



SCOTTISH HOSPITALS INQUIRY

**Hearings Commencing
13 May 2025**

Day 9
28 May 2025
Mark Baird
John Redmond

CONTENTS

Opening Remarks 1

Baird, Mr Mark (Affirmed)

Questioned by Mr Connal 1-81

Redmond, Mr John (Affirmed)

Questioned by Mr Mackintosh 81-145

10:00

THE CHAIR: Good morning. Now, Mr Connal, we begin with Mr Baird.

MR CONNAL: Indeed so, my Lord.

MARK BAIRD: Good morning.

THE CHAIR: Good morning. Now, Mr Baird, you are about to be asked questions by Mr Connal, as you will understand, but before then, I understand you are prepared to affirm.

THE WITNESS: Yes.

Mr Mark Baird

Affirmed

THE CHAIR: Thank you very much, Mr Baird. Now you appear to me to have a good strong voice, and I would simply say this to you, as I would say to most witnesses: I would encourage you to use it. We've got a room to fill, and it's important that you're heard. Your evidence is scheduled for the morning. It may take all of the morning or less than that. We'll probably take a coffee break at about half past eleven. If you want to take a break at any stage, give me an indication, and we'll take a break. Mr Connal.

Questioned by Mr Connal

Q Thank you, my Lord. I would only add to that that we've had some recent witnesses who are giving a very clear answer and then the voice drops off at the end. So I just mention that in passing, because obviously it's important that his Lordship hears what you want to tell him.

A Okay. Understood.

Q So I'm going to start with the formal question I ask all of the witnesses who are coming, which is that you've provided a witness statement to this Inquiry, and are you content to adopt it as part of your evidence at the Inquiry?

A Yes, I am.

Q Thank you very much. Now, you're another Currie & Brown witness. We've already heard from Mr Hall, in particular, and we have a written statement from Mr Ross.

A Yes.

Q And these are both individuals that you worked with on what I'll call, just, "the new hospital project." Is that correct?

A Yes.

Q Do I understand from your statement that you are somebody who had accumulated a reasonable amount of involvement in healthcare projects?

A Yeah. That's reasonable to say.

Q Yes. You've listed some of

these. I'm going to use your witness statement to guide us through your evidence, and so we'll just get that up on screen, please, at page 44, and as you've probably been told, the numbers I'm using: I'll either use paragraph numbers or, probably, page numbers, and it's the page number at the top.

A Okay.

Q It works with the electronics very helpfully. So, that's where you set out, in brief, some of your experience and some of the people you worked with. Now, I just wanted to ask about them, because we're going to come to a discussion in due course about what might be described as construction people know and what people whose life is not construction may know. Now, let's leave Alan Seabourne because we're going to hear from him. Peter Moir, he had a background as an architect. Is that right?

A I believe so, yes.

Q Now, the others that you've mentioned include Frances Wrath, Heather Griffin, Mairi Macleod, Karen Connolly.

A Mm-hmm.

Q Would it be fair to say that they're not really people whose life is working on construction projects; they're more healthcare focused, healthcare administrators in particular?

A I would say Mairi, yes, Heather, yes, Frances has got a technical background, whether building surveying or quantity surveying, I'm not sure, but certainly I'd worked with Frances on projects, and she was part of, I think, the Estates team. So she was more in that camp, if you want to call it a camp, and---

-

Q Yes. Well, we've had a lot about camps. Let's hope we don't need to----

A Okay.

Q -- go there.

A Grouping, then?

Q No, I'm merely asking this because we're going to come to look at questions about where people would find information -- who would know where to look, and so on. What you've done very helpfully in your witness statement on page 45 onwards-- and I'm sorry if I'm making you put your glasses on and off. Is that just----

A No, it's just the screen's just not quite at the size to-- So, I'll just keep them on. It's fine. I'm just trying to get a comfort-- So----

Q Well, if you have any issues with the screen, please just do tell us. What you've done is you've sort of tabulated the different stages of events for us in a convenient series of boxes: pre-design on page 45, and then the

invitation to participate in dialogue, and then, going on to the next page, the tenders being submitted and evaluation, preferred bidder stage, and so on.

As an experienced construction professional, I just wanted to ask you one issue about the middle box on page 46, the one that ends with “a period of contractual negotiations.” It may be obvious to you as a construction professional that, at that point, at least in principle, nothing is agreed until the pen goes on to the contract, and therefore I wanted to ask you this question. As we’ll come to in a minute, there are things called the Employer’s Requirements, and other stuff that goes with that, on which clearly a large amount of effort has been deployed to create these. Can you help us at all as to whether it would be understood by those involved in this project, not the people in the negotiations, but the wider group of Board people, that, for instance, something in the Employer’s Requirements could be removed in these final negotiations?

A So your question is, would-- to see if I’m understanding, would people who were involved – but not directly with the negotiations – understand what could occur to the negotiations----

Q Yes.

A -- and things-- things could

change or be removed?

Q What we’re looking at, I think, is a situation where there’s an enormous effort putting this package together, with lots of contributions from lots of people. I’m just wondering if you can assist us at all as to whether it would be widely understood that any or all of that could be changed or dropped or whatever in these final negotiations before the contract was signed?

A So, for referring to the people that I name on the page before, so, the likes of Frances and Heather and Mairi, I would say, yes, they were very aware of what the process entailed and that the logs, for example, had-- So, if you think of it as a convergent process, the bids get submitted, they get evaluated, and then we have our preferred bidder. So that’s the box above. It’s the top box on page 46.

Then, to go forward with the preferred bidder in the period November to December 2009, there are a lot of areas and items that are noted for consideration, for checks, for people to be consulted around and for negotiation. So I would say everybody was very well sighted on that process and that there would need to be outcomes on all of those items for, as you say, you know, the pen to be used to sign. I think it would also be clear that the Board were

very well sighted on those and, you know, there would be nothing that was just scored out or changed without that being consulted with the Board and the correct people, whether that be a board person or an advisor. So, I think the-- I think the process and that that was underway was very clear.

Q Let me just go back to the last part of your answer, if I may, so that we get that bit clear. You've explained what you thought the list of people on the previous page would know and then you said that you thought the Board would be sighted on it because nothing would be-- if I'm picking up your answer correctly, nothing would be removed or changed without it being taken up through the proper channels or whatever. Is that what you're trying to tell us? That----

A Yeah. Wouldn't use the term "Board" during that-- the project team. So Alan Seabourne and the team. You know, within the project team, they were carrying out the negotiations. I'm sure there were conduits from that or reporting back to, if we use the Board in a more formal sense, you know, into the-- from a governance perspective, if you like. But, within that project team, and I use the term "Board" to mean the people who were involved in-- It's the project team. The Board project team.

Q Yes. The reason I ask this, Mr

Baird, is that, as you probably know, it's not been possible either for the Inquiry or for GGC to find any record of what we're calling the ventilation derogation, let's leave the terminology aside for the moment, being reported to anyone outwith, you know, Alan Seabourne and the group who were discussing it. So, therefore, there's no apparent record of that happening. Whether it did or it didn't is another matter. Therefore, we're trying to find out what you thought would have been happening. Were you anticipating then that if there was something of significance-- Just asking from your experience, because you're not controlling the process. Asking for your experience. Something of significance which changed during these negotiations that the project team would, as you put it, use the conduits to other sources of approval?

A Well, I think also the timing is important here because obviously the table here goes through steps and stages. So, at this point for the contract, the signing that took place at the end of December 2009, the purpose there was to allow-- to have, like, a position to allow Board to go forward with Multiplex into the detailed design. So, there would be areas where there was some information available that would need to be developed, which was the whole essence

of how this was established in the sort of two-stage. So, there would be-- None of these things were final. These were things-- notes where, "Here are the areas that still need to be worked on together. Here's what's been-- A meeting of minds are considered thus far together between the Board and Multiplex," and then they would get taken forward and into that detailed design development which would allow more substance to be added and more information and more design and more contribution from people. So, none of these were final. These were a stop point, if you like, to say that we're ready to and able to move to the next stage.

Q What I might do, I think, Mr Baird, is rather than ask you this in the abstract, we'll come back to that last point when we come to these final days of discussions----

A Sure.

Q -- before contract. Can I just then ask you about-- What you then tell us, I think, is you then start to explain the different stages. You explain on page 47, in paragraph 18 at the foot, what you understood the original intention was, wearing a Currie & Brown hat, as it were, that Currie & Brown would take on a "role as Lead Consultant, Employer's Agent and Contract Administrator" with a team of sub-consultants. Is that correct?

A Yes, that was the original

outlook, yes.

Q Am I right in thinking that the phraseology there, which includes things like "Employer's Agent" and so on, is not the phraseology that appears in the standard NEC3 design and build contract which has "Project manager" and "Supervisor." Is that right?

A Yes, that's correct. Originally, it was the SSBC.

Q Sorry, just so his Lordship gets that reference, what were you saying, the original contract outlook was what?

A The SSBC. So it was, like, the Scottish equivalent of JCT. So not NEC, originally, when we----

Q Standard----

A -- settled for the project.

Q Standard building contract, as it were.

A Yes.

Q Yes. Thank you. Then you explain that the role changed, and we've heard from Mr Ross in his written statement and also from Mr Hall about that. So I'll maybe come back to it in a moment. You repeat what you then said earlier at page 48, and then you list the sub-consultants----

A Mm-hmm.

Q -- including, for our purposes, Wallace Whittle, who were the ventilation designers or M&E Engineers. Is that right?

A Yes, correct.

Q Yes. Now, just so that his Lordship has the best picture of what actually happens to bring this show on the road, I just want to ask you to help us a little bit under the heading of, "Employer's Requirements"----

A Okay.

Q -- so that the Inquiry has a good understanding of, and I'll ask you some specific questions in a minute, you know, what they are, where they come from, how they get pulled together, what's in them. So, if you have these ideas in your head, I see in 22, that's page 49 of the witness statement, you say that your role was to "provide technical support to NHSGGC, including assisting with the preparation of the ERs..."

Now, you then tell us what they were, the document, and you say you "worked collaboratively with key NHSGGC stakeholders such as clinical staff and the Estates teams to develop the ERs." Would I be right in assuming this was quite a large exercise?

A Yes. Yeah, that's fair to say.

Q We're dealing with a large and complex proposed building. I mean, do you remember how long it took to do?

A Several months from the start of-- I just want to get the year or the years. Yeah, from our appointment, several months to, yeah, the end of April

2009, yeah, towards that six, seven months.

Q Well, just help us, for somebody who's looking at this as we are, Mr Baird, from outside and after a long time has passed. In paragraph 25, I think, you try to walk us through what actually happened. Can you just take us through that so that his Lordship understands what process was taking place and who was doing what?

A Okay, so obviously the wider context is the Employer's Requirements form a portion of the invitation to participate in competitive dialogue. So, from a context point of view, they're a constituent part of that suite that will be issued to the market for bidders. So the Employer's Requirements therefore capture what the employer, so the NHS in this context, want to buy, effectively. So, it's laying out what we want, the minimum standards, etc., that are required, the minimum requirements in a variety of areas, and that's articulated in written and drawn information.

So, when you look at the team, there are different component parts to the team, and by that I mean the team that Currie & Brown had and worked with. So Buchanan Associates-- Iain Buchan, sorry. Iain Buchan and HLM would work together on schedules of accommodation, which would lay out,

“Here are the room types, the sizes, etc.”

Iain Buchan would then liaise, and the architects to an extent, with the user groups. So they would discuss how areas and spaces would be used. They would also discuss and understand what departments were required, how departments would work, what sort of adjacencies one department would have to another.

So if you think of, say, A&E, for example, being adjacent to Imaging because you can imagine that-- we've all, probably, unfortunately, had to visit A&E at some point, and, you know that they need to be-- imaging nearby, and then, within departments, what rooms have to be beside each other, etc. So, drawing the map and the plan, if you like, how will this hospital work, how will patients flow through it, how will non-clinical things work through this hospital? So, facilities management as well, obviously, being important, keeping, you know, linen coming in, linen going out, food coming in, food going out, workers coming in, workers coming out of different designations----

Q If I ask you just to pause there a little bit just so we can make sure we're following the process. So, architects are involved in doing that.

