Scottish Hospitals Inquiry
Witness Statement of
Mairi Macleod

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 include professional background and role within NHS GGC, including dates occupied, responsibilities and persons worked with/ reporting lines.

A. I have attached a copy of my CV which is correct for the time I was employed with the NHS Glasgow, prior to my retirement in June 2022.

Site Selection

2. Describe your involvement in the site selection process in respect of QEUH/RHC.

A. I was not involved in this process.

a) Describe the risk assessments, if any, that were carried out? What was the outcome?

A. I was not involved in this part of the process. Not applicable.

b) What consideration, if any, was there in respect of the waste and recycling centre proximity to Sheildhill Waste Recycling Centre?

A. I was not involved in this part of the process. Not applicable.

c) What concerns, if any, did you have regarding site selection? What action, if any, did you take in respect of such concerns and what was the outcome?

A. I was not involved in this part of the process. Not applicable

Funding and Bidder Selection

3. Describe the funding PFI changes, your involvement, why the changes were made, who signed off on the changes and what the escalation process was in respect of the Board authorising these changes.

A. I was not involved in the financial decision making for the project.

4. Describe your involvement, if any, in respect of the selection process whereby Multiplex were selected as the preferred bidder.

A. I had no direct involvement in the final decision to appoint Multiplex as the preferred bidder. My role was to look at the clinical spatial design of the Children's hospital to ensure that the design was meeting the clinical adjacencies and flow for the young people and their parents/carers. These observations were then submitted to the Management Team overseeing all the aspects of procurement i.e. finances, FM, Capital, estates, and legals.

a) Why were Multiplex awarded the contract following the competitive dialogue process? What distinguished Multiplex from the other bidders to make them the preferred bidder?

A. As explained above I had no other involvement with the procurement exercise

Design and Specifications

5. When did you first become involved in the design of QEUH/RHC. Please describe your role and responsibilities.

A. I first became involved in the design of the RHC in 2006. I was the Project Manager overseeing the clinical input and the views of the young people and their carers'.

6. The Inquiry understands that you were the Project Manager for RHC from around 2006. Describe in detail this role. Including your role, if any, in the User Groups.

A. My role was to manage the stakeholder input to the design of the Children's hospital, this involved ensuring that expectations were managed and that the programme targets were met and costs contained.

I was the Project Team Lead for the User Groups for the RHC and attended all meetings. At handover of the completed building I was involved in the familiarisation and orientation of staff who would be working in the new building.

a) Confirm who attended the user groups meetings from IPC, Estates, Clinical and the GGC Project Team for the following areas: Ward 4B – QEUH; Ward 4C – QEUH; Level 5 – QEUH; Critical Care – QEUH; Ward 2A & 2B – RHC; PICU RHC – RHC; All Isolation rooms

A. I am only aware of who attended the RHC User Group meetings for areas: wards 2a & 2b; PICU; and the BMT Isolation rooms. I cannot recall all attendees but generally from the Project Team: myself; Fiona McCluskey the Nurse advisor; Frances Wrath from Capital; Karen Connelly the FM lead; the Jackie Balmanroy, the Infection control nurse on the Team; and Daviid Hall, the Curry & Brown Project Manager. From the RHC, management had appointed clinical teams to participate in the design process and each group covered different areas of the hospital.

b) How often were user group meetings scheduled to review design proposals and agree the design with the user groups

A. There were scheduled to review design proposals as and when designs became available from Multiplex and when any amendments were made. Each group met 2- 3 times on average with more complex areas e.g. theatres meeting numerous times. They generally met until there was clinical sign off of the department design.

c) Describe your involvement in the design of the Schiehallion unit, PPVL and BMT rooms.

A. I was involved in the management of clinical and other stakeholders' input to the 1:200 designs ie the department layout - where rooms were situated and the 1:50 room layouts. For clarity, my involvement was to agree the correct layouts for the use of the space and to manage expectations.

d) How were designs approved for construction and who signed off on the agreed design?

A. The spatial designs were signed off by my myself as Project Manager, the Clinical Lead of the User Group and Infection Control nurse, Jackie Balmanroy, Jackie agreed that the room adjacencies were appropriate in terms of Infection Control compliance. The MEP (mechanical, electrical and plumbing) design for each department and room layout were then developed by the MEP Group (I was not a member of this Group).

