Scottish Hospitals Inquiry

Opening Note by Counsel to the Inquiry prior to the Glasgow 4, Part 3 Hearing: 16 September to 10 October 2025

Introduction

1. This opening note is prepared to assist the Chair and CPs prepare for the Glasgow 4 Part 3 hearing that will run from 16 September to 10 October 2025. Final closing statements will be produced after the end of this hearing and the timetable for their production and the final oral hearing of the Inquiry are set out in Direction 12.

2. As explained in Direction 10, the primary purpose of the Glasgow 4, Part 3 hearing will be to hear the evidence of the remaining witnesses necessary to conclude the Inquiry in respect of the QEUH/RHC. The names of the remaining witnesses proposed to be called in oral evidence or who have provided written statements are set out in an Appendix to this note.

Principal issues to be addressed in this hearing

3. These can be broadly grouped into eight headings

    a. The procurement, design and construction of the hospital.

    b. The role of the Scottish Government in the procurement, design and construction of the hospital.

    c. The emergence of issues about the building, the IPC team and infections after opening in 2015, 2016 and 2017

    d. The response to the water incident and subsequent concerns about the building, infections and IPC team in 2018 and 2019.

    e. Whistleblowing.

    f. The management of risk within NHS GGC and in particular use of the corporate risk register.

g. The role of the Scottish Government and the Oversight Board in taking actions to remedy defects and the extent to which they have been adequate and effective.

h. The extent to which lessons have been learned from the experience from 2015 to 2020 of the processes and practices of reporting healthcare associated infections within QEUH.

<u>The procurement, design and construction of the hospital (TORs 1,2,3A,3B,3C,3E,5,6,10)</u>

4. Most of the evidence around this topic was heard in Glasgow 4, Part 1 or is contained in PPP 15. However, in order to fully understand the governance of procurement, design and construction we will hear witnesses who were involved at the time in the following issues:

a. The extent to which the Employer's Requirements accurately reflected the outcomes that were intended for the new SGH; including how NHS GGC articulated its ventilation specification.

b. Decisions made about the ventilation system that were recorded in the M&E clarification log.

c. The decision to dispense with the services of any technical consultants early in 2010 and how it was intended to secure assurance that NHS GGC would obtain what it wanted through the design review process.

d. The contents of the Full Business Case and the absence of references to the standing down of the technical consultants and the non-compliance of the proposed building with SHTM 03-01 (2009) Draft.

e. The extent to which the Design Review Process in 2010 to 2013 was capable of identifying features of the ventilation system that were not compliant with the Employer's Requirements or SHTMs.

f. The decision to add an Adult BMT Ward to the project and how Ward 4B came to have the ventilation system it did, including whether, as at July

2013, it would have been possible to meet all the recommendations in SHTM 03-01 for a neutropenic ward such as Ward 4B for BMT patients or indeed Ward 4C for all other haematology patients.

g. What was done to ensure that at handover the ventilation and water systems of the hospital were capable of the function or purpose for which they were intended and conformed to relevant statutory regulation and other applicable recommendations, guidance, and good practice.

h. What (to the extent not already covered in PPPs 11, 12 and 14 and in evidence from Part 2 witnesses) precisely was provided at handover in each of wards 2A, 2B, 4B, 4C, general wards and PICU, and what is now in place.

5. It should be noted that Ms Devine, Prof Williams, Ms Rankin and Ms Joannidis have provided additional evidence about the role of IPC in the new SGH project in their 'Consequential Witness' statements for Glasgow 4, Part 2.

<u>The role of the Scottish Government in the procurement, design and construction of the hospital (TORs 2,5)</u>

6. The role of the Capital Investment Group and the limits to its ability to scrutinise new projects on criteria removed from capital investment decisions has been considered in the context of the Edinburgh Hospitals in Chapter 10 of the Interim Report.

7. The measures put in place in the new SGH project to provide external scrutiny/support or advice on governance and procurement questions to NHS GGC and its project team included the involvement of Mr Baxter (for SG), Mr Winter (as a non-executive Board Member) and Mr Stewart (of Partnerships UK advising NHS GGC). Their role and the extent to which they were effective will be considered.

<u>The emergence of issues about the building and infections after opening in 2015, 2016 and 2017 (TOR 1,3D,4,7,8,9)</u>

8. Most of the evidence around this topic was heard in Glasgow 3, but there are a

number of senior NHS GGC board members and managers now available who can assist with additional evidence about the nature of the response to these issues, particularly to the growing understanding of deficient features in the water and ventilation systems.

9. Consideration of these issues will require consideration of internal and external communication by NHS GGC and the willingness of the board as a whole and its senior staff to hear concerns about risks to patient safety said to arise from the water and ventilation systems of the QEUH/RHC.

10. Consideration of these issues will require consideration of the steps taken or not taken in 2015 to (a) seek the assistance of NSS and SG in respect of emerging issues with ventilation in Wards 2A and 4B and (b) to investigate why those issues with ventilation systems came about.

11. The Inquiry Team has now assembled a more complete set of minutes for AICC and BICC and an Inventory of those minutes has been produced[1].

12. Following evidence in the Glasgow 4, Part 1 hearing the Inquiry Team considered that there would be value in understanding the relevance of the water testing carried out by H&V in December 2014 and January 2015[2] and a report was instructed from Mr Andrew Poplett[3]. Mr Poplett will give evidence in this hearing.

