



SCOTTISH HOSPITALS INQUIRY

**Hearings Commencing
9 May 2022**

Day 6
Tuesday 17 May 2022
Sorrel Cosens

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10:00

THE CHAIR: Good morning.

Now, I think we are ready to begin, Mr MacGregor.

MR MACGREGOR: Yes, my Lord. The first witness is Ms Sorrel Cosens.

THE CHAIR: Thank you. Good morning, Ms Cosens.

THE WITNESS: Morning.

THE CHAIR: As you are aware, you are shortly going to be asked some questions by Mr MacGregor, who is on my right. But, before then, can I ask you if you would affirm?

THE WITNESS: Yes.

COSENS, Ms SORREL EMMA
(Affirmed)

THE CHAIR: Thank you very much indeed. Now, there is, as you can see, a directional microphone, which should help to amplify your voice, but perhaps speak a little more slowly and a little louder than you would in normal conversation. I do not know how long your evidence will take. We may not get to the stage of our usual coffee break at half past eleven. We will take a coffee break at half past eleven, should you still be giving evidence at that stage, but if, for any reason at all, you want to take a break during your evidence, just indicate that

to me and we will take a break. Mr MacGregor.

MR MACGREGOR: Thank you.

Questioned by MR MACGREGOR

Q Ms Cosens, can you tell the Inquiry your full name, please?

A Sorrel Emma Cosens.

Q Thank you, and you have provided a witness statement to the Inquiry dated 19 April 2022. Is that correct?

A That's right.

Q That is available at pages 158 to 167 of the bundle. The contents of the statement will form part of your evidence to the Inquiry, but you will also be asked some questions today. If at any point you want to refer to your statement, please do let me know. If I could begin by asking you some questions about your qualifications and experience, are you a senior programme manager within NHS Lothian?

A That's right.

Q Thank you. In terms of your NHS career, you joined as a graduate in 2001.

A Yes.

Q Then you moved to the Scottish Government Health Directorate and then back to NHS Lothian in 2008, is that correct?

A That's right.

Q From 2008 onwards, you were working on the re-provision of the Department of Clinical Neurosciences. Then thereafter did you become involved in the re-provision of the Royal Hospital for Children and Young People?

A Yes. In 2008, the project for the Department of Clinical Neurosciences was in parallel and run by the same team as for the Children's Hospital.

Q So whenever you joined NHS Lothian, they were standalone projects, one for the Children's Hospital and one for the Department of Clinical Neurosciences?

A Yes.

Q And you were principally working, at that time, on the project for the Department of Clinical Neurosciences.

A Yes.

Q Am I right in thinking that in December 2010 onwards, you became project manager for the re-provision of both the Royal Hospital for Children and Young People and the Department of Clinical Neurosciences?

A That's correct.

Q Can you just explain what did that role involve?

A In 2010?

Q Yes.

A We had completed an outline business case for the re-provision of the Department of Clinical Neurosciences, which concluded the preferred option for NHS Lothian was to move DCN into the same project as the Children's Hospital, into the same new building, and deliver them together. So, in 2010, we were invited to write an outline business case for a joint project. This was following the change in funding availability for the Children's Hospital that had previously been approved through OBC in 2008. So the sequence was in 2009 NHS Lothian approved the way forward for DCN would be-- the preferred way forward would be to join the two projects up together. That didn't go forward to Scottish Government at their request, and in 2010, we-- with the change in funding availability, we were invited to write a joint OBC.

Q If we just take that in stages: from 2008 to 2010, there are effectively two separate projects. There is the Children's Hospital and then there is the Department for Clinical Neurosciences.

A That's correct.

Q Both of those are proceeding on the basis of-- How would the funding for those hospitals

be at that stage? What was anticipated by HFS?

A Capital funding was anticipated.

Q You mentioned then, in 2010, there is a change. What happens in relation to the funding in 2010?

A I think it was in late 2009, it was announced that capital funding would no longer be available for the Children's Hospital re-provision and we-- or, sorry, was that 2010(?). Whenever it was announced that capital funding was no longer available for Children's Hospital re-provision, the Scottish Government at the same time announced the introduction of the non-profit distributing model and that the Children's Hospital and DCN would be delivered through that route.

Q Okay. So, again, if we just take things in stages: whenever we are looking at the separate Department for Clinical Neurosciences, was there ever a business case that was approved by NHS Lothian for that standalone project?

A There was, but the approved business case was for the preferred option for it to not be standalone anymore.

Q Okay.

A Does that make sense?

Q It does, but did that ever go forward to the Scottish Government for approval?

A No.

Q Why not?

A From my recollection, it was approved by NHS Lothian Board and the lack of available capital meant that Scottish Government Capital Investment Group requested, or the Scottish Government requested it wasn't submitted to the Capital Investment Group.

Q Okay. So two separate projects, you have got the standalone business case for the Children's Hospital, you have got the standalone business case for the Department of Clinical Neurosciences, but the Department of Clinical Neurosciences, when it was capital funded, never goes to Scottish Government because NHS Lothian has been told that there is no capital funding?

A That's my understanding, yes.

Q Again, just to make sure I am understanding you, you then said that there is an announcement made by Scottish Government that there is not going to be capital funding for either of the projects, but that there would be a combined project. Can you

just clarify, what was the funding model going to be for that combined project?

A So it was a revenue-funded, non-profit distributing model.

Q Thank you. Again, just when we are talking about matters of a generality, you say in your statement very fairly that the detail of why new hospitals were required is set out within the outline business case. But, just at a high level, can you summarise your understanding as to why new hospitals were required for Edinburgh?

A Yeah. For both the Department of Clinical Neurosciences and the Royal Hospital for Sick Children, they were in dated accommodation that did not meet current standards. I think everything had been done in the time they'd been occupied to upgrade that accommodation, also expand it for increasing patient numbers, for new therapies, new treatments, new technologies that were coming through, and the buildings were no longer fit for purpose and couldn't be adapted any further. At the same time, we needed to combine emergency pathways for adult neurosurgery and paediatric emergencies as well, and we were looking to create-- NHS Lothian was looking to create a major

acute site at Little France at the Royal Infirmary bringing together the front door emergency services for paediatrics and adults and including the pathway for neurological neurosurgical emergencies.

Q So, again, just so that I understand this, effectively outdated buildings in terms of the existing facilities and a desire to create a major trauma centre, I think it is referred to in the outline business case, whereby you have all acute services on one site?

