Scottish Hospitals Inquiry
Witness Statement of
Julie Critchley

Professional Background and Current Role

1. I am Julie Critchley DPodM, BSc, MBA. I currently hold the post of Director at NHS Scotland Assure ("NHS S Assure") at National Services Scotland ("NSS"). I have held the post since September 2021.

2. My background in the NHS is clinical rather than technical. I joined the NHS in England as an Allied Health Professional, Podiatrist, in 1992. I then had several clinical roles before becoming a clinical manager. I then progressed to management of community services, before moving into a mental health trust, being responsible for community services and mental health services. My roles included being a Director of Operations, a Transformation Director, and an Integration Director.

3. I have worked predominantly on large-scale integration agendas across mental health, physical health and social care, with a focus on change management and the equalisation of service delivery. My roles have involved identifying how to bring services up to an appropriate level of delivery for patients and discerning how that is delivered in challenging circumstances. Prior to joining NSS, I held the position of Head of Due Diligence and Clinical Disaggregation for the NHS improvement facilitated mandated transfer of Pennine Acute Trust into the Salford Royal Foundation Trust and the Manchester Foundation Trust. That was a transaction of approx. £600 million with 10,000 staff.

4. As Director of NHS S Assure, I am a member of the Executive Management Team NSS, inputting into strategic discussions and operational delivery across NSS. I have the lead for the healthcare-built environment in NHS Scotland. I am also responsible for the strategic direction and operational delivery of the Directorate, NHS S Assure. The directorate is one of a number within NSS and

comprises approximately 300 staff. The directorate is divided into a number of elements: Property and Capital Planning, Sustainability, Facilities Management Services ("FM Services"), Research and Engineering, Assure Programme Team, Antimicrobial Resistance and Healthcare Associated Infection Scotland ("ARHAI") and Fleet.

Formation of NHS S Assure

5. NHS S Assure is a new directorate of NSS created in June 2021, incorporating two formerly standalone aspects of NSS, Health Facilities Scotland ("HFS") and Antimicrobial Resistance and Healthcare Associated Infection Scotland ("ARHAI"). HFS was a directorate within NSS which historically covered property, capital planning, facilities, research, and engineering. NHS S Assure has continued to provide to the Health Boards everything that was historically provided by HFS and ARHAI, but now has additional services to offer to the Health Boards. Both now sit within the framework of NHS S Assure, which was co-designed with users and delivers a co-ordinated approach to the improvement of risk management in new build and refurbishment projects across NHS Scotland. The service underpins a transformation in the approach to minimising risk in NHS Scotland's healthcare-built environments, protecting patients from the risk of infection and supporting better outcomes for patients in Scotland. This multidisciplinary approach allows NHS S Assure to consider all aspects of risk within the healthcare-built environment that impact on patient experience and outcomes. It was this innovative approach that attracted me to the post and led me to apply to be Director of NHS S Assure.

6. The Scottish Government ("SG") proposed in 2019 setting up a Centre of Excellence for reducing risk in the healthcare-built environment, in response to infection control concerns in two new builds, The Royal Hospital for Children and Young People and Department of Clinical Neurosciences ("RHCYP/DCN") and The Queen Elizabeth University Hospital ("QUEH"). At that time, it was decided that a division of HFS and ARHAI, given their expertise in healthcare builds and infection prevention and control, would remain within NSS to

contribute to the proposed Centre of Excellence (now NHS S Assure), giving a holistic view to the risks inherent in healthcare builds.

7. NSS received a commission from SG in 2019 to support the creation of Quality in the Healthcare-Built Environment. NHS S Assure was developed from this aspiration. The aim of NHS S Assure was to provide assurance to SG that current new builds and major refurbishment projects were being delivered in line with extant NHS Scotland guidance, and were fit for purpose and free from avoidable risk of harm, such as healthcare associated infections, burns, electrocution, ligature injury and medical gas intoxication.

8. The SG aim for NHS S Assure was: *"To ensure patient safety we will create a* ***new national body*** *to strengthen infection prevention and control, including in the built environment. The body will have* ***oversight for the design, construction and maintenance of major infrastructure developments*** *within the NHS and also play a crucial policy and guidance role regarding incidents and outbreaks across health and social care."* (**A32341688 – Target Operating Model document for the Centre of Excellence – Bundle 9, Page 6**). Hospital builds are complex, once in a lifetime events for most Health Boards. The people who sit on the Health Boards or the capital and estates teams may not ever have experienced that type of a build. It was considered useful to have a central resource to support that process and mitigate risk and ensure compliance.

9. On 27 May 2021, a "DL" letter from the Director of Health Finance and Governance, within SG, was sent to the NHS Health Board Chief Executives, Directors of Finance, Nursing Directors and Directors of Estates and Facilities (**A43494369 – Letter dated 27 May 2021 from Richard McCallum, Director of Health Finance and Governance to NHS Board Chief Executives and others – Bundle 9, Page 70**). The purpose of the letter was to inform Health Boards of the development of NHS S Assure and its role.

10. An Interim Review Service was established within NSS and operated until NHS S Assure became operational in June 2021. The DL letter let the Health Boards know that NHS S Assure would be going live from June 2021. It also confirmed that NHS S Assure would comprise of a number of functions that would help ensure reduced risk in the healthcare-built environment. The letter explained that NHS S Assure would be accountable to SG and be hosted by NSS. It further explained that it had been co-designed with Health Boards and other stakeholders. The programme board for the delivery of this new service consisted of a large number of stakeholders, including Health Boards and SG, who are listed in the Target Operating Model ("TOM") (**A32341688 – Target Operating Model document for the Centre of Excellence – Bundle 9, Page 4).** The NHS S Assure role would encompass the lifecycle of a build from Initial Agreement ("IA") to final decommissioning of a building, when it would no longer be viable for service delivery.

11. NHS S Assure no longer officially uses the term 'HFS'. However, some of its services keep that as a sub-heading, in order to allow Health Boards to recognise historic service delivery and to incorporate into new terminology of NHS S Assure. Our branding will be recognised in its totality over time, however, for a period, NHS S Assure will also continue to use the names HFS and ARHAI in conjunction with NHS S Assure.

NHS S Assure Staffing and Structure

12. There are approximately 300 staff within NHS S Assure. They work within a number of specialised areas, made up of, but not limited to, highly skilled and experienced engineers, nurses, architects, healthcare scientists, facilities management professionals and capital planners. There are approximately 60 clinically qualified staff, comprising healthcare scientists, nurse consultants and infection prevention and control ("IPC") nurses. There are also approximately 115 technical experts such as engineers, property capital planners, architects and sustainability specialists. NHS S Assure also employs 120 staff working within hard facilities management (capital infrastructure) and soft facilities

management (laundry, cleaning, catering etc) and approximately 25 staff who are involved in areas such as decontamination, the mammography fleet and oxygen services. NHS S Assure supports the planning of Health Board decontamination services and commissions the national home oxygen service for patients. Its medical physics service supports the Scottish Breast Screening Programme with safety advice and NHS S Assure is also leading on the ‘Once for Scotland’ programme for the continued delivery of these services.

13. To assist in understanding the structure of NHS S Assure I have provided the Inquiry with an organisational chart **(A44601504 – NHS Scotland Assure Directorate Org Chart V3 Pack number 3 – Bundle 13, Vol. 3, Page 705)**. This Chart can be used to understand the structure within NHS S Assure. As stated, NHS S Assure is broken down into a number of departments, Property and Capital Planning, Sustainability, FM Services, Research and Engineering, Assure Programme Team, ARHAI. Each of the areas of delivery have a management structure, the senior members of whom form the Directorate Management Team.