A Mm-hmm.

Q If I just pause your narrative

there, what are Currie & Brown doing----

A Okay, so----

Q -- at this stage?

A Yeah, so we're, I guess, like the sort of glue in the middle, if you like. So we're directing and bringing the different people in to make sure that the different component parts are being covered. So we compiled a team for that purpose. So, obviously, the engineers to do engineering, you know, the URS to do the structural and the geotechnical portions, etc., to make sure that the meetings were taking place and that the written and drawn Employer's Requirements come to life, if you like. We start to get drafts ready and then those are reviewed and we get feedback from the Board as well.

Q Okay, so----

A Then there are iterations, so you build that up into a suite of ERs, Employer's Requirements.

Q Okay. So, you've got where the building's going. You've got technical stuff about structural design and so on. As you say, you've got, you know, how we're going to get the food in, where's the linen coming from?

A Yes.

Q Practical issues of that kind, and this is, what, put down on paper and then circulated again and changed?

A Yes, it was an iterative

process. So, there were obviously reviews of the written narrative when HLM and BMJ would have drawn layouts to different scales, so that a departmental layout, that would then get reviewed with users to make sure that that had been interpreted correctly. So what they had articulated verbally was captured in a drawn narrative and then reviewed.

Q Then you end up with a final document. How does that get finalised?

A The Board reviewed that. They had been reviewing it as we went through and then when they were entirely comfortable that, obviously, the various relevant comments had been taken on board and all the relevant documentation was in one place and all flowed together in terms of, obviously, even numbering and language, etc., then we'd have a final document.

Q So, who says, "That's it, that's what we're going with," at this stage? Is that you or is that somebody from the project team or somebody higher up?

A We would have-- When I say "we," Currie & Brown offered, "Here's what we consider the final version to be from working through the process." Then that would be an NHS Board decision as to approving that for inclusion in the invitation to participate in dialogue.

THE CHAIR: Sorry, a GGC Board decision and I just didn't hear----

A To approve that to go into the ITPD, so that sort of final, "Right, this is locked in. This is the final version that we're going-- taking to market."

MR CONNALL: You've identified earlier in your evidence an issue that crops up in a large number of witness statements that people say, "Well, we told the Board," or, "We spoke to the Board," or whatever, and it's not always clear what they mean by that. I think that you indicated that in many places-- I'm paraphrasing what you said, but in many places in your witness statement when you said that was for the Board, what you actually meant was that was for the project team, people like Mr Seabourne. In this context when we're talking about the finalisation of the Employer's Requirements, who, from what you can recollect, was making the decision that that was it and that's what you were going with?

A From the engagement I would have, that would be Alan Seabourne.

Q Again, just to make sure I'm understanding that correctly, you would understand Mr Seabourne to have intimated the decision, but you don't know what he did to clear that with anyone else?

A No, I know they were-- you would report back to the Board on matters. I don't know the format of that or

the frequency, etc.

Q Thank you. Well, let's just continue to move on through this process if we can. At page 50, you were coordinating, as you put it, the Currie & Brown with the-- When I say "you," I don't always necessarily mean you, Mr Baird, but you, Currie & Brown, and if you need to correct me on that, please do so at any time. You've explained what the Employer's Requirements were and why they were significant at paragraph 28. Some of the topics that you've just mentioned to us are covered in 29 and then 30.

Just to go on to page 51, just so we pick this point up and we're clear, this is where you're referring to the technical team, "HLM prepared an exemplar master plan." Now, am I right in thinking, and I'm thinking of evidence from others that we've heard recently, that the exemplar master plan didn't cover every single room that was ever going to be in the hospital, it was a smaller number of rooms?

A Yes, that's correct, it would have been-- there were certain drawings at 1:500 scale, so that's showing a massing, if you like, 1:200, which would be departments, and then there were samples of Room Data Sheets, so there was a, I think, maybe 50 number of those and so a certain amount of the

departments were drawn at that stage, I think maybe 10 or 11. There was a lot more departments in the overall hospital, but the exemplar was identified so that that could be developed and issued in the ITPD.

THE CHAIR: Sorry, did I hear you correctly when you said, at this stage, there would be a sample of Room Data Sheets, and you thought about 50 – or did I mishear?

A I think there were around 50 different room types. I don't have my notes, but I think that is in that sort of order.

THE CHAIR: No, thank you.

A And then obviously, of those, some of those are-- there might be one room type, but there might be 10 or 20 or 30 of that room type.

THE CHAIR: Yes.

MR CONNALL: Who produced the sample Room Data Sheets?

A That would be a combination of the architects. So they would start with probably a generic Room Data Sheet for that room type, and then there would be input from the NHS team and the user groups along with Iain Buchan, because then that-- you would ordinarily take that, like the sort of generic, as I say, Room Data Sheet for that room type and then adapt it for particular user groups and particular functions, because remember

they're looking at how they want to operate the hospital. So clinical functionality, they've always got that in mind, so they would be looking at a data sheet and starting to make sure the things that they require are included in that and how it's laid out.

Q Now, the word "clinical functionality" has featured fairly frequently in recent evidence. So just tell us what you understand by clinical functionality since we've got you here this morning.

A So, clinical functionality would be looking at how the NHS are going to use a space for its clinical use, and there'll be different parameters to that. So if it was a bedroom where the bed would be placed, because where there were M&E services on the wall, where they would be placed in terms of height and location, etc. So that-- Or they are-- To interpret how they're going to use the space, its clinical function, so it's very much a user-- you know, the people who are going to operate that space, opening and advising on how that should be laid out and what should be included.

Q You say in paragraph 31, "Wallace Whittle developed an outline mechanical and engineering design." You're not the designer, but can you just tell us briefly what you understand they were producing?

A Yes. So, Wallace Whittle

would have considered and worked on the various component parts of mechanical and electrical activity. They produced written narrative as specifications, output specifications and I believe they'd done some layouts, some exemplar layouts or schematics of schematics systems. So in the period-- Just to be clear, in the period, putting the Employer's Requirements together. So they undertook that activity, but that to be put in the Employer's Requirements which articulated and mainly written, but some drawn fashion of what the NHS wanted to buy, what they wanted to be designed.

Q Now, we know from looking at the contract that it contains a large number of guidance documents, some of which are marked as "to be considered," as it were, and others which are marked as obligatory, "to be followed." Who put together the guidance material?

A So, that was formulated through a combination of the various technical teams, so the various design organisations, because there are HTMs and SHTMs and others that are the guidance you refer to, and they cover different aspects of healthcare. So those were combined into an overall list with contributions per discipline, if you like. So the architectural element would be provided by the architects, the

mechanical and electrical by the mechanical and electrical engineers, and so on.

Q Now, you say in paragraph 32 that once that had been done, that list was reviewed by Frances Wrath and Peter Moir. Is that right?

A Yes, again, that was an iterative process, so, you know, you got the list and then there was reviews and discussions, and then, from a-- yes, a Board perspective, Frances and Peter were carrying that out.

Q I see. Now, it may not matter greatly, but you explain at paragraph 34 that there was a group set up to essentially iron out wrinkles. Would that be a reasonable description of a technical review group? Page 51, paragraph 34.

A I don't think-- I don't think "wrinkles," I think it was just a forum because, obviously, as you pointed out, the production of the Employer's Requirements is a large undertaking over quite some time. There's obviously various iterations and we need a forum to discuss that, make sure we're on progress, a forum for people to raise any concerns, and a lot of the disciplines that can't just act in a silo, they need to interact. So that group was there to-- more like as a sort of steering group, if you want to call it that, to make sure we're getting the job done, that there

were actions noted and that we were following through and getting the tasks done.

Q Yes. One of the issues you just illustrated was the question of people working in silos and how that had to be avoided because they needed to interact with each other. Is that right?

A Yeah, yeah, it's quite an important feature that we didn't and we did not. You know, that people were quite-- were interactive, worked together and that's I think a good example, actually, of that, you know, we came together I think every week in that forum, as well as calls and emails, etc., to make sure that everybody had an appreciation of the process overall, and we were interacting and challenging each other, asking questions, etc.

Q So, what you then do, on page 52 and 53, is you explain what you were doing and you describe yourself as "coordinating." Are you the sort of man pulling it all together, as it were?

A Yeah. Yeah, I mean, I suppose if you want to consider it like a bus journey, I knew where the bus started, where the terminus was, what the different stops were, and I had to get people onboard and get the bus moving and keep it moving. And then I guess sometimes at some stops we would bring somebody in who would have to give

particular information or help confirm or clarify a point. So, yeah, that organising and coordinating.

Q Although you were the one that knew where the bus was meant to go, you weren't chairing the group?

A No. No, I mean, I would take the-- I think generally I took the minutes and the notes, which was just a function to make sure it was recorded and particularly actions were written down.

Q Obviously in response to a question, no doubt, you stress in paragraph 37 that compliance with things like SHTMs and HTMs was an important feature of these discussions. Did this keep cropping up routinely?

A Yeah, I think from memory it was a standing agenda item which should be reasonable, because it's for one of the component parts of the ERs.

Q I wanted to ask you about one-- I'm not sure we need to go to the minutes because we can see what they say, but there's one point I wanted to ask you about that crops up on page 53 of your statement near the top, it's what's the end of paragraph 38. You say, "One of the purposes of the meeting on 30 January is to reinforce to everyone present that the ER has articulated the Board's requirement."

Now, it then says, "...and where the minimum standards that were to be met

by bidders or the contractor." Now, I just wondered why you stressed the minimum standards, because that would suggest that you wouldn't be departing from them for anything that wasn't a better end result. You would only go upwards; you wouldn't go down. Is that what you were trying to express there?

A So, that's into an area of how the, from a construction perspective, specifications are drafted. So you could have input or output specifications. So input would detail every absolute item. Or you could have an output specification, which would be, "Here's what we want" as the purchaser or the employer, if you like, not necessarily how to do it or how to do that in every instance, and those are the minimum, and that's not uncommon to have that approach in a construction contract. It does allow bidders to consider solutions and how to provide a solution to an issue because there's a minimum requirement that they can't go below, but they can provide something, not an alternative, but you know, they've got some latitude on how to interpret and produce a design.

Q But at least in terms of intention at that time, the idea is that you set a minimum, a floor if you like, below which they're not meant to go, but you don't constrain how they go about meeting what you've asked for.

A In some areas, yes, in some areas it's, "This is what we require." And in some areas, there would be some opportunity for people to play back in a bid something that they might want to do a bit differently, or, "Here's an idea that we have," or-- again, that's not uncommon.

Q Yes. I'm sorry if we're asking you things that are very simplistic, but can we just ask about the exemplar design, because we've touched on it briefly. You touch on it in paragraph 41 on that page and you say that it's "to give a clear design intent while allowing flexibility." Can you just explain what you mean by that, so his Lordship understands what the point of this document is?

A Okay, so the timing, we're still in the period where the Employer's Requirements are being put together, so that ITPD, which includes the ERs, hasn't yet went to market, so that they're still being put together. So there's a heavy activity at that period in time with user groups, so clinicians, people who are going to live and work-- I'm sure some of them might feel like that, work in the hospital and operate it when it's constructed and opened.

So I think, as I mentioned to you earlier, one needs to understand from that group and the clinicians what they

require and how they envisage the hospital to function. So we're back to patient flows, so if somebody arrives at Accident & Emergency, what's their journey through the hospital like? If somebody arrives for an outpatient visitation, what's their flow through the hospital like?

So the exemplar would take that discussion and capture that in a written-- sorry, a drawn form. Clinical output spec would capture that in a written form. So the departments that were chosen would have to look at how rooms were organised within that department, so how clinicians wanted to use a department, so room adjacencies. It's a bit like if we're in here today, and clearly an adjacency for the witness to go through this door and go into the witness room is important. You know, if this had been organised such that the witness was over here, that wouldn't work for your needs. So it's that sort of-- capturing that.

