SCOTTISH HOSPITALS INQUIRY

Hearings Commencing
19 August 2024

Day 5
23 August 2024
Alan Gallacher

CONTENTS

10:04

THE CHAIR: Good morning. Now, Mr Connal.

MR CONNAL: Good morning, my Lord. Today's only witness is Mr Alan Gallacher.

THE CHAIR: Good morning, Mr Gallacher.

THE WITNESS: Good morning.

THE CHAIR: I understand you're happy to take the oath?

THE WITNESS: I am.

THE CHAIR: Right.

Mr Alan Gallacher
Sworn

Thank you, Mr Gallacher. As you will appreciate, you are about to be asked questions by Mr Connal. I do not know whether your evidence will be finished in the morning. It may be, or it may go into the afternoon, but we will take a break at about half past eleven. If at any stage in your evidence you want to take a break, just give me an indication and we can take a break.

THE WITNESS: Okay. Thank you.

THE CHAIR: Now, Mr Connal.

Questioned by Mr Connal

Q Thank you, my Lord. Mr Gallacher, I think you have been provided with your witness statement.

A I have.

Q Is that correct?

A I have. Yes, I have.

Q Are you content to adopt that statement as your evidence at the Inquiry?

A Yes, I am.

Q Thank you. Now, we can all see what the statement says, Mr Gallacher. Can I ask you, in what position are you currently employed?

A I'm currently employed as the head of corporate estates for NHS Greater Glasgow and Clyde.

Q And have you been in that position or a similar position over the past, say, six to eight months?

A I have been.

Q Thank you. Now, Mr Gallacher, this Inquiry has been constantly assured by the Board of its wish to cooperate fully with the Inquiry. In terms of how we got the statement from you, my understanding is that you were given it at the beginning of April----

THE CHAIR: When you say, "given it"----

MR CONNAL: The questionnaire.

THE CHAIR: -- the questionnaire?

MR CONNAL: The questionnaire, which led to the statement, at the beginning of April this year, ultimately, a formal notice under Section 21 of the Enquiries Act had to be served on you, on 12 July, because you had not returned the questionnaire, and then, eventually, after some extensions, you did so and, eventually, after some supplementary questions were answered, we have the document we have here. Can I suggest to you that there is not much sign of cooperation in that history? Do you agree or disagree?

A Absolutely not. Work pressures really put me under significant stress to complete the documentation as well as do my day-to-day duties.

THE CHAIR: Mr Gallacher, bear in mind that the room needs to hear you. I am rather deaf, so if you-- could I ask you to maybe just speak a little louder than you would in normal conversation? Mr Connal.

MR CONNAL: Thank you. I think you were just about to tell us whether you agreed that you had been cooperative or not.

A I have been cooperative.

Q And I think if I was understanding the answer you started to give a moment or two ago, Mr Gallacher, you were saying that the reason why you had not responded was due to your other commitments. Is that what you are telling us?

A That is correct.

Q And were you not aware that the Board was keen to be cooperative with this Inquiry?

A I was.

Q Well, let us see if we can do a little better now that we are here. At one point in your questionnaire, and I need not ask you to look at that point yet. I will take you to your questionnaire in due course, and your statement-- or your statement, rather. You were asked a question and you responded that you did not like hindsight being deployed. One of the issues that inquiries usually face is that they are appointed because something has not gone very well, and they have to look back with the benefit of hindsight to see if something could be done better. Now, that is something you understand.

A Yes.

Q Let us try this, then. Compliance is one of the things that you accept is in your collection of responsibilities. Is that correct?

A It is.

Q And you have been asked at various points about the importance of, for instance, the L8 water assessment that is carried out on water systems, and

you accepted that is an important matter.

A It is.

Q Now, looking at this now, Mr Gallacher, if when you were appointed in August 2015, you had thought it appropriate to enquire at the Queen Elizabeth Hospital about whether there was an L8 water assessment and how it was being progressed, that might have been helpful, would it not?

A It would have been.

Q It would have been. Thank you. Did it ever occur to you to do so?

A Not at that time.

Q Thank you. If I could ask you now to have a look at your witness statement, and you will find that I am referring to-- I will try and give you both the electronic page numbers, because that helps the team here, and also the original page numbers in case that helps you. So, on electronic 431, original page 3, at the top of the page, you describe yourself as having a supportive oblique advisory role for the sector Estates managers. I just wanted to ask you about that. How do you support your sector Estates managers unless you find out what challenges they are facing?

A If there was technical issues or technical support required by any of the sector Estates managers at that time, bearing in mind I had no operational responsibility for the sector Estates managers, there was a line of management that they could come and ask me for advice on specific technical issues.

Q So, what you are saying is this is purely reactive? It is not your job to go and, for instance, enquire to see if they are facing any problems?

A It's predominantly a reactive support for the sector Estates managers.

Q Would it be helpful if it was a proactive role where you actually had to go and speak to your Estates managers and find out what challenges they were facing, if any?

A It would have been if that was within the remit of my role at the time.

Q Yes. Thank you. It may just sound a little odd to the ears of some here, but further down on the same page when you are asked, "Well, how many people were working in Estates at the brand-new flagship hospital?" you said, "At that time, I didn't know." Not a little odd for someone in your position?

A It was not odd at the time because the responsibility for the new Queen Elizabeth Hospital sat with operational estates.

Q Well, I can understand that they have to do the operational estates work, but if you are going to be in a supportive role, is that not the kind of thing you should know?

A I wouldn't have thought so. It really sat with the senior management within operational estates to work out the numbers around about the resources required for the new Queen Elizabeth Hospital. There was a different line of command up to the Facilities managers at the time.

Q Do you know who the top of that tree was at the time then that is responsible if you are not?

A That would be Mary Anne Kane.

Q Thank you. You very helpfully identified that you had a job description and I would just like to ask you briefly about that if you do not mind, and we will find that in bundle 27, volume 1, at page 7. I have taken us to page 7 because at the front page there are about half a dozen, and I will not be asking you about all of them. I see one of the things in the second paragraph on that page is "improving building maintenance in an innovative and creative way". That is part of your job, it would appear. Is that correct?

A Is this on page 7?

Q Sorry, yes. Page 7, which is the front page of your job identification, job purpose.

A Yes, it would be.

Q Yes, and in the next paragraph, which is perhaps germane to this inquiry, you seem to have a purpose of ensuring that the hospital environment is safe, secure and attractive, etc., and also, "looking after staff satisfaction levels". This also seems to be part of your purpose. Is that fair?

A That's fair, yes.

Q Yes, and then at the foot of that page, you have to "liaise with managers to deliver a high level of compliance", and you have already confirmed that compliance is part of your role. Is that correct?

A That's correct.

Q And if we just look onto page 8 of the same document just at the top, you have to allocate specific tasks, but the purpose of doing that is to "ensure that NHSGGC meets its national and statutory requirements". Do you see that?

A I do.

Q So, you would acknowledge that these are parts of your work requirements?

A It is, yes.

Q And they have been part of your work requirements since August 2015?

A They have been.

Q Thank you, and I only just want, for completeness, to touch on one item on page 11, which is page 5 of the document, where we have a heading, "Key Results Areas", and we see the

word “compliance” appearing again beside the small letter (c), “Ensure operational estates deliver all statutory compliance requirements on a consistent basis”. You see that?

A I do.

Q If you are to ensure that the Estates deliver on compliance requirements, that is part of your responsibility, is it not?

A It is, yes.

THE CHAIR: There may be a typographical error at (c). I take it that should read, “to develop and ensure.”

A And “ensure”.

Q Thank you.

MR CONNAL: I am obliged, my Lord. When we come to look at what you did or did not do, we are entitled to look at that against the background of a job requirement to ensure compliance with things like statutory requirements. Is that correct?

A That’s correct.

Q Thank you, and just probably to get it out of the way, we know that when you were appointed to the role you currently hold in August 2015 – and I do not think this is a matter of controversy – there was no compliance team based solely at the Queen Elizabeth Hospital at that time. In fact, that wasn’t in place until late 2016. Is that correct?