A That's correct.

Q So, in terms of the choice of the site at Little France as opposed to other options that we might see in the papers, such as St John's in Livingston, again, was that your understanding as to why this project was taking place at Little France?

A Yes.

Q Just to assist with some of the chronology, if I could ask you to have a paper in front of you, which is bundle 3, volume 1 at page 572. So this is a paper headed up, "RHSC Reprovision Project – Project Overview at 9th October". Do you see that?

A Yes.

Q We will come onto it, but at page 574 – just for the benefit of the

core participants and His Lordship – this is a paper that was authored by Rose Byrne and Sorrell Cosens dated October 2009. So when we are looking at this paper, this is a paper dated October 2009, which I think might assist in terms of the chronology in terms of when the announcement was made by Scottish Government. So if we can just have a look at this, at this stage, we are looking at a who is who. We see the Project Sponsor, Project Director, Clinical Director, all being set out at the top, and then we see at the bottom, “Supply Chain”. Can you just explain to us what your understanding of the “Supply Chain” was at the bottom, those four or five bullet points?

A Yes. So, the Principal Supply Chain Partner were appointed through Framework Scotland, and this was BAM with the partners listed here to develop the design and the planning for the standalone Children's Hospital.

Q So by this stage in 2009, the project has got to a point whereby architects, health planners, experts in mechanical and electrical engineering, structural engineering, etc., have all been identified and engaged by NHS Lothian?

A Yes.

Q Then if we look on to

page 573, please, under “Time table,” we see there:

“The Full Business Case will be submitted to the Scottish Government Health Department in July 2010. RHSC & DCN Services are due to commerce (sic) at Little France in spring 2013.”

Do you see that?

A Yes.

Q So is that your expectation as to when the new hospital would be operational as at 2009?

A At that stage, yes.

Q Then, just for completeness, if we look on to page 574, you will see that this is a paper authored by yourself and Rose Byrne. Do you see that?

A I do.

Q Who was Rose Byrne?

A Rose was the project manager who was working on the Children's Hospital when we had two separate parallel projects, so Rose was my counterpart in the Children's Hospital.

Q So effectively a joint paper authored by individuals involved, on the one hand, in the Children's Hospital, and on the other, the Department for Clinical

Neurosciences?

A That's right.

Q Thank you. You tell us in your statement that you go on and there is an outline business case that is created for both parts, the Children's Hospital and Department of Clinical Neurosciences, dated 25 January 2012. At paragraph 6, you say: "I would describe myself as the main editor of the business cases". Could you just explain what you mean by that term, that you were the "editor of the business cases"?

A The business case follows a template or a structure that's set out in the Scottish Capital Investment Manual, which pulls together a number of workstreams and components that an NHS board, an NHS body, needs to go through to demonstrate the need for a capital development. Depending on what those elements are – it might be about bed modelling and projection of activity, for example, and future demand for a service, it might be a risk-assessment process – these all involve different stakeholders and different parties in the project, and the business case is the vehicle in which we pull together all of the different strands of work. So, in terms of editing or writing that business case and

editing the various component parts to put them into a single narrative and into-- to tell that story, to make the case to justify public investment, essentially, that's what that role is.

Q Again, within your statement at paragraph 6, you describe the whole process of creating the business case as a "collaborative effort".

A Right.

Q Is that what you mean in terms of there are a whole range of stakeholders that would feed material into a business case?

A A whole range of stakeholders who would feed material into and who would also review and comment on the drafting of the business case.

Q You have explained that the business case would be prepared in compliance with the requirements of the Scottish Capital Investment Manual. Is that right?

A That's correct.

Q Can you explain to the Inquiry, and we will come on to look at it, but again, just at a high level, what is the Scottish Capital Investment Manual? What is its purpose?

A The purpose of SCIM is to give NHS boards that blueprint, that template, for presenting and

developing a business case. It starts with the initial agreement stage, looking at the strategic requirements for, for example, the re-provision of the Children's Hospital. The outline business case looks at, then, the options for delivering that, so site options or the service model options. Full business case then looks at the detailed costing that comes out of sample design work and also workforce planning and so on. So, really, it is an iterative process, at which point we, as an NHS board, check in with the Scottish Government Capital Investment Group at particular milestones to confirm support for us to continue to develop this project and all of the costs and procurement that really ensue from that.

Q So, just to make sure I am understanding things, in terms of the journey of a project from start to finish, you would start with the initial agreement?

A Yes.

Q You describe that as, really, a strategic case.

A Yes.

Q Okay. So you then move on to the outline business case. How much more detailed is the outline business case as opposed to the initial agreement?

A What the outline business case does that the initial agreement doesn't is do a full options assessment of, for example, you described whether or not Children's would go to the Royal Infirmary at Little France or whether it would go to St John's, and is the full strategic, economic and financial assessment of those options in parallel.

Q Again, if you have your outline business case approved by Scottish Government, what would happen next in terms of the project journey?

A On approval of the outline business case, you have-- you essentially have approval permission to go to procurement to-- which is what happened, for example, with the 2008 OBC for Children's, and that's where BAM were appointed as the PSCP that we've just looked at -- to go to procurement, to go to the market and appoint contractors to work alongside you in the event of a capital development to develop the design and therefore the costing of the project you're working on.

Q Then what happens at the final business case stage?

A Final business case stage is the output of that, working with contractors to pinpoint the costs to--

yes, the cost to NHS Lothian and to partners, including the Scottish Government, of the building that you have therefore designed.

Q So, again, just so I am understanding things: initial agreement gets signed off, allows you to move to outline business case----

A Yes.

Q -- outline business case approved allows you to move to the procurement stage, but you then have to go back and do a final business case after the procurement exercise before the journey is effectively complete and, if it was capital funding, that the money would flow?

A Yes.

Q If I can ask you to have a look, please, at the Scottish Investment Manual Business Case Guide, so that is in bundle 3, volume 2 at page 120. So bundle 3, volume 2, page 120, is that a document headed "Scottish Capital Investment Manual. Business Case Guide"?

A Yes.

Q Is this what you have referred to as the SCIM?

A It is, and if I can see the date on it further down----

Q I don't think there is a date on the front page.

A Right, okay. Is this the

2011 version of it?

Q Certainly the Inquiry's understanding is that what you are looking at is the 2011 version of the Scottish Capital Investment Manual.

