SCOTTISH HOSPITALS INQUIRY

Hearings Commencing
13 May 2025

Day 3

15 May 2025
Fiona McCluskey
Jackie Barmanroy

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10.02

THE CHAIR: Good morning. I think, Mr Mackintosh, we're ready to begin with Ms McCluskey.

MR MACKINTOSH: Yes, my Lord, Ms McCluskey.

THE WITNESS: Good morning.

THE CHAIR: Good morning, Ms McCluskey. Now, as you understand, you're about to be asked questions by Mr Mackintosh, who's sitting opposite you, but, first of all, I understand you're prepared to take the oath.

THE WITNESS: Yes.

Ms Fiona McCluskey

Sworn

THE CHAIR: Thank you very much, Ms Mackintosh. Sorry, Ms McCluskey.

THE WITNESS: That's all right.

THE CHAIR: Now, I don't know how long your evidence will take, possibly much of the morning. We will take a coffee break at about half past eleven, but we can take a break at any time that you would wish. You don't need to explain why. If you want to take a break for any reason whatsoever, just give me an indication and we'll take a break. The other thing is, you seem to me to have

quite a clear, strong voice, but it's very important that you're heard. The microphones are there to make sure you are heard, but if you speak maybe a little louder, a little slower than you would in conversation, that'll help everyone. Now, Mr Mackintosh.

Questioned by Mr Mackintosh

Q Thank you, my Lord. Ms McCluskey, I wonder if we can take your full name.

A Fiona Jane McCluskey.

Q Now, you explained to my colleagues earlier that you recently had a respiratory infection----

A That's correct.

Q -- and are prone to coughing, so if at any point you feel you're about to launch into coughing and you want to have a short break, just put your hand up and let us know. I also understand that you're taking a lot of lozenges at the moment.

A Yes.

Q We're quite fine with that, so we'll try and keep them off the YouTube edit as we go.

A All right, thank you.

Q Did you produce a statement

for the Inquiry based on a questionnaire?

A Yes, I did.

Q Are you willing to adopt that as part of your evidence?

A Yes.

Q Thank you. Now, what I wanted to do is focus on a job you held, according to your statement, as senior nurse advisor for the New South Glasgow Hospital Project. What years did you do that job?

A I started in post on 1 April 2009. Initially, the job was a two-year secondment opportunity, so I was seconded out of an operational management role, but----

Q So, are you looking at your own statement at the moment?

A Yeah.

Q Yes. It'll be easier if you don't look at it.

A Oh right, okay.

Q Just put it to one side. If you need it, then let me know.

A Oh right, okay.

Q Then, when did you finish the job?

A I left the post on 30 June 2015.

Q So, that would have been, what, four months after handover, and just as migration was finishing?

A The migration programme was completed. I can't exactly remember the date, but it was at the very end of the Yorkhill transfer. I think I was there for approximately two weeks post that, and then I was redeployed through the organisational change policy into another job.

Q Then, eventually, did you come to retire from NHS Greater Glasgow in 2017?

A I did, yes, in March.

Q Now, you said it was a secondment post for two years.

A Yes.

Q You wouldn't be able to help us understand why a job of this sort was two years when the project was clearly going to last longer than that?

A Okay. Initially, they were looking for a senior nurse to come into the project to assist with the competitive dialogue and design process, and during that period, having discussions with the project director, Mr Seabourne, and my professional lead, who at the time was Mr Farrelly, who was acute nurse director. Between the three of us, we agreed that because of the size of the project and the input that I could give from a nursing perspective, it would be beneficial for me

to remain in the project. Normally what happens in the NHS is secondments only usually last for a couple of years due to contractual arrangements, and also sometimes people want to go back to their original post or move on elsewhere, so I agreed to stay on until the project was completed.

Q Thank you. If we think about the six years or so you were in the project, from your point of view, does it divide up into any obvious sort of phases or blocks in terms of what you were doing?

A Well, when I started in the project in April 2009, we were entering a phase called competitive dialogue. So, that was where the bidders who were competing for the contract were coming in, and we went through that phase, then went through the design periods. After that period of time, the focus of my post changed fairly significantly because we started at the look ahead to service day 1 operational commissioning. So I was asked by the project director to work with the project doctor, Dr Stephen Gallacher, to start-- well, to commence the planning for clinical migration, which was a subset of the overall commissioning----

Q So your main work was the

competitive dialogue and then migration?

A Well, yes. I was involved in the user group meetings----

Q Oh, is that a middle phase between the two?

A Yes, yes.

Q Right. Is there a clear boundary there, or is it just----

A I think there's an overlap. You know, there was a clear boundary between competitive dialogue and the design, but I think when the design was being completed, the job focus then changed.

Q Now, you gave us a copy of your job description.

A Yes.

Q We actually also got it from somewhere else.

A Right.

Q I wonder if you could look at bundle 43, volume 6, document 49 at page 1024, and this is the version we think that Mairi Macleod sent to the Edinburgh team in 2013 when they were setting up their project.

A Yes.

Q Yes, you've had a chance to look at this in advance. Is this similar to the one you provided us or----

A Yes.

Q Right. I wondered if we could go on to the second page or next page, and it describes the project, and then on the third page there's a flow chart. So, using this as an aid, could you describe to whom you reported?

A On a day-to-day basis-- It was, as you can see, a very flat structure that we had. On a day-by-day basis, for example, during the user group meetings, I would be reporting to either Marii Macleod, the children's project manager, or Heather Griffin, the adult project manager. Anything that happened during those meetings, I'd feed back. For other workflows and other pieces of work, it would be given to me by the project director, so----

Q That's Mr Seabourne.

A Mr Seabourne. So, in essence, I would report on a day-by-day basis, although it was more of a collegiate kind of atmosphere we worked in.

Q No, I appreciate that.

A I was accountable to Alan Seabourne.

Q Did you have anything to do with the Board's external advisers in any part of the project?

A When I started in the project in

April 2009, we had Currie & Brown, who were our technical advisors, and we also had Buchan + Associates, who were the healthcare planners. Those were the two----

Q Did you deal with a firm of architects?

A HLM, I understand, were the architects who helped with the exemplar design, but that was really before I started.

Q I see.

A They were in the background as such. To be honest, at that particular time, I dealt more with Buchan + Associates, the healthcare planner.

Q Did you deal with a company called Wallace Whittle at any point?

A Not directly, no.

Q Not directly. Now, could you remember the last time you would have dealt with Buchan + Associates?

A I think they stepped back from the project after competitive dialogue. They certainly weren't involved in the user group meetings directly, but I think they were used at some point, although I can't really remember why we asked them. They were brought in to help with some of the user group meetings.

Q I was thinking about your

description of Currie & Brown as the technical advisors.

A Yeah.

Q Why do you describe them as such?

A Well, that was what I understood Currie & Brown to be.

Q Who were their main staff members you dealt with?

A It was David Hall, Mr Hall.

Q You don't happen to know what Mr Hall's professional background is, do you?

A No.

Q No, and what sort of input did you observe him having in, say, 2010?

A Well, 2010 was the design period where we were heavily involved in the user group meetings, so I was present at, I think, if not all adult meetings and children's meetings, apart from maybe annual leave, perhaps. David Hall was present at all of the meetings, and if he wasn't there, there would be another member of staff from Currie & Brown who would step in for him, but I can't remember who that was.

Q What was it about the work that Mr Hall was doing that would encourage you to think that Currie & Brown were technical advisors?

A Well, if there was an issue regarding-- I'm trying to think. If we were in a meeting and perhaps a user might say, "What is the lighting going to be like in here?", or, "How is the heating going to work?", he would perhaps be able to answer that, or if I was asked by-- I would be going out at periods of time throughout the project to speak to nurses in the main, doctors. It was a PR process, basically, you know, going out and saying to people, "We're moving into this lovely new hospital. This is the way we're going to work," and folk would say to me things like, "What's the square meterage in the hospital? What are the ceilings going to look like? What's the lighting going to be like?" I was asked once about a sedum roof; I don't know anything about that. I was asked about the SUD scheme; that's the underwater drainage system. So, those kind of questions, I would be honest with people and say, "Look, I don't know the answer, but I'll go and find out," and I would go back to the Project team, and it would be David that would maybe not be able to answer that directly, but he would find out the information and come back.

Q I see, and because you've given an interesting range of things that

you would have taken back to David----

A Yes.

Q -- I wonder if there are some other ones I can put to you, and this is, I suppose, a bit of a memory test. So, we've heard evidence about heating provided by radiant panels in ceiling roofs. Would you have had questions about that, that you can remember?

A I don't recall being asked about a radiant panel.

Q When was the first time you heard about the concept of a chilled beam?

A I don't remember ever being told about the word "chilled beam" until quite late on in the project, although at the very beginning we were told that it would be a mechanically ventilated building. We wouldn't be able to open the windows, which for me, I suppose, was quite a relief because I was a bit anxious about patients falling out of windows from the eleventh floor.

Q Well, indeed.

A So, I don't actually remember, probably, till maybe later on----

Q Can you try and give us some idea of when "later on" is?

A I think that would probably be during the design period, perhaps

2010/2011. I didn't know about chilled beams away at the beginning.

Q No. The reason I ask is because-- Well, if I ask a different question to perhaps illustrate the problem. Let's imagine you're in a user group meeting and it's one of those wards where there are either infectious patients or patients who are immunocompromised in some way, and one of the clinicians or the managers starts asking questions about ventilation. Now, the first question is: do you remember ever that ever happening during the design process?

A Not in the user group meetings.

Q Not in user group meetings. Was there ever an occasion when you were in a user group meeting when ventilation was discussed?

A I don't recall.

Q You don't recall, right. Now, what I want to do now is to put to you something-- Take this off the screen, sorry. So, one of the matters that Mr Hall has explained in his statement and has been put to the Inquiry by Currie & Brown is that, in the short period after contract closed, after the contract was signed, Currie & Brown stood down their

Technical team comprising Buchan + Associates, HLM, and Wallace Whittle. Were you aware of any such change?

A I don't recall being-- being aware of that. I do remember being told by Mr Seabourne that the healthcare planners would no longer be required. They'd----

Q And that would be Buchan + Associates?

A They'd done their part of the process.

Q Can you help us identify who was around in the project providing technical advice to the Project team about water and ventilation after the start of 2010?

A We did have a-- I wasn't involved in the laboratory project and the design of that, apart from a piece of work I did at the end regarding enhancing the environment for the paediatric mortuary, but there was a member of staff, Alistair----

Q Could it be Alistair Smith?

A Yes, that's right. Now, he, I think, was brought in because he had experience in electrical systems. He was the HV, high voltage, advisor. That was my----

Q The high voltage advisor?

Right.

A That was my understanding, because next to the laboratory building there was a big energy centre which-- I was never inside that, but apparently it's----

Q It's very big.

A It's big, you know, it's got enough energy there to support a small town which, basically, the campus is like a small town. So, Alistair was around for that and I think he gave some advice during the checking of the Room Data Sheets, although I don't actually know what he-- what he did. Later on in the project, Mr Powrie joined the team, although----

Q Before we go to Mr Powrie----

A Oh, sorry.

Q -- can we just check something with Mr Smith? Do you have any recollection of when he might have arrived?

A No, sorry, I can't.

Q Okay, we'll move on to Mr Powrie then. You were just telling us about Mr Powrie.

A Yeah. Mr Powrie was an estates manager at Glasgow Royal Infirmary, and I knew Mr Powrie vaguely because I'd worked there many years

before, but he was in the----

Q Right, and what advice did he give?

A So, he was brought in to do the work for the operational commissioning round about the-- all the technical systems that were going to have to be started up, you know, the stuff in behind the ceilings or whatever.

Q So the lights, the pipes, the water?

A Yeah, uh-huh, all the works that would need to be done for maintenance, etc. So, he had, I know, some interest in water systems. He had-- I don't know if he was trained in water systems, but he had an interest in that.

Q Is there anybody else you can think of who was providing technical advice that you came across?

A I thought that we had a company called Wallace Whittle in the background somewhere, but----

Q Could you have heard Wallace Whittle's name after 2013?

A I think there was some discussion with Infection Control about ventilation, and there was a query about-- I can't remember the date. I think it's in the pack that was----

Q I think it is in my note

somewhere to show to you.

A It was round about MDR-TB, which is methicillin drug-resistant TB. Now, I'm not an expert in infection control. I don't have any qualifications in that, but there was a concern about the isolation rooms being able to take this patient group. Now, originally, the hospital was not designed to accommodate that group of patients because they would be accommodated in what we called the Brownlee Centre, which was the Infectious Diseases Unit. So, at that point, I think Mr Loudon contacted Wallace Whittle for some advice.

Q Could this have been in 2013 or something like that?

A I think it would be around about then. I can't remember-- Honestly, I can't remember the date. The only reason I remember about that was because we were asked-- Stephen Gallacher and I were asked by the Infection Control team to look at the pathways for bringing patients from the Emergency Department through the hospital up to the Critical Care unit, because these patients are really very ill, and also the MERS patients, M-E-R-S, don't ask-- I can't remember what that

stands for, but these are the patients that are nursed-- I think it's the Royal London that take them.

Q Could it be-- No, sorry, that's not it. Keep going. Sorry I interrupted.

A So-- Sorry, I'm going off on a wee bit of a tangent here, but I'm trying to get to the end of it. We were asked to look at how the patients would be accommodated and how the flow would work. So, we were able to show where the patients would be taken in, how they would be received, how they'd be transferred, and then the question came up, "Are these rooms going to be acceptable for these patients?", and the question went back to Mr Loudon, who I think contacted Wallace Whittle at that point for the advice. So I think they were still involved in the background then as far as I know.

Q Do you know who Wallace Whittle was working for at that point?

A No.

Q Because were you aware that Wallace Whittle was then working for Multiplex?

A No.

Q No, okay. What I want to do now is to ask a little bit about the roles of Mr Moir, Ms Griffin, and Ms Macleod as

project managers. Had you worked with any of them before?

A Yes. I worked with Ms Griffin, Heather, on a project at Glasgow Royal Infirmary. Now, I can't remember the date. It'll be in my CV. We worked on the reconfiguration of medical services in Glasgow Royal Infirmary. I was a project manager for a short period of time because I'd finished in a post in another project and was sort of in a hiatus, and my board director of nursing at the time placed me in with the Project Management team until another post came up that would be suitable for me to go into. So I worked with Heather for I think maybe four months.

Q This would have been in 2003, according to your CV.

A Yes, yes.

Q What I wanted to understand is, starting with Mr Moir, what did you understand his role to be?

A Well, Mr Moir was the head of major projects for NHS Greater Glasgow and Clyde. In the project, he was known as a deputy project director, and that came out of the Gateway 1 review, I think.

Q Would this have been in February 2010 there was a-- or earlier

than that?

A Yes, I think-- No, I wouldn't have known what happened earlier than that, and my understanding was that Peter was an architect by background, although I may be wrong. He had the technical expertise to be able to lead on a project from a technical point of view. I don't know if-- you know, what other qualifications you had. He'd been involved in a lot of capital projects in the past.

Q When you come to Ms Griffin and Ms Macleod-- I think you might have watched Ms Macleod's evidence yesterday.

A I did, yes.

Q There seems to be a possible two different ideas of what a project manager is.

A Right.

Q There was the one that Ms Macleod was explaining to us, and then there is perhaps one that people in the construction sector would say.

A Yes.

Q What did you see her role was?

A I think I saw her role as being the lead for the user group meetings. Obviously, they'd done some background

preparatory work for the exemplar design of the hospital, and she'd instigated the clinical output specs, but when I came onto the project, Mairi was, I suppose, in a lead and a coordinating role. So, anything that was to happen within the Children's Hospital project, Mairi would have to know about it. Now, Mairi might not have been able to answer the questions on technical, but would know the person to go to or get the information. So, if anything came up, for example-- I'll use the example of sedum roof again, you know, I'd go back and say, "I've been asked this question about sedum roof," or, "the children's play area in the hospital. What would you like me to do about that?", and she would say-- find out, get the advice from X person, and then let me know.

Q You just said that anything involving the hospital would come through her. That doesn't seem to be the position she had yesterday.

A Right, okay.

Q Because she seemed to take the view that she was only focusing on adjacencies and user matters and managing expectations, and that technical matters were nothing to do with her at all. What's your comment on that?

A I would say I would agree with that, that technical matters-- she would-- I think the structure in the-- in the Project team was set up when we went in to start the process off and, like many jobs, they evolve. When we moved into the, I suppose, implementation phase with Brookfield Multiplex, we were subdivided into-- into groups, and there were technical groups, M&E, medical planning, commissioning. I think there is a diagram somewhere. I did notice it on the-- on the web, where there are names attached to different groups. So, there would be people with the necessary experience sitting on the technical or construction interface group, whereas Mairi and Heather and I would be more in the medical planning type of work.

Q Would you have expected the project managers, Ms Griffin and Ms Macleod, to, if not been have able to resolve technical matters, to at least know they exist?

A I would have thought so.

Q What I want to do now is to take you back to your statement, and it's question 3(c) we ask you, and it's quite a long way into your statement because you very helpfully answer question 1 at great length with your own numbering

system. So, if we go over to 3(c), which is page 319, we asked you to describe your involvement in the design of the Schiehallion Unit, PPVL and BMT rooms. Now, the reason I wanted to ask you about this was to get from you your understanding of the process, and what you seem to be describing here at the bottom of this page is a process which involves the user groups and then them feeding into the architect.

A Yes.

Q And then over the page, on the next page, then a plan being shown to the user groups and a sequence of meetings by which the design is evolved.

A Correct.

Q Now, what I want to understand is: would the question of what sort of isolation rooms they were to be have come up in those meetings?

A I think-- We didn't discuss the technical aspects of the rooms, but my understanding was that, in that ward, the rooms would be positive pressure.

Q So, we'll take that off the screen. I wondered if you could help me out, because the-- I mean, I may have got this wrong, but I understand there are three types of isolation rooms: there are negative pressure rooms; there are

positive pressure rooms; and there are positive pressure ventilated lobby rooms.

A Yes.

Q Which one did you understand that those isolation rooms were supposed to be?

A I don't-- Well, it would've been-- There were positive pressure rooms in the Adult Critical Care Unit, and it had lobbies----

Q There were, yes.

A -- but I think they were different to the spec that was going to be given to Ward 2A, although I'm not absolutely sure on that.

Q No, but what I wanted to understand is: are you saying the rooms in 2A were supposed to be positive pressure rooms or positive pressure ventilated lobby rooms?

A I don't know.

Q Because one of the things that has emerged, or emerged in 2015, is that it appears to be the case that the rooms that were fitted, positive pressure ventilated lobby rooms, were considered not to be suitable for the patients and had to be adjusted. Now, eventually, of course, 2A was ripped out entirely. Can you help us about how it was that the ventilation rooms in Ward 2A, the BMT

rooms, came to be PPVL rooms?

A I'm sorry, I can't answer that because I wasn't involved.

Q I'd like to show you an email from you-- well, email exchange is a better way of putting it, between you and Mr Mike Baxter of the Scottish Government. So, this is from 10 August 2010. It's bundle 14, volume 1, page 16. Now, at the top of the email, we have his response to you. In the bottom of the page, we have an email from you which says, "Mike…" So I'm assuming you would have seen-- you knew Mr Baxter at this point. You met him----

A Yes.

Q -- in meetings and things. What role did he play in the project?

A He was-- he sat at Scottish Government, and I think it was the Health Department, but I can't really remember. He came through fairly regularly to meet with Mr Seabourne on a range of issues. I wasn't ever involved in any of the meetings, so I can't tell you.

Q Well, anyway, you say:

"Alan Seabourne asked me to forward to you the paper outlining the reasons behind the proposed configuration of the Critical Care Unit in the New South Glasgow Adult Hospital. I

look forward to your comments."

And over the page we find a paper, page 17, describing the Critical Care Unit, and that continues onto page 18, and then page 19 there's an image. Now, I wondered – we put this on your documents – who was the author of the paper, if we go back to 17, that you sent? Who wrote the paper?

A I wrote the paper with Stephen Gallacher, who was the medical director.

Q Medical director. So, this would be, in a sense----

THE CHAIR: Sorry, I didn't quite get that answer. You wrote the paper together with Dr Gallacher?

A I did, yes.

Q Thank you.

MR MACKINTOSH: So, this is a clinical paper in the sense that you're the nursing lead and he's the medical lead.

A Yes.

Q Right, and what did you understand was the reason this paper was needed?

A Okay, I'll try and make this short. The configuration of the Intensive Care Units at the demitting sites was going to be----

Q So this is the older sites.

A The old sites, was very

different from what was proposed within the new hospital. During the exemplar design-- That was before the 100 per cent single room CEL came out----

Q That came from Scottish Government?

A That came from the Scottish Government, saying that all new hospitals were to be built with a 100 per cent single rooms. During the exemplar design I wasn't involved, but my understanding was that there'd been an incredible amount of work done with the clinical users to reach an agreement about a design, which was an open plan cubicled type of design. Then----

Q Do we actually see that on the second page at paragraph 2.5? There's a sort of staff issue.

A So, really, to put it into context, I'll give you an example. In the Southern General Hospital in the general Intensive Care Unit-- I'm not talking about the Neurology Intensive Care or Coronary Care. This is purely the Intensive Care Unit. The unit itself was probably smaller than the size of this room, and it contained, I think, six beds, with five in open bays and one in a side room. The intensivist, the doctor, could literally stand in the middle of the room and see all of

the patients. For them to move from that kind of environment to 100 per cent single rooms in a 79 bedded unit was, I think, a step too far for them. So, when we were going through the design period, we reached an impasse between the Project team and the users. We brought in external consultants----

THE CHAIR: Sorry, between the Project team and----?