A That’s correct, yes.

Q So, at that point, there being no compliance team in the hospital, you were responsible, were you not?

A You could----

Q For compliance?

A That remit is under my direction, yes.

Q Yes. Thank you. Well, let me ask you another general question. Can we go back to your statement, please, at 439, original page 11? Just bear with me. Thank you. You see at the top of that page, you are saying, well, you are “not operationally responsible”, so you do not do the work and you do not manage the work, but you have this strategic role. Now, you do appear, Mr Gallacher, in records of various minutes, IMTs and so on and so forth, some of which we will touch on, but I am not going to go through all of them, because that would just take up too much time, but having regard to the way you’ve answered later questions, would I be right in thinking that when you are at a meeting of that kind, whether or not there are other Estates people there, your role is to ensure that what needs done by Estates is done?

A Absolutely.

Q Yes. So, to that extent, if you are present at an IMT or the like and there are actions for Estates, you have a responsibility to ensure that is done?

A I do.

Q I just need to ask you-- and I am only going to ask you this once, because it is repeated elsewhere, ask you about the way you answered the questions in this process. Just, let us stick on page 11, because we have got it up anyway. Question 37, "What contractual documentation would you expect to see in place at handover?" and you answer, "Well, I was not part of the handover team, so I do not know what was in place." Well, that was not what you were asked, was it? You were asked what you would expect to see in place.

A It's difficult to understand what you would see in place if you don't know what the contract is asking for.

Q Let me take you to another point. Let us move on to page 13, now 441 of your statement.

THE CHAIR: Just to go back to that. I understand the answer which you have just given, which is that it is difficult to expect something if you do not know what the contractual structure is, but the answer you give in the-- to the questionnaire, strictly speaking, does not answer the question you are asked. Do you accept that?

A I could have answered slightly better, yes.

THE CHAIR: Thank you.

MR CONNAL: Now, we will go to an example of a bad question, Mr Gallacher, rather than an answer that could have been done better, for the moment. On the page we are looking at at the moment, page 441, question 46, the questioner says, "Well, what did you see at handover?" and of course you were not there at handover, but then you are asked, I think, in a supplementary question, "Well, what would you expect to be available?" That is, commissioning and validation documents for water and ventilation. "What would you expect to be available at that point?" and you say, "As above," which is, "Not part of the handover team." Surely you knew what compliance-type documents should have been available for ventilation and water?

A I would have known what was required for ventilation and water, yes.

Q And why did you not say so when you were asked?

A I can't answer that fully.

Q Well, okay. Let us see if we can assist the Inquiry further. I do not think there is any dispute that a ventilation system is commissioned by the contractor and then validated subsequently. Is that correct?

A It is, yes.

Q And that validation-- and please correct me if I am wrong at any point in questions I put to you, that validation would usually be done by an external specialist of some kind, probably

instructed by the Board. Is that fair?

A That's correct, yes.

Q Yes. Now, if we can go into the "things that perhaps might have gone better" stage, you would accept that the validation of the system is what is required for the client to know whether they can accept the system as meeting what they need.

A In the ventilation system, yes.

Q In the ventilation system, yes.

A Yes.

Q Thank you. So, if you had made it your business, wearing your compliance hat, to find out about ventilation validation when you were appointed or thereabouts, that might have helped matters, might it not?

A At that time it would have been, however, my role was Board-wide role. So my role was to look at a number of acute sites across Glasgow and Clyde, not just the Queen Elizabeth.

Q I appreciate that, but validation only takes-- as I understand it, and please correct me if I am wrong, validation only takes place once. You put the system in, it is commissioned by the contractor, then you validate it. You have got a new hospital just opened, really, just before you come into post. Is that not a good place to go looking for validation material?

A It was never highlighted to me at the time that there was an issue with validation of ventilation systems by the operational team.

Q Okay. Thank you. Just so we get it out of the way, at the moment, there are probably three processes to do with ventilation, as I understand it. There is commissioning, we have talked about, there is validation, we have talked about, and then there is a thing called verification. Just tell us what you understand by verification.

A Verification of a ventilation system is the annual checks that the performance of the ventilation system is to the validation that was carried out at handover.

Q Thank you. Is that another thing that at, an appropriate point, somebody wearing a compliance hat could enquire about?

A Yes.

Q Do you remember enquiring about verification of ventilation at the new hospital?

A Not at the time, no.

Q Thank you. Please just bear with me, Mr Gallacher, because in the interest of time I am not going to simply get you to go through everything in your report, but, just in fairness to you, can we just look at 449, which is original page 21? You remember I put to you a point about hindsight, which is probably slightly

unfair without actually showing you the item that we see at the foot of that page.

This question you are being asked there is relating to a statement by a particular individual that everything had been commissioned in line with employer's requirements, and you said you cannot answer that, and you(sic) said, "Well, can you answer it now with the benefit of hindsight?" and you say, "I still cannot answer it." Is that correct?

A Within my statement, yes.

Q Okay. Thank you very much. I suppose it comes to this, Mr Gallacher. There are requirements for commissioning of the water system. Correct?

A Yes.

Q For an L8 pre-occupation water assessment?

A That's correct.

Q Commissioning and validation of the ventilation systems. Correct?

A Yes.

Q With the benefit of hindsight, would it have been helpful if, shortly after appointment, you had enquired about all of these things?

A With the benefit of hindsight, the answer would probably be yes to that. However, I would still have expected the senior management within the operational team to have flagged up to me any issues they had with water or ventilation at that time, and that did not happen.

Q Thank you. There is a topic here we can probably deal with reasonably briefly, which is the esoteric topic----

THE CHAIR: I wonder if I can just make sure that I have understood that. I think we are still talking about August 2015 or thereabouts, and you have just said, Mr Gallacher, you had expected those with operational responsibility to have highlighted to you any issues that they were aware of in relation to compliance with L8 and the commissioning, validation and verification of the ventilation system, and I gather from your answer that nobody----

A That's correct.

Q -- highlighted issues. Now, going back to the question as to who would you have expected to do that, now am I right in thinking you said that Mary Anne Kane had the operational responsibility?

A Yes.

Q Is she the person you would have expected, or other people?

A I would have expected Ian Powrie to have highlighted that to myself initially, in the first case.

Q Anybody else?

A And potentially Mary Anne Kane. Mary Anne Kane.

Q And Mary Anne Kane? Thank you. Sorry, Mr Connal.

MR CONNAL: I am just going to take you briefly to a part of your statement when we deal with the topic of asset tagging. We heard what asset tagging was in the course of evidence yesterday, so I do not need to ask you----

A Yes.

Q -- in principle, because I take it you know what it is.

A Yes.

Q Now, on 453, which is original 25, in about the middle of the page there, small letter (f) and then there is an answer. I just want to make sure I am understanding the question and it has not got lost in the precise words that are used. The question is, "From August 2015, what concerns, if any, did you have?" and your answer is, you were concerned that if it had not taken place, then there could be an issue, and we know it affects PPM. Now, did you have a concern about asset tagging? Is that what you were saying?

A I did, yes.

Q And how did you come to have a concern about asset tagging when you were appointed?

A It was flagged up to me by the operational estates team that there was issues with asset tagging, especially since the CAFM system was come under my responsibility.

Q Right, so I will take that from you, if you do not mind, just so we are clear what you are saying. You are saying it came to you especially because the CAFM-- So, is that C-A-F-M, that we heard about yesterday----

A Yes.

Q -- that was under your responsibility, was it?

A It was.

Q So, that is a particular part of your role at the time?

A Absolutely, yes.

Q So, just help me then understand what responsibility you had for the availability of-- I think it was described as semi-automatic or certainly interactive management system----

THE CHAIR: We have heard the word "dynamic". Is that a useful word?

MR CONNAL: How would we describe it, Mr Gallacher? You tell me.

A The CAFM system is an electronic database that is dynamic in its way, in that it will produce planned maintenance schedules against assets that we know are located within the hospital to allow us to ensure carrying out statutory compliance for maintenance purposes.