Workforce Development

14. NHS S Assure has a diverse workforce in the healthcare-built environment, with many experts in their fields. In partnership with NHS Education for Scotland (“NES”), it provides opportunities for staff to develop their interdisciplinary awareness and knowledge. This supports an integrated workforce, with the knowledge and skills needed to reduce risk and improve safety and quality in the healthcare-built environment.

15. Access to other professions, for example lawyers and procurement professionals, is available through NSS, as it has both the Central Legal Office for NHS Scotland and NHS Scotland Procurement directorates.

Guidance

16. NHS S Assure produces guidance, policies and helps support intelligence and research. It also produces guidance in the form of Scottish Healthcare Technical Memoranda (“SHTM”) and manuals to support operational delivery across a wide range of areas, including Infection Prevention Control, Engineering, FM Services and Property and Capital Planning. There is a rolling programme for updating guidance and NHS S Assure is currently consolidating and reviewing the production of all guidance it has produced. NHS S Assure is also currently exploring options of working with the devolved nations around healthcare-built guidance.

17. All divisions of NHS S Assure produce, review and amend guidance and policies in the way that HFS did previously. By way of example, NHS S Assure ARHAI produces the National Infection Prevention Control Manual (“NIPCM”) that Health Boards adhere to when reporting infection outbreaks, and FM Services produces the NHS cleaning manual which is used by Health and Social Care providers.

    Within NHS S Assure we have a remit to develop and update policies and guidance to ensure best practice is reflected in them. NHS S Assure is currently working collaboratively with the other devolved nations around updating guidance.

NHS S Assure Detailed Structure - Property and Capital Planning

18. The NHS S Assure Property Capital Planning division provides expert services covering the full range of property and capital planning activity. For capital build projects it provides a range of construction and professional services frameworks, an advisory service, a design assessment service called the NHS Scotland Design Assessment Process (“NDAP”) and an equipping service.

19. The Digital Estate and Asset Management team assists Health Boards to understand the condition of their existing estate. It provides a range of systems and processes, advice and guidance and national estate survey programmes.

20. It also provides a response service to significant building failure events such as Reinforced Autoclaved Aerated Concrete ("RAAC"), where NHS S Assure commissioned a national survey of all healthcare buildings in NHS Scotland's acute estate, to determine if RAAC was present and if any urgent remedial action was required.

21. NHS S Assure supports Health Boards with operational Public Private Partnership ("PPP") and Non-Profit Distribution ("NPD") Health Care Buildings and Hub contracts. This service improves quality, reduces risk, encourages shared learning and provides a consistent best practice approach to property and capital planning.

22. As stated above, NHS S Assure includes design assessment, which falls under NDAP. The NDAP process is managed by the Property and Capital Planning team within NHS S Assure. The NDAP process is mandated and has been an integral part of the SCIM since the Chief Executive Letter ("CEL") issued in July 2010 (**A34253738 – CEL 27 2010 – Letter from the Deputy Director of the Capital Planning and Asset Management Division to Chief Executives dated 20 July 2010, 'Provision of Single Room Accommodation and Bed Spacing' – Bundle 4, Page 144**). The role of NHS S Assure is to provide support to Health Boards. Health Boards work with a private Principal Supply Chain Partner ("PSCP"), who may be appointed through the Frameworks 3 procurement process. The PSCP will be the Health Boards' primary construction partner, usually from Outline Business Case ("OBC") onwards. The PSCP will often subcontract in a design team to work with them as part of the contract, as they may not have those skills inhouse. NHS S Assure will complete a number of workshops with the Health Board and the PSCP and give feedback to the Health Board on the proposed designs. This approach is mandated for Health Boards.

23. Healthcare built design and construction must do what it can to ensure that the environment provides a positive experience for patients. At the same time,

NHS Scotland also must ensure that it is compliant with the current guidelines. When Health Boards are developing plans at OBC and Full Business Case ("FBC"), all Health Boards and their programme delivery PSCP will take into account the patient journey and experience as they travel through the building to receive treatment. As stated, the Health Board and PSCP and NHS S Assure will have a number of workshops where they will work through those processes. All partners will consider areas such as "Is there enough light coming in?", "Do we have enough access to open space?" and "What type of energy consumption will be required". These issues will normally be picked up at IA which is the first stage of a business case development PSCP and OBC stages when NDAP and Key Stage Assurance Review ("KSAR") assessment will take place.
The KSAR process will be described in detail later in this statement. These stages allow time to work through the clinical strategic model of care that has been developed by the clinicians within the Health Board when it comes to considering issues surrounding sustainability.

24. Also included in Property and Capital planning is the Architecture and Design team and the National Climate Change and Sustainability Team.

Sustainability

25. A new department within Property and Capital Planning is the National Climate Change and Sustainability Team. This is an entirely new team that has been recruited over the last twelve months, with funding from SG, to allow NHS S Assure to support Health Boards with climate change and the actions that are required to deliver the NHS Scotland Climate Emergency and Sustainability Strategy 2022-2026, and to become net zero organisations by 2040.

26. I have been asked by the Inquiry if there is a conflict between (a) NHS S Assure's remit to reduce the risk to patients and promote safety in health builds; and (b) sustainability. Sustainability obviously impacts on the design process and the type of environment that NHS Scotland would want for

patients. As part of the NDAP the design phase of a build will take into account sustainability and energy requirements, as well as access to the outside environment and daylight. Sustainability and Capital Planning do have synergies; therefore the Sustainability Team require strong links to the team responsible for NDAP and are situated in the same division of Property and Capital Planning.

Facilities Management Services ("FM Services")

27. FM Services incorporates a number of different types of facilities services (both hard and soft). Within FM Services it is the medical physics department that supports the national mammography provision. NHS S Assure holds the mammography fleet, and the medical physics staff within mammography services validate and maintain the mobile breast screening units to ensure they are fit for purpose. NHS S Assure also has responsibility for the NHS Scotland fleet of 12 mobile mammography vans. It has recently taken over the maintenance and contracts for fleet vehicles.

28. NHS S Assure is responsible for commissioning and maintaining home oxygen services to patients at home, this service having become particularly important during COVID, when demand for home oxygen increased.

29. NHS S Assure also supports NHS Scotland's several decontamination units across the country, which are used for the cleaning of surgical instruments, making sure that they are compliant with legislation and able to deliver timely, fit for purpose, services to the whole of NHS Scotland. NHS S Assure has a number of decontamination authorising engineers who support that process.

30. FM Services maintains NHS S Assure's own estate and maintains and manages the leasing of NSS occupied estate. Some of the buildings we use are shared with other Health Boards. By way of example, Scottish National Blood Transfusion Service ("SNBTS") within NSS has some occupancy in NHS Grampian estate, and NSS occupies a leased building in Gyle Square in

Edinburgh. NHS S Assure also provides soft facilities management services, such as catering, portering and domestic services, both to NSS directly and to other Health Boards.

31. NSS's Internal Sustainability Team sits within FM Services and is responsible for delivery against the Climate Change and sustainability targets set by NHS Scotland.

32. NHS S Assure has significant "business as usual" work that it continues to undertake for Health Boards around a new building provision, after handover. Part of its role involves linking in with the Health Board's own Facilities Management Team. NHS S Assure also supports catering, domestic cleaning, cleaning schedule standards and waste management.