A The user group, sorry.

Q Right, thank you.

A We brought in a health care planning company – I think it was Tribal at the time, really, I suppose, to hold the coats as much as anything – to try and reach a resolution. We were very quickly running out of time, because we were running up to full business case. The hospital was being planned. The money was being discussed, etc., in the background – I didn't have anything to do with that – and, essentially, we agreed that we'd look at what's happening elsewhere. So this is a short paper. By no manner of means it's a research-based paper. It was just what was happening at the time, and how could we get from one solution to something that would fit for everyone?

The clinical users, the intensivists,

the doctors, the senior nurses, were adamant they would not move to a 100 per cent single room. So, if they wouldn't move, we couldn't open the hospital. You need the doctors and nurses there to look after the patients. So, with the users, ourselves, Infection Control, we looked at what we could achieve within a solution, and we then had a meeting with the chief executive, Jane Grant, at the time. There is a minute of that meeting, and it was agreed that we would move to a split of open bays with-- initially it was to be glass, but we moved to plasterboard walls between the curtain fronts, and a proportion of isolation rooms, which Infection Control were around the table and agreed on.

So, we had to have a derogation for that, and Alan asked if Stephen and I, Mr----

MR MACKINTOSH: A derogation from the national policy?

A Yes. So, we were asked to write this paper and it was sent to Mike Baxter, and that was how we arrived at that.

Q Thank you. The reason I asked the question was twofold: one, because can I ask who was there representing Infection Control in these

discussions?

A Sandra McNamee and Tom Walsh.

Q So, Mr Walsh gave evidence, if I can recollect it correctly, in the hearing last year, that the Infection Control nurses in the IPC team have no expertise in ventilation systems.

A Yes.

Q Was there no involvement from an Infection Control doctor?

A I don't recall an Infection Control doctor being present at those meetings. However, Sandra McNamee was assistant director of nursing for NHS Greater Glasgow and Clyde, had a huge amount of experience, and was the clinical lead as such for the nursing staff. I am sure-- but not certain, but I'm sure she would have discussed that with Craig Williams.

Q The other question that I wanted to ask you is you've described, and I think I'm cutting this very short, quite a rigorous process in which in order to decide to derogate from a national policy or guidance, you went through a process, you got consultants in, you had meetings, you end up writing a paper, and you send it – if we can go back to page 16 – to the deputy director of capital

planning and asset management at the Scottish Government Health Department, effectively, for approval.

A Yes.

Q Are you aware of whether any similar process took place either for the isolation rooms in Ward 2A, or for what were eventually the bone marrow treatment rooms in Ward 4B in the tower?

A At the very beginning, when I was involved in the project, we had a meeting with Sandra McNamee, I think Tom Walsh, Heather Griffin, Pamela Joannidis, Annette Rankin. Now, I don't know if Dr Redding was at that meeting, but she had contributed to a paper, and they agreed how many isolation rooms would be required for the hospital-- for both hospitals. We didn't make that up ourselves. We asked the Infection Control team----

Q I'm just going to try and find the minute of that meeting, which I know I have somewhere. It's entirely possible that someone listening next door will send me a telling me where it is, but if you allow me a moment just to do that. That process would have defined, effectively, the specification you were working to?

A At that stage, I think the-- I

can't remember the detail of the meeting, but it was more around patient activity and what would be required. For example, in the adult hospital in the main tower, it was agreed we'd have a certain set of rooms for patients who had respiratory viruses, for example, so they would need a negative pressure room, and it was agreed that they would be put into the respiratory ward. So anybody with a-- that was really high-risk case would be put in there, into those types of rooms. I don't think at that point in time we'd got to the stage where the technical work was being done, but that was done at a slightly later stage.

Q Could this have been a meeting in 2009?

A Yes. It was very shortly after I joined the project, to be honest. I think it was May.

Q I think I'm going to find it, but I think it might take me a moment.

A The end of April/beginning of May. It was prior to competitive dialogue, because we needed that information because the bidders were asking for that.

Q I'll come back to that if you don't mind. I need to show it to you, but what we'll do is we'll move onto something else and I'll pick it up in the

coffee break. Can I ask you to look at an email from 21 October 2010, from you to what was then Jackie Stewart, now Jackie Barmanroy, on bundle 17, document 79, page 3032? Yes, so this appears to be an email from you to Frances Wrath, and it is forwarding on an email from Dr Hood, later Professor Hood, and he's discussing a conversation with Mr Hoffman in England. Now, is this about the use of the ventilation system of the renal dialysis area?

A Yes, it looks like that from the email.

Q Yes. Why would you be organising this process?

A I think, if I can remember correctly-- and it might be on the next page because I had a look at this----

Q If you at the next page----

A -- at this email. I think Jackie was an annual leave, so----

Q Ah, yes, I see.

A -- what would happen in a situation like that-- For example, if I'd gone on annual leave, there might be a piece of outstanding work that I'd pass to another member of the Project team. So, if it was a technical issue, I would-- you know, I'd pass it on, or I would let Mairi or Heather know, and in my out of office I

would put up who was-- for any urgent queries to contact this person. So I think Jackie was on annual leave, and I think we were coming to a point in time where we needed that information fairly quickly, so I contacted Professor Hood to see if we could get the information back.

Q What I wondered is why was it necessary, as you say in your email top of this page at 3033 on 21 October '10, for you to get information about the renal dialysis outpatient area for the full business case?

A I think I've already said that that was information that had been requested. Jackie must have been asked to get that information, and she was on annual leave. So that's how I got involved in that email trail.

Q I just wonder whether the thing you introduce in the chasing email you send is the mention that it's required for the full----

A Full business case.

Q -- business case, because she doesn't say that in her email. I wondered where you'd got that information from.

A Perhaps-- I can't remember. I can't----

Q Because the odd thing is that----

A It must've been for that. I wouldn't have put that in the email if I hadn't been told that.

Q No, indeed.

A But I can't remember, sorry.

Q The reason I mention this is because the ventilation of the renal dialysis area is not discussed in the full business case.

A Right.

Q The one thing that isn't discussed in the full business case is the decision not to follow the ventilation guidance for the single rooms. Can you help us – why people wanted to know the ventilation standard of renal dialysis for the full business case?

A No.

Q No, okay. Now, I'd like to turn to Ms Stewart. She's giving evidence this afternoon and you were effectively her line manager in some senses.

A Yes, that's true. When Jackie came into the project, it was felt that she should sit, I suppose, with me as a nurse, and in terms of-- At that point in time in NHS Greater Glasgow and Clyde – I think it's the same now – I was her direct report. She would-- you know, for annual leave, objective setting, that sort of thing, but for anything regarding Infection

Control, she had her professional lead, who was Sandra McNamee, the assistant director of nursing, so----

Q I wonder if you can look at the document that was prepared in 2014 by, I think, Mr Walsh. It's in lots of different places, but the version we'll take is bundle 27, volume 8, document 3. I think it's at page 37, is the cover email, yes, and Mr Walsh is sending this email to the medical director, amongst others, in 2014, regarding IPCT input into the new hospital, and Mr Loudon has sent an email beyond that. Then the next page is more discussion. You see how, on 29 July 2014, Mr Walsh says to David Loudon:

"The commissioning of the new SGH was discussed of the Board Infection Control Committee yesterday. The NHSGGC Infection Prevention and Control Team (IPCT) have been, and are, engaged in a number of groups advising on aspects of the new bill through liaison between Fiona McCluskey [you] and our Assistant Director of Nursing, Sandra McNamee."

He expresses the view that they're keen to be involved in the ongoing and future commissioning of the facilities. Do you remember these emails?

A Yes.

Q Yes. Can we go to the next page? There is a paper. Now, did you read the paper when it was first produced in October 2014?

A I wrote the paper.

Q You wrote the paper. So, one of the things that I'm intrigued about is it appears to be describing a high level of involvement of IPC in the design process.

A Yes.

Q Yes, and you've explained in your answer in your statement-- I won't go to it, but effectively you've described your working relationship with Ms Barmanroy, how you were her manager for annual leave and other purposes, and how she would seek advice at the weekly IC lead nurse meetings.

A Yes.

Q We have minutes of some of them, and she would seek technical advice from Sandra McNamee and Dr Williams.

A Correct.

Q Now, one thing that concerns me, and I'm going to put it to her this afternoon, is that Ms Stewart, as she then was, was an Infection Control nurse, and Mr Walsh has been very careful to say that Infection Control nurses have no

specialism in ventilation. I think possibly Annette Rankin had acquired some, but he's quite clear about that, and Ms Stewart – Ms Barmanroy – is very, very clear that she doesn't have that expertise. If an issue arose in the project that engaged something that's outwith her experience, particularly in ventilation, how would she know that it was important enough to raise it with somebody else?

A Okay, if-- I do know that Jackie did have multiple conversations and meetings with Dr Williams regarding the technical requirements for ventilation for the hospital. She'd be able to elaborate on that herself because I wasn't involved in those meetings. There are some email trails around about that. So, essentially, anything that went on behind the roof tiles or behind the walls, how the plant worked and stuff like that, would be outwith Jackie's sphere of competence. We were-- She was very, very heavily involved in a whole range-- raft of projects within the hospital during the design periods, during the time when we were picking components, picking vinyl for the floors, ensuring that anything that was put into the hospital could be cleaned using the correct dilution of disinfectants or whatever.

She was very heavily involved in the procurement of the furniture that went into the patient bedrooms, because there's a standard for that, sanitary fittings, sanitaryware, and the types of clinical wash hand basin to be used, the taps. So, in her role-- and I don't want to overstep my sphere of knowledge because Jackie will be able to tell you this much better in the afternoon, but she was-- Anything that you could see within the patient environment, Jackie would have day-to-day interest and responsibility for that.

Q How would she know that there was something in a drawing or a data sheet that she was being asked to check that was not in compliance with guidance?

A Specifically, what are you asking for?

Q So, let's imagine that she's looking at a room data sheet, either an example one or the ultimate ones, or she's looking at a drawing and they show, because you can see it on the drawing, the type of ceiling or the type of ventilation. If you know a little bit about ventilation, you know those are wrong. How would she know that that's the moment when she should speak to Craig

Williams?

A I think you would need to ask her that.

Q Well, the reason I'm asking you is because you're her line manager----

A Right.

Q -- and so I am concerned that a response she might give this afternoon is, "I was just doing my job," and therefore she was put in that position where she's asked to be the IPC liaison, and yet she's got to assess issues that are outwith her skills. Is that not something you don't really do with nurses?

A That would be outwith the NMC code of conduct and I'm sure she wouldn't have stepped over that line.

Q It's about you as her manager.

A Okay.

Q You've got someone you're managing who is effectively being the gatekeeper to an area of technical issues that she doesn't have skills in. As a manager, as a nursing manager, are you comfortable with that?

A Absolutely not. She wouldn't have-- she wouldn't have been checking ceilings. When we were undertaking the user group meetings, we had-- For each

department, you have something called a schedule of accommodation which details all the rooms within the department. When we got to the user group meetings, we would be presented with-- the architects call a 1:50 layout. So, that's the floor plan and the walls-- it's like, I suppose, a collapsing doll's house.

Q You could fold it up and make a little model.

A Yeah. So, what we would be looking at within there is, from an Infection Control point of view-- She didn't get into it, I think, when you-- or by rote, you know, this is where the clinical wash hand basin must go, and the----

Q I understand that bit, but in that room data sheet it will have a row in which, depending whether-- If it's a normal room, it'll have a row which describes the ventilation as 40 l/s. Now, how is Jackie Barmanroy supposed to know that that's a clue? If you go behind that, you'll find a derogation which is a breach-- a non-compliance with Scottish Government guidance. How is she supposed to know that if it's not in her areas of competence?

A She wouldn't have been asked to check that.

Q But how does Professor

Williams get involved then?

A I think from-- I think that would have been probably a kind of separate meeting, as such, about-- with the technical advisors from Multiplex about how the ventilation system in its totality would work. When we came to checking the Room Data Sheets, I think-- I can't remember how many rooms are in the hospital----

Q There are a lot.

A Nine thousand, or whatever, I don't know. We were asked-- Peter Moir asked all of the team to assist Frances. It was an onerous task. There was no way that one person could have checked every single data sheet in that hospital, so we were asked if we would review the Room Data Sheets, but not the technical part. I specifically went to Peter Moir and said, "I'm not comfortable with doing this. I don't have a technical qualification," and I know for a fact that Jackie would have done the same thing. So, we were only asked to check the floor plan. Have we got an oxygen outlet there in this room? Have we got a suction outlet? Have we got enough power points in that room in the Critical Care Unit? Are the pendants there? We were-- they weren't-- We didn't work through the placement, but is

there a pendant there that should be there? Is there anything missing? But we were not asked to check the technical side because, as nurses, we have not got that level of skill or competence.

Q So, the thing that concerns me, and I'll put it to you because I think it's the context of this, is that we know that at the time Professor Williams had five sessions a week allocated to be the lead Infection Control doctor. Are you aware of what system existed to ensure that ventilation matters for all these rooms, these 9,000 rooms, were drawn to his attention?

A I can't answer that.

Q Are you aware of there being a system?

A I don't know.

Q The other question is – I'll put it to Ms Barmanroy this afternoon – is that she signed, I think, I'll have to check it's her signature, but I think it's her signature, the Stage 2 HAI-SCRIBE for the hospital.

A Yes.

Q It expresses views on ventilation matters. Do you have any recollection of her being asked to do that?

A I recall when Jackie came onto

the project, we had a team meeting. It was a presentation on HAI-SCRIBE, because of the importance of it, and Jackie said that we'd need to undertake an HAI-SCRIBE for the demolition works that were being undertaken on the site because we had high -patients in the Haematology Unit next to that unit, but I'm not particularly familiar with the process for HAI-SCRIBE. I think at that point in time it was done online. So I really don't know, or I can't really remember, what she would have done, but I do know that that was completed.

Q You're comfortable with an Infection Control nurse signing a Stage 2 HAI-SCRIBE for an entirely new hospital?

A I think, if we look back at the way we worked, and maybe I didn't make this completely clear at the beginning, we worked in a hub and spoke model. So, if we're talking about myself as a nurse, I had a group called the generic ward user group who I would go to if I had any queries. For example, we'd queries about the initial door design, which I was very unhappy with. Jackie, her backup initially-- she would go to the weekly Infection Control lead nurse meeting. If it was something that they felt they couldn't help her with or answer, she would take

that to Sandra McNamee at the senior management team meeting. So, I think, from that point of view, that's where the backup for Jackie came from. I don't think she was signing it all on her own. I don't think she would have done that, you know, on her own as such. She would have done that with the support of her Infection Control senior colleagues.

Q Yes, I'm just wondering-- I'll ask her. Let's move on. I think we found the document you were referring to, the meeting from early 2009. It's bundle 14, volume 1, document 3, page 75. So, would this be the meeting you were talking about just after you arrived on the team?

A Yes.

Q Now, if I recollect, what you said a few moments ago is that this set out the requirements for isolation rooms for the entire hospital. So, let's just see what we have here. So, we have attendees as you've described: Mr Walsh, Ms Griffin, Dr Gallacher, you, Ms Rankin, Ms McNamee, Ms Joannidis. Do we see that it's only the New South Glasgow Adult Hospital?

A Yes, because it was a meeting about the adult hospital.

Q Was there a meeting you were

involved in for the children's hospital?

A I don't recall.

Q We look at the-- It does say, "The group reviewed a paper produced by Drs Redding and Hood and Annette Rankin." Now, Dr Redding and Ms Rankin both remember they might have made a paper. We can't find a copy and we can't ask Professor Hood as he's not well.

A Okay.

Q But maybe it doesn't matter what the paper says because we have the conclusions:

"The following was agreed as the final interaction control position.

"1) Isolation of rooms for the New South Glasgow Hospital are as follows:

"Haemato-oncology –

"sealed ward with hepa filtration positive to the rest of the hospital"

Now, is that the position that was being implemented prior to the change to bring in the adult BMT?

A That was my understanding.

Q Okay:

"Respiratory…

"3 negative pressure sealed rooms (without ante rooms)…"

And then it lists the rest, and we go on the next page, and then we have a

further list "Critical Care… Renal Dialysis…Day Beds…" and then, "Haemato-Oncology… day beds planned…" On the next page, we have the end of the meeting. Now, that's in May 2009. Were you aware of any subsequent meeting to change those specifications before authorisation to proceed?

A No, I can't recall.

Q Can I show you a document which was a budget manager's instruction from June 2010? So, that's bundle 16, document 24, page 1674. I wonder if you'd seen this before we put it in your bundle? So, this is PMI 370. Do you see that its description is "Alteration to Board requirements for M&E Services" and the title is "PMI/General/021 – Haemato-Oncology Ward"? Had you seen this before we put it in the bundle?

A No.

Q No. If we look at the instruction:

"The Board confirm that 8 No single rooms no longer require Hepa filter air supply as originally specified. The current Nightingale layout reflects the Board's requirement for room split between Haemato-oncology beds and remainder of the ward. Please provide

an indication of the cost saving to remove the additional filtration to the 8 No rooms and ensuites."

Now, were you aware of a decision to remove HEPA filters from parts of this ward?

A No.

Q Was it a Nightingale ward?

A I think the statement "Nightingale layout" perhaps-- When I read that, I was wondering would that be a Nightingale layout as in, you know the way-- you know the beds would be up the sides of the wards, or is "Nightingale" referring to the architect's layout?

Q Yes, I do wonder that too, but we'll leave that unsaid.

A Uh-huh, I think it's quite confusing, but I don't know. The first time I saw it----

Q But you didn't see this at the time?

A No.

Q No. Okay. We'll take this off the screen. Now, in your statement, page 327, we asked you about something that we have understood – this is your answer to question 9 – about the removal of the maximum temperature variant. You explained you had no involvement in the removal of the maximum temperature

variant, which wasn't quite what we asked you. What was your understanding of the removal of the maximum temperature variant? I mean, did you know it had been removed?

A No.

Q Do you know what it is?

A No.

Q If I mention a bit, does it trigger anything? A suggestion that the maximum temperature should not exceed 26 degrees is the version that they eventually went with, and the maximum temperature variation was 28 degrees as the top temperature. Does that trigger any memories?

A No.

Q No. Okay. Let's go onto 10. You explained no involvement in technical matters. Over the page, if we jump forward to page 331, at paragraph 15 we talk about something called a derogation agreed in respect of the ventilation system and the requirement to achieve air changes in compliance with SHTM. Now, that probably wasn't the clearest question we could have asked you, so I'll sort of expand on it and see if you're still happy with your answer.

So, we understand that in December 2009 as part of the final few

days before contract closed an agreement was reached that, rather than deliver six air changes an hour to single rooms, the building would deliver 40 l/s to the single rooms. There seems to have been a paper about it, and we'll have more evidence, I'm sure, for Mr Seaborne and others about how it happened, but it ends up being reflected in a contract document called an M&E clarification log. That was all we were asking you about. Is that what you're talking about in your answer?

A The M&E clarification log?

Q Well, this change, this reduction in air change rates to single rooms, is that something you're talking about?

A Yes.

Q Yes, okay. So, let's ask you about this meeting because I think it'd be really interesting to understand a bit more about it. You say:

"I recall being asked to attend one meeting regarding Brookfield's design solution for the ventilation in general ward bedrooms. There were other members of the project people team all in the room but I cannot recall all present. I recall Mr Seabourne, Mr Moyer, Mr Hall. I cannot recall the date but I think it was before

contract was signed."

Now, the contract was signed on 18 December 2009. Do you remember that as an event that you were told about or you're aware of?

A I remember the-- Mr Seabourne and Mr Moir and Mr Hall going to Shepherd & Wedderburn's office. I think they signed the-- you know, that was the legal advisors for the project.

Q Yes. Might they have taken Mr Calderwood with them?

A I think----

Q And his pen?

A He would have most definitely been there.

Q Well, he had to sign, didn't he?

A Yes, uh-huh. So, I remember them going off to that meeting.

Q Could this meeting have taken-- Well, I'm putting words in your mouth. If we then think about the point when the competitive dialogue ended and Brookfield became the preferred bidder, so that was before then.

A Yes.

Q Could this meeting have taken place during the competitive dialogue period or in the period between Brookfield becoming the preferred bidder and when they all went to Shepherd &

Wedderburn?

A I can't remember.

Q Am I in roughly the right time?

A I would say, yes.

Q Yes. So it's possible it's in October, November, December, but you can't say when?

A I can't, because I've got no access to any of my emails or, you know, anything within the Board.

Q The reason is I'm then intrigued about why were you at the meeting, because ventilation is not your field?

A That-- that's correct, and I wouldn't have normally been at a technical meeting, but I think, given the discussion that we had-- I think Mr Seabourne invited me as a matter of professional courtesy because they were-- there was a lot-- I remember that there was a lot of discussion about how many people could be in a ward bedroom at any given time, so I was asked questions: how many nurses would be delivering nursing care to a patient, you know, during the day? How many doctors would be present in a ward round? How often did the ward rounds happen? When would the patient's relatives be visiting?

And, at that point, I think we hadn't moved to open visiting at that point in time. I think we were still sticking to the rules of we've got afternoon visiting for now, and evening visiting, but we were moving towards-- because the Scottish Government Health Department were very keen-- The patient's relatives were very keen to be able to come up to visit their relatives at any time. So we did talk about what would be the maximum amount of people in the room during the day.

Q This would be a nursing question in a sense because you've got the practical experience?

A Yes.

Q What sort of numbers did you come up with?

A Well, we looked at-- There's very clear rules around visiting regardless of whether it's open or, you know, can drop in at any time. Two visitors to a bed, even in a single room. So that would mean it would be three, including the patient. In a ward round, that was quite a difficult question because we were looking at how the medical staff were going to be deployed within the new hospital. Essentially, we didn't want them sort of, you know, starting at one end of

the hospital and working their whole way around and ending up in the other.

