

Scottish Hospitals Inquiry
Witness Statement of
Alexander McMahon

INTRODUCTION

1. My name is Professor Alexander McMahon.

2. I am a registered mental health and general nurse (qualified in 1986 and 1989 respectively). I am registered with the Nursing and Midwifery Council (NMC), which is the professional regulator for nurses and midwives. After qualifying as a nurse, I worked within the health service for a number of years and gained experience across the wider public and private sector. I worked for the Royal College of Nursing, the world's largest trade union/professional body for nursing, between 1994 and 2000 where I was the Head of Policy for Scotland. I then worked for AstraZeneca, one of the world's largest pharmaceutical companies, between 2000 and 2004 where I was the head of government and industry affairs for Scotland and Northern Ireland. In this job my nursing skills were not a requirement. I also worked for the Scottish Government (centre of change and innovation) previously between 2004-2008 and used my nursing skills and experience in the work I did for them during that period.

3. I joined NHS Lothian as Deputy Director of Strategic Planning and Modernisation in September 2008 and was then appointed as Interim Director in October 2009. From 2012 onwards, I was the Director of Strategic Planning, Performance and Information. In 2016 I was appointed the Executive Director for Nursing, Midwifery and Allied Health Professionals in NHS Lothian. In addition to this role, I also had wider management responsibilities, including management responsibility, for the infection prevention and control (IPC) function. That became part of my remit during 2019.

4. I have been an honorary Professor at the University of Stirling since 2008 and at Queen Margaret University since 2017, both relating to nursing.
5. From October 2021 onwards I have been the Chief Nursing Officer (CNO) for Scotland. That post sits within Scottish Government and involves advising Ministers, and others, on all matters relating to not just nursing but professional and policy matters relating to midwifery, allied healthcare professionals (AHPs) and health care scientists. My Directorate covers a wider range of disciplines. Because of that I am also a Director in addition to my role of being CNO.

Involvement in the RHCYP/DCN Prior to the Decision to Delay its Opening

6. I have been asked when I became involved in the Royal Hospital for Children and Young People / Department of Clinical Neuroscience (RHCYP/ DCN) Project (the 'Project'). My direct involvement started around May / June 2019 in my capacity as the Executive Lead for IPC when issues relating to the completion of the Healthcare Associated Infection Systems for Controlling Risk in the Built Environment process (HAI Scribe) were raised. IPC became part of my responsibility from March 2019. Previously, I would have been aware of the background of the Project due to my position as a Director of the NHS Lothian (NHSL) Board. However, I did not have any direct role in the Project until 2019. I was aware there was a HAI Scribe Lead Nurse who was part of the project team delivering the Project.
7. In 2019 issues were raised to me through the head of the IPC service (which at that time was Fiona Cameron) that the completion of the HAI Scribe process was not complete. There was concern about achieving the remaining work for the hospital which meant the HAI Scribe process could not be completed on time as the official opening date was getting much closer. Therefore, we had concerns that the process for completing the HAI Scribe process would not be completed on time.
8. As per Scottish Health Facilities Note 30 Part B (**A33662208 – 416 SHFN 30 Part B v3 Oct 2014 – Bundle 13, Volume 3 – Page 464**), HAI Scribe is an

assessment which helps to identify, manage and record built environment infection control risks. SHFN 30 details all the stages of the HAI Scribe process with Stage 4 is the final HAI Scribe assessment before the opening of a hospital and it is done when all the building work has completed a contractor clean has been done. Lindsay Guthrie and Donald Inverarity who are part of the NHSL's IPC Team are better placed in explaining the detail of the HAI Scribe process as being experts in their field.

9. This issue was flagged in May 2019, but it was not until the end of June that significant concerns started to be flagged concerning the outstanding work required. I was not part of the Project and did not have any awareness of any issues between NHSL and the Project Company delivering the hospital (Integrated Health Services Lothian Limited (IHSL)) until it was escalated to me at the end of June, again through the Head of IPC. Tracey Gillies (Medical Director), Susan Goldsmith (the then Director of Finance) and I agreed to meet with the project team to review what actions were required and understand their significance. A key meeting was held on the 28 June 2019 **(A36078221 – Document detailing water and ventilation issues in RHCYP and DCN – 1 July 2019 - Bundle 6 – Page 278)**. During that meeting issues were raised surrounding the concerns for ventilation in theatres and critical care elements of the Project. There was a concern that the checks conducted by the Institute of Occupational Medicine (IOM) did not meet the required guidance and they had not yet been able to validate the ventilation systems. The issues surrounding the wrong level of air changes in the critical care unit were then confirmed by IOM on the 1 July 2019. I was not part of the decision to instruct IOM to conduct the validation.

