SCOTTISH HOSPITALS INQUIRY

Hearings Commencing
25 April 2023

Day 3
Thursday, 27 April 2023
David Stillie

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10:00

THE CHAIR: Good morning, both to those who are here in the hearing room in Edinburgh and to those who may be following proceedings in the live stream. I think we are now in a position to resume the hearing. Counsel this morning is Mr McClelland and he will be questioning, I think, just one witness today – am I right, Mr McClelland? – and that is Mr Stillie.

MR MCCLELLAND: Mr Stillie.

THE CHAIR: All right. If you could bring Mr Stillie in. Good morning, Mr Stillie. As you appreciate, you are about to be asked some questions by Mr McClelland, who is sitting opposite, but first I think you are prepared to take the oath.

Mr David Stillie
Sworn

THE CHAIR: Thank you very much, Mr Stillie. Mr McClelland.

MR MCCLELLAND: Thank you.

Questioned by Mr McClelland

Q Good morning.

A Good morning.

Q Could I please ask you just to confirm your name?

A David Stillie.

Q Mr Stillie, have you supplied the Inquiry with a statement in the form of answers to questions that were put to you by the Inquiry?

A I have.

Q I think you should perhaps have a copy of that with you. Is that correct?

A I do, yes.

Q When you answered those questions, did you do so truthfully and fully to the best of your knowledge and belief?

A Yes, I think I signed a statement to say that.

Q Is there anything in that statement which you think needs to be changed or corrected?

A I think there is one item that I mentioned which I understand is now incorrect, and I apologise to the Inquiry. It was just a memory lapse, I think, on my part.

Q Are you able to confirm for us what that particular point was?

A It was concerning guidance on closed windows or sealed windows.

Q Okay, all right. Well, we will come to that specific point later on, so thank you for that. But, aside from that one point, are you content that the Inquiry adopt the contents of your

statement as your evidence to the Inquiry?

A Yes, I am.

Q In light of that statement, Mr Stillie, there is very little that I have to ask you this morning. There are just a few points of clarification, but simply by way of introduction for your evidence today, could you please confirm your professional background and qualifications?

A I am a retired architect. I graduated in 1970 after studying at Edinburgh College of Art. I received a degree of Bachelor of Architecture with honours from Heriot-Watt University. I registered as an architect in 1971 and I became a member of the Royal Incorporation of Architects in Scotland in 1972, and then I became a fellow of the Royal Incorporation in 2015. I have worked in PFI since 1997. My first introduction was as part of the technical due diligence team on the Royal Infirmary at Little France, and since then I've worked on PFI projects for sponsors, for bidders and for funders in healthcare, schools, courts, police custody, office accommodation, etc. So, I have a fairly good background over the last 20-odd years in PFI, and certainly up to the time that I became involved in this project.

Q That is very helpful,

thank you. I think your statement says that you retired in 2018. Is that correct?

A That's correct.

Q Prior to that, and for all points in time relevant to this Inquiry, you were working with Mott MacDonald. Is that correct?

A That's correct, yes.

Q I think you explained in your statement that after you retired, you carried on helping Mott MacDonald with responses to this Inquiry. Is that correct?

A (No audible response).

Q Is that something that you are still engaged in now or has that finished?

A I'm still involved in that, yes.

Q This Inquiry is obviously concerned with the project to build the Royal Hospital for Children and Young People and the Department of Clinical Neurosciences. That is a mouthful, so I am just going to refer to that whole project as “the Sick Kids”.

A Yes, I think we all do.

Q Indeed. You explain in your statement that you worked on that project from 2009 through to at least 2018. Can you please just outline what your role was on that project?

Q Initially on the capital

project, I was project supervisor under the NEC3 contract, which-- It's a defined role within the contract and, really, the involvement of the supervisor is, during the construction phase, to make sure that there is compliance both with the contract and with guidance. I was the named supervisor, but I had support from mechanical and electrical engineers, structural engineers and others within Mott MacDonald that allowed me to carry out that role. It's often the case that a supervisor is actually brought into the team before the contract's signed so that any compliance issues within the contract documents can be resolved before it actually goes to tender, and I was involved for quite a number of years before it actually changed to the revenue funded project. I was involved in the capital funded project and wrote the initial construction requirements, if you like, for that project in consultation with Fiona Halcrow from NHS Lothian.

Q That was for the project when it was intended to be a capital funded project.

A That's correct, yes. That work was not complete at the point it changed to the revenue funded project, and I passed that over to our project managers to complete before(? 00:38:17) the revenue funded project.

Q Okay. Just in terms of names, who were the people in your organisation that that task was passed on to?

