Scottish Hospitals Inquiry

Witness Statement of

John Redmond

This statement was produced by the process of sending the witness a questionnaire with an introduction followed by a series of questions and spaces for answers. The introduction, questions and answers are produced within the statement.

Personal Details and Professional Background

1. Name, qualifications, chronological professional history, specialism etc – please provide an up-to-date CV to assist with answering this question. Please provide details of your role working for Capita Symonds Limited who became Capita Property and Infrastructure Limited (hereinafter referred to as 'Capita') during the time Capita were appointed as NEC3 Project Supervisor in respect of QEUH/RHC, providing details of when you started and left this role, your responsibilities.

A. Name: John Redmond

Qualifications:

2004 Scottish Qualifications Certificate

Introduction to CAD for Construction.

1993 Direct exams with the Chartered Institute of Building.

1992 Direct exams with the Association of Architects and Surveyors later became the Chartered Association of Building Engineers.

1983 Higher Building Certificate in Law Relating to Building.

1983 Higher Building Certificate in Economics Relating to Building.

1980 Clerk of Works Final Part II.

1979 Higher National Certificate in Building.

1976 Ordinary National Certificate in Building.

Professional History:

From 1973 to 1979 employed as a Clerk of Works with the Scottish Development Agency Supervising small works and maintenance of industrial buildings in Central Scotland.

From 1979 to 1987 gained property management experience working as a Technical Officer at Parkhead Housing Association and as a Maintenance Manager at Yorkhill Housing Association. Projects included tenement rehabilitation up to (£2.5m).

From 1987 to 1988 I was employed as a Building Surveyor with the Automobile Association based at their headquarters in Basingstoke involved with the surveying and refurbishing of retail outlet property throughout the UK.

From 1988 to 1989 employed as a Building Surveyor with Spiers Parnie and Adams and was involved in tenement rehabilitation work, dilapidation, property surveys and providing maintenance advice to clients.

From 1989 to 1992 joined Calder Ashby Chartered Building Surveyors and was responsible for a £1.5m various works contract at Jordanhill School and a variety of other projects including re-roofing, refurbishment work, dilapidations, structural surveys and condition surveys.

From 1992 until 2003 I was employed as the Building Surveyor with Strathkelvin Council/East Dunbartonshire Council. I provided a full Building Surveying Service to all client departments. I carried out “condition surveys” especially in relation to education buildings. This provided a financial feasibility study to identify the condition of property. The reports highlighted the condition and maintenance requirement. I also provided Building Surveying Service in relationship to fire re-instatement of traditional sandstone property, schools, and houses. I was also involvement in refurbishment of sandstone property and Public Buildings.

From 2003 to 2004 I was employed as Project Co-ordinator at South Lanarkshire Council as Project Co-ordinator working with a team of Housing Programme Officers. I also provided training courses for the Area Housing Officers to explain a 5 year programme of remedial and planned maintenance work amounting to £144m.

From 2004 to 2006 I was employed as a Building Surveyor with David Morris Associates and was involved in refurbishment of retail property, conversion of offices into flats, various alteration works to church buildings including work to comply with the Disability Discrimination Act.

From March 2006 until I retired in 2015 I provided Independent Tester Services on a number of hospitals including Romford New Hospital and the New Psychiatric Unit at Stobhill Hospital. I was the Independent Tester on the Birmingham New Hospital Project which was a PFI contract ([redacted]). This was a joint appointment from Consort Healthcare and Birmingham and Solihull Mental Health NHS Trust/University Hospital Birmingham NHS Foundation. I regularly inspected the works, prepared monthly reports and issued Completion Certificates for phased handovers over a 5 year contract period.

NEC3 Project Supervisor in respect of QEUH/RHC:
The contractor is self sufficient in terms of complying with standards and the contractual obligations. My role as an NEC3 Supervisors Service over a period of 5 years from May 2010 until November 2015 on the New South Glasgow Hospital included witnessing tests inspecting and monitoring the works and identifying defects. I carried out checks in particular to work that could be hidden and this was the only situation in the contract where the NEC3 Supervisor could issue an instruction to the contractor.
I notified any defects in accordance with NEC3 (Clause 42.2) to the Contractor and Project Manager/Employer. However the contractor also has an obligation Under Clause 43 to correct a Defect whether notified or not.

I issued monthly reports to the Progress Meeting documenting the activity of the NEC3 Supervisors visits which included visits by the Capita Mechanical, Electrical and Structural Engineers.

I worked closely with the Contractors Quality Manager undertaking reviews of their method statements and quality reviews. Also contained within the report were observation of the works which included supporting site photographs, defects and any tests witnessed. I also issued requests for information or clarification under clause 13.1. I carried out room inspections in areas which the Contractor offered up as complete. When the Project Manager decided on a completion date the NEC3 Supervisor issued the Notification of Defects at Completion.

2. What previous experience or training, if any, did and you have working as NEC3 Project Supervisor? How, if at all, did this experience serve you for the role in respect of QEUH/RHC?

A. I participated in an NEC3 two day training course which gave me an insight into the various clauses relating to the contract.

Appointment as NEC3 Supervisor

3. The Inquiry understands that Capita was appointed as Project Supervisor to undertake the design and support services of an NEC3 Supervisor for the QEUH & RHC. The stages of the project mirrored the Building Contract: Stage 1 (Construct Laboratories), Stage 2 (Detailed design of hospital to FBC submission), Stage 3 (Construction), Stage 3A (Demolition surgical block and landscaping) **(Please refer to Bundle 17, Document No.76, Page 2956)**

a) Describe the appointment process leading up to the Capita's appointment as Project Supervisor.

A. I was not involved with the appointment process.

b) Describe your role and remit.

A. I had no involvement in this process.

c) Describe your working relationship with NHS GGC prior to appointment, had you worked with any members of the NHSGGC Project Team prior to appointment, if so whom and when?