The Decision to Delay the Opening of the RHCYP/DCN

10. NHSL were not part of the final decision to delay the opening of the hospital. The decision to delay the opening of the hospital was taken by Scottish Government and Ms Jeanne Freeman (the then Cabinet Secretary). We, in NHSL, were informed of that decision on the 4 July 2019. I was on bereavement leave that week so was not part of the discussions but I am

aware that NHSL prepared options for Scottish Government, see paragraph 11 below. Tim Davison who was the then Chief Executive of NHSL would in my view be best placed to provide more detail on the options put forward and interactions with Scottish Government during the course of that week.

The Issues that Delayed the Opening

11. Beyond the issue of critical care ventilation, there were no other issues, at the time of the decision to delay the opening of the hospital on 4 July 2019, that prevented other functions / services from moving into the hospital. In fact, NHSL offered options on how other functions / services could have been moved safely (as stated above). This can be seen in the email from NHSL's Chief Executive to the Scottish Government dated 3 July 2019 (**A41649829 – Email to the Director General for Health and Social Care from Alan Morrison dated 3 July 2019 – Bundle 13, Volume 3 – Page 693**). Work had been done in and around 2 and 3 July 2019 that offered the Scottish Government and Ms Jeanne Freeman a possible way forward. I have been asked if I agreed with the decision not to move services in to the new hospital; based on the information available and the view of clinicians and others at the time, it was the right decision in relation to the ventilation issues that had been identified within the critical care function. However, other elements could potentially have been worked around with appropriate advice.
12. I have been asked how the ventilation issues were identified. I was not part of the project team and was not part of the decision to appoint IOM. The issues with the air changes required in critical care, and a few of the ward bays, were identified in the IOM Report dated 25 June 2019.
13. After the decision to delay the opening of the hospital was made, an Oversight Board was established by the Scottish Government. The Oversight Board was initially chaired by Christine McLaughlin, Director of Finance, Scottish Government and then it passed to Professor Fiona McQueen (the then CNO). Post the establishment of the Oversight Board, the process for identifying and signing off issues was undertaken the Oversight Board.

The Executive Steering Group and the Oversight Board

14. On 8 July 2019, NHSL convened an Incident Management Team. The convening of an Incident Management Team was initially a 'problem assessment group' and rapidly became an 'incident management team' although it was neither a public health incident or and IPC incident. The team evolved into the Executive Steering Group (ESG). The ESG was established on 2 September 2019. The membership of ESG changed from time to time but consisted of the following individuals:

- Susan Goldsmith, Director of Finance
- Tim Davison, Chief Executive
- Tracey Gillies, Medical Director
- Alex McMahon, Nurse Director (Chair)
- Jacquie Campbell, Chief Operating Officer
- Janis Butler, Director of HR and OD
- Judith Mackay, Director of Communications
- Iain Graham, Director of Capital Planning and Projects
- Brian Currie, Project Director
- George Curley, Director of Facilities
- Donald Inverarity, Lead Consultant Microbiologist
- Lindsay Guthrie, Lead Infection and Prevention Control Nurse
- Sorrel Cosens, Programme Manager' and
- Jim Crombie (Depute Chief Executive)

Mary Morgan (Senior Programme Director) also attended the ESG meetings and Health Facilities Scotland/Health Protection Scotland (HFS/HPS) provided advice along with NHSL's legal advisers.

15. The Oversight Board was set up by the Scottish Government (see paragraphs 18 – 20 below for more detail). The ESG was set up to work in parallel with the Oversight Board to ensure that the senior management of NHS Lothian

were focusing on operational actions and decisions that needed to be followed up on were taken back to the Oversight Board. This was to help both the Oversight Board and ESG be informed on progress and an assurance that the work, which was required to be done, had indeed been done or was underway. The ESG's role was to consider all aspects of the work to be done to safely open the new hospital. The ESG did not report directly to the Cabinet Secretary. That was the role of the Oversight Board. Mary Morgan, the Senior Programme Director, would compile a report for the Oversight Board on the progress of the rectification and remedial works and the status of the commissioning and validation processes. This was used by the Oversight Board as the basis of the recommendations made to the Cabinet Secretary.