Q I think it was described to us yesterday as "dynamic" in the sense that it is not just somewhere where people

lodge documents, but you can access it----

A Absolutely.

Q -- and it can automatically produce reports and instructions and so on. Is that correct?

A It generates planned maintenance tasks to the Estates teams, the operational estates teams, onto handheld PDAs.

Q And what was your responsibility in relation to CAFM at the new hospital?

A My responsibility was to ensure that the new hospital assets were on our CAFM system.

Q How did you go about dealing with that? What did you do about it to make sure that it was there and working?

A Myself and Ian Powrie had many conversations around about the assets and the lack of tagging within the Queen Elizabeth Hospital. There was a debate around about whether Multiplex had actually delivered what was asked for and the general agreement was that it wasn't, because most-- they were pointing in the direction of Zutec, and Zutec was not a system that could deliver the requirements of the Board. The Queen Elizabeth retained estate already had fmfirst in place, as had most of the hospitals across Glasgow and Clyde.

Q That also is a dynamic----

A Yes.

Q -- facilities management system----

A It is.

Q -- designed to do similar things to what we have just been discussing?

A Absolutely, fmfirst was the Board's CAFM system, as such. The expectation was that the new hospital would be included within the CAFM system and that would be an output from the contract that Multiplex should have been delivering, and it wasn't delivered as we expected.

Q We heard from Mr Powrie what the consequences, in a practical sense, are of not having the benefit of a system like that. It makes it very difficult to do planned preventive maintenance, although he also added, "And if you are firefighting other stuff, it makes it even more difficult."

A Absolutely.

Q Would you agree that it does make it difficult to do the maintenance you should do?

A Absolutely. The CAFM system is a core business for the operational estates team.

Q I am asking you about that because, in a slightly disappointing way, on 454, at the top of the page, you say that there was a gap of about two years before there were meetings with the

contractor. Is that two years from you arriving on the scene in August 2015, or two years from the hospital opening? Can you remember?

A Probably from the hospital opening in 2015.

Q Right. So it is two years till you get into discussion with a contractor, and when did you sort out the problem of asset tagging?

A It took us-- Because of the number of meetings we actually had with the contractor and the lack of activity by the contractor to actually deliver that part of the contract, it probably took us the best part of four years before we had a fully compliant asset system on-- for the Queen Elizabeth on our CAFM system.

Q So----

THE CHAIR: My fault, did you say four years?

A In total, four years before we were fully compliant.

Q Right, so we are talking 2019?

A Approximately, yes.

Q Thank you.

MR CONNAL: So, in light of your answers today, you must have had some knowledge of what the obligations were of the Board and of the contractors about this system, must you not?

A With discussion with Ian Powrie, yes, absolutely. Ian briefed me. I know the discussions were around the fact that, in his opinion, that they hadn't delivered a CAFM system as aligned to the contract because he was expecting fmfirst as the base software system, and that was not what we got.

Q Yes. I just have to suggest to you, in light of some of your earlier answers, Mr Gallacher, if you look about halfway down, page 454, there is a question, "Who was responsible for ensuring provision of CAFM and Zutec?" And your answer is, "I was not aware of the contractual requirements." On reflection, was that an incorrect answer?

A On reflection, yes, but I was not privy to the contractual requirements. So this was based on myself and Ian having discussions. I think Ian had more access to the contractor requirements than I had.

Q And the next question----

THE CHAIR: Sorry.

MR CONNAL: Sorry.

THE CHAIR: Can I just understand this? I just want to make sure I am following this. I think I have understood that, and tell me if I am wrong about this, that you personally were involved with negotiating with Multiplex. The Board's position being that Multiplex had not complied with a contractual obligation in relation to computer assisted facilities management. Now, point one, am I right in understanding that you were involved

in these meetings with Multiplex?

A We didn't have meetings with Multiplex directly.

Q Right. Sorry, I----

A Yes.

Q -- am speaking across you. You did not have meetings with Multiplex?

A No, we did not have meetings with Multiplex directly, there was communication via emails, which Ian was involved in. We also had our eHealth colleagues involved in----

Q Sorry, eHealth----

A -- sorry, IT.

THE CHAIR: Right?

A Or eHealth, as they're called within the healthcare, colleagues involved around about the requirements that we had to put in place to support bringing the assets onto fmfirst. So we did-- they had to support that requirement.

Q So you were in email correspondence with Multiplex?

A Not myself directly, but eHealth were in email correspondence with Multiplex or a individual from Multiplex.

Q The reason I am pressing you on this is, and it is maybe my fault, I have difficulty understanding how you conduct a negotiation or a dispute with Multiplex where the Board's position is that Multiplex has not complied with the contract if you were not aware of the contractual requirements.

A Ian was aware of it, Ian Powrie.

Q Ian, right. So he was aware but you were not?

A I was not, yes.

Q Thank you.

MR CONNAL: And if we had the impression, Mr Gallacher, from what you say at the top of page 454, about a gap of two years before meetings were held with the contractor, if we had the impression from that that these were actual meetings, would that be wrong?

A By meetings, that the-- our eHealth team, it's probably-- more about communication by email.

Q Just to complete that page, after the bit where you say you were not aware of the contractual requirements, there is another question immediately after that. You say, "What were the consequences of these," that's CAMF and Zutec, "not being provided?" And you answer in this questionnaire, "I was not aware of the contractual requirements." Now, you knew what the consequences were, did you not? Because you have just told us about them.

A I've explained earlier in the document what the consequences were.

Q Thank you. Just a point of

detail that I need to put to you in light of all the different participants in this Inquiry. Can we go to 456, page 28 originally? What the questioner has done there is lifted something from a statement by Dr Redding who, according to the questioner's note, says that you told her there was no request for HEPA filters to be inserted in Ward 2A, and is that right? And your position is that was not you, you did not have that conversation with Dr Redding. Is that correct?

A I did not have that conversation.

Q Okay. Okay, let us move on. The next topic that comes up in your statement, and I suspect we do not need to dwell on it, but it may allow me to ask a more general question, is chilled beams. You know what a chilled beam is?

A I do.

Q And we will not get into a debate about the difference between Swegon PARASOL units and chilled beams, because for this purpose it does not matter.

A Yes.

Q Let me just call them chilled beams.

A Yes. Okay.

Q If we go to 457, where chilled beams crop up, and you are asked about cleaning and you say that is not for you, and then 85 you say you were aware there were potential leaks due to operational issues which affected-- I think it is a mistype there, it should be dew, D-E-W.

A Yes.

Q Dew points. Now, so we can understand how you are functioning in your role, how do you become aware of something as detailed as a problem with dew points on chilled beams?

A I became aware more through the IMT or Ward 6A that there were issues with the chilled beams and that there was potential leakage. So, really, through the IMT I became aware of the issues with chilled beams.

Q Right. So, how did you come to be at the IMT then?

A I was tasked to go to the IMT by, I think it was either Mary Ann Kane or Tom Steele, round about-- as general manager of Estates and potentially compliance issues that may arise.

Q Right, so this may be helpful in understanding your general involvement, Mr Gallacher. So somebody like Mary Ann Kane, or later-- probably later in the sequence it would be Tom Steele, they are in charge of operational estates in a hierarchical sense.

A Yes.

Q And you are sitting with a compliance hat, but they want you to get involved?

A Yes.

Q And once you are involved, I think you told me earlier that it is part of your role to make sure that what Estates are required to do following the meeting, they do?

A Yes.

Q Thank you very much. I am not going to ask you about what happened about the chilled beams, because we have had a lot of information about that already, but probably brings me neatly to another issue. If we go to 459, the topic there is thermal wheels, and we have heard a bit about thermal wheels from other witnesses, and I think you are aware that the issue, in general terms, and if I put these things in these terms and you think I am inaccurate, please do say, is essentially the extent to which they should be deployed where there are immune compromised patients around because of the possibility of some leakage of contaminated air. You are aware of that?

A Yes.

Q Thank you. What you do at the foot of page 459 is you mention the authorising engineer ventilation. Can I ask you this? At the time-- I will just ask you the question. You tell me what you have answered-- is it too-- at the time of the handover of the hospital from contractor to Board, was there an

authorised engineer (ventilation) in place?