7. Explain the purpose of the guidance relied upon by the design team and why this was important.

A. The Team used the Health Building Notes (HBNs) or the Scottish Health Building notes if they existed. This was important as it gave the room requirements and specifications for Health Buildings in the UK/Scotland.

8. Explain how the output for the design of the Wards was confirmed and signed off. In doing so describe the purpose of the clinical output specification, and your involvement.

A. The Clinical Output specifications were completed by the Clinical Teams and then reviewed by myself and the Medical Planners appointed by the Board, Buchan Associates. These were then passed to the RHC General Manager Jamie Redfern for final sign-off. The Output specs informed the design of the hospital by Nightingales the Multiplex architects,

9. Describe the intended use and purpose of the following wards in RHC: Ward 2A/ 2B, what guidance was considered in the design of these wards, what processes were in place to ensure guidance compliance? 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, and described the sign off process for any such changes, your involvement and how any changes were communicated to the Board. Was external advance ever sought in respect of design changes?

A. I am unable to recall the name for the HBN used for the design of wards 2a & 2b. The process for the sign of the 1:200s and 1:50 layouts was sign off by myself, the Infection Control nurse on the Team and the Clinical Lead from the RHC. To the best of my recollection there was no deviation from the HBN in terms of the layouts. I was not responsible nor involved in the development of the design for the MEP (mechanical, electrical and plumbing) systems, therefore I am unable to comment on these aspects.

10. Describe your involvement and understanding, if any, in the removal of the maximum temperature variant? Why was the decision taken and by whom? What risk assessments, if any, were taken prior to making this decision? What was the impact, if any, in removing the maximum temperature variant?

A. I am unable to comment as I was not involved in these aspects of the Project

11. What role, if any, BREEAM played in the acceptance of this design.

A. I was not involved in BREEAM meetings.

12. Please describe and name the people who were involved, the sign off process involving RDD, and your knowledge and understanding of the purpose of the scale drawings and designs, how the technical requirements for the rooms were managed, including your role and involvement.

A. I am unable to comment as I was not involved in the technical requirements for the rooms.

13. 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. The Project Team Infection Control Nurse – Jackie Balmanroy; from the RHC Craig Williams and Pamela Joannidis. There was at least one meeting but my recollection is that Jackie discussed the design with Infection Control colleagues and these views were brought to User Group meetings. I can't recall the date of the final design sign off.

14. 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. I became aware of an issue during the Commissioning Phase of the RHC in the spring of 2015 as Jennifer Armstrong the Board Medial Director phoned me to say that clinicians from the RHSC had contacted her to inform that the Bone Marrow Rooms were not properly completed – I think it was that the individual air control units were not in situ. I drew that matter to the attention the Chief Operating Officer (COO), Grant Archibald who convened a meeting with Mary Ann Kane the deputy Facilities Manager and Alister Fernie from Multiplex. Multiplex agreed to obtain and install these Units ahead of the move from Yorkhill to the new RHC. My recollection is that these were sourced and installed.

15. Describe the purpose of the ABD sheets and the relevance of ADB in respect of the intended patient cohorts. Who was responsible for sign-off of the ABD sheets? From the point of signing off the ADB sheets when did it become apparent that the ventilation specification of Wards 2A and 2B did not meet the requirements of SHTM/ HTM? What action, if any, did you take in respect of this?

A. I am unable to comment as I was not involved in these processes

16. 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. I do not have the technical knowledge to comment on this.

a) 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.

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

A. I don't recall this.

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

A. I was not responsible or involved in the detail or discussions relating to MEP systems.

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

A. I was not responsible or involved in the detail or discussions relating to the MEP systems.

b) The Inquiry has reviewed the RDS in excel format and note there is an entry under ‘Design Notes’ in the RDS which refers to HBN 4 Supplement 1, paragraph 1.10, and states:

"EXCLUSIONS

This supplement does not describe the specialist facilities required in infectious disease units or on wards where severely immuno-compromised patients are nursed. Guidance for these facilities will follow in a further supplement to HBN 4."

(i) Were you aware of the exclusion in para 1.10? If so, what action was taken? What was the impact, if any, of the exclusion?