A So that's what we used, yes.

Q So if we could look onto page 123, please, which states at the top in the foreword:

"NHS Scotland invests over £0.5bn each year on new or replacement assets such as land, buildings, equipment and facilities. With the increasing demand for infrastructure investment, and recognising the lasting impact that such investment decisions have, it is essential that we make the right investment choices and that we clearly demonstrate and deliver value for money for the taxpayer."

Do you see that?

A I do.

Q So is that, in essence, the whole purpose of the Scottish Capital Investment Manual process? It is about trying to ensure value for money for the public sector.

A Ensuring value for money and therefore prioritising what it's spent on.

Q Thank you. So, if we

skip the next paragraph and look at the third paragraph, it states:

“The emphasis on the ‘economic case’ in this business case process is not simply concerned with the financial consequences of an investment decision but also non-financial aspects. Making the right investment decisions therefore requires us to identify and act in support of the Scottish Government's range of Strategic Outcomes from the outset ...”

People might consider that, really, when you are talking about a business case, it is just simply about looking at the economics, but this suggests that there is a wider purpose to the Scottish Capital Investment Manual. Could you explain your understanding of that paragraph?

A Yeah. The economic case also takes into account the question of the service model that you're proposing to deliver, and therefore it allows us to look at the effectiveness and efficiency of clinical models, clinical pathways, it allows us to look at the contribution to the health of the population, the wider health--public health question of what a project might deliver, it allows us to look at the safety of those clinical services,

including the environment that they are provided in and the facilities, and also it looks at the benefits to the wider community, I suppose, in an economic sense – the employment that it might bring, the investment through construction, through facilities development and so on. So it is wider than simply balancing the financial costs.

Q Issues such as design and relevant technical guidance for a hospital, is that relevant at the outline business case stage?

A It is. However, I don't think I'm best placed to answer detailed questions about that.

Q So whenever you say you are not best placed to answer, if there was going to be input about design issues and technical guidance, for example, would that be fed into you in your role as editor by someone else?

A Yes.

Q Who would that person have been for this project?

A On this project, the Design Lead or “Champion”, I think was the word, for this project in terms of guidance was Iain Graham, the Director of Capital Planning and Projects for NHS Lothian.

Q So any issues about

design or technical guidance, it would be Capital Planning that would feed into you in your role as editor to compile what has been provided?

A Yes, that's correct.

Q Thank you. So if we could look on to page 124, still within the Scottish Capital Investment Manual, you will see the top of the page the guidance says:

“... an assessment of design quality at IA, OBC and FBC stages is now part of the SGHD Business Case process, the purpose of which is to ensure that the outcomes of development projects meet the Government's objectives and expectations for public investment. The aim of mapping design into the Business Case process is to support the implementation of the Policy on Design Quality for NHS Scotland by improving the level of design quality achieved across NHS Scotland and, ultimately, the outcomes achieved by doing so.”
Do you see that?

A Yes.

Q What was your understanding of the Policy on Design Quality for NHS Scotland that is referred to there?

A The Policy on Design Quality, I was aware of it, I was aware of it underpinning the SCIM and the business case. The detail of it though, I'm afraid I don't have any recollection of now, 12 years later.

Q Yes. But, again, I just want to be very fair to you, it is a long time ago, and part of the reason I am taking it to the documents is it would be unfair to do anything else. But, again, just so I understand, when you are drafting or editing the outline business case, you're aware that there is a Policy on Design Quality for NHS Scotland and you know that that has to be addressed within the business case; is that correct?

A Yes.

Q But you are effectively deferring to someone that has greater knowledge in terms of your colleagues in Capital Planning?

A I am.

Q Thank you. In terms of the outline business case itself, obviously you are doing the editing process, but who would have ultimate responsibility for the content of the document?

A The document was approved by NHS Lothian Board and therefore the accountable officer is the Chief Executive. However, between

my editing and that being approved-- submitted and approved by NHS Lothian Board, there was a project board which was chaired by the senior responsible owner for the project, and they took the outline business case to the finance and-- it was called Finance and Resources Committee at the time and then on to the board. So it was approved first by a project board and then by a subcommittee of NHS Lothian Board and then the board itself.

Q So a series of stages of approval, obviously drafted in the collaborative way that you indicated----

A Yes.

Q -- it then goes to the project board, Finance and Resources Committee, and then ultimately to the actual board of NHS Lothian?

A That's right.

Q Again, just to cover that off, if we could look on to section 6 of the Scottish Capital Investment Manual and page 141, please. We see there:

“The ‘ownership’ and responsibility for the infrastructure investment planning process rests with the NHS Scotland body developing or leading the development of the programme/project in question.”

Do you see that?

A Yes.

Q Again, is that why you said ultimate responsibility would rest with the board of NHS Lothian?

A That's right.

Q It continues:

“Issues of governance are dealt with in the SCIM Programme and Project Organisation Guide. For significant investments NHS Scotland Bodies should appoint a Senior Responsible Owner (SRO) for the project direction at Board level, as also recommended by the OGC Gateway Process.”

Can you just explain your understanding of what the senior responsible officer was in terms of the project?

A The senior responsible owner was an exec director who led on the project and reported on it to the board.

Q So would that, effectively, be a person who was a link between the people that were doing the operational aspects of the project and then the board, which had governance aspects associated with the project?

A That's right, yes.

Q Thank you. Still within page 141, section 6, it continues:

“The process should also involve the NHSS Body’s board-level environmental or sustainability champion, a key role promoted in the Environmental Management Policy Action Plan (2008). Under no circumstances should responsibility for the direction and the production of the business case be ‘outsourced’ to external consultants. However, external consultants may be of invaluable assistance and their use should be considered where the necessary skills and resources are not available in house.”

Do you see that?

A Yes.

Q Can you just explain what external consultants, if any, were involved at the stage that the outline business case was being produced?

A In the 2012 outline business case we were working with Mott MacDonald, who provided, along with Davis Langdon, project management support. For example, they were looking at the project execution plan, which is an appendix in the OBC. They were also part of developing the procurement strategy

and understanding and exploring the procurement options for the project when we switched from capital to revenue funding. So that’s an example of what Motts were involved in.

Q Okay. Then, if we could return to page 141, just at the bottom of the page, it says:

“Similarly, the production of the business case should not be regarded as an adjunct to the project manager’s role, and a hurdle to jump for approval purposes. Instead, it must be viewed as a fundamental part of the overall business planning process, which requires advice and guidance from the business managers, users and technicians involved in the scheme.”