Research & Engineering

33. NHS S Assure has a Research and Engineering department, with a programme of work with a research partner, Edinburgh Napier University, which is used to facilitate research into topics that are relevant to the healthcare-built environment. Sometimes NHS S Assure may be approached by a university who will invite it to partner and support it through its research. NHS S Assure will sponsor, via Edinburgh Napier University, funding opportunities if the applicants to the fund are researching key risk areas within a healthcare build, including water, ventilation, drainage, electrical distribution, fire and medical gases or any other aspect that would affect the healthcare-built environment. NHS S Assure will support that research with funding and be able to use any available expertise at Edinburgh Napier University. NHS S Assure has a number of healthcare scientists who undertake literature reviews to support its research and guidance programme of work, leading to publication of research articles in the relevant journals, such as the Health Environments Research & Design Journal ("HERD").

34. The guidance and advice that NHS S Assure produces helps ensure that patients, their carer's and those delivering healthcare are in an environment which is safe, effective and person centred. Research plays a pivotal part in supporting this.

    It ensures that guidance and advice are based on best practice and best evidence. NHS S Assure supports Health Boards to identify, monitor and manage their healthcare environmental risks. Its data and intelligence collection, through national and international research, supports NHS Scotland's informed decision making and risk management.

35. NHS S Assure has an Engineering division which undertakes KSARs. KSARs were developed to allow Health Boards to monitor compliance with guidance; to support Health Boards to demonstrate assurance at key stages within the full lifecycle of an acute build, from procurement through to construction, building operations, maintenance and decommissioning, providing assurance to Health Boards and the SG through collaborative working between construction professionals and clinicians, to share findings relating to the building and any learnings across the systems with key stakeholders and to provide self-assurance tools for use at regional/local levels. KSARS are now embedded in NHS S Assure service delivery at key stages of a build cycle.

36. NHS S Assure has a programme of learning network events with presentation sessions that it utilises for education and learning opportunities for all Health Boards. The people involved in that network will present in an online learning event to an audience from the Health Boards on topics such as:

    - Workforce (March 2022)
    - Assurance Service: Initial Agreement Lessons Learned and Outline Business Case Look Ahead (What I wish I'd known - lessons learned from KSAR Initial Agreement projects) (July 2022)
    - IPC Network Workshop Event: Project Stage by Stage Overview (Sept 2022)

- Assurance Service: OBC Lessons Learned and FBC Look Ahead (Oct 2022)
- Research Service: An introduction to research within NHS S Assure: opportunities, networks and ways to break down barriers (Oct 2022, March 2023)
- The NHS S Assure Key Stage Assurance Review from the Health Board's Perspective (April 2023)
- The NHS Scotland Design Assessment Process (NDAP) - Lessons learned through a decade of use

37. NHS S Assure runs sessions across a number of topics relevant to the healthcare-built environment. It aims to be responsive to Health Board requests, so the formation of the learning network sessions are dependent on Health Boards' requirements at a particular moment in time.

38. NHS S Assure provides proactive and reactive engineering services, to assist Health Boards and their build partners or PSCPs to gain assurance that their engineering services are safe for patients and staff. The goal is to support Health Boards to reduce risks in the healthcare-built environment. The work is underpinned by industry-leading guidance, robust processes, and procedures. I believe that prior to 2021, that HFS had two engineers. NHS S Assure now employs sixteen engineers and is continuing to recruit more to fulfil the requirements of our SG agreed work plans.

39. NHS S Assure has a number of principal engineers and senior engineers within its engineering department. They are subject matter experts for the whole of NHS Scotland. It has been quite difficult to fill those posts because NHS S Assure requires individuals who have specific expert skill levels and have experience in the healthcare-built sector. NHS S Assure has dedicated and skilled staff, but it has taken two years to recruit into those posts and NHS S Assure does still have some posts vacant. It has been difficult to compete with the private sector on salary and other remuneration.

40. The demographic of the staff is mature, due to the need to have the experience required to fulfil their subject matter expertise.

41. NHS S Assure is currently working with NES and Health Boards to produce a workforce and education plan to mitigate the succession issue for all organisations.

Assure Programme Team

42. NHS S Assure has a programme lead and team for response, performance and communications. This team looks at how NHS S Assure supports its other functions in discharging its duties. This service provides a project management function which supports subject matter experts, such as engineers or architects in, for example, the KSAR programme plans. The programme managers organise liaison and exchange of information with the Health Boards throughout a KSAR or NDAP process. That support has allowed our subject matter experts to be able to concentrate on performing their specific professional competencies, acting for example as a surveyor, consultant nurse or engineer.

ARHAI Scotland (“ARHAI”)

43. The integration of ARHAI into NHS S Assure was instrumental in the NHS Scotland Assure service aim in the TOM, which is to underpin a transformation in the approach to minimising risk in our healthcare buildings and environments, protecting patients from the risk of infection and supporting better outcomes for patients in Scotland. NHS S Assure would not be able to provide a comprehensive, holistic approach to risk in the healthcare-built environment without the skills of ARHAI Scotland colleagues. Within that service is a Service Manager, and a Lead Nurse Consultant, who provides expert intelligence, support, advice, evidence-based guidance, clinical assurance and clinical leadership to local and national government, health and care professionals, the public and other national bodies. As the national organisation responsible for IPC and Anti-Microbial Resistance (“AMR”),

ARHAI liaises with other parts of the UK and international counterparts in the delivery and development of national priority programmes.

44. The fact that ARHAI now sits within NHS S Assure is an enormous advantage for the Health Boards in terms of advocating the clinical delivery requirements of the healthcare-built environment to all parties involved. The input of clinicians very early in the build process can ensure that the organisational clinical strategy marries with the environmental aspirations and has the potential to reduce costly and time-consuming rectification at a later date.

45. NHS S Assure has a number of different professions represented within ARHAI. Such professions include Microbiologists, Nurse Consultants and Healthcare Scientists, who support literature reviews and review guidance around ongoing issues identified by the Health Boards, such as COVID. For example, ARHAI was instrumental in producing data around infection rates, both in hospital and community settings, throughout the COVID pandemic. It is still producing and disseminating COVID information on a weekly basis.

46. ARHAI also helps support Health Boards when they have an infection outbreak, in compliance with the national Healthcare Infection Incident Assessment Tool ("HIIAT") incident and outbreak reporting criteria in the NIPCM. Following an outbreak, a Health Board will submit an Outbreak Reporting Tool ("ORT") form to ARHAI. The ORT completed by the Health Board will triage the severity of the outbreak and what actions need to be taken next. ARHAI Scotland will allocate a clinical nurse to liaise with the Health Board and, if necessary, be part of the action process with the Health Board. The Health Board will pull together a short life working group that will progress the necessary actions required to mitigate the risks identified. ARHAI works with the Health Board's own IPC nurses and doctors to categorise the outbreak as per the NIPCM guidance. As part of that process, NHS S Assure may undertake epidemiological studies and check whether or not the DNA sequencing is the same as a previous outbreak, which may help identify a source. ARHAI will also consider whether it is the same organisms that have

contributed to more than one infection. It will also support the Health Board in considering how the outbreak might have occurred and where it may have originated, including the possibility that the environment has contributed to the infection risk.

47. Staff within ARHAI support the Health Board until there is a resolution of the issue. Sometimes that process might also involve NHS S Assure engineers. An example of this crossover would be when there is an IPC incident following a pipe bursting and affecting a patient area. Engineers would consider what would be the best replacement for the water pipes, to ensure compliance with current guidance, and ARHAI clinicians would advise on the IPC impact. This example shows why it is beneficial for NHS S Assure to be able to make a multidisciplinary response to incidents. Another example of skills crossover is the KSAR process. That process looks at engineering as well as IPC issues. It looks at clinical as well as functional issues.

