



## **Scottish Hospitals Inquiry**

### **A Guide for NHS Greater Glasgow and Clyde staff**

**Version 1.4  
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## 1. Introduction

- 1.1 The aim of this document is to inform and advise NHS Greater Glasgow and Clyde staff on the Scottish Hospitals Inquiry. It outlines the Public Inquiry process, gives advice on how staff can prepare and where staff can find support.
- 1.2 Taking part in a Public Inquiry can be stressful. Staff can find their actions questioned and challenged in an environment that can feel alien. Making sure that all staff understand what is involved will help our staff and help the Inquiry establish what happened.
- 1.3 NHS Greater Glasgow and Clyde (NHSGGC) is fully committed to supporting staff through the Scottish Hospitals Inquiry. Appendix 1 has details on the type of support available and how to access this support.

## 2. The Scottish Hospitals Inquiry

### 2.1 Background

In November 2019, the Cabinet Secretary for Health and Sport, Jeanne Freeman, announced in the Scottish Parliament that a Public Inquiry would be held to examine issues at the Queen Elizabeth University Hospital Campus (QEUH) (which includes the Royal Hospital for Children) and the Royal Hospital for Children and Young People (RHCYP) and Department of Clinical Neurosciences (DCN), following concerns about patient safety and wellbeing, in order to determine how issues relating to ventilation, water and other key building systems gave rise to those concerns, how they occurred and what steps could be taken to prevent such issues arising in future projects.

- 2.2 The Scottish Hospitals Inquiry ('the Inquiry') is a Public Inquiry, set up under the Inquiries Act 2005. Lord Brodie was appointed as the Chair of the Inquiry with effect from 28 November 2019 and the Inquiry work commenced on 3 August 2020. The Terms of Reference of the Inquiry, which specify its remit and the issues it is examining in more detail, were published on 15 June 2020 (Appendix 2). There have been five diets of evidential hearings, commencing in September 2021.

### 2.3 What is a Public Inquiry?

- 2.3.1 A Public Inquiry is a formal, independent review relating to particular events which have caused or have potential to cause public concern, or where there is public concern that particular events may have occurred. It is inquisitorial in nature, not adversarial. The aim of a Public Inquiry is to help to restore public confidence in systems or services by investigating the facts through consideration of documentary and witness evidence, to determine what happened and help prevent recurrence. The outcome of a Public Inquiry is the production by the Chair, with input from the Inquiry Team, of a report which details key findings of fact and makes

recommendations. It is not the purpose of a Public Inquiry to determine issues of civil or criminal liability.

2.3.2 NHSGGC is a Core Participant at the Inquiry. This designation affords the Board the opportunity to have more active involvement in the Inquiry process, including enabling its legal representatives to: make opening and closing statements (where permitted by the Chair); ask questions of witnesses giving oral evidence (where permitted by the Chair); and receive early sight of, and in some circumstances comment on, certain Inquiry documentation.

## 2.4 Format of the Public Inquiry

2.4.1 The Inquiry Team gathers evidence in the form of statements and documents, considers that evidence and prepares for hearings at which the evidence is tested.

2.4.2 The first formal hearing of the Scottish Hospitals Inquiry was held on 22 June 2021 remotely, in line with COVID-19 restrictions. This was a short hearing where Lord Brodie set out arrangements for the hearings commencing in September.

2.4.3 The first diet of oral hearings was conducted over the course of five weeks, between 20 September and 5 November 2021. Evidence from patients and their families in respect of the QEUH was heard about their perceptions of the impact on patient safety and care from issues arising in relation to ventilation, water and drainage and other matters, and the communication with patients and their families in relation to those issues.

2.4.4 A further diet of hearings took place in May 2022, where the Inquiry focused primarily on ventilation and other matters relating to the project governance and funding model at the RHCYP and DCN.

2.4.5 Hearings in respect of the RHYCP and DCN were conducted over a two-week period, commencing on 24 April 2023, which considered the procurement exercise for the Edinburgh project.

2.4.6 Thereafter, a further diet of hearings relating to the QEUH commenced on 12 June 2023 for a period of two weeks. The purpose of that hearing was to allow the Chair to hear evidence on the perspective from clinicians and nurses working at the QEUH, following on from the evidence of patients and families heard in September 2021.