Do you see that?

A I do.

Q Now, just in terms of this project, obviously there has been the 2008 business case, which has been approved both by NHS Lothian Board and then by Scottish Government. There has also been the business case standalone, produced for the Department of Clinical Neurosciences and now there is the composite outline business case, the 2012 business case. Can you just explain how that process comes about and how intense

the production of the 2012 outline business case is, given how much work has been done before?

A It was a very intense process considering we needed to revisit everything that had been in the previous two, the separate outline business cases. First of all, the whole business case process is iterative, so at any resubmission we have to confirm the latest strategic context we're working in and whether or not our preferred option still applies and still works for us. The biggest change was the change in the funding availability and that model, so actually that needed to be revisited in the economic case chapter, the financial case, the commercial case and the management case section. So, four out of five, really, of the outline business case chapters were reworked extensively to fit the new model.

Q So again, just so I am understanding, significant and extensive work goes into the 2012 business case. It is not just minor changes from what had gone before?

A No. It's a completely new business case.

Q If I can ask you, one of the things that we will see within the Scottish Capital Investment Manual is a reference to "gateway reviews".

Could you explain, what is your understanding of gateway reviews, what are they and what is their purpose?

A Gateway reviews were our milestone checks, or health checks, on a project by Scottish Government. I'm afraid I've forgotten the name of the department in Scottish Government that carries them out, or that carries them out on their behalf. There is, in SCIM, a review that-- each milestone in the business case, essentially. So, with the submission of the initial agreement, the outline business case and at stages in procurement, there would be a gateway review carried out.

So, that was done for the Children's Hospital OBC as a standalone capital development and, I think, a last one was done at the point we were developing the OBC for the joint Children's and DCN. But at that point, because we had moved to NPD revenue funded, we switched to key stage reviews instead.

Q Okay, so we will come on and talk about that, but certainly at this stage we are talking about gateway reviews, but you say that there is a shift whenever it moves into revenue funding, that then becomes a separate process called "key stage reviews"?

A Yes.

Q So, just sticking with gateway reviews, in terms of the Scottish Capital Investment Manual, if I can ask you to look on, still within the Scottish Capital Investment Manual guide, to page 175, please. This is, effectively, just describing phase 1 of what the gateway reviews would be, which says, “The IA has now been completed” – so, the initial agreement has been completed:

“A Gateway 1 or Health Check 1 for the business justification stage should now be considered for the project, prior to the formal submission of the IA to the approving authority for agreement (if required)”.

Do you see that?

A Yes.

Q So, again, what was your understanding of what this first gateway review is doing after the initial agreement, but before the outline business case?

A Between the initial agreement and the outline business case, the health check would be to confirm that the direction of travel in the initial agreement is still relevant; that project resources and expertise are sufficient to develop that outline business case; and that the board is

ready to commit to that next level of developing a project.

Q Is this really part of what you referred to as the “iterative process”?

A Yes.

Q That you don’t simply do the initial agreement, forget about things, then do the outline business case. It is a continuing journey?

A It is.

Q Again, just to reference when the second gateway review would come in, if we could look on to page 219, please. In the second paragraph, on page 219, it says:

“The advent of gateway 2 (procurement strategy) following the production of the OBC has reinforced the need to prepare for the potential deal at this stage.”

Do you see that?

A Yes.

Q So, again, in terms of your understanding, is that when the second gateway would come in, when you are looking at the procurement strategy?

A That's right.

Q You have, effectively, a review before the outline business case, you have the outline business case and then you would have a review before you actually go into the

procurement exercise?

A That's correct.

Q The next document I would like to look at, please, is within bundle 4, at page 99.

THE CHAIR: Thank you.

MR MACGREGOR: So, you should see in the top right-hand corner, "CEL 19 (2010)". We will come on and look at it further down, but this is, effectively, the 2010 design policy. This is just, effectively, a document that goes at the front of that. So, if we see, for example, in paragraph 3:

"This CEL and the attached policy statement supersedes NHS HDL(2006)58. This CEL also provides information on Design Assessment within the SGHD CIG Business Case process."

Do you see that?

A I do.

Q Again, you said earlier you understood that there was a design policy, but understandably, it was some time ago since you looked at it. If we look over the page, please, so page 100. At the top of the paragraph, it begins:

"...the outcomes of development projects meet the Scottish Government's objectives and expectations for public

investment. Support for the implementation of the design agenda will be provided by means of a coordinated, tripartite working arrangement between Scottish Government Health Directorates (SGHD), Health Facilities Scotland (HFS) and Architecture and Design Scotland (A+DS) to facilitate the procurement of well-designed, sustainable, healing environments which support the policies and objectives of NHS Boards and the Scottish Government Health Directorates."

Do you see that?

A I do.

Q In terms of the 2012 outline business case, what advice and assistance was NHS Lothian receiving from the Scottish Government Health Directorate, if any?

A My recollection is that the outline business case that we were developing in 2011, and completed in 2012, Scottish Government colleagues were working with us as to how best to take the work from the two standalone, previously approved outline business cases under a different funding model and get us to a place where we could submit a revenue funded outline

project as outline business case, making the most of all of the work that had already been done.

Q So, guidance and assistance being provided directly by the Scottish Government?

A Yes.

Q Okay. What about Architecture and Design Scotland? What assistance, if any, were they providing at the outline business case stage?

A I wasn't involved in any discussions with Architecture and Design Scotland. I know that they did meet with senior colleagues, but I wasn't involved in the design development process, so I couldn't tell you what level of---

Q Who do you think would have been having those discussions? Was there a particular aspect of NHS Lothian?

A I think you'd have to ask - I think if you asked the Project Director and also Director of Capital Planning and projects about that engagement, they'd know more than I do.

Q So would that be Mr Brian Currie and Mr Iain Graham?

A That's right.

Q Again, just for completeness, there is a reference

there, to Health Facilities Scotland. What knowledge, if any, do you have of any assistance they were providing at the outline business case stage?

A I have no detailed knowledge.

Q Again, just to be fair, would it be Mr Currie and Mr Graham that might be able to assist the Inquiry?

A Yes.

Q If we look on to page 101, please. Do you see there, at the top:

“...on the aspects of design relating to functionality, particularly technical and sustainability standards developed by HFS and the Department of Health in England”.