A. I did not have a working relationship with NHSGGC Project Team prior to appointment and had never worked with members of the NHSGGC Project Team prior to appointment.

d) Describe your working relationship with NHS GGC during the terms of your appointment, including day-to-day dealings with the NHS GGC Project Team, members of the details of who you worked with and in respect of what matters?

A. From taking up my post as the NEC3 Supervisor on site in May 2010 I had little dealings on a day to day basis with the Project Team. I presented my monthly report (which was a record of the NEC3 Supervisors activities) to the Project Manager/ Employer and Contractor at the Monthly Progress Meetings.

e) Describe your working relationship with Multiplex prior to appointment, had you worked with any members of Multiplex who worked on QEUH/RHC prior to appointment, if so whom and when?

A. I had no previous working relationship with Multiplex.

f) Describe your working relationship with Multiplex during the terms of your appointment, including day-to-day dealings, and details of whom you worked with?

A. From taking up my post in May 2010 my relationship with Multiplex was professional and collaborative. I work with approximately twelve Area/ Zone Managers who were responsible for the construction of their own areas or zones. Due to the size of the project I carried out joint inspections with the Area/Zone Managers checking drawings and specifications. This was for both the Hospital and the Laboratory Building. During these inspections any defects identified would be noted and a Defect Notification issued under Clauses 42.2.

I also had regular meetings with the Quality Manager to monitor their quality procedures and review their method statements. After completion I had regular meetings with Multiplex to monitor defects identified at completion. I had little or no day to day contact with the senior directors of the Multiplex Team.

g) Who were the area zone managers that you worked with? Can you describe their roles?

A. As it was 15 years ago and the only names I remember are Pete Norton and Mark McKinnon. They managed the various works within zones or areas during the construction process.

h) Describe your day-to-day work on the QEUH/RHC site? What did you do day to day?

A. My day to day work, involved oversight and quality control on construction projects. Monitor the various aspects of the project. This included closely observing the construction process, witnessing tests and identifying any defects that may exist.

To accomplish this I liaised with Brookfield's Zone /Area Managers. I also liaised with Capita's Civil and Structural Engineer and Mechanical/Electrical Engineers colleagues who visited the site in accordance with the activities schedule.

I prepared a Monthly Report which recorded the activates of all the NEC3 Supervisors and presented the report to the Employer at the Monthly Progress Meeting.

i) What drawings and specifications were you checking against?

A. I was checking against Brookfield's Construction drawings and specifications.

j) Who did you report to on a day-to-day basis?

A. I did not report to anyone on a day to day basis.

<u>Review of the 'Works Information'</u>

4. The NEC3 Supervisor was expected to review and comment on the contractor's design proposals. Appendix A, in the High Level Information Pack – Supervisor Role**(Please refer to Bundle 17, Document No.75, Page 2881)**states that this process involved the NEC3 Supervisor reviewing and acquainting himself with all of the contract documentation including, "all design drawings, schedules, specifications, layouts at 1:500, 1:200 & 1:50, specialist suppliers detail drawings and all information listed in Appendix 3…."

a) Describe the review process that Capita engaged with in respect of the design drawings, schedules, specifications, layouts at 1:500, 1:200 & 1:50, specialist suppliers detail drawings and all information listed in Appendix 3.

A. Capita had limited involvement in the RDD and no involvement in design sign off or pre approval. We did however get access to construction drawings after June 2010 and Multiplex arranged access to their Aconex system to review the construction drawings when we started our site visits and inspections.

b) Describe the review process which was required in terms of the NEC3 contract? Describe how you carried out this process? What matters required to be reviewed? What issues, if any, do you recall arising during the review process?

A. As per my previous answer we only got access to construction drawings when we started on site. To the best of my knowledge and recollection the employer asked Capita to review Wallace Whittle ventilation duct drawings which we commented on and returned to the Employer. To the best of my knowledge and recollection Wallace Whittle ventilation duct drawings were the only drawings offered up for review. And this was recorded in the Supervisors Monthly Report. I am unable to provide you with any more detail than I already have.

b) Describe your involvement, if any.

A. I had no involvement.

c) Who was involved and what feedback/ information were you provided in respect of this process?

A. I am unable to provide you with any more detail than I already have.

d) Describe any concerns which arose from the review process, your involvement, if any, and how matters were dealt with, if at all.

A. I did not take part in design review.

e) How did you/Capita fulfil the requirements of Appendix A?

A. Capita had limited involvement in the RDD and no involvement in design sign off or pre approval. We did however get access to construction drawings after June 2010 and Multiplex arranged access to their Aconex system to review the construction drawings.

f) What, if anything, do you recall from this review?

A. I am unable to provide you with any more detail than I already have.

g) How did you meet your obligations if the only drawings you got access to were construction drawings?

A. I am unable to provide you with any more detail than I already have.

5. The Inquiry is aware of the agreed ventilation derogation recorded in the M&E Clarification Log. **(Please refer to Bundle 16, Document No. 23, Page 1662)**

a) When did you first become aware of it and how?

A. I was not involved with this process.

b) At the time what concerns, if any, did you have regarding the derogation? Did you raise any concerns, if so with whom?

A. N/A

6. When did you first become aware of the ZBP Ventilation Strategy Paper dated on or around 15 December 2009? **(Please refer to Bundle 16, Document No.21, Page 1657)**

A. I was not involved in the contract at that stage. I did not take up the post of NEC3 Supervisor until May 2010.

a) Since you were in post, what awareness did you have of this document?

A. To the best of my knowledge I don't recall this document.

b) What, if anything, did you understand of the ventilation requirements for QEUH/RHC?

A. Although not a Mechanical Ventilation Engineer my understanding is that the employer would have provided the design information to enable the contractor to design, install and test the ventilation to the employers requirements.

c) If you did not have an awareness of the ventilation requirements of each Ward, how did you supervise the works that had been carried out in respect of ventilation?

A. I am not qualified as a Mechanical Ventilation Engineer and did not supervise the installation of the ventilation.

d) What concerns if any did you have on reading this document?