So, the ward rounds that you might see in casualty or whatever don't really happen in real life. You know, you don't have the man in the white coat with a hundred people running behind him. We don't have that kind of thing. So it would probably be, in a ward round, a senior doctor, a consultant or somebody at a senior level, and maybe one or two junior doctors. There may be a nurse present in the ward, not always.

Q Maybe a medical student?

A So, there could be four people during a ward round.

Q Four?

A However, in the children's hospital, they then have to put into the mix-- we've got Mum and Dad there, or Gran or Grandpa or, you know, other relatives and siblings around. So, I think we came up with a sort of average of five.

Q It could be higher than that?

A It could be, but not for a long period of time, you know.

Q No, I understand that. I mean, did you understand why you were being asked?

A We were-- I was told that there had been basically an instruction

from Brookfield that they're putting a new system into the hospital. At that point in time, I didn't know what chilled beams were, found that out later on. So this was the system that they were putting in. It was to meet the energy BREEAM. You know, it was part of the design to meet that. There had been some discussion with Dr Hood, who was our board, at the time, lead for ventilation because he had built----

Q So you were being told of Dr Hood's involvement?

A Yes. He had been contacted for his view, and he had contacted-- I don't know if-- I don't know whether he contacted Mr Hoffman at HPA, Health Protection Agency, down in England, or the Board themself-- or the Project team contacted him, because he was the national expert in ventilation. In fact, I think he was probably an international expert at the time. So he was contacted. So we were given the background of that, that infection control would not be affected by the number of air changes in a single bedroom in a general ward.

Q A couple of questions from that. Firstly, Mr Hoffman gave evidence. If I understand it correctly, he explained that his first involvement with the hospital

was in 2011. So are you sure his name was being mentioned?

A Yes.

Q Okay. Secondly, did anyone discuss with you the-- obviously Mr Hoffman's views are mentioned, but did anyone discuss what the Scottish Health Technical Memorandum guidance says on this topic?

A I can't remember if that was discussed at the meeting.

Q If you'd been told----

A It's so long ago. I mean, this was 2010----

Q No, but you remember quite a lot. I just wondered if you----

A I do-- I've got-- I have-- I do remember the debate about being asked, you know, how many people would be in the room.

Q I just wondered, if you'd been told what they were contemplating doing was not following the Scottish Health Technical Memorandum guidance for single rooms in what will eventually be a £700 million hospital, do you think-- how would you have reacted at the time?

A I would have taken the advice of the ventilation expert.

Q Was there a ventilation expert in the room with you at that moment?

A No, but I was told that the ventilation expert had been contacted and that was the advice that he'd given.

Q Okay. Over in your statement, on the next page, you mention Mr Hood. Now, we have an email from him in 2010, bundle 17, document 79, page 3032, which we've previously looked at. Unless I've misunderstood, we understand that Mr Hoffman's position that this is his first involvement, but you were told about Mr Hoffman's opinion in 2009?

A Yes.

Q Right, okay. Let's take that off the screen. I think, my Lord, this would be quite a good place to break as I'm going to move on to the design process, although I have covered quite a lot of it already.

THE CHAIR: Very well. As I said, Ms McCluskey, we'll take a break for coffee, and if we could try and sit again at 25 to12, and I hope someone gives you a cup of coffee.

THE WITNESS: Thank you.

(<u>Short break</u>)

THE CHAIR: Mr Mackintosh.

MR MACKINTOSH: Thank you, my Lord. Now, I want to just correct

something I said. We put to you that Mr Hoffman had remembered certain things, and I need to clarify it. So, we put to him had he been involved in the consultations around the design of the hospitals from 2009, and he said he had been involved in consultations, but when we pressed him on when he was first involved, he didn't say 2011, he said 2010, but you're sure that he was mentioned in the conversation?

A I'm sure, yes.

Q Do you happen to remember who it was was talking about speaking to Professor Hood?

A No, I'm sorry, I can't-- I can't-- I mean, I've told you what I do remember, and it was really around about, "How many people are going to be in the room, do you think, Fiona?"

Q So, we've got some people coming up to give evidence. So, Mr Seabourne was there.

A Yes.

Q So we can ask him.

A Yes.

Q Mr Moir was there, but we can't ask him because he's not well.

A Right.

Q And you said Mr Hall was there?

A I'm sure Mr Hall was there.

Q Well, we can ask him. Was there anyone else you can think of?

A There were other people in the room, but I can't really remember who-- who else was there.

Q Not a Mr McKechnie?

A I don't know who that is.

Q Well, that's probably all I need as an answer. Let's move on to the next topic which-- You actually have already discussed most of the design process and your involvement in it, so I won't go over it in a great, laborious nature, but I want to just check something with you.

A Right.

Q I wonder if we can look at a room data sheet. Now, what I'm going to look at is bundle 47, volume 2, page 42. So, you spoke about, where you had concerns about checking, you went to Mr Moir. So, this happens to be a room data sheet for a single room in Renal, but it doesn't really matter what it is for the purpose of our conversation. So, this is the front page. Is this the bit you said to Peter Moir you couldn't check, or is it the next page?

A No, not-- not that one, no.

Q The next page?

A Yes.

Q Right. So, if we look at these sections, there's a section on temperature, ventilation, lighting, safety, and then, over the page, general notes. So, is it all those bits that you said, "I can't check this"?

A Yes. Yes.

Q And what was Mr Moir's response to that?

A "That's fine."

Q Did he inform you of how they were going to be checked?

A No.

Q Do you know how they were going to be checked?

A No.

Q No. Take that off the screen, please. I'd like to move on to the topic of Horne taps which you cover in your statement on page 27 of your statement, which is page 332 of the bundle. It's question 16. Now, you've given quite a detailed discussion on 16 and onto the next page of Horne taps, and you mentioned how, actually, going on to page 334, that actually you went to Monklands Hospital.

A Yes.

Q I want to just check where-- So, you went to Monklands Hospital, and you met the ICN from Vale of Leven?

A Yes, I went to the Vale of Leven with Jackie Barmanroy, so there were two separate visits. I went with Mr Seabourne to Monklands Hospital, and I went to the Vale of Leven. It was-- The tap was installed in the theatres in the Vale of Leven, and I can't remember the reason why Mr Seabourne came with me to Monklands. It may have just been he was available that day and Jackie wasn't. You know, when you go to another hospital, we tend to go in pairs or as a group, you know, because----

Q Yes. There's some suggestion of a possible visit by somebody to Fife. Is that something you were aware of?

A Jackie and I went to Fife, but that was to look at-- at one point in the project, we were looking at washer disinfectors for-- bedpan washer disinfectors rather than using the other method whereby we put the cardboard insert of the bedpan into our macerator. So, that, I don't think-- I don't recall going to Fife about taps. I think it was to----

Q Right, but you definitely went to Monklands and Vale of Leven?

A Yes.

Q Right. Would this have been in 2012?

A Yes.

Q Right. I want to just-- I mean, I know, in a sense-- Why were you involved? You can take this off the screen.

A I think Mr Seabourne was keen that somebody from a clinical or nursing background was able to go and look at the taps. We were-- I mean, the way-- the way it happened, we were told that Brookfield Multiplex are planning to install this new style of tap into the hospital in the clinical wash hand basins and in the scrub sinks, scrub troughs. Not for patient use, for clinical use. It was a completely different design from what I'd been used to, so I was invited to attend a presentation.

The director from Horne came along, Mr Horne himself, and another person. We were given a brief demonstration of the tap, and I think they showed us a video, and then Alan asked what my thoughts were around it and he said, "Why don't you go out and we'll have a look elsewhere to see them in situ and find out what other people think about them?"

Q Was a paper produced?

A Yes, I did that.

Q And that would be----

A With Jackie.

Q With Jackie? Bundle 43, volume 1, document 46, page 231. I'm now learning to recognise your formatting for documents.

A I know. I've got a certain style.

Q You do have a certain style. Page 231. So, this was written in July 2012, it says, and it's you and Jackie together.

A Yes.

Q Okay.

A There was-- there is another paper that Jackie did separately, and some of the information from that was combined into this report.

Q So her other paper is earlier than this?

A It was round about the same time, because Jackie done some other sort of investigatory work, if you want to say. Not-- we didn't do any formal research, as you would, but she did speak to Health Protection Scotland and went to-- I think it was an Infection Control Society meeting where Horne had a stall. Often at these Infection Control meetings they've got all the people coming in and showing you the latest disinfection methods and giving you freebies, that sort of thing. So she was able to come back and say she'd discuss

the taps with colleagues across Scotland, and I think perhaps England too, and it was felt to be, you know, the way forward.

Q Can we go on to the next page? Do you see how in the benchmarking chapter there's a paragraph that begins:

"The NHS Fife ICN recently attended a national decontamination meeting and met a colleague from Portandown who has been involved in the investigation into the Pseudomonas outbreaks in the neonatal units in Ireland."

A Yes.

Q Which involved, I'm told, the death of a number of babies?

A Yes.

Q Were you aware of an earlier incident in Western Australia?

A No. That particular part of the document was written by Jackie, and I think she-- I can't remember. You'd need to ask her this afternoon. I can't remember if she got that information at that Infection Control Society meeting she was at and come back with that information. This is prior to the document then that was issued by Health Protection Scotland in guidance-- or was it Health

Protection Scotland or-- on guidance regarding taps. This was prior to that.

Q But you're clear that Health Protection Scotland's advice was sought?

A Absolutely, Annette Rankin. I think the good thing about our project from an infection control point of view was that we'd already worked with Annette, and Annette had gone on to a promoted post within HPS, so we had a direct-- almost a direct-- like, we knew her well, so she was very approachable and very helpful to us.

Q One of the things that seems to eventually happen to these taps is that they end up having to have some form of systematic cleaning process.

A Yes.

Q But that doesn't seem to start until 2018.

A Right, okay.

Q I wondered if you were aware of what the Estates team were doing in terms of maintenance of the taps after the hospital opened?

A All I know is that when we were commissioning the hospital with a 12-week operational commissioning period, after the keys were handed over, a number of the team moved out of the offices, the Portacabins, into the

Children's Outpatient Department, the Children's Therapy area, and from then we did the work that we were required to do, and my job was in clinical migration. But I do know that there was a flushing regime being carried out, and that was through the Domestics. Karen Connelly instructed the Domestics to run the taps and the showers for a certain period of time----

Q Because what was also----

A -- but I don't know anything about the decontamination or the water treatment. I wouldn't be able to help you with that.

Q You're not aware of a thermal cleaning system that was eventually produced? **A** Well, when we did discuss the taps initially at that very first presentation, I do recall – and I can't remember who it would be – somebody from our side, NHS, at the meeting discussing how we would thermally disinfect these taps, and the taps, from my point of view, it was a different technique we had to use. So we had to train the staff to use it differently, but Horne very kindly and very helpfully gave us videos to use in the training for the staff.

From the thermal disinfection point

of view, I do remember an Estates representative – and I can't remember who that was – discussing, to save time, they would thermal disinfect a batch of tap fronts, because what you could do with these taps – don't ask me how they did it – you could take the front off without having to go around the back and interfere with the pipework and swap them-- excuse me, swap them over. So the clean tap would be swapped with the dirty tap as such, and it would save time.

Q Then the dirty tap----

A But I don't----

Q -- would then be cleaned----

A I don't know how that system worked because I wasn't actually involved in that.

Q Can you help us about how it was-- if the system wasn't actually put into place, why that might have been?

A Sorry, can you say that again?

Q Do you have any knowledge about why it was that such a thermal decontamination system didn't start when the hospital opened?

A No, because I'd left the project very quickly after.

Q Was there any discussion about handover of this issue, and anything else, frankly, to do with the

water system, to the Estates team as part of the commissioning process?

A I wasn't involved in the technical commissioning.

Q Right.

A I can't answer that.

THE CHAIR: Ms McCluskey, you referred to a 10-week operational commissioning period. I think I know what you're talking about----

A Okay.

Q -- but could you just briefly confirm to me what you mean by that 12-week operational commissioning period?

A Okay. The 12-week operational commissioning period is a time where we're getting the hospital ready to receive patients. So, during that time, there would be a whole raft of work being done under the technical umbrella, under Estates preparing the water, the lighting, the heating, etc. The heating would be getting running, you know, to make sure it was operating correctly. From the clinical commissioning point of view, we had a training programme for the staff who were going to come into the building and be inducted, orientated, and trained. We used a cascade approach for that. We brought the equipment over to pre-equip the wards and departments

prior to the patients moving in, because when you want-- when you move a patient in you, want the ward to be ready for them, all the beds, all the accommodation to be ready, the staff to be there to be able to receive them.

During that time, the hospital, I suppose from a layperson's point of view, would not have perhaps looked finished. I remember we ran a few sessions with the public. We did some wayfinding with them, because it's such a large hospital, to get their feedback, and I can remember one lady coming in and saying, "Oh, my, this place doesn't even look as if-- as if it's ready," because they've come into the atrium where there were guys up in, you know, these high sort of sling things cleaning the high level. There were shopfitters in shopfitting Marks & Spencer's, and John Menzies, and the cafes, etc.

So, that was all going on at that particular point in time prior to the patients moving in, so when-- It was quite a short period of time because we also had to fit out-- I wasn't really involved in this. Mairi was involved in the science centre coming into the Children's Hospital to put in all of the play equipment in the children's atrium. So,

it's like getting a new house. You buy new house, and then you have to learn how to work the microwave, the oven, get the new beds in, you know, get your carpets in. That's really, I suppose, at a very basic level, what operational commissioning would be. It's getting the hospital ready to-- for service day 1.

Q Thank you.

MR MACKINTOSH: I wonder if I can show you an email-- Well, firstly, I'll ask a question about-- I hope we need not show it to you. We found a Project Management Group meeting from July 2012. You're not in the meeting, but it talks about screening taps after they've been disinfected. Any memory of that being discussed?

A The screening taps related to the Armitage Shank taps.

Q Oh, so not the Horne taps?

A Not the Horne taps. See, the Armitage Shank taps were used in patient areas. You'll probably see them a lot in, you know, shop-- in public toilets with the-- you know, the disabled lever that you use.

Q Right. Well, if it's not Horne taps, I'll move on.

A No. It was related, I think, to a faulty batch.

Q Okay, if----

A It was----

Q -- we can then look at an email sequence. So, it is bundle 43, volume 1, document 47, page 234. Now, you're only copied into this, and I do realise copying into emails is a problem and one doesn't have to be quite as brutal as Ms Macleod was, that she doesn't read the ones that she's not copied into, but I appreciate that. So, this is 6 August 2012, and it's a series of emails between Jackie Barmanroy, as she had just become, and Mr Hall, and you're copied into the whole sequence. If we go down to the bottom of this page, we see that Mr Powrie was involved. Could he have been the person you were talking about who was involved in the Horne taps issue?

A I can't remember if he was at that actual meeting, but he became very involved in all Estates issues when he came over to the Project team. He'd been working out of Glasgow Royal Infirmary for quite a while, inputting to work, but eventually came over and based himself in the offices in the Portakabin, but I can't remember if it was him that was the at meeting about taps or whether it was somebody else, but

whoever it would have been at that meeting I'm sure would have reported back to him, because he was the lead.

Q Thank you. What I want to do is move on to various emails, some of which we may well have already looked at, but I think I'll just walk through them just at a canter. Bundle 14, please, volume 1, document 2, page 32. So, this is an email in 2013 from Ms Ioannidis to Mr Walsh and Sandra McNamee describing a meeting that she had had with Greg Williams, Jackie Barmanroy, you, and Mairi Macleod. I wondered if you could remember this meeting and what's going on at it, and why there's discussion of infections and isolation rooms?

A I can't really remember the meeting, to be quite honest, but it looks like-- from what I can take from there is Pamela was the lead nurse for Infection Control at Yorkhill, and at that point would have been-- when-- I don't think that happened when they moved over. I can't remember because another lady eventually came into post, but Pamela was to be the operational Infection Control lead from a nursing perspective in----

Q Yes, she was.

A -- Yorkhill and she would be moving into the new Children's Hospital, so she was----

Q She did, yes.

A -- clearly looking for advice on-- or-- What we would have done at that meeting is probably taken the 1:200 drawings of the block plans along and shown Pamela, "This is how the patients will come in through the Emergency Department and will go up to Critical Care, etc.," whatever she was looking for, but I can't remember why we discussed ventilated isolation rooms. Perhaps it was just to go over old ground that we'd done before.

Q The reason I ask is----

A I don't really-- To be honest, I don't really remember the meeting.

Q The reason I ask is because there's a later email on 3 July 2014, which is from Pamela Joannidis to Craig Williams, Sandra McNamee, and Tom Walsh. It's on page 80 of this bundle, and it says:

"Fiona McCluskey has sent me the lobbied room details for the [new hospital]… and [she emailed] and explanation of the decision making [process] around changes. See below… on lobbied isolation rooms."

Now, what concerns me, Ms McCluskey, is that you have explained that you don't have technical knowledge about different sorts of isolation rooms, and in this email, and the previous one in 2013, there's discussion of how many isolation rooms there are to be, but what there isn't is a statement which are positive, which are negative, and which are positive pressure ventilated lobby rooms. One gets the impression that Professor Williams was-- not sure "surprised" might be the right word, but perturbed or surprised to discover what they turned out to be in over '14 into '15. I wonder, is there any way you can think of-- Would he have seen the Room Data Sheets by this point?

A I don't know.

Q Because what it looks like is you're giving him information, but it's not complete information. Do you see why I'm concerned?

A Yes.

Q So, were you aware of whether there was any system to ensure that the lead ICD knew exactly what sort of isolation rooms were going into the hospital, other than your emails and Ms Joannidis' emails?

A I think as I tried to explain

earlier, and maybe I've not made myself clear enough, Jackie did have a direct link into Craig Williams very early in the project, and that-- my understanding is that there was a discussion around ventilation systems and these rooms, but I wasn't at the meetings so I can't-- I can't really help.

Q But do you see why it might be a concern that you're reporting a list of rooms without saying what sort of rooms they are? I'm not saying Professor Williams couldn't have asked, I'm not placing sole responsibility on you, but I'm just looking at a communication system that, in this case, seems to be providing a partial information, and I wondered if you knew where there was any system that would make sure he knew what sort of rooms they were?

A I would have thought he should have known what rooms they were because he was involved at an earlier stage.

Q Right, but you-- I understand, thank you. I'm going to jump ahead to – I'll just check it's necessary – page 162. So, this, I think, might be the email you discussed with us earlier about the use of rooms for Infectious Diseases patients from the Brownlee. You're nodding.

A Yes. Yes.

Q It is the same?

A Yes.

Q That's helpful to get that. So, what was going on in this one, just so we can have it all in one place?

A At this point, we had received information from the Emergency Care and Medicine Directorate that they were looking to move the Brownlee Centre into the new hospital, which had quite a lot of implications for the way patients were being treated, etc. because they had a specialist unit there at the Brownlee, and then the reason behind it-- my understanding was that, when there was a review of critical care services across NHS Greater Glasgow and Clyde, and it was looked to step down the intensive care facility at Gartnavel and consolidate that onto the new site, but I don't really know a lot of the detail behind that, because I think some of it was to do with medical workforce planning.

At that point, the Brownlee, I think, were concerned that some of their higher risk patients who required intensive care support would be left at a disadvantage not having an intensive care unit on site, so there was a request made and agreed at chief executive level that this unit

would move across. So, this is the beginning of the emails to start the discussions about what was happening----

Q To basically work out whether they could do it?

A Yeah, how they're going to-- how we're going to do this, because, if we're going to move them into an adrenal ward, how is this going to work?

Q Yes, the question is, "Will that work?"

A Yes.

Q Right. I'm not going to get into that with you because it's not your field.

A Right.

Q But what I'll do is I'll jump on to an email sequence at page 170, please. So, this-- It's in the wrong order, which is sort of slightly confusing, so the best thing I think to do is to work backwards. So, at this point, the email thread starts, or ends, on 16 September 2014 with Dr Inkster sending the CDC guidance to a group of people, and, from her evidence, she's primarily sending it to Craig Williams. I'm assuming you wouldn't have read the CDC guidance before you got this email?

A No.

Q No. Did you read it when you

got the email?

A I can't remember.

Q Right. The reason that it seems important is, if we just work backwards in this conversation, do you see this email from Craig Williams to a lot of people at the bottom of the page, 21 August '14 in the morning, he wants a meeting, right, and he's inviting various other people? Then, we go to the next page. You've sent him an email, to which he said-- this is the one he responds to:

"I have spoken to our technical advisors and they would be keen for us to meet with yourself and the technical team from Brookfield so that we can clarify. Could this be done at the same time as the meeting with Schiehallion or is this more urgent."

Now, who were the technical advisors you were opposing to arrange a meeting with?

A I think, at that point, I would have spoken to David Hall, who would have brought in the people that would be required.

Q Did the meeting take place?

A I can't remember.

Q If I put it to you there were no technical advisors at this point according to Currie & Brown, how would you react

to that?

A I'm surprised at that, I thought-- I thought there would be.

Q Okay. Then, there's an early email to you from Dr Williams, and he's explaining he needs an assessment, at the bottom of the page, 20 August '14, so the previous morning:

"I need an assessment from the design team to assure me that the rooms meet the specification I described in the earlier e mail. This is because the Brownlee is moving to the South and so all of our MDRTB patients will be managed there."

What are MDR-TB patients?

A Methicillin-- methicillin drug-resistant tuberculosis.

Q And they're quite infectious?

A I'm not an expert, so----

Q Right, okay.