A I think to a large extent it was Andrew Duncan who took that forward, but I think there was quite a number of others on the periphery of it. Obviously, there was input to it from our mechanical and electrical engineers at that stage as well.

Q Thank you(? 00:38:50). Now, in your answers, you have made a couple of references to your mechanical and electrical colleagues. I think it is just fair to explain that in your statement you say that your focus was on architectural matters, and the mechanical and electrical matters were dealt with by colleagues who had that particular expertise. Is that correct?

A That's correct, yes. Mott MacDonald is a very large organisation with lots of specialists and-- well, my experience of-- from the insurance and liability committee of the RIS(? 00:39:25) made me very aware that I should not be working outwith my areas of knowledge and expertise, and within Mott MacDonald, we were allowed to do that: just to work in our own areas of expertise.

Q Okay. So, matters to do

with ventilation systems and so on, would you regard that as outside your area of expertise?

A Oh, yes. By all means, yes.

Q Now, in your statement, Mr Stillie, you refer to an issue about room data sheets. If we could perhaps just have your statement brought up on screen, and the reference is bundle 13, page 68, paragraph 34 of your statement. I am just speaking to the document operator just now – is it possible for us to have that page and the second one brought up together on screen or do we have to go from-- Yes, okay. Well, what I am going to do, Mr Stillie, is I am just going to read out from paragraph 34 and, Document Operator, if you could perhaps just move on to the next page when we get to the appropriate bit. So, reading there from paragraph 34:

> "During the reference design phase of the project, prior to the issue of the ITPD, NHSL planned to produce a set of room data sheets to be provided to the bidders. Tribal, who later became Capita, were originally asked to produce these documents but the work was later moved to Hilltron (sic). Prior to the ITPD being issued however, NHSL decided not to proceed with room data sheets at that stage of the project, and to set out the brief in other sources of information instead. This was recorded in an email I sent to Neil McLennan of NHSL on 15 August 2012, noting that NHSL were satisfied that there was a complete set of room information documents for briefing purposes, in the sources of information listed in my email."

If I could just ask you, what did you understand to have been the Board's purpose prior to that decision in producing room data sheets?

A I think they were using it as a briefing tool, if you like, but I think they also realised that most of the information that would have been included on a room data sheet at the early stage, at that early stage was already included elsewhere in that suite of documents. That email that you referred to there, or I referred to, was my confirmation of what I needed to put into the index of the data room which would be issued to the bidders. I had responsibility for making sure that the documents were in the data room and that it was properly indexed.

Q Okay, so prior to the decision that is recorded in the email that you refer to there, was it the Board's intention to use the room data sheets to brief the bidders about what the Board's requirements were?

A I can only assume that that was the case, yes.

Q You say assume, but was that your understanding of the purpose at the time?

A Yes, it was additional information which would have been made available to the bidders, yes.

Q Now, the room data sheets include a sheet of environmental details, including parameters to be achieved by the ventilation system such as air changes per hour and pressure balances. That is correct, is it not?

A Yes.

Q Had it been the Board's intention to provide those parameters to the bidders by way of the room data sheets?

A From what I recall of the Hiltron room data sheets, they were a single page at the point where-- they were only a single page at the point where NHS Lothian decided to dispense with them.

Q Yes, that is essentially what follows on from my question, but what I was interested in knowing is whether what the Board had intended was for the environmental sheet or the room data sheet to be used to give to bidders.

A I really cannot speak for the Board about their intentions.

Q Okay. If we could please have up on screen that email. So, the reference is bundle 10, volume 2 at page 944. So, you see there this is an email from you to Neil McLennan and copied to various others on 15 August 2012. Is that the email that you were referring to in your statement?

A That's correct.

Q We see the subject heading is “Room Data Sheets”.

A Yes.

Q Could you confirm first of all, please, who is Neil McLennan?

A Neil McLennan was the project manager with NHS Lothian and his special responsibility was actually for the equipment list. He managed the equipment list.

Q Did he have any role in relation to ventilation, as far as you know?

A No, I doubt that.

Q Could you perhaps just run through who the copy recipients of the email are, please? Some of those will be names familiar to us, but others

perhaps less so.

A Well, Brian Currie was the project manager, the chief project manager for NHS Lothian, Graham Gillies was an assistant project manager to Neil McLennan, Richard Cantlay was our senior project manager from Mott MacDonald, Fraser McQuarrie was the project manager from Davis Langdon, Kenny Falconer was Mott MacDonald, and Andrew Duncan, who I've mentioned before, was Mott MacDonald.