Do you see that?

A I do.

Q Then if we look below that to paragraph 11, “Design Assessment and the Business Case Process”, do you see paragraph 11?

A Yes, I do.

Q It states:

“An assessment of design quality is now part of the SGHD Business Case process. All projects submitted to the SGHD Capital Investment Group for

approval are now subject to an assessment of design quality and functionality, including technical and sustainability standards. This Design Assessment will take place at the Initial Agreement, Outline Business Case and Full Business Case stages of approval.”

Do you see that?

A I do.

Q Again, cast your mind back to whenever you were editing the 2012 outline business case. Was that your understanding, that there should be a design assessment that is taking place at that stage?

A Yes.

Q Again, in your editing role, who is it that you would be looking to within NHS Lothian – or an external body – to complete the aspect, in relation to the design assessment section?

A I think the information that was taken into the outline business case on this, again, came from the Project Director and the Director of Capital Planning and Projects. It, in turn, came from a review that was commissioned by Scottish Futures Trust that was undertaken by Atkins, an external consultant.

Q So, again, just to be clear, your understanding is that the design review that is being talked about within this policy, that was effectively what was done by a company called Atkins.

A It was-- there was a design and cost review done by Atkins, at the request of Scottish Futures Trust.

Q Thank you. If I could ask you to look on to page 102, you will see the actual policy itself, which might assist in jogging your memory. So, page 102 should be “A Policy on Design Quality for NHS Scotland”. At the bottom you will see “2010”.

Do you see that?

A Yes.

Q Again, I just want to be very clear, it is my understanding that you knew about the generality of this policy when you were editing the outline business case, but not necessarily the granular level of detail?

A Yes.

Q If I can ask you to look on to page 113, please, to paragraph 9 under “Monitoring”. Page 113, paragraph 9, do you see a sentence beginning “SGHD”?

A Yes.

Q So, it says:
“SGHD will monitor the

integration of design quality into healthcare building procurement through the Business Case approvals process which will be facilitated through a coordinated assessment of the potential quality of proposed projects to support those responsible for decision making within the Business Case process.

This assessment will involve the contribution of particular expertise on the aspects of design relating to government policy on design and place-making from Architecture and Design Scotland and, of particular expertise on the aspects of design relating to functionality, particularly technical and sustainability standards, from Health Facilities Scotland.”

Do you see that?

A I do.

Q You mentioned that there was a report by Atkins. Do you recall when you were editing the 2012 outline business case if there were any reports, by either Architecture and Design Scotland or Health Facilities Scotland, that were provided to you?

A I do know that the Atkins report and the recommendations from that were reviewed by Health Facilities

Scotland and there is a statement in the outline business case in 2012 that Health Facilities Scotland’s design assessment process had been followed for the outline business case.

Q Who told you that information?

A I don't recall now who told me that information, but what I can say is that that statement wouldn't have been made without the agreement of Health Facilities Scotland, and HFS also sit on the Capital Investment Group that reviewed the outline business case and, therefore, were party to approving.

Q If I could ask you to look on, to page 131, please, to the bold section headed “Design Assessment” beginning, “An assessment...” Do you see that?

A I do.

Q So, it states:

“An assessment of design quality is now part of the SGHD Business Case process. All projects submitted to the SGHD Capital Investment Group for approval are now subject to an assessment of design quality and functionality, including technical and sustainability standards. This Design Assessment will take

place at the Initial Agreement, Outline Business Case and Full Business Case stages of approval.

There are two complimentary areas of consideration in the design of healthcare buildings. These can broadly be described as healthcare specific design aspects – the areas generally covered by guidance issued by Health Facilities Scotland - and general good practice in design considering the human experience of being in and around buildings. These are brought together in this process and in the collaboration between Health Facilities Scotland and Architecture and Design Scotland in the NHS Scotland Design Assessment Group which reports to the SGHD Capital Investment Group. This process forms part of the coordinated tripartite working relationship with SGHD and A+DS.”

Do you remember there being any report provided by the NHS Design Assessment Group as part of the outline business case process?

A No, I don't.

Q The next document I

would like to look at, please, is the Scottish Capital Investment Manual Supporting Guidance: Design Assessment in the Business Case Process. That is in bundle 8, at page 63. Is this a document that you have seen before?

A Yes.

Q Would you have considered this at the point that you were editing the outline business case, in 2012?

A Yes.

Q So, if I could ask you to look to page 64, please. You see at the top:

“Introduction. From the 1st July 2010 an assessment of design quality will become part of the business case approval process. This guidance should be viewed as part of the Scottish Capital Investment Manual (SCIM) notified through NHS CEL 19 (2009).”

Do you see that?

A Yes.

Q Those are, effectively, the documents that we have already looked at today. Then, if we look to the final paragraph, just above “Contents”, it states:

“Although the full process described below, and the

requirement to refer projects to the NHS Scotland Design Assessment Process, applies only to projects that are to be considered by Capital Investment Group (CIG), it is intended and expected that Boards will develop 'design statements' and utilise the self assessment methodologies described below on all development projects."

Do you see that?

A Yes.

Q So, is that your understanding, that really this should be applied to the business case that you were considering?

A Yes.

Q If we look over the page, to page 65, please, the first full paragraph, three lines up from the bottom, there is a sentence beginning,

"These are brought together in this process, and in the collaboration of HFS and A+DS in the NHS Scotland Design Assessment Process, by the means described below."

Do you see that?

A I do.

Q It then goes on to quote from A Policy on Design Quality for NHS Scotland. Then, the final paragraph on that page:

"Accordingly projects submitted to the Capital Investment Group (CIG) for business case approval will be assessed for compliance with current published guidance. To facilitate this, Boards will be requested to submit a comprehensive list of the guidance that they consider to be applicable to the development under consideration (see inset on next page), together with a schedule of derogations that are required for reasons specific to the project's particular circumstances."

You see that?

A I do.

Q So, was that your understanding, again, of what part of this design review process would involve?

A It is. I don't recall the detail of the reference design.

Q If I can ask you to look to page 69, please, to paragraph 1.4, "Transitional Arrangements" at the bottom. Do you see that?

A Yes.

Q It states:

"This guidance shall apply to all projects submitted for approval of the Initial Agreement

(IA) after 1st July 2010. Projects that have not received approval of their Outline Business Case (OBC) by 1st July 2010 shall be considered for the assessment process on a case by case basis, as part of the initial pilot phase, however the development and demonstrated application of a Design Statement should be considered as good practice for all projects from publication of this guidance.”