2.4.7 The third and final hearing in relation to the RHCYP and DCN commenced on 26 February 2024 for a period of three weeks, which focussed on the reasoning behind the decision not to open the hospital in 2019 and to open in 2021 instead.

2.4.8 A third hearing in relation to the QEUH has been set down for 19 August 2024 for a period of 12 weeks, which will focus on water and ventilation systems and infection at the QEUH.

### **3. Statements**

- 3.1 Appendix 1 has information on the support available to staff who have been asked to provide a statement.
- 3.2 Investigations continue to be carried out by the Inquiry Team. This involves reviewing all relevant paperwork, notes and records; and interviewing individuals with knowledge of the circumstances surrounding the issues in relation to adequacy of ventilation, water contamination and other matters which arose in the construction and delivery of the hospital(s). There are also investigations relating to the response to emerging issues related to infections of patients at the QEUH after it was opened.
- 3.3 You may be asked by the Inquiry team to provide a witness statement, in which case you will be contacted by a named team member from the Inquiry Team's Witness Engagement and Support Team either to arrange a suitable time for an interview appointment or to let you know that they intend to issue a questionnaire to you in the first instance, prior to arranging a meeting. When asked to attend for an interview, your named team member will confirm the interview details in writing, provide the name of the person who will conduct the interview, and will also ensure that you understand what is involved in providing evidence, giving statements and attending hearings.
- 3.4 You may have somebody present with you at this meeting, such as a work colleague, friend, official from your Trade Union or Professional Organisation, or a solicitor from the NHS Central Legal Office's ("CLO") dedicated Scottish Hospitals Inquiry team (which is acting for NHSGGC in the Inquiry). It is recommended that whoever accompanies you is not themselves likely to be asked to provide a statement. The recommendation is that a solicitor from CLO attends with you to provide as full legal support as possible.
- 3.5 However, if you would prefer to be accompanied by an independent solicitor, the Inquiries Act 2005 allows for the possibility of an award of funding for legal representation for witnesses; applications for funding for legal representation must be approved in advance. There is further information on this on the Inquiry website and you would have to speak with the Inquiry's witness support team about this.
- 3.6 You can arrange a meeting with the Inquiry team during your work time but, if you wish to do so, you must inform your Line Manager to organise your work pattern and arrange cover if required.
- 3.7 Preparation
- 3.7.1 It is important that, if you are asked to provide a witness statement, you review and are familiar with relevant records, case notes and documentation. The Inquiry team will inform you in advance of the issues

about which you will be asked, as well as providing you with copies of the documentation you may be asked about.

### 3.8 Interviews

- 3.8.1 If you have been asked to provide a witness statement, you will also be informed of the location of the interview, or whether it will be appropriate to take the statement remotely.
- 3.8.2 There are likely to be two members of the Inquiry team in attendance, who will take your statement. Giving a witness statement may take some time. The statement takers will allow regular breaks, but you should feel free to ask for breaks whenever you want. If a meeting is likely to last a long time, the interview will be spread over more than one day. Consider making your own notes of the interview; this will help in remembering what was said when you receive the draft statement of your interview.
- 3.8.3 You will have the opportunity to get support from the NHSGGC Witness Service and/or CLO before you give a statement to the Inquiry Team. See Appendix 1.

### 3.9 Signing the Statement

- 3.9.1 After your interview, you will receive a draft copy of your witness statement. This must be read thoroughly, and any changes, additions or deletions can be made at this stage. You should sign the statement once you are satisfied that it accurately reflects your evidence. You may be asked to provide electronic verification in place of a signature, if the process is taking place remotely. Once the statement is signed, it then becomes your evidence to the Inquiry. If you subsequently wish to say something more, you can make a further statement.

## 4. **Appearing as a witness**

- 4.1 Any individual who has been interviewed and provided a statement to the Inquiry Team may then be called as a witness at the Public Inquiry. However, in many cases, a witness' statement will be sufficient and they will not also be required to give evidence at a hearing. Appendix 1 has information on the support available to staff who have been called to appear as a witness.

