is any environmental link to the infections. While investigations take place, some additional precautions have been put in place in the hospital. These are aimed at minimising risk as much as possible. It must be stressed that, with these measures in place, the risk to patients, their families, and staff is low. The main difference people coming to the hospital will notice is that they will now be asked to use alcohol-based hand rub following handwashing with water and soap.

There will be some minor alterations to the current approach to managing and undertaking theatre lists. Some procedures will be undertaken temporarily in the ARI
theatre suites. Some planned procedures will be postponed, and conversations are being had directly with patients and their families regarding this.

Further environmental samples are being taken as part of the investigation. It can take some weeks for results to be determined following sampling, so it is expected that these, highly precautionary, measures will be in place for some time. We apologise for any delay or inconvenience patients and their families may experience as a result of these temporary measures.

We would stress again that the overall risk from these infections to the general population is low. RACH remains open to treat and admit patients. In the event of an emergency, you should still bring your child to the Emergency Department. Patients and families should attend scheduled appointments unless advised otherwise. Anyone with particular questions about their child’s care should speak directly to their clinical team.

ENDS
STATEMENT – 26th May

Following a meeting of the Incident Management Team, NHS Grampian can confirm no new cases of unusual infections in patients treated at RACH have been identified. The IMT is investigating if there is any link between the existing infections identified and the hospital environment. To date no definitive link has been found.

The very small number of patients involved – and our duty to protect patient confidentiality - means we cannot confirm any further details.

Additional precautionary measures remain in place at RACH while investigations continue. The main difference people coming to the hospital will notice is that they will now be asked to use alcohol-based hand rub following handwashing with water and soap.

There have been minor changes to the current approach to managing theatre lists. Some procedures are being undertaken in the ARI theatre suites. We want to express our gratitude to all the staff who have worked so hard to accommodate these changes, and the families who been affected by the relocation. Where procedures have had to be postponed, we are in direct discussions with the patients and families involved.

As previously confirmed, environmental samples have been taken as part of the investigations. It can take some weeks for results to be determined following sampling, so it is expected that these, highly precautionary, measures will remain in place for some time. Patients, their families, and staff should be reassured that these measures will be lifted as soon as practically possible. We apologise for any delay or inconvenience they may be experiencing.

We would stress again that the overall risk to the general population is low. RACH remains open to treat and admit patients. In the event of an emergency, you should still bring your child to the Emergency Department. Patients and families should attend scheduled appointments unless advised otherwise. Anyone with particular questions about their child’s care should speak directly to their clinical team.

ENDS
Appendix 3: Sample communications

- **Holding media statement:** See Appendix 2

- **Proactive/reactive media release:** See Appendix 2

- **Letter/briefing for patients and/or families/carers:** Ward 6a, Royal Hospital for Children, 29th June 2021

  **Royal Hospital for Children, Ward 6a**
  **Information for Patients, Parents and Carers**

  **29th June 2021**

  Dear Parent/Carer,

  **Work to return patients to Wards 2a and 2b**

  We would like to give you an update on work to return patients to Wards 2a and 2b at the Royal Hospital for Children (RHC).

  This has been an incredibly difficult period for patients, families and staff. We appreciate the challenges that being out of a purpose-built ward have created and we want to reiterate how sorry we are for any distress caused.

  The events of the past few years, and the issues behind them, are still being examined.

  Though the COVID pandemic has impacted on the programme, the upgrade is progressing well, and it is anticipated that the wards will be handed back by the contractor to NHSGGC by September. We will then carry out final checks and
specialist commissioning before patients, staff and services move from the QEUH back into the wards.

When finished the wards will provide the highest-quality environment that is fully suited to the needs of our young patients and their families. They will be formally renamed ‘Schiehallion’, officially bringing back a much-loved name from the former children’s hospital, Yorkhill.

The project has entailed a replacement of the ventilation system costing more than £8 million, with new air-handling units ensuring the facility meets all current ventilation standards.

In addition, a highly specialised unit providing radiation therapy for treating rare cancers is being brought into use. The MIBG therapy was previously only available in England, so this new national service will further transform care for children across Scotland.

We would like to give special thanks for the tremendous efforts of former patients Molly Cuddihy and Sara Millar, whose £250,000 fund-raising campaign enabled the creation of a new, purpose-built chill-out area for children aged 8-12 years, to go alongside spaces for younger children and teenagers.

Throughout its planning and creation, Molly and Sara have played a central role in ensuring we provide a comfortable, relaxing environment for patients. Their input and ideas have been essential, and they all deserve huge credit for the work they have done.

As we prepare to return to Wards 2a and 2b, children and young people have also played an important role in making sure that the offering on TVs and iPads is what they need. Our play team recently surveyed more than 70 young people to gauge their opinion on the service we provide, and the results will help shape our TV and digital service throughout the RHC.

We are constantly reviewing the facilities that will be available in the new wards, and we will continue to engage with patients and families as we strive to provide the very best environment in which to look after our young patients.

We hope you have found this update useful. If you require any further information, or have any questions, please do not hesitate to contact one of us at the email address below.
Yours sincerely,

Margaret McGuire
Nurse Director
NHSGGC
Margaret.Mcguire@ggc.scot.nhs.uk

Jamie Redfern
Director, Women and NHSGGC
Children’s Service
Jamie.Redfern@ggc.scot.nhs.uk

Social media communication:
Haemato-oncology Closed Facebook Group, 26th June 2020

Dear parents and families,

We’re sorry to see unease from families following the BBC Disclosure programme and subsequent discussion. As ever, we are here to listen and will do what we can to answer your concerns. The Chief Nurse will be in the ward again today if any families would like to talk anything over face to face. She is more than happy to have a chat if you would like to.

We are happy to share with you the full statement that we issued to BBC Disclosure. Unfortunately, this wasn’t carried in full, so there is some additional information that wasn’t aired on the programme.

We want to provide support by meeting with any families who have concerns and we will do our best to answer any questions you may have.

Please get in touch if you would like a meeting and we will be happy to arrange this for you. We will make sure that your meeting is with appropriate members of the team to listen and answer your questions.