

Scottish Hospitals Inquiry

Closing Statement by National Services Scotland

Hearings covering the period from the commencement of the Project to Financial Close

Introduction

1. In this Closing Statement, National Services Scotland (“NSS”) will respond to the Closing Submission by Counsel to the Inquiry dated 2 June 2023 (“the Closing Submission”). It will also respond to the draft Closing Statements by other Core Participants which were circulated on 16 June 2023.
2. NSS will be happy to provide further input and clarification as required.

Closing Submission by Counsel to the Inquiry

Environmental Matrix

3. Para. 81 of the Closing Submission considers “whether other steps might be taken to mitigate the risks associated with the use of environmental matrices.”
4. Since the last set of hearings in relation to RHCYP/DCN, NHS Scotland Assure has developed an outline environmental matrix template that can be populated and adapted by project teams to define the environmental parameters relevant to their specific project. The template is intended to be indicative, not prescriptive and can be modified by Health Boards to suit the needs of a specific project. Designers may have their own document which they may prefer to use.
5. Users of the matrix (typically the Health Boards, their technical advisors, or designers) should populate the data fields based on Scottish Healthcare Technical Memorandum guidance as well as other applicable guidance and standards with reference to the patient cohort and/or facility requirements. The environmental matrix should be developed and completed in collaboration with all relevant stakeholders, including but

not limited to, designers, clinical teams, infection prevention and control teams, and estates colleagues.

6. NHS Scotland Assure also notified key stakeholder groups of the publication of this document, including the National Strategic Facilities Group, the Scottish Property Advisory Group, the Scottish Engineering & Technology Advisory Group, and respective National Engineering Advisory Groups. Other stakeholders are advised through presentations which are delivered on a regular basis, for example at conferences or project workshops.
7. The environmental matrix template can be found at the following hyperlink: <https://www.nss.nhs.scot/publications/environmental-matrix-template/>.

Talon

8. At para. 70, there is a reference to work being done by Health Facilities Scotland to “update the [ADB] database and to produce a suite of repeatable rooms consistent with Scottish guidance.”
9. NSS is able to provide an update on that paragraph, and on paras. 34-38 of Susan Grant’s statement. To date there are 20-30 UK-wide repeatable rooms, and 10 NHS Scotland-specific repeatable rooms. Talon has agreed to make these available in ADB, as part of an NHS Scotland library. NSS is currently working with Talon to make these rooms ‘compatible’ with the software requirements for upload.

Aspergillosis

10. It is stated at para 39 of the Closing Submission that aspergillosis “does not infect patients without immunosuppression”. While it is true that aspergillosis is not seen in fit and healthy people with no co-morbidities, the position is not quite as straightforward as the passage quoted suggests. If the word “normally” were inserted before “immunosuppression”, this would be more accurate. Exposure to aspergillus may lead to the following clinical presentations:

- i) Invasive aspergillosis (more likely in patients who are immunosuppressed but also possible post- flu/COVID).
- ii) Chronic pulmonary aspergillosis (found in patients with pre-existing lung disease).
- iii) Fungal balls, also known as aspergilloma (found in patients who have cavitating lung disease such as bronchiectasis or tuberculosis).
- iv) Allergic bronchopulmonary aspergillosis (found in patients with asthma so therefore a risk to staff as well as patients; also seen in those suffering from cystic fibrosis).

Draft Closing Statements by other Core Participants

11. NSS has not had an opportunity to discuss other Core Participants' Closing Statements with them prior to submitting its own Closing Statement. The following comments are intended to be constructive, and NSS is open to further discussion.
12. It should also be noted that the following comments are restricted to matters about which NSS considers that it has something to add which may be of assistance to the Inquiry. Accordingly, absence of comment upon all or part of another Core Participant's Closing Statement, should not be taken as indicating that NSS agrees with the parts not commented upon. It simply means that NSS has nothing of assistance to add.

NHS Lothian

13. Para. 63 notes that IHSL could have directed Wallace Whittle to attend design development meetings "where they would have had direct access to Clinicians, HFS, and the wider Project Team". The only team within HFS that NSS is aware attended the design development meetings was the HFS Equipping Team. Accordingly, it is questionable whether attendance at these meetings would have brought Wallace Whittle Limited any additional access to the wider HFS team.

IHS Lothian Limited

14. Para. 2.2 states that “The guidance can be inconsistent and contradictory. . . . Ambiguities and inconsistencies are typical.” With regards to “ambiguities,” it is not clear to what IHSL is referring. NSS notes that the guidance covers a wide range of facilities, scenarios, applications, and technologies. This means that aspects of it must necessarily be drafted in a broad way. NSS also notes that it is available to discuss and provide advice about guidance in a particular context. Such questions have to be brought to NSS’s attention, though. With regards to inconsistencies and contradictions, again, it is not clear to what IHSL is referring.
15. Related to the above, para. 3.9 paraphrases Susan Grant’s evidence as identifying “some of the inconsistencies and uncertainties evident in Table A1 [within SHTM 03-01] itself”. It refers to para. 73 of her witness statement in this regard. Para. 73 does not identify any inconsistency or uncertainty, it just notes differences between the rows of the table.

Mott MacDonald Limited

16. Para. 8 quotes Michael O’Donnell as having said that SHTN 02-01 “now requires the use of an EM [Environmental Matrix].” The only reference to an environmental matrix in SHTN 02-01 is at page 25. The requirement is to produce an Indoor Environmental Quality strategy. An environmental matrix is only referred to (in brackets) as an example of how targets in such a strategy can be presented.
17. Para. 9 states that “HFS do not appear to have been opposed to the use of EMs [Environmental Matrices], with Susan Grant (at para 66) suggesting that an EM would better enable stakeholder communication.” Properly read, para. 66 of Ms Grant’s statement does not go that far. Whether using an environmental matrix better enables stakeholder communications, or is otherwise advisable, depends on the context and the audience.

National Services Scotland

30 June 2023