Q Thank you. Now, you explained in the statement that NHSL had decided not to proceed with room data sheets and to set out the brief in other sources of information instead. If we just read the first paragraph of your email, you say:

> "Neil
>
> Further to my meeting with Graham and yourself on Friday past to discuss the way forward in terms of passing on the individual room requirements to the bidders I confirm that as instructed I have informed Hiltron that they should do no further work on the room data sheets."

Now, first of all, you refer to yourself as having been instructed. By whom were you instructed?

A By Graham Gillies and Neil McLennan at that stage.

Q And that was on behalf of any NSHL?

A Of NHS Lothian.

Q Why did the Board take that decision to stop the production of room data sheets by Hiltron?

A There was an issue around the fact that it was necessary to purchase a subscription to the Hiltron site to allow the room data sheets, individual room data sheets, to be marked up if there were any changes required, and also if NHS Lothian didn't purchase that subscription, there was an issue with marking up the hard copies. As you can imagine, for 2,000 rooms or 1,800 rooms, it was a mammoth task to go through these, to go through every one and make sure that all the information was absolutely correct, and to mark it up and then check it again when it was returned.

Q You refer there to the Hiltron site and to the need for a subscription to it. Could you explain for us what the Hiltron site was?

A Hiltron were subcontracted, I think, by Mott MacDonald to provide the room data sheets for NHS Lothian, and it was a web-based arrangement, I think.

Q I am inferring from your

answers that it is essentially a database of room data sheets. Is that fair?

A It is, which is tailored by Hiltron for each individual project.

Q Now, the Inquiry has heard evidence about the ADB system----

A Yes.

Q -- and that that is also a source of room data sheets. What is the relationship, so far as you know, between the Hiltron database and the ADB?

A I think the ADB is-- it's not project specific, whereas the Hiltron one, I think the intention certainly would be that it would be project specific, and that's where the checking and marking up comes into play.

Q Did you understand that there were already to be room data sheets specific to the Sick Kids project in the Hiltron database or was that something which was yet to be done?

A There were a number of room data sheets at that stage, but it was by no means complete.

Q Okay, not a complete set for the whole hospital?

A No, and from what I recall I don't think they were using the ones that we did have.

Q Do I take it from your answers that the reason for not proceeding with the Hiltron site was that the Board did not want to pay the subscription? Was that the reason?

A May I refer to my notes, my notebook? Lord Brodie?

THE CHAIR: I can't see any difficulty about that.

MR MCCLELLAND: No----

THE CHAIR: Just to clarify what we are doing, you have brought manuscript notes----

A Yes.

Q -- and these are notes which you have compiled and they help you with detail.

A Yes. So, it's something that's not in the bundle, which I have seen.

Q Right. I do not see any difficulty.

A Yeah, there was a meeting on 3 July, and the note I have here is that --- issue with accessing the Hiltron system, and 15 August then followed on that Hiltron would be cancelled.

MR MCCLELLAND: Okay. So, what you were just saying there, was that you reading from your notes?

A That was from my notes, yes, but there is a document of that date in July which refers.

THE CHAIR: I think it will be absolutely clear to everyone, but that is 3 July 2012?

A Yes.

MR MCCLELLAND: The document that you are referring to from that date, is that a note or a minute of a meeting on that date?

A I think it must be, yes, because the note that I've got here is pretty sparse but it's this meeting, 3 July 2012.

Q Do you recall if that is a meeting that you were at?

A Andrew Scott and myself were both present at that meeting.

Q Who is Andrew Scott?

A Andrew Scott is one of our project managers. He was actually in charge of design and construction on the capital project, and he continued in some capacity from time to time on the revenue project.

Q Okay, so he was a Mott MacDonald employee?

A Yes.

Q Who was the meeting with on that date?

A I haven't got a note of that, I'm sorry.

Q Is it----

A With NHS Lothian, I…

Q Somebody at NHS Lothian?

A Yes.

Q Okay. So, if we can just try and draw all of that together, is it the best of your recollection that the reason not to proceed with room data sheets from Hiltron was to do with the cost of accessing their database?

A That would seem to be the case from --- and my recollection.

Q As far as you can recollect, was there any other reason for that decision?

A No, I…

Q Was it the case that Hiltron were in fact the second company that had been engaged to prepare room data sheets?

A From my recollection, Capita and Tribal, Tribal and Capita, and they were initially producing the room data sheets. That was stopped at some stage. Nightingales, the architects, I think, were then asked to do it, and then following that, Hiltron were contracted to do it.

Q Do you know why it was that, first of all, Nightingales had replaced Capita and then Hiltron had replaced Nightingales?

