

THE SCOTTISH HOSPITALS INQUIRY (“The Inquiry”)

CURRIE & BROWN UK LIMITED

CLOSING STATEMENT

HEARING DIET: 20 SEPTEMBER 2021 TO 5 NOVEMBER 2021

INTRODUCTION

1. This Closing Statement is served on behalf of Currie & Brown UK Limited (“**Currie & Brown**”) following the conclusion of the first hearing diet of the Inquiry from 20 September 2021 to 5 November 2021 (“**the Hearing**”), in accordance with paragraph 2 of Direction 4 (issued by Lord Brodie on 4 November 2021).
2. Currie & Brown was deeply moved and humbled by the courage and fortitude shown by all those who gave written and oral evidence throughout the Hearing. It pledges its ongoing commitment to do all that it can to assist and cooperate with the Inquiry in its vital task of understanding what caused the issues covered by the Inquiry’s Terms of Reference at the Queen Elizabeth University Hospital campus in Glasgow (“**the QEUH**”). Currie & Brown extends its sympathies to all the patients and their families who were affected by these issues, and in particular it extends its condolences to those who tragically lost loved ones.
3. This Closing Statement first sets out a short summary of Currie & Brown’s role in the design and construction of the QEUH by way of background and context. The Closing Statement then addresses each of the three questions relating to the QEUH which were posed by Counsel to the Inquiry on page 10 of their Closing Statement dated 3 December 2021 (“**the Glasgow Questions**”) insofar as it can at this early stage of the investigations.

CURRIE & BROWN’S ROLE

4. Currie & Brown is an asset management and construction consultancy with an office in Glasgow, as well as offices throughout the UK and across the globe.

The initial pre-construction phase of the QEUH Project

5. Currie & Brown was engaged by the Greater Glasgow Health Board (“**GGHB**”) in around September 2008 to provide consultancy services for the initial pre-construction phase of the project for the design, engineering, and construction of the QEUH (“**the QEUH Project**”).
6. Currie & Brown discharged its role as consultant during the pre-construction phase of the QEUH Project through a team of sub-consultants which it engaged, as follows:
 - 6.1 Aecom Infrastructure & Environment Ltd (then known as URS Corporation Ltd) (“**Aecom**”), civil and structural engineers;
 - 6.2 Buchan Associates (“**Buchan**”), healthcare planning consultants;
 - 6.3 HLM Architects (later known as HLMAD Limited) (“**HLM**”), architects; and
 - 6.4 TÜV SÜD Limited (formerly known as Wallace Whittle Limited) (“**TÜV**”), building services engineers.
7. Currie & Brown provided technical support to GGHB (through Aecom, Buchan, HLM, and TÜV) in the early phase of the design, and assisted with the preparation of the Employer’s Requirements, up to and including the competitive tender process which commenced in April 2009.
8. After commencement of the tender process, Currie & Brown assisted GGHB in the management of the tender process. It liaised with bidders and dealt with technical queries and clarifications in September to October 2009, and finalised clarifications and technical schedules in November to December 2009.

The post-award design and construction phase of the QEUH Project

9. The outcome of the competitive tender process was that the main contract for the design, engineering, and construction of the QEUH Project was awarded by GGHB to Multiplex Construction Europe Ltd (“**Multiplex**”) on 18 December 2009 in the NEC3 form (“**the Main Contract**”). NEC3 is a standard form of engineering and construction contract.
10. Multiplex carried out the design and engineering of the QEUH Project from December 2009 to January 2011. It commenced construction of the adult hospital and the Royal Hospital for Children on the QEUH campus in January 2011.

11. After the award of the Main Contract to Multiplex, Currie & Brown's role on the QEUH Project changed and became more limited. Currie & Brown was appointed by GGHB after the award of the Main Contract to provide certain services to support GGHB in the latter's role as the named NEC3 Project Manager. Currie & Brown therefore remained 'client-side' throughout the remainder of the QEUH Project, i.e., it was not engaged by Multiplex.
12. Currie & Brown's contractual obligations to GGHB after the award of the Main Contract included the provision of project management support services and the discharge of the CDM Coordinator function (which it did through Aecom). The services Currie & Brown provided included supporting GGHB in its management of the Main Contract; monitoring construction progress and programme reviews; supporting close-out of design decisions by GGHB; attending project management meetings, progress meetings, early warning meetings, and NEC Project Supervisor meetings (which were chaired and minuted by GGHB); and providing commercial management support and ad hoc design reporting.
13. After the award of the Main Contract, Currie & Brown continued to retain Aecom in connection with its discharge of the CDM Coordinator function. However, in accordance with GGHB's instructions, Currie & Brown stood down Buchan, HLM, and TÜV from their anticipated roles as construction stage technical advisors, commensurate with the reduction in Currie & Brown's own role during this phase of the QEUH Project. Instead, Currie & Brown retained Buchan, HLM, and TÜV on a 'call off' basis to provide ad hoc advice as and when required.
14. Prior to the award of the Main Contract, Currie & Brown had submitted a quotation for the role of NEC Project Supervisor on the QEUH Project. This quotation was not accepted, and Currie & Brown was not part of the formal tender process for the role of NEC Project Supervisor. Instead, Capita Property and Infrastructure Ltd (formerly known as Capita Symonds Limited) ("**Capita**") was appointed by GGHB as NEC Project Supervisor.

Completion of the QEUH Project

15. The QEUH was certified as practically completed on 29 January 2015 (save for a schedule of minor outstanding works).
16. The QEUH was opened to patients in April 2015 and was officially opened by Her Majesty the Queen on 3 July 2015.