16. ESG meetings were held weekly on a Monday afternoon. I chaired the ESG from 21 October 2019 onwards. The ESG's last meeting was held on 8 March 2021. The ESG reported back to the Oversight Board on progress being made. The DCN/RCHYP Project Governance schematic dated 17 October 2019 (**A44624750 – Project Governance and Meetings Oct 2019 – Bundle 13, Volume 3 – Page 696**) shows the role ESG had and the relationship it had with the Oversight Board and other groups and committees involved within NHSL.
17. Although I had oversight of the IPC function, I had no responsibility for the operational management of the acute system. As a group there was a collective process and individuals on the group had a requirement to make sure we had the right information to make the best decisions that we could. My role as chair was to 'chair' the discussions and agree the actions at the end of each meeting.
18. During this time, I was also a member of the Oversight Board. My role on the Oversight Board was as the Executive Nurse Director, with a lead for IPC. Other members of the Oversight Board (based on the approved Terms of Reference) were: Christine McLaughlin (Chief Finance Officer, Scottish Government), Catherine Calderwood (Chief Medical Officer, Scottish Government), Prof Fiona McQueen (Chief Nursing Officer, Scottish

Government), Susan Goldsmith (Director of Finance, NHS Lothian), Tracey Gillies (Executive Medical Director, NHS Lothian), myself as Nurse Director, NHS Lothian, Peter Reekie (Chief Executive, Scottish Futures Trust), Colin Sinclair (Chief Executive, NHS National Services Scotland), Alex Joyce (representative from NHS Lothian Joint Staff Side (deputy Gordon Archibald)) and also the following people which attended to provide advice and assurance when required: Mary Morgan (Senior Programme Director), Brian Currie (Project Director, NHS Lothian), Judith Mackay (Director of Communications, NHS Lothian), Prof Jacqui Reilly (Health Protection Scotland, NHS National Services Scotland), Gordon James (Health Facilities Scotland, NHS National Services Scotland), IHSL would be in attendance on an 'as required' basis.

19. The Oversight Board's approved scope of work was to provide advice to the Cabinet Secretary in relation to:
 - Advice on phased occupation.
 - Advice on the proposed solution for ventilation in critical care areas and on any other areas that require rectification works.
 - Advice on facility and operational readiness to migrate.
 - Gain information and give advice to NHSL about commercial arrangements with IHSL for completion of works.
 - The approach to Non-profit distributing (NPD) contract management; and
 - Identification of areas that could be done differently in future.

20. I also reported to the Oversight Board, when required, in my capacity as Chair of the ESG. Decisions and recommendation by the Oversight Board were made on a collective basis and based on the evidence provided and the Senior Programme Director's report. Decisions were not just made by the Oversight Board but by advisors and through evidence generated by Antimicrobial Resistance & Healthcare Associated Infection (ARHAI), HFS, NHS Scotland Assure and NSS as members of the Oversight Board. Professor Fiona McQueen (who was the Chair of the Oversight Board) would then make recommendations to the Cabinet Secretary. The Cabinet Secretary

would, in turn, make the final decisions. Once it was agreed to progress on any actions, communications were agreed to ensure that staff and the NHSL Board and, as required, the general public were kept informed. Any communications had to be agreed with the Scottish Government. On occasion they would be drafted by the Scottish Government on NHSL's behalf.