### 4.2 Statements

Shortly before a witness gives evidence at the hearings his/her statement will be published on the Inquiry website. A witness' personal details (i.e. address and date of birth) and signature will not be published.

### 4.3 Called as a witness

If you are called to give evidence, it is important that you prepare for this by:

- Reviewing all personal notes and files.
- Familiarising yourself with the hearing surroundings by viewing the film of the venue provided by the Inquiry Team in advance.
- Being prepared for media interest in the lead up to the hearing and at the hearing venue. See Section 6 for media advice.
- Being aware that you may have to wait at the hearing venue before you are called as a witness.

#### 4.4 Giving Evidence

When called to give evidence, a witness must take an oath, or affirm, declaring that they will tell the truth at all times. Listen carefully to the questions you are asked and take time to consider your response. Do not feel pressured to give a “yes” or “no” response and be ready to explain your view. If you can’t remember the date of an event or don’t know the answer to a question, say so – don’t try to guess. If a question has multiple parts, break down your answer. If you are unsure of the question, ask for it to be repeated. Generally, you will be questioned on who you are, your qualifications and experience, and your place of work before going on to the circumstances surrounding the issues in relation to adequacy of ventilation, water contamination and other matters which arose in the construction and delivery of the QEUH. Be calm, courteous and honest. Remain objective, and do not get personal. Speak clearly and concisely, and be ready to confirm your evidence from notes taken at the time, or by reference to your witness statement. If your role is a central one, be prepared for a possible lengthy session in the witness box which may last several hours.

#### 4.5 What are key things to remember in giving evidence?

Do:

- prepare in advance
- be fully familiar with the issues in the case
- give detailed and relevant answers
- say if you cannot remember
- be alert and astute to the atmosphere in the venue
- direct your answers to the Chair, even though counsel to the Inquiry is asking the questions: the Chair is the decision maker
- be clear in what you say and speak loudly enough for the Chair and Counsel to the Inquiry to hear you
- be ready and willing to expand and explain your answers if requested
- be ready and willing to see the argument in opposing views but be firm and clear about your own evidence
- be prepared for delays
- be aware this is a formal proceeding and dress appropriately
- try to remain calm and not react emotionally
- try to avoid appearing defensive, impatient or argumentative

- stick to the facts – don't make assumptions about what other people did or did not do
- try to avoid jargon, medical or hospital language that others may not understand

## **5. Conclusion**

- 5.1 Once all the evidence has been taken, Lord Brodie will close the Inquiry to consider his determination. The Inquiry is required to report to the Scottish Ministers, making recommendations identifying any lessons learned as soon as reasonably practicable. The Inquiry will end when Lord Brodie has submitted his report to the Scottish Ministers.

## **6. Media**

- 6.1 Public inquiries are open to the public and the media. Witness statements will be posted on the Inquiry website when witnesses are called to give evidence, so the media will have access to materials during each stage of the Inquiry hearings. This could lead to witnesses being quoted in media reports when appearing at the Inquiry.
- 6.2 While newspaper and broadcast media would normally attend a public inquiry, numbers of attendees are restricted at the Inquiry premises. Therefore, reporting on the hearings will largely be done remotely and proceedings are being live-streamed on the Inquiry's YouTube channel. The hearings will be available to watch again following the hearing. Transcripts of the hearings will also be published following the hearing, unless any contrary order or restriction notice is in place.
- 6.3 The Inquiry has measures in place to ensure that witnesses to the Inquiry are not approached by the media within the Inquiry premises. Should you be approached by a journalist outside the Inquiry premises, there is no obligation for you to make comment. The media may also take photographs of witnesses arriving at or departing from the Inquiry.
- 6.4. The NHSGGC Communications team is on hand to advise and support you if you are in any doubt about what to do if contacted by the press. They can be contacted by telephone, 0141 201 4429, or email, [press.office@ggc.scot.nhs.uk](mailto:press.office@ggc.scot.nhs.uk) 24 hours a day.

## **7. Expenses**

- 7.1 Staff called to give evidence at the hearing may be entitled to travelling expenses and subsistence allowances. Further information can be found in Appendix 3.

