

List of topics for April 2023 hearing on Edinburgh hospital

Introduction

This paper sets out a list of topics to be covered at the diet of hearings due to commence on 24 April 2023.

The Scottish Hospitals Inquiry Team has produced the list of topics to seek to inform the public and Core Participants (CP) of the current focus of the Inquiry Team and the shape of the next hearing diet in relation to the Royal Hospital for Children and Young People and the Department of Clinical Neurosciences (RHCYP/DCN).

Topics for the Hearing

The topics to be covered at the hearings diet will be:

1. The Reference Design (RD)

The decision to utilise a RD was considered at the May 2022 diet. The next set of hearings will consider how the RD was developed, the level of specification included in the RD and how NHSL communicated its technical requirements for the ventilation system to prospective tenderers.

1.1 The level of detail specified in the RD

1.2 The mandatory requirements in the RD

1.4 The briefing of potential tenderers in relation to NHSL's requirements and its requirements for the ventilation system in particular.

1.4.1 CEL 19 (2010) and "A Policy on Design Quality for NHS Scotland" provides that the Activity Database (ADB) must be used for "briefing, design and commissioning" of a new hospital. If ADB is deemed inappropriate for

a particular project, the Policy places a responsibility on the NHS Scotland Body to demonstrate that an alternative tool that is adopted is of equal quality and value in its application. NHSL's compliance with CEL 19 (2010) will be explored at the hearing.

1.4.2 Whether the "environmental matrix" was utilised as an alternative to room data sheets produced using ADB as a method of briefing tenderers by NHSL and, if so, how this was demonstrated to be of equal quality and value in its application.

2. The Environmental Matrix (EM)

2.1 The purpose of the EM

2.2 The status of the EM. Did tenderers require to comply with the EM?

2.3 The procedures adopted for creation the EM

2.4 The development of the EM and the decision to utilise a "Room Function Reference Sheet" (RFRS).

2.4.1 The purpose of the RFRS

2.4.2 The concept of "room function" introduced into the EM by the RFRS

2.4.3 Why the stated room functions (particularly "multi-bed ward" and "HDU) were chosen

2.4.4 How the "room function" for spaces in the hospital were determined. This shall include exploring who took such decisions and whether such decisions were taken by an engineer acting alone or with clinical input

2.4.5 Input and comments provided by NHSL on drafts of the EM

2.6 The Content of the EM issued with the ITPD

2.7 Potential ambiguities and inconsistencies between the values in the EM for certain room parameters and the “Guidance Notes” section of the EM

2.8 Checks carried out to seek to ensure that the EM complied with published guidance, including SHTM03-01

2.9 Whether values in the EM for certain room parameters (including air changes per hour and pressure) did not comply with published guidance, including SHTM03-01

3. The Procurement Exercise (Up to the Appointment of the Preferred Bidder)

3.1 The content of the Invitation to Participate in Dialogue

3.1.1 The clarity of the specification of the requirements for the ventilation system

3.1.2 The mandatory requirements

3.1.3 The procedures for the assessment of tenders

3.2 Competitive Dialogue

3.2.1 Discussions during the competitive dialogue phase on the technical requirements of the ventilation system and proposed solutions

3.2.2 The decision to close competitive dialogue and outstanding issues at this stage

3.4 The content of the Invitation to Submit Final Tenders

3.4.1 The clarity of the specification of the requirements for the ventilation system

3.4.2 Clinical input into the Board's Construction Requirements as articulated in the ISFT

3.4.3 The mandatory requirements

3.4.3 The procedures for the assessment of tenders

3.5 The assessment of tenders

3.5.1 The skills and qualifications of the assessment team

3.5.2 The consideration of Bidder C's tender including the amended EM

3.5.3 The consideration of IHSL tender including the unamended EM

3.5.4 The assessment of IHSL's tender as being compliant with published guidance, including SHTM03-01

3.5.5 The reasons for assessing IHSL's tender and Bidder C's tender as both being compliant with the stated requirements for the ventilation system

3.5.6 The reasons for IHSL's tender being assessed as the most economically advantageous tender.

4. The period from the appointment of the Preferred Bidder to Financial Close

4.1 The development of the preferred bidder's solution for the ventilation system

in the period to Financial Close

1.2 The decision to relax the requirement for the preferred bidder to produce all room data sheets by financial close

1.3 The decision to include the EM as “reviewable design data” in the contract

1.4 Whether there was any change in what NHSL was seeking to procure

1.5 Meetings of the “Special Project Steering Board” and the “Steering Board Commercial Sub-Group” at which concerns were raised by NHSL in relation to the project including the programme to financial close and the process for producing engineering information

1.6 The level of confidence that NHSL had in the preferred bidder in late 2014 and early 2015

1.7 Issues that arose in relation to the proposed ventilation solution for single bed rooms (including the pressure regime) and how such issues were resolved

1.8 The reasons for NHSL concluding the contract with IHSL

1.9 The implications for the project (if any) if the contract had not been signed in February 2015

5. The key terms of the contract and the specification for the ventilation system

5.1 The key contractual terms that concern the specification of the ventilation system

5.2 The decision that, by financial close, a complete set of Room Data Sheets for the hospital would not be in place

5.3 The production of the Room Data Sheets which appear in section 6 of schedule part 6

5.4 The inclusion of the EM as “Reviewable Design Data” and the implications for the project

5.5 The procedures for validation and certification

6. Governance

6.1 Key Stage Reviews conducted in the period from the commencement of the procurement exercise to financial close

6.2 The purpose of the “Risk Registers” in the period to financial close

6.3 Healthcare Associated Infection (HAI) – System for Controlling Risk in the Built Environment (SCRIBE) meetings in the period to financial close

6.4 The role of the Scottish Futures Trust

6.5 The role of the Scottish Government

6.6 The Final Business Case

For the avoidance of doubt, the above topics are not intended to be an exhaustive list.