The Edinburgh Hospital

17. The separate project to design and construct the Royal Hospital for Sick Children and Department of Clinical Neurosciences in Edinburgh (“**the Edinburgh Hospital project**”) was funded by a Non-Profit Distributing (“**NPD**”) model. Sweett UK Limited, an assets management consultancy, was engaged by the principal NPD funder in around 2013 to provide funder advisory services in relation to the Edinburgh Hospital project.
18. The whole Sweett Group of companies (including Sweett UK Limited) was acquired by Currie & Brown in August 2016. Shortly after the acquisition, Sweett Group Limited’s contract with the NPD funder was novated to Currie & Brown.
19. Since the novation, Currie & Brown has continued to provide funder advisory services to the NPD funder. This is a limited role involving periodic operational stage reviews of the project to enable the NPD funder to check that its interests are not at risk. Neither Sweett UK Ltd nor Currie & Brown were directly involved in the design or construction of the Edinburgh Hospital project.
20. Therefore Currie & Brown is participating in this Inquiry only in its capacity as consultant to GGHB on the QEUH Project and this Closing Statement is limited to matters relevant to the QEUH.

Currie & Brown’s role in the Inquiry

21. Currie & Brown successfully applied to the Inquiry for Core Participant status on 9 December 2020 pursuant to Rule 4(1) of the Inquiries (Scotland) Rules 2007 (the “**2007 Rules**”) because it recognised that its role in the QEUH Project meant that: (a) it could provide documents and evidence to assist the Inquiry in its investigations; and (b) it had a significant interest in the Inquiry’s examination of the issues of ventilation, water contamination, and various other matters adversely impacting on patient safety and care which arose in the construction and delivery of the QEUH.
22. Currie & Brown was designated a Core Participant on 5 January 2021. Since then, Currie & Brown has provided substantial amounts of relevant documentation and information concerning the QEUH Project to the Inquiry in accordance with the Inquiry’s Request for Information No. 1 dated 9 February 2021. Representatives of Currie & Brown attended every day of the Hearing on which evidence relating to QEUH was heard.

23. In addition to the assistance it is currently providing to the Inquiry, Currie & Brown also voluntarily gave evidence to the independent review of infection control concerns at the QEUH conducted by Dr Andrew Fraser and Dr Brian Montgomery (“**the Independent Review**”) in early 2020.

THE GLASGOW QUESTIONS

24. The Glasgow Questions posed by Counsel to the Inquiry were as follows:
- 24.1 Question 1: “*Do Core Participants accept that in the above summary, and in what follows, this closing statement accurately sets out the accounts given by witnesses (and if not can they identify where)?*”
- 24.2 Question 2: “*At this stage, are Core Participants able to identify any areas of the narrative provided by the patient and family evidence that is capable of agreement?*”
- 24.3 Question 3: “*On the particular question of infection risk, are Core Participants able to say whether they consider that there is evidence that either establishes or indicates links between infections and the built hospital environment?*”
25. Currie & Brown sets out its response to the Glasgow Questions in turn below.

Question 1: The accuracy of the summary of the witnesses’ accounts

26. Currie & Brown accepts that Part 1 of the Closing Statement of Counsel to the Inquiry (paragraphs 7 to 255) accurately sets out the accounts given by witnesses at the Hearing in relation to their experiences at and perceptions of the QEUH.

Question 2: Are any areas of the witnesses’ evidence capable of agreement?

27. As Counsel to the Inquiry emphasised at paragraph 5 of their Closing Statement, the purpose of the Hearing was to obtain “*evidence of patient and family perceptions*” (emphasis in the original). The scope of the Hearing was limited to paragraph 8 of the Terms of Reference, namely:

“To examine the physical, emotional and other effects of the issues identified on patients and their families (in particular in respect of environmental organisms linked to infections at the QEUH) and to determine whether communication with patients and their families supported and respected their rights to be informed and to participate in respect of matters bearing on treatment.”

28. Currie & Brown accepts the witnesses' accounts of their own experiences and perceptions of the QEUH as told at the Hearing both orally and in writing. Those accounts were, by their nature, personal and subjective; and Currie & Brown did not and would not seek to challenge the witnesses' accounts of their own experiences and perceptions.

Question 3: Is there evidence that establishes or indicates links between infections and the built hospital environment?

29. On the particular question of infection risk, Currie & Brown submits that there is not yet sufficient evidence either to establish or indicate any links between any specific infections, or infections generally, and the built hospital environment at the QEUH.
30. The Inquiry is still at the very early stages of its investigations. Question 3 goes to paragraphs 1 to 7 and 9 to 11 of the Terms of Reference in respect of which no evidence has yet been heard, the scope of the Hearing having been limited to paragraph 8 of the Terms of Reference as set out above.
31. In particular, there is much documentation still to be disclosed to Core Participants, and much witness evidence still to be heard by the Inquiry, concerning, amongst other things, the design, engineering, and construction of the QEUH; the maintenance and upkeep of the QEUH; and the means by which such infections may be contracted. Further, as the Closing Statement of Counsel to the Inquiry acknowledges, expert evidence may be required in respect of some relevant matters.
32. In those circumstances, it would be inappropriate to pre-judge that evidence and premature to speculate about links between infections and the built hospital environment at this early stage of the Inquiry. This is acknowledged at paragraph 191 of the Closing Statement of Counsel to the Inquiry.
33. This submission is consistent with the conclusions drawn by the Independent Review in June 2020, whose authors had the benefit of evidence from many of the same witnesses who gave evidence at the Hearing, in addition to others.
34. It is hoped and anticipated that, in due course, Question 3 will be capable of being answered clearly and unequivocally, but such answer will be on the basis of the documentation and evidence that will be provided to Inquiry in future hearing diets.

35. Currie & Brown stands ready to provide such further assistance as may be required by the Inquiry in its investigations into these issues, and it will provide any further documentation that may be requested and witness evidence as and when directed by the Inquiry to do so.

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