Do you see that?

A Yes.

Q I wonder if you could assist the Inquiry. Obviously, for the project we are discussing, there is the initial agreement that takes place in 2006----

A Yes.

Q -- but there is then, effectively, the combining of the Children's Hospital with the Department for Clinical Neurosciences. Do you remember there being any discussion when the business case was being produced as to whether this process would be applicable?

A I remember discussion as to whether or not we needed to go back entirely to initial agreement for a joint project and that being ruled out.

In terms of the design assessment process, I do recall there were discussions about it. I wasn't party to them.

Q So again, just to be very fair to you, in terms of whether this process had to be completed, and if it did, exactly what it should involve, is that effectively for other individuals within NHS Lothian, although you would edit and insert that information into the outline business case?

A I was aware of the discussions, but yes, Brian Currie and Iain Graham are better placed to give you details.

Q Thank you. If I can ask you, then, to look to the outline business case from 25 January 2012 itself, please. That is bundle 3, volume 2, page 672.

THE CHAIR: Thank you.

MR MACGREGOR: Whenever we refer to the 2012 outline business case, is this the document that we are talking about?

A That's right.

Q This is the document you have described your role as the editor in the collaborative process?

A Yes.

Q If we look to page 676, please, paragraph 1.7, it states:

“The preferred option for the

project, a joint build RHSC and DCN, was identified in the Business Case Update and approval received from the Scottish Government to develop this OBC in July 2011. This OBC has been written in accordance with Scottish Capital Investment Manual guidance.”

Do you see that?

A I do.

Q Is that the guidance that we have looked at this morning?

A Yes.

Q So, at the very bottom, there is “Strategic context”, at paragraph 1.9. It states:

“Services for children and young people and for adult neuroscience patients will meet national aims and ambitions laid out in...”

and then over the page, page 677, do you see the first bullet point, “2010 NHS Scotland Quality Strategy”? Do you see that?

A Yes.

Q Is that the 2010 design quality policy that we have just looked at, or is that something different?

A It's something different. There was an NHS Scotland quality strategy about the delivery of NHS services and it wasn't simply restricted

to design quality----

THE CHAIR: Sorry, my fault entirely; could you just repeat that answer?

A Sorry. The NHS Scotland quality strategy, I don't remember the detail, I'm afraid, now, but is a different document to the design quality statement we've been looking at.

MR MACGREGOR: So, again, simply it's a wider, more generalised policy; it's not the specific design policy that we looked at this morning.

A No, it's not.

Q Thank you. If I could ask you to look on to page 685, please, and to paragraph 1.70 at the very bottom of the page, beginning “The reference design...” Page 685 at the bottom, paragraph 1.70. Do you see that, Ms Cosens?

A I do.

Q So it states:

“The reference design and development of final design with the preferred bidder will both be subject to a range of reviews as work progresses. To date these have included the following and findings from each have influenced the ongoing design development.”

Do you see that?

A I do.

Q The final document mentioned is “Health Facilities Scotland NDAP – design assessment”. Do you see that?

A I do.

Q Again, just to make sure I’m understanding, is that an entry that you would put in independently or is that an entry that someone would have told you should be inserted?

A I will have been advised to insert that.

Q Yeah. Again, just to be very fair, the Inquiry has a witness statement from Mr Brian Currie, who is the-- what was his role in the project?

A Project director.

Q So Mr Currie says in his witness statement at paragraph 66, I’ll just read it out to you. He says:

“I have been asked whether an NHS Design Assessment process (NDAP) ever took place in respect of the Project. It did not because we had already secured business case approval.”

That’s Mr Currie’s position, which obviously the Inquiry will ask about in due course; but again, just to try and understand how, if Mr Currie is saying that that process didn’t take place, can you assist the Inquiry in terms of how that statement’s got into the outline

business case, that that process was completed?

A Yes, I think I can. As I mentioned earlier, the Atkins design and cost review was shared with Health Facilities Scotland. Health facilities Scotland reviewed their recommendations and provided comment as well – that is also in bundle 3, volume 2. At the time-- I don’t recall conversation specifically about the wording around this, but we will-- we would not have put that statement into the outline business case without HFS agreeing, and they subsequently approved the outline business case, that sufficient design assessment process had taken place at this stage. I can only imagine now that that was part of the case-by-case review for the transition arrangements of the introduction of the design quality standards.

Q So again, just to be fair, your understanding is that that statement-- whether or not a formal Health Facilities Scotland NDAP design process took place, your understanding as editor of the outline business case was that Health Facilities Scotland were content for that entry to be put within the business case?

A That sufficient design

assessment had been completed for this business case.

Q My understanding is that, in terms of the appendices to the outline business case, the Atkins report is provided; is that correct?

A That's right.

Q But there isn't anything that would be called a Health Facilities Scotland NDAP design assessment----

A No.

Q -- included as an appendix.

A No.

Q Again, if I can just understand the process that the outline business case goes for approval, so it would firstly go to the project board, I think you tell us at paragraph 30 of your statement if you want to turn it up.

A Yes, it goes to the project board and then subcommittee of NHS Lothian Board before NHS Lothian Board, and then it goes to the Capital Investment Group at Scottish Government.

Q So again, just so I can understand, in terms of your role as editor of the outline business case, the outline business case which states that a Health Facilities Scotland NDAP design assessment has been completed, that goes to the project board, but no one actually asked to

see a physical document called Health Facilities Scotland NDAP design assessment?

A No.

Q Then, again, the outline business case will go to the Finance and Resources Committee and, again, nobody on that body was coming back and asking to see a physical document called Health Facilities Scotland NDAP design assessment.

A Not that I recall.

Q Then again, it goes to the full NHS board, and no one on the NHS board is asking to see a physical document called Health Facilities Scotland NDAP design assessment. Does that surprise you?

A No.

Q Why not?

A Because the appendices that went through those governance committees to the outline business case included the design and-- design review by Atkins, and that was a piece of work that was commissioned by Scottish Futures Trust and was thought to be-- I can only assume was thought to be sufficient to underpin the outline business case.

Q So, effectively, that particular Health Facilities Scotland NDAP design assessment might not be there, but there's the Atkins report

effectively as a substitute. Is that your position?

A Yes.