A Yes, I would say----

Q Let's go to the next page, and you say-- and this is an email you sent on 20 August:

"I have attached the ADB sheet which describes the references to the mechanical ventilation of the room.

Hope this helps."

Where would you have got the ADB sheets from?

I would have gone to Frances for that. Frances kept all the master copies. She had a-- We did have a system called Aconex that we used, that you could search for a drawing, however Frances had all the signed drawings and folders full of hard copies, so I would've gone to her.

Okay. If we go to the bottom of the page, Dr Williams asks you, on 20 August:

"Dear Fiona,

Thanks, could I just double check that the lobbied side rooms meet the specifications contained in..."

He then refers to a 1998 document on tuberculosis, and you send him an ADB sheet. So, I'm assuming you're sending him an ADB sheet for a side room with a lobby?

A Well, from what I can see, yes, that's-- that's what he's asking me for. I wouldn't have been able to answer that. Craig----

Q No, I'm not saying you would-- I'm not saying you would.

A Craig Williams-- Sorry. Craig Williams is an expert in that, so all was able to do trying to assist the process is ask a colleague, "Can you give me this point in the right direction?" which----

Q Yes, so she gives you the what she thinks is the right sheet----

A Yes, yes.

Q -- and she sends it to him, and he said----

A I think-- I don't think Frances sent it----

Q Oh, you sent it to him?

A I would have sent it. If it hadn't been Frances, it would have been Peter, you know, one or the other.

Q But you've got it?

A Yeah.

Q And you've sent it to him and he says, if we go back to the previous page:

"Thanks for the information but I need an assessment from the design team."

A Right.

Q Okay? So, would it be fair to infer that, when he gets the ADB sheet, he's not immediately reassured? Would that be a fair inference?

A Possibly, yes.

Q Possibly. If we go back to the next page, that's page 172, and, on the following page, 173, the email that you sent him at the start of the thread:

"I can confirm that there are 10 rooms lobbies within the adult Critical

care Unit and 2 rooms with lobbies in the Renal Acuity wards."

A Mm-hmm.

Q Now, does that suggest he must have asked you a question offline which you're then responding to?

A I can't confirm that but that may have happened. Most of the-- Most of the-- I didn't really have any offline discussions, I don't think, with Dr Williams. Everything was done on an email because he wasn't with us in the same office. So, correspondence would generally have been by email, unless he'd maybe called me. I can't remember.

Q Because the thing that I'm concerned about here is that one way to read this thread is that, when you send that ADB sheet to Professor Williams, he realises, because it says it, that the room has been designed in compliance with HBN 04-01 which is a particular type of isolation room which says in its documentation it's not suitable for highly infectious patients.

A Right.

Q Now, I'm not expecting you to agree with that, but that's what I'm putting to you as a possibility. You've emailed him in both of the previous two years, and so has Jackie Stewart, with information

about isolation rooms, but they don't say what sort of isolation rooms they are. Is it a reasonable inference that, when he got in touch with you at this point in '14, he didn't know what sort of isolation rooms they were? Because, otherwise, he wouldn't have had to ask you.

A I would have thought the earlier period that Dr Williams was involved and would have known. I'm very surprised that, at this stage, that the lead Infection Control doctor for NHS Greater Glasgow and Clyde did not know what kind of rooms were being put in the building.

Q Well, indeed, but you're not aware of any structured process in the design process in 2010 and '11 whereby he was signing off (inaudible 12:13:35) rooms or he was approving those room data sheet pages or anything like that? You're not aware of a system?

A I wasn't involved in those meetings, so I can't help with that.

Q Well, I appreciate that, but you remember you went to Mr Moir and said, "I can't sign that page off"?

A That's right.

Q And you didn't ask who was going to, but I'm just wondering whether you're aware of any information in that

team, because you're all in an office together, of-- there's a technical process out there.

A I assumed that took part in the technical meetings.

Q Yes. Did you attend the technical meetings?

A No, I wasn't part of that group. I think I explained earlier this morning that we had a range of groups because-- between Multiplex and the NHS Project team. We had our own separate meetings, so did they, but I was attached to-- I can't remember. There is a-- There's a huge (inaudible)----

Q I'm going to try and find that because I think it's probably quite helpful.

A -- that shows you who was attached to each meeting. So, it would not have been relevant for me to attend a technical meeting. I don't have the technical----

Q I do appreciate it's not----

A -- background or knowledge for that. My expertise was best placed in amongst medical planning, clinical migration, training and development, workforce planning, that-- you know, I've given you a quite a long list of things that I was involved in with-- on the project.

Q I understand.

A Sorry, I'm speaking over you, I apologise.

THE CHAIR: I think, Mr Mackintosh, do you want to try bundle 30, page 50?

MR MACKINTOSH: I am deeply grateful, my Lord, I was just foolishly looking in bundle 40.

THE CHAIR: No, I may be wrong, but do you want to try that?

MR MACKINTOSH: Yes, I think that would be a good idea. Yes, there we are. Is this what you're talking about?

A Exactly, yes, that's----

Q Right. So, let's just recap. The meeting you think might be involved in this is the technical design group in the middle in yellow, but you weren't there?

A Yes, that's correct.

Q Brilliant. Well, that's really helpful. I will move on. I think there's then a meeting, and we have-- well, this is much later on. Could we look back to bundle 14, volume 1, page 180? So, this an email-- Could we go to page 181, actually? So-- No. I'm going to have to just make sure I've got the right page. Yes, sorry, please go back to page 179.

So, this is an email in which discussions are being had about holding a meeting between David Loudon and

Craig Williams and Tom Walsh, and the reason I'm showing it to you is because of an earlier email on the thread which is the next page, 180, and it's Craig Williams emailing David Loudon:

"Dear David

At the last Board Infection Control Committee I was asked by Jennifer Armstrong to contact you to find out where we are with information from the Project team about lobbied side rooms at the NSGH [so he's clearly asking questions].

Sandra MacNamee and I met with Fiona McCluskey and a ventilation expert from the Project team several months ago to discuss two things in particular:

1) Whether the lobbied side rooms meet the current guidance for housing Bone marrow transplant patients

2) Whether the lobbied side rooms meet the DH guidance for housing Multi-Drug resistant TB patients."

Now, what intrigues me about that is it may well be the meeting you were trying to set up in the previous thread, and I wondered who the ventilation expert from the Project team might have been?

A I can't remember the meeting, I'm sorry. I don't know who the ventilation expert from the Project team

would be because we didn't have a ventilation expert on the Project team. That would have been somebody externally that would have been brought in, so I don't----

Q But you can't remember who it was?

A I can't remember who that would be.

Q Right.

A I can't remember the meeting. I'm sorry, I can't really help you with that.

Q Let me just make a note of this. Right. What I want to do now is to put something to you that Professor Williams has said in his evidence. I think we gave you, on the document list, a reference to his transcript. Did you have a chance to look at it?

A Yes, if you could tell me which one it is again, please.

Q It's Professor Williams transcript, columns 110 to 111.

A What bundle is that in?

Q It's not in a hearing bundle; it's in a transcript bundle. If we go to----

A Oh, yes. Right, hold on.

Q It will be column 110, page 55 or thereabouts.

A Yeah.

Q Next page, yes. Do you see

on the right-hand side, Lord Brodie asks a question? If we go back to the left-hand side where it says, "**MR CONNAL**…" basically, what's happening is that Professor Williams is being shown a minute of the AICC, and at the top of the page he says he sent an email to Fiona McCluskey, late August/early September, and he hadn't received a reply. Then, at the bottom of the page, it's put to him:

"You record in 99 [from his statement] that Dr Armstrong had stated that the issues over MDR-TB patients and bone marrow transplant patients should be resolved prior to the opening of the new hospital, and you note:

'"However to do this we needed to be provided with the validation certificates...'"

He responds that it relates to the positive pressure ventilated lobbies outside the Bone Marrow Treatment Units, whether they're protected outside the Bone Marrow treatment Unit, and then he goes on further in the column that he still hadn't heard from you. Then, over onto page 111, again, this discussion of the minute, and what I wondered for you is: is it the case that Professor Williams was chasing you for information about the

specification of these rooms and their validation certificates?

A I think if we go further back into the----

Q Do you want to go two pages back?

A If you go into page 112----

Q Oh, here we are, we have it here.

A If you don't mind.

Q Yes, of course.

A Where it says:

"I think we'd asked the Project Team member to come specifically to provide an update…"

Q So, which column are we on here?

A Column?

Q The numbers are at the bottom.

A Oh, right. That would be 111.

Q 111. Sorry, thank you.

A Yeah.

Q Oh, at the bottom of the page, answer, "I think we asked…" Yes.

A Yeah, okay:

"I think we'd asked the Project Team member to come specifically to provide an update of what was going in with the hospital, the validation and things like that. They came to the meeting and,

again, restated that all the building was being done to the HTM 03-01 standards."

That's actually factually incorrect.

Q Right. So, let's just break it down. So, which bit of it is factually incorrect?

A Right. I was asked to attend the Board Infection Control Committee meeting on 1 October, and I've got the-- I think we looked at the----

Q Let's go in steps.

A -- Infection Control update that was given at that meeting.

Q So, what I would just do is, before we go there, remind us of the date. It's bundle 13.

A It was 1 October, 1 October 2014.

Q It's taking a moment to download. So, that's 1 October 2014.

A Yeah, I've got it in-- I think it's bundle 27, volume 8, document 3.

Q It is, it is, bundle 27, volume 8, document 3, please.

A Right, okay. I was asked to attend. I wouldn't normally have gone to a Board Infection Control Committee meeting. Sorry, do you want me to hang on and wait till----

Q No, please, I'm just playing page number catch up with you at the

moment.

A This is not a meeting I would normally have attended, but I was asked to give an update on the Infection Control input to the Project team-- into the Project team and the project in general.

Q So this is when you present this paper?

A Yes.

Q So we're on page 39 of bundle 27, volume 8. So you're presenting this paper to the Board. Right.

A Exactly, yes. I wasn't asked to give an update on ventilation. I was specifically asked to let the Board Infection Control Committee know what Infection Control had been doing to help in the project, and there's a "TABLE 1", page 41, behind that, that was-- Pamela Joannidis and Jackie Barmanroy very helpfully pulled that table together because they had been doing a lot of the work, so that was what I tabled at that meeting. I wasn't asked about ventilation at that meeting. If I had been asked about ventilation at the meeting, I don't recall. If it's in the minutes, I would have been. If I was asked, I would have gone back to David Hall or Peter Moir and told them, "This is what's happened. I need that information," or, "The Infection

Control doctor needs this information." That is my recollection of that.

Q It's rather helpful because I was going to come to this document, so----

A Yeah, because I-- Just to finish off, if there'd been a request to give an update on ventilation at that meeting, I would have taken somebody from Technical along with me.

Q Well, I'm going to take you to the minute in a moment.

A Sorry.

Q But what I want to do is just----

A I've jumped the gun here, I'm sorry.

Q No, no, I realise-- You're giving lots of helpful information. Let's stay with page 41 for the moment because I was going to come back to it. We can do it here now. So, you present this paper to the meeting on 6 October, and this is a list of interventions by the IPC team.

A Yes.

Q Now, one of the striking things about this list is, apart from Dr Hague's involvement in infectious patient inflows in October 2013, there's no mention of Infection Control doctors in this document.

A No, because I was giving the nursing update.

Q Yes, but if you go back two pages to page 39, it's headed, "… UPDATE ON INFECTION CONTROL INPUT…"

A Yes.

Q So, why wouldn't a reader assume that you're also going to cover the input by Dr Williams? And actually, if you go back to page 41, it goes back so far that you could probably pick up Dr Redding's involvement in that meeting in May 2009.

A Yes.

Q So, why are they not in here?

A Why are who not in here?

Q Why is there not a row that says, "Meeting to Discuss Adult Hospital Infection Isolation Rooms 2009, Annette Rankin, Dr Redding"? Why have you only limited it to nurses?

A Because I think I stated earlier on that I asked Pamela Joannidis and Jackie to help with this because they had all that information, so they produced the table for me.

Q Wouldn't the Infection Control team also have records of the involvement of its doctors in these matters?

A I can't answer that.

Q Because I'm just wondering why this is an incomplete report if it doesn't mention the work of the lead ICD.

A No, it doesn't.

Q But you can't help me about why that is?

A I'm sorry, no.

Q No, okay. Let's go to the minute, because I think it would be helpful if we did that. Bundle 42, volume 1, document 68, page 350. Page 350, please. Thank you. So, you are recorded as being present for Item 2.

A Yes.

Q Let's look at the minute, and the item is called "Update on New Build Project" and it summarises to a great degree the involvement of Infection Control in the project. Now, on the next page, do you see:

"Professor Williams asked Fiona if there had been any update with regards to the technical view on the transplant side of things that was being looked at and Fiona said she will check this and report back to Professor Williams. Dr Hague stated that she has not seen any minutes of the discussions that took place looking at the flows for emergency paediatric patients with infections."

You said you will forward notes of the meetings, and then there's a discussion of the adult infectious diseases patient process. You see there's a reference to Professor Williams making reference to the need for a massive airflow change in the second paragraph, fourth and fifth line.

A Yes.

Q Second or lower line from the bottom.

A Mm.

Q And:

"Dr Armstrong asked if maybe IDU should stay at Gartnavel but Dr Seaton said this would be inadequate for managing the patients."

Is this a note of Professor Williams effectively saying that these isolation rooms are unsuitable because the airflow is in the wrong direction?

A I wouldn't be able to answer about airflow being in the right or wrong direction. All I can remember from the Brownlee move was that there was a meeting in the Brownlee Centre seminar room earlier than this. I can't remember the date. There will be a minute of the meeting somewhere in the papers. I was asked to attend that meeting on behalf of David Loudon and-- because I had a

knowledge of the hospital tower as much as anything, and I was told to tell the doctors at the meeting that the wards at that point were built. Some were closed off, ready to go. We didn't actually know which ward this group of patients would be transferred to in the hospital, but I do have a note of where they did actually go in the end. I think it was----

Q They went to 5C and D.

A They went to 5C, uh-huh, in the hospital.

Q So, the question that I need to press you on is-- So, you're saying that this minute doesn't reflect Professor Williams' evidence about what you said at the meeting?

A I wasn't asked to give an update on ventilation. I would have-- if I'd been asked to give an update on ventilation at that meeting, that would have been a different paper and that would have been-- I would have gone with somebody from-- Peter or perhaps David, who had that knowledge. I wouldn't have been able to answer the questions on ventilation.

Q Can we go back one page, please? I don't know whether you can help me, but it just intrigues me that the coordinating Infection Control doctor is at

the meeting. Why isn't he giving a report on the Infection Control involvement in the new hospital? Why are you, who's not even a member of the Infection Control team?

A Exactly.

Q What's the reason?

A I don't know.

Q Well, you went to the meeting. You sat there, and he wasn't giving the paper. Did you not think of asking somebody, "Why am I giving this paper? Why isn't Professor Williams giving it?"

A I think some of the reason behind being asked to go to this meeting was related to operational commissioning, because I was at that point very keen that the Infection Control nurses continued to have involvement through the operational commissioning period, and I needed help, particularly around some of the work that was done with the dispenser strategy. So, I wasn't there to discuss ventilation, you know, so----

Q No, I appreciate that, but you weren't there to discuss the role of Infection Control nurses in the dispenser strategy there. You were there to present this paper.

A Absolutely, yes.

Q What I'd like to understand is why-- or whether you discussed with anybody why that paper is not being produced by either Professor Williams or Mr Walsh, who are both in the meeting. So, the manager of IPC----

A Absolutely.

Q -- is there, and you're there, and Williams is there, but you're doing the paper. Why? Did anyone tell you?

A I-- I was doing what was requested.

Q But one of the possible responses is to say, "Why am I doing this? I'm a busy person. I've got a hospital transition to move."

A Absolutely.

Q "Get Tom Walsh to do it." Did you not say that?

A No.

Q Can you help us about what was going on that caused it to be you who produced the paper?

A I can't remember. All I was asked to do was to give an update on Infection Control, and I used people within the team in Infection Control to help me with that. And perhaps, on reflection, I should have said, "No, I'm not giving that. That's Professor Williams who should be giving the update," on

reflection.

Q Okay. So, what role did IPC eventually have in the commissioning process?

A We had Stefan Morton, who was the hand hygiene coordinator? We'd already done a whole raft of work around where-- the assemblies. That's where the clinical hand-- the hand hygiene gel should be situated, where the soap should be situated, where the danicentre is. A danicentre is a unit that contains gloves and aprons, so it's the PPE that our members of staff would put on before they go into a room----

Q Apart from these practical arrangements, was IPC involved in any aspect of the commissioning that might, for example, have related to the water or ventilation system?

A I don't know because I wasn't involved in technical commissioning. I was involved in operational commissioning and----

Q I don't understand the difference.

A -- clinical migration.

Q What's the difference?

A Technical commissioning is what we describe as "hard facilities management", the water treatment, the

ventilation, the heating, the lighting. Operational commissioning is about getting-- as I described earlier, you're moving into a new house; you want to make sure you've got your carpets and curtains in----

Q If you move into a new house----

A We don't put carpets and curtains into hospitals but, in a basic level, that's what the operational commission is. It's about getting the hospital ready for the staff and the patients, about training the staff in how the new hospital is going to work. So there was two distinct parts of that, technical and operational, and a subset of that was clinical migration, which was the bit that I led on.

Q Who would be, effectively, to continue the analogy, the person who checks that the electrics are fine, and you've got a gas safety certificate for your boiler, and that there isn't a hole in the roof. Who checks that?

A That would be the sect of the Estates manager, who would have been Ian Powrie.

Q Okay. The final thing I want to ask you about is we gave you a copy of Mr Seabourne's email of 23 June 2016,

which is bundle 12, document 104, page 813. Now, this was sent by Mr Seabourne, we understand, after he retired in the summer of 2016, possibly in response to a realisation that there'd been a-- this ventilation change had taken place that you were in the meeting about in 2009. Now, I wondered if you'd ever seen this before?

A Not until the-- I don't think I'm copied into that, because----

Q No, you're not, but that is----

A No, because I would have just been in another job at that point within the Board, so----

Q Did you have a chance to read it?

A Yes.

Q So, taken at the very sort of highest level, what's your attitude to the general approach? Is it broadly accurate? Did you have anything in particular you would disagree with, or what's your comment on it?

A The first three paragraphs I completely agree with. The fourth paragraph, I didn't know anything about temperatures or whatever.

Q Incidentally, remember that meeting in 2009 we talked about----

A Yes.

Q -- when Mr Hood's call was discussed? Did anyone mention temperature in that conversation?

A I think I said earlier I can't remember.

Q No, but I just thought I'd prompt you again to see if you remember.

A I can't remember.

Q Fair enough. Okay.

A My memory is-- as I stated earlier, it was all about how many people are going to be in the room.

Q Okay. Let's go onto the final paragraph on that page. Is that something you would know about or have any recollections whether it's accurate?

A General-- I mean, I'm not an expert on negative pressure, but we were told that the rooms in the general wards-- a general ward bedroom would be at a slightly negative pressure in comparison to the corridor, providing the door was kept closed.

Q Right.

A But the doors were open and shut all the time, so I think it would be more of a balanced-- but, I mean, I'm not an expert.

Q Over the next page, is there anything on the remaining part of the letter that you would that you think is

something you'd accept, or you'd disagree with? What's your view on the rest of the letter?

A I think I would agree with it all, apart from Penelope Redding's surname spelt incorrectly. Apart from that.

Q I was just wondering about that, because there's a sort of timing issue which I'm not sure I understand. Perhaps you can help. When you joined the team back in 2009, who was the lead Infection Control doctor for Greater Glasgow and Clyde?

A At the time, it was Craig Williams.

Q Yes. If Penelope Redding was involved, it would have been before you arrived.

A I think-- I don't know. You would need to ask other members of the team. I know that Dr Redding----

Q Was at the meeting?

A -- was very involved in the project in the very, very early stages, but I'm only hearing that second hand.

Q Right.

A My involvement with the Infection Control doctor was always Dr Williams, and always-- all by second-hand nature. You know, I wouldn't often be dealing with him directly. It would be

via the Infection Control nurse or others, but, I mean----

Q My final question, just for completeness, is----

A Sorry.

Q -- do you recollect when Annette Rankin left team to go to HPS?

A Annette Rankin left the team in-- Now, I started at the beginning of April, and Annette was literally moving out of the office as I was moving in. However, having said that, she had-- when she moved to HPS, she came back to be involved in the bidder process.

Q In the summer of that year?

A Yes, and then she was involved in all of the bidders' meetings and then when we went into evaluation, we went into an office accommodation in Gartnavel, and Annette wasn't there every day, but she would come in a couple of times a week and we would go over flows or adjacencies or whatever had----

Q So you think she was involved in the evaluation process?

A Absolutely. She was here, yes.

Q Well, thank you very much. My Lord, that's all the questions I have, but maybe we might want to see if

members of-- the core participants have questions.

THE CHAIR Ms McCluskey, what I need to do now is check with the other people in the room to see if there's any additional questions, so if I can ask that you leave, back to the witness room, for maybe 10 minutes----

THE WITNESS: Okay.

THE CHAIR: -- then ask you to come back, and we can confirm whether there are more questions.

THE WITNESS: All right, thank you.

(Short break)

THE CHAIR: You have further questions?

MR MACKINTOSH: Two questions.

THE CHAIR: Yes. (To the witness) I understand two questions, perhaps.

MR MACKINTOSH: Yes, my Lord, two questions. So, one is nice and quick. One of the great advantages of this Inquiry, Ms McCluskey, is we're watched on YouTube and so I think it's probably helpful that I put to you that Ms Rankin's position might well be that she didn't attend for evaluation at Gartnavel----

A Okay.