<u>The response to the water incident and subsequent concerns about the building and infections in 2018 and 2019 (TOR 1,3D,4,7,8,9)</u>

13. Most of the evidence around this topic was heard in Glasgow 3, but there are a number of senior NHS GGC board members and managers now available who can assist with additional evidence about the nature of the response to water incident and subsequent concerns about the building, infections, culture within the IPC team and communication with patients and families.

[1] Bundle 42, Volume 6, Document 1, Page 4
[2] Bundle 53, Document 5, Page 62
[3] Bundle 53, Document 3, Page 14

Whistleblowing (TORs 3D and 4)

14. The scope of term of reference 4 extends from the events discussed above to the NHS GGC response to whistleblowing. The Inquiry heard a considerable amount of evidence about this topic in Glasgow 2 and 3 and additional evidence will be sought from Ms Grant, Professor Brown and Professor Gardner. The issue will require the exploration of internal communication within NHS GGC and the willingness of the Board and management to listen and learn, and whether NHS GGC encourages disclosure of evidence of wrongdoing or failures in performance or inadequacies of systems by consideration of its reviews of its whistleblowing systems and policies and the response to the recent HIS NHS Greater Glasgow and Clyde Emergency Department Review[4].

15. The Inquiry has obtained a report from Sir Robert Francis to assist the Chair in understanding the conclusions of other public inquiries and investigations into 'Whistleblowing' within the NHS[5]. The report is to be viewed as a source of information to enable the Chair to reach his own conclusions on questions of fact and inferences that might be drawn from any such finding. Sir Robert was asked three questions:

    a. What principles should be followed by an NHS Board or Trust that wishes to create an effective system in which such concerns can be raised?

    b. How can an external observer or investigator tell if an NHS Board or Trust has a problem within its organisation related to the encouragement of reporting by staff of patient safety concerns?

    c. From all of the work undertaken by you, what are the most effective changes that can be made by a NHS Board or Trust to create an effective system in which such concerns can be raised?

16. It is not intended that Sir Robert be called to give oral evidence, but his report has been made subject to a Direction 5 process, and he will respond to the

[4] Bundle 51, Document 7, Page 904
[5] Bundle 51, Document 1, Page 3

questions raised by CPs that do not ask him to reach conclusions as to matters of fact[6].

The role of the Scottish Government, NSS and the Oversight Board in taking actions to remedy defects and the extent to which they have been adequate and effective (TORs 4,7,9,11)

17. The decision to escalate NHS GGC to Stage 4 of the NHS Scotland support and intervention framework will be considered along with the question of whether the powers given to Scottish Ministers to intervene under Part IV of the National Health Service (Scotland) Act 1978 when they consider that a health board is in default in terms of section 77 were sufficiently flexible to deal with the situation that arose in the QUEH.

18. There has already been evidence about the role of NSS in the response to the Ward 4B Ventilation Issues from 2015 and subsequent engagement from 2018. Accordingly this topic looks at the escalation of NHS GGC to Stage 4 on 22 November 2019, the later de-escalation back to Stage 2 on 13 June 2022, the work of the Advice and Assurance Group (AARG) and whether the introduction of NHS Assure and Key Stage Assurance Reviews (KSARs) would ensure that a future large hospital could not be built with ventilation systems that do not comply with Scottish Government guidance.

Whether lessons have been learned from the experience of the processes and practices of reporting healthcare associated infections within QEUH (TOR 9)

19. In the Glasgow 3 hearing evidence was heard about potential HAIs at the QEUH as recently as 2024 and witnesses had the opportunity to explain actions taken at the time or since. It is not intended to consider further evidence of such HAIs, but to focus on whether the issues raised about HAI reporting in the CNR Overview Report[7], Oversight Board Report and Independent Review have been addressed.

20. There will be a particular focus on the effect of the NHS GGC IPCT Incident

[6] Bundle 51 Volume 2
[7] See CTI Closing Statement from Glasgow 4, Page 799, Chapter 9, Para 9.3

Management Process Framework SOP (Bundle 27, Volume 17, Document No. 28, Page 315) and the results of the NHS NSS investigation into the four *Cryptococcus* cases described in Bundle 24, Volume 2, Document 208, Page 216. These seem potentially relevant to the final part of TOR 9.

The management of risk within NHS GGC (TORs 6 and 7)

21. The management of risk within NHS GGC and the use of the corporate risk register[8] to identify and manage risks related to the adequacy of the ventilation and water systems of the QEUH.

22. The Inquiry has instructed Mr Andrew Poplett to conduct two independent 'one off' Audit Reviews of (a) whether the current management and maintenance of the domestic hot and cold water systems at the Queen Elizabeth University Hospital site are being safely and appropriately operated in accordance with the requirements of SHTM 04.01 and (b) whether the current management and maintenance of the ventilation systems at the Queen Elizabeth University Hospital site are being safely and appropriately operated in accordance with the requirements of SHTM 03.01. These reports are produced. Mr Poplett was instructed on the basis that he would act as a 'man of skill' and it is not intended to call him to give evidence on the subject of these reports.

Potential Recommendations

23. Term of Reference 13 requires the Inquiry to make recommendations identifying any lessons learnt to ensure that any past mistakes are not repeated in any future NHS infrastructure projects, as soon as reasonably practicable. Whilst what the recommendations in the final report might be is a matter for closing statements, should any CP have in mind potential recommendations that require the asking of questions during this hearing they are encouraged to raise these proposed recommendations with Counsel to the Inquiry as part of the Rule 9 process.

[8] Bundle 45