A Not that I'm aware of.

Q I will just ask you this for completeness, because it is easier to do now. Was there an authorised engineer (water) in place?

A Not that I'm aware of.

Q Then the question comes to be, when you were appointed in 2015 August, and I am not making any particular point about whether it is 1 August or 1 September, it does not matter for the purpose of my question. Am I right in thinking that authorised engineers for these two areas are quite important roles in making sure that what is being-- what needs to be done is done?

A Absolutely.

Q And did you check when you were appointed whether there were authorised engineers for either water or ventilation or both?

A I cannot recollect at that time whether they were-- whether I checked that they were or wasn't. I do remember there may have been an authorised engineer for water for the retained estate. There is sometimes the assumption that that authorised engineer would cover all duties within the Estates and it obviously didn't happen at that time.

Q Yes. I just-- Was the

appointment of authorised engineers part of your responsibility, wearing your compliance hat?

A It is now. Yes, it was then and it is now.

Q It was then and is now. So did you do anything about appointing them at that time?

A I didn't have-- I didn't have the awareness that there wasn't any authorised engineers at the Queen Elizabeth at that time.

Q Just so I-- I want to be----

THE CHAIR: Sorry, again, just so that I am following, we are looking at the situation round about August 2015. You told us that having an authorised engineer for ventilation and water, these are important roles. You were asked, "Did you check if authorised engineers were in post?" "I cannot"-- Now, you answer that, "I cannot recollect."

Now, it would seem to me that if the role was important, if no one was in place, and I do not think anyone was immediately appointed, the inference I would draw, and correct me if I am wrong, is that you did not enquire at that time, because if you had enquired, because of your realisation of the importance of the role, you would have taken steps to see that engineers were appointed.

A Yes, that's correct.

Q Is that correct? Thank you.

A That's correct.

Q Thank you.

MR CONNAL: Knowing of the importance, is there any reason why you did not enquire?

A The Board at the time, from an Estates perspective, was pretty fragmented when it came to how some of these services were put in place to support the different acute hospitals. There could be more than one authorising engineer in the Board. A lot of this was previously, before I took up my post, was carried out by the operational estates teams. The whole purpose of the general manager estates was to look at a Board-wide approach to important services and to address these as a one-service solution, rather than have a number of important services delivered in a fragmented manner by operational estates.

Q Well, let me just ask you one more question about this. You were not aware that any were in place. You did not enquire at the time of your appointment. At any later stage, did you do something about getting them appointed?

A At a later stage the Board did appoint authorised engineers for water and ventilation on a Board-wide solution, not specifically to the Queen Elizabeth.

Q I am just trying to get clear, Mr Gallacher, whether you, knowing of their importance, checked this, not in August, but in December 2017, or at some other point. Did you do that?

A Once we had the compliance team in place, the expectation was that the compliance tasks would be carried out by the compliance managers, and one of these tasks was to procure the services of an authorised engineer for ventilation and water on a Board-wide approach, not specifically for the Queen Elizabeth.

Q But the compliance team we are talking about were a compliance team based at the Queen Elizabeth.

A But they were a Board-wide resource.

Q Right. Thank you. Can I ask you a completely different question? Are water systems – because I am coming to talk about water a little bit – listed as a risk in the NHSGGC corporate risk register?

A I believe they are.

Q And is this a standing item in the Board Water Safety Group, whether there are any risks?

A The Board Water Safety Group would review the risk register at most meetings, if not all. It doesn't talk specifically about a particular hospital site. It has water as a risk item because of the implications of water and the fact that we have a number of old estates, old hospitals where the risk of water management non-compliance could be higher than the modern hospitals.

Q Well, let me come-- We have asked about the appointments of authorised engineers. Am I right in thinking that, just looking at water for the moment, there are also a number of other appointments that should be made for any site, an authorised person, for instance?

A That's correct.

Q Now, we know that in late 2016 a compliance team comes onboard and starts to deal with these matters, but ultimately the appointments should be made by you, should they not?

A The appointment is made by me through due process. However, the nomination for an authorised person has got to come from the operational estates team.

Q Well, in between the opening of the hospital and the commencement of operation of the new compliance team at the end of 2016, what did you do about ensuring that there were people in these posts?

A Again, up to that point, it was up to the operational team to nominate operational estates managers to become APs. Now, that due process was if you

didn't have an authorised engineer in place, then that process could not happen because we didn't-- that needs the authorising engineer to actually assess the authorised person. For other sites, you'll probably find that these individuals were in place.

However, at that time, with the migration of the hospitals into the Queen Elizabeth, there was obviously an issue there around about training, etc., of individuals for the hospital site. One of the main characters of an authorised person is familiarity of the existing systems, and I think at that time there was a lot of non-familiarity of the water system for the Queen Elizabeth because of the complexity and size of it.

Q Well, okay. Let me ask you a couple of points about that. If the systems are complex and people are struggling to understand them to the extent they need to do to play a full role, does that not suggest that there should have been a suite of appointments made much earlier in the process, perhaps before occupation?

A Absolutely.

Q And if that is such an obvious point, what did you do, if anything, to get on top of this issue about the lack of appointments in the period between your arrival and the end of 2016?

Again, I wait for operational estates

to nominate individuals. Unless I'm advised of who individuals would be nominated as authorised persons, I can't get training organised for these individuals, so I'm really relying on the senior management and operational estates to drive that forward.

Q Well, you are the man with compliance as a role, Mr Gallacher, so if nobody says, "Here's my suggested authorised person," is it not your job to go and find out why not and give them a good kicking to make sure they do?

A With respect, my role was Board-wide, so I had five acute hospitals under my direction.

Q But did you have any other hospitals where there were not appointed persons and so on?

A I'm not aware of any hospitals that didn't have authorised persons appointed at that time.

Q So you have an acute hospital, which is the Queen Elizabeth, which does not have these appointments, unlike the other hospitals. So there is an obvious gap, is there not?

A There is an obvious gap there.

Q I ask you again, did you do anything to try and fill that obvious gap?

A From recollection, I didn't do anything.

Q Thank you. Just so it is clear, the reason I was asking you this is that

on page 471 of your statement, you set out the process which is to be followed when there is both an authorised engineer in place and a compliance team in place, because they both have parts in that chain.

A Absolutely, yes.

Q But before they are there, it is really just you, is it not?

A It is, yes.

Q Okay. Can we look at 472, original 44? At (j) the questioner says, "What was your understanding at the time of SHTM guidance, particularly SHTM 20-27 and SHTM 04-01 in respect of water?" and you say, "I was not part of the project or handover teams." With the benefit of hindsight, could you have answered that question a bit better?

A I could have answered that one better, yes.

Q Now, you have already answered a question earlier on about the L8 pre-occupation water assessment. I just wanted to ask you about something there. In relation, if you go to 473, we have heard a little bit of the history of the 2015 assessment, and the question there is, "Was there a pre-occupation water test?" and you say, "Well, I'm not part of the project or handover team. However, this relates to the pre-occupation water risk assessment and the answer is, yes, as this was found in 2017." Now, can you just help us to understand why you know it was found in 2017?

A At that time, I was advised by Mary Anne Kane that a pre-occupation water risk assessment had been found. I was asked at the time if I was aware of it, and I said no, I was not aware of that pre-occupation water risk assessment, but I was told by Mary Anne at the time that one was found.

Q I know it was a while ago, but can you help us at all as to when in 2017 this happened?

A I think it was mid 2017, not 100 per cent sure when.

Q Wearing your compliance hat, was this not a worrying event you were being told about, that something had been "found" dating back a couple of years?

A Yes.

Q And what, wearing your compliance hat, did you do about that?

A At that time, there was discussions held with Ian Powrie around about the position of this water risk assessment. I know Mary Anne was actioning it from a senior management level, but the next steps that we are aware of was that the operational team was tasked to carry out a further water risk assessment too, as this one was approximately 18 months, two years out of date.