A No, I don't. That was strategic decision making, which I wasn't involved in.

Q Now, if we just return to your email, which I think we have lost

from the screen but it is one that-- There we have it. Just picking up from the second paragraph, and I will just read from there, what you say is:

> "I also confirm that both Graham and yourself are satisfied that, with the addition of the Schedule of Operational/Design notes which will be produced by NHSL, this is now the agreed way forward and that this will complete the suite of room information documents. Therefore, all of the room information you wish to pass on to the bidders is/will be included in …"

Then there is a list of sources.

A That's correct, yes.

Q So, you refer there to various sources of room information which the Board wished to pass to the bidders. It may be obvious, but what did you understand to be the Board's purpose in providing that information to the bidders?

A I think that was to take the place of briefing using the room data sheets because much of the room data sheet information is contained within that suite of documents.

Q We see that one of the sources in your list, the fourth bullet, is the Environmental Matrix.

A That's correct.

Q So far as you understood it, was that intended as a brief in place of the environmental pages of the room data sheets?

A I think it was to replace the environmental page within the room data sheet, yes.

Q So, if the Board had followed its original intention and produced room data sheets for bidders, would it have been necessary to supply the bidders with an Environmental Matrix?

A If they had issued full room data sheets, all pages, the Environmental Matrix would have fallen away, in my opinion.

Q Did you form any view at the time about the wisdom of proceeding in that way? By that, I mean using these sources of room information instead of room data sheets.

A No, I was taking instruction, as you can see. It's fair to say that prior to 1997 when I joined Mott MacDonald, I had done a lot of healthcare work. In most cases, room data sheets had been used as the briefing tool. But, no, I think with it being a new type of procurement of the NPD, I think it was an innovative way to provide the information on the

basis that there actually was a reference design in place as well.

Q So, did I understand the first part of your answer there to be that, from your prior experience of healthcare projects, room data sheets were the way in which briefing took place?

A Well, I think the HFS guidance only mentions effectively two options – room data sheets or something equivalent – so I think NHS Lothian were satisfied that that suite of documents was something equivalent, but I don't have any confirmation of that in any way.

Q But your prior experience had been that, instead of using the something equivalent, health boards were using the room data sheets. Is that correct?

A That's correct, and that goes back to the early seventies. It was an incredibly labour-intensive task before computers to actually ---

Q So, the Sick Kids project and in particular this meeting referred to in your email on screen, was that the first time that you had been involved in a healthcare project where something alternative to room data sheets was used?

A As far as I recall. I came to many of the healthcare projects that

I was involved in and PFI projects quite late to the development of briefs, etc. Particularly when I was working on due diligence for funders, we had-- we were actually at the preferred bidder stage or the final tender stage before I became involved, but I don't recall as --- of the projects whether they were briefed in using room data sheets.

Q Yes. When I asked you a moment ago if you had formed a view about the wisdom of proceeding in that way, you said no and that what you were doing was taking instructions. Do we take it from that that you were not asked for advice about whether this was a sensible way to proceed?

A As an individual, I wasn't, but I assume at some point our project managers at a strategic level discussed this with NHS Lothian.

Q Now, you say you "assume". Do you know for a fact that they did, and if not, why are you making that assumption?

A Only on the basis that Mott MacDonald, as far as I'm aware, contracted Hiltron, and somewhere along the line there must have been some discussion about that contract being put in place. Therefore-- again, I use the word "assume" that Mott

MacDonald were party to that discussion and also party to discussions about whether Hiltron should be stood down.

Q Yes, but if there were any discussions of that nature, are you saying that those are not discussions that you were involved in?

A No. I was very much involved in design, the architecture, not the decisions at strategic level with regard to room data sheets and other things.

Q Okay. You referred a moment ago to HFS guidance, which gives you two options: room data sheets or something equivalent. Were you referring there to the Scottish Government policy on design quality, which is sometimes referred to as CEL 19?

A I'm not familiar with that document. It's been some time since I've been involved.

Q I can bring the document up on screen. That may help. It is bundle 1, page 553. Do you see there, Mr Stillie, on the screen, it is a document from the Health Finance Directorate, headed up, "A Policy on Design Quality for NHS Scotland: 2010 Revision"?

A Yes.

Q If we go forward to page 567 of that document, do you see paragraph 7 there?

A Yes.

Q You just take a moment to read that.

A (After a pause) Yes. I've read that.

Q Is that the guidance, or at least consistent with the guidance, that you had in mind?

A That is. Yes, pretty much what I had in mind.