Q -- and that she'd left for HPS by that point. She was involved in the competitive dialogue, but not the evaluation. How do you respond to that?

A I honestly thought she was involved in that, but that's my memory and, if she said she wasn't there, well, that's fine.

Q Thank you. Right, can I ask you now to look, please, at bundle 27, volume 3, document 36, page 622? This wasn't in your bundle, but you have referred to it. It's the chief executive's letter of 7 February 2012 on the subject of taps and pseudomonas risk. You mentioned that it had come after you had written your paper on the taps. It appears be dated some months beforehand in February.

A Okay.

Q Should you not have reflected the contents of this chief medical officer's letter in your paper?

A On reflection, that should have been included in the paper. However, that particular part – I think I did say that earlier on – of the paper was written by Jackie Barmanroy so----

Q This was a joint paper, you laid it out?

A Yeah, we did. We did it together. So, the infection control aspects of the paper were written by Jackie, and the nursing-- you know, the usability of the tabs was written by me, but----

Q Well, there's also a reference----

A -- you are correct. That should have been included.

Q Also, do you see how in the first paragraph there's a reference to an SBAR on pseudomonas in water?

A Right.

Q Is there any particular reason that's not been mentioned in your paper?

A I don't know.

Q So, the reason I mention this is because it might be said by some people that an opportunity was missed in 2012 to decide not to purchase the Horne Optitherm taps, and therefore the difficult decision in 2014 of whether to use them would have been avoided. Could it be that the failure to mention the chief executive's letter in the discussions in 2012 was part of a missed opportunity to address this issue?

A I think if you reflect on that, you could say yes. However, what Jackie-- what I was asked to do was to do

a quick benchmarking exercise to look at the usability of the taps in relation to what other type of tap would be put in. We were given the option of these taps. I don't know if we were given another option. I don't recall. I think we were just, "This is the tap we're intending to put in. Are there any reasons why you wouldn't put them in?", and you're correct in saying – I would agree with you – that CEL 03 (2012) should have been referenced in that.

Q Because it's a reason not to put these taps in, isn't it?

A Mm-hmm.

Q Would you agree with that?

A I would.

Q I've got no more questions, my Lord. I was proposing that we might start the afternoon a little earlier, at ten to, if CPs are willing?

THE CHAIR: We'll do that, but Ms McCluskey will not be involved. Your questioning is now finished, Ms McCluskey. You're free to go. Before you do that, can I express my thanks for the work you've put in in responding to the questionnaire in order that we can put together a witness statement, and also for your attendance this morning and engaging with our process and answering

questions. I appreciate that that involves risk and involves work and a willingness to help the Inquiry, and I appreciate that.

THE WITNESS: Thank you, thank you.

THE CHAIR: Right, we'll sit again at ten to two?

MR MACKINTOSH: Yes, my Lord.

(Adjourned for a short time)

MR MACKINTOSH: My Lord, our witness is Jackie Barmanroy.

THE CHAIR: Yes.

THE WITNESS: Good afternoon.

THE CHAIR: Good afternoon, Ms Barmanroy. Now, as you understand, you're about to be asked questions by Mr Mackintosh, who's sitting opposite, but first I understand you've agreed to take the oath?

THE WITNESS: Yes, my Lord, thank you.

Ms Jackie Barmanroy

Sworn

THE CHAIR: Thank you very much. Now, I don't know how long your evidence will take. I suspect it'll take us

to about four o'clock. On the other hand, if at any stage you want to take a break, just give me an indication and we will take a break. I say this to every witness: it's important that you're heard, so maybe just speak a little louder than you would a normal conversation, maybe a little slower. The microphones should pick up what you have to say, but if you just project a little, I certainly would find it very helpful.

THE WITNESS: Yes, my Lord.

THE CHAIR: Now, Mr Mackintosh.

MR MACKINTOSH: Thank you, my Lord.

Questioned by Mr Mackintosh

Q Ms Barmanroy, I wonder if you can give us your full name.

A Jacqueline Margaret Barmanroy.

Q Were you previously Jacqueline Stewart?

A Yes, that's correct.

Q When did your name change?

A I married in 2003.

Q Did you use the name Jackie Stewart at work for some period after that?

A Yes, out of sheer ease, simply because it can be sometimes difficult to change everything on all the different systems.

Q So, if we're looking on emails and records, sometimes we'll see you as Jackie Stewart and sometimes we'll see you as Jackie Barmanroy?

A Yes.

Q Thank you. Did you produce a statement in response to one of our questionnaires?

A Yes, I did.

Q Are you willing to adopt it as part of your evidence?

A Yes, I am.

Q Thank you. Now, what I wanted to do was, rather than take you through it to focus on a few issues, the first thing I wanted to understand was your role in the Project team for the hospital that became the Queen Elizabeth Royal Hospital for Children. How did you come to be involved in the project?

A There was a secondment advertised for a two-year secondment, Infection Control, to the new hospitals build. I applied, I was interviewed, and I was successful.

Q And then started in when?

A April 2010.

Q April 2010. Now, by that point, where did you understand the project had got to by the time you arrived?

A I didn't know anything until I actually arrived on the Project team, and then my immediate manager was Fiona McCluskey, and Fiona explained that my predecessor, Annette Rankin, had been party to all the tendering processes in regard to which architect had won the tender and which construction company was going to build the hospital.

Q I understand. Had there been a gap, in a sense, between Ms Rankin leaving and you arriving?

A I can't answer that. I don't know when Annette left.

Q You don't? You mention an architect and a construction company. Do you understand, at a very high level, the nature of the construction procurement method chosen for this hospital?

A I've never been involved in one before, so I can-- I can honestly say no, I don't understand the process at all.

Q Do you know who the architect worked for?

A No.

Q So, are you familiar with the

concept of a design and build contract?

A I'm not familiar with the contract. When I----

Q But have you heard the phrase "design and build contract"?

A I have heard the phrase.

Q Do you understand what that means at the very broadest level?

A Not in any detail. My personal take on that is that the architect would design the hospital to a satisfactory spec for the Health Board, and then the architect would build the hospital as it was designed. That's my personal take on it.

Q So, who was the architect who eventually built the hospital? What company?

A I have forgotten the name. I could tell you the construction company was Multiplex-- Brookfield Multiplex. Is it Armitage? Not Armitage--

Q Could it have been Nightingale?

A Nightingale. Thank you for reminding me, thank you.

Q Now, in the Project team, your manager was Fiona McCluskey, right?

A Yes, that's correct.

Q Was she an Infection Control nurse as well?

A No, Fiona wasn't.

Q So did you have an Infection Control line of reporting as well?

A Yes, it was Sandra Devine.

Q And she then was Sandra MacNamee?

A Yes, that's correct.

Q Right. In the Project team-- Well, I think probably the best place to go is-- we have a document that we've been looking at, which we should probably take you to, which is the structure of the-- I'll come back to that later; it's probably jumping ahead. What were you going to be doing in that first few months when you arrived in April 2010?

A I actually spent the first few weeks looking at designs, drawings of designs, how the hospital was going to look. I was getting used to different people in the Project team, and just basically trying to bed myself in as the Infection Control nurse.

Q Did you attend meetings?

A I did, yes. The one that I first attended from memory was the one that the project director, Alan Seabourne, had a meeting every Friday where everybody in the Project team, whether or not you had anything to contribute, was expected to attend, to listen to what was

happening.

Q So, this is the Project team meeting?

A Yes.

Q Did you attend a Technical Group meeting?

A Yes. So, it was called the Planning and Technical Group, but I had no input. Alan Seabourne just really was keen that Fiona and I sat in to hear what was happening.

Q So, was this called the Technical Design Group? I wonder if I can show you the minutes.

A Planning and Technical Group, I think it was called.

Q Well, it's in bundle 40, the one I'm talking about anyway.

A Uh-huh.

Q Bundle 40, and it's document 122 at page 369-- In fact, no, it's not, it document 121 at page 363. This is the April meeting of 2010 of the Technical Design Group, and it's the third meeting – there are only 11 – and you're recorded as attending. It must be soon after you arrived.

A Yes, it was very quickly after I arrived.

Q Yes. So, how did you fit into this complicated process that had been

created to design the building? How did you fit in? What was your job?

A My job-- When I arrived, the project was at what was called the 1:200 hundred stage, so that meant that the envelope for the ward had already been set, and I was invited to attend meetings whereby the clinical teams who were going to be moving into these wards decided which order to put the rooms in.

Q So, where the rooms go in the ward?

A Exactly, yes.

Q What sort of aspects of the ward design, as it were, were being fixed at that point other than the room locations?

A It was just the room locations at that point. The actual more detail was at the 1:50 stage.

Q Would there be any work on ceilings?

A Not that I was involved in or I remember.

Q Would there be any work on the ventilation system?

A I can't answer that, because ventilation is-- is not my area of expertise.

Q Well, that's a good question; I was going to come on to that. So, you're not a ventilation expert.

A Mm-hmm.

Q What about water and Infection Control?

A I'm not a water expert either.

Q Other than being an Infection Control nurse-- How many years have you been an Infection Control nurse by this point?

A It would have been 10 years.

Q So, other than being a 10-years-qualified Infection Control nurse, did you have any particular specialist extra knowledge that you'd done courses on or been accredited for or learned?

A In 2008, I gained my Masters in infection control, but the masters is compiled of genetic modules such as basic microbiology, immunology, a little bit about infection control management, as in managing teams, but there was nothing particular for ventilation or water.

Q Would you have dealt with a document we keep referring to-- Well, there's two. There's the English version, which is often called HTM 03-01, which came out in 2007, or the Scottish HTM 25, or a draft version of HTM 03-01 in 2009. Would you have dealt with any of those?

A So, the SHTMs and the Health Building Notes for Scotland, Infection

Control nurses in general will dip in and out of them just to read, just to refresh what we're looking for, but we rely very heavily on our Technical and Estates colleagues to guide us.

Q Okay. Well, there is a paper that was produced, which I'd like to put to you, that Ms. McCluskey produced in October 2014. So, that's bundle 27, volume 8, document 3, page 37, I think is the place we want to start. So, this is an email thread about this paper, and then we see the paper at 39. Page 39, please. There we are. Now, can we just jump through it so we can make sure you're looking at the right paper? Can we go to the next page, please, and the final page is a table, and we'll go back to page 39. So, have you read this paper before we put it to you in your bundle?

A Yes.

Q Now, according to Ms McCluskey this morning, you were part of the process of writing it. You brought together some of the data.

A Yes, I pulled together some of the data for this.

Q **A**nd also Ms Devine would have done so as well.

A Yes.

Q Right. Is there anything in this

paper-- Have you had a chance to read it in the last few days since we gave you the list?

A Yes, I have.

Q Any of the paper that you don't agree with?

A Yes.

Q What's that?

A The final paragraph----

Q Let's go over the page.

A -- on page 39.

Q Oh, sorry. I was trying to be clever there. Right.

A So, the very bottom paragraph, it actually says that:

"… Project Consultant Infection Control Nurse was appointed to take the lead for advising on all aspects…"

I was not asked. In fact, it was made quite clear to me that ventilation and water was not my remit, and that was to be Technical or Microbiology.

Q So, who made that clear to you?

A Sandra, Sandra Devine.

Q Sandra. Could you have advised on ventilation and water?

A No, I'm not qualified.

Q So, apart from that paragraph-- Is the next bit correct? So, the fourth line:

"The postholder [that's you initially]

reported to the Senior Nurse Advisor NSGH [that's you, South Glasgow Hospital] and the Assistant Director of Nursing Infection Control."

That's Sandra McNamee.

A That's correct.

Q Yes, and you were:

"… present at all the 1:200 and 1:50 design meetings for Adult and Children's Hospital to ensure consistency of approach."

A I was at most of them. I missed some due to annual leave and also, with the Children's Hospital, my colleague, Pamela Joannidis, helped out because Pamela has a paediatric background and I don't.

Q I see, but when this paper was produced – if we can go to the whole page – in October 2014, did you tell anyone that there was something wrong in that bottom paragraph?

A This is the first time I've seen this because I left the Project team in April 2012. So, when I read this, I didn't realise that this had actually been produced.

Q This was produced by the medical director when we were asking her to produce her statement last summer, and it's quite clear from her

statement that she relied on this as a document that explained the position at the time, but you think it's inaccurate?

A It's definitely inaccurate because I did not have any involvement in water or ventilation, so you cannot say it's all aspects.

Q Right, so if we go onto the table. Now, the table, I understand from Ms McCluskey, is the area where your input might have come. Can you suggest as to whether you've created all of this or parts of it, or just the bits about you, really?

A So, I was definitely consulted on washer disinfectors versus macerators. I was part of the meeting for no hand wash basins in Psychology and Psychiatry.

Q Well, I think we're going to have to do this slower----

A Oh, sorry.

Q -- if we're going to go through it. Let's start at the top.

A Right.

Q So, your first mention is spacing, third line, February 10; were you involved in that?

A No.

Q So that's not accurate?

A No, it's actually got----

Q Sorry, it's Joannidis, sorry. My fault – pay attention, me – "Use of Electric Hand Driers", that's the first one you're picked out. Were you involved in that?

A I was to the extent that I was advised about it, but Microbiology would have had the final say because----

Q Who in Microbiology would have been that?

A So, when I joined the team, it was explained to me that anything water or ventilation related should be referred to Professor Williams because Professor Williams was the main microbiologist for the project.

Q So, did you have occasion to refer anything to him in the two years you were there?

A Yes, I used to quite often phone Craig and say, "Can you deal with this? Can you deal with that for me?" As far as your question in regard to the lab project, I wasn't hugely involved in the lab because, again, laboratories and how they're designed and how they work is totally without my area of expertise.

Q But this issue is just the use of hand driers.

A Yes.

Q You weren't the lead IC

member for that?

A No.

Q No. What about mock up rooms?

A The mock up rooms, so what happened was when it was decided how the rooms would be laid out – and this was following the 1:50 process – there were mock up rooms built to size in a warehouse somewhere, I can't remember where now, and I was part of the Project team. So, there would be myself, there would be Fiona McCluskey, Heather Griffin for Adults, Mairi Macleod for Kids, and sometimes Frances Wrath, because we couldn't all be there all the time, and what happened with these mock up rooms is that members of staff from the clinical area were asked to come, have a look, look at the spacing, look at where the bed was, the chair, the table, etc., to see, as clinicians, was this going to work for them? And we asked them to write down any suggestions or comments at the time of the visit.

Q Okay. Is there anything particular on here that you would say is listed where you've been a member, other than the ones we talked about, that you weren't involved in?

A I don't recall having any

immediate involvement in the maintenance of the sky ceilings.

Q Right.

A I did do the teaching. Renal bed spacing, I lifted that directly from the guidance document that was available at the time, from Health Facilities Scotland. The-- Do you want me to go through each of them, or just----

Q No, I just want to-- anything that you think that you just definitely weren't involved in.

A Zone checks and snagging.

Q That's two thirds of the way down, yes.

A Yeah. So, you've got Clare Mitchell, and you've got myself down there. So, what I can say that Clare and I did take part in is just before the hospital opened in 2015, we were asked to go and inspect a ward for cleanliness, and this was when the Domestic Services were going in to clean a ward. I couldn't even recall which ward it was we went to inspect, and it wasn't clean. So, what happened was Clare asked me to go along with her. She was asked to go and inspect, but Clare asked me to attend with her simply because I'd previously been on the Project team.

Q Right.

A So she----

Q So this is after you left the Project team?

A Oh, yes, uh-huh. So, then what happened was we wrote a list of comments and fed that back to the Domestic Services.

Q Right, so the thing that I'm getting an impression from here is that it would be wrong to think-- Well, would it be wrong to think that you were all over all aspects of this project while you were there, from an Infection Control point of view?

A I wasn't. It's easy to say I wasn't all over everything because ventilation and water is huge part of Infection Control. I wasn't invited to any of those meetings. I was asked who they should invite. I gave them Professor Williams' name and that was the last I heard about these meetings.

Q Did you ever see minutes of those meetings on the system, in the office, because it was a team office, I understand?

A No, that's correct. It was a team office but, unless you were at the meeting-- you know, it was very, very tightly kept. All the data, all the information was kept by Alan

Seabourne's PA. So, any emails, etc., she had access to, and minutes of the meetings were held by either Allyson Hirst or Shiona Frew, and because I'm not qualified in water or ventilation, I didn't ask to see the minutes because, quite frankly, I probably would not have understood what was written.

Q Thank you.

A It was too technical for me.

Q Did you have any occasion to – we can take this off the screen now, sorry –raise this issue that you were not involved in a particular aspect of the project with Fiona McCluskey as your manager? Would she have known that?

A Yes, Fiona would have known that Microbiology were leading on water and ventilation.

Q Did you ever have conversations with the people who were providing technical advice to the Project team about water and ventilation, or know who they were?

A I don't know who was on that group at all. The only person that I may have asked how things were going, and that would just be in the passing in the office, was Frances Wrath.

Q Can I go back to bundle 40, please, and page 363? So, I'm not going

to go through all the minutes because we'll be here forever, and time is tight, but one of the things that's interesting about every single one of these minutes is you see how, if we go on to the next page after introductions, we get headed items and standing items on the agenda. Do you remember a standing agenda, that some of these issues would come up every time?

A I really, honestly cannot remember.

Q Well, I'm going to ask you one question, or we'll get there, which is to go to page 367. Do you see how there's a row at 7.08, the third row, "M&E Design" and then below that, "Structural Design"?

A Mm-hmm.

Q And then, 7.11, "Plant & Equipment". Now, M&E design, there is never anything in these minutes for M&E design.

A M&E stands for Mechanical and Engineering.

Q Yes.

A So, my personal opinion from what I'm reading in front of me is that these are things that would have been discussed and minuted and documented outwith this meeting. I cannot-- I cannot comment on why these things were in the

agenda at all.

Q But this was the technical design group. Wouldn't we expect to have these things discussed at the technical design group?

A Possibly, but again, I was an observer.

Q Well, you remember-- Well, let's look at the----

A Yeah.

Q Well, it's actually a draft, but we think it's the final version, which is bundle 30, page 50, which is the construction management table for the project as we think was approved in February 2010. I think this is attachment 6. Do you see how there's a coloured box at the top?

A Mm-hmm.

Q So, on the left-hand side we have the "Project Steering Group" and we have its membership, which is chaired by Alan Seabourne, then we have a "Project Management Group", a "Commercial Group", a "Construction Interface Group", and then we have the "Technical Design Group".

A Mm-hmm.

Q Now, you're not listed as a member of that group, but you did attend it.

A Yes, I was asked to attend it.

Q Yes. Do you see above the names of the people present is what its remit is? What I want to do is jump you to the fifth bullet on that list, which is, "Monitor design compliance with the ER's and CP's", and then a bit further on, "Manage any derogations from ER's and CP's". Now, why shouldn't we expect that group to have discussed a decision on which isolation rooms to put in or which sort of ventilation to have in a particular ward? Why is that not happening at that meeting?

A I can't comment. I don't know.

Q Did you ever look at this document?

A No. Okay. Now, what I'd like to do is to talk about user groups. So, I think I know what the answer is going to be, but I should just check. Can we go to your questionnaire? It's 3(b), so that's on page 352 of your statement, and you discuss the user groups and that you often attend it. You've explained at the top of page 353 that:

"Water and ventilation meetings were separate groups and not discussed in the user group meetings."

A Yes.

Q What I'm going to challenge

you about this is you've told us that Professor Williams was to be the person, and that you gave his name. The way you phrase it there sort of implies that you knew the meetings were going on. Did you know the meetings were going on, the Water and Ventilation groups?

A Well, I assumed the meetings were going on in parallel with the other meetings.

Q Why did you assume that?

A Because I was asked by somebody from Currie & Brown who they should invite to these Water and Ventilation meetings, and I gave Professor Williams' name, so that indicated to me that these groups were going to start.

Q Could you remember the name of the person at Currie & Brown?

A No.

Q Could it have been a Mr Hall?

A Thank you. Yes, it was.

Q Right, okay. Now, I'd like to ask a few questions about Currie & Brown and their role. We can take this off the screen. I appreciate it wasn't your field, but what did you think Currie & Brown were doing in the project when you arrived in April 2010?

A I didn't know. I asked the

question, and it was explained to me by two or three members of the Project team that they were basically controlling things, in the sense that, you know, they were keeping an eye on budget and spec, but, other than that, I really don't know their full remit.

Q Were you aware when you arrived of the involvement of any other external advisors to GGC?

A No.

Q Did you come across healthcare planners?

A Not personally, no.

Q A company called Buchan + Associates is sometimes mentioned?

A No.

Q Architect advisor?

A I met a few of the architects involved in-- in the design, yes.

Q But not from Nightingale, but another company called HLM. Did you come across them?

A No.

Q Did you come across an engineering consultancy called Wallace Whittle?

A I have heard that name, but I didn't have any direct interaction with them.

Q We've had some evidence

from Frances Wrath about the sign off of documents, the Room Data Sheets.

A Mm-hmm.

Q Did you have any involvement in that process where she would ultimately sign off 1:50s and associated Room Data Sheets?

A So, at the 1:50 meetings, everybody at that meeting, once they were happy with how that room was designed, signed, and that was everybody from the project manager, whether it was adults or children, and the clinicians, everybody who attended that meeting was asked to sign that this was the final decision regarding the design of a room.

Q Okay. Would you have been able to see anything about the ventilation from those drawings?

A No, and I wouldn't expect to because clinicians-- well, some clinicians, me, but this was just the basic, "This is your room and this is what's in it."

Q Would the Room Data Sheets have been on the table at these meetings, or just the drawings?