A. I am not aware of the document but the NHS Project Team would have signed off design to allow the contractor to produce construction drawings.

e) At any time during your appointment, what concerns, if any, did you have regarding the ventilation specifications for any parts of the QEUH/RHC?

A. I am not a qualified ventilation engineer and I am unable to provide you with any more detail than I already have.

f) How did you ensure the works complied with the ERs including SHTM 03 01?

A. I am not a qualified ventilation engineer and I am unable to provide you with any more detail than I already have.

7. Are you aware of any risk assessments, whether in compliance with the standards in HAI Scribe or otherwise, that NHS GGC carried out in respect of

the change in the ventilation strategy that appears to follow the ZBP Ventilation Strategy Paper dated 15 December 2009?**(Please refer to Bundle 16, Document No.21, Page 1657)**

A. I was not involved in the contract at that stage. I did not take up the post of NEC3 Supervisor until May 2010.

Full Business Case

8. The Inquiry understands that the obligations and role of the NEC3 Supervisor were set out in the High Level Information Pack – Supervisor Role.**(Please refer to Bundle 17,Document No.75, Page 2881)**Appendix 3 provided a List of Design Requirements for the Full Business Case to be provided by the Contractor and notes that the "The Supervisor team will also be asked to review and comment of the package / construction related elements in respect of compliance with the works information as they are developed". How did you/Capita fulfil the requirements of Appendix 3?

A. Capita had limited involvement in the RDD and no involvement in design sign off or pre approval. We did however get access to construction drawings after June 2010 when Multiplex arranged access to their Aconex system to review drawings and packages which were at the construction stage.

a) How, if at all, did you/ Capita ensure compliance with the works information as developed?

A. I am unable to provide you with any more detail than I already have.

b) How, if at all, did you/ Capita fulfil the requirements of Appendix 3?

A. I am unable to provide you with any more detail than I already have.

9. Under 'Services Systems' confirmation was required "that the design fully complies with the requirements of the Employers Requirements, M&E appendices 1 to 6, all HTM's, HBN's, SHTM's and current legislation". The Inquiry is aware of several departures from SHTM 03-01 Guidance in relation

to air change rates, pressure differentials and filtration requirements. There was also a variation to the primary extract arrangement for PPVL isolation rooms from that set out in SHPN 04 Supplement 01. Was Capita aware at the time of these non-compliances? If so, please confirm how Capita communicated these non-compliances to the NHS GGC Project Team. If no action was taken by the NHS GGC Project Team what obligations, if any, did Capita have to report matters further and to whom?

A. Capita was not involved in the contract until May 2010 and had no involvement with the design and was not aware of these non-compliances.

a) From the date of your appointment, was Capita aware at the time of these non-compliances? If so, please confirm how Capita communicated these non-compliances to the NHS GGC Project Team. If no action was taken by the NHS GGC Project Team what obligations, if any, did Capita have to report matters further and to whom?

A. I am unable to provide you with any more detail than I already have.

b) So how did Capita ensure contractor compliance with the contract?

A. I am unable to provide you with any more detail than I already have.

10. Was the Ventilation Derogation noted in the M&E Clarification Log, recorded in the Full Business Case? Who was responsible for doing this? If you were aware that it had not been recorded in the Full Business Case please explain what action, if any, you took.

A. I have no knowledge of this.

<u>Design and Construction and Role in the QEUH/RHC Project</u>

11. The Inquiry understands that drawings and Room Data Sheets (RDS) were approved through the Reviewable Design Data (RDD) process. However, the HLIP states that Supervisor team were not to be involved in the design sign off process with the user groups and contactors design team.**(Please refer to**

Bundle 17,DocumentNo.75, Page 2881) Can you please confirm if you/Capita had any role in the RDD process and User Group Meetings.

A. Capita had no role in the RDD process and User Group Meetings.

a) Following the sign off process for drawings and Room Data Sheets, how was this information shared with Capita?

A. Drawings would have been uploaded onto Aconex and Capita would have had access to them after June 2010.

b) How were decisions agreed at the user group meetings communicated to Capita?

A. I have no knowledge of this.

c) How then were relevant matters communicated to you/ Capita?

A. I am unable to provide you with any more detail than I already have.

d) How were areas in dispute or items still to be agreed highlighted to Capita?

A. I have no knowledge of this.

12. Please describe how the technical requirements (air change rates, pressure differentials and filter requirements) for the rooms were managed and approved, including your role and involvement.

A. I have no knowledge and had no involvement in the approval process.

13. Appendix 3 states: “Commissioning settings for all elements of the works, including microbiological testing proposals for operating theatres and specialist ventilation…Confirmation that the design fully complies with the requirements of the Employers Requirements, M&E appendices 1 to 6, all HTM’s, HBN’s, SHTM’s and current legislation”.

a) Describe the intended use and purpose of the following wards in QEUH/RHC: Ward 4B – QEUH; Ward 4C – QEUH; Level 5 – QEUH; Critical Care – QEUH; Ward 2A & 2B – RHC; PICU RHC – RHC; all Isolation rooms.

A. I have no knowledge of this and was not involved during the design development of the project.

b) How did your lack of knowledge of the intended use and purpose of the Wards impact, if at all, you/ Capita supervising the works being carried out?

A. I am unable to provide you with any more detail than I already have.

c) Was knowledge of the Wards and purpose of Wards not necessary for carrying out the role of supervisor?

A. I am unable to provide you with any more detail than I already have.

d) If you were not aware of the intended use and purpose of the Wards, how did you/ Capita ensure "*that that the design fully complies with the requirements of the Employers Requirements, M&E appendices 1 to 6, all HTM's, HBN's, SHTM's and current legislation"* in accordance with Appendix 3?

A. I am unable to provide you with any more detail than I already have.

e) What were the specifications of these wards?

A. I have no knowledge of this and did not take part in the design of these areas. Capita had no involvement in design sign off or pre approval.

f) What guidance was considered in the design of these wards, what processes were in place to ensure guidance compliance?

