

Scottish Hospitals Inquiry

Closing Statement by National Services Scotland

Hearing Diet: 20 September 2021 to 5 November 2021

1. In this short Closing Statement, NSS will address the points set out in Direction 4 for core participants to include. It will then turn to the questions posed in the Closing Statement by Counsel to the Inquiry.

Direction 4: points for core participants to include in their closing statements

In so far as they differ with Counsel to the Inquiry, what themes they submit have emerged from the evidence which are relevant to the terms of reference of the Inquiry

2. NSS has nothing to add to the themes identified by Counsel to the Inquiry.

Where the timelines proposed by Counsel to the Inquiry are said not to be accurate or to require the addition of further material events which should be included in them

3. Noting that the timelines are based upon the perceptions of the witnesses who gave evidence (rather than complete timelines of events), NSS has nothing to add to them.

In so far as not identified by Counsel to the Inquiry whether there are any concerns or questions which call for answer and which arise from the evidence and how the core participant proposes that they should be investigated in preparation for any further hearing

4. NSS has no major items to add to the concerns and questions identified by Counsel to the Inquiry.

Closing statement by Counsel to the Inquiry: questions

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)? [Glasgow and Edinburgh]

5. NSS accepts that the Closing Statement by Counsel to the Inquiry accurately sets out the accounts given by witnesses. It respectfully agrees with the observation at para. 2 of the Closing Statement: “Without exception, every witness who gave evidence spoke with conspicuous grace and courage.”

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? [Glasgow and Edinburgh]

6. The narrative is of patient and family perceptions, and NSS did not generally have a patient-facing role. That limits the extent to which NSS is in a position to identify matters capable of agreement. However, if other core participants propose potential areas of agreement, then NSS will be happy to consider them.

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? [Glasgow]

7. NSS does consider that there is evidence pointing towards there being links between some infections and the built hospital environment.
8. Although not intended to be exhaustive, particular reference is made to the following documents prepared by NSS which may have a bearing upon this subject. Except where otherwise indicated, these have already been submitted to the Inquiry:
 - a. Antimicrobial Resistance and Healthcare Associated Infection Service Scotland (“ARHAI”) Narrative v1.0¹ at paras. 33-36, noting that 56 incidents or outbreaks with a possible environmental link have been identified for the period 2015-2019. A further three such incidents or outbreaks have been identified for the end of 2019, and a further 10 for 2020.
 - b. More detailed narratives on particular incidents and outbreaks². Further narratives in the same format are being prepared in relation to two incidents in March 2018 and December 2018, as well as for the incidents at the end of 2019 and in 2020.
 - c. Two reports on ARHAI’s review of the paediatric haemato-oncology data from Wards 2A/B in QEUH and RHC in 2018³. These reports were prepared following infection outbreaks and identified widespread water contamination. The review is thought to be the “review carried out by Health Protection Scotland” referred to at para. 246 of the Closing Statement by Counsel to the Inquiry.
 - d. A 2019 review of infection outbreaks in the paediatric haemato-oncology population⁴ [also referred to at para. 61 of Document 3246 (the ARHAI Narrative v1.0)]. This review found higher rates of positive blood samples than would be expected. It is thought to be the “review by Health Protection Scotland” referred to at 23 November 2019 in the timeline on page 115 of the Closing Statement by Counsel to the Inquiry.
9. In closing, NSS reiterates its commitment to supporting the work of the Inquiry in any way that it can.

17 December 2021

¹ NSS Submission 3.1 in response to Request for Information 1, 10/02/21, Document Number 2 (filename ‘ARHAI Narrative V1.0’)

² NSS Submission 4.1_4.3 (ARHAI Submission) in response to Request for Information 1, 10/02/21, Document Numbers 1 to 16

³ NSS Submission 4.4 in response to Request for Information 1, 10/02/21, Document Numbers 4 and 5 (filenames ‘677 QEUH_RHC 2018 May Initial Report’ and ‘678 QEUH_RHC 2018 Dec Water Contamination Summary of Incident and Findings’)

⁴ NSS Submission 4.4 in response to Request for Information 1, 10/02/21, Document Number 6 (filename ‘679b Review of NHSG&C paediatric haemato-oncology data final draft v1.4’)