The ties between Property Capital Planning, Engineering and ARHAI during the planning phases of a development are beneficial from the clinical perspective as they link the environment with clinical service delivery.

48. This multidisciplinary approach allows NHS S Assure to consider all aspects of risk within the built environment and relate that back to patient experience and outcomes. NHS S Assure would not be able to provide a comprehensive holistic approach to risk in the healthcare-built environment without the skills brought to the fore by ARHAI colleagues.

Stakeholder Groups and NHS Assure

49. Stakeholder groups are referred to in ‘The National Strategic Facilities Group” (“NSFG”) (**A43407353 – RSFG information paper March 23 – Bundle 13, Vol. 3, Page 718**). There are two governance groups that sit above the NSFG. Firstly, the Chief Executives Group, which comprises the Chief Executives of all the Health Boards and, secondly, the National Infrastructure Board (“NIB”).

The NIB is a Scottish Government Board that has remit around the healthcare-built environment. It comprises very senior leaders from SG and the Health Boards. NHS S Assure can report any issues that it has, either to the Chief Executives Group or to NIB. I also sit on the NIB.

50. NHS S Assure holds a weekly informal meeting with the SG around national infrastructure. This meeting is used to discuss current issues and share best practice. For example, this year the Health Boards have been asked to look at a whole system plan for capital investment and service delivery rather than just an internal capital plan for each Health Board.

51. The terms of reference for the NSFG can be seen in this document (**A44601013 – NSFG-2023-01-04 National Strategic Facilities Group TOR Pack number 7 – Bundle 13, Vol. 3, Page 724**). NSFG is a key collaborative NHS Scotland stakeholder group providing support, professional advice and leadership to NHS Boards and SGHD on issues concerning estates, facilities and capital planning. I chair this Group, whose aim is to develop a modern NHS estate and a set of health care facilities and services of the highest quality for both patients and staff.

52. The NSFG oversees a number of sub-groups made up of subject matter experts from the Health Boards. These subgroups are usually chaired by either a Director of Estates or a Director of Infrastructure from one of the Health Boards. Their task is to understand, document and mitigate the risks and issues that are predominant in the healthcare-built environment within NHS Scotland. The sub-groups are as follows:

   a. **NHSS Environmental Sustainability Group ("NESG")** – This group is responsible for Waste Management, Energy, Environmental Management, and Sustainable Transport.
   b. **Scottish Engineering Technology Advisory Group ("SETAG")** – This group is responsible for National Water systems, the Statutory Compliance Audit and Risk Tool and National Electrical Systems. It also

has an oversight role towards the National Medical Gas Advisory Group and the National Heating and Ventilation Advisory Group.

c. **Scottish Facilities Management Advisory Group ("SFMAG")** – This group is responsible for overseeing the following groups:- Domestic Services Expert Group, Catering Services Expert Group, Security / Portering Expert Group, Linen Services Expert Group, Transport / Travel Planning Services Group and Reusable Medical Devices Decontamination Operational Group.

d. **Scottish Property Advisory Group ("SPAG")** – This group is responsible for overseeing the following boards and groups;- Asset Management and Capital Planning Programme Board, Estates and Asset Management Group User Group ("EAMG"), Capital Planning System ("CPS") User Group, Frameworks Scotland Programme Board, PSCP Steering Group, Digital Estate Group, Property Transactions Group, Fire Safety Advisory Group, PPP Practitioners Group and NHS Scotland National Primary Care Premises Group.

53. These groups support some of the national templates that all Health Boards must fill in, such as the National Sustainability Assessment Tool return. All Boards are required to submit this return, which details their progress against sustainability targets. Health Boards are then assessed nationally by NHS S Assure's National Climate Change and Sustainability Team and the achieved level is reported back to the Health Boards for publication. The subgroups are national operational groups that produce actions and monitor programmes of work, such as the decontamination programme progress. The subgroups can share learning, for example taking good practices from within one of the Health Boards and implementing said practice in other Health Boards. The groups also identify the high-level risks that NHS Scotland may have within a specific technical area.

54. Each of the subgroups has a membership from within the NHS Scotland Health Boards. This membership has broadly superseded the need for regional work.

Group members from Health Boards take information and best practice back to their own organisations for action. If necessary, subgroups may produce action plans and monitor them.

55. This governance structure can be utilised by the Health Boards to collaboratively raise risks to both Scottish Government and within their own governance frameworks, including escalation to Board Chief Executives.

    As NSFG becomes a more risk-based meeting this will support the collective escalation of risks and issues.

56. By jointly assessing the risks within subgroups' technical areas, each of the subgroups has identified and brought to the NSFG their two highest risks. NSFG has now tasked subgroups to hold their own risk workshops for reporting in January 2024. This collaborative approach to risk will enable the facilitation of a NHS Scotland-wide solution and reduce the duplication of effort in the Health Boards to solve what may be a collective issue.

Relationship between NHS S Assure and the Scottish Government Health Directorate ("SGHD")

57. NHS S Assure is accountable to SG through NSS for supporting the Health Boards to provide assurance that their healthcare-built environments are fit for purpose, cost-effective and capable of delivering sustainable services over the long term. The Directorate of Health Finance and Chief Nursing Officer Directorate are NHS S Assure sponsors. NHS S Assure is involved in formal governance meetings with SG relating to healthcare-built environments and ARHAI. As Director of NHS S Assure, I have a seat on the NIB. NHS S Assure also has a seat on the SCIG, as discussed above. NHS S Assure meet SG informally on a weekly basis, to talk about any pressing issues that may be ongoing. There is a very good relationship between members of the SG and NHS S Assure and open communication channels. SG understands that NHS

S Assure is evolving and that its current TOM may be reviewed in the future. That would be the same with every new type of delivery mechanism.

58. NHS S Assure is collaborating with the SG's sustainability team. NHS S Assure and SG are looking at joint work plans so that we do not duplicate pieces of sustainability work. We are also looking at delivering against agreed workplans delegated from the National NHS Sustainability Board.
59. NHS S Assure worked extremely closely with the SG around the Elective National Treatment Centres, which provide extra capacity for planned inpatient care, day case treatment and diagnostic services.
60. NHS S Assure has good formal and informal mechanisms surrounding communication with the Scottish Government. NHS S Assure issues reports to the Health Boards at points in the programme life cycle of a build which also can be tabled at the National Infrastructure Board and SCIG.

The relationship between NHS S Assure and Scottish Capital Investment Group ("SCIG")

61. NHS S Assure sits alongside the SCIG. At stages during the KSAR and NDAP journey such as IA, OBC and FBC, a Health Board is required to submit a report to SCIG. On receipt of the report, SCIG will consider it and decide whether that project is approved to move on to the next stage. That is not a guarantee of funding. An OBC or a FBC that goes through SCIG may be turned down if certain aspects need to be considered further. It may be that, following a KSAR or NDAP, NHS S Assure has given the project an 'unsupported status', as defined later on in this statement, with an action plan. SCIG may wish to see that action plan completed before it agrees to the project moving to the next stage, dependent on the KSAR being undertaken.

