

THE SCOTTISH HOSPITALS INQUIRY (“The Inquiry”)

CURRIE & BROWN UK LIMITED

CLOSING STATEMENT

GLASGOW 2 HEARING ON 12-23 JUNE 2023

INTRODUCTION

1. This Closing Statement is served on behalf of Currie & Brown UK Limited (“**Currie & Brown**”) following the Inquiry hearing on 12-23 June 2023 (“**the Glasgow 2 Hearing**”).
2. Currie & Brown summarised its role in the design and construction of the Queen Elizabeth University Hospital and Royal Hospital for Children in Glasgow (“**the QEUH**”) in paragraphs 4 to 14 of its Closing Statement dated 17 December 2021 following the first hearing in September to November 2021 (“**the Glasgow 1 Hearing**”). That summary is not repeated here.
3. This Closing Statement addresses questions posed by Counsel to the Inquiry (“**CTI**”) in their Closing Statement dated 21 July 2023, where relevant to Currie & Brown’s involvement, insofar as it is possible to do so at this stage of the Inquiry’s investigations. References herein to chapter and paragraph numbers are to CTI’s Closing Statement unless otherwise stated.
4. Currie & Brown is grateful to the Chair for the additional time granted to provide this Closing Statement.

RESPONSE TO CTI’S CLOSING STATEMENT

5. As set out in the ‘List of Topics and Associated Issues for the Diet of Hearings commencing 12 June 2023 re QEUH/RHC’ published by the Inquiry in advance (“**the List of Topics**”), the purpose of the Glasgow 2 Hearing was two-fold: first, to hear evidence from clinical, nursing, and managerial staff concerning the impact on patients and families of the issues referred to in the Inquiry’s Terms of Reference (i.e., Term 8); and, secondly, to “*further identify issues for examination at future hearings*”.

6. The topics set out in Appendix A to the List of Topics included “*staff assessment*” of the concerns expressed about key building systems. The List of Topics stated that “[a]t further hearings, the Inquiry will examine the objective validity of the expressed concerns”.
7. Currie & Brown agrees that CTI’s Closing Statement accurately records the issues for examination at future hearings that were identified during the Glasgow 2 Hearing (both in written and oral evidence).
8. Paragraph 6 of CTI’s Closing Statement posed three general questions about Chapters 1-3, 5 and 7. More detailed questions were posed in Chapter 4 and Chapter 6. Currie & Brown responds to those questions in turn below.

Chapters 1-3, 5, and 7

9. **Question (1):** Currie & Brown accepts that Chapters 1-3, 5, and 7 accurately reflect the evidence given by the witnesses at the Glasgow 2 Hearing.
10. **Question (2):** Currie & Brown does not have any knowledge of the matters to which Chapters 1-3, 5, and 7 relate and therefore is not in a position to comment on the accuracy of the evidence given by the witnesses in that regard. In any event, those accounts largely related to the witnesses’ own experiences, impressions, and perceptions and thus were, by their nature, personal and subjective. In those circumstances, Currie & Brown would not seek to challenge that evidence. Therefore, **Question (3)** does not arise.

Chapter 4 (The History of Concern)

11. Chapter 4 overlaps to some extent with the Inquiry’s ‘Provisional Position Paper 5 – History of Infection Concerns (QEUEH)’ (“**PP5**”) which was provided in draft to Core Participants on 20 March 2023. Currie & Brown provided its response to PP5 by letter dated 21 April 2023, and that response is not repeated here.
12. Currie & Brown responds to the detailed questions about Chapter 4 posed in paragraph 152 as follows (adopting the same headings, for ease of reference):

Questions aimed at establishing the history of concern

13. **Question (1):** Currie & Brown accepts that Chapter 4 sets out a materially accurate summary of the evidence given by the witnesses (both orally and in writing) about their concerns.