Q Were you aware, at the time this decision was communicated to you not to proceed with room data sheets, of consideration having been given whether or not the sources listed in your email were of equal quality and value to ADB?

A No.

Q You were not aware?

A No.

Q Do you have a view on whether they were of equal quality and value to ADB?

A I think they probably were. Sorry, I don't have anything more to say than that.

Q That is fine. I do not want you to sort of speculate or guess. So, if that is what you feel you are doing, then please do not feel under pressure to do that. You say that you thought they would be of equal quality

and value, and could I ask you just to explain why you say that?

A Well, they covered the-- sorry, could we put the document up again please?

Q Is it your email that you want----

A Yes.

Q -- us to look through? Yes, that is-- Thank you, there we have it.

A "The Clinical Output Specifications," "The Schedules of Accommodation," "The Environmental Matrix," "The Equipment List." All of these contained information which would have been on the data sheet, particularly the schedule of accommodation, the Environmental Matrix and the equipment list.

Q Yes. Now, your email, which thankfully we have on screen again, refers to Graham Gillies and Neil McLennan being satisfied that these sources would be the suite of room information to be passed on to the bidders. Do you know what they had done to satisfy themselves?

A No. They were representing NHS Lothian at that meeting, and I took it at face value that it was NHS Lothian's-- that they were speaking on behalf of the NHS.

Q Do you know if they

received any advice about the matter from anyone?

A I'm not aware of that, no.

Q And then, down below the list in your email, you say the following, "The requirement to comply with NHS Scotland design guidance is contained within the D & C Output Specification." Could you just explain what you meant by that, please?

A In the Design and Construction Output Specification, which was issued to bidders, and which I was involved in the early stages of writing, design guidance was mentioned, compliance with design guidance, that was mentioned in that document. I have a note of the guidance which is referred to in my notes here, if you wish me to go through that.

Q How long a list is it?

A It's quite long actually. It's surprisingly long. It's basically Health Building Notes, Facilities Notes, Health Facilities Notes for Scotland, Health Guidance notes, Scottish Health Guidance notes, Health Technical Memoranda England and Scotland, Scottish Health Technical Notes, Scottish Facilities Planning Notes, CELs, HDLs, the SHPNs, and compliance was mandatory.

Q Okay. Those are various

acronyms that those who have been involved in this Inquiry will be familiar with but, just to be clear, the list that you are referring to included HTMs and SHTMs.

A Yeah.

Q You referred there to the Design and Construction Output Specifications. Can I just be clear about what that was a reference to? Is that to the Clinical Output Specifications or is it to the Board Construction Requirements?

A Board Construction Requirements.

Q Why did you add that sentence to the bottom of your email?

A I think just to make it clear that if there's something within these documents that perhaps did not meet the guidance, it was covered----

THE CHAIR: Sorry. I just missed that.

A Sorry. If there was something within the documents which didn't meet the NHS Scotland Design Guidance, that it would be picked up because bidders had to comply with guidance.

MR MCCLELLAND: So, does that reflect a concern on your part that there might have been details in these documents which failed to comply with the relevant guidance?

A No, I don't think it is. I think it was more for information rather than to cover myself, if you like.

Q Was that in response to a concern raised at the meeting, or was that your own point to raise that?

A I think it was my own point.

Q Okay. Thank you. We can take that email off the screen now, and if we could have up on screen the ISFT volume 1, which is in bundle 3. If you could go to page 25 of that, please. Again, unfortunately we are going to be reading across the pages. So, you see, this is the ISFT. Is that a document that you were familiar with?

A Not in any detail. I knew it existed, but I wasn't involved in writing it or compiling it.

Q Okay. Well, that may in fact answer my question, but I will put it to you anyway. Do you see, at the bottom, there is a section, “2.5.3 Room”----

A Yes.

Q -- “Data Sheets”? If you go over the page-- and I am just going to read from that. It says:

> “Standard format Room Data Sheets have not been prepared by the Board for the Project. The specific room requirements [that's giving a

defined term of the room information] are detailed in a combination of the following documents…"

Then there is a bullet point list, which we see includes the Environmental Matrix.

A That list is pretty much the list from my email.

Q Yes. So, what I wanted to ask you is whether you were aware if the instruction that you received at that meeting, recorded in your email we looked at a moment ago, was the origin of what became this paragraph of the ISFT?

A Yes. I think that's correct, yes.

Q You explained a moment ago that you were not involved in the process of drafting the ISFT. Do you know who was responsible for that?

A I don't, but----

Q Okay. Just after the list-- Sorry, if we could have the documents still available to us.

A Yes.

Q I do not know, are you able to see that on screen in front of you?