Health Protection Scotland ("HPS") and NHS S Assure

62. ARHAI used to be part of HPS when HPS was a directorate in its own right within NSS. HPS became part of Public Health Scotland ("PHS") on its inception. PHS itself arose from a reorganisation of public health in Scotland,

outlined in the 2015 Review of Public Health, which was further developed in the 2016 Health and Social Care Delivery Plan. PHS came into existence on 7 December 2019 under the Public Health Scotland Order 2019.
PHS functions as Scotland's leading national agency for improving and protecting the health and well-being of all of Scotland's people.

63. It was felt by NSS and SG that, because ARHAI provides support around IPC issues that affect the healthcare-built environment, it would sit better within NHS S Assure rather than within PHS, and so it remained in NSS (and then within NHS S Assure). NHS S Assure also felt that a clinical aspect to the healthcare-built environment was needed. NHS S Assure could have gone down the route that built environment would have been assessed on an entirely technical basis, but it was felt that it was important to include IPC as well and this was confirmed in the TOM. Involving IPC gives a more holistic and rounded view when NHS S Assure is looking at a new build environment.

64. ARHAI continues to sit within NSS and is an integral part of the assurance process for the built environment, and HPS has transferred to PHS. There are obviously still very close links between ARHAI Scotland and the rest of PHS. However, it is integral to the assurance processes for the healthcare built environment that ARHAI sits within NSS and NHS S Assure. NHS S Assure would not be able to fulfil its aims to reduce the risk in healthcare buildings and environments and protect patients from the risk of infection if ARHAI was not an integral part of NHS S Assure.

65. PHS is not wholly involved in healthcare. It is responsible for promoting health and wellbeing, improving health and extending life expectancy. Whereas NHS S Assure looks predominantly at the healthcare-built environment and any inherent IPC risks. PHS still maintains links with ARHAI, but PHS does not input into healthcare-built environment work.

Scottish Futures Trust (“SFT”) and NHS S Assure

66. NHS S Assure does not have a relationship with the SFT with regard to ongoing acute builds funded by the Capital Allocation from SG. My understanding is that the RHCYP/DCN was a NPD plan build, which is a type of PPP build. As such, SFT was involved with that project. I have no knowledge of the level of relationship between HFS and SFT prior to my appointment in September 2021.

67. SFT does currently support the Scotland-wide hub Programme, which is based on a partnership between the public and private sectors to deliver new community facilities e.g., Health Centres.

68. NHS S Assure does have a working relationship with SFT through its Property Capital Planning, PPP specialist support team. If a build is not funded through SG capital allocation, then the NHS S Assure PPP team will support Health Boards in managing the contracts for PPP buildings. This will include end of contract negotiations and the options available to Health Boards at the end of a contract.

69. SFT also sits on SCIG with NHS S Assure. NHS S Assure is the professional construction or property representative on SCIG. As such, it shares data with SFT from NHS S Assure’s Property and Capital Planning team around the PPP buildings that they have been involved with. I would say that NHS S Assure has a mutual stakeholder relationship with SFT.

Issues of Responsibility / Regulation

70. NHS S Assure is not a regulator. Health Improvement Scotland is the regulator for NHS Scotland. NHS S Assure exists as a mechanism to support Health Boards to provide the best healthcare-built environment.

    NHS S Assure endeavours to ensure the built environment process is right and that Health Boards understand their role and responsibilities in the healthcare-built environment. I have given a number of learning network presentations to Health Board members on the roles and responsibility of the Health Boards

and the process that we will go through together around a new project. They have welcomed the clarity and collaborative approach NHS S Assure advocate throughout the process.

71. One of the first things that I did after appointment was run a number of learning network sessions with the Executives and the Non-Executives from NHS Scotland Health Boards. These sessions were well attended. I utilised the opportunity to inform the senior leaders about the role of NHS S Assure. The Health Boards required clarification on where the responsibility lay for any risks identified during the build process. It was explained that NHS S Assure is not there to take on responsibility for a new build and the Health Board's responsibilities remained the same as before the inception of NHS S Assure. Whether a Health Board was embarking on a new build or a significant refurbishment programme, the risks and responsibility would always lie with the Health Board.

72. At every stage, the Health Board has responsibility for the risks identified. NHS S Assure is often asked to sit within the governance structure for projects, but only in an advisory capacity.

73. Ultimately, it is the Health Boards' responsibility to identify risks, mitigate, manage and report on the risks with their PSCP. NHS S Assure's role is to work with the Health Boards, and through them their PSCP, so that they can fully understand their roles and responsibilities in any healthcare build.

74. As expected with a new service incorporating existing provision, NHS S Assure governance has been reviewed. Some reorganisation was required when HFS was integrated into NHS S Assure, including reporting of some functions within the framework that were previously in place. NHS S Assure now has a Senior Management meeting (Directorate Management Team DMT), where I and my direct reports will monitor performance, the strategic and operational aims of NHS S Assure and produce business plans for NHS S Assure's current and future strategic direction. In addition, there is now an Assure Management

Group ("AMG") which consists of Heads of Service who manage service delivery and can escalate as necessary into the DMT.

75. Both internally and externally a risk-based approach has been adopted to identify issues in the healthcare-built environment on a "once for NHS Scotland" basis. NHS S Assure has led on this process for the Health Boards and produced a governance framework surrounding that. This consists of the NSFG, which I chair. This group has a membership from the Health Boards in NHS Scotland, including non-territorial Health Boards and Scottish Government. Underneath this national group there are a number of subgroups which are chaired by Health Board members and have representation from all of the Health Boards as discussed above.

76. The first risk-based workshop involving all the Health Boards was held in 2023. Concurrent collaborative identification of a number of key risks that affect all Health Boards led to them being collated into a risk log. The workshop was utilised to discuss common problems and issues that all the Health Boards have faced in five areas. Those areas are facilities management, property capital planning, engineering, environment, and other areas. A risk-based approach was utilised and the subgroups were tasked with identifying their risks for escalation to NSFG in January 2024. These identified issues and risks will be mitigated, monitored, and discussed with SG, to highlight and inform SG of the key issues pertinent to the Health Boards. This is turn may inform policy decisions and capital expenditure from SG.

Role of NHS Assure in large scale health build projects

77. I meet regularly with Health Boards, both formally and informally. It is important to me that I develop relationships with Health Boards, so that when they are considering a new build or significant refurbishment, they know they can contact me, or one of my subject matter experts, to have that all-important initial discussion. I also encourage Health Boards to engage clinicians early in the process, to understand the function of the healthcare-built environment and its links into the Health Board's clinical strategy. A Health Board that engages

early with its clinical staff, and seeks their input, ensures that build aspirations link with clinical strategy and optimal utilisation of the environment.

78. For example, my senior team was recently invited to a Health Board to talk with the Executives from the Health Board about the process for a new build, should it get the capital funding for one. NHS S Assure took them through what would be expected from them and the touch points that they would need to have with us during a new build programme. It was beneficial for them to learn what our role is and how NHS S Assure would be there to support them through the required programme of work.

79. NHS S Assure has the formal NDAP and KSAR processes, but NHS S Assure also supports Health Boards with some of their procurement processes or equipping processes. NHS S Assure may be involved in procurement through Frameworks Scotland 3.

80. Framework Scotland 3 is a procurement programme which reflects a strategic and collaborative partnering approach to the procurement, development, design and construction of publicly funded construction and maintenance works, complimenting other procurement initiatives for the delivery of health, social care and other facilities in Scotland.

    This national Framework is an agreement with five PSCPs and one reserve PSCP selected via a public procurement tender process and is in place until 2025. An NHS health or social care customer may select a PSCP for a project they wish to undertake without having to go through a full procurement themselves.