Another example could be if a family had bought a piece of land and they wanted to build a house, they would sit down and they would sit with an architect, one would assume, at the start and identify, "I want a bungalow," or, "I want a three-story house. I need X amount of bedrooms; I want the bedroom to have an en suite; I want the kitchen to have a dining room beside it." And then they

would probably look at the kitchen and start to lay it out the way they want to work, the way they want their house to work and the way they want their life to work. So, in a not dissimilar fashion, the exemplar design would capture how the clinicians want to work and use their hospital. So there would then be departmental adjacencies, so what departments need to be beside each other. Travel times: what are the minimum travel times to get from certain departments or functions to another?

Q Thank you. Can I ask you about clinical output specifications-- Sorry.

THE CHAIR: Just sort of pause there. So, what I'm taking from your answers is the-- Well, first, I should ask this question. Am I right in thinking the exemplar design is expressed in drawings at 1:500, or is it----

A There'll be different scales. So a 1:500 is if you think of almost like a helicopter view, and then if you go likely 1:200, you'll get a departmental, so that would be, say, outpatients department or a portion of, or imaging, so x-ray, or operating theatres; and then you might do 1:100s, but your 1:50 is like zooming in further, and those would be individual rooms, which would comprise your Room Data Sheets. So if we think of it as-- You know, like you use Google Maps and you

zoom in, almost like that, the 1:500, the 1:200, the 1:50.

THE CHAIR: Right. At the exemplar stage, one would see the whole of the hospital in 1:500?

A No, I think just the-- I'm not sure on that. I know there were 1:500s, some of-- I'm not sure.

THE CHAIR: And examples of departments at 200?

A Yes. Those, I think, 10 or 11 departments were worked up.

THE CHAIR: And in addition to that, some rooms at 50?

A Yes.

THE CHAIR: Thank you.

MR CONNALL: Now, you deal with clinical output specifications on page 54 of your witness statement at paragraph 44 onward, and you've got quite an interesting comment at 45:

"The purpose of the ERs is to capture the building requirements whereas the COSs capture clinical requirements; the two are put together to provide the required solution."

Is that how you understand it should work?

A Yeah, there are definitely two component parts. You know, the two things that have to-- You know, if you didn't understand how clinicians wanted

to use the space, you wouldn't be able to articulate that and share it with bidders, who then wouldn't have the steerage to understand what to feed back. So if you think of-- that's what's going to happen within the spaces, then the-- what I've called the building requirements, the Employer's Requirements, have to capture what's the structure and fabric and performance of the building that were going to perform that clinical activity within. So you have to see-- So only if you put those two together are you seeing a fuller picture.

Q Now, you explained that you didn't tend to get involved in the groups preparing clinical output specifications, although you were part of the-- had part of the job of pulling them into the process in due course. Is that right?

A Yes.

Q I just wanted to----

A Iain Buchan ran the clinical output specs.

Q Sorry, I missed-- I interrupted your answer there. I didn't quite catch what you were saying.

A So Iain Buchan, primarily, I mean, their medical planner, healthcare planner, whichever phrase you choose to use.

Q What I wanted to ask you about was this, because some issues have arisen about clinical output

specifications as we've gone through the evidence here. When the architect, Emma White, or lead architect, was giving evidence, she was explaining that, in her experience, clinical output specifications could vary significantly from one group to another group depending on whether they were clinically-minded, technically-minded, what their experience was of some of the technical issues that went into the design of a particular unit. So you could get one clinical output specification, for instance, with a lot of information about ventilation requirements and one with almost none.

I was just wondering how, in the coordinating exercise that was going on here. You dealt with the question of clinical output specification content, because someone ultimately has to interpret them to build what needs to be built, and if they're all differing in content, is somebody laying down a minimum? Is someone checking them? How did it work?

A Okay, so, as I noted, Buchan Associates, so Iain Buchan would lead on that. So when you look at the fact that we-- when I say "we," Currie & Brown had a team comprising different specialisms, so obviously a healthcare planner, medical planner, and indeed Iain in a former life was a nurse, so he comes from a very clinical background, so he

would engage in that. The architects would have been involved to an extent also.

Not having been at the meetings, I say too-- I can't comment much, but I know that they would have worked through with each group with the format that they work through, and those would be checked. I know the Board would have read all the clinical output specs, since they did. So when I was-- when those were issued to me in their final form, I was comfortable that they could go into the overall Employer's Requirements.

Q One of the questions that has arisen, and I might as well raise it with you, is that if you have a clinical output specification that, for instance, doesn't have every dot and comma of every ventilation issue that might arise written out on it, then somebody doing the ventilation design has to work out from the specifications what they think the users want and then produce that.

Now, if you then have a clinical output specification which has very little about ventilation for a specialist unit, again, the ventilation designer has to look at it and try to work out what they think is needed. I'm just wondering whether any thought was given to whether the clinical output specifications had the kind of information that would allow that kind of--

particularly ventilation design to be done.

A See, that type of information was recorded in the Environmental Matrix, which identified various environmental conditions to be met in room types, so lux levels, which is lighting levels, acoustic levels, ventilation, etc. So that's where these were captured.

Q So if somebody was asked to design the ventilation for a paediatric haemato-oncology ward, where would you think they would go to get the information to complete that design?

A I think you would need to be very specific about it. So we're talking about gathering of information at a point in time, and then if we think of the process, moving along, that's put out to the market to bid and bid back, and then that's developed as a design, and then that's signed, and then there's design production and all the drawings that go on. So I don't think there's a single answer to that.

I would say a competent contractor would take the information that they have. They would articulate that and capture that into their design development, so whether they've put-- Wherever they captured all their, in this instance, ventilation requirements, they would take the sources presented to them, and it's their job, because that's what they're there for and they're experts in, to take

that and turn that into their build specifications and documents ready for construction.

THE CHAIR: Just so that I'm sort of following this dialogue here. In that process, there is a step when, for example, a ventilation designer has to look at a clinical output specification and decide what is the appropriate ventilation outputs to meet the clinical outputs that are described in the output specification. Am I right?

A Can you say that again, please?

THE CHAIR: Well, you're describing an extended design process, which I think is iterative. I think. Well, let me take that word out. You're describing a design process where the expert contractor has to interpret what is described in the clinical output specification with a view to determining what is the appropriate, for example, ventilation to accommodate or to provide for that clinical output specification. Now, I'm just sort of concentrating on a step in the process where the contractor who-- or the contractor's subcontractor who is not a clinician has to understand the nature of the clinical service being described in the clinical output specification sufficiently in order to tie that in with an appropriate set of environmental parameters.

A Okay. So I think because

we've not got any documents----

THE CHAIR: Or have I got that wrong?

A No, no. I think because we've not got documents, we're slightly in the abstract, but my understanding is that the Environmental Matrix addressed the environmental conditions to be met, and that that was developed by I'll say Brookfield, because I'm used to calling them Brookfield during the development of their design such that they would have all areas of their mechanical and electrical, including the ventilation requirements, laid out into their developing design for production and then eventually construction.

THE CHAIR: When we're talking about the Environmental Matrix, we're talking about a means of presenting information?

A Yeah, a table, an enterprise.

THE CHAIR: Right. And this is, I'm imagining, a spreadsheet, and the spreadsheet might allocate-- each row of the spreadsheet might describe the requirements for a particular room type. Am I following correctly?

A Yes. I mean, again, we're in the abstract because we're not looking at something, but, yes, that approach.

THE CHAIR: All right. It may be that Mr Connal will take you to something more specific, but just in the abstract at

the moment. But someone has to populate that Environmental Matrix.

A Yes.

THE CHAIR: Yes. And the person who will be populating that Environmental Matrix will be – if we're talking about ventilation parameters – a mechanical engineer with specialist knowledge in ventilation.

A Yes.

THE CHAIR: I mean, am I right about that or not?

A Yeah, yeah.

THE CHAIR: Right. Now, that mechanical engineer has to understand, in respect of each room type, the nature of the clinical activities which the clinicians wish to carry out in that room.

A I think they would know the type of room it was. Was it a-- you know, like a bedroom or an office or a----

THE CHAIR: Now, what I think Mr Connal was taking you to is that the ventilation engineer will depend on his understanding of the clinical output specification in order to populate the Environmental Matrix.

A I don't think I can-- I know what you're asking. I don't think I can answer because I'm not----

THE CHAIR: Right. Well----

A -- an engineer, so I'm-- you know, we would be supposing how that would be done rather than be able to give

you a firm answer, so that's----

THE CHAIR: Okay. Sorry, Mr Connal.

MR CONNAL: In that case, I'll move on. Thank you for trying to assist us on that.

In your witness statement, you touch on a number of other issues, BREEAM, which has been discussed as a possible reason for changes being made, but you don't think it was ever the main factor in any particular decisions, according to your recollection, so I don't need to ask you further about that. You weren't involved in assessing what chilled beams were, whether they were good, bad, or indifferent.

Can I just ask you about-- yes, you touch on the sealed building, the idea of having no opening windows, but you weren't involved in that decision. Is that correct?

A That's correct.

Q Then you ask about the use of the various wards and so on, which you can't really assist us with. Now, we then move forward in time. So, it is the point you're making that there are different stages in this process. Your witness statement, I think, tries to take it chronologically as far as you can.

A Yes.

Q So, if we go to 58, we've then got the competitive dialogue process.

Your job is basically to support the process, make sure it happens, make sure it's administratively organised, perhaps. Is that fair?

A Yes.

Q You were, at that point, producing an M&E clarification log and an overall clarification log to try and keep a record of what points were being raised and what the answers to them were. Is that right?

A Yes, that's correct.

Q So, a log like that, am I right in understanding that what it tends to record is the question, perhaps an initial response, and then a final answer?

A Likely, and that period being the query and the response.

Q Right.

A It might-- If people -- by that, I mean bidders -- might re-ask a question, or as, you know, they'll get more into detail on a subject but generally it would be a query and response.

Q You also then asked about what we've described as the maximum temperature variant, a change in the maximum temperature which was to be permissible subject to certain criteria. You say you weren't involved in that. Is that right?

A That's correct.

Q Now, just so we're clear, to see if you can help us at all, page 59,

paragraph 66 at the foot, you say:

"The decision to remove the maximum temperature variant was considered by the relevant Technical Team members and the NHS team with experience in that matter."

Now, I'm not asking you to comment on whether it's good, bad, or indifferent. We're struggling at the moment to find who discussed or debated or agreed this. Can you help us at all?

A No, not specifically. Only, again, that everything was discussed in the project team. So it would have been, I guess, whichever adviser or people in the NHS team. So, no, not specifically.

Q You mentioned the relevant technical team members. Now, by "technical team" at this stage, you're meaning the sub-consultants to Currie & Brown, I think. Is that right?

A Yes.

Q Who would the relevant technical team members be?

A In that context----

Q Yes.

A -- it would be Wallace Whittle.

Q You take us forward through bid evaluation, and then we come to the point where we have Brookfield, if you like, Multiplex, we've tended to use as the preferred bidder.

A Yes.

Q So, this time, you've still got your technical team on board----

A Yes.

Q -- and you say in paragraph 72 on page 60:

"It was [your] job to record ... the Board's ... comments on Multiplex's design, Multiplex's comments ... further comments and the agreed position."

So, first of all, when you refer to the Board there, are you referring to the project team?

A Yes.

Q You're not suggesting it goes beyond that in these discussions?

A No, that would be the project team. That's correct.

Q I suppose we're going to come to it fairly shortly, so I'll just ask you this generally first and then we'll come to the specifics. The way these logs are constructed, am I right in thinking that they tend to contain a question or a query – however you'd like to describe it – and a response and then perhaps a further comment and then a response, often a short one like "agreed" or "agreed subject to X" or something of that kind. That's the way these are usually laid out. Is that right?