A I don't remember them being there.

Q Did you ever have occasion to look at Room Data Sheets?

A I did have a look at a couple out of interest.

Q But you weren't checking them in any way?

A Oh, no. No.

Q No.

A That would have been Frances and her team, the technical people.

Q Right. Now-- (After a pause) I'd like to understand a little bit more about what, in a sense, you were doing in terms (inaudible 14:24:29) evidence from the architect, Ms White, about a process which in very simple terms involves the setting of the requirements and then the construction of a series of staged version of drawings increasingly of greater, greater detail, during which user groups sign off. Apart from attending those user group meetings and signing off as a participant, do you have any other role in that process?

A No. So, the 1:50s was simply-- I would have to make sure that there was access to a clinical wash hand basin, that there was-- the clinicians, actually, primarily more, that there was going to be enough room around the bed to move to safely handle a patient. As far as things like the architect coming in and putting more detail, the architect would take

guidance from the clinicians and the clinicians would say, for example, “I need an electrical socket here. The bed head services need to be here. We need suction here,” because the clinicians were the ones that were going to be working in this room.

Q Right. So, an aspect of this of which I keep coming back to, I appreciate, but I’m just trying it in different ways, is the ventilation, and, in your statement on page 355 of the bundle, which is question 3(l), we asked you a question, and the context probably doesn’t matter at this point:

“Was there at time (and if so when and in what circumstances) when you were told or saw documentation that set out the Air Change Rate, Pressure Differentials or presence or absence of HEPA filtration for any part of the hospital?”

And you said:

“I was not shown these. These should have been checked by the technical specialists and Professor Williams.”

Now, it’s Professor Williams’ evidence that he was never asked and that, if he had been asked, all he would have said anyway is, “Follow the

guidance.” Did you ever have a conversation with him about the hospital that you were working on?

A I very rarely saw Professor Williams while I was working for the two years in the Project team. Even if I had been shown them, I (inaudible 14:26:48), I wrote that in my statement that, you know, that is my opinion. They should be checked by the technical specialists and, finally, Professor Williams to make sure that he was happy.

Q Who would be the technical specialists in this context?

A Well, in my mind, my personal opinion, it would have been a technical specialist employed by the Project team and the technical specialist-- by the team that were going to be building the hospital.

Q Do you know who the technical specialists were who were employed by the Project team?

A Apart from Frances, no.

Q Frances was a quantity surveyor.

A I didn’t know that.

Q You didn’t know that she was a quantity surveyor?

A No.

Q What did you think her role

was?

A I thought-- I thought she was project managing the technical side of things because-- and the reason I say that is because I would see a lot of people going and asking her for advice.

Q On what sort of issues?

A Technical issues.

Q Because her position is that she wasn't involved in any technical matters; she doesn't have the competence. Yes, the poor person making the transcript can't do "resigned shaking of head." What's your answer to that question?

A Sorry, sorry. I can't-- I can't explain that. Everybody had a great respect for Frances and her position in the Project team, but as for who should have been leading on it in the Project team, I cannot comment. I'm sorry, I don't know.

Q Right. I mean, I think I can see where this is going, but I think I need to put it to you. Now, this is a document that might well contain a signature, so we don't want to stick signatures on the screen because they end up on the YouTube feed.

A Okay.

Q So we'll just show it on the

screen that you and I and his Lordship can see, and then we'll work out what's going on before we put it up if---- It's bundle 43, volume 1, document 25, page 100. 100, please. Yes. So, this appears to be – we showed it to Ms Macleod yesterday – a document which-- what we might do is can we zoom into the top half? Now, I think at that point it's probably safe to go on the feed, and so what is this document, that you would think?

A So, that document is basically signing off where the rooms are going to be in the Haemato-oncology unit.

Q Right. Now, if we just take it off the feed, and we'll zoom out again, it seems to have your signature on it.

A Yes, because I was involved in placing furniture and things in the room----

Q So this is what this is about. This is an----

A Mm-hmm.

Q -- internal within the rooms process, is it?

A Yes.

Q But it's a 1:200 sign-off. Is it just placement of the rooms, or anything more than that?

A It's just the rooms as far as I'm

concerned. That's what I signed for.

Q Now, I'm not going to show it on the feed, but the signature above yours, whose is that?

A I have no idea who that is, but if this is for Haemato-oncology Children, it would be Mairi Macleod. If it was for Adults, it would have been Heather Griffin.

Q We think it's for Adults, so----

A Adults?

Q If you can't recognise it, that's fine.

A I don't recognise it, no.

Q If we take that off the screen, I'd like to look at another drawing that may contain signatures, which is bundle 43, volume 4, document 19, page 406. Now, what I want to do is to just look in the bottom right-hand corner. So, if we jump down to the bottom right-hand corner, you see it's dated 2 September 2009 is when it's drawn, and it's a floor plan. This is quite an early drawing in the process, 1:200. Would you have seen these drawings as part of your work?

A I would have seen the 1:200 layout, yes.

Q Right. If we can now jump top left-hand corner, do we see that it's written on it, "Haemato-oncology 1:200,

sign off… 7/5/2010." Do you think it might match to the document we've just looked at?

A Yes, it should, yes.

Q Yes, and, again, we see your signature.

A Yes, because it was agreed that's how the rooms were going to be laid out inside the ward.

Q Yes, and then we see we have-- the mystery signature is, seemingly, Heather Griffin because we have initials next to it.

A Right.

THE CHAIR: Mr Mackintosh.

MR MACKINTOSH: My Lord, our YouTube channel has gone down.

THE CHAIR: Right.

MR MACKINTOSH: Which causes excitement for a number of people who watch this and participate in the hearing. I wonder if we might have a short break----

THE CHAIR: Right.

MR MACKINTOSH: -- so that we can work out what went wrong before attempting to restart.

THE CHAIR: Right. Well, I'm not in control of the technology, and we'll see what we can do about it. (To the witness) So can I ask you to go back to the

witness room, and we'll keep in touch.

(Short break)

MR MACKINTOSH: My Lord, I'm pleased to say that it's back up. The offending box of equipment has been isolated and a new one has been inserted.

THE CHAIR: It's all right. Good.

MR MACKINTOSH: Thank you, my Lord. The technology is working again. I wonder if we can go back to that document we were looking at which still has signatures on it. So, you've signed it, and this is part of this process you've described where everyone in the meeting signs?

A Yes.

Q Yes. What I'd like my colleague with the technology in corner to do is to scroll upwards so the signatures disappear off the top of the screen and then zoom out slightly, a little bit further. That's perfect. Now, let's get the signatures off the top of the screen. There, a bit higher. Thank you. A bit more I think, to be safe. So, that means my colleagues in the back can now put this on the screen on the feed. Now, Ms Barmanroy, you've signed this drawing.

Am I right in thinking that the rooms that are in olive green, at that point, were going to be the adult Haematology Ward?

A No, the ones in olive green were going to be Renal.

Q Renal. Where was the adult Haematology Ward going to be?

A Well, at that point, I didn't realise there was going to be a Haematology Ward. It was in discussion as to whether or not the ward from the Beatson was definitely going to move over.

Q No, not the Bone Marrow Transplant Ward but the original Haematology Ward. Because we understand-- and maybe I got this wrong, so please correct me if I misinterpreted this. Our understanding is that in the original clinical output specifications, there was to be a Haematology Ward rather like there is in the North Sector too, and the Bone Marrow Treatment Ward was to stay at the Beatson. Then, in 2013, after you left, the idea was made to bring the Bone Marrow Treatment to the hospital. So, I'm talking about the old version of the Haematology Ward.

A Oh, right, so that would be the old Ward 24----

Q Yes.

A -- at the Southern. So, there is nothing----

THE CHAIR: Sorry, just so that I'm following this. The old Ward 24, now, that's not a reference I think I----

Q No, that's the ward in the Southern General Hospital we've not discussed.

A Yes.

THE CHAIR: Right. I'm with you now. You're referring to, essentially, the service.

A Yes.

MR MACKINTOSH: Could I suggest we stop for a moment to actually look at the key rather than asking you to do it from memory? So, if you take this off the YouTube feed, please, and go to the top right-hand corner of the drawing, and do you see how that olive green colour is tagged in the key as Haemato-Oncology Ward?

A Mm-hmm.

Q Now, the question I want to ask you is this, and do tell me if this is something you didn't know at the time, but had you reviewed the clinical output specifications for the hospital when you were appointed?

A I wasn't involved in that.

Q But did you read them before

you did your work?

A No, I was just invited along to the meeting.

Q Because, if we scroll this one a bit further down, and then a little bit off, the signatures go away in the top left-hand corner. Bit more. Thank you, which is now the signatures off the screen. One of the things that seems to be notable here is that the entrance to this ward, the green bit, between a room entitled "REN W009 Socialisation Space" and a room called "Cleaner", there is a single door. Had you read the clinical output specification for this ward?

A No. So, this-- I signed this off as Renal, and Renal would only need a single door in.

Q But the drawing says it's Haemato-Oncology and the clinical outpatient specification for Haemato-Oncology says it's HEPA filtered with a double door.

A Right, so see the other side that's greyed out?

Q Yes.

A Okay? There was talk of bringing Haemato-Oncology in there. Now, I don't know whether or not the colours changed after I signed it off, but the other side of that ward now is actually

Haemato-Oncology.

Q Yes, because the bit we're looking at that's in green is now Ward 4B, and the bit on the right-hand side is now Ward 4C.

A Oh, right, okay.

Q Or have I got that wrong?

THE CHAIR: Sorry, when you say on the right-hand side?

MR MACKINTOSH: Sorry, the bit that's in olive, my Lord.

THE CHAIR: Sorry, the bit?

MR MACKINTOSH: That's in olive colour.

THE CHAIR: Yes.

MR MACKINTOSH: The top left-hand corner of this image, the rooms that are all called REN W are in olive. They're tagged on the key of this drawing as Haemato-Oncology, and you've signed it. What I'm putting to you is that, if one looked at the clinical output specification, you would see this ward needs a double door, and there isn't one, and I wonder why that was?

A Haemato-Oncology in the old Southern General just had a single door. It was a locked door. If that was a Bone Marrow Transplant Unit, I would expect it to have an airlock.

Q Yes, but if we could look,

please – take this off the screen – at bundle 16, document 15, page 1595. We have the clinical output specification for the Haemato-Oncology Ward that's going to go into this hospital. It describes how it's going to have 14 inpatient beds and four day-case beds. If we go onto page 1604, we get to section 7. Next page. No, I'm going to get the right page. So, that's 16. Sorry, go to page 1597. Do you see how it says:

"As described, for the haemato-oncology ward there should be no opening windows, no chilled beams. Space sealed and ventilated. Positive pressure to rest of the hospital…"

Now, we understand that would require a lobby to work, but you didn't read this document?

A I haven't seen that, no.

Q Okay. We'll take it off the screen.

THE CHAIR: I should now have this at my fingertips; I don't. We've just looked at the clinical output specification of what now is 4C.

MR MACKINTOSH: 4C. Yes.

THE CHAIR: Right. When I have the opportunity of asking you, when we looked at the drawing with the olive indication of what is now 4B----

MR MACKINTOSH: That's what I understand to be the position, yes.

THE CHAIR: The greyed out area. Is that 4C or is that something else?

MR MACKINTOSH: That's now 4B as well.

THE CHAIR: That's now 4B as well?

MR MACKINTOSH: Yes, as I understand it. What I'm just checking with you, Ms Barmanroy, is when you're looking at that paper you understood it was a Renal Ward and you hadn't in any event read the clinical output specification for the Haematology Ward, probably because this was a Renal Ward?

A Yes.

Q Right. Would you have any knowledge about a decision made in 2010 to remove the HEPA filters from the Haemato-Oncology Ward?

A Sorry, I wasn't involved.

Q Would you get told of those sorts of decisions?

A No, I wasn't told.

Q If I could turn now to the HAI-SCRIBE of July 2010. Now, this does have signatures on it, and what we've done is we've created a redacted version. So, once we've checked the signatures, we'll show you the redacted version. So,

we're going to bundle 43, volume 3, document 18. Before we look at this in great detail, I wonder if you could tell me-- Document 18, please, page 1114, maybe go up one page. Yes. Let's take that off the screen for the moment. Can you explain to me what a Stage 2 HAI-SCRIBE is in the construction of a new healthcare facility?

A So, Stage 2, the HAI-SCRIBE document that was sent through in the bundle has changed quite a bit since that document came out.

Q You mean the format of it?

A Yes, the format has. So, Stage 2 is basically a checklist to make sure that, whether or not it's a new build or a refurbishment, that the items listed have been taken into account.

Q Yes, there's a series of rather generalised statements.

A Yes.

Q Yes. So, maybe what we should do is look at one of them and we'll talk through what's going on. So, if we start with some blank pages, just to confuse us, on page 111. That's the one, yes, and jump to the next page, another blank page, and then we jump to the next page. We see that there's a note there "Stage 1 - Completed for Outline

Business Case by Annette Rankin".

A Mm-hmm.

Q Now, might that be your handwriting?

A It is, and I noted that there because I actually asked the Project team, "Has anybody thought about producing a SCRIBE document for the new build?" I was reassured that Stage 1 had been completed, signed off by all the relevant parties, and that Annette Rankin, who was in post at the time, had dealt with Stage 1.

Q Had you seen the document?

A The fully signed off one?

Q Yes.

A No.

Q Because we can't find it, and that's why I wondered if you'd seen it.

A No, I hadn't seen it, and that didn't surprise me because quite often these things are filed separately, so I didn't see who else signed it off apart from Annette Rankin. I just trusted my Project team colleagues that had been----

Q Who in the Project team would have told you this?

A I was told by Hugh McDermid – I can't remember what Hugh's title was – and also by the project director Alan Seabourne.

Q Okay. I'm going to ask my colleague to take this document off the YouTube feed. We go on to the next page, which seems to be the Stage 1 completed, and then we go on to the next page, and that's the sign off page for the Stage 1. We'll go on to the next page. Now, is this the Stage 2 for the adult hospital?

A Yes. So, what happened was, when I raised the issue of an HAI-SCRIBE document, they said, "Jackie, would you mind confirming that all the statements are going to be or have been considered for the planning and design stage?"

Q So, who's "they" in this context?

A Sorry?

Q "They said", who is "they"?

A So, Alan Seabourne had asked Hugh McDermid to go through the document with me.

Q Right.

A So, that's how I managed to write in, for example, that comment "facility for filters on intake air" because I had to ask that because I'm not involved in ventilation.

Q Well, let's go to the end, and I'll just check the signatures and we'll

come back. So, jump a few, next page, next page, next page, next page, next page, signature block. So, have you signed it?

A Yes, that's my signature.

Q On 7 July. So, that's a few months after you arrived.

A Mm-hmm.

Q Who's the other signature?

A I'm not sure, but it was actually Hugh McDermid and myself that went through the document, and I remember handing that to him and saying, "Can you please make sure all the other relevant parties see this, comment, and sign it off and get it filed?"

Q So, who would be the other relevant parties?

A So, it would be the project manager for-- or even the project director, and it would be, you know, one of the managers for the Construction team. This is my opinion because, obviously, the Construction team would have to know what was expected of them when they built the hospital, and any other technical, relevant parties, and also Microbiology.

Q Okay. I'm going to ask my colleague with the documents to switch to the redacted version at this point because

then we can talk about it with the document visible.

A Okay.

THE CHAIR: It may be that Mr Mackintosh is going on to this, but could I just check a couple of things? Had you previous experience of the H-SCRIBE process and signing a document such as that?

A HAI-SCRIBE documents had not long been in use when I asked about it, but I did have enough knowledge to know that it was necessary to have an HAI-SCRIBE document.

THE CHAIR: All right. Was this the first such document you'd signed?

A Yes.

THE CHAIR: Right, right. Thank you.

MR MACKINTOSH: What I wanted to do was to look at this document back at the beginning, so if we go back five pages and stop there, brilliant. Now, as you can appreciate, I'm focusing on ventilation questions. So, 3.2:

"Is the ventilation system designed to fit the purpose given the potential for infection spread by a ventilation system?"

Now, did you tick the box?

A I ticked the box fully trusting that the Ventilation Group meetings that I

assumed were taking place and being given input by Professor Williams was going to ensure that this would happen. I also, obviously quite foolishly, assumed that it would be signed off by other parties once I'd done my bit.

Q But you've ticked "yes". Did you know that was true?

A I did ask.

Q Who did you ask?

A I asked Frances, I asked the project director, I also asked, you know, "Is everything going okay with ventilation and water?" and they said yes.

Q Who did you ask?

A Well, I asked-- was it David Hall, I think? David Hall.

Q David Hall, right.

A I asked Frances and I also asked Alan Seabourne, "Is everything going okay?"

Q So, Frances has said yesterday-- Ms Wrath said that she wouldn't have known and she wouldn't have answered the question other than to get information from Mr Hall. We'll ask Mr Hall and Mr Seabourne, but do you see there's a problem in that you tick the box, because you are certifying what you tick, aren't you?

A Yes, and that's obviously my

mistake for expecting other people to have reviewed the document and-- because quite often you'd sign things, send it around for comment, then everybody's signatures would be on it and it would be filed, so----

Q How are you even able to answer Question 3.2? You have no expertise in ventilation.

A I asked a question of my colleague, Hugh.

Q Well, why didn't you get Mr Seymour to sign it there and then first?

A I can't even remember if he was in the office at the time when it was being done.

Q No, but the point I'm trying to make is that-- what it seems to be describing is that you've filled the form in, ticked the answers – and I've got another question about the technicals in a moment – and then you've signed it. You've handed it to Hugh, he appears to have signed it, but that's where it ends, and you've certified under the HAI-SCRIBE process, that the ventilation system is fit for purpose given the infection spread via ventilation, and it's an area you do not have any expertise in and you've not seen any of the documents.

A I signed that because this is the planning and design stage, so I signed it and ticked it that the design would be fit for purpose, because Stage 3 with HAI-SCRIBE is when you get into the real detail of exactly what's going into the hospital, what they----

Q So, did anyone tell you that the contracts between the Health Board and Brookfield Multiplex, Brookfield Europe as it then was, provided that the single rooms in the hospital would have half the air change rate then being recommended in both the draft Scottish and the then in force English guidelines on ventilation? Did anyone tell you that?

A No.

Q Did anyone tell you that the bid documentation from Brookfield Europe stated that all isolation rooms will be built to what they called SHBN-04? It might be a reference to HBN-04 which is a particular type of isolation room which isn't suitable for all patients. Did anyone tell you that?

A No one told me, no.

Q Did anyone----

A And they wouldn't-- They probably wouldn't tell me simply because they knew I didn't have any expertise in ventilation.

Q Did anyone tell you that there was no one providing M&E advice to NHS Greater Glasgow at this point?

A I can't comment, because I don't know who was at meetings.

Q Yes, but you ticked the box. Now, let's go to the next question, 3.3:

"Has account been taken of the use of natural ventilation being affected by neighbourhood sources of environmental pollution as discussed in Development Stage 1?"

Well, are there neighbourhood sources of environmental pollution near that hospital?

A There's a sewage works just across the road.

Q And some industrial facilities as well?

A Yes.

Q And then there's also a waste management plant for refuse?

A Yes.

Q Yes. What have you written on the right-hand side?

A So, I wrote that-- I-- After asking the question, I asked Hugh-- I said, "What is being put in place to cover Question 3.3?" and he said that there would be filters on the intake air into the hospital, all of the intake air, not just for

isolation units.

Q What sort of filters?

A He didn't say, and, to be fair, I didn't ask because I didn't have the expertise.

Q So, would these be carbon filters or HEPA filters or-- What grades of filter? You don't know?

A I don't know.

Q Who is the person who's saying this?

A I was-- I was advised by Hugh.

Q Hugh McDermott?

A Yeah.

Q Okay. If we go on to the next page, you see 3.13:

"Is there satisfactory provision of isolation facilities for infectious or potentially infectious patients?"

Was there in the design at this point?

A Well, what-- I take that with the view of isolating a patient with MRSA or C. diff, because I wasn't directly involved in isolation facilities for high-risk patients or TB patients.

Q But it doesn't say that, does it?

A No.

Q So why tick it?

A I-- I ticked that because I

thought, well, the whole hospital is single rooms, we've got plenty of places to isolate, and I was also informed that Annette Rankin and Professor Williams had decided where the isolation facilities with the lobbies would be, and that had all been signed off prior to me starting with the team.

Q Did you see the minute of that meeting from May 2009 that says that for the adult hospital, albeit it's Dr Redding, not Professor Williams?

A No. No, I didn't see it.

Q So you didn't check the records?

A No.

Q Okay, we'll go to the next page. What investigation did you make in respect of 3.22, the water distribution system and the way it was set up and whether it had suitable secondary treatment mechanisms like chlorine dioxide or anything like that?

A So, again, I ticked hat because I was assured that this was all being planned in a separate water group.

Q Okay, we'll go on to the next page, please. Now, given that there ended up being an issue about the drains in Schiehallion Unit, bitterly many years later, what investigation of the drainage

system did you make in respect to 3.23?

A Well, again, I would expect-- My personal opinion, if you're part of the water group, water and drainage are linked, so that would be discussed and minuted in the water meetings.

Q So, the concern I have is that, if we go to the next page-- I'll just show you the Children's Hospital, so we'll continue on a bit further. So, next page, next page, and you've written-- Someone else has written, not you. Whose handwriting is that?

A I don't know.

Q Page 1125. Keep going, keep going, keep going. Now, is this your handwriting or somebody else's?

A No, that's my handwriting.

Q Yes, so----

A So, basically, I was asked just to, sort of, like, copy and paste for the Children's Hospital.