81. Where procurement is through Frameworks Scotland 3, the build process would follow the project procurement journey and KSAR process interface diagram (**A43406829 – Project Procurement Journey and KSAR Process Interface Diagram – Bundle 9, Page 90**) known as the "tube map" process, around the NDAP and KSAR processes, and then NHS Scotland Assure's

equipping team would assist the Health Boards with equipping the build. NHS S Assure would support the Health Board around procurement for the fixtures and fittings required to deliver healthcare in a newly built environment. The equipping team would support standardisation of rooms and what equipment would be needed. Repeatable rooms, standardised room configuration and standard designs that will meet requirements of the function of that space, are being used to reduce design costs, embed quality and benefit patient care. Standardisation is one of the areas NHS S Assure has engaged in from a research perspective and has developed repeatable rooms for use, linking in with national and international research.

NHS Scotland Design Assessment Process, Key Stage Assurance Review (“KSAR”) and NDAP

82. NHS S Assure operates to support Health Boards in an advisory, assurance and compliance capacity, and will work with them throughout the KSAR approval of reports and action plans. At the end of each KSAR, the KSAR team draft an independent assurance report to be shared with the Health Board. The Health Board then reviews the draft report and feedback to NHS Assure and, if needed, produces an action plan to address any findings.
83. The context of involvement of NHS S Assure in any new build is defined in the “tube map” (**A43406829 – Project Procurement Journey and KSAR Process Interface Diagram – Bundle 9, Page 90**), which shows how and what areas of NHS S Assure are involved in the healthcare-built environment form IA onwards.

84. Any new healthcare-built project is discussed initially and goes through strategic assessment, in order to be presented by the Health Board to NIB and SCIG, for agreement and capital funding. The project is then presented as an IA by the Health Board and undergoes a KSAR. At this stage it would also undergo a NDAP. The results of both KSAR and NDAP are reported through SCIG.

85. A further KSAR and NDAP are undertaken at the OBC stage, which are developed with the Health Board. Both processes aim to identify risk and allow the Health Board to produce an action plan for those risks. This is done through a series of subject defined workshops, to allow the Health Board to understand its obligations and the regulations and legislation they would be subject to. It also gives them an understanding of the format of the evidence that it must provide to satisfy the asks within the KSAR workbooks.

86. NHS S Assure engages with the Health Board in understanding the compliance needed and the risks it may face throughout the process. It is the responsibility of the Health Board to produce, monitor and complete the tasks within the concurrent action plan, to reduce the identified risks and / or issues documented as they go through the workbook process defined below.

87. The Health Boards' assurance process, which involves use of KSAR, NDAP and other mechanisms, is a major part of the service that NHS S Assure provides. In particular, the KSAR process further augments the support that has always been available to Health Boards from the former HFS service, which now forms part of NHS S Assure.

88. The assurance arm of NHS S Assure incorporates all of the skills within Engineering and Assurance, as well as input from Property and Capital Planning ("PCP"), FM Services and ARHAI, as required. Everybody within Engineering and Assurance services is involved in the KSAR process. At the start of a programme of healthcare-built environment work for a Health Board a team will be pulled together by NHS S Assure, consisting of Engineering and ARHAI workforce plus FM Services and PCP staff, if required. This Assurance team function will be mobilised for each build project NHS S Assure is involved in and may differ in makeup depending on the requirements of the project and the stage of the build programme when NHS S Assure becomes involved.

NDAP process

89. The NDAP process has been an integral part of the SCIM since a CEL issued in July 2010 (**A34253738 – CEL 27 2010 – Letter from the Deputy Director of the Capital Planning and Asset Management Division to Chief Executives dated 20 July 2010, 'Provision of Single Room Accommodation and Bed Spacing' – Bundle 4, Page 144**). NDAP applies only to projects that are to be considered by Scottish Government via SCIG, although it is recommended in guidance for all new build projects. It is intended, and expected, that Health Boards will develop design standards and utilise the assessment methodologies described on all development projects through their PSCP. Early and regular dialogue between the Health Board PSCP and NHS S Assure at key project decision points ensures that aim is achieved within an appropriate programme for each project.

90. NDAP was introduced in 2010 as a means of helping Boards describe a clear path between the business objectives for a project and the necessary clinical qualities of the building development. Project design statements (called SCIM Design Statements) are developed by Health Boards pre formal IA and incorporated into the project's governance. The NDAP process then provides assistance in checking the project is on target to meet these objectives and national standards for healthcare design and sustainability, so providing comfort to decision-makers at key points about specific design standards.

91. The NDAP is carried out by the Health Board and reviewed by the PCP Team within NHS S Assure. It is an intrinsic part of the programme of a new build or refurbishment. NHS S Assure has instigated a review of the current NDAP process for capital projects in Scotland to ensure it remains relevant. The review is being undertaken to determine whether any changes or improvements can be made. The review is being led by NHS S Assure's PCP team. There has been a working / steering group established to take this work forward.

92. The design quality and service outcomes are considered and incorporated into the collaborative NHS S Assure NDAP workshop process with Health Boards.

This is the point at which clinicians should be engaged around service provision into the new design and questions answered, such as - how are clinical services to be delivered and what type of patients will be treated in that environment. All of those considerations have an impact on the design process and have been part of the SCIM since 2010. Not every new build may have used the NDAP process prior to 2010. However, it is now mandated for all investments requiring SG approval through SCIG, as part of the healthcare build process, from 2010 onwards. Subject to the transitional provisions that meant there was no NDAP in the case of RYCHP/DCN.

93. Generally, the NDAP process finishes at the FBC stage. The KSAR process continues beyond that. Beyond the FBC stage there should be no changes to the design because it should be “locked in”. That said, NHS S Assure does understand that sometimes clinical guidance might change around patient treatment, and the environment in which they require to be treated. In those circumstances the PCP specialists involved in the NDAP process might provide additional support through into the KSAR process.

KSAR process

94. The NHS S Assure service outcomes are there to support NHS Scotland and the Health Boards. In particular they exist to :-

    a. Support Health Boards to increase patient safety and public confidence
    b. Support Health Boards to reduce costs associated with incidents and retrofits
    c. Reduce avoidable delays in build timescales
    d. Increase assurance around management of risks within the healthcare-built environment
    e. Develop a common language across the Built Environment Professionals, ARHAI and Clinicians

95. KSARs cover the following installations as they relate to the healthcare-built environment, with infection prevention and control as a consideration for each:

    a. Water and drainage
    b. Ventilation
    c. Electrical
    d. Medical Gases
    e. Fire

96. However, if any further issues are raised by either the PSCP or the Health Board with the KSAR team, that the team considers need to be reviewed, then it will fully incorporate those issues into the reporting process. The scope of the NHS S Assure service and KSARs will be reviewed and refined in line with lessons learned from completed KSARs.

97. NHS S Assure is looking at refining all of its processes, to make sure that the most relevant, skilled, qualified people respond to any requests by Health Boards. During NDAP or KSAR the Health Board will have a NHS S Assure nominated lead on that project to whom it can direct any queries. Holistic access to NHS S Assure will be provided via their KSAR Lead. The support required from NHS S Assure will flex with the stage of the programme and the type of KSAR being undertaken.

98. NHS S Assure does not only provide assurance in relation to engineering. It provides multidisciplinary input from a number of professions. In fact, the KSAR Lead does not need to come from Engineering, albeit NHS S Assure would always have a lead engineer on a project in which the KSAR process was in use. NHS S Assure has a number of different professionals who are involved and aligned to the KSAR process.