A. Capita had no involvement in design sign off or pre approval of these wards. It was my understanding that the design would have been signed off by the Employer.

g) Appendix 3 states *"that the design fully complies with the requirements of the Employers Requirements, M&E appendices 1 to 6, all HTM's, HBN's, SHTM's and current legislation"* therefore during the build following the design how did you/ Capita ensure compliance?

A. I am unable to provide you with any more detail than I already have.

h) Were there any changes to the design during the design and build, if so, please describe any such changes, describe the impact, if any, on guidance compliance as set out in Appendix 3, and describe the sign off process for any such changes, your involvement and how any changes were communicated to the Board. Was external advice ever sought in respect of design changes?

A. Capita had no involvement in design sign off or pre approval.

i) Do you recall any design changes during the build? If so, please describe these changes and your role/ how these changes impacted your role and were communicated to you?

A. To the best of my knowledge I don't recall a design change.

14. As per Appendix 3, the NEC3 Supervisor was required to be involved in theDesign Acceptance Procedure which meant considering "Clinical functionality" and in turn "infection control".

a) Describe your involvement, if any, in the 'Design Acceptance Procedure', what action was taken and by whom?

A. Capita had no involvement in this process.

b) If Capita was not involved as NEC3 Supervisor who would have carried out the obligations of NEC3 Supervisor?

A. I am unable to provide any more detail than I already have.

c) What was your involvement with Infection Prevent and Control staff at this stage? Provide details of from Infection Control staff you were involved with and when.

A. I had no involvement with Infection Prevent and Control staff.

d) How, if at all, was "Clinical functionality" and in turn "infection control" considered?

A. I no involvement with this process.

e) Describe any concerns you had with any aspects of the design and build during the 'Design Acceptance Procedure', what action, if any, did you take? Were matters resolved and if so, how so?

A. Capita had no involvement in the Design Acceptance Procedure.

f) Who would have been involved in this process? When would this process have been carried out?

A. I am unable to provide any more detail than I already have.

15. The Inquiry understands that as part of the NEC3 Supervisor role, duties included monitoring the works on site to ensure compliance with the 'works information' and to witness any testing.

a) Please confirm, how often you were on site. Were any other employees from Capita on site carrying out inspections? If so, please describe each role.

A. I was on site weekly carrying out inspections. My Mechanical, Electrical and Structural Engineer colleagues visited the site in accordance with the Activities Schedule and we all liaised with Multiplex when carrying out inspections and witnessing tests. Following my colleagues visits to site our activities were recorded in the Supervisors Monthly Report and presented to the Project Manager and Contractor at the monthly progress meetings. All defects identified were notified to the Project Manager and the Multiplex. The resources provided by Capita leading up to the handover was myself predominately carrying out above ceiling inspections and room inspections and my colleague who was witnessing tests.

b) Did Capita correct/comment on these Reports?

A. Supervisors Monthly Report was updated every month.

c) Were site visits also carried out with the NHS GGC Project Team?If so, how often and who attended.

A. I don't know when the NHS GGC Project Team carried out visits or who attended.

d) Please confirm what meetings were held to discuss progress, including frequency of such meetings and who attended.

A. The Progress Meeting were held monthly where Multiplex presented their Progress Report. The meetings were chaired by the Project Manager. The Contractors and Capita's representative also attended.

e) Please confirm how Capita provided the NHS GGC Project Team with updates regarding progress on site.

A. Capita did not report on the progress on site. It was the responsibility of the Contractor to provide progress reports to the Project Manager at the monthly Progress Meetings.

16. Describe your involvement and understanding, if any, of the decision to remove carbon filters? What was the rationale behind this decision, who was involved and what advice, if any, was sought in reaching this decision?

A. I had no involvement in the decision to remove carbon filters. This was decided between the Project Manager, Employer and Multiplex.

Ward 4B and 4C

17. The Inquiry understands that Ward 4B in the QEUH was originally intended to provide accommodation for Renal and Haemato-oncology patients. The 2009 NHS Clinical Output Specification for the Haemato-oncology ward stated, "Please note the haemato-oncology ward area has a very specific function and a considerably higher than average requirement for additional engineering support/infrastructure. There should be no opening windows, no chilled beams. Space sealed and ventilated. Positive pressure to rest of the hospital and all highly filtered air >90%, probably best HEPA with adequate number of positive pressure sealed HEPA filtered side rooms for neutropenic patients as in the Beatson West of Scotland Cancer Centre." **(Please refer to Bundle 16, Document No.15, Page 1595).**However, following a Change Order Request in July 2013 by Jonathan Best **(Please refer to Bundle 16,**

Document No.29, Page 1699)it was confirmed that the Bone Marrow Transplant (BMT) service would transfer to Ward 4B in the QEUH and the haematology patients that were originally planned to accommodate Ward 4B would move to Ward 4C.

a) Please confirm how this change was communicated to Capita and how this change was captured in the revised design and specification documentation, following the Change Order Request.

A. I have no knowledge of this being communicated to Capita or this change being discussed at the Monthly Progress Meeting. I do not recall seeing any revised construction drawings being issued by the Contractor.

b) Why were suspended ceilings installed in Ward 4B given that the Clinical Output Specification (COS) referred to 'space sealed' – did Capita raise this as a non-compliance with the 'Works Information'?

A. I do not recall seeing any revised drawings issued by the Contractor changing the ceiling type and I don't recall a Defect being issued at the time. However Multiplex had an obligation under the contract to correct a defect whether notified or not.

c) Please confirm who approved the reflected ceiling plans for this area.

A. I do not know who approved the reflected ceiling plans but approving plans are not within the role and responsibilities of the NEC3 Supervisor.

d) As construction progressed on site, please confirm if suspended ceilings were highlighted as non-compliant with the COS (works information).

A. I do not recall seeing any revised drawings issued by the Contractor showing a change in the ceiling type and don't I recall a defect being notified by either Capita or Multiplex in accordance with clause 42.2.

e) In respect of Ward 4C what was the specification of this ward at the point of the Change Order? Did you understand that Ward 4C was to be used to house immunocompromised patients? If so, what was the justification from departing from SHTM guidance in respect of ventilation and who signed this off?