21. The ESG set up three wider groups looking at Fire, Ventilation and Water on a pan-Lothian basis. These groups were set up as there was a gap in our assurance and governance processes in relation to each at a corporate 'NHS Lothian' level. Establishing these groups helped in relation to providing scrutiny and assurance through corporately had our healthcare governance committee and then to the NHSL Board that these were in place and where actions were required we would state what these were and how they would help mitigate any risks. I chaired the Water Group. As an Executive Director of NHSL Board, there were other NHSL Board governance committees that I was involved in where elements of this work were discussed e.g. at the NHSL Board and Private Board meetings, at meetings of the Finance and Resources, at the meetings of the Healthcare Governance Committees and so on. I was further involved on an operational basis through the IPC which reported to the Healthcare Governance Committee. Each committee had a clear terms of reference and as an Executive Director it is the case that you would be a member of the NHSL Board and in turn sit on a number of NHSL Board's committees which reflected your professional role e.g. I would sit on the Healthcare Governance Committee as part of its remit in clinical and care governance. In fulfilling this role, it was one of an Executive Director of the NHSL Board. Therefore, fulfilling a corporate function which is separate to an operational role.

The Phased Migration

22. The Oversight Board, along with the Scottish Government and the Cabinet Secretary, made the decision to phase services in to the new hospital. The decisions were based on the Oversight Board assurance process. That involved input from HFS and NHS Scotland Assure as key advisers and Mary

Morgan, the Senior Programme Director. The assurance would have been based on the then current available guidance at that time (Health Technical Memorandum (HTM), Scottish Health Technical Memoranda (SHTM) etc), and expert opinion from both NHSL colleagues and NHS Scotland Assure. The Oversight Board had core members but it also commissioned others to progress pieces of work on its behalf. It would have been informed by HFS and the HAI Scribe process and recommendations from colleagues about what actions were required to be taken to move patients and staff into the hospital safely.

23. I have been asked if it was a deliberate decision to migrate services to the DCN before the RHCYP/DCN. The answer to this is yes. As the DCN was not affected by the issues surrounding ventilation air changes, services could be moved there more safely. There was also the contextual issue, which was that the environment in the 'old DCN' was not fit for purpose and presented its own risks. All decisions to move any service into the new hospital were taken together by the Oversight Board, the Scottish Government and, by extension, the Cabinet Secretary. NHS Lothian alone never made a unilateral decision.
24. The decision to move the DCN services in two phases was made by the Oversight Board. That decision was based on the safety of patients and staff. The clinical view on moving patients was key. The Medical Director (Tracey Gillies) and IPC colleagues managed the process.
25. The Oversight Board adopted the same approach surrounding when services could be moved to RHCYP (including out-patient services, The Centre for Addiction and Mental Health's (CAMH) and in-patient services) as they had with the DCN. That, again, resulted in a phased programme of moving service when it was deemed safe to do so which was based on view from managerial and clinical colleagues and the Senior Programme Director's report to the Oversight Board for a decision.

The Royal Hospital for Sick Children at Sciennes

26. During the period of delay in opening RHYCP/DCN, services continued to be delivered from the 'old DCN' at the Western General and the Royal Hospital for Sick Children at Sciennes. Existing arrangements continued via NHSL's Acute Management Group. Any additional work at the old hospitals related to practical implications linked to the delay in moving to the new facilities. I cannot recall any significant structural changes being made to either hospital. Any issues of concern continued to be raised via the Acute Management Group and all regular environmental checks continued. The clinical and managerial team did everything to ensure that patients and staff were kept safe. All factors were considered as part of this decision, including ventilation, but as far as I can remember this was not one of the significant issues within the old hospitals. NHSL continued to engage with parent and patient groups to keep them informed along with staff throughout the delay.

Reflection

27. I have been asked to reflect whether the actions taken to remedy the defects during the delay in the hospital were adequate and effective. They were adequate and effective as there was scrutiny, assurance and oversight in place via the ESG and Oversight Board. There was input from experts such as NHS Scotland Assure, NHS ARHAI and NHSL's Infection Prevention and Control Team (IPCT) in the specific areas which ensured that the facilities met the required standards and provide a safe environment for patients. The HAI Scribe process is an important tool in project management both in relation to any new build and the refurbishment of existing buildings. It results in any issues with the built hospital environment being flagged earlier in the process.

28. I have been asked to reflect on how such issues could be avoided on future projects. I believe one issue was that the programme of works required the HAI Scribe process to work in parallel with finalising the works and the programming got out of sync. The HAI Scribe process should be the final part

of the process which should then provide the assurance required for final clearance that the hospital was ready and safe to be occupied.

Declaration

29. I believe that the facts stated in this witness statement are true. I understand that this statement may form part of the evidence before the Inquiry and be published on the Inquiry's website.