Q Thank you. Just so that we're complete in terms of what the outline business case contains, if we look perhaps on to page 737, please. Do we see, at page 737, that the management case-- so we see governance structures being set out.

A Yes.

Q Then if we look on to page 738, at paragraph 6.8, we see the procurement strategy for the project being set out.

A Yes.

Q Then, if we look on to page 740, we see in more detail, from paragraph 6.20 onwards, what the project management structure is for the project. So, page 740, paragraph 6.28 onwards.

A Yes.

Q Then if we look on to page 744, paragraph 6.45, 744, paragraph 6.45, we see the role of Mott MacDonald – the external advisors that you talked about earlier in your evidence – being set out within the business case.

A That's right.

Q If I could ask you to put that document to one side, please, and then look within your statement to

paragraph 12, please, page 162 in my copy, in the top right-hand corner, paragraph 12, beginning, "In my view it made sense..."

A Yes.

Q So you say:

"In my view it made sense to utilise the significant amount of work undertaken and costs incurred on the RHSC project to date, and that is why the approach taken with the new scheme was to use work already completed as a reference design for procuring design and construction partners in the NPD project."

Do you see that?

A I do.

Q You very helpfully set out what your understanding was and why that was a good thing to do. Within the context of the project, whose decision was that to make?

A To adopt a reference design?

Q Really to utilise the work that had been done, effectively for like the old project and take that forward into the new revenue funded project.

A I'm afraid I don't recall.

Q Within your statement at paragraph 14, you mention gateway reviews that were undertaken at an

earlier stage in the project. Could I ask you please to look to bundle 3, volume 1, at page 797?

THE CHAIR: Thank you.

MR MACGREGOR: So is that a document headed up “Gateway Review”? Then in the bottom left-hand corner, we see “Gateway Review 2 (Delivery Strategy).”

A Yes.

Q So, effectively, this is the review that’s taking place whenever the project is still capital funded as opposed to whenever it becomes revenue funded.

A Right, okay.

Q If we look on to page 798, in the fourth box down, we’ll see that it’s dated 9 March 2010. Do you see that?

A I do.

THE CHAIR: Sorry, my fault, Mr MacGregor. Page?

MR MACGREGOR: So it is within bundle 3, volume 1, at page 797 is the front page of the Gateway Review.

THE CHAIR: Right, I’ve got the front page.

MR MACGREGOR: Then the date is on page 798 in the third box down.

THE CHAIR: Thank you.

MR MACGREGOR: On Page

798, you should have “Report Status” and then “Final Report Issued to SRO”. Then if we look on to page 800, you see “Procurement/Delivery status” at paragraph 1.31. Do you see that? Page 800, paragraph 1.3.1, and it states:

“The project’s Outline Business Case... was approved in August 2008 and thereafter a decision was taken to combine the build of the RHSC with the proposed Department of Clinical Neurosciences...”

Which again you’ve told us about in your evidence. It continues:

“In early 2009, professional services contractors (PSC) and a Framework Principal Supply Chain Partner (PSCP) were appointed to take this combined project forward. In late 2009, Scottish Government Health Department advised that the capital funding would not be available for the DCN and the two new builds have therefore been uncoupled.”

See that?

A Yes.

Q Again, does that jog your memory in terms of the timeline in terms of when the announcement might have been made by the Scottish

Government?

A Yes, that was the year before.

Q So, effectively, in 2009 NHS Lothian had been told there's no capital funding for the DCN, but this is slightly before the announcement that it's going to all be revenue funded as opposed to capital funded. If we could look on to page 803, please. There's a reference here to the HFS, Health Facilities Scotland. So page 803 states:

“Experience on this project has been that HFS support has been useful in some early advice but as the project has developed and the client team has been strengthened by the appointment of experienced and highly capable staff, HFS advisers clearly need to adapt their role. In this case the need to adapt does not appear to have been fully recognised to the extent that they have been seen as ‘meddling’ in areas of direct service delivery that are now clearly the remit of NHS Lothian (NHSL) as the client to the contract. This is potentially damaging to the service the client receives from their advisers and needs to be resolved as soon as

possible.”

Do you see that?

A I do.

Q Do you remember any such discussions whenever you were producing the 2012 outline business case?

A I'm afraid I don't.

Q One of the things that you mentioned in your evidence earlier is that there was a change from these gateway reviews towards key stage reviews. You address these at paragraph 16 of your witness statement, but could you just summarise really how a key stage review was different to the gateway reviews?

A Key stage reviews were the milestone or health checks that were introduced for the NPD, the revenue funding model, when the project changed. The content of them in terms of a review, I couldn't tell you the detail now as to how that differed. The party undertaking the review, the key stage reviews, was Scottish Futures Trust, who hadn't been involved previously in gateway reviews, they weren't involved in capital funded projects.

Q Okay, yeah.

THE CHAIR: Sorry----

A Sorry.

Q I just missed your explanation, which I think was of who actually carried out the gateway review.

A The gateway review was a department within Scottish Government, the key stage review was Scottish Futures Trust.

Q Right. Right, just so I'm absolutely clear about that, the gateway review was internal to Scottish Government, it wasn't an independent third party for example.

A Yeah, that's right.

Q Again, just so I'm absolutely clear, we're talking about gateway reviews when we're talking about capital funding----

A Yeah.

Q -- and then we're talking about key stage reviews in the context of revenue funding.

A That's correct.

Q One document that you've mentioned in your evidence today which you also mention at both paragraph 8 and paragraph 16 of your statement is the Atkins review. So, if we could turn to that, please. It's in bundle 3, volume 2, at page 567. Is this the report that you're talking about when you refer to the "Atkins review"?

A Yes, it is.

Q So it's "Royal Hospital for

Sick Children/Department of Clinical Neurosciences Independent Design Review, Scottish Futures Trust, 12 December 2011". If we look on to page 571, please. See "Summary and Recommendations":

"The purpose of this Independent Review was to assess the design brief for the project to replace the Royal Hospital for Sick Children and the Department of Clinical Neurosciences (RHSC/DCN) on the Little France site. The review assessed the capacity of the project to deliver value for money by meeting the strategic aims of the programme; by making best use of space and opportunities for maximising sharing with other assets; and by minimising the whole-life costs."

Do you see that?

A I do.