A. I am not a Mechanical ventilation Engineer and I do not recall what the specification was and I was not aware of the change order or who was responsible signing this off.

f) What was your understanding of the requisite air change rate required in accordance with SHTM guidance in respect of Ward 4B and 4C, and was this the air change rate achieved? If not, why not and who signed this off? What risk assessments were considered in respect of this decision?

A. I am not a qualified Mechanical Ventilation Engineer and I did not have access to this information and I have no knowledge of who signed it off.

g) If you did not have this information how did you carry out your function of ensuring contract compliance?

A. I am unable to provide any more detail than I already have.

Ward 2A/ 2B RHC

18. The Inquiry understands that Ward 2A/2B is the paediatric-oncology Unit and includes the Teenage Cancer Trust and the paediatric Bone Marrow Transplant (BMT) Unit - the department is known as the Schiehallion Unit.

a) Confirm your understanding regarding the intended use and purpose of the Ward 2A/2B, what guidance was considered in the design of these wards, what processes Capita put in place to ensure guidance compliance?

A. Capita was not involved in the design of these wards.

b) While you/ Capita were not involved in the design, what was your understanding at the time, if any, of the intended useand purpose of Ward 2A/ 2B?

A. I am unable to provide any more detail than I already have.

c) If you/ Capita were not aware of the intended use and purpose of Ward 2A/ 2B, how did you ensure and put processes in place to ensure that guidance compliance?

A. I am unable to provide any more detail than I already have.

d) What changes, if any, were made to the design during construction? Please describe any such changes, describe the impact, if any, on guidance compliance, and describe the sign off process for any such changes and your involvement. Was external advance ever sought in respect of design changes?

A. Capita was not involved in the design or sign off of these wards.

e) Describe the IPC involvement in the design of Wards 2A and 2B, who was involved and who signed off the final design and when?

A. Capita was not involved in the design of these wards.

f) What concerns, if any, did you have regarding the final design specification of Wards 2A and 2B, and what action, if any, did you take in respect of these concerns?

A. Capita was not involved in the design of these wards.

g) What was your understanding of the requisite air change rate required in accordance with SHTM guidance in respect of Ward 2A and 2B, and was this the air change rate achieved? If not, why not and who signed this off? What risk assessments were considered in respect of this decision?

A. I am not a qualified Mechanical VentilationEngineer and I did not have access to this information and I have no knowledge who signed it off.

h) If you did not have this information how did you carry out your function of ensuring contract compliance?

A. I am unable to provide any more detail than I already have.

Isolation Rooms

19. Describe how the number and location of the isolation rooms was agreed? Who approved the final number and locations in the QEUH and RHC?

A. Capita was not involved in the design of these rooms and I do not know who approved the isolation rooms.

20. Who was responsible for producing the drawings and the specification for isolation rooms; who approved these from the NHS GGC Project Team?

A. Capita was not involved in the design of these rooms and I do not know who approved the drawings and the specification.

21. What concerns, if any, did you have regarding isolation rooms and compliance with SHTM/HTM? What action, if any, did you take in respect of any such concerns?

A. Capita was not involved in the design of these rooms.

22. The Inquiry has reviewed the RDS in excel format and note there is an entry under ‘Design Notes’ relating to Ward 2A isolation rooms, the entry states:

“WARNING NOTICE: This room is based on a theoretical design model; which has not been validated (see paragraph 1.8 of HBN 4 Supplement 1). Specialist advice should be sought on its design. The lamp repeat call from the bedroom is situated over the door outside the room.”

a) Was this note entered on the RDS? If so, why and by whom?

A. I have no knowledge of this.

b) What specialist advice was sought relating to the design of these rooms?

A. Capita was not involved in the design of these rooms.

c) What was the final agreed design for isolation rooms and who approved this?

A. Capita was not involved in the design of these rooms and I don't know who approved them.

23. Why was the main extract placed in the patient's bedroom and not the ensuite as outlined in SHPN 04 Supplement 01? Why was this change requested, who requested this change and who approved this from the NHS GGC Project Team?

A. Capita was not involved in the design of these rooms and do not know why the change was requested or who approved the change.

a) Was it not your job to ensure these rooms complied with guidance?

A. I am unable to provide any more detail than I already have.

<u>Water and taps</u>

24. Describe your involvement, if any, in respect of the decision to use Horne taps.

A. Capita had no involvement in this process.

a) What concerns, if any, did you have regarding the use of Horne taps?

A. None.

b) At the time, were you aware of the incidents in Northern Ireland with Horne Taps? If so, did this not give you cause for concern?

A. I was not aware of the incident in Northern Ireland.

c) What risk assessments were carried out in respect of the use of Horne taps?

A. Capita were not involved in the selection of Horne taps.

d) Who was involved in, and who signed off the use of Horne taps?

A. I don't have any knowledge of this and do not know who signed off the taps.

e) Did you attend the meeting regarding the use of Horne taps in 2014? If so, why was the decision made to proceed with Horne taps?

A. I did not attend the meeting regarding the use of Horne taps.

f) Did the use of Horne Taps depend on thermal disinfection? If so why, if not,why not? What action, if any, was taken regarding this, and your involvement, if any.

A. I did not have any involvement with this.

25. Are you aware of the water system having been filled prior to handover on 26 January 2015?If so, who filled the system, why was it filled and what concerns, if any, did you have, and if you had concerns to whom did you escalate these concerns?

A. I did not have any involvement with this process.

a) Please confirm if you were aware of the process and had or raised any concerns?

A. To the best of my knowledge I don’t recall this process.

Commissioning and Validation

26. **Please refer to Bundle 17, Document No. 78, Page 2959**.Describe Capita’s responsibilities and involvement, if any, in respect of witnessing testing of commissioning activities in relation to the ventilation system and water system at QEUH/RHC.