A Yeah. So, just for clarity, we're

in the period November 2009 to December 2009?

Q Yes.

A So----

Q I was referring, just for completeness, to paragraph 72 of your witness statement.

A Yeah. I just wanted to be sure I had the right timeline because some things are dealt with differently at different timelines. So, in that period, just for context, we've got Multiplex in the position where there are a list of items – some M&E and some other areas – that need to be worked through, discussed with the Board. So, yes, the log would capture those. That was the agreed process for those being identified and monitored effectively.

So, in some instances – and I think it would vary – there could be perhaps quite a quick close out and it might be, "Here's a statement," and then agreed, and others, I think, from memory, if we work across the table left to right if you're looking at it, there might be some comments back and forward, and then getting to a position which ultimately – I can't say that word today – had to be concluded and agreed to allow the contract to be signed.

Q It'll be apparent in just a minute – and I suspect you know already why I'm asking this question – that,

generally speaking, what are recorded are outputs. So, a question is raised, considered by the project team with or without advisers, depending on the point, and then they produce a response but what you see is the output in the sense of that response. You don't see who consulted who, what the person consulted said, the toings and froings of that conversation, none of that appears in the log. It's the output of that conversation that appears in the log.

A Yeah, I think that's a reasonable summation.

Q So that if somebody was looking at one of these points, such as what we've called the ventilation derogation, and you wanted to find out what Wallace Whittle had said to Peter Seabourne in the presence of Mark Baird or David Hall or wherever the discussion was taking place, you wouldn't find that in the log. What you would find is the result of that conversation being put back, as it were, to Multiplex in the form of the next stage of the log?

A Yes, because, again, if we're considering that convergent process, so the log itself as a function was to capture outcomes but then that in turn would develop into an appendix to the contract. So it was structured such that there was ease of close-- when that was closed out, it was appended to the contract, so it

would form part of the contract.

Q Well, let me ask you this in general terms, coming to the ventilation derogation, which, as you can see, we start dealing with on----

A Mm-hmm.

Q Let's not get into a debate about the phraseology. Not everybody accepts that it was a derogation or entirely a derogation or whatever. For our purposes, let's just use that phrase, if you don't mind. It'll just make life simpler. You, first of all, make the point that, in relation to the discussions about ventilation, you are not a ventilation engineer, you are not technically qualified, and you weren't in a position to comment on the technical details of any of the discussions. Is that right?

A Yeah, that's correct.

Q Although you project managed a lot of these exchanges in the sense of organised them. Is that right?

A Yes. If somebody was required to support the Board or review an item or whatever, yes, I often was the, to use that word, conduit of reaching out to that person, asking them to give feedback or whatever.

Q So, if the log is the agreed form of recording the outcomes or the outputs, put it that way, is it then normal practice not to keep any record of the discussions leading to the outputs?

Because there's been some surprise raised as to the fact that no one's found any records of these discussions.

A I haven't seen-- And, as you're saying, I haven't seen, and there's not been any notes provided. So I haven't seen any of the discussions. I've seen obviously----

Q My further question for you, one of the persons who expressed surprise that there were no records, minutes, or anything of that kind was Mr McKechnie, who was one of the participants in the exchanges. The question for you – and by “you” I mean Currie & Brown, this is not a question of pointing fingers at individuals – would it not be for the people project managing the process to keep any records?

A I think there were, and we've talked about today, areas where there are records, yes. I don't believe I was at any of the specific discussions with the ventilation design, and neither me or my colleagues had been. So I have no locus to see who was there and notes being produced by that or who may or may not have, and I see none have been produced or have been made available, so----

Q Well, all I can say is we haven't found them and a number of the other participants have asked about them as well. Well, can I come back to the

question? Would it not have been one of the project manager's roles to ensure that, for any discussion – and let's leave aside whether this was a big issue or a small issue, but certainly it was an issue that went back and forward – that there was some kind of record of discussions with advisers, key points raised, what was explained to the project team and so on?

A Yeah, I think that's reasonable.

Q So, that should have been Currie & Brown's job to do?

A Or if we weren't in attendance, whoever was at a meeting.

Q Okay. Well, let's assume that there was no Currie & Brown representative, but you knew the meeting was happening, because obviously if you don't know about the meeting, nothing you can do. But assume, as we think we see in all of these exchanges, Currie & Brown are aware of the various discussions. Even if you're not there, is it not your job to make sure something is captured somewhere so that somebody comes back later on and says----

A I would expect a record, yes.

Q You would expect a record?

A Yeah.

Q Thank you. Can you help me at all with a general question about this process over the derogation? We'll look at the log in a minute. There are, I think,

two versions of the log. There's an initial one and then there's a final one.

A Sure.

Q It may not matter, but if you think it matters, you'll tell me. There appears, at least initially, to have been a response to the proposal suggestion from Multiplex, which was, "No, not accepted, not in accordance with guidance." That seemed to have been the initial response, and then by the end of the process, we know the answer was, "Agreed, subject to details set out." Can you help us at all in understanding when things changed from no to yes?

A So, you're referring to the log. So that initial comment would have been when the bid was first reviewed, I think that was an initial comment, and then Wallace Whittle gave further input and discussions with the Board. I know they became more comfortable with or they got-- As you'd expect, there'd be discussions about what Brookfield-- sorry, Multiplex and their designers had in mind and that-- I know Wallace Whittle were engaged with the Board, because I know I was asked to get them to come to-- come and see the Board and meetings, etc., and then I know, from looking at the log, that that position, at that point in time, to allow that to go forward to the design and development phase to be further developed and considered, was noted as

agreed. I don't have any other input to that.

Q Well, can I ask you about a specific point that crops up, which you very helpfully set out full in text in your witness statement at page 61-- to having recorded a board comment at the top of the page about, "Well, you're not giving us 6 air changes an hour, so that's not compliant with SHTM" -- which is one of the guidance notes that you picked up on earlier in your witness statement. You explain what your job was to do -- make sure the right people were talking to the right people, essentially. And would I be right in thinking, just before I forget to do it-- In the last answer you gave his Lordship, you kept saying "the Board." Am I right in understanding that, when you're saying that, you mean the project team?

A Yes, I do. Sorry, I need to be more clear. I appreciate the potential dual understanding of that.

Q Yes. Yes. So, at the point halfway down page 61, we're at a stage where the status of this suggestion is not agreed, and then there's a narrative of what is proposed by Brookfield and why. Then we have a reference that you've helpfully printed out for us at paragraph 79:

"This derogation to the SHTM

is not accepted. Any variation would require Board clinical infection control review.”

Now, just pausing there, that was something you were aware of, I take it, in your project management role – that that had been said.

A Yes.

Q Now, was it part of your project management role, not to do the review – not your job – but to check that that is done – because somebody has gone to the trouble of saying, “No. It must be an IPC review”? So was it part of the Currie & Brown role to make sure that that was done before the thing was signed off?

A So, the-- our--our activity and what-- and what took place was-- So, again, the context is, there’s a whole variety of comments, observations on-- I don’t know if you’ve seen the scoring matrix that was used for the bids-- So there’s a vast area, an amount of areas; so then we’ve started to converge in. We’ve got this shorter list of things that still need some focus and attention. So that was shared with Project NHS-- the project team. So that’s the process that was determined – that things and comments would be flagged and recorded there, and then people who needed to be involved in any sort of discussion, opinion, review were then asked to do that, which in this case was

asking Wallace Whittle to support the project, the NHS team, and go through the issues and develop that more and understand it more.

So I would say that’s probably their very first comment, that initial comment on review, and then, as you would-- one would expect, people then needed to be brought together – the right minds with the right expertise to discuss that matter further.

Q Well, I understand that answer taken broadly. I’m just trying to understand it-- Bear in mind, you know, we’re a long way down the track now from the events.

A Mm-hmm. Yes.

Q So we’re trying to understand what happened with the benefit of a lot of hindsight. That comment suggests that somebody at least-- Now, it’s attributed, apparently, to Mr Bushfield, although Mr Bushfield doesn’t think he is in it. Oddly enough, it actually appeared in a column marked “Brookfield comment,” which it clearly isn’t.

A Mm-hmm.

Q But in any event, it appeared. Someone says, “No, this needs IPC sign-off.” Now, if you were in other kinds of discussions, somebody might take an action. You know, somebody would note “For Alan Seabourne,” or, “For Mark Baird,” or whoever, “Make sure that’s

done, we have IPC sign-off.” Is that not the way this worked?

A So, what occurred was the correct people – and that’d be Wallace Whittle and the NHS team – to engage, which is what they’d done, and then they would start to understand this matter in more detail. And then-- I believe it then carried into-- As I say, there was enough comfort, if you like, for that to be agreed, and then-- Remember the chronology? This would then go forward to the detailed design phase, so then it would be developed further, and if-- and if the NHS and particularly Follett felt there was a clinical infection-- Infection Control team input needed, you would direct that to take place. But I think that it’s-- it’s an important point that this is a point in time where the people with the right expertise looking at this to get – and they ultimately, obviously, got – comfortable that this could progress, be further developed, and the design to be developed, have more information and more discussion of it, because we were directed to make-- for the log to go green, to “agreed.”

So that-- What I’m trying to say is – or what I am saying is – there’s a-- there’s a gestation period, if you like, of that being developed, and more information and more consultation, and then ZBP on behalf of Multiplex being

more involved in developing their thinking more and expressing that further, and that, throughout 2010. So this-- this end of 2009-- I suppose we could call it a gateway or a checkpoint or a line in the sand or that there was enough alignment for things to get taken forward and further developed.

Q Well, the ultimate point was that the Board agreed that let’s call it for the moment “general rooms” could be provided with 2.5 air changes through a chilled beam system – or 40 litres per second, as it was described at the time. That’s what-- the ultimate item that was marked “agreed.” I suppose, if you can’t help us, then that’s fine. I’m just trying to understand whether a comment, which we have dated on investigation to something like 9 December, that particular comment-- whether that should have prompted someone in the process to say, “Ah, yes, remember there’s a suggestion that we need IPC sign-off.” Which suggests before you agree it, not after you’ve agreed it, does it not?

A No, I think the-- the sort of adjunct to what you’re saying is going back to remembering what happens in the next phase. So although things in the design and things are marked agreed, etc., the design still needed to be developed, and things could change. These aren’t final. You know, the design

development would give the opportunity for-- And there could be a change where as that-- this item, or another item, is developed further, it could be, "Well, we're not accepting that," or, "That isn't able to be accepted, because we've understood further details." Conversely, you could have something the other way. So-- And the-- and the mechanism provides for a change, which may or may not have financial impact. So, I think it's important just to understand that in terms of-- in terms of the process and sequence.

Q Well, I think we understand in general terms that something that was agreed prior to the signing of the contract, and then became part of the contract, could be changed later----

A Yes.

Q -- which might or might not have a financial consequence as you've just said. What I'm trying to find out -- and, you know, maybe you can't help me -- is whether you recall anybody having in mind the suggestion that IPC sign-off was needed before you agreed this.

A I can't answer that. I don't have any-- any locus to----

Q You didn't take an action to check that that was done?

A No. We shared with the Board and got the right people to discuss and, as I say, that was then to get taken

forward, where any sort of detail that would give-- I would imagine there wouldn't be any detail at that point in time for somebody to give any sort of opinion, because it was a concept, if you like, a philosophy of design, not a detail of-- And you would need-- So, again, it's thinking about it practically. You would need the detail of the design to then consider that further and opine on it.

So, it's back to that, "Are we at a place where we can state that this is a position," take that forward, look at and develop the design, and-- and-- and there'll be different areas of this -- not limited, one would suggest, to this area. So I don't think that would even have been possible at that time, because there wouldn't be anything to look at. It would be what would be----

THE CHAIR: Could you just give me that again, the business of it not being possible at that time?