    Some of the healthcare-built environment projects may take many years to move from initial assessment to construction and, as such, will require a varied skill mix to ensure the build is compliant against extant standards. NHS S

Assure endeavours to ensure that there is consistency of members, leads and ARHAI clinical input on the process of a build throughout its stages.

99. Regular liaison also takes place between the NHS S Assure Head of Engineering and the SCIG. NHS S Assure also prepares a regular monthly progress report for the SG that includes details of KSAR progress in individual projects.

100. The KSAR workbooks, depending on the stage of the build, detail the areas that the Health Board and their PSCP will need to present evidence against. The workbooks provide guidance on the structure of the KSAR and the areas to be addressed by the project team from the Health Board. There is a workbook for each stage in the building lifecycle, for example FBC KSAR workbooks and Construction KSAR workbooks. The workbooks include question sets for each of the project areas, with a specific set included for infection prevention and control. The question sets are designed to be indicative of the information required which may have several sources rather than prescriptive of a single source of information.

101. In some instances, a KSAR workbook submission will produce an information download of several thousand documents from a Health Board, to demonstrate compliance. Good document governance and nomenclature by the Health Board of all those documents supports the progress through the KSAR process, as it allows the KSAR reviewers to locate the evidence quickly. The allocated KSAR team will work with the Health Board and PSCP through the technical aspects of the information accrued, to discern if the information provided will give assurance.

Quite often the Senior Responsible or Reporting Officer (“SRO”) for a Health Board may not have a technical background and will welcome the collaborative and iterative approach to the review of information and subsequent formation of action plans. The Health Board SRO and I, at the senior level, will support the process.

102. NHS S Assure sets up a number of short life working groups or project groups with Health Boards and PSCPs during the KSAR process, around subject areas such as water, ventilation etc. NHS S Assure will gather information through the KSAR workbooks and review the KSAR document submission to identify gaps in documentation or information submitted, prior to working with the Health Board on any outstanding assurance requirements, such as electrical certification. If the NHS S Assure KSAR team is not assured by the evidence submitted, they may request further clarification. NHS S Assure will contact the Health Board immediately to progress clarification.

103. As this is a new process, and because healthcare-built environment projects can take many years from IA to opening, NHS S Assure has not yet conducted a KSAR process from IA right through to Handover on a single build. What NHS S Assure is seeing now within NHS Scotland is a number of Health Boards coming into this process at the point of the construction KSAR.

104. From ‘lessons learned’, NHS S Assure knows the best approach in future KSAR processes would be that the Health Board should have a very clear action plan before it is able to move on to the next stage KSAR. If there are a large number of actions within the previous KSAR action plan that have not been completed or mitigated before moving onto the next stage, it will impact on NHS S Assures’ ability to progress with assurance.

105. NHS S Assure has received positive feedback from the Health Boards saying that the contemporaneous KSAR action plan production has been a worthwhile process. It is an iterative way for both the Health Boards and NHS S Assure to monitor progress against risks that have been identified at each stage of the build process.

106. NHS S Assure along with Health Boards are developing joint ‘lessons learned’, what worked well, what NHS S Assure and Health Boards and their PSCPs could do better and what would NHS S Assure want the process and outputs to

look like in the future. This approach of identifying areas for improvement or areas of non-compliance throughout the healthcare-built process, rather than letting such issues accumulate to the end of the process, and cause additional time and funding constraints, has been welcomed by all parties. This process was not in place before NHS S Assure was set up.

Streamlining Interaction with Health Boards

107. I have been considering and reviewing the governance that NHS S Assure has around projects and the requests that come into NHS S Assure since taking over the role as Director. Historically, Health Boards might contact engineering, ARHAI and PCP at the same time with the same query. Therefore, the same ‘request for support’ might be made to three different NHS S Assure departments, causing them each to be looking into the same matter. It was recognised that NHS S Assure needed to provide a centralised point so that it could bring together the relevant people to respond appropriately to the request. A commissioning process is currently being trialled where NHS S Assure formally and centrally records all Health Board requests, which will be reviewed internally by NHS S Assure to identify the correct mix of skills to respond. This process has streamlined the approach to interaction with the Health Boards.

108. As asked about by the Inquiry, NHS S Assure’s formal involvement in any large-scale build such as the RHCYP/DCN project would echo the tube map process explained in the previous paragraphs. NHS S Assure will be involved with an NDAP and KSAR at IA. NHS S Assure will examine the plans as they are submitted through SCIG at that stage. NHS S Assure will then be involved at the OBC and FBC stages where an NDAP and KSAR would be required. This will allow examination of the evidence and documentation submitted by the Health Board and their PSCP, the potential gaps in that documentation and risks that may have been present from that point will then be clarified. NHS S Assure will follow the tube map process and undertake KSARs at strategic moments during the build, each of these interventions will be an opportunity to examine documentation submitted around compliance with current guidance,

identify and mitigate risk with the Health Board and their PSCP. Both KSAR and NDAP will be assessed in conjunction with the Health Board to identify areas of risk and to develop an action plan to mitigate those risks. I believe both NDAP and KSAR will potentially identify risk through these governance processes and will allow the Health Board to produce an action plan that would highlight and allow mitigation of that risk prior to the building opening.

109. From my own point of view, although NHS S Assure employees frequently refer to the tube map which sets out the project procurement journey, this tube map does not illustrate all of the contact that NHS S Assure has with the Health Boards and PSCPs. The KSAR lead meets very regularly with the Health Board through technical workshops and meetings during governance of the programme of work. The timeframes for this can differ but can be a weekly meeting. Health Boards are kept informed of the status of the KSAR via regular reports and ongoing discussions with Health Board Project Leads. Should any matters require further escalation there is a process for this. I set that out below. NHS S Assure works very closely with Health Boards, so that they become aware of any emerging issues timeously.

110. NHS S Assure has a very clear governance process surrounding NDAP and KSARs, but, additionally, it also advocates a more informal type of process, where open dialogue with Health Boards is encouraged. The National Treatment Centres that opened in Fife and Highland in March and April 2023 are good examples of joint working. Those builds were nearing commissioning when the KSAR process was implemented, so NHS S Assure and the Health Board completed only commissioning and the handover KSARs processes. The NHS S Assure allocated team met with technical leads weekly, and I personally was meeting every week with the SRO and Estates Director around progress against the build schedule and any outstanding issues that would need to be completed prior to opening.

111. The Health Boards involved with NHS S Assure to date have been incredibly open about how they feel about the support that NHS S Assure has given

them. This model of working has been successful and feedback from the Health Boards is overwhelmingly positive. If something is discovered during the KSAR process, then NHS S Assure look to resolve it immediately with the Health Board and PSCP.

KSAR Supported or Unsupported and Derogations

112. When NHS S Assure reviews a KSAR with a Health Board, it reviews all the information that has been submitted against the KSAR workbooks. This information is used to assess whether the healthcare-built environment meets all of the current guidance and minimises any potential risks identified. There can be thousands of pages of documents submitted for each KSAR stage in a significant build. The KSAR process itself is a significant undertaking not replicated elsewhere in the devolved nations.

113. NHS S Assure may inform a Health Board that following the KSAR process NHS S Assure is issuing an 'unsupported status', meaning that the KSAR has identified areas of non-compliance or risk in the built environment. The Health Board will at the same time as completing the KSAR workbook produce an action plan that has a number of key elements in it in response to any issues identified during the KSAR process. To get to 'supported status' the Health Board may need to demonstrate progress against these actions, and NHS S Assure and the Health Board would meet on a weekly basis to discuss the action plan and progress towards completion.