A. Our responsibility in accordance with NEC3 Clause 40.3 was that the Supervisor may watch any test done by the contractor. When notified of any tests my colleague witness these and the result of the tests were recorded in the Supervisors Monthly Report. If a test was unsuccessful the contractor corrected the error and a further tested was carried out. My colleague did witness tests in relation to the operation of smoke dampers, air handling units and witnessed a water sample being taken. These were recorded in the

Supervisors January Report Bundle 15 page 991. Did Capita countersign test results? No Capita do not countersign test results. Tests are witnessed and reported in the Supervisors Monthly Report.

a) Did Capita witness all of the tests? If not, how did Capita ensure that it met its obligations under the NEC3 Supervisor Contract?

A. In accordance with the NEC3 Supervisor Contract Capita witness tests notified by Multiplex and recorded these in our Monthly Reports.

b) The Inquiry understands from your response above, that the only tests required to be supervised as those Capita was advised to witness by Multiplex, is this correct?

A. In accordance with NEC3 Clause 40.3 the Supervisor may watch any test done by the contractor. The NEC3 does not supervise tests. They witness them in accordance with the NEC3 Contract. To witness a test we need to know when the particular work is at a stage when a test can be carried out.

c) If this is the case, are you aware of other tests (not advised by Multiplex) being carried out, and if so, what tests were these, and who carried them out?

A. To the best of my knowledge I do not know of other tests not advised by Multiplex.

d) What concerns, if any, did you have regarding commissioning of the ventilation system and water system prior to handover of the QEUH/RHC? What action, if any, did you take to escalate these concerns?

A. I am not a Mechanical Ventilation Engineer and was not involved with any of these processes.

e) In your capacity, what concerns, if any, did you have regarding the commissioning of the ventilation system and water system prior to handover of the QEUH/RHC?

A. I am unable to provide any more detail than I already have.

27. Who was responsible for ensuring that commissioning of the water and ventilation system was carried out, and who signed off that it had been carried out?

A. The contractor was responsible for the commissioning of the water and ventilation system. The commissioning contractor is responsible for commissioning and balancing the ventilation system and to issue a Ventilation Commissioning Certificate to satisfy Building Control Certification. These certifications allow the Project Manager to issue the Sectional Completion Certificate. I do not know who signed off that the water test had been carried out**.**

28. **Please refer to Bundle 16, Document No.13, page 1357.Clause 6.8.4.2 of the Volume 2/1 Employer's Requirements**, which formed part of the Building Contract, states that the "Contractor" was required to arrange, "all factory testing and shall furnish the Board, its Project Manager and its Supervisor with the opportunity to witness all factory testing and sign off marked items of Plants and Materials. The Board, its Technical Advisors and the Supervisor shall be given fourteen days notices of such testing."

a) Was Capita given the opportunity to witness all factory testing and sign off on marked items of Plants and Materials?

A. No Capita were never invited to witness factory testing.

b) If Capita was given the opportunity to witness all factory testing, please describe the process.

A. N/A

c) If Capita was not given the opportunity to witness all factory testing, why not? How did this impact, if at all, Capita's role as NEC3 Supervisor?

A. I do not know why Capita was not invited to witness factory tests. It's my understanding that the client and contractor would have specified products and components at the design stage to the relevant standards including British Standards and in accordance with the Building Regulations.

Consequently there would be very little impact on the role of the NEC3 Supervisor.

29. The Inquiry understands that NHS GGC decided to forgo the requirement to have an independent commissioning engineer. Who made this decision? What was the rationale was behind this decision? What was the impact, if any, of this decision? In hindsight, do you think that it was the correct decision?

A. I do not know who made the decision not to appoint an independent commissioning engineer therefore I don't know the rationale behind the decision. I do not know what the impact was. I have no information to comment on whether it was the correct decision and was not involved with the Completion Criteria Meetings.

30. **Please refer to Bundle 15, Document 7, page 606**. SHTM 04-01, part E states that, "any pipes delivered unprotected or with open ends should be rejected". The Inquiry understands that Capita highlighted on a number of occasions that pipework was being left upon during the construction work making them vulnerable to contamination. What was done to rectify this issue? Was such pipework subsequently rejected?

A. Multiplex protected the ends by temporarily covering them during the installation. The pipes were not rejected. Under the NEC3 contract the Supervisor cannot instruct Multiplex. Only the Project Manager can.

a) Were the ends ever permanently covered? If so, when?

A. I am unable to provide any more detail than I already have.

31. Was the energy centre commissioned prior to NHS GGC taking occupation of QEUH? If so, describe what you know about the commissioning of the energy centre. Provide details of the intricacies in relation to its completion.

A. I have no knowledge of the commissioning of the Energy Centre. I was not involved with its completion and was not involved with the Completion Criteria Meetings.

32. Describe your involvement, if any, in the decision for the energy centre to be retained by Multiplex following handover. What as the rationale/when was the energy centre handed over to NHS GGC, and what was your involvement, if any? Describe your knowledge and understanding, if any, of a payment being made by NHS GGC to Multiplex in respect of the energy centre following same being handed over.

A. I had no involvement with the decision that the Project Manger and Employer made with Multiplex to retain the Energy Centre.

33. Please describe what role, Capita had, if any, in ensuring that validation was carried out?

A. We had no role in the validation of the Energy Centre.

a) Ventilation validation should have been carried out by or on behalf of GGC before accepting rooms . What did capita do to ensure that happened?

A. I am unable to provide any more detail than I already have.

Handover

34. How was Capita assured that commissioning had been successfully completed in compliance with all relevant standards when signing the Sectional Completion Certificate and Notification of Defects at Completion?

(Please refer to Bundle 12, Document No.3, Page 23 and Bundle 12, DocumentNo.113, Page 848)

A. The Project Manager and members of his Technical Team had Completion Criteria meetings with Multiplex. Capita was not involved with these meetings. All of the documentation including the Ventilation Commissioning Certificate which satisfies Building Control Certification would have been made available to the Project Manager to allow the issue of the Sectional Completion Certificate. Without all the appropriate certification the project Manager cannot issue the Sectional Completion Certificate.