A I'm able to see that, page 26, yes.

Q Just after the list, it goes on to say that, "Bidders will be required to develop Room Data Sheets, incorporating the Room Information…" and so on. Now, that particular point, "Bidders would be required to develop Room Data Sheets, incorporating the Room Information," that was not something set out in your email.

A No.

Q Was it something that was discussed at your meeting?

A No, not that I can recall.

Q And are you aware of the decision-making that led up to that passage appearing in the ISFT?

A No, I wasn't.

Q Is that because others were, by this stage, responsible for the drafting of these documents?

A Yeah. We had a group of project managers who managed the production of these documents.

Q Are you able to give us names as to who was responsible for that?

A I think perhaps Graeme Greer was involved with that, but I really-- now I cannot recall.

Q Okay. Now, moving on from that issue entirely----

THE CHAIR: If I might just interrupt, Mr McClelland. I apologise for it, but it may just be the moment to ask this question. I think it is just to clarify things in my mind, Mr Stillie.

You talked about your experience before 1997 in healthcare projects where, as far as you can recollect, room data sheets were always used.

A Yes.

Q Yes. However, if I have followed correctly, this was as a briefing tool the client, or those advising the client, would provide bidders?

A In those days, they were generally produced by NHS boards' Estates department project managers.

Q They were the procuring authority, were they?

A Yes. They weren't-- In those days, as I recall, there was no advisors, if you like, to the Board from outwith health service.

Q Whereas, what we see envisaged here is the bidder providing what they propose to-- or rather the bidder specifying environmental data in relation to rooms that are proposed to be constructed. I think this is fairly obvious. It is just for me to understand this conceptually. On one hand, we have room data sheets being used as briefing tools – this is what we want. What we here is a proposal from the bidder. In other words, this is what we propose to give.

A Yes, but there's design intent in the Environmental Matrix and

in the other documents, in that suite of documents.

Q Right.

A So it's not-- We're not just blindly asking to give us it back. We're saying this is what we want, but it needs to be developed because it's at a very early stage.

Q Thank you. Sorry, Mr McClelland.

MR MCCLELLAND: Thank you. Thank you, Mr Stillie. I do not have any follow-up questions on that issue, but I would like to move to a different issue. In timescale terms, we are moving forward to the end of 2014, and you explain, or you deal with in your statement, an issue which arose around that time with room pressure parameters, in particular for single bed rooms, and you deal with this in your statement. The reference for everybody who wants to look at it is paragraphs 18 to 20, and what you explain about it there is that your involvement was limited. I think that must be because this was primarily a mechanical and engineering issue.

A That's correct. I recall sitting in with Janice MacKenzie and Fiona Halcrow on meetings where that was discussed, but it was being discussed between mechanical engineers in terms of ventilation. So,

we were observing, I think, is best way to describe our participation.

Q Okay. That may deal with the questions that I have for you, but we will just take a look at some of the documents. If we could go first of all, please, to bundle 10, volume 1, at page 283. We see here that this is a-- well, it's marked "draft." There is a draft watermark on it. It is a draft report of an HAI-SCRIBE risk assessment on 19 November 2014. Do you recall this document?

A Yes, I do.

Q If we go forward to the following page, 284. Do you see there it is headed up, "Risk assessment in accordance with 'HAI-SCRIBE June 2007'…" and so on. Then further down the page, there is a box marked, "Patient Risk Group," and it says, "Group 4 – highest risk." Do you know what that denotes?

A I don't recall the detail of that.

Q Okay. If we go onto the next page, 285, we see there a box headed up, "consultation."

A Yes.

Q "The undernoted staff have been consulted in the preparation of this Risk Assessment."

A Yes.

Q Then there are various people listed there, fourth one of whom is you----

A Yes.

Q -- as a technical advisor. Then, if we go down to the bottom of that page, we have a heading, "Section 2: Assessment of the Risk of Infection from the Design and Layout of the Facility." Then, over the page, question 2.2, "Is the ventilation system design fit for purpose, given the potential for infection spread via ventilation systems?" The box for "no" is ticked, and the comment below that reads:

> "Some concern has been raised in relation to a potential issue with ventilation with regards to negative/balance pressure in single bed rooms. Awaiting drawings and further information to fully understand if there is a risk/issue."

That answer there to question 2.2, was that the assessment of all of the consultees?

A I can't speak for IHSL, but I think that that is a fair assessment of NHSL's position and Mott MacDonald's position. I wasn't the only Mott MacDonald person present at that meeting. Colin Macrae, our mechanical and electrical engineer was present.