A No. Well-- well, the design required to be developed to illustrate this as a concept, so being a concept at this point. So, I would suggest there wouldn't be enough information for somebody to understand the fullness of it. But that's the point in having a year, hence, of design development: to allow the design from the-- from the status that was in after the-- we ran the competitive dialogue competition to selecting a

preferred bidder, and then that proving period, if you want to call it that, where the things are developed and everything settled and prices settled, etc. So-- so I would-- I would imagine there-- there wasn't----

THE CHAIR: Yes.

A -- there weren't tangible things to look at to do that sort of assessment, concept, which needed to be developed over here, and by "here" I mean into that, you know, thing development. I think that it's an area we'd need to ask Alan about, and I think Alan's going to be giving evidence, but that-- but that would be my outlook.

THE CHAIR: Thank you.

MR CONNAL: So, your role was to make sure the right people were talking to the right people. You appear to have featured in various of the-- So, I've asked you about minutes and things, so I won't ask you about that again, but you do seem to have featured in various of the email exchanges, because a lot of this was happening in the last few days before, you know, the pen went on to the contract to sign it. But you say that doesn't matter, because things can be changed later. Is that your position?

A I'm not saying it doesn't matter, I'm saying-- I'm just saying it's a fact that it can be-- that those-- those things-- there are-- that there's a

contractual mechanism that allows for things to be adjusted. I didn't say it doesn't matter.

Q No. It's just, I think, that there may be a difference, you see, between inferring that it doesn't matter – saying, "Well, we were just having a chat about the principle. We'll sort it all out in the design. So, in effect, it doesn't really matter what we sign up to," and a position that what you sign up does matter, because in order to change it subsequently, you have to-- first of all, you have to decide to make the change, and then you have to look at any financial consequences of that change.

A I'm not sure what you mean by the word "infer." All I was doing was stating a fact that the process provided such, and the contractual process provided such, that as things developed through the design there was an ability for things to be changed.

Q The proposal here, essentially, was not to aim to have 6 air changes in a general room but to provide chilled beams, and that proposal was supported, as I understand it, by thermal modelling and so on. So, what proposal for the ventilation of the rooms was going to change? Can you help us?

A I don't know. That's a technical question. I wouldn't know that. I wouldn't have-- I don't have the

technical experience to-- I'm aware of all those phrases, but how they all interact together would be outwith, or is outwith, what I can comment on.

Q So, you can't tell us one way or the other whether this was something that was going to be developed and changed or not. It's simply that you know there is a process if someone wants to do that.

A Yeah. That's correct. And the-- the same for all of the design going forward. You know, the Room Data Sheets, and the car parks, the bollards, the-- etc. Everything.

Q Let me ask you about this log, because there appears to be a question arising as to knowledge of the log. As I understand it, your position is, the agreed place to put the outputs is in the log. Everybody knows that's where they go, and that's where they go to find them, if they want to find them. Is that right?

A That's the way the contract's structured. So, there's obviously different component parts to the contract, and then the conclusion of the log-on being appended to the contract, was that-- during a period where that was still being worked through, to be concluded, that is commonly known that's where we were recording matters, in terms of, to use your term, outputs, which I think is quite a good way of expressing it, actually.

Q Thank you. So, if you're in the project team at the time, or you're in the technical team at the time, of course, the technical team moved out of the picture later, you would know that's where you would find it. Now, there's obviously a large cohort of other GGC and other people involved in the wider project, not part of the project team, but involved in various other ways. Somebody who wasn't in the project team wouldn't know necessarily that, you know, what had been decided about general ward ventilation would be in something called the M&E Clarification Log. They'd need to ask, presumably, somebody who did. Would that be the way it would work?

A Yeah, I think that's a fair statement, that would-- because that's-- those documents are contractual documents for a construction project and the people you referred to are, in that essence, laymen, although they're clinicians, so their specialism is there, so, yeah, they wouldn't probably even have the documents.

Q So, unless they asked somebody in the project team who was involved or were told by someone in the project team who was involved, as you say, they wouldn't necessarily know either it had happened or where to find it.

A I don't know what the-- I couldn't comment on the Board's

communication of points because I wouldn't be involved in that.

Q Yes. Well, if you take as a context to my questions about this, so you don't think I'm just being stupid more than usual, Mr Baird, the context is that no record of that material has been found anywhere else in the Board's structures. So, it's in the log, which is in the contract, but otherwise it hasn't been found anywhere else. So, hence the kind of question that I'm asking you, but you're not involved in that process?

A Yeah. No, I understand the question, but just, again, I can't comment because I wouldn't-- I wasn't involved in how the Board disseminated or shared information.

Q Yes. You're aware that pretty late on in this process, a sort of report was produced by ZBP, a sort of page and a half document. Can we just have that, bundle 17, 2859, please? Now, you tell us in your witness statement that you got this on 15 December, which is when it seems to be dated.

A Yeah.

Q Do you know why this appeared at that point, 15 December? We know the contract was signed on the 18th, so very late in the process. Here's a document with some detail on it.

A Mm-hmm.

Q So, do you know why that was

done?

A Okay. So, we're at 15 December 2009?

Q Yes, we are.

A So, this is the-- preceding that first signing point. Well, as I mentioned before, there were various items that were being discussed between Board, Multiplex, some with advisers involved, some perhaps not, and this was part of the information that Multiplex via ZBP wanted to share with the Board that gave more information around or gave information around their outlook with regard to, as the title suggests, the ward ventilation design strategy.

Q Had you seen anything of this kind from them before? I mean, we've seen the comment in the log, but other than what's in the log, had you seen any other paper, let's call it papers from ZBP on this topic?

A I don't remember, but if there were others previous before this, obviously this is recorded as being-- so, there's obviously been a run-up to it, if you like, because ZBP have been preparing this on behalf of Multiplex, and then Ross has sent that to me to share with the Board.

Q Right, okay. In fairness to you, let's have 2855, please, and this is Ross Ballingall, one of the senior Multiplex people, to you-- well, to you and David

Hall, although I think David Hall defers to you on handling of this----

A Yeah.

Q -- and copied to various other people:

"Latest update ... I have also attached a paper by ZBP on the Wards Ventilation Strategy. They have discussed this with Stuart [that could only be, presumably, Stuart McKechnie] at WW..."

A Yeah, I would imagine so, yes.

Q You say in your witness statement, this would be sent to you so you could share it with the Board, by which, again, I assume you mean the project team?

A Yes, project team.

Q So, who did you share it with?

A We can see here I sent it to Karen. I believe that was just to get copies because, if you think of the vintage, we weren't as many iPads and things, and we would quite often get something that we wanted people to look through printed, and I believe that's the case.

Q Okay, now I think that may appear on the same-- should appear on the same----

A It's at the top of that-- Yeah, yeah.

Q Ah, it's at the top of the page,

isn't it?

A Yeah.

Q So, you send it to Karen Connelly and I think, in fairness, we've heard from her as well, she happens to be in the office and she has access to a printer, rather than that she's a participant in the discussion.

A Yeah, it's usually like Karen and Shona and myself working quite early and Karen was always early so she's probably just helping me out, I think.

Q Okay, can I just ask you to repeat that last answer, because I think you let your voice----

A Oh, right. No, no, no, no. Karen had-- Karen was usually, and Shona and myself, were usually, if we were in the project team office, be in quite early, so----

Q So, you think you----

A (Inaudible 11:32.22) help me with printing.

Q You think you sent it to her so that she made copies for a meeting that was taking place later on?

A I would imagine so, yes.

Q I think that's what you say, in fairness to you, if we go to 64 of your witness statement at the top of the page:

"I think it is likely that I asked Karen to print copies of the ZBP

Ventilation Strategy Paper for a meeting or discussion taking place later on 15 December 2009..."

Now, this is one of the meetings that we don't have any records of the meeting, as opposed to----

A Yeah.

Q -- any output from it.

A Yeah.

Q Then you say in the next paragraph it's really just your job to facilitate discussions. Now, can we go back to the document at 2863, please? Let's see if we can follow this. Now, at the foot of that page, we see you saying to, we know to be, Stewart McKechnie:

"...review and advise re ventilation + option choice on flow pipes (pros + cons of options and recommendation)."

Mr McKechnie couldn't remember ever doing a sort of pros and cons exercise on this. Do you have any recollection of that?

A No.

Q But that seemed to be what was in your head, "Let's have the pros and cons of this proposition."

A Yes, yes. I think in some of these instances, because I'd obviously looked at these when you shared them with me, I think some are likely, me being asked to, "Can you get a hold of Stuart?

Can you ask him this? We need to know about that." So I would have been, you know, sort of chasing it up, effectively, if you like, sending notes, and, as in this instance, asking around that, but----

Q My Lord, this is as good a point as any, moving on another document.

THE CHAIR: We'll take our coffee break now, Mr Baird. Could you be back for five to twelve? Thank you.

THE WITNESS: Yes, that's fine, thanks.

(Short break)

THE CHAIR: Mr Connal?

MR CONNAL: Thank you, my Lord. Mr Baird, I'm going to try and avoid asking you the same points, but I just need to finish the sequence of changes so that we have a logical progress. If we go to page 65 of your witness statement, we find there in paragraph 96 a note of an email from you to Stewart McKechnie on 16 December, so the morning, a couple of days before the contract's signed. Now, among other things, what you say there is, "WW to take Board through this." Can I ask you, you've generally said when you say "Board," you mean the project team and probably Alan Seabourne. Is that who you mean in this

email?

A Yes. That would be for the question that Stewart take the project team through these points.

Q So, not a wider audience, but the actual project team that you're working with?

A Yes, I believe so.

Q Yes. Thank you. So, if we go to paragraph 98, you say you don't particularly recollect the meeting that teams have been proposed, although you think one must have happened because of how things then progressed. Is that the gist of what you're saying?

A Yes, yeah, because I was dealing with a whole range of logs and different people and issues at the time, so I don't recall being at a meeting.

Q Then when we come to the evening of 16 December, you're emailing Mr McKechnie again. We see at the foot of page 66 of your witness statement, you say, "We think we have a way forward on this one." Now, who's "we"? Is that Currie & Brown, or is that the project team, or who are you meaning when you're saying to Mr McKechnie, "We have a way forward"?

A That would be the project, if you like, that, you know, whatever discussions that have been, there seems to be some consideration that there was a way to progress.

Q Now, when you say you've got to "prove your resolution," do you know what resolution you were wanting to prove?

A Where is that, sorry?

Q Sorry, it's in the email, foot of page 66.

A All right, yes, yeah, I believe that's to, first, Stewart to, as we see there, provide or consider a calculation to look at the way forward and does that work? Is it acceptable to move forward, I believe.

Q Now, you say on page 67, back of 102, you've no knowledge of the detail of the resolution and you don't know who proposed it, but your purpose was simply to ask for further input from Mr McKechnie?

A Yeah, that's correct. As I say, there were a whole variety of concurrent issues, so getting the right people into the right thing, and closing off different logs, etc., at the same time.

Q And you don't remember directly any meeting this half hour that you were looking for?

A No.

Q Can I ask you this? These exchanges, you had the ZBP paper, you had some toings and froings, some meetings you may or may not have been at, but you were certainly the conduit for a lot of the communications. Did you

know what rooms were being discussed for the purpose of applying this proposed air change process?

A No, not specific rooms, no.

THE CHAIR: Sorry, can you----

A No, I wasn't aware of specific rooms, personally.

THE CHAIR: I should have asked you this before, and maybe I'm missing something very obvious. If you go to paragraph 96 of your statement at the bottom, page 65, where you quote the email, it's just this abbreviation "HAI." I maybe should know what that is an abbreviation of, but I can't think at the moment.

A I think that that's "health associated infection," so we're into that sort of clinical infection control type arena.

THE CHAIR: So you're using, in this email, HAI as an abbreviation for health associated infection?

A Yes, and I think it probably should be by temperature, or HAI, I think is the intent. I think there's a distinction there from what I would imagine.