## **8. Compellability**

- 8.1 All staff asked to provide evidence, a statement or appear as a witness will receive a formal request to do so and your cooperation is

appreciated. If a member of staff refuses this request, Lord Brodie has the power to apply for an Order from the Court of Session requiring a witness to provide evidence, a statement or appear as a witness, failing which they may be found to have committed a criminal offence.

## 9. Further Information

Further information on the Scottish Hospitals Inquiry can be found on the Inquiry website: [www.hospitalsinquiry.scot](http://www.hospitalsinquiry.scot)

If you would like further advice or someone to support you during an interview, the following contacts may be helpful:

Royal College of Nursing: Ricky Sherriff-Short  
[Ricky.Sherriff-Short@rcn.org.uk](mailto:Ricky.Sherriff-Short@rcn.org.uk)

Unison: Admin Team  
0141 331 4450  
[nhsbranch@unisonglasgowclyde.com](mailto:nhsbranch@unisonglasgowclyde.com)

Unite: Esther O'Hara  
[Esther.O'Hara@ggc.scot.nhs.uk](mailto:Esther.O'Hara@ggc.scot.nhs.uk)

GMB: Karen Leonard  
[KL.Leonard@gmb.org.uk](mailto:KL.Leonard@gmb.org.uk)

Royal College of Midwives: Julie Boyd  
[Julie.Boyd3@ggc.scot.nhs.uk](mailto:Julie.Boyd3@ggc.scot.nhs.uk)

British Medical Association: Scott Anderson  
[SAnderson@bma.org.uk](mailto:SAnderson@bma.org.uk)

## 1. Staff Support

NHS Greater Glasgow and Clyde is fully committed to providing support to all staff who may be involved in the Scottish Hospitals Inquiry.

### 1.1 Witness Support

NHS Greater Glasgow and Clyde Legal Office operates a “Witness Service” that offers support and guidance to all witnesses asked to give evidence at a hearing. The service they can provide which would be helpful to any NHS staff member if required is:

- Practical help
- Information on Inquiry procedures
- Guidance regarding further support
- A listening ear for your anxieties/concerns

Staff who have used this service in the past have found it to be very helpful. If you are invited to give a statement/evidence and would like some support from this service, please contact Rachel McGowan, 07583 121674 or [rachel.mcgowan@ggc.scot.nhs.uk](mailto:rachel.mcgowan@ggc.scot.nhs.uk)

Alternatively, you can ask your trade union or professional organisation for support.

### 1.2 Occupational Health Service

The Occupational Health service is available to offer additional advice and support if required. You can contact them in the following ways:

To arrange an appointment with the OH Counselling service please call: 0141 201 0600 - Lines are open Monday to Friday 8am - 5pm.

To speak to an Occupational Health Nurse please call our telephone advice line on 0141 201 0594 Lines are open Monday to Friday 8am - 5pm.

To speak to a member of the OH Psychology Staff Support Service please call 0141 277 7623 Lines are open Monday to Friday 8am - 5pm.

Alternatively, you can email your enquiry to the Occupational Health Department via our generic email address and a member of the team will get back to you as soon as possible: [Occupational.Health@ggc.scot.nhs.uk](mailto:Occupational.Health@ggc.scot.nhs.uk)

### 1.3 Debriefing

Once the Scottish Hospitals Inquiry hearings are over, all staff involved will have the opportunity for debriefing.

## **Remit and Terms of Reference**

### **1. Remit**

The overarching aim of this Inquiry is to consider the planning, design, construction, commissioning and, where appropriate, maintenance of both the Queen Elizabeth University Hospital Campus (QEUH), Glasgow and the Royal Hospital for Children and Young People and Department of Clinical Neurosciences (RHCYP/DCN), Edinburgh. The Inquiry will determine how issues relating to adequacy of ventilation, water contamination and other matters adversely impacting on patient safety and care occurred; if these issues could have been prevented; the impacts of these issues on patients and their families; and whether the buildings provide a suitable environment for the delivery of safe, effective person-centred care. The Inquiry will make recommendations to ensure that any past mistakes are not repeated in future NHS infrastructure projects. The Inquiry will do this by fulfilling its Terms of Reference.