The NEC3 Supervisor signing of the Sectional Completion Certificate was confirmation that inspections had been carried out and any defects discovered were entered onto the Multiplex Data Management System. This allowed the Notification of Defects at Completion to be issued. In accordance with the NEC3 Contract only the Project Manager can sign off the contract.

a) How was capita assured not of compliance with building standards but with the compulsory guidance in the contract? You make reference to any defects discovered, was it Capita's job to ensure there were none?

A. I am unable to provide any more detail than I already have.

35. Who did the final inspections of the QEUH/RHC before handover in January 2015? Did you think the hospitals were ready to be handed over at that point? If not, why not?

A. Because of the size of the hospital inspections were carried out by myself the various Multiplex Managers and the NHS Technical Team over a period of weeks. These defects were then uploaded onto Multiplex Data Management System. It is not within my remit to speculate whether the hospitals should have been handed over at that point. However in accordance with NEC3 clause 11.1 completion is purely about the state the works are in at the time of the handover. It's the Project Managers responsibility to determine if the works meet the criteria for completion under clause NEC3 clause 35.I do not know the circumstances why the Project Manager/ Employer accepted handover.

a) Was it not capita's role to ensure that Multiplex had complied with the contract so the PM could sign off?

A. I am unable to provide any more detail than I already have.

36. Did you consider it appropriate for the handover of QEUH/RHC to take place when the energy centre was not operational due to design issues? Did you appreciate at the time of handover that it would take almost a year before the energy centre was in a position to be brought online?

A. Capita did not have a role in the contract to decide when the Energy Centre should be handed over. I was not involved in discussion between the Project Manager, and Multiplex.

37. Did the Sectional Completion Certificate list all of the known defects with the hospital at the point of handover? If so, why was the energy centre not included on the list of defects given it was not operational at the time of handover?

(Please refer to Bundle 12, Document No.3, Page 23)

A. The Sectional Completion does not list the known defects, the Defect Notification at Completion does. My understanding is that the Energy Centre was incomplete work as agreed between Multiplex and the Employer and not part of the handover. I do not have access to the NEC3 Supervisors Reports consequently I cannot confirm if any Defect Notification were issued.

38. The Inquiry understands that no validation was carried out in respect of the ventilation system of QEUH/RHC prior to handover.

A. The Project Manager was having Completion Criteria Meetings with Multiplex to manage the Inspection Testing and Acceptance of the Hospital. Capita were not involved in these meetings. Although not qualified in mechanical and ventilation I was aware that validation was carried out as it’s an integral part of the commissioning and balancing of ventilation systems by the commissioning contractor. This resulted in the commissioning contractor issuing a Ventilation Commissioning Certificate which satisfies Building Control Certification. Both these certificates together with other commissioning certificates would have allowed the Project Manager/Employer to issue the Sectional Completion Certificate.

a) The Inquiry has heard evidence that no validation of the ventilation system was carried out. Who do you understand carried out validation of the ventilation system? Who advised you that this had been done?

A. I am unable to provide any more detail than I already have.

b) When did you become aware of this?

A. See my previous answer

c) The Inquiry understands from Document A45099401 **(Please refer to Bundle 43, Volume 5, Document 126, Page 992)** that Capita were expected to "check and validate every room" –
please confirm what is meant by check and validate every room and confirm Capita's role with regards to Inspection, Testing, Commissioning & Acceptance as recorded in Document A45099401.

A. Checking and validating of rooms was carried out using Room Data Sheets provided by Multiplex which are elevation drawings of the room providing detailed briefing requirements of individual rooms in the hospital. Inspections were carried out with the Multiplex manager responsible for that area and any defect found by Capita were recorded and stored and managed on an Integrated Database Management

d) How did you validate each room, what guidance was the validation process tested against? Describe the process.

A. The finished rooms were offered up as complete by the contractor and inspections were carried out as described in my previous answer. The drawings as mentioned in the previous answer showed the finishing, positions of fixtures and fittings. These were checked to determine if they had been installed correctly. The general quality of the finish in the room was also checked and any defects identified and recorded.

e) What documentation, if any, did Capita produce and provide in respect of validation and where would this have been stored?

A. Defects were recorded on hand held devices by Multiplex managers who accompanied Capita during inspections. All defects identified from the room inspections were stored in their Integrated Database Management System managed by Multiplex.

f) In respect of validation, what documents did Capita produce and where would this have been stored?

A. Capita's inspections to identify defect are recorded in the Supervisors Monthly Reports and defects issued to the Multiplex and Project Manager. Defects identified from the completed room inspections were uploaded to the Integrated Database Management System managed by Multiplex.

g) How did handover come to be accepted without the ventilation system being validated? Who was responsible for this and who signed off on this?

A. It is the Project Managers responsibility under the NEC3 Contract to certify completion, signing and issuing of the Sectional Completion Certificate. The Project Manager had Completion Criteria Meetings with Multiplex to manage the Inspection Testing and Acceptance of the Hospital. The Project Manager would have required the Ventilation Commissioning Certificate. This is evidence that a ventilation system has been correctly installed, inspected and commissioned to satisfy Building Control Certification and would have allowed the Project Manager/Employer to issue the Sectional Completion Certificate.

h) Validation on behalf of GGC was required before handover. What did Capita do to ensure this was done?

A. I am unable to provide any more detail than I already have.

39. Who was responsible for providing asset tagging. Why was there no asset tagging, who decided to proceed to handover of the QEUH/RHC without it?

A. I do not know who provided asset tagging and why there was none. Capita was not involved with this process. I do not know who decided to proceed to handover without them.

a) If as the Inquiry understands asset tagging was a Multiplex responsibility what did Capita do to ensure it was in place?

A. I am unable to provide any more detail than I already have.

40. Describe Capita's involvement, if any, in works carried out following handover. Describe the nature of these works, whether remedial or new works, the cost and responsibility of payment of these works, details of who instructed the works and when.