Q Okay. Let me take just one step back from that. I can understand that you find an old one, and you think, "Well, where's the next one?" and you say, "Let's do another one." But did the 2015-- Sorry, let me ask you a first question. My fault. Did you have a look at this document?

A I did.

Q And did it contain recommendations and flag concerns?

A It did, yes.

Q And were some of them – I think many of us have seen it – flagged in red rather than orange and so on?

A Absolutely, yes.

Q So, what did you do, wearing your compliance hat, about these apparently significant features that were flagged as requiring action?

A As I recollect, conversations were had with Ian and Mary Anne around about the water risk assessment and the challenges within them, and we were advised that an action plan was being drafted up or had been drafted up to support. However, I did not get visibility of that action plan.

Q Sorry, it is my fault. I did not quite catch the end of that.

A Sorry, I did not get visibility of the action plan.

Q Sorry, just so I am absolutely clear, did you see it?

A No, I did not see it.

Q Did you try and find it?

A No, I did not try to find it.

Q I am only asking the questions, Mr Gallacher, because on one view, the most obvious thing is to say, "Well, surely as a matter of compliance, we need to get on with this urgently."

A Yes.

Q And did you do that?

A I did not do that.

Q Thank you. Now, later in your statement, you are being asked about water testing. I am not going to go there, and we have asked you about Zutec, so I will not ask you about that. Can I just ask you one thing about a comment you make on page 479, original 51? Under the heading "Water System – General", they say, "What testing and maintenance protocols and regimes are in place? What should have been in place?" and you say, "I wasn't made aware of this information. A full commissioning and PPM schedule for water asset management should have been in place. I have no idea why it wasn't." So I understand that answer, did you do anything about this when you realised something was not in place?

A This goes back to the asset management aspect, where all water assets are identified and included within our CAFM system. Now, at that time, the

water assets were not identified. This is part of a bigger picture around about asset management, asset tagging.

THE CHAIR: Just if I can understand this, you previously explained that a planned preventative maintenance is dependent on at least two things. Having an asset register to know what----

A Yes, my Lord. yeah.

Q -- plant and equipment you have, and, at least in modern circumstances, a facilities management software – or whatever the word is – system to alert Estates to what needs to be done and record what has been done. Now, if I am following the evidence, certainly in 2015, you did not have an asset register and you did not have a dynamic facilities management system. Is that right?

A That's correct, for the Queen Elizabeth Hospital.

Q Right, thank you.

MR CONNAL: Just before we leave that page, at the very foot of the page, you say there were concerns around water temperatures across the Queen Elizabeth. How did you come to know about these concerns?

A First concern I had were when I got visibility of the 2015 water risk assessment, and that was flagged up within that report by DMA.

Q Right, so not before that?

A Not before that.

Q Then you say at the foot, "I don't have the required information as to how this was monitored and reported up the management chain."

As a compliance man, is that not the kind of thing you should be on top of if it is a concern?

A That level of detail would be managed by, again, the Operational Team who would be flagging up any concerns up the management chain. We're talking here bilaterally through the Schneider building management system that is set up to record temperatures. Again, the level of detail that system goes into is quite substantial, but that would be managed by the operational estates teams, and if they had any concerns around about temperature monitoring or temperature outputs, they would be flagging that up through the operational estates team.

Q Okay, thank you. Could we have a look at, please, bundle 1 of June '23, document 27, page 114? Thank you. Now, it is quite a big cast of people here. Are you at this one? Yes, you are. So, you have got Teresa Inkster, Sandra Devine, Sharon Johnstone, etc. Great group of people. Just tell us, from your recollection, why were all these people gathered together on Monday, 11 June 2018?

A It was a fair period back. However, this was mainly around about the water incident affecting Ward 2A and Ward 2B.

Q Mm-hmm. Well, let us see if I can get this from you generally. In the course of the Inquiry to date, the fault may be ours, there has been discussions about something called the "water incident" in 2018, which ultimately led to a conclusion that there was widespread contamination of the water, and then discussion about how to fix that. You are aware of that, are you not?

A Yes.

Q Can I ask you this, then? Your role is compliance; your role is Estates. Here we are in 2018, discovering that the water system, which the Estates had responsibility for, was heavily contaminated and you were having to do something about it, was ultimately turned out to be widespread dosing. Did that cause you to think back about how it could have happened and what you could have done about it?

A At that time, with hindsight, yes, it probably would have-- the issues that we had flagged up previously could have been a contributing factor.

Q Right, thank you. Bear with me a second. Can we look at another document, which is in bundle 11 of August '24 at page 77? I want to ask you a couple of things about this. We see you not only present, but actually chairing it. This is something called the Board Water Safety Group. Now, can I suggest to you, first of all, that there is a bit of a hint in the title that the Board Water Safety Group is a group which has responsibility for water safety. Is that fair?

A That's correct.

Q You are, I think, a member, and have been a member of that group.

A I have been.

Q Is that since you were appointed?

A Since I've been appointed, yes.

Q Yes. Just thinking back, then, if you were always a member of the Board Water Safety Group, does that not give you, as it were, an extra requirement to take steps to make sure that, in all of your hospitals, there is an emphasis on water safety?

A Yes, there is.

Q If there is a new hospital where you have described some of the staff as being unfamiliar with the system, would that not need to be a particular focus of attention?

A I think that, if I recollect at that time, again, if we're not made aware of the requirements for staff to be trained as APs and CPs, it's challenging to know

something that you're not made aware of, and, if I recollect, the Operational Team did not flag up the need for APs and CP training.

Q Just wondering, you have got a pretty high-powered group. Is there any point having it if it does not do things like get on top of water safety at the new hospital?

A There is a Board group that looks at the water safety for all of the hospitals across Glasgow and Clyde, not just the Queen Elizabeth, so it's quite a substantial-- it has a large remit.

Q Well, I can understand that. It is a big organisation and there are lots of premises that it covers, but the Queen Elizabeth Hospital, when opened, must have been the biggest event in the Board's 2015 history, a huge project, was it not?

A It was.

Q Described as a "flagship" and various other very positive statements about it?

A It was.

Q Let me ask you a completely different question. You have mentioned Mary Anne Kane. Can you remember, and please tell me if you cannot, an issue where Mary Anne Kane is deciding that microbiologists should not be given access to water testing results?

A I have never been informed of that at all.

Q You have no knowledge of it?

A I have no knowledge of that at all.

A Thank you. Can I ask another question about the DMA Canyon report, if I can, please? If we can go back to your statement to go to page 490, original 62.

Q Now, on that page, I took this slightly out of order from you earlier, and I asked you when you discovered about this and, in fairness to you, you say mid 2017 in your answer to question 166, and you quite properly say what the purpose of the report was. Was the discovery of that report reported to the Board Water Safety Group by you?

A It was not reported by me. I have no recollection as to who, if it was-- or who actually reported it to the Board Water Safety Group.

Q You know, you understand why I asked the question?

A Absolutely, yes.

Q It is quite a significant find, an un-dealt with, apparently, report, two years old, flagging up significant issues in your flagship hospital.

A I believe it was reported to the Board Water Safety Group, but I don't know when or at what meeting.

Q I have already asked you what you did or did not do about it once you found it, so I will not ask you that again,

but, I will just ask you, just so we are quite clear about your position on it, 491, original 63 at the foot. You were asked, when you became aware of it, what did you take in terms of sharing the findings and instructing work? The first answer you give is you did not share the report. Is that correct?

A That's correct.

Q Why not?

A The senior manager-- Well, Mary Anne Kane, who was the assistant interim director at the time, had knowledge of it, and the chief executive also had knowledge of the report, but my expectation was that this would be shared with the microbiologist team, the senior management team within Infection Control, by either Mary Anne or by the chief executive. That would be shared across senior management.

Q Okay. Let me----

THE CHAIR: Again, at the risk of being a bit pedestrian, we are talking about a date in 2017.

A Yes.

Q You cannot help us more precisely?

A Absolutely not. I----

Q All right.

A -- I can't recollect.

Q But you are secure in your memory that it is sometime in 2017.