### **2. Terms of Reference**

- 2.1 To examine the issues in relation to adequacy of ventilation, water contamination and other matters adversely impacting on patient safety and care which arose in the construction and delivery of the QEUH and RHCYP/DCN; and to identify whether and to what extent these issues were contributed to by key building systems which were defective in the sense of:
- a) Not achieving the outcomes or being capable of the function or purpose for which they were intended;
  - b) Not conforming to relevant statutory regulation and other applicable recommendations, guidance and good practice.
- 2.2 To examine the arrangements for strategic definition, preparation and brief and concept and design, including the procurement, supply chain and contractual structure adopted for the financing and construction of the buildings, to determine whether any aspect of these arrangements has contributed to such issues and defects.
- 2.3 To examine during delivery of QEUH and RHCYP/DCN projects:
- a) Whether the Boards of NHS Greater Glasgow and Clyde and NHS Lothian put in place governance processes to oversee the projects and whether they were adequate and effectively implemented, particularly at significant project milestones;
  - b) Whether operational management provided by the Boards of NHS Greater Glasgow and Clyde and NHS Lothian was adequate and effective for the scale of such infrastructure projects;

- c) The extent to which decision makers involved with the projects sought and facilitated the input and took account of the advice and information provided by, or available from, the clinical leadership team; infection control teams; estate teams; technical experts and other relevant parties to ensure that the built environment made prior provision for the delivery of clinical care;
  - d) Whether, the organisational culture within the Boards of NHS Greater Glasgow and Clyde and NHS Lothian encouraged staff to raise concerns and highlight issues in relation to the projects at appropriate times throughout the life cycles of the projects;
  - e) Whether failures in the operation of systems were a result of failures on the part of the individuals or organisations tasked with specific functions.
- 2.4 To consider whether any individual or body deliberately concealed or failed to disclose evidence of wrongdoing or failures in performance on inadequacies of systems whether during the life of projects or following handover, including evidence relating to the impact of such matters on patient care and patient outcomes; and whether disclosures of such evidence was encouraged, including through implementation of whistleblowing policies, within the organisations involved.
- 2.5 To examine whether, based on the governance arrangements in place, national oversight and support of such a large-scale infrastructure projects was adequate and effective and whether there was effective communication between the organisations involved.
- 2.6 To examine, during the life cycle of the QEUH and RHCYP/DCN projects, how the Boards of NHS Greater Glasgow and Clyde and NHS Lothian secured assurance and supporting evidence that:
- a) All necessary inspection and testing had taken place;
  - b) All key building systems had been completed and functioned in accordance with contractual specifications and other applicable regulations, recommendations, guidance and good practice and;
  - c) Adequate information and training were provided to allow end-users effectively to operate and maintain key building systems.
- 2.7 To examine what actions have been taken to remedy defects and the extent to which they have been adequate and effective.
- 2.8 To examine the physical, emotional and other effects of the issues identified on patients and their families (in particular in respect of the environmental organisms linked to infections at the QEUH) and to determine whether communication with patients and their families supported and respected their rights to be informed and to participate in respect of matters bearing on treatment.

- 2.9 To examine the processes and practices of reporting healthcare associated infections with QEUH and determine what lessons have been or should be learned.
- 2.10 To examine whether the choice of sites was appropriate or gave rise to an increased risk to patients of environmental organisms causing infections.
- 2.11 To examine whether there are systematic knowledge transfer arrangements in place to learn lessons from healthcare construction projects and whether they are adequate and effective.
- 2.12 To examine whether NHS Lothian had an opportunity to learn lessons from the experience of issues relating to ventilation, water and drainage systems at the QEUH and what extent they took advantage of that opportunity.
- 2.13 To report to the Scottish Ministers on the above matters, and 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.

### **1. Expenses**

Expenses forms and guidance can be found on HR Connect at the following links:

[Expenses notes.doc \(live.com\)](#)

[Expenses Form.xls \(live.com\)](#)

#### **1.1 Car Users**

Members of staff who are registered car users should complete a paper expenses form with details of travel to the hearing venue and this would be reimbursed at the public transport rate of 24p per mile.