Q Okay, but they're different requirements, for example, on the next page, for isolation rooms-- page after that, sorry, for isolation rooms.

A But then Stage 3 of the HAI-SCRIBE would actually be more detailed for the specialist areas in-- in a hospital whether or not it was adult or children.

Q I understand that. The next

page. Now, I'm not going to go to the signature block, I'm looking nervously-- I'll take this off the YouTube feed. I don't know whether the next bit has been redacted. It has been redacted. Right, we'll go to the end of the signature block. Yes. So, I won't show the signatures; they are the same as before. Now, if we take that off the screen, can I take you to the same bundle, document 3, page 9? So, this is HAI-SCRIBE as it was in September 2007. If we go to the next page-- So, that's a couple of years before, and this was the first HAI-SCRIBE you did.

A Yes.

Q If we go to page 25 of the bundle, there are questions, "Development Stage 2: some points for consideration." This is for Stage 2:

"Have you reviewed the proposed construction or refurbishment plans? Have you reviewed the proposed ventilation system requirements?"

Did you do either of those things?

A No. I asked if these things had been done or were in the process of, but I didn't do it personally because I wasn't qualified to.

Q Right, because – if we can take that off the screen – ultimately, the

problem is this, or our problem might be this. This is the year before full business case. Now, I can't tell and I can't lead evidence as to whether the HAI-SCRIBE Stage 2 document actually got to the Scottish Government because the records don't seem to be available, but it doesn't seem impossible, given the way this system is constructed, that Stage 2 of HAI-SCRIBE isn't somehow related to full business case approval. I mean, I don't know whether that's true and I'll keep looking for evidence.

A I wasn't involved in the business cases. I don't what documents were----

Q No, I appreciate that. We'll ask people as the Inquiry goes on, but just for the-- we assume, for the moment, this question, that it is in some way part of that process. Is there not something quite dangerous in signing an HAI-SCRIBE without checking this yourself? Because people will rely, they will say in meetings, "There was an HAI-SCRIBE Stage 2." Even if no one else signs it, Mr Seabourne never puts his mark on the page, Mr Moir never puts his mark on the page, people will end up saying, "Oh, we've done one," and it becomes a tick-box exercise, literally, and mistakes are

not picked up. Is that not a risk?

A It can be a risk, but I would have expected-- I obviously have foolishly trusted that my other colleagues would comment, sign it, and file it, but that should have been flagged-- that should have actually been a red flag to whoever completed Stage 3 of the HAI-SCRIBE and, at that point, they could have come back and spoken to me.

Q Right, but then, at that point, the hospital would have been under construction?

A But it wouldn't have been too late because Stage 3 is very, very detailed. So, with Stage 3 you're actually saying, "In a ward, you're expecting this, this and this," and, for specialist areas, I would actually expect a separate HAI-SCRIBE because there's a lot more involved with ventilation and water.

Q I understand that, but-- I mean, you won't know this, but the break clause in the contract to build this £770 million hospital was at full business case.

A Was it?

Q So, if someone had looked at Stage 3 and worked out the ventilation was somehow not ideal, not in compliance with the guidance, they couldn't just have changed it all. The

opportunity would have passed. So, that's why I'm asking you, is it not a flaw that this document has been started and signed by you without checking?

A Well, I-- Yes, but at the same time, that was all signed before the foundations even went in, and the foundations-- even when the hospital was in the process of being built, that's when Stage 3 should have been looked at.

Q Right.

A That's when the nitty gritty of Stage 3-- So you've still got plenty of time to sort out any glitches with ventilation or plumbing at that stage.

Q Okay. Well, I'd like to move on. Now, I don't think I'm going to ask you that question, but I will ask you a general question about ventilation-- a series of emails. So, I wonder if I can take you to bundle 14, volume 1, at page 30. So, this is an email, seemingly from you, to Sandra McNamee in 2012, so this must be towards the end of your secondment.

A Yes. In fact, no, it was after.

Q Right, so what job were you doing at this point?

A I'm back at my normal Band 7 post as part of----

Q Where is that?

A -- the Infection Control team.

Q In which hospital?

A In the Southern General.

Q Southern General. So you're on site, but not really?

A I'm on site, but not part of the team.

Q Yes, and then what seems to be happening is Dr Inkster has sent an email to Craig Williams about the isolation room. So, if we go to the next page, we see that she's forwarded on an email from Peter Hoffman of Health Protection England----

A Mm-hmm.

Q -- saying that-- because she's asked a question at the bottom on 9 November 2012:

"I was wondering if I can ask your advice about isolation rooms. I have been shown plans for the new Southern General Hospital in Glasgow which includes a suite of isolation rooms with lobbies. I am not familiar with these rooms although I am aware they have put in new builds elsewhere. Is there any disadvantages to having them as opposed to the conventional negative and positive pressure rooms?"

We have a long answer for Mr Hoffman. Now, he – I think it's probably

fair to say – expresses some concerns about these rooms, and then on the previous page, page 30, that is then forwarded on to Craig Williams, copied to you. Now, why do you refer this to Sandra McNamee at this point?

A Because Sandra was my professional lead for Infection Control.

Q Right, and you say:

"This is the email I alluded to yesterday. I have to admit that I'm bit confused as this design was accepted before I joined the team and that Craig has been asked on numerous occasions to check issues that crop up. Craig and Teresa spent a lot of time with the tech guys and I specifically asked Craig what he wanted to go into detail, as well as the overall approach to ventilation and water supply. Brookfield have worked to the guidance."

Now, you told us a moment ago that all you did with Craig Williams was pass his name onto-- I think you might have said Mr Hall at Currie & Brown, but I can't----

A Mm-hmm, mm-hmm.

Q -- remember. This seems to be describing meetings you've had with Craig, or conversations.

A No, I didn't have meetings.

What happened was I went to Sandra with this, because there was a lot of talk going on about what was expected regarding the ventilation and, obviously, I was confused because I don't know anything about ventilation, and, you know, I asked Brookfield, one of the managers-- I said, "Are you sure you're working everything to the guidance," and they said, "Yes," and I said I'd diplomatically check, but my understanding, as you see there, was that they are negative pressure and that's when Teresa got involved with Peter Hoffman.

Q Yes, because they're not negative pressure rooms, are they? They're positive pressure ventilated lobby rooms.

A Mm-hmm.

Q I take it you know the difference.

A I do know the difference, yes, but I didn't know that's how it was going to go.

Q Yes, because we're trying to work out when people outside the Infection Control nursing team – that's the doctors, largely – learn which room is which.

A Right.

Q You get the impression from the emails that this might be the first point that Dr Inkster, who at this point-- I think he might be in the Glasgow Royal Infirmary, and Professor Williams begins to realise that these aren't normal positive or negative pressure rooms. One inference in that is that no one had told them.

A I can't understand that, because Michael Craig or a deputy that he decides to send, should have been at the ventilation meetings, so I can't understand why he would not----

Q What ventilation meetings? You don't know when they took place.

A No, I just assume they were running in parallel with the other meetings.

Q I appreciate that you don't accept the description of your job----

A Mm-hmm.

Q -- in that October 2014 paper that Fiona McCluskey wrote, but you were the only Infection Control person in the Project team. You'd accept that?

A I was in the Project team but, actually, Professor Williams was the Infection Control doctor for the Project team.

Q But he wasn't attending

technical meetings; he wasn't attending the Friday meetings.

A I didn't know that. Oh, no, he wasn't attending the project meetings and he wasn't attending the technical meetings, but I don't know whether or not he was attending ventilation or water meetings.

Q We've asked him about this---

A Yes.

Q -- and we may ask him again but, just because you're here, do you not think it was part of your job to flag things to him regularly and keep chasing him until he answers questions?

A Yeah, I could flag things to him, but I actually went to Sandra, because sometimes it was difficult to get hold of Craig because he was an on-call microbiologist, but that's assuming, of course, that things are flagged to me. So unless anything is highlighted to me, I'm assuming everything in the garden is rosy and the hospital is being built----

Q Yes. See, that's the thing I don't understand. I absolutely see how, as a 10-year experienced Infection Control nurse, you would be able to spot a problem around the layout of a room, choice of equipment in a room without any difficulty, and the materials and

things like that. That's your thing. I get that.

A Yes, but the thing is that what I signed off and what I looked at didn't have ventilation or water specs on it.

Q I suppose the example that we talked about when we got into the discussion about the olive colour and all that, and we can't really tell whether that was a renal ward at the time or whether it was a haemato-oncology ward, but it is at least possible that you were looking at a drawing that contained within it a clue that a mistake had been made.

A I would see a drawing with a lobby, but it wouldn't specify what kind of ventilation. That would be in a different schematic altogether.

Q How is the Infection Control team supposed to be represented in the process if you haven't got the technical skills to spot these problems?

A It would be microbiology.

Q You're saying that Professor Williams was in the process?

A Professor Williams was-- I was informed that Professor Williams was going to be the Infection Control doctor for the project, and that's why I gave his name to David Hall when David Hall said he was setting up meetings for ventilation

and for water.

Q He wasn't in the Project team in that sense. He wasn't based in the office, but----

A He wasn't based in the office, no.

Q Because he does, what, five sessions a week as an ICD out of his ten?

A I----

Q Well, that was his evidence anyway.

A (Inaudible 15:11.02) I can't remember.

Q So, he's got to be the ICD for the whole of Glasgow and Clyde, and you're the person-- I think we've probably done this to death, but would you accept that there's a possibility that things might get missed because you're not a ventilation and water expert, but you're the voice and the eyes and ears of IPC in unit in the team?

A What I would agree with, if I saw anything like-- this is a prime example, that I was concerned about, and I highlighted it directly to my professional lead because I'm not qualified to comment any further on it.

Q Now, the next question is – I don't know whether I need to send you

this – if I was to show you a room data sheet for an isolation room in the Schehallion Unit and was to point to you a reference to HBN-04, which is what's actually referred in Mr Hoffman's email, would you at the time be able to spot that was a thing that was worth looking at and understand it?

A If I'd been asked to look at it.

Q You could have done the investigation.

A If I'd been asked to look at it, I could have asked for technical input to explain to me what it was, and then I could have-- although I'm not an expert in it, if I had any doubts-- or at least I could have put it in an email to Craig to say----

Q But you wouldn't have, inside your own knowledge, the ability----

A No, I'm not----

Q -- to spot that it's an issue? Right, that's very helpful.

A No, I don't have that knowledge, no.

Q Take that off the screen, please. I want to turn to Horne taps as a topic. Now, on page 14 of your statement, which is bundle page-- I think it's page 363, and do you see in the middle of the page we ask you of your involvement in the decision to use Horne

taps?

A Mm-hmm.

Q You describe your involvement over the next few questions.

A Mm-hmm.

Q One of the things we didn't ask you about, because we didn't realise that you might have had some involvement in it, is a paper, which is bundle 43, volume 1, document 46, page 231. Now, we learned this morning-- No, page 231. So, this paper was produced. Ms McCluskey explained it's a joint production between you and her. Let's look at the next page just so we can get to the end, so you can see the whole thing. Keep going, keep going. Yes, well, back a bit. We'll go back to the original page. So, one more page back. Thank you. One more. So, Ms McCluskey has explained that she laid it out. It's her style----

A Mm-hmm.

Q -- but she suggested that-- well, her evidence is that you are the author of quite a lot of the paragraphs.

A So, (after a pause)-- Aye, unless she lifted anything directly from an email, because this was written a few months after I left the Project team, she probably----

Q Could you have done an earlier paper?

A No, I did-- I sent an email to say that I had been in touch, as it says in the statement, with neighbouring health boards, and the one health board that I did manage to find who'd installed the Horne taps were Lanarkshire. Lanarkshire had said they hadn't had any issues, and I just emphasised from the Infection Control point of view that whichever tap they decided to buy, it must be completely compliant with SHTM 64.

Q I want to just check that we haven't-- I don't think we've got the email, but I'm going to show you a couple just in case we can place it. So, the first one is bundle 43, volume 1, document 47, page 234. I don't think this is the email. Do you see how it's about a "Consultation: Guidance to minimise the risk of Pseudomonas…"? See that's the subject heading? So, you've sent it on to David Hall on 6 August, so this is after the paper's written, and you've obviously left the hospital-- the Project team at this point.

A Mm-hmm.

Q So this isn't the email that you're talking about?

A No. So, what happened was Sandra had approached me and asked how we'd come to the decision about the Horne taps.

Q When did she approach you?

A Oh, well, it would have been round about the time of this email because, as you'll see, I've written, "I need to get these to Sandra by Thursday." So it was simply a matter of I made phone calls; I got feedback from Lanarkshire; I fed it back to the Project team. The Project team, interestingly, said-- and it was actually David Hall who said, "We need to speak to Health Protection Scotland. There may or may not be an issue with these taps," and that was the last I heard of it. I was never invited to any other meetings about taps.

Q Because I'd like to show you a chief executive's letter in February 2012, bundle 27, volume 3, page 622. It's not very long, 27, 3, 622. It's not on the document list, which is why my colleague in the corner is hunting. Page 622. Thank you. So, this is a chief execs letter. Have you seen one of these before?

A I've seen a chief exec letter, yes.

Q Have you seen this one? A

long time ago, I agree.

A It was-- It was a long time ago.

Q Might take a moment to have a look at it.

A Okay. (After a pause) Yes, so this letter was highlighting the risk of pseudomonas with certain taps and that's what sparked Sandra to ask the question to me, and then I went back to----

Q Because the thing that's odd about this is that, as I understand it, this follows on from incidents in Northern Ireland----

A Mm-hmm.

Q -- where Pseudomonas may well have been involved in the deaths of some babies.

A Mm-hmm. I remember that.

Q Yes, and the Horne taps were seemingly involved in that. You're aware of that?

A No.

Q Okay, and the issue is that this document isn't mentioned in the paper that Fiona McCluskey laid out that she says you were involved in writing.

A Mm-hmm.

Q If we go back to that paper in bundle 43, volume 1, page 231, and we go to the second page, do you see how in

the middle of the document at "Benchmarking" a paragraph that says:

"The NHS Fife ICN recently attended a national decontamination meeting and met a colleague from Portandown who had been involved in the investigation Pseudomonas outbreaks in the neonatal units in Ireland."

Now, Ms McCluskey's evidence this morning when I put this to her at the end of her evidence was that you wrote this paragraph.

A I do not remember writing that paragraph. I did not know; I didn't know about any ICN talking about decontamination----

Q She says you might have met the ICN from Fife at a conference when you went to meet the Decontamination Society.

A No, I do not remember going to any conference whatsoever. What I do----

Q What I'm wondering is, why is it that whatever process is going on here in 2012, that ultimately results in the decision being made to accept Horne taps, hasn't mentioned the Chief Executive's letter?

A I can't comment because I

didn't write it.

Q But did your email exchanges that she was relying on – take that off the screen – did they mention the Chief Executive's letter?

A No.

THE CHAIR: I'm probably being a bit slow. I started from the assumption, which I think must be wrong, that you were an active author of that paper and indeed had made a visit to the Monklands hospital, but I just----

MR MACKINTOSH: That's what Ms McCluskey said in evidence.

A I hadn't been to Monklands hospital to visit.

Q Let me just double check her statement.

A I phoned; I phoned an ICN based at Monklands, but I didn't go to visit.

Q I'll just double check what her statement says. No, it wasn't Monklands, my Lord. It's----

THE CHAIR: Vale of Leven.

MR MACKINTOSH: It's Vale of Leven. Did you go to Vale of Leven? So, according to Ms McCluskey, page 334 of the bundle, she met with the ICN, you and she met with the ICN at the Vale of Leven hospital, and she provided you

with information to be given from Horne about the internal mechanisms of the taps.

A Oh, we met. We met with her----

Q You didn't go----

A -- but we didn't go to the Vale of Leven.

Q Ah, right, that's a misunderstanding.

THE CHAIR: Okay.

MR MACKINTOSH: Sorry, my Lord.

THE CHAIR: Right, so you had a meeting.

A I had a meeting.

THE CHAIR: Who was it from Vale of Leven, the----

A I'm trying to remember who covered the Vale of Leven at that time, such a long time ago. Who was there? It was Allyson. I can't remember who else, actually, it's such a long time ago, who was at the Vale of Leven.

THE CHAIR: Right. When it came to the physical writing up of the report, was that Ms McCluskey?

A Yes.

THE CHAIR: Right, and did you contribute any text?

A No, it was just written. My

contribution was, as Fiona would have said, I met with Fiona, and the ICN from the Vale of Leven. I phoned Lanarkshire. They told me they didn't have any issues. I emphasised that whatever they, you know, decided on, that it had to be SHTM 64-compliant. In fact, there's a Horne tap in use at the Sick Kids Hospital at Yorkhill. There hadn't been any issue, and then David Hall said, "Oh, there might be something we need to discuss." He didn't go into any detail with me, but in the passing he said, "We're going to discuss something with Health Protection Scotland before we install these taps." And that's the last I heard of it.

MR MACKINTOSH: Because the problem-- you can take it off the screen. The problem might be that in 2012, some form of process is carried through, which results in Fiona's paper, and a decision is then made to go ahead with these taps, and Fiona's paper doesn't contain a reference to the Chief Executive's letter. It doesn't contain reference to the Pseudomonas guidance, which arrived a few weeks later. It does mention Northern Ireland, and it's written by an experienced nurse consultant with no knowledge of Infection Control, i.e. Ms McCluskey, with contributions from an

experienced Infection Control nurse, in the case of you, who has no expertise in water.

A Mm-hmm.

Q Yet, however many thousands of these taps are bought for the project, and then in 2014, there's a meeting we ask you about, which you didn't know about, where there's a big debate about whether to keep using the taps.

A Right.

Q Horne is there, and HBS is there, and HFS is there, and GGC is there, and even Dr Walker, who's an academic with interest in this field, is there. There's a big discussion and eventually they decide they are going to use them under certain conditions, but the opportunity not to buy them was in 2012. Do you see that there might have been a weakness in a decision being made involving research by non-experts in the case of you and Ms McCluskey?

A No, I can-- I can see your point, but I didn't know they were going to be bought.

Q Well, why were you having the conversations?

A I was just asked. I just took instruction from Fiona to phone around the health boards. Obviously, somebody

must have said to Fiona – she didn't say – that this is a tap they were thinking about buying, so I made a few phone calls, and I said, "Lanarkshire's using it, they've reported no issues, and in fact there's one in Yorkhill," and I went to have a look at it, and the nurse-- I can't remember which ward in Yorkhill. I went and had a look at it, and the nurses liked it and there was no issues.

Q But the fact that the nurses liked it may be a factor, but it's not the most important factor, is it? Isn't it whether the tap can be a residue and growing grounds for Pseudomonas? That's the question, isn't it?

A No, absolutely, absolutely. I do remember being told by Richard Fox, who was the gentleman I spoke to at Lanarkshire, that his Estates department loved the Horne tap because it meant that you could disinfect and replace the thermal mixing valve without having to take the panel off behind the sink etc., and it's something they could do directly with the tap. So, the Estates department in Lanarkshire loved it, and Richard Fox said, you know, they haven't had any issues.

Q Right. Did you end up working at the Queen Elizabeth after it opened?

A I did. I was there when it opened in 2015.

Q Have you any awareness of whether such a decontamination programme was started by the Estates department. No. I want to turn to some other emails after you left the team. This is a Frances Wrath email to you on 5 May 2015, so it's bundle 12, document 132, page 936. So, if we start at the top, it's an email to Annette Rankin from Tom Walsh, but let's go a bit further down the bundle. Yes, if we go to the bottom, before we jump over the page, we see the original email is to you.

A Mm-hmm.

Q In fact, what's happening is someone's forwarding your email on, that's a better way of putting it. So, 2018, Tom Walsh is emailing Mary Anne Kane, and eventually she's going send it to the Scottish government, but one of the emails about commissioning records that he sends is your one. Well, it's to you from somebody else, and it's on 5 May 2015, over the page, and Frances is saying:

"Hi, Jackie

… All the areas have been commissioned in line with the contract ER's and all legislative requirements.

The Board's Estates Team have access to all commissioning data and any specific questions are better addressed to them."

Why were you asking that question?

A Oh, I distinctly remember Sandra asking me to check with the Project team that all the necessary commissioning had been done, and she said, you'll know who to speak to, and I went to speak to Frances----

Q That's why you sent the email to him.

A Yes.

Q Did Sandra or anyone ask you to find out whether the ventilation system had been validated?

A No.

Q Do you know what the difference between validation and commissioning is?

A No, no.

Q If we can go to page 370 of the statement bundle, we're looking at question I. We're asking you about Ward 2A at this point. In fact, let's start at the top, at G. So, Dr Peters is on a tour around the campus with people, including you, and she must have been new to the hospital at that point.

A I can't remember when

Christine started, but yes, she would have been relatively new.

Q Yes, so do you see how you're describing what you said to her in the answer to A:

"I was on a tour with other infection control colleagues and have a vague memory of this. My action would have been to highlight what was noted by Dr Peters during the tour to the Project team. I informed Dr Peters that the group responsible for the sinks would have had access to SHTM 64 and have been guided by Professor Williams."

A Mm-hmm.

Q When were they guided by Professor Williams?

A Well, there, again, I gave his name for the water group meetings.

Q But that's not the same as being guided by Professor Williams. I mean, you could have said, "When this subject came up I gave someone Professor Williams' name; I have no idea whether he did anything." But what you're telling us here is that you said they had been guided by him. Did you know they had been guided by him?

A No, I expected them to be guided by him, so that's probably in the wording, but I answered that because I

referred Christine Peters to Craig Williams to discuss it.

Q Look at (i) towards the bottom of the page. You're asked about HEPA terminals not being present in Ward 2A's isolation room, and you became aware of it because your concerns for the patients:

"I also could not understand how this would not have been picked up at the time of validation/verification and commissioning. I would expect the technical experts responsible for the build would have done a hand over and sign of the Board/s technical experts."