A Yes.

Q So, this is the DMA Canyon 2015 report, brought to your attention by Mary Anne Kane.

A Yes.

Q Right. Now, you said the chief executive was aware of that report, as far as you----

A As far as I'm aware.

Q As far as you were aware, in 2017?

A Yes.

Q Now, the chief executive, is that Ms Grant?

A I believe that was Jane Grant at the time.

Q That was then Jane Grant. How can you say that Jane Grant was aware of that report in 2017?

A I believe the conversation with Mary Anne Kane.

Q Right. So, your information about Jane Grant's knowledge comes from Mary Anne Kane?

A Yes.

Q Right. Did you enquire with Mary Anne Kane what she was doing in response to the findings of that report?

A I do not recollect if I asked her that question.

MR CONNAL: The reason his Lordship may have put that question to you is a fairly simple one, Mr Gallacher. If you are involved in compliance and safety, you know that one of the

dangerous things is to always assume that somebody else has done something, because if you do not either ask or check, it may not happen. Is that a fair comment?

A That's a fair comment, yes.

Q And I think your initial answer to why you did not share the report was you assumed that various things would have happened. Did you check?

A I do not think I checked at the time.

Q And when you say you did not instruct any work, is that you taking a technical point that it was for somebody else to instruct it, or is it simply that you had no part to play?

A The work would have been carried out by, again, operational estates teams to close the actions down that were captured within that report. So that's an operational estates remit and that's under Ian Powrie.

Q Thank you. I only have one more question on that point, and I suppose it is this: that if you have a situation where it appears as if a report containing important information has not in fact been actioned in the way that you would have expected it to, would that not suggest that, wearing a compliance hat, you would want to make pretty certain that it was actioned thereafter?

A Absolutely, yes.

Q And did you do that?

A I don't think I'd done that at the time.

Q Thank you. I have already taken from you earlier in your evidence what your role at IMT was and the like, which was to ensure that what Estates were to do, they actually did. I am actually thinking, my Lord, I am coming to a sort of natural break, and I wonder whether it might be appropriate to take the morning break slightly earlier than usual?

THE CHAIR: We can do that. As I said, Mr Gallacher, we usually take a coffee break about half past eleven. We will do that now, and could I ask you to be back for twenty to twelve?

THE WITNESS: Absolutely.

(Short break)

THE CHAIR: Mr Connal.

MR CONNAL: Obliged, my Lord. Mr Gallacher, a question has been raised with me during the break, and I just want to therefore go back a little bit on something you said earlier. You told us both in your written statement and here today that you were advised of the discovery of the DMA Canyon 2015 report in-- well, I think in your statement you say mid-2017, you are not very clear

when. How confident are you about that date?

A I'm not 100 per cent confident about the date to be fair. Mid-'17 sits comfortable with-- comfortably, but I'm not 100 per cent confident in that date. It may have been earlier.

Q It may have been earlier? The reason that I am asking you about it and I try and be as open as I can about the point, you remember there was this thing called "the water incident" in 2018?

A Yes.

Q And I am reading it short, though we can happily look at minutes. What happened at the time of the water incident, essentially, was that things were being discovered, tests were being taken, people were trying to find out what the problem was. That is a kind of layman's summary.

Now, that was all happening in 2018, and let me just put-- So, you have something in front of you, can we have that document up from bundle 11-- or bundle 1, sorry.

We brought up the water incident meeting, IMT meeting, of 12 March 2018, which is bundle 1, page 63. Now, there is no particular significance about the detail of this other than who is present, which is, again, a large number of people, including yourself, Jennifer Armstrong, so on and so forth, and I suppose the question is this. If in 2017, you and, well, Mary Anne Kane, she was also at the meeting and possibly others, had known of the existence of the 2015 DMA Canyon report which had not been actioned, no one seems to mention that in any of the discussions. So just take that from me on trust, if you will, to avoid us scrolling through a whole lot of minutes, and that would be rather odd, would it not, if you knew about it as a possible problem but did not mention it when people were trying to find out what was wrong with the water?

A I do not know why it was not brought to the attention of the IMT at that time.

Q So, there are two possibilities I would suggest to you, and let us see if we can decide which you think is correct. Either you and Mary Ann Kane knew about the failures to deal with the DMA Canyon 2015 report when everybody was trying to find out what was wrong with the water and just did not mention it, or you are wrong about the 2017 date and it did not come up until 2018 sometime. Can you help us at all on that?

A I cannot help you at all with that.

Q I think it would be suggested to you, and it would no doubt be suggested to Mary Ann Kane if she was here, that if you knew you had found a report with all

these red flags on it that had not been dealt with, as soon as people started saying, “What on earth is the problem?” you would have said, “Ah-ha, I can give you a hint. These things have not been done.”

A That would be a good interpretation of what would be discussed, yes.

Q Yes.

THE CHAIR: Sorry, I did not get that answer, a good----

A A good spot-- If that was found out, if it was brought to the attention of IMT and if I had-- we were aware of that report prior to this meeting, then it would have be a good forum to bring that document to.

MR CONNAL: And just take it from me, there is no mention of the DMA Canyon report in these minutes or, you know, the minutes around that time, but you are not able to help us with that one either?

A I cannot help you with that.

Q Thank you. Let me just ask you one or two other questions. Go back to your statement, please, at page 500, original 72. What is happening on this page of the statement is you have been asked about a Water Safety Plan based on the written evidence of another individual called Phyllis Urquhart, who I think was in the compliance team, if I am right.

A She was, yes.

Q And then you answer that by saying, “Well, not clear which point of time that you’re referring to; however, the following should be in place,” and then you list a whole series of documents. I am calling them documents; I know most of them are electronic, so please forgive me for that. And then you add a tailpiece at the end saying, “Prior to 2018, it’s unlikely all of these were in place.” Well, why is that?

A These documents are part of the new British Standard for water safety plans which the Board is currently working to, to deliver. Prior to 2018, a number of these documents would have been in place, but not all of them.

Q I see. Presumably, if you take as an example the authorised engineer (audit), that would not be in place if there was not an authorised engineer at the time.

A That’s correct. Yeah, that’s correct.

Q We have dealt with that. Thank you. Can I ask you just possibly one question, maybe two, about Horne taps? Do you remember being involved in Horne taps?

A I do, yes.

Q Which were thermal mixing taps, and there were issues about that,

and, broadly speaking, these had been ordered to be installed in the new hospital. Is that correct?

A That's correct.

Q And I see from page 501 of your statement, at the foot, that you were at a meeting with various people including the manufacturers of the tap to discuss a challenge because they had said you could not use chemical sanitisation.

A That's correct.

Q Am I right in thinking that Mr Powrie was suggesting that the thermal sanitisation that the tap people were suggesting was not really workable?

A That's correct.

Q What were you doing there?

A I was there because I think there was a potential communication with SETAG. I represented----

Q Sorry, just tell us, for those of us who do not carry all the acronyms in our head, what that acronym means, please.

A SETAG was and is our Health Facilities Scotland Board meeting.

Q What do the initials stand for?

A Scottish Engineering Technical Advisory Group.

Q Thank you.

A Of which I represented NHS Glasgow. Now, the thinking was that any outcomes from this potential meeting may have to be referred up to SETAG, of which Ian Storer, who was also at that meeting, sits as part of SETAG. So it was about making sure that I had the information if that was going back up to SETAG, and I think I was also there to support Ian Powrie.

Q Now, the issue that has arisen in discussion already at this Inquiry, I would like to put to you so we can have your evidence on it. I think there is a question whether, at that time, all of the taps had been installed or some of them, or-- There was a debate about that. Do you know?

A I think the majority of the taps had been installed.

Q And the question was, broadly – and, again, please correct me because I am trying to summarise – that----

THE CHAIR: It is my fault, Mr Connal. We are talking about a meeting in 2014. Is that right?

MR CONNAL: Yes. Sorry, that comes from the start of the question. That is my fault, my Lord. The challenge that was being faced was that there were flow straighteners on these taps which it was now recommended should be removed, and the manufacturer was saying, "We can't do that."