THE CHAIR: Right, so, okay, so the (inaudible 12:04:15) should be up, or----

A I believe so. When I read that, it would make more sense to you.

THE CHAIR: Thank you.

MR CONNAL: If we can just look

briefly at the log, because to an extent we've covered pretty much everything that's in it in one form or another already. If we can bring up bundle 16, 1164. Now, this is the log (final), rather than the 2009 version, because I just wanted to ask you about that question.

A It's not the right document at the moment. Oh, there we go, thanks.

Q All right, yes. You see at the foot of that page, this is the final log. I just need to ask you, sort of wearing your project manager hat here, if the log is the source, the key source of information after the discussions that have taken place to record the outputs of these discussions, is it possible to work out from the log what rooms this applies to?

A Okay, so, can we scroll to the top of this, please? I think this is dated November or December 2010.

Q Yes.

A When you make reference to being "final," yes, so----

Q The final----

A -- so just some context. So, earlier, when we talked about looking at logs and for example the comment attributed to Wallace Whittle to Mr Bushfield, almost like the start of life for this log. You know, here's things that were observed during the review of a bid. Then through that period to the end of 2009, which is shown in the column, third

in from the right here. So the chronology reads to the right. So there's then the design development period through 2010, and comments there, and then the position, which is agreed.

It also relates to, again, just to give some more context, that there's different subsections. So there's the ER section 2.1, and if we scroll down, you know, we go through drawings, we go through-- So there's a whole range of areas, and if we go down to the-- just a comment at the bottom, so obviously that gives more narrative in relation to how the proposal's accepted, which comes back to your point from earlier around it just said "agreed," and my context point that what we were discussing then was the end of 2009, where there was enough for a position to move forward into 2010, for that design to be developed and considered further. So, here, we have the further detail that gives more input and gives the basis of the acceptance. But to your question, I think the ward's air change, so on the left it would identify that it was in relation to the ward.

Q Okay. Well, I have two questions. One is, if you use the logs as a source of information, can you work out from the log what rooms it applies to?

A Can we scroll down just to see that, the last-- I think it's on the one page after this?

Q I don't think there's any other narrative.

A No, it was just, we were on the cusp of a-- sorry, we were on like the edge of a page, so----

Q Yes, of course, of course. The other point that you make is that there's more information on that log as to the basis for acceptance?

A Yeah, I think the-- so the-- the air changes relate to the-- the areas that are shown as 2.5. So, yeah, they would need-- we need to take this and then use that in conjunction, I guess, with some other information.

Q Now, I think you said that that log showed more information as to the basis on which the proposal was accepted. Can we also have, please, bundle 17, page 824? This is the 2009 version, and we see in the right-hand column:

"Proposal is accepted on the basis of 40 litres per second per single (8 litres per second per second) for one patient and four others."

Do you see that?

A Yes.

Q Now, the log we were just looking at, at the moment, can we go back to that, please, the 1664? It says:

"Proposal is accepted on the

basis of 40 litres per second per single (8 litres per second per second) for one patient and four others.”

So that narrative is the same----

A Yeah, and then there’s-- so there’s just some further text below.

Q -- and there’s a reference to a joint review of the energy model to determine the impact on BREEAM and some reference to the BREEAM target. But in terms of the actual substantive content, is there any difference between the two logs, the proposal and the reason for accepting it?

A I would need to have them side by side and read them, but it doesn’t look like it, but I can’t say that without reading them word for word.

Q The reason I asked you about the rooms it had applied to is I was just wondering whether you as a project manager were sort of-- as you were organising this, among all the other duties that you had, whether you were thinking to yourself, you know, “Is this a big deal or a little deal? What’s it going to apply to? How many rooms is it going to apply to?”

A Yeah. It’s the areas where there were to be the 6 air changes, so that takes you back to the ward locations for that, rooms. That was what was listed to be provided.

Q Okay. All right, well, let’s move on from the log and the exchanges about the log and see if we can deal with the remaining matters that are covered in your witness statement. So, go back to 69, please. There’s your line in the sand; the contract awarded to Multiplex; and then what you’re going to tell us about after that is basically the change in Currie & Brown’s role from what you’ve laid out earlier in your witness statement as to the original intention, at least on the part of Currie & Brown, as to what you thought you would be doing.

A Yes.

Q Is that right?

A Yes.

Q Now, can you help us at all on this? The narrative that you lay out there, which we’ll come to in detail in a second, essentially talks about the stepping down of the technical team that you had underneath you, the various sub-consultants, and the specification of a much reduced role for Currie & Brown, as laid out, to cover both your role and David Hall’s, who were the only people who, I think, were certainly covered in the notes. Now, have you any information you can assist the Inquiry with as to who was told about the change in Currie & Brown’s role?

A Do you mean who was told in Currie & Brown about the change?

Q Not within Currie & Brown, but--
- I mean, you continue to be present at the project for some time after this change. Is that correct?

A Yeah, that's correct.

Q As did Mr Hall.

A Yes.

Q So I just want to ask you what I asked Mr Hall. This was a-- well, I'll call it a significant change in what Currie & Brown were doing. Instead of employing a whole team of sub-consultants who had detailed roles, they were all stood down. You were doing some stuff, David Hall was doing some stuff. Some of it was cost management, some of it was project management. Can you remember anything about people being told other than you? You know, project team people, GGC people, Multiplex people?

A So, Douglas was still involved also in the commercial-- the cost management going forward. Although stood down, they were still available, I think HLM and certainly Wallace Whittle, to give support on request, if you like. Obviously, our sub-contractors were aware because we went to them. NHS, the project team were aware because it was clearly obvious and we shared and were in the same workspace as them.

Q So, just let me be clear about it. We think it was Mr Moir who communicated with Mr Ross about this

change, and we don't have Mr Moir available to----

A Yeah. I think that's where the letter-sending would be. Yeah, definitely Peter would have spoken to Douglas about it. That was the-- That's where that-- or communicated it to Douglas.

Q Apart from Peter Moir, who would know in the project team?

A Sorry?

Q Who else in the project team would know about this change other than Mr Moir?

A I think everybody in the project team would know. I can't confirm that there was any official confirmation about that, but it was, I think, quite clear that I was there two days a week, which had been five days, and that Peter was taken on at the NHS with the project manager defined term, because by then-- because it was NEC and that wasn't Currie & Brown, it was NHS; but I'm not aware of any official communications either within the NHS and/or to Multiplex.

Q And why would it be obvious to people other than, say, Alan Seabourne and Peter Moir that the Currie & Brown role had changed? What was it that made it obvious to people if they weren't actually told but just----

A Well, I think from my perspective, going from being there five days a week to being there two days a

week was----

Q The reason I ask is that in a large number of witness statements that the Inquiry has received, after that point, Currie & Brown are talked about as, you know, “Currie & Brown and the technical team” or “the technical team” or “David Hall and the technical team,” so that the image of what you were beforehand and what you were afterwards doesn’t, on the surface, appear to have percolated. Can you help us at all as to why that was?

A I think people were probably used to-- And you’ve seen it with myself. In terms of language, people were probably used to using the term that they commonly used, but without being shown specifics or a particular point in time from a particular person, I don’t have any comment other than I think people were-- It was sort of the term they would use, just the way they would refer to people.

Q Well, let me give you an example, and if you can’t help us with it, please just let me know. Emma White, who was the lead architect, sometimes called the lead consultant, so a significant player in the project as it went forward at Nightingale’s. She thought Mr Hall was reviewing ventilation designs, or he and the technical team were reviewing ventilation designs. Can you help us at all as to why that perception may have continued?

A No. I mean, I can’t speak for Emma, but David would certainly have been-- I’ll go back to using that word “conduit.” I think it’s quite a useful word. You know, there would be queries or things that people needed, etc., and certainly, David and myself, in the period that I believe we’re into now, which is post-January 2010 when I had less day-to-day involvement-- David had certainly been doing a lot of that activity, sort of support, taking people’s queries, helping find the person who has the right answer or getting a bit of information, etc. So I could see from that perspective why Emma, who isn’t an M&E person giving a view about M&E, might have that slightly offbeat.

Q Okay. Well, let’s just go through this briefly. If we go to page 70-- We probably don’t need to get the document up, because you’ve helpfully quoted large chunks of it in your witness statement, so we’ll make it easy. There’s a division here. This is what you’re going to do in the future on an ongoing basis. So this is January of 2010, and your role is going to be split between two exercises. One is the lab, the new lab project, with which this Inquiry is not mainly concerned, and we see there “Project Management support ... 2 days ... per week by Mark Baird.” So is that what you were being allocated to?

A Yes.

Q And then cost management, “2 cost managers each for 2 days,” so many hours; and then in terms of the main development, the adult and children’s hospital, if you ignore the part that’s completed, “Project Management support ... 3 days ... per week by David Hall,” and then some cost managers. So that’s what seemed to be laid down.

A Yes.

Q And I think I’m right in reading the document as saying, you know, you’ve got to work within that envelope of cost.

A Yeah.

Q Yes. And I think you also say that what appeared to be envisaged at that time was some kind of discussion to agree exactly what you’re going to do, but you can’t remember a specific discussion in which any detailed duties were allocated.

A Yeah, that’s correct.

Q Thank you. So from that point on, were you only working in the lab project, or were you working in other stuff as well?

A I don’t think I was working in the lab at all.

Q It’s just that seems to be where your name crops up in the email, “New Laboratory Project... Project Management support ... 2 days ... per

week by Mark Baird,” which I think you said was how much you were working.

A No, I think the header at the-- I think the header then gives just below that, which goes on to-- it carries on to the next page. You had that on the children’s hospital.

Q Sorry, I’m not quite following your point here. What I thought we were looking at was in effect an instruction from Mr Moir saying, “Right, I’m going to split this into two. There’s the lab and there’s the main project. In the lab, I’m going to get two days a week by Mark Baird on project management and some cost management support, and in the main hospital I’m going to get three days, 22 hours, a week from David Hall and some cost managers.” Did it not work like that?

A I would say (inaudible 12:20.33) was working two days and probably more on the hospital, and a lot of that was to do with the business case during that period.

THE CHAIR: Can I just get that again? Notwithstanding what was proposed in practice, during 2010 you were working two days a week but in relation to the new hospitals and helping with the preparation of the business case. Is that what you said?

A Yeah. At least there would have been some of the schedules and

the lists that related to the laboratory, but not----

THE CHAIR: You're allowing your voice to drop.

A Oh, sorry. I think there would have been some of the logs, etc., for the laboratory, but the main activity would have been in the hospital, and certainly the FBC, full business case, which covered both. It covers the whole project, the FBC, together.

MR CONNALL: Okay, and what was your role in relation to the full business case process?

A So, I'd been heavily involved in the OBC, the outline business case, which precedes the FBC. There's a large amount of documentation needs gathered. There's a sort of pre-set order of the sections, if you like, and the things that are requested and the information that has to be gathered. So Heather Griffin, I think, was leading on that, and I provided input, so that would be gathering information, making sure it was the correct versions, that we were organising all that properly; and then you would get a visitation and, you know, people would come to the-- to see that documentation and speak to the team or members of the team, etc. So there was quite a lot of activity in pulling all that together, if you like.

Q Were you focusing on any

particular issue, or was it just general helping where required?

A Yeah, general. I mean, the FBC covers all the, sort of, set cases, you know, like the economic case and the clinical case. You know, it's an established pre-set set of cases within the full business case under different headings. So quite a wide berth, if you like, in terms of the range of information that covers the whole project.

Q One of the areas that the Inquiry has been looking at, Mr Baird, is the area of activity after the contract's been signed, when you're in the design process, and in particular in ventilation design, so after Wallace Whittle had been stood down and after the Currie & Brown role had been reduced. Now, one of the-- Just so I can give you context of the question so it doesn't come completely out of midair, one of the questions that arose in the course of the evidence from the Multiplex designer, or ZBP, was this. "We tried to interpret," they would say, "the clinical output specification and so on for a particular area. That was our interpretation on it. We put that in our design, and we expected someone from the Board side to basically tell us if we've got it right, review it, analyse it, come back and tell us if we've got it right."