Q Okay. So, are you saying to us that, when it came to matters of mechanical and electrical engineering issues, you would be deferring to his judgment about that?

A Yes.

Q Was the particular concern narrated in the answer to question 2.2 one that was explained to you at the time?

A I knew that there was a discussion about the pressures in these single bed rooms.

Q What do you understand about the way the concern arose? How did it come about?

A I think it came about around the question of controlling the peak temperatures by using opening windows, which obviously would have an effect, I would think, on the pressures within the rooms, but beyond that I think it is a technical issue for mechanical engineers.

Q Presumably it was a matter of some concern that the ventilation system might not be fit for purpose.

A Yes. The only possible answers to that question are yes or no. So, if you have any concerns, it's no, but I'm not sure that-- well, I certainly can't see, one way or the other, whether design was fit for purpose.

That's quite different from concerns about the design.

Q Yes, but the issue as raised concerned a particular issue, which is the pressure in single bed rooms. Did it prompt concern or discussion about whether other ventilation parameters were fit for purpose?

A Not at that stage as far as I recall.

Q Why was that?

A I think it's a fairly broad question, and the response that's there is restricted. Single bed rooms, nothing else.

Q So far as you recall, was there any discussion about what single bed rooms were affected by the problem?

A Not, again, that I'm aware of or recall. I think single bed rooms were always referred to as just the standard single ward bedroom-- ward single bed room.

Q Again, so far as you recall, was this concern about single bed rooms confined to, as you put it, standard single ward rooms, or did it also include such rooms in Critical Care departments?

A I think that note refers to general single bed rooms, but I defer to Colin Macrae, who was much, much

closer to this than I was.

Q Okay. I am finished with that document now, and all that remains is for me to clear up one small point of detail, and it is the one that you alluded to when you first came into the room. If you could have your statement up on screen, please. Bundle 13, page 62. Again, we have a document where we are going to go over the page. The question that you were asked was about this question of opening windows and its effect on the ventilation system. If we go over the page to page 63, what you say is:

> "I was not involved in this. I was aware that NHSL was concerned from sharing an office with them. I recall the guidance did not allow for opening windows and also there was an issue with maximum temperatures in rooms…"

And so on. It is really just this point about guidance not allowing for opening windows. Is this the point that you wanted to correct?

A That's the very one.

Q Yes. Could you please explain to us----

A I think I was confused when I did this because there was discussion about ICU and HDU Critical Care and that some of the rooms in Critical Care do require sealed windows, particularly the isolation rooms. It was purely an aberration on my part, and I do apologise again to the Inquiry for misleading them.

Q Certainly no need to apologise. I am grateful to you for clarifying it. Just to put the point completely to bed, if I could refer to what may be the relevant guidance, it is SHPN 04-01 from October 2010. Now, that is not in formal bundles for this hearing, but I think you may have a copy in front of you.

A I don't have----

Q Perhaps you do not.

A -- a copy of it, no.

Q Okay.

A I did refer to it yesterday when I received it and, yes, there's-- like all the guidance, it's quite clear until you look at specifics. There's a regime mentioned of closing windows if comfort cooling is applied but, again, I only skimmed the paragraphs that were referred to and, yes, I agree that opening windows are permitted.

Q Okay. I mean, we see there the front page of the guidance, and if we go forward to paragraph 2.84. Just the first sentence there, what it says is that, "Windows in single-bed rooms should be openable," and then if we go forward to paragraph

4.77----

A Sorry. That's the paragraph that mentions the regime of closing windows when the cooling is in operation.

Q Yes.

A That's 2.84.

Q Okay. Thank you, and then at paragraph 4.77, it says that, "Where appropriate and possible, natural ventilation of rooms should be employed." Now, the point is simply this: that at least in general terms and subject to the particular requirements for particular rooms, the ventilation appears to allow for opening windows rather than excluding it. Is that correct?

A Yes.

Q Yes. Well, thank you very much, Mr Stillie. That concludes all of the questions that I have for you. Perhaps sit there because it would be an opportunity for any of the other participants to indicate if they have any questions for you.

THE CHAIR: Thank you, Mr McClelland. What we have been doing earlier in the week is to allow a short period of time to allow legal representatives to check with those instructing them or just take a moment. So, to allow for the possibility of anything arising, what I intend to do,

Mr Stillie, is we will rise for I do not think any more than 10 minutes, just to allow the legal representatives to confirm their position. Mr McClelland can perhaps gather any views from the room. So, we will rise with a view to sitting again in about 10 minutes.

(Short break)

THE CHAIR: I will turn first to Mr McClelland. Have you come to a view as to what the room requires?