A Yes.

Q "We can't sanitise them chemically because that's an issue with

the impact on the taps' components." Is that correct?

A That's correct.

Q So, at least some of the advice at the meeting was, "Well, you can't use these taps because they're not recommended anymore." Is that correct?

A There was a debate around about warranty, potential impact on the taps over their life because of potential-- The chemical can actually corrode parts of the tap, so there was a general conversation as to how we could move forward and manage the taps.

Q Because I think the argument that appears to exist involving different parties here is, here, you have an option. You have got a tap which has a flow straightener on it, which is now not recommended. That gives rise to an issue. So you either say, "We're not going to use these taps anymore," thus removing the problem at a cost, or you say, "Well, we'll just press on with them and try to manage the sanitisation issue in some way which we'll work on." Is that a fair summary?

A That's a fair summary, yes.

Q And what was the decision?

A The decision was to continue and manage the risk of the flow straightener.

Q I think in the questionnaire and the statement, you are asked – and I am glad that you used the word "risk" – was there some kind of risk assessment of what the consequences of that might be?

A I'm not aware whether there is a risk assessment in place around about the flow straighteners.

Q Thank you. Just bear with me a moment, my Lord. I have, I am afraid, jumped ahead with this witness on a number of questions, and, therefore, I am trying not to repeat them.

THE CHAIR: You say the decision was to continue with the Horne taps but manage the risk. Do you know whether anything was done about managing the risk?

A Yes. On installation of them, I believe, there was a significant testing regime put in place to support the water quality. There was also a service replacement of the actual restrictor that was put in place, and the actual restrictors were constantly sent for analysis.

Q You used the word "restrictor". Is that the flow straightener?

A Sorry. The flow straightener, yes.

Q So your understanding was that the risk was managed by sampling water from these taps?

Yeah. Actually, sampling water from the taps, sending the restrictors away for analysis, and also a service

replacement where on a fortnightly or weekly basis, they were replaced. So they were taken away and disposed of, and new ones were put in place.

Q When you say new ones, do you mean the flow straightener?

A The flow straighteners.

Q Thank you.

MR CONNAL: I am obliged, my Lord. That probably leads me just to another question, because if the general way of managing the problem was going to be sterilisation by a method other than chemicals, a thermal methodology, we heard evidence yesterday from Mr Powrie that, for various practical reasons, the steps needed to put in place the thermal sanitisation process to allow switching out of taps and their sanitisation was not actually achieved by the time the water incident happened in 2018. Did you have any role in checking what the progress was on that?

A No, I didn't have any role in checking that.

Q Thank you. Can I ask you now one or two questions, which I am afraid will jump around a little, so apologies for that. Can I ask you a general question, first of all? Are you familiar with a system called HAI-SCRIBE?

A I am.

Q Do you know whether the Board undertook a Stage 4 HAI-SCRIBE prior to handover or patient occupation?

A I do not know if they did or not.

Q Is that something you should have known when you took on your new role?

A Prior to handover, I wouldn't have expected that to fall within my remit.

Q With apologies, can I just go back to the risk register that we discussed briefly earlier on? You said that water was in the risk register generally, but not specifically to a particular hospital. Who – I think the phrase is sometimes – owns that risk, is responsible for looking after the risk of water in the risk register?

A I believe that sits under the director of Estates.

Q But you said that the Board Water Safety Group, which, at least at one point, you were actually the chair of, was always checking the risk register on water. So who would be responsible for dealing with any issues that were noted?

A Well, again, it's a difficult question to answer, bearing in mind it's a generalised risk that's put into the risk register. It doesn't talk specifically about an individual hospital. Because of the variety of the estates that we manage, it's a generalised statement because it is recognised that water is a high risk item.

Q Right. That is what I was going to ask you. Is it given a particular

rating? I think you just said “high risk”.

A I believe it’s given a high risk.

Q Thank you. Another-- And apologies that these are coming in random order, you were involved in something called the Specialist Ventilation Group at the hospital. Is that correct?

A I was.

Q And this was a group that only met for a short period. Is that so?

A I think, yes, that’s correct. It met for either one or two meetings only.

Q Can we just look at your statement again at 516, please, original 88? At the foot of that page, when you are asked, “Tell me about your role in the Specialist Ventilation Group,” can you remember when it was?

A I do not recollect the date in question.

Q And then you say, “Well, we only met on a couple of occasions, decided we shouldn’t have a specific Queen Elizabeth University hospital group and there should be a Board Ventilation Dafety Group.” Now, my information is that the Board group was not established until June 2022, which stands well after most of the things we are looking at. Was there a gap between the hospital one and the Board one?

A I was under the impression the Board Ventilation Group met earlier than 2022. I don’t recollect. 2022 seems to me late, given the issues that we’ve had in the hospital. I would have thought that the Board Ventilation Safety Group met considerably earlier than 2022.

Q Thank you. Just a few more questions, Mr Gallacher, I think. We have heard at various points of this Inquiry about events that took place surrounding Ward 4B at the new hospital, where the intended occupants were the adult bone marrow transplant team previously based at the Beatson; and I am right in saying that I am not telling you something you do not know? You know about that.

In your statement, you are asked about 4B, and your answer, basically, is “I wasn’t involved.” I just wanted to ask you about this because can I suggest to you that a situation where you have a brand new hospital and a well-regarded or renowned, whatever phrase you want to use, team of clinicians turn up and say, “What Estates have provided for us here is not good enough. We’re not coming in. We are just going to turn round and go back again.” It must have been quite a dramatic event.

A At that time, I was not involved with that move from Beatson to the Queen Elizabeth. Again, it sat more with Ian Powrie and the operational team. So any visits from the Beatson to Ward 4B, I

was not aware of these visits.

Q But you must have heard it had happened?

A More through hearsay than anything else.

Q Did you not make it your business to find out how the Estates team for which you had a Board-wide responsibility had managed to provide somewhere that was regarded as wholly unacceptable?

A It's a difficult question to answer bearing in mind that 4B was adult, and I think they were moving-- they were moving non-adult, moving paediatric, I think, from Beatson to the Queen Elizabeth. So that's challenging itself, bearing in mind that 4B-- I was not aware of what 4B had been designed for as far as the type of patient cohort.

Q Well, I can understand you were not part of the design team, you were not part of the project team, but, nevertheless, when you arrive in August, just shortly before then, there has been an incident when, apparently, an entire ward has been regarded as unsatisfactory by its intended occupants. Surely that was something you would, first of all, want to find out about and find out why?

A Again, at the time, I can't answer in detail. It was so far back. However, again, this sat more with Ian

and his team, Ian Powrie and his team.

Q Can I just ask you something about Ian Powrie and his team? Because one of the issues that Mr Powrie told us about was that his team was drastically understaffed according to him and, with everything else that was going on, overworked, people working 14-hour days on occasion. Did you take the time to find out what was happening on the ground?

A Again, at that time, that was not under my remit. I mean, Ian Powrie led the operational estates team. Ian Powrie-- I mean, Ian didn't report into me at all. So Ian reported up through, I think it was Billy Hunter, etc. So that would have been escalated up through that management chain. The resources would have sat from above Ian.

Q Now, I can understand you are not his line manager, but if your-- one of your jobs is to support the Estate managers and in effect they are saying, "We can't cope with everything we're being asked to do, we don't have enough people and we're working ridiculous hours," is that not the kind of thing you would want to find out?

A I was aware of it because Ian had had communication with me on it, but he had identified-- he'd escalated that up through his management chain.

Q Well, okay, so, this was

something that I know you said that to some extent you were reactive not-- rather than proactive, but, in this case, Ian Powrie had told you about it. So what support did you provide to him in what he would describe as a "difficult situation"?

A There was communications with the direct-- with the head of finance at the time. There was communications with his line management at the time, but I believe that the Board was looking at CRES savings, I think it was, where you are looking at how we can save revenue implications for the Board. So the funding issue was always going to be a contentious issue. So I was expecting Ian's line manager to address that issue with Ian, which I believe he did.