And of course, the explanation for Mr Hall was that there wasn't anyone

doing that because the expertise had been stood down and designed with the responsibility of Multiplex, not the Board. Now, can you remember whether the change, the standing down of the-- at one point, I think, we're looking at it as a shadow technical team-- was part of the material reported in the full business case?

A So, the question is, was that adjustment to the technical team part of the FBC, the full business case?

Q Yes.

A I'm not sure, but----

Q Because although you describe it as an adjustment to the technical team, it is correct, subject to any specific call-offs that might arise, you stood down all your sub-consultants.

A Yes.

Q The Board did not employ, as we understand it, M&E specialists to review the detailed designs of all the wards.

A I'm not aware of that, no.

Q Okay. In fact, I don't think I have any further questions for this witness, my Lord, so perhaps a brief adjournment might be appropriate.

THE CHAIR: Yes, Mr Baird, what we must do is determine whether there's any further questions----

THE WITNESS: Okay.

THE CHAIR: -- proposed by legal representatives. So, if I can ask you to go back to the witness room, we should be able to give an indication in about 10 minutes as to whether there should be further questions or not. So, if I could ask you to go back----

THE WITNESS: Okay, thank you.

THE CHAIR: -- to the witness room.

(Short break)

MR CONNALL: Apologies for the slight delay, my Lord, but after one extra check, there were no further questions.

THE CHAIR: No further questions. Mr Baird, I understand there are no further questions for you, and therefore you're free to go but before you go, can I thank you for your attendance this morning and also for the preparatory work that is involved in responding to our questionnaire and preparing your witness statement but, as I say, you're free to go. So thank you very much.

THE WITNESS: Okay. Thank you.

(The witness withdrew)

THE CHAIR: Right. We'll resume at two o'clock, and I think Mr Mackintosh----

MR CONNAL: Mr Mackintosh will be here with Mr Redmond, as I understand it, my Lord.

THE CHAIR: Okay.

(Adjourned for a short time)

THE CHAIR: Good afternoon.

MR MACKINTOSH: Good afternoon.

THE WITNESS: Good afternoon, my Lord.

MR MACKINTOSH: We have Mr Redmond this afternoon.

THE CHAIR: Mr Redmond. Good afternoon, Mr Redmond.

THE WITNESS: Good afternoon.

THE CHAIR: As you understand, you're about to be asked questions by Mr Mackintosh, who's sitting opposite but, before that, I understand you're prepared to affirm.

THE WITNESS: Yes.

Mr John Redmond

Affirmed

THE CHAIR: Thank you very much, Mr Redmond. Now, we've scheduled the afternoon for your evidence. I don't know whether we'll require all of our time between now and four or a little after four, but if at any stage you want to take a

break just give me an indication and we can take a break. Could I encourage you to maybe speak rather more loudly than you might in normal conversation, and possibly a little more slowly. I and others in the room will be trying to note what you have to say. Now, Mr Mackintosh.

Questioned by Mr Mackintosh

Q Thank you, my Lord. Mr Redmond, I wonder if I can take your full name.

A John Redmond.

Q Are you retired at the moment?

A Yes, I am.

Q Yes. So, did you produce a statement as part of your preparation for this Inquiry?

A Yes, I have. I've got some notes that I've produced.

Q Did you produce a statement as well?

A Yes.

Q Yes.

A Well, it's not a statement; it's really notes----

Q No, no. Before you came here, were you sent a questionnaire?

A Oh, a questionnaire. Yeah, I was.

Q Yes. Are you willing to adopt those questions and answers as part of your evidence to the Inquiry?

A Yes.

Q Yes. My Lord, I should say we also have a corporate statement from Capita Property and Infrastructure Limited, which can be found in the volume 3 for this week at page 498 of the statement bundle. I don't need to go to it. Now, Mr Redmond, you mentioned you brought some stuff with you. Can I ask you, without----

THE CHAIR: Sorry. My fault – I thought I had remembered your reference to Capita's corporate statement.

MR MACKINTOSH: Capita's statement.

THE CHAIR: Could you just give me the reference again.

MR MACKINTOSH: The volume 3 of the statement bundles for this hearing, page 498, my Lord.

THE CHAIR: Right. And the bundle number?

MR MACKINTOSH: Volume 3 of the hearing bundles.

THE CHAIR: All right. Okay

MR MACKINTOSH: It's statement 16.

THE CHAIR: Thank you.

MR MACKINTOSH: Now, Mr Redmond, you explained that you have some notes to your right.

A Yes.

Q When did you construct these notes?

A When did I----

Q When did you prepare these notes?

A Over the last few days.

Q Right. I'm going to ask you not to look at them----

A Okay.

Q -- at the moment. If, when I ask you a question, you consider there's something in there that would enable you to answer the question, tell me, and we'll work out what to do at that point.

A Okay.

Q But, of course, the core participants haven't had access to the documents that you have in that pile, so I don't want to just go to them without thinking about it carefully. Could I ask you to explain your role as a Capita employee in the new South Glasgow hospital project?

A My role was as NEC3 Supervisor.

Q When did that start?

A June 2010.

Q '10. And when did it end?

A Well, I retired in December 2015.

Q So you weren't involved after that date?

A No.

Q No. And how did you find out you'd be doing this job?

A How did I----

Q Find out that you'd be doing this job. Was it allocated to you? Did you request----

A Yeah. It-- it was allocated.

Q And have you been a NEC3 supervisor on other jobs?

A No. No.

Q What other roles had you performed for Capita?

A I was the independent tester at the Edinburgh hospital-- not the Edinburgh hospital, the-- the Birmingham hospital, Queen Elizabeth in Birmingham.

Q Independent tester?

A Tester, yeah.

Q Before you started this job, had you any training about the role of an NEC3 supervisor?

A Yes, I had a two-day training session----

Q Right.

A -- in Birmingham.

Q So, could you perhaps explain to the Inquiry what you understand is the purpose and role of an NEC3 supervisor in an NEC3 design and build contract?

A Yeah. It's to carry out quality inspections, make sure that the work is done in accordance with the Employer's Requirements, and to present reports to the employer and identify defects that may arise and issue defect notifications to the contractor.

Q And how do you check that

work is being done in conformity with the Employer's Requirements?

A Through the specifications and the drawings.

Q So, this would be both drawings and other documents?

A Yeah.

Q What might be helpful, I think, is to try and understand what drawings and what documents you're looking at. So, when did you start doing these inspections?

A I started just-- I think it was late 2010.

Q So, what were you inspecting at that point?

A Basically, it was the internal fit-out, with partitions and-- starting with partitions. I had a colleague who was doing the structural----

Q Would this have been in the laboratory block?

A Well, yeah, the-- the laboratory block had started around about June-- round about June of 2010, when I would be on site, and I was inspecting that. And also when the acute started later on, I was-- I was looking after that. I had three colleagues working with me. One was a structural engineer and two were mechanical and electrical engineers.

Q So, your three colleagues: what was the name of the structural engineer?

A His name was----

Q You can't remember the name?

A No.

Q Can you remember the name of the mechanical and electrical engineer?

A Graeme Bruce and Alan Follett. And the structural engineer was Alan Follett.

Q Alan----

A Alan Follett.

Q Fillett?

A Follett.

Q Follett, right.

A And the structural engineer was Willie Roxburgh.

Q Willie Roxburgh. Right. So, if we go forward to the point when you were looking at the acute building, when was that? When did you start inspecting the acute building?

A I think it was about late-- late 2010, round about. I'm not sure.

Q Do you think it could have been that early, the acute building?

A I'm not sure. I don't know.

Q Right. Well, when you were inspecting the acute building, what material did you have to look at to compare what was being built to?

A Initially, when the structure was being built, it was in concrete, so our structural engineer would be looking at

that; then the internal fit-out with partitions; and then, following that, the services.

Q But what material were you looking at? Were you looking at drawings?

A Oh, yeah, yeah. Looking at drawings and specification for the work that was being carried out.

Q Right, so what were you looking at those on? Was it paper copies or a device?

A No, no. There was a platform called Aconex, and all the drawings were uploaded onto Aconex from the various consultants.

Q And how did you access Aconex?

A Digitally through the computer.

Q Did you have your own computer or was it provided to you by Multiplex?

A No, it was a Capita computer.

Q Right.

THE CHAIR: Sorry, it was a----

A It was a Capita computer.

THE CHAIR: Right. Is it a handheld device or do you go into an office and----

A No, no. It's just a laptop.

THE CHAIR: It's a----

A A laptop.

THE CHAIR: A laptop.

A Mm-hmm.

MR MACKINTOSH: So, when you're out on site and you're looking at a piece of fitting, do you open up your device and look at the drawings?

A No. I take a-- a paper copy.

Q You take a paper copy?

A Yeah.

Q So you print out the drawing----

A Yeah.

Q -- or whatever it is, from the Aconex system----

A Yeah.

Q -- and take that on site?

A Yeah. There was a printing room in-- on site. Yeah.

Q So, if we can imagine you, with your hard hat on, on site, looking at a particular aspect of the early construction of the acute hospital, you would have big paper drawings?

A No. Small paper drawings.

Q Small paper drawings?

A A3.

Q A3.

A But I carried out regular-- regular inspections with the project-- Brookfield's project team, so I didn't go out on my own and then come back and then speak to them. I took the project supervisors out with me to look at the----

Q So, you'd go as a group?

A Absolutely.

Q Would you go with your engineering colleagues or would they do

their own work?

A They'd do their own work----

Q Right.

A -- and go out-- and go out with the respective Brookfield project managers.

Q Who else----

THE CHAIR: Mr Redmond, could I-- It's very difficult.

A Yeah.

THE CHAIR: Could I ask you to remember where I said about speed.

A I've a-- a sore throat and----

THE CHAIR: We Scots tend to speak quite quickly, and sometimes it's just a bit difficult when you're trying to note. I'm not looking for dictation speed, but maybe a little slower than normal conversation.

A Okay. Thank you.

THE CHAIR: Thank you.

MR MACKINTOSH: If we can just imagine, so we can get this in our minds, as an Inquiry, that you are in the main part of the building, the tower, some years after it started, and you're looking at a particular ward, and it's been fitted out or partially fitted out internally, so it is not an exposed concrete shelf. So you'd have your A3 drawings, and you'd be accompanied by the Multiplex supervisors. Yes?

A Yep.

Q Yes. Now, let's imagine that

the thing that's going in at that moment is some of the ventilation ducting. So, would you have drawings showing the size of the ducting?

A Well, the M&E supervisors would have done that.

Q Yes. So, he'd have drawings?

A Yes.

Q And they would show the diameter, the width, the depth?

A The-- the ventilation and ducting -- well, pipes -- came in modular form, so they were actually in sections.

Q So, he'd know the size of the sections on the drawing?

A They all came modular, delivered to site.

Q And then he'd compare the drawings to the sections?

A Yeah.

Q Yes. And would the drawings, he had access to have the amount of air that was supposed to go through these pipes?

A I-- I can't answer that. I don't know.

Q You don't? If we think about the air handling rooms, when your M&E colleague is inspecting the air handling room, they would have drawings of the air handling unit?

A Yeah.

Q And that would----

A Of the units -- I'm not sure

about that. The actual individual units?

Q Well, at some point, someone's got to check they're the right units, haven't they?

A Yeah, yeah.

Q So who does that?

A I think it was the-- the heating engineer.

Q Well, who in the Capita team checks that the right air handling units have been fitted into the plant rooms?

A Yeah, I think it would be the heating engineer would do that.

Q And are they doing that for you?

A Well, doing it for Capita. Yeah.

Q Well, were you with the NEC3 supervisor?

A We're all NEC3 supervisors.

Q You're all NEC3 supervisors. Okay. Right. The question-- So, what part of the fit-out are you personally checking?

A I'm checking construction and build.

Q Of what?