A. Following handover the Monthly Meetings ceased however Capita still issued an NEC3 Monthly Report to the Project Manager and Employer and Multiplex. Capita continued to inspect the outstanding defects in the hospital reported at handover and continued to issue Defect Notifications to the Contractor, Project Manager and Employer. Capita had regular meetings with the Quality Manager from Multiplex to interrogate their Integrated Database Management System. Capita continued to inspect the new work at the Neurology Building and included this in the NEC3 Monthly Report to the Project Manager, Employer and Multiplex. Capita cannot issue instructions to Multiplex although there is one exception and that is to search if there was a suspicion of a hidden defect. Consequently Capita did not have any involvement in the payment of these works or know who instructed the works and when.

Declaration

41. I believe that the facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

The witness was provided the following Scottish Hospital Inquiry documents for reference when they completed their questionnaire statement.

Appendix A

A45099401 – Scottish Hospitals Inquiry – Hearing Commencing 13 May 2025 – Bundle 43, Volume 5 – Procurement, Contract, Design and Construction Miscellaneous Documents

A47069198 – Scottish Hospitals Inquiry – Hearing Commencing 19 August 2024 – Bundle 12- Estates Communications

A47664054 – Scottish Hospitals Inquiry – Hearing Commencing 19 August 2024 – Bundle 15 – Water PPP

A47851278 – Scottish Hospitals Inquiry – Hearing Commencing 19 August 2024 – Bundle 16 – Ventilation PPP

A49342285 – Scottish Hospitals Inquiry – Hearing Commencing 19 August 2024 – Bundle 17 – Procurement History and Building Contract PPP

The witness provided the following documents to the Scottish Hospital Inquiry for reference when they completed their questionnaire statement.

Appendix B

John Redmond CV (A51812670)

John Redmond
MCIOB, MBEng

Special Expertise

- Both as a Maintenance Manager and a Building Surveyor involved in "cost management" and comprises of the overall planning, co-ordination, control and reporting of all cost-related aspects from project initiation to operation and maintenance.
- Undertaking "condition surveys" especially in relation to education buildings. Principally to carry out a physical and financial feasibility study to identify the

condition of property. To produce reports including maintenance budgets, thus allowing the production of asset management plans. Highlighting the condition and maintenance requirement which allows the client to decide on the appropriate route to finance future projects.

- Fire re-instatement experience of traditional sandstone property, schools, and houses.
- Involvement in refurbishment of sandstone property and Public Buildings.
- Knowledge of sandstone restoration which was the subject of a dissertation presented as part of the examinations for the Incorporated Association of Architects and Surveyors.
- Expertise in the Building (Scotland) Regulations 2004.

Project Experience

Birmingham New Hospitals Project ([redacted])

Independent Tester in relation to the PFI contract for the construction of the Birmingham New Hospitals Project. A joint appointment from Consort Healthcare and Birmingham and Solihull Mental Health NHS Trust/University Hospital Birmingham NHS Foundation Trust.

Stobhill LFPU ([redacted])

Independent Tester support in relation to the PFI contract for the construction of the new psychiatric unit at Stobhill Hospital. A joint appointment from Canmore Partnership Ltd and Greater Glasgow Health Board

Project Manager and Building Surveying services on a variety of projects.
Housing Programming Co-ordinator.

Previous Projects included:

- ([redacted]) Renewal, repair, and new work at Jordanhill School Glasgow. ([redacted]) Refurbishment of Bishopbriggs Library. Contract Administration role. ([redacted]) DDA upgrades.
- Reproofing projects to education facilities. Up to ([redacted]
- Demolition of tenement property including structural work to adjacent property.
- Numerous fire re-instatement projects.
- ([redacted]) conversation of offices into flats in a conservation area.

Background & Other Interests

From 1979 to 1987 gained property management experience working as a Technical Officer at Parkhead Housing Association and as a Maintenance Manager at Yorkhill Housing Association. Projects included tenement rehabilitation up to (£2.5m).

From 1987 to 1988 was employed as a Building Surveyor with the Automobile Association based at their headquarters in Basingstoke involved with the identifying and refurbishing of retail outlet property throughout the UK.

In 1988 returned to Scotland as a Building Surveyor with Spiers Parnie and Adams involved in tenement rehabilitation work, dilapidation, structural surveys and maintenance advice to clients.

From 1989 to 1992 joined Calder Ashby Chartered Building Surveyors and was responsible for the £1.5m various works contract and a variety of smaller project including re-roofing, refurbishment work, dilapidations, structural surveys and condition surveys.

In 1992 until 2003 was employed as the Building Surveyor with Strathkelvin Council which was superseded by East Dunbartonshire Council in 1996. Provided a full Building Surveying service to all client departments.

In 1996 gained recognition as an Arquitecto Tecnico from the Consejo General de la Arquitectura Tecnica.
In 2003 moved to South Lanarkshire Council as Project Co-ordinator and lead a team of Housing Programme Officers. Also provided training courses for the Area Offices to explain the 5 year programme of remedial and planned maintenance work amounting to £144m.

In 2004 was employed as a Building Surveyor with David Morris Associates and was involved in refurbishment of retail property, conversion of offices into flats, various alteration works to church buildings including DDA work.

From 2006 until I retired in 2015 I provided Independent Tester Services on a number of hospitals including Romford New Hospital and the New Psychiatric Unit at Stobhill Hospital.
I was the Independent Tester on the Birmingham New Hospital Project which was a PFI contract ([redacted]). This was a joint appointment from Consort Healthcare and Birmingham and Solihull Mental Health NHS Trust/University Hospital Birmingham NHS Foundation. I regularly inspected the works, prepared monthly reports and issued Completion Certificates for phased handovers over a 5 year contract period.
My role as an NEC3 Supervisors Service over a period of 5 years from June 2010 until November 2015 on the New South Glasgow Hospital included witnessing tests inspecting and monitoring the works and identifying defects. I regularly inspected the works, prepared monthly reports and issued the Defect Notification at Completion. I also carried out checks in particular to work that could be hidden and this was the only situation in the contract where the NEC3 Supervisor could issue an instruction to the contractor.