A. I was not responsible or involved in the detail or discussions relating to the MEP systems.

c) What ceiling types were specified and approved for use in isolation rooms? Who from the GGC Project Team approved this? Describe your involvement, if any? What was the impact, if any, of the choice of ceiling tiles? What concerns, if any did you have regarding the choice of ceiling tiles?

A. I am unable to comment as I was not involved in these discussions.

17. The Inquiry is aware that in respect of a derogation being agreed in respect of the ventilation system and the requirement to achieve ACH in compliance with SHTM. Where you aware of this at the project phase?

A. No, I was not aware nor involved in any discussion’s relation to this matter.

a) If not, when did you become aware? In hindsight, should you not have been aware of this at the time?

A. I only heard when I had left the Project. I do not have the expertise to comment on these aspects. Such a decision was out with my role and responsibility.

b) What concerns, if any, at the project phase did you have in respect of the ventilation system?

A. I am unable to comment on this as it was out with my role and responsibility. I have no technical knowledge or competency in MEP systems.

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

A. I was not responsible nor involved in the decision to use Horne taps.

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

A. I was not involved in the decision to use Horne taps.

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

A. I was not involved in the decision to use Horne taps.

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

A. I was not involved in the decision to use Horne taps and do not know made the decision or signed off on their use.

d) 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 was not involved in the decision-making process relation to Horne taps.

Handover

19. Commissioning and validation:

a) Describe what commissioning of the water and ventilation system took place prior to handover, and your involvement, if any.

A. I was not responsible nor involved.

b) 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? What concerns, if any, did you have regarding commissioning and validation being carried out prior to handover?

A. I do not know who was responsible or who carried out the commissioning of the MEP systems.

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

A. I was not involved nor aware of these discussions.

d) The Inquiry understand that no validation was carried out in respect of the ventilation system. When did you become aware of this? 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. I first became aware of this during my interviews with the Police in 2022/23. I was not responsible nor have any knowledge on the validation process or who signed it off

20. Who oversaw contractual compliance? Who was responsible for ensuring that the paperwork was produced to confirm contractual compliance? What action, if any, did you take to ensure that paperwork was in place to ensure contractual compliance? Was validation of the ventilation system a contractual requirement? If so, who signed off on contractual compliance given the lack of validation?

A. The external Technical Team oversaw the contractual compliance. I do not know who this involved

21. Describe your role in the lead up to accepting handover. What action, if any, did you take to ensure that the wards within RHC met the guidance requirements of SHTM.

A. My only involvement in this was the walk round inspections in the lead up to handover to check the room layouts and equipment installed for any omissions or obvious snagging.

22. How were you assured that the wards met the requirements of the specific patient cohorts?

A. I was not aware of any major issues regarding fit out

23. The Inquiry is aware that the ventilation system in respect of Wards 2A and 2B did not meet the requirements of SHTM – knowledge and awareness/ involvement in derogation. Did you have any concerns at the time? If so, please describe. The Inquiry is aware that Ward 2A was handed over without HEPA terminals being in place in wards, how did sign off come to take place without these being in place? Who signed off the RHC as ready for handover, without HEPA being in place?

A. I was not responsible nor involved in the design or sign off of the ventilation system

24. The Inquiry understands that there was no validation of the ventilation system prior to handover. Who was responsible for ensuring that this was in place? Why was validation not carried out? When did you become aware that it had not been carried out and what action did you take in respect of validation having not been carried out? What was the consequence of validation not having been carried out? Should the hospital have opened without the ventilation system having been validated?

A. I do not know why there was no validation of the ventilation system. It is reasonable to think it should have been validated ahead of the hospital opening.

25. Describe your knowledge and involvement, if any, in the PMI allowing Multiplex's role as Independent Commissioning Engineer. What was the impact of this?

A. I had no knowledge or involvement in the decision taken.

26. At handover, had a preoccupation L8 risk assessment been carried out? Who was responsible for ensuring that this was in place prior to patient migration? were you aware of a preoccupation L8 assessment having been carried out? Who instructed it? When did you become aware? Why did you not raise it as a concern that you had no seen this prior to patient migration, was this not within your role as Project Manager of RHC?