Q So really the whole ethos of this report is about delivering value for money. There are various recommendations made; so if we look, for example, on to page 573, it deals with space planning, in-patient beds and wards, and addresses the single room issue. Do you see that? Making Recommendation 5, that there's a review:

“Review the current out-turn percentage of single rooms within the SoA as it is less than the stated target.”

A Yes.

Q Look onto page 576, please, whereby the reference design is addressed. So, towards the bottom of the page, page 576, towards the bottom. Do you see that?

A Yes.

Q So it says:

“At the point of our review the Reference Design was relatively under-developed considering the stage of the project. There was no clear and settled building diagram. This means that:-

- The clinical adjacencies are not yet wholly resolved,
- There is not an understanding of how departments can be developed in detail within the current blocks.
- There is no resolved strategy which can be expressed in supporting diagrams for communication routes, segregation of flows or FM

servicing.”

You see that?

A I do.

Q So, again, in terms of 2012 outline business case, was it your understanding that, at that point in time, although a reference design was to be used, that it was relatively underdeveloped for the stage of the project?

A That’s the description of this here, yes.

Q It then continues below the bullet points:

“Clarity about these issues will be crucial to the NPD design process to ensure that the facility delivers the desired clinical efficiencies and patient satisfaction.

As previously noted, a stated requirement for the Emergency Department to be adjacent to the Outpatient Department for the purposes of Major Incident Planning is not currently being achieved.”

Then we see recommendation

16:

“1. Provide clinical planning diagrams now to determine the communication and circulation strategy as well as department adjacencies.

2. Resolve the circulation strategy within the Reference Design.

3. Match the adjacency matrix to the developed plan.”

If I could ask you, still within the Atkins report, please, to look on to page 637. Within Section 7.2.2, you'll see a chart that's got various colours in it. Do you see that?

A I do.

Q So, on page 637, paragraph 7.2.2, and at letter F, there's a question mark and “Engineering”. Do you see that?

A I do.

Q It says towards the right-hand side: “0 out of 5 scored”, you see that?

A I do.

Q Then if we look to paragraph 7.2.3, “Scored and Un-scored Elements”, it states:

“A number of elements are unable to be scored at this stage because the design is insufficiently developed. In particular performance, engineering and construction cannot be scored at this stage.”

Do you see that? So, again, just so the Inquiry's understanding matters, at this stage, 2012 outline business case, there's the Atkins report that

goes in as an appendices which effectively states that engineering and construction elements of the design simply can't be scored because of the stage of development. Is that correct?

A That is what that says. I wasn't involved in the AEDET of this particular project. Having done them since then on other schemes, I think what's intended by that statement is it's not expected to be able to score performance engineering and construction at that stage. The design is insufficiently developed at that point in a project.

Q So you would say that there's nothing unusual from the statement there.

A About those three-- performance, engineering and construction-- particularly as the next paragraph goes on to say where it is surprising they haven't been scored.

Q Is that the paragraph beginning: “However, some of the elements...”

A Yeah.

Q So it does specifically say: “However, some of the elements which have not been scored are surprising, for example...” and then it sets out areas such as space, access, staff and patient accommodation, and urban and social integration.

A Yes.

Q If I can ask you to look on, please, to page 644, still within the Atkins report, and to the very final section, paragraph 7.8, “Building Services and Progress to BREEAM”. Page 644, paragraph 7.8. Do you see that, Ms Cosens?

A I do.

Q It states at the bottom, paragraph 7.8:

“The approach to building services design and progress towards a high BREEAM score was not assessed as it anticipated this will form part of the technical monitoring of the project by both the Scottish Government and HFS.”

Do you know what was meant there by “technical monitoring” and how that would be implemented?

A I don’t recall.

Q Do you recall if there was any issues around that included within the outline business case?

A No.

Q If I could ask you to have your statement in front of you, please, and to look to paragraph 17. At paragraph 17 of your statement, you state that the Scottish Futures Trust were working closely with NHS Lothian and reviewing design and cost in

particular. Can you recall what information was provided by the Scottish Futures Trust as part of that reviewing process?

A Information that was provided by them to us?

Q Yes.

A The expectations of the key stage review will have come from them, the criteria they were looking for. I don’t remember the detail, but our key stage review submissions back to them will have been in response to a request for documents and information.

Q So, again, just so I’m understanding, would it be fair to say that the process is an iterative, backwards and forwards process?

A Absolutely.

Q If I could ask you to look to paragraph 18 of your statement, within paragraph 18 of your statement, you mention the role of Mott MacDonald and the reference design. Do you see that?

A I do.

Q If I could ask you to look within bundle 3, volume 2, and page 439, please. This is a contract control order, in the top left-hand side. Do you see that?

A I do.

Q Do you recognise this

document? Have you seen it before?

A I've seen it in the bundle that was shared with us. I don't recall it from 2011.

Q Okay. Do you recall who would have approved or signed that document on behalf of NHS Lothian?

A I would assume the senior responsible officer, possibly the project director – depending on the value of it.

Q A senior person within NHS Lothian?

A A senior-- yes, absolutely.

Q Then the final issue, if I could ask you to look on to page 441, please. Page 441, you'll see in small writing at the top of the page it's called a "Value for Money Statement". Do you see that? You've got Davis Langdon----

A Yes.

Q -- and then next to that you've got Value for Money Statement. Do you recall this document from the time that you were producing the outline business case?

A No, I don't. I don't recall that this document was part of the outline business case. This was a contract for developing the reference design. It didn't form part of the business case.

Q Do you know who would have had knowledge or responsibility for this document within NHS Lothian?

A It will have been a senior colleague.

Q Do you know if it would have been forwarded to the Scottish Government, the Capital Investment Group, or to Scottish Futures Trust?

A I don't know for certain, but as it was related to the development of the reference design, therefore the change in procurement route and funding route, then I would assume that it had been-- they'd been party to it.

Q Thank you. Ms Cosens, I don't have any further questions for you, but Lord Brodie may, and there may be applications from core participants, but thank you.

THE CHAIR: Does anything arise out of Ms Cosen's evidence? (After a pause) I think the answer to that question is "no". Thank you very much, Ms Cosens. That's the end of your evidence. You're free to go. Thank you very much for your assistance. Thank you.

THE WITNESS: Thank you.

(The witness withdrew)

THE CHAIR: Shall we take a

coffee break? We'll sit again at about quarter-to-twelve. I don't think there's any need for the live feed to follow us. I think that that's covered.

11:30

(Short break)