A Mm-hmm.

Q Well, again, who were the Board's technical experts?

A I couldn't name them.

Q Did they have any?

A I would expect so, yes. I mean, this-- My answer is you asking me as a layperson on an ICN with no ventilation or water expertise, that if you're handing over a new building, that whoever puts in the ventilation and water says, "Here's all your specs. This is what we've put in. It ticks the boxes for the guidance." And then, the Board would check.

Q Okay, thank you. What I want to do is go back to the paper from

October 2014, and the list, so that's bundle 27, volume 8. It's actually page 42, the last page, it's the last entry. Do you see how here there's an entry, "Ventilation- Lobbied Room specification – MDRTB patients"? You're not listed. It's Williams, Inkster, Joannides, McNamee, from September '14. What I just wanted to ask you, this question is, when you were seconded to the team, was there ever any discussion about the appropriateness of using lobbied ventilation rooms for MDRTB patients when you were in the team?

A No, no discussion.

Q No, okay. Now the final document I want to show you is Mr Seabourne's email, 23 June 2016, which I'm basically showing to every member of the Project team because-- and it's in bundle 12, document 104, page 813. Now, I take it you haven't seen this till we put it in your document list. Did you have a chance to read it?

A I did, yes.

Q Now, having read the whole thing, is there anything in there that you would agree with, disagree with, do you agree with it? How accurate do you think it is as a report of the involvement of Infection Control in the project?

A Well, it's difficult because I haven't seen the SBAR. This is mentioned----

Q Right, so the SBAR is a single-page document which deals with the consequences of the air change rates being too small.

A Right, so I don't know about that, yeah, okay.

Q It's more the narrative section that I'm interested in pressing you on. So, you see, for example, the third line:

"Also, no matter what the infection control people say, they were involved in every aspect of design, and the member of my team responsible for infection control, Annette Rankin was the person responsible at design, dialogue, and evaluation for ensuring that appropriate liaison and communication the Infection Control Department and Microbiology was carried out effectively."

Now, I accept the fact that you're not Annette Rankin.

A No.

Q But if it's the case that he's got you confused with Annette Rankin, did you do any of that stuff?

A No.

Q No. Then it says:

"To this end, Infection Control and

Microbiology, along with Annette, were party to the sign-off of all design matters and impact on patients including the environment. There was no instance during the whole project timeline that I can remember when I was informed it did not occur. Also I will confirm the Facilities Management were involved."

I won't read any further. Again, the sentence there about Annette, if it is the case that he's getting you confused with Annette Rankin, did you do what he's saying she did?

A I didn't sign anything to do with ventilation.

Q Right. Now, if we move-- Sorry, please don't jump to the whole document because I'm going to (inaudible 15:34:24) around. If we move to the third paragraph, you see there's a paragraph that begins:

"There was no reason for the decision on ventilation to be made without the input and approval of those responsible for Infection Control and Facilities."

Was the decision on ventilation made with your approval?

A No, I wasn't involved.

Q The next thing is there's a paragraph, the penultimate paragraph,

which makes reference to a temperature issue around 26 degrees that we understand might have been part of the reason for the ventilation decisions being made at a high level. Did anyone discuss with you about maximum temperatures in these buildings and 26 degrees at any point?

A Well, I wouldn't be involved because that's not an Infection Control issue, temperature control.

Q All right, okay. Over the page, please. I think that's probably everything I want to put to you about that, unless there's anything in there that you feel you want to comment on that I haven't asked you about.

A (After a pause) I mean, because I can't comment for what Penelope Redding (inaudible 15:35:46) or anything like that.

Q No, I understand that.

A So, no, I can't comment on anything else, yeah.

Q My Lord, I've asked all the questions I need to ask of this witness, but it may be that some of our colleagues have questions, and the core participants.

THE CHAIR: Yes. What I need to do now is give Mr Mackintosh the opportunity to check if there's any

questions that anyone else wishes to ask, so if I could ask you to return to the witness room and we should be back here in about ten minutes.

A Thank you.

(Short break)

THE CHAIR: Mr Mackintosh.

MR MACKINTOSH: I have a handful of questions I've received. So, my first question, Mrs Barmanroy, is relates to the HAI-SCRIBE process that you went through. Now, obviously, it was your first one, you explained, the Stage 2 HAI-SCRIBE for the hospital.

A Mm-hm. Yes.

Q You're nodding, for the unfortunate person making the transcript. So, yes?

A Yes.

Q Yes. Did you receive any support at that point from either Sandra McNamee or Mr Walsh when you were doing that project? Did you seek advice from them?

A No, simply because I didn't realise I was going to have to check my colleagues' work. I just entrusted that everybody who'd signed off Annette's

previous Stage 1 would check my work and sign it off, so I didn't contact----

Q Have you seen who'd signed the previous one?

A No.

Q I mean, what's to think that the previous one didn't just have an Annette's signature on it and nobody else-- no one else had signed anything?

A No, I entrusted that everybody involved would have signed that one off for Annette.

Q It's because one of the-- I get impression-- and you must stop me if I've got this wrong, my impression of your evidence is that you assumed-- at one point you put it that everything in the garden was rosy. You constantly assume things are good when, in fact, you don't check that they're not bad.

A Well, a prime example would be the water and the ventilation meetings because, if-- I would have expected somebody from technical to either approach Sandra to ask, "Why is there nobody from infection control in the meeting?" Or even tap me on the shoulder to say, "Could you give somebody from micro a shout because we've not had anybody at the last couple of meetings?"

Q Because even if you're right about that October 2014 paper about the scope of your work, you're still the only voice from Infection Control actually named in the team. Is there not something a little dangerous about assuming compliance rather than checking or reminding or chasing or telling your bosses that there's a problem?

A Well, again, as I said before, the reason I assumed that the water and the ventilation meetings were going well was because nobody told me otherwise. Otherwise I could have highlighted it to my boss, I could have highlighted it to Sandra.

Q Yes, but if there were no meetings at all, that would be the same signal, wouldn't it?

A Yes, but unless they told me there was no meetings, I couldn't have done anything about it. I couldn't have highlighted it. I couldn't have escalated it.

Q So, at one point you mentioned the idea of technical specialists coming from the contractor side to get involved. Was there anyone from the contractor side providing advice on the clinical matters?

A No.

Q No. So, the only clinicians in the user group process were the actual customer clinicians, you, Fiona and sometimes the doctor?

A Yes. So, on a normal user group meeting, there would be project manager, adult or paediatrics, it would be myself, there would be Fiona, there would be Karen Connelly from Facilities and is-- representing Facilities and Estates, and there would be-- medics would be invited, there would be the lead nurse or the general manager for that specialty, senior charge nurses, anybody who would be working, even physiotherapists and things like designing gyms, because these are the people that are going to use the end product.

Q Who were the people who, as far as you understood it, were providing clinical input into the technical meetings?

THE CHAIR: Sorry, could you ask that question again?

MR MACKINTOSH: Who, as you understand it, were the people providing clinical input into the technical meetings that you understood were taking place?

A The water and ventilation?

Q Mm.

A Either Professor Williams or a deputy.

Q So, it would only have come from an ICD?

A Yes, because-- Well, I personally couldn't comment on anybody else that I know that has that expertise in water and ventilation from the ICNs.

Q And if we go back to bundle 30, page 50, and we look at the technical design group, and I appreciate it didn't do much technical design, the only person on that list with any form of clinical experience is the Infection Control supervisor or voice, isn't it?

A Yes, but Fiona McCluskey quite often attended that as well.

Q Okay, so there's just the two of you?

A Yes.

Q Thank you. You can take that off the screen. A number of times you seem to suggest that you've asked, "Is everything okay with ventilation and water?" Why would you ask that question if it wasn't within your responsibility to ask that question, to be involved in ventilation and water?

A So, what happened was there was what's called a lead nurse meeting. So, the lead nurses from all the sectors would meet with Sandra Devine on a weekly basis and on the odd occasion

Sandra would invite me along to basically update them on anything I've been attending, if they wanted to ask any questions, if I had any CAD drawings to show them to give them an idea of what the rooms etc. would look like, and sometimes Sandra would just say to me, "Can you just ask is everything going okay with water and ventilation?"

Q And she would never explain why she was asking that or what was worrying her?

A No, and I wouldn't ask because she may not want to tell me. I mean, she's my boss, I just candidate my instruction.

Q Yes, but let's imagine she's asking that question for a reason and she thinks there's something that's not right or she's heard a rumour or she's just worried that she hasn't heard something from something, surely your inquiries would be more effective if she told you what she was interested in?

A Yes, but I can't answer why Sandra wouldn't tell me the reason.

Q But you can ask her for the reason. Why didn't you?

A I just didn't feel it was my place.

Q But you're the only voice of

Infection Control in that Project team so if you don't raise it, it doesn't get raised. Isn't that the position?

A Well, I did raise it and then of course I was told, "Yes. Everything's fine."

Q But what I'm trying to say is it's not a very detailed question. Let's imagine-- and I don't know why this happened, let's imagine there's a point when Ms Devine has this concern that there's an issue about a particular ward and she knows it's Ward X and Room Y and there's a problem and she's heard a rumour from someone who's come back from a user group meeting perhaps. If she sends you to ask, "Is it okay with the water and ventilation?" you are much less likely to give her a helpful answer than if she says, "Is there something wrong with Ward X?" or, "Can you look into this issue that I've mentioned?" Why wouldn't you ask her for details?

A If Sandra had a concern about a particular ward, Sandra would have told me.

Q So, what's the point of asking you about, "Is the water and ventilation okay?"

A I just took it that it was just a genetic interest, you know, "Is everything

all right?"

Q Should the answer not have been, "No, it's not because I've heard nothing about water and ventilation since I arrived apart from someone asked me for Professor Williams's name." Wouldn't that have been a better answer?

A Well, I would disagree because Sandra wouldn't expect me to be involved in water and ventilation so she wouldn't expect me to have any input or, you know, sort of information.

Q So, why would she ask you to find the information out if you have no involvement?

A I don't know.

Q All right----

A There may have been something else worrying her, but she didn't disclose that to myself.

Q Is there anything that you now think on reflection that you should have done differently in your role as a secondee to the Project team?

A Oh, absolutely. Okay, one of the biggest things is the HAI-SCRIBE. I didn't feel comfortable checking my colleagues' work. I trusted my colleagues to have reviewed that SCRIBE and signed it off and filed it. I didn't feel it was my place to review Stage 1 simply

because Annette Rankin was a far more experienced ICN than myself and I just trusted that everything was in place, but if I had my time again, I would definitely have followed that up.

Q Okay, I don't think I have any more questions, my Lord, thank you.

THE CHAIR: I wonder if I can just ask you a little bit more about the HAI-SCRIBE. Now, as you rightly said, the HAI-SCRIBE document which was applicable in 2009/2010 was the June 2007 Health Facilities Scotland Note----

MR MACKINTOSH: We can get it on----

THE CHAIR: -- SHFN30. Now, I think I'm right in saying it was published in at least two parts. Had you read either part of SHFN30 before you completed the pro forma?

A I knew of it but I hadn't read it in any great detail.

THE CHAIR: All right, so you were an experienced infection prevention and control nurse, and it was not part of your general learning.

A No, because HAI-SCRIBEs, in the history of infection control, are relatively new documents so there was a task force set up for the HAI-SCRIBE documents, which were primarily Estates

documents. These are not held by infection control. Infection control's input is to look at the planned piece of work and to give advice on how best to protect patients if they are in or around the area of the work.

THE CHAIR: Can I try and understand the mechanics of you going through the checklist?

A Mm-hmm.

THE CHAIR: First of all, the checklist is set out in Part 2 of SHFN 30, but as I understand it, it's probably available in papers apart. Did you have a pro forma in front of you that just included the checklist questions or the set questions or did you have something else?

A No, it was just the actual Part 2 itself.

THE CHAIR: Did you have all of Part 2?

A No, just a list of questions.

THE CHAIR: Right. Because Part 2 has introductory text. You did not have the introductory text?

A No, what I was given is what I've been shown on the screen.

THE CHAIR: Right, and should I imagine you physically sat down with Mr McDermott?

A Yes.

THE CHAIR: Do you have any documents available to you?

A No.

THE CHAIR: As far as you can remember, can you just speak me through what you were doing as you checked off that list and what you were doing and what you were thinking?

A So, as I said previously, I actually asked a question because it just occurred to me one day, "Is there an HAI-SCRIBE document for this?" So, Part 1, as you'll see, is that you have to take into account the area around your new building. So, that's things like environmental factors, topography, things like that. Part 2 is making sure that when you're planning and designing the building, that all these things that I've ticked off will be taken into account.

Stage 3 is what I call the nitty gritty, where the actual-- it would be-- well, whoever is doing the work, they would have a named project manager, what was going into this ward, what ventilation, what knock-on effect there might be to the surrounding area, although, having said that, this was new build, so, you know, there wasn't any issues one ward to another. And then all the fine detail

goes in there, and then, in Section 4 which is when the hospital is built, that's when you do what's called "the snagging" to make sure that everything meets the standard previously agreed.

THE CHAIR: Right. When you've used the expression "parts", you've been referring to stages.

A Uh-huh.

THE CHAIR: And what you were sitting down with Mr McDermott to do was go through the Stage 2 questions.

A Yes, to say, "These are all the things that have to be taken into account with planning and design."

THE CHAIR: At that moment in time, had you ever seen the Stage 3 or the Stage 4 questions?

A No, because it was too early in the process.

THE CHAIR: Right.

A So, this is----

THE CHAIR: Just bear with me. We have a moment in time when you have in front of you the Stage 2 questions in a pro forma with no introductory text.

A That's correct.

THE CHAIR: You do not have the Stage 3 questions.

A No.

THE CHAIR: You've probably

never looked at the Stage 3 questions----

A No, not at that----

THE CHAIR: -- or the Stage 4 questions.

A No.

THE CHAIR: Right. So, what did you think you were doing as you ticked off the boxes?

A That I was giving my input as an Infection Control nurse for the Project team, because there was lots of questions on that list such as to ensure that what was put into the hospital could be easily decontaminated and cleaned. It wasn't just ventilation and water. It was also things to ensure that toilets, wash-hand basins would be suitable for use and cleanable. That's one of the questions in there.

THE CHAIR: But I think the questions that Mr Mackintosh drew your attention to were, for example, "Is the ventilation system fit for purpose?"

A Mm-hmm.

THE CHAIR: So, what was going through your mind when you ticked that?

A What was going through my mind was I ticked it because I assumed that these ventilation and water meetings were carrying on in parallel and that it was all part of the planning for the new

build, because, at this stage, Stage 3 of the HAI-SCRIBE had not been detailed, which means that there would have been chances to change things and that the minutes from the Water group and the Ventilation groups that I'd met would have been able to feed into Stage 3 for extra information.

THE CHAIR: Had you had any discussion with any colleague prior to filling in the questions?

A Well, just apart from, "Are things going okay with water and ventilation," I was just----

THE CHAIR: Sorry, "Just apart from"----?

A Apart from asking about the water and ventilation, because that's how I managed to write about the filters to the external air, because one of the concerns was the sewage works and the recycling plant near this new build, and I asked that question and they said-- Well, Hugh said, "It's okay, you can write in there will be filters filtering the external air before it goes into the main building," so that's why I wrote that comment.

THE CHAIR: Had you received any training in the use of the HAI-SCRIBE tool?

A No.

THE CHAIR: No?

A There has been subsequent training, because obviously it's a document that is used very regularly now.

THE CHAIR: Have you had occasion to do subsequent HAI-SCRIBEs?

A Just for Stage 3.

THE CHAIR: On this project?

A No. I didn't-- I didn't get-- That was the only part of HAI-SCRIBE I was involved with.

THE CHAIR: Sorry, bad question. What I meant was you've only done Stage 3, but you've done it in relation to other work?

A Yes.

THE CHAIR: Right.

A But that's the only Stage 2 I've ever done.

THE CHAIR: I take it that's using the October 2014 version, the subsequent version of----

A Yes, the newer-- the newer version, yes.

THE CHAIR: Right.

A And we've had-- we've had training on the SCRIBE since then.

THE CHAIR: Right, yes, but none prior to this occasion?

A No.

THE CHAIR: Thank you. Anything arising?

MR MACKINTOSH: One thing, I think, just does. For completeness, I wonder if we can put on the screen bundle 43, volume 3-- actually, page 16, which is part of document 3 which is the SHFN 30. Now, you just said you hadn't read this before you signed the HAI-SCRIBE.

A Uh-huh.

Q Had you read this version before it changed? I think it changed a few years ago, 2014. Were you subsequently someone who had read this document?

A Not for Stage 2, because Stage 2 ICNs are very, very rarely involved in----

Q Right. Well, I want to just take you through this document because I think it's important to put this to you. So, if we go back to the start, which is page 10, and what we'll do is we'll go to page 11, which is the index, and what we're going to do-- notice the structure of the document.

A Mm-hmm.

Q Do you see there's a section called-- on page 4 of the document, which-- we'll not go there yet, which is at

page 15, which is "Rationale and purpose." We'll go to that in a moment. We'll also go to, "Who should implement HAI-SCRIBE," "The members of the team," and "5: Getting Started." Now, I appreciate you hadn't read this at the time, but I think, for fairness, I should put it to you. So, if we can go to page 15, please. Go back one page. So, do you see how there is section about-- Can we go back to 13, actually? Yes, the rationale. Do you see how the rationale is:

"... to maintain a safe healthcare environment and to minimise the risk of HAI through assessment and planning, prior to and during, new build and renovation projects..."

Do you see that taking matters on assumption might not really be consistent with the rationale of it here? You need to check stuff.

A No, I can absolutely see your point of view but, once again, I'll just reiterate that I-- well, first of all, I didn't feel comfortable and I didn't feel, at the time-- I felt I could trust my colleagues to have completed their bit which is obviously a mistake I will not make again.

Q Yes. I wonder if we can look at the end of page 14, the bottom half.

Now, this is who should implement HAI-SCRIBE. It describes it in 2007 as a "multidisciplinary professional team". Do you see that? You weren't having a multidisciplinary meeting about this. It was just you and Mr McDermott. What's his background?

A Hugh works for the Estates but I don't know fully his background.

Q Right, so there's at least two different functions in there. If we go on the next page, we have the membership of the team, and I think your answer is that the only people who were in that meeting, as it were, was an Infection Control specialist----

A And Estates.

Q -- i.e. an Infection Control nurse advisor, which is the fifth bullet point, and somebody from Estates/Facilities manager. No one else was there.

A No.

Q No. Am I right to understand that you initiated this process? It wasn't that someone said to you, "Oh, we must do one, let's get Jackie to do it"? You're the one who went, "We ought to have one of these"?

A I asked about the SCRIBE and, within an hour, Hugh was sitting

beside me with this document, so I don't know whether or not I'd set the hares running-- I don't----

Q There certainly wasn't a meeting involving all these people.

A No, absolutely not, and an HAI-SCRIBE now, I wouldn't even consider reading unless all of the information is in from the technical people. So, I am primarily involved, as many of my colleagues are, in what I would class as Stage 3 SCRIBEs, and we expect all the technical information, regardless of whether or not it's an outside contractor or internal Estates, to be involved and detailed in that SCRIBE, and then we would go through it with the Infection Control doctor and ask questions and put in guidance regarding safety for patients.

Q I think there's other evidence that's not related to this session today, but I think I need to put it to you. There's some suggestion that's been in evidence in the previous Part 3 hearing that there is sometimes an approach in NHS Greater Glasgow of Estates completing SCRIBEs, often for ward scale work, and then placing them in front of an ICD who hasn't been involved in the project and asking them just to sign it without

checking things.

A Yes, I have heard of that happening.

Q Yes. Is that a common practice that you've come across, or is it an unusual practice?

A It used to be common, but Infection Control dug their heels in and just refused to sign anything until it was done appropriately, and now we ask for two weeks' notice before, you know, they start any work, because sometimes it can take a while to get everybody around the table to actually go through the document.

Q So, now are there actual meetings taking place of all the people involved around the table rather than just giving someone a document?

A Oh, yes, uh-huh. I mean, after this project, you know, it's now common practice for, you know, the health board that I'm in now, and also Glasgow where I used to work, that we just tightened things up with Estates and said, "No, we can no longer"----

Q Which health board are you at now?

A I'm at Lanarkshire now, NHS Lanarkshire.

Q Right. I think that's probably

all that I need to pick up there, my Lord. I hope that's all right.

THE CHAIR: Well, unless there's any further questions from the room arising out of that----? Right, I'm getting a universal "no" to that question. Mrs Barmanroy, you've had quite a long afternoon, so thank you for your evidence this afternoon, but also thank you for the work that went into completing your answers to the questionnaire which provides us with a written statement which is another important part of the evidence before the Inquiry. You are now free to go. Thank you very much.

A Thank you.

(<u>The witness withdrew</u>)

THE CHAIR: Now, tomorrow the plan is that Mr Connal takes the evidence of Ms Kane, and that evidence is being taken online and is not being immediately published on YouTube.

MR MACKINTOSH: Yes, so the evidence of Ms Kane will be taken remotely and Mr Connal will deal with the arrangements in the morning for that, but there won't be a YouTube feed tomorrow. We've taken some special measures in respect to that witness and so it won't be

possible for people to watch the YouTube that day. We will attempt to put it up relatively quickly once the evidence session is completed, but it won't be live.

THE CHAIR: Right. Well, I think the plan is to sit again at 10 o'clock, and if I could wish you a good afternoon, we'll, all being well, see each other tomorrow.

(Session ends)

16.33