A. I was not aware of the L8 risk assessment. i was not involved in any aspect of this as it was not part of my role or responsibility.

27. Who was responsible for providing asset tagging. Why was there no asset tagging who decided to proceed without it?

A. I have no knowledge and was not involved.

28. What, if any, testing and maintenance protocols and regimes were in place at handover? Who was responsible for putting these in place? If they were not in place, why not, and what action was taken and by whom to address this?

A. This did not form part of my role or responsibility. I would have expected Estates to be involved in these protocols and regimes

29. Describe your knowledge, if any, of the water system being filled prior to handover. Why was this done and by whom? What concerns, if any, did you have regarding this? Did you escalate these concerns? If so why, if not why not?

A. No responsibility, knowledge or involvement

30. The Inquiry is aware of concerns in respect of the cold water temperature. Describe your awareness, if any, in respect of these issues. Describe your involvement, if any, and any action taken. If you were not aware of these issues at the time, with the benefit of hindsight is this something you should have been aware of?

A. No responsibility, knowledge or involvement.

31. As project manager responsible for the tendering, planning, design, commissioning and delivery of the Royal hospital for Glasgow. Please explain why you are unable to answer the relevant questions above which are clearly within your remit as described by you. The Inquiry is keen to understand what you say your role was and why, if it is the case, it was not your role to ensure that the RHC was handed over in all respects as desired?

A. Issues relating to hard FM, which would include water and taps, were there responsibility of Ian Powrie and the Estates team and were not within my remit. My role was to manage the stakeholder input to the design of the Children's hospital, this involved ensuring that expectations were managed and that the programme targets and costs were contained. Engineering, Plumbing and Electrical design for the build were not within my remit.

Declaration

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

N/A

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

Appendix B

N/A

Appendix C

CURRICULUM VITAE - Mairi Macleod

Full name Ms Mairi Macleod

NHS EMPLOYMENT HISTORY

1985-1989 - West of Scotland Consortium of O&M/Work Study Unit

Entered the NHS as trainee O&M/Work Study Officer responsible for: implementation of bonus schemes for ancillary staff; conducting time & motion studies; calculating requirement for In-house bids in Competitive Tendering process.

1988-1990 - O&M/Work Study Officer at Lanarkshire Health Board

Responsible for: producing staffing levels for In-house bids in ancillary Competitive Tendering process; negotiation with management and TUs; Implementation of successful In-house bids; and where in-house bid was successful the monitoring of the contract.

1990- 1992 - Principal Admin Assistant at Law Hospital

Providing administrative support to the Unit General Manger and Director of Admin. Handling of claims and complaints. Publication of staff newsletter.

Assistant Administrator at Lanarkshire Health Board

As a member of the Health Board's Nursing Home Inspection Team visited and inspected nursing homes throughout Lanarkshire. Produced a report with recommendations which the team then monitored for compliance. Also responsible for legal claims and compiling responses to complaints for Chairman or General Manager's signature.

Headquarters Administrator at Lanarkshire Health Board

Provided administrative support to General Manager and Chairman. Secretariat support to Board Committees. Assisted with handling of media and communications. Provided admin support to Outbreak Control team during E.coli outbreak in Lanarkshire in 1996.

2000- 2003 - Corporate Affairs Manager South Glasgow University Hospitals NHS Trust

Responsible for providing secretariat to Trust Committees. Responsible for internal and external communications in the Trust. Provided admin assistance to Chief Executive, the Trust Chairman, Executive Directors and Trustees.

2003-2006 - Project Manager, Acute Services Strategy: ACH Project

Responsible for the management, planning and delivery of the clinical design aspects of the new Victoria Hospital. Involved working closely with key clinicians whose services would be transferring to the new hospital.

Project Manager: New Children's Hospital

Responsible for the delivery of stakeholder input to the spatial design of the Royal hospital for Children (Glasgow) from the tendering stage, through the planning and design of the build, the familiarisation of staff during the commissioning of the building and the migration of services. The Children's Hospital was part of an £840m project in the South of Glasgow which delivered a Laboratory & Mortuary build, a new Adult and Children's hospital, car parking, a teaching and learning facility and new office block.

Retirement Project Manager: Standardise & Rationalise Project