A Of-- of the acute.

Q So, for example, would you ever check the aspect of construction and build that included any of the following items: ducting?

A Yes.

Q Air handling units?

A No.

Q Vents?

A Yes.

Q Particular types of doors designed to achieve pressure differentials?

A No. I don't think so.

Q Doors, the fitting of the right door?

A No. Doors, yeah. Doors, yeah.

Q Right. Okay. Where the vent is in the ceiling?

A Yeah.

Q Right, so when you check all those things, what do the drawings you're looking at tell you?

A Are you talking about the completed, or are you talking about----

Q At any stage. If you're looking at, say-- Let's imagine you go into a-- Well, here's an example. Let's imagine you're checking the isolation rooms in the children's haematology ward, Ward 2A, the Schiehallion Unit. Do you remember that unit with the curved corridor?

A Yeah. Yeah.

Q Yes. And you're checking one of the isolation rooms. Does this ring a-- Remember these sort of rooms?

A Yeah.

Q They have a lobby----

A Yeah.

Q -- and a bedroom----

A Yeah.

Q -- and an en suite. And you're checking that it's the right door -- to keep it very simple. What would you be looking at when you check it's the right door?

A I'd be looking at-- to see if the seal was properly formed around the door----

Q Yes.

A -- to see that there was adequate space for the door to open.

Q And would you be checking that against a drawing?

A Yes.

Q What drawings would those be?

A They would be plan-- plan drawings showing the-- the floor plans.

Q Would they be the construction drawings?

A Yes.

Q Right. You explained to us earlier on, you said that your role to check that what was built was compliant with the Employer's Requirements?

A Yeah.

Q Would you look at the Employer's Requirements, the document?

A Not necessarily for checking doors, no.

Q But would you have read it?

A In the past, yes.

Q Right.

A And used it.

Q And used it. So, if you and your colleagues are checking an isolation room, would you go and look at the section of the Employer's Requirements that specify the type of isolation room?

A We'd look at the specification and the drawings in relation to that, yes.

Q I'm going to show you a document----

A Okay.

Q -- that I didn't put in your document list, but it might illustrate the problem.

A Yeah.

Q If we can go, please, to bundle 46, volume 3, document 1. So it's on page 5. So have you seen this before?

A I do recall seeing that before, yes.

Q Right. Now, allow me a moment just to make sure I've got the right page. Could we go, please, to page 177? I'm not expecting you to remember this document, but I think it raises an interesting question. So this page, which is page 177 of the bundle, page 172 of the Employer's Requirements, it is a section headed "8.2.14. Ventilation of Isolation Rooms." Do you see how at 8.2.14.7, it lists some standards?

A Yeah.

Q And above it, it says, "Refer to draft SHPN 4 and drawings G1274

M(57)02 & 03"?

A Yeah.

Q How far do you go into this? So would you, for example, have had to read SHPN 4 and those drawings in order to do your job?

A Me personally?

Q Or your colleagues?

A They would know of those-- the SHTMs, yes, and throughout the project, we would reaffirm those with Brookfield. There was a few occasions where we had to remind them to use various SHTMs within----

Q So, how do you reaffirm an SHTM?

A By reminding them that they should-- the design should be in line with those. Because there's a point in the project where you can't really define whether they're building it to an SHTM. It's only when it's getting near the end when they're actually testing and balancing the system to determine the----

Q So, you would have carried out tests and balance----

A No, no----

Q -- or your colleagues would have carried out----

A No. The commissioning engineer would do that.

Q Right. I'm going to leave the commissioning engineer to one side----

A Okay.

Q -- and stay back about the building checks.

A Yeah.

Q So, if we again imagine that you or one of your M&E colleagues is checking that a isolation room in Ward 2A has been correctly built according to the Employer's Requirements, should we take that you would look at the construction drawings and at the very least this section as well?

A I can't answer that because the engineer would look at that.

Q Right. In terms of your understanding of the role of an NEC3 supervisor, does it extend to more than simply checking that what was built is what's in the construction drawings?

A The supervisors must have a knowledge of the various SHTMs.

Q No, that's not the question I asked.

A Oh, sorry.

Q Could we take this off the screen? If you or your engineering colleagues are checking that something has been built correctly----

A Yeah.

Q -- do they need to do more than simply look at the drawing and say, "Yes, it's the same as the drawing"?

A Not really because the designer uses the SHTMs as a guide to develop their drawings.

Q How do you know?

A Because they can't produce the drawings unless they refer to the SHTMs.

Q How do you know?

A Well, the guidance notes----

Q No, I understand that.

A -- for consultants.

Q But, you've got a construction drawing.

A Mm-hmm.

Q How do you know that the designer, whether it's the architect or the M&E engineer employed by Multiplex, has correctly applied a particular piece of guidance?

A We don't necessarily know that until there's a point where you're testing that the various-- It could be-- it could be an SHTM for ventilation or it could be one for fire code. So you wouldn't really know until it got to a point where that was identified and it's not as if you can-- you can see it at a point in time. You would have to wait until it got to a certain----

Q So, let's take an example. We've had evidence that the ventilation engineering drawings that your colleagues would have looked at for a single room in the hospital in the tower or indeed in the Teenage Cancer Trust would have had marked on them the amount of air a particular duct is supposed to send, in this case 40 litres a

second, and it would have said in a small number against the drawing, "40 litres a second." Is that something you're aware of?

A I'm aware of-- I'm aware of the air change rates, yes.

Q No, no. Would you have seen-- Are you aware that drawings would have shown the designed air change air production of ducting?

A Yeah.

Q Yes, right. How do the Capita NEC3 supervisors check that that drawing is in compliance with relevant guidance?

A Mm. Well, the designer has produced the drawings to the employer's design requirements.

Q But shouldn't you be checking that?

A We're checking the drawings as the building is being constructed.

Q No, I don't mean that. If it's your job, and I can go to a document that expands on this, as an NEC3 supervisor, including your colleagues, to check that what is built is in accordance with the Employer's Requirements----

A Yeah.

Q -- and one of the Employer's Requirements is that a particular piece of guidance is followed, are you saying that you assume the designer has followed it?

A Unless we see evidence

contrary to that, by carrying out inspections and reviewing the drawings.

Q If, for example, the-- Are you aware of the debate that underlies this Inquiry around what is the appropriate air change rate for a single bedroom in a hospital?

A Yes.

Q Yes. So, I'll just put this to you as a sort of broadbrush issue and then see what you know about it. So, we've had some evidence-- Well, firstly, are you familiar with SHTM 03-01?

A Not off----

Q Not off the head, okay. Well, I'll do it to the higher level. So, we've had evidence that that particular SHTM specifies that single bedrooms or, indeed, general wards should provide six air changes an hour.

A Yeah.

Q You're familiar with that----

A Yes.

Q Right. We've also had evidence that the drawings for the ventilation system that were being built would have shown that each room was being supplied with 40 litres a second. Have you come across that in your work?

A No, but I think I saw reference to it in the bundles.

Q When you were working on site, did anyone mention----

A No.

Q -- 40 litres a second to you?

A No, no.

Q Right. Would you have ever had an occasion to look at a Room Data Sheet?

A Yes.

Q Yes. So, do the Room Data Sheets say 40 litres a second?

A I can't remember from memory.

Q In order just to help this point be clearer to both you and me, I'm going to just see if I can put one up----

A Okay.

Q -- for you on the screen. Give me a moment to find it, which would, of course, be the moment the internet decides to go slowly. So, I think it's bundle 47. This bundle contains signatures, but we're not going to a page with signatures. Volume 3, and it's page 392. So, I'll just walk through this and ask you a question about the generality, not this particular room. So, this is the front page of a Room Data Sheet from room NCH-02-TCT-003 and this is the version from 2011. On the next page, the environmental page, if you just zoom out, please, we have another drawing. This is, again, earlier in the design process. Then the next page, one after that, at 395, they start listing items of equipment.

A Yeah, yeah.

Q So, to what extent would you

use documents like this to do your work?

A Especially the list of schedule of components, but from my point of view----

Q So, you'd be checking they were there?

A Yeah, yeah.

Q Right. If we go back to page 393, would you personally use this page of a Room Data Sheet for any purpose in your work?

A No.

Q No. Would your M&E colleagues use this page?

A Yes.

Q Yes. Do you see how on the ventilation row, there's no figure for extract air----

A Yeah, I've seen that.

Q -- and no supply-- Is that something you've come across before?

A Not really, no.

Q No. So, I know you haven't used this, but there's a question that arises from this. Do you see how at, "Mechanical Ventilation Notes"----

A Yeah.

Q -- it says, "Supply air rate at 40 litres per second"? Now, during your work on site, did you ever come across the idea that air would be supplied at 40 litres a second?

A No.

Q No. Well, we'll take that off the

screen. So, this is a rather complicated concept, the question I'm going to put to you. So, it has a few stages. So, we discussed a few moments ago how the engineering drawings, we are told, had 40 litres a second written on them. You're nodding, and there's a person writing a transcript and they can't see the nodding, so if you agree with me, say yes. If you----

A Okay, yes.

Q -- disagree with me, say no. We have Room Data Sheets that your M&E colleagues would have looked at, that have 4 litres a second.

A Okay.

Q We have an SHTM 03-01 2009 draft which was incorporated into the contract which says 6 air changes an hour. Now, was that something you were aware of?

A Only looking through the bundles.

Q So----

A Yeah.

Q -- there's three----

THE CHAIR: Sorry, I didn't catch---

-

A Sorry. Only by looking through the bundles, I was aware of that.

THE CHAIR: Right.

MR MACKINTOSH: So, we have---

-

THE CHAIR: But not at the time?

MR MACKINTOSH: Not that. We have----

A No----

Q -- three fact points. I'm asking this question because you're here and you're one of the only Capita witnesses we'd be able to get.

A Okay.

Q Now, how do you and your colleagues, and particularly your M&E colleagues, work out whether the air supply to that room is in accordance with the contract and the Employer's Requirements? How do you work that out?

A It would be from the drawings.

Q From the drawings?

A Yeah----

Q You wouldn't look behind them? Because there's a----

A Not necessarily, no, because I can give you an example.

Q Do.

A The dead legs in the construction of the hospital, ZBP had them as not exceeding 3 metres.

Q Yes.

A But the SHTMs had them not exceeding 5 metres.

Q Yes.

A And they used the 3 metres on the drawings.

Q So, you didn't-- Well, that's a-- --

A It was discussed at-- it was discussed at an interface meeting.

Q So, in this case, the SHTM says 5 metres, and----

A Yeah, SHTM says 5 metres, yes.

Q And ZBP built three?

A Correct.

Q So, you didn't have to do anything because they just built them as three?

A Yeah.

Q Right. If it had been the other way around, and I know it wasn't, but, again, I'm trying to get to a point, would you have looked at the guidance to see that you needed a different and shorter dead leg? Would you ever look behind the drawings at the guidance?

A Only by referring to the SHTMs, which we've done on several occasions throughout the----

Q Yes, but in one particular case, did it ever become known to you and your colleagues that there was a particular part of the contract called the M&E Clarification Log where the air change rate for single rooms was changed? Is that something you came across?

A No, I've never come across it.

Q No. So, what I'm putting to you is that there-- is there not a problem with the process that you and your team at Capita were operating, in that you were

checking the construction drawings but you weren't going behind them to the Employer's Requirements, to the logs and to the other documents that would tell you whether the drawings were right?

A That's probably correct, because we're relying on the specifications of the drawings and relying on the specialist consultants and designers to get the drawings.

Q Can I show you a document, please, which is called the High-Level Information Plan. It's bundle 17, document 75, page 2881. Now, when you were----

THE CHAIR: Just before we get to that, really, it's just to check that I've got the correct note, Mr Redmond. I think I've understood you as saying that you and your colleague supervisors were relying on the construction drawings, but did I understand you to qualify that by saying that you would have reference to the SHTMs in addition?

A We did that when we reviewed some drawings previously in the contract.