Members of staff who use their own car to travel (and are not registered as a car user) are also entitled to claim public transport rate of 24p per mile and should also complete a paper expenses form.

#### **1.2 Public Transport**

Members of staff who use public transport to get to the hearing venue should retain their receipts and attach to a completed an expenses form in relation to daily expenses.

#### **1.3 Lunch**

Members of staff who are away from their usual workplace and are not close to NHS dining facilities over lunchtime are entitled to claim a subsistence allowance up to £5.00.

#### **1.4 Expenses Forms**

Refer to the guidance for instructions on how to complete the expenses form. Once authorised by local management, completed forms and receipts should be forwarded to:

Expenses Team  
Caledonia House  
140 Fifty Pitches Road  
Cardonald Business Park  
Glasgow  
G51 4EB

#### **1.5 Queries**

If you have any questions about claiming expenses or completing an expenses form, please contact [eeexpenses@ggc.scot.nhs.uk](mailto:eeexpenses@ggc.scot.nhs.uk)

**Venue**

**1. Location**

The Inquiry premises are at: [20 West Register Street, Edinburgh, EH2 2AA](#).

Just off St Andrew Square, the venue is close to Waverley train station, Edinburgh bus station and has good tram links. No car parking is available at the venue

## Version control

Date	Version	Revision
08 March 2022	V1.0	Document published.
27 June 2022	V1.1	<ul style="list-style-type: none"> <li>Revision to S.9 - Unite contact details.</li> </ul>
24 November 2022	V1.2	<ul style="list-style-type: none"> <li>Revision to S.2.4.5 - updated with revised timescales and plans.</li> <li>Revision to S.2.4.6 - updated with revised timescales and plans.</li> <li>Revision to S.2.4.7 - updated with revised timescales and plans.</li> <li>Reformatted document to meet accessibility requirements.</li> </ul>
01 March 2024	V1.3	<ul style="list-style-type: none"> <li>Revision to S.2.2 - updated with revised timescales and plans.</li> <li>Revision to S.2.3.1 - rephrased wording for clarity.</li> <li>Revision to S.2.4.6 - updated with revised timescales and plans.</li> <li>Revision to S.2.4.7 - updated with revised timescales and plans.</li> <li>Revision to S.2.4.8 - updated with revised timescales and plans.</li> <li>Added S.2.4.9 - inquiry progress made to date.</li> <li>Added S.2.4.10 - inquiry progress made to date.</li> <li>Revision to S.4.1 - rephrased wording for clarity.</li> <li>Revision to S.4.5 - revised list of tips.</li> <li>Removal of S.4.6 - information merged with S.4.5.</li> <li>Revision to S.6.2 - rephrased wording for clarity.</li> <li>Revision to S.6.3 - rephrased wording for clarity.</li> <li>Revision to Appendix 4 - updated with revised plans.</li> </ul>
22 April 2024	V1.4	<ul style="list-style-type: none"> <li>Revision to S.2.1 – replaced terminology with abbreviations.</li> <li>Revision to S.2.2 – replaced terminology with abbreviations, updated with revised timescales and plans.</li> <li>Added S.2.3.2 – NHSGGC as a Core Participant.</li> <li>Revision to S.2.4.3 - replaced terminology with abbreviations.</li> <li>Removal of S.2.4.4 – replaced with S.2.3.2.</li> <li>Removal of S.2.4.5 – replaced with S.2.3.2.</li> <li>Revision to S.2.4.5 - updated with revised timescales and plans.</li> <li>Revision 2.4.6 - replaced terminology with abbreviations.</li> <li>Revision to S.2.4.7 - updated with revised timescales and plans.</li> <li>Revision 2.4.8 - replaced terminology with abbreviations.</li> </ul>

		<ul style="list-style-type: none"><li>• Revision to S.3.3 – rephrased wording for clarity.</li><li>• Revision to 3.9.1 – rephrased wording for clarity.</li><li>• Revision to S.4.3 – rephrased wording for clarity.</li><li>• Revision to 6.1 – rephrased wording for clarity.</li><li>• Revision to 7.1 – rephrased wording for clarity.</li></ul>
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