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NHS SCOTLAND

[redacted]

Date 7 August 2026
Your Ref FOI-2026-3418
Our Ref FOI-2026-3418

Enquiries to [redacted]
Email psd.foi@nhs.scot

Dear [redacted],

Freedom of Information Reference FOI-2026-3418

I refer to your Freedom of Information (Scotland) Act 2002 (FOISA) request, received on 09 July 2026 requesting the following information:

1. A copy of the remit that was sent to Glasgow Caledonian University from HfS and which was requesting a fire modelling analysis concerning the consequences of a fire breaking out in a single bedroom of the QEUH ward tower. This was in the wake of illegal (and highly flammable) cladding being discovered on the facade of the ward tower.

2. A copy of any correspondence that you had with GCU concerning this report and its contents.

3. Who within HfS was tasked with checking the above report for accuracy?

4. In 2003 it was intimated by HfS's then fire officer that the evacuation of bed-bound patients in a hospital should henceforth be via escape bed lifts as opposed to mattress evacuation down the fire stairs. Is this still the case, and if so, can you advise what research was done to justify that decision in 2003?

5. Can I have a copy of that research please?

6. Can you also advise how architects and others are meant to calculate the number of lifts required to achieve this objective within any given hospital design? We have formulae within the Non-Domestic Technical Standards to calculate the number and width of fire stairs for different sizes of hospital (Annexe 2B). But there is no corresponding guidance for fire evacuation bed lifts.

7. SHTM 08-02 provides only nominal waiting and travel times for various lift types. It also has a number of lifts being recommended for different building heights without overall area being taken into account. There is also no indication as to how you would calculate the number of lifts required for a given bed-bound patient cohort such as 50% bed occupancy. With bed blocking being a major constraint on admitting new patients to hospitals, there is an increased onus on discharging those deemed fit enough to be sent home. There is therefore the distinct likelihood of a higher number of patients being bed-bound as a consequence of this - e.g. 75%. That will completely change the calculation as to how many lifts you will require. So did HfS factor that into their decision to advise that bed-bound patients must be evacuated by bed lifts?

Chair Mr Keith Redpath
Chief Executive Professor Karen Reid

We have now completed the search of our records and can provide you with the following information:

1. A copy of the remit that was sent to Glasgow Caledonian University from HfS and which was requesting a fire modelling analysis concerning the consequences of a fire breaking out in a single bedroom of the QEUH ward tower. This was in the wake of illegal (and highly flammable) cladding being discovered on the facade of the ward tower.

Under section 17 of the Freedom of Information Scotland Act, 2002 (FOISA), a Scottish public authority is not required to provide information that it does not hold. Public Services Delivery Scotland (PSD Scotland) does not hold any copies of the remit that was sent to Glasgow Caledonian University from NHS Scotland Assure (NHSSA), formerly Health Facilities Scotland (HFS) requesting a fire modelling analysis concerning the consequences of a fire breaking out in a single bedroom of the QEUH ward tower.

2. A copy of any correspondence that you had with GCU concerning this report and its contents.

Please find attached appendices 1 – 12 for all correspondence that is held in relation to the report or its contents. Please note that some information has been redacted from the disclosed documents under section 38(1)(b) of FOISA, as it constitutes personal data of third parties. Disclosure of this information would contravene the data protection principles set out in the UK General Data Protection Regulation and the Data Protection Act 2018.

3. Who within HfS was tasked with checking the above report for accuracy?

The report was commissioned to provide an independent expert assessment and was accepted as an accurate account of the author's professional findings and opinions. The HFS National Fire Safety Advisor participated throughout the report's development, reviewing its progression and considering the evidence, methodology, rationale, findings, and recommendations presented. This oversight did not extend to authorship or ownership of the report's technical conclusions, which remained the sole responsibility of the independent author.

4. In 2003 it was intimated by HfS's then fire officer that the evacuation of bed-bound patients in a hospital should henceforth be via escape bed lifts as opposed to mattress evacuation down the fire stairs. Is this still the case, and if so, can you advise what research was done to justify that decision in 2003?

Under section 17 of FOISA, a Scottish public authority is not required to provide information that it does not hold. PSD Scotland does not hold any recorded advice stating that the evacuation of bed-bound patients in hospitals should be undertaken using escape bed lifts in preference to mattress evacuation via escape stairs.

For context and assistance, the means of escape from healthcare premises should comply with the requirements of the Scottish Building Standards and the Scottish Health Technical Memoranda (SHTM) Firecode guidance. These standards require that escape stairs are designed and provided to facilitate the evacuation of all occupants, including those requiring assistance.

Escape bed lifts are not a mandatory requirement under these standards and are regarded as a supplementary measure that may support an overall evacuation strategy. SHTM 81: Fire Safety in the Design of Healthcare Premises states:

"In hospitals, escape bed lifts provide an option for the vertical evacuation of patients and they play an important part in the overall evacuation strategy."