MR MCCLELLAND: Yes, indeed, my Lord. I am grateful to my learned friends for their various contributions, the outcome of which is that there are three questions to raise with Mr Stillie, which I am content to do.

THE CHAIR All right, and legal representatives are content that you ask the questions. Well, if we could ask Mr Stillie to re-join us. Thank you for waiting, Mr Stillie. Once again, my estimated time is entirely unreliable, for which the responsibility of that is mine. Mr McClelland has, I think, just a few more questions to direct to you, so I would ask him to do that.

MR MCCLELLAND: Thank you, my Lord. Thank you for returning, Mr Stillie. I have just a few questions which I hope we can deal with

reasonably quickly. The first concerns the decision not to proceed with room data sheets through Hiltron. You recall we discussed that earlier on, and in the course of that discussion you referred to a meeting from July 2012 and to your own notebook about that meeting. I just wanted to clarify, were those contemporary notes that you made at the time of the meeting, or have they been made more recently from another minute of that meeting?

A The notes in my notebook are from the minute of that meeting which I found on our system.

Q Okay. So the notebook that you were reading from earlier today, are those notes that have been made in preparation for this Inquiry, rather than contemporary notes from the project?

A Yes. They are not contemporary notes. They were made for this.

Q Okay, thank you, and the minute that you referred to, do you recall anything about that minute, like who produced it, and so on?

A I don't know specifics of it, but as I say, I found it. I took a note, contemporary.

Q Okay. Would that be something that you could possibly, after you have finished your evidence today, make available to the Inquiry, just so that we are clear about the source that you were using?

A I think I will be able to find it again, yes. I will try.

Q Okay, if you would do that, if you would use your best endeavours to do that, we would be grateful, thank you. Now, moving on from that, another question for you: other witnesses in their evidence to the Inquiry have said that even if there are to be room data sheets, the Environmental Matrix is still a useful tool, and the reason for that is that it compiles all the relevant information into a single document, rather than having the large volume of documentation that you have if you work only with room data sheets. Is that something that you would agree with?

A Yes, I would agree with that.

Q Moving onto a different topic: some witnesses, again in their evidence to the Inquiry, have expressed the view that Mott Macdonald were resourced, at least through the procurement phase up to financial close, like a shadow design team. That is the term that has been used. Could you give us your view on that?

A I did not at any time consider we were anything like a shadow design team.

Q Looking to your part of the process, the architectural elements, how big a job would it have been if you were to carry out a full check of the design?

A It's a huge job, but certainly at the stage of inviting final tenders, the information was very general, certainly in terms of finishes, etc. It was purely compliance with technical guidance. There was no real detail as to what the materials would be, so that was impossible to check. We knew also that there had been a check on some of the areas of rooms that had been done previously. I think even some done under the capital project, and the reductions in areas below compliance had been agreed, so that there was little in terms of architecture to check in terms of compliance at that stage.

Later, there was a huge volume of information which probably made it well-nigh impossible to do what we will call a line-by-line check of the design. I don't think the architectural elements of the design were quite as easy to check as the mechanical and electrical elements because we didn't have the equivalent of a matrix which summarised all the architectural elements.

Q You referred there to-- or you drew a comparison between how easy it would be to check the architectural elements and how easy it would be to check the mechanical and electrical elements. Given your particular area of expertise, when it comes to an assessment of the scale of the job in preparing or checking the design, would you defer to your mechanical and engineering colleagues about that?

A Yes.

Q All right. Thank you, and if you just bear with me, I will just look to those for whom I was asking the questions and check if there are any issues arising. That seems to have satisfied the core participants, my Lord, so I have nothing further for Mr Stillie.

THE CHAIR: So Mr McClelland accurately read the room? I will take that as a yes. Mr Stillie, that is the end of your evidence, and accordingly you are free to go, but before you do that, can I express personal thanks and the thanks of the Inquiry? I very much appreciate it is not just a question of turning up for a couple of hours on a Thursday morning. It is a lot of work you have done in preparing to give

evidence. I would like to recognise and thank you for it, but you are now free to go, and I will ask --- to help you through the door or, rather, open the door. I do not imagine you need to be helped, Mr Stillie.

THE WITNESS: Thank you very much.

(The witness withdrew)

Now, as I understand it, Mr McClelland, that is the only witness for today. We will be sitting tomorrow at ten o'clock, and we anticipate hearing from two witnesses.

MR MCCLELLAND: Yes, indeed, my Lord.

THE CHAIR: Right. Well, thank you very much and we'll see each other tomorrow.

(Session ends)

12:00