114. The joint sign off of the KSAR relates to the production of NHS S Assure's KSAR report, which is checked for factual accuracy by the SRO and Health Board. The subsequent or parallel production of an action plan to mitigate the issues identified will then allow progression towards a supported status.

115. The issuing of Directorate Letter DL (2023) 03 (**A43494372 – Letter dated 6 February 2023 from Alan Morrison, Deputy Director of Health Infrastructure, Investment and PPE to NHS Board Chief Executives and**

others – Bundle 9, Page 75) has set the conditions for Commissioning, Completion and Handover KSARs of healthcare builds. If the KSAR does not receive a 'supported status' from NHS S Assure, then the building will not open to patients or the public.

116. When supported status, as per DL 2023 03, has been achieved for the Commissioning and Handover KSARs, and the responsible Health Board is content for the building to open, the SRO sends a copy of the report to the Chair of SCIG for information.

117. The KSAR and NDAP process assists the Health Board to understand where they may need to implement derogations. The Health Board would then understand how the programme of derogation impacts on the built risks to patients and the building environment and how they should then report them through their own internal governance. NHS S Assure has the tools, in the NDAP and KSAR, to be able to identify any potential areas that may cause issues and support the Health Board to produce action plans to mitigate those areas.

118. Sometimes there is a very valid reason for a derogation within a build project. Generally, I would describe a derogation in the sense of construction/operational estates as something that does not meet the requirements or recommendations outlined. Where such a derogation is identified, NHS S Assure seeks assurance that the Health Board has assessed safety and risk considerations to ensure there is no detrimental impact on any of these factors. An example would be where a Health Board is refurbishing an existing building to change its clinical function, where the Health Board cannot comply with some of the more modern requirements, due to the age and construction of the building. Where the Health Board has done as much as it can to mitigate that non-compliance, it has no choice but to derogate.

119. Importantly, all derogations made during the different stages of builds remain the responsibility of the Health Board, although NSS S Assure will advise the

Health Board if the healthcare build is non-compliant with current guidance. NHS S Assure will still log the derogation, even if the Health Board understands the risk and has a valid reason for the derogation.

120. On a previous NSS project, a derogation was applied to SHTM 06-01 Part A 2015 (**A33662490 – 490 SHTM 06-01 Part A v1 Jul 2015 – Bundle 13, Vol. 3, Page 728**), with respect to electrical resilience. Paragraph 3.5 of the above noted document (**Bundle 13, Vol. 3, Page 751**) requires large healthcare premises to be provided with a dual primary electrical supply both rated at 100% of supply demand. A derogation was applied as the existing facility did not have such a configuration in place, so the provision of dual primary supplies was not possible (due to restriction from the electricity supply company). In that case, mitigations were applied by the Health Board, in the form of standby generators, to ensure that continuity of clinical services could be maintained should a power outage occur.

121. Currently, Health Boards use their own forms or develop their own processes around derogations, as there is no standard derogations template/form within current Scottish Guidance. NHS S Assure requires Health Boards to be able to demonstrate their derogation process, including how derogations are identified/recorded, how safety/risk has been assessed, and, where mitigations are recorded, how they have been reviewed/approved. Assurance is also sought by NHS S Assure from Health Boards that appropriately competent people have been involved in the process, including engagement with subject matter experts, and also IPC, to ensure clinical impacts have been considered.

Resolution practices and escalation

122. NHS S Assure has no enforcement or inspection powers. If there is a disagreement between a Health Board and NHS S Assure's KSAR or NDAP outcomes, then there is a process for escalation. If, for example, the Health Board disagreed with a NHS S Assure 'unsupported status' for a KSAR, it would be referred to the NHS S Assure KSAR team in the first instance. Further

escalation would then go to our Head Engineer, who would enter dialogue with his counterpart in the Health Board, and then on to the NHS S Assure Assistant Director, Engineering and Assurance, to discuss with the Director of Estates or the SRO. It would then come to me, as Director of NHS S Assure. I would then have a 'round table' discussion with the SRO and the Health Board Director of Estates. If needed, it could then be escalated up to the Health Board and Chief Executives. Ultimately, if no agreement were forthcoming, formal escalation to SG would result. However, to date this escalation route has not been needed and any contentious issues have been dealt with informally though the governance framework in place for the build.

Reflections on future development of NHS S Assure

123. I was asked by the inquiry as Director of NHS S Assure what the vision and purpose for this entity are. I aim to build on good practice to date and have developed the NHS S Assure strategy 2023-2026 **(A44601382– NSFG-2023-02-03 NHS Scotland Assure strategy pack number 5 – Bundle 13, Vol. 3, Page 932)** which details the NHS S Assure vision and purpose –

    a. **Our Vision – The Future we will create -** to be the recognised technical and clinical leaders in the Healthcare environment for NHS Scotland",

    b. **Our Purpose – how we will shape the future –** to provide expertise and evidence based advice that contributes to reducing risk, delivering a sustainable healthcare service, and improving the healthcare experience for Scotland.

124. NHS S Assure recognises that NHS Scotland is moving into a challenging fiscal environment, so the NHS estate is likely to move away from wholly new healthcare builds, towards more refurbishments and existing backlog maintenance of existing healthcare buildings. NHS S Assure now needs to

consider the current NHS Scotland estate and its impact on sustainability, net zero attainment and suitability for service delivery. The inclusion of an ambition to move to net zero may necessitate review of some of the NHS S Assure's existing guidance and policies. It may be that NHS S Assure will have to revisit some of its guidance and policies in response to NHS Scotland's climate and sustainability challenges.

125. NHS S Assure will work collaboratively with Health Boards and SG to continue to deliver and develop a fit for purpose estate, to serve the needs of the population of Scotland. This will concentrate on the current estate its refurbishment in the short and medium term.

126. NHS S Assure, SG and Health Boards now have governance systems and processes in place, as set out in this statement, that significantly mitigate health care build risks. In relation to RHCYP/DCN, I consider it would be likely that such significant issues as did emerge could be identified through the governance processes that NHS S Assure and Health Boards now have in place. The additional governance that NHS Scotland has in place around the healthcare-built environment, with its purpose of preventing harm to patients, now far exceeds that in any of the other devolved nations. NHS S Assure in collaboration with SG and the Health Boards are improving the outcomes for patients by reducing risk in the healthcare-built environment.

127. As Director of NHS S Assure, I want to ensure that the healthcare-built environment is the best that it can be for both patients and staff. We need to collectively understand what buildings are in use from a clinical perspective and ensure that NHS Scotland delivers the right environment for every type of treatment. I also want to ensure that the environment delivers the safest experience possible for staff and patients.

128. Patients need to get care in the right place, at the right time, in the right way. NHS S Assure's role and purpose is integrating all the services in its remit into a cohesive model to support the delivery of excellence in the healthcare-built

environment in Scotland. I feel that the staff of NHS S Assure, and I have the skills necessary to transform the healthcare-built environment and governance. I am not an engineer, nor a technical person. I am a clinician by background and have worked within the NHS for over 30 years. I have experience of understanding the whole picture of both transformative care and service delivery and am of the view that NHS S Assure does and will continue to make a real difference to the built environment in NHS Scotland.

Declaration

129. I believe that the facts stated in this witness statement are true. I understand that this statement may form part of the evidence before the Inquiry and be published on the Inquiry's website.