Where escape bed lifts are provided, their inclusion does not remove or reduce the requirement for the means of escape, including escape stairs, to comply with the relevant Scottish Building Standards and Firecode guidance.

Accordingly, PSD Scotland does not hold any information falling within the scope of your question, the relevant standards do not identify escape bed lifts as a replacement for compliant escape stair arrangements for the evacuation of bed-bound patients.

5. Can I have a copy of that research please?

Under section 17(1) of the Freedom of Information (Scotland) Act 2002 (FOISA), a Scottish public authority is not required to provide information that it does not hold. NHSSA does not hold the information requested.

As PSD Scotland holds no record of the advice referred to, it is unable to comment on the basis for the statement, the evidence considered, or any research that may have informed it at the time it was made in 2003.

6. Can you also advise how architects and others are meant to calculate the number of lifts required to achieve this objective within any given hospital design? We have formulae within the Non-Domestic Technical Standards to calculate the number and width of fire stairs for different sizes of hospital (Annexe 2B). But there is no corresponding guidance for fire evacuation bed lifts.

The below answer provided is drawn from the principles and guidance set out in:

- Scottish Fire Practice Note 3 (Escape bed lifts);
- Scottish Health Technical Memorandum (SHTM) 81 Part 1: Fire Safety in the Design of Healthcare Premises; and
- Advice provided by NHS Scotland Assure through the NHS Scotland Design Assessment Process.

The determination of the number of escape bed lifts required within a healthcare facility is not based on a prescribed formula or calculation.

Unlike the provision of escape stairs, for which the Non-Domestic Technical Handbooks contain specific occupancy-based calculation methodologies, there is no equivalent formula within Scottish Building Standards or Scottish Health Technical Memoranda (SHTM) Firecode guidance for determining the number of escape bed lifts to be provided.

The provision of escape bed lifts should instead be informed by a comprehensive fire strategy and a holistic assessment of the healthcare facility. This assessment should take account of factors including patient dependency levels, evacuation procedures, building height and configuration, compartmentation, anticipated evacuation times, staffing resources, and operational arrangements.

The rationale for the provision and number of escape bed lifts should be clearly documented within the building's fire strategy. The number provided should be sufficient to support the evacuation objectives identified for the specific healthcare facility and should be considered as part of the overall evacuation strategy, rather than as a standalone design requirement.

7. SHTM 08-02 provides only nominal waiting and travel times for various lift types. It also has a number of lifts being recommended for different building heights without overall area being taken into account. There is also no indication as to how you would calculate the number of lifts required for a given bed-bound patient cohort such as 50% bed occupancy. With bed blocking being a major constraint on admitting new patients to hospitals, there is an increased onus on discharging those deemed fit enough to be sent home. There is therefore the distinct likelihood of a higher number of patients being bed-bound as a consequence of this - e.g. 75%. That will completely change the calculation as to how many lifts you will require. So did HfS factor that into their decision to advise that bed-bound patients must be evacuated by bed lifts?

Please refer to our answer, detailed within question six.

From 1 April 2026, National Services Scotland (NSS) and NHS Education for Scotland (NES) joined to form PSD Scotland, enabling transformation in health, social care, and the wider public sector. More information regarding PSD Scotland can be found at the following URL:

Public Services Delivery Scotland (PSD Scotland)

I trust you will find the information of assistance and if you require any further information, please do not hesitate to contact me using the email address psd.foi@nhs.scot.

If you are unhappy with any aspect of how we have dealt with your request, you can make representations to us asking us to review the handling of your request. Please write to the Associate Director Corporate Governance using the email address psd.foi@nhs.scot within 40 working days of the date of this correspondence.

If after a review you are still unhappy, you also have the right to apply to the Scottish Information Commissioner, who can be contacted at Kinburn Castle, St Andrews, Fife, KY16 9DS, or via their online Appeal form.

Yours sincerely,

[redacted]
Corporate Business Officer

Appendix	Description	Date
1	Accompanying email	January 2018
1.1	Report to Health Facilities Scotland - QUEH	
2	Accompanying email	October 2017
2.1	Interim Report - Qualitative Review of Building Envelope Combustibility (version with comments)	
3	Accompanying email	October 2017
3.1	Interim Report - Qualitative Review of Building Envelope Combustibility	
4	Accompanying email	November 2017
4.1	Report to Health Facilities Scotland QUEH	
5	Accompanying email	January 2018
5.1	Report to Health Facilities Scotland QUE	
5.2	Report to Health Facilities Scotland RIE	
6	Email with Screenshots (cladding)	February 2018
7	Associated email correspondence	October 2017-May 2018
8		
9		
10		
11		
12		