Q The communications you are talking about in that last answer, did you do any of them?

A No, I didn't do any of that, because the communications were already in place between Ian and his line manager.

Q It just strikes me that, at least at first glance, if you have people working 12 or 14-hour days on a regular basis, 10-hour days on a regular basis, 7 days a week sometimes, does that not create a risk to the effectiveness of what they are doing?

A It could create a risk, yes.

Q And if you are supporting your sector estate managers, should you not be adding your weight to the conversation and saying to whoever, "Look, we've got a risk here"?

A I can't recollect if I actually had conversations with the director of finance or the head of finance at the time or his line manager. I may have, but it's too far back in time for me to remember.

Q Imagine that-- your possible recollection that you did have a conversation, what would you be saying to him?

A I would be supportive of Ian to get the required resources that he required for that hospital.

Q Just so we can check something, you are aware, I think, that the Ward 2A ventilation system and 2B were the subject of investigations and reports by a company called IDS.

A Yes.

Q And we have heard from Mr Lambert of IDS. Do you-- Did you have discussions with Mr Lambert about what he was supposed to do?

A Myself, and, I think, Mary Anne Kane had an initial discussion with Mr Lambert about our concerns around about the ventilation in these particular wards and we asked whether he would be able to look at carrying out an audit and a survey of these areas against the requirements of SHTM.

Q Okay. Thank you for that confirmation. Can I then ask you to cast your mind back just before it and think of this question. The reason you were asking him to do it was because you had concerns about the ventilation? If so, why did you have concerns?

A I think we were concerned of feedback coming back from the clinical teams because there was an element of information or communication from the clinical teams in these areas that the environment didn't sit, as they felt, similar to the environment within Yorkhill Hospital, where they had transitioned out of. So, on the back of that communication, there was a general conversation with Mr Lambert.

Q Thank you. Let us see if you can help us with this. You may not be-- We have had some evidence that concerns about the ventilation in these two wards, 2A and 2B, had been raised relatively early after they had been occupied, certainly in 2015, and I think we know that the instruction of Mr Lambert was not until 2018. Can you help the Inquiry at all as to why it had taken all of that time for anything to be done?

A I cannot help. I cannot answer that question. My concerns or the concerns raised to me didn't come until later and that's why we asked Mr Lambert to get involved.

Q In your discussions with Mary Anne Kane, are you able to tell us whether she was aware of the concerns earlier or not?

A I cannot answer that.

Q Thank you. I think I have probably almost finished what I need to ask you, but can I ask you about-- well, in your statement, the heading is "Cryptococcus", although it seems to be really more about pigeons and pigeon droppings. You remember being asked about that?

A I do.

Q And, in deference to you, the section of your statement where you deal with that is at 552-- well, it starts at 552, and at 553, you explain that you visited various plant rooms to have a look for yourself. Now, why were you, the Board-wide Estates man, away looking at plant rooms and pigeons?

A Again, it was flagged up to me and I was asked to attend along with-- I think it may have been Colin Purdon at the time. I went with Colin. There was-- At that time, there was a lot of concern on the issue of pigeons in the hospital as a whole, and the whole issue of Cryptococcus started to come into the discussion within the Estates world.

Cryptococcus, prior to the incident in the hospital, was a new terminology that

we were only starting to understand. We did realise pigeons did get into hospitals at times through gaps in the fabric. However, some of the terminology of Cryptococcus was actually quite new for us from an Estates world.

THE CHAIR: Sorry, it is just my notes. Cryptococcus, a new terminology. Now, did you say we did realise pigeons got into hospitals, or you didn't realise that?

A No, we do realise----

Q Yes, okay.

A -- pigeons do get into hospitals, especially in the old estates, because of potential gaps in fabric, and they are-- they've always been managed in a competent manner. The Queen Elizabeth, by its nature of build, seemed to attract a high level of-- high number of pigeons, and they were managed by our operational estates teams by putting in safeguard measures.

MR CONNAL: Well, I have two questions, perhaps to follow up on that, if I may. You said "Cryptococcus" and the like was new to "us". Can I understand who you mean by "us" in that context?

A I believe it was new to the Estates teams-- the Estates team. The whole issue of ventilation at the Queen Elizabeth has brought a significant insight into terminology and issues that previously we as an Estate teams(sic) were not-- didn't have the knowledge of, and the terminology "Cryptococcus" was definitely a new terminology at that time.

Q Can I come back to the original question I started with, if I may? The management of pigeons is, I think, the responsibility of the soft----

A It is, yes.

Q -- Facilities management as opposed to the hard, which is the Estates side.

A Yes.

Q So this is not the Mr Powrie bit. It is another bit.

A Absolutely, yes.

Q Given your earlier answers about your role, can you help us at all as to why someone in your position is away looking at plant rooms and pigeon droppings?

A I think I was asked to support Colin, and I think the Cryptococcus issue was raised as part of an IMT.

Q You say there was pretty limited amounts of pigeon droppings when you were there.

A That's correct.

Q Did you get any information as to whether that was typical, or there had been more earlier, or anything of that kind?

A At that time, I didn't get any more information than what I actually saw.

Q Just for completeness, can we ask you to look at a picture that we find in bundle 12, 1236? You probably have not seen this before. It is not an extensive document. If we could just scroll past the introductory narrative there, I think you will find that there is a-- there are two pictures. I am told that 1238 shows a dead pigeon probably hiding in that recess, and then if we look at 1239, there seems to be quite a lot of evidence of pigeon muck around. Have you seen pictures like that before?

A No, I have not seen pictures like that.

Q You were asked to provide support. You turn up at the meeting. You see some pigeon droppings. What do you then do?

A We contacted-- we would contact pest control to come in and clean the whole environment, and give us a report to support the fact it's now been totally cleaned up.

Q When you say "we," is that you or someone else?

A It would be someone else who would raise that, usually through the Facilities team. This could also be done through a number of other people within the Estates team. A lot of this would maybe go-- as part of Facilities, maybe go to the service desk. So the service desk staff would be asked to contact the pest control company to come in and do a cleaning.

Q So, you are brought in to have a look at it. You have a look at it. You just bow out after that? I am just not quite understanding what your role was.

A Well, the action was to ensure that it was cleaned up. Now, if I was with the Estates manager, he would contact the service desk, or he would contact Facilities and ask them to get a pest control company out.

Q Did you check that that was done?

A Well, in most cases, the operational estates manager would get that report.

Q I think I only have one further question for you, Mr Gallacher, in light of the evidence you have given today. If you read the statement that we have got in front of us as an outside person, one might be forgiven to coming to the conclusion that you did not think, at any point, there were things you could have done better within your responsibility. Am I right in thinking, in light of your earlier questions, you now accept that there are things you could have done better?

A There are always things you can do better on hindsight. At that time, with the issues that were happening in the hospital, I think there were significant challenges to deliver a lot of the

objectives that were placed upon us as an organisation.

Q Thank you, Mr Gallacher. I have nothing further, my Lord.

THE CHAIR: All right. Mr Gallacher, what I propose to do is rise briefly, just to give the legal representatives in the room the opportunity to consider whether there are any questions which they would wish to be asked. So if I can invite you to return to the witness room for maybe about 10 minutes.

THE WITNESS: Okay.

THE CHAIR: Mr Connal, in the event that there is anything more to be asked, you can perhaps check on that.

MR CONNAL: Thank you.

(Short break)

THE CHAIR: Mr Connal?

MR CONNAL: My Lord, having had various discussions, I can confirm I have no further questions for this witness.

THE CHAIR: I take it that that is the case. Mr Gallacher, you have been asked all the questions you will be asked today, and you are therefore free to go. Thank you very much.

THE WITNESS: Thank you.

THE CHAIR: Now, I think I am right in saying the Inquiry is not sitting on-- the plan is not to sit on Mondays, generally speaking.

MR CONNAL: Correct, my Lord.

THE CHAIR: Therefore, we will resume Tuesday at ten o'clock. So can I wish everyone a good weekend and, all being well, we will see each other on Tuesday at ten.

(Session ends)

13:07