14. **Question (2):** Currie & Brown accepts that, for the period it covers, Chapter 4 provides a materially accurate account of the contemporaneous expressions and examples of concerns voiced about the hospital environment and the risk of infection, on the basis of the oral and written evidence of the witnesses and the documents provided in the bundles of evidence published in advance of the Glasgow 2 Hearing. **Question (3)** does not therefore arise.
15. **Question (4):** This is outside Currie & Brown’s knowledge.

Responses to concern

16. **Question (5)** is outside Currie & Brown’s knowledge; accordingly, Currie & Brown is unable to comment on **Question (6)**.

Objective validity of concerns

17. **Questions (7) and (8):** At present, Currie & Brown is unable to comment on the “*objective validity*” of the concerns expressed by the witnesses about the water system and the ventilation system, and any increased infection risk, for the following reasons:

17.1 The Inquiry expressly limited the scope of the Glasgow 2 Hearing to evidence about the concerns expressed by clinical, nursing, and managerial staff of QEUH, and stated in the List of Topics that “*the objective validity of the expressed concerns*” would be examined in “*future hearings*”, as set out in paragraphs 5 and 6 above.

17.2 Consistent with that, the evidence heard from the clinical, nursing, and managerial staff during the Glasgow 2 Hearing related to their own (subjective) concerns about the built environment and the risk of infection. This is acknowledged in paragraph 149, which emphasises that “*Chapter 4 and the timeline are principally intended to set out what people said or understood about concerns (and the related responses to concerns) at the time*”.

17.3 Currie & Brown agrees with paragraph 5(4), which similarly emphasises that the discussion in Chapter 4, and the related timeline in Appendix 2, are “*only intended to set out what people said or understood about concerns at the time. The question of whether those concerns were objectively valid requires further investigation*” (emphasis added).

17.4 In the same vein, paragraph 138 states that the Inquiry’s future hearings will involve “*more detailed, technical and expert evidence*” on “*the importance of the built environment in managing the risk of infection*”; and paragraph 364 states that “[t]he

existence of a connection between infections and the built environment is a question currently under investigation”.

- 17.5 In particular, the Inquiry is yet to hear any factual evidence from those involved in the design and construction of the QEUH project; from the facilities and estates staff tasked with maintaining and managing the built environment at the QEUH; or from those who investigated the concerns raised by the clinical, nursing, and managerial staff (including Infection Control and microbiologists). The Inquiry is yet to publish much of the documentary evidence relating to those matters. Further, the Inquiry is yet to hear any expert evidence about the building systems designed and installed at the QEUH or about any possible links with infections.
- 17.6 In those circumstances, there is not yet sufficient evidence on which to assess or comment on the objective validity of the concerns expressed by witnesses at the Glasgow 2 Hearing about the water system and the ventilation system, and any increased infection risk; or to establish or indicate any link between any specific infections, or infections generally, and the built environment at the QEUH.
- 17.7 Currie & Brown therefore submits that it would be inappropriate to pre-judge the evidence that is still to be heard and published; and premature to speculate about links between infections and the built environment at this stage of the Inquiry. In that regard, the position remains as it was following the Glasgow 1 Hearing.
- 17.8 Currie & Brown remains hopeful that, in due course, Questions (7) and (8) will be capable of being answered on the basis of documentation and evidence provided to the Inquiry in future hearings.
- 17.9 Currie & Brown would welcome an indication from the Inquiry about the timescales of such future hearings. It remains committed to doing all that it can to assist and cooperate with the Inquiry in relation to such hearings.
18. **Question (9)** is not directed to Currie & Brown and is, in any event, outside its knowledge.

Chapter 6 (Communication)

19. Currie & Brown accepts that Chapter 6 sets out a materially accurate summary of the evidence given by the witnesses at the Glasgow 2 Hearing about communications with patients and families, and communications between the clinical, nursing, and managerial staff. Such

communications are outside Currie & Brown's knowledge therefore it is unable to comment further.

CONCLUSION

20. Currie & Brown continues to stand ready to provide such further assistance as may be required by the Inquiry in its investigations into these issues, and it will provide any further documentation that may be requested and witness evidence as and when directed by the Inquiry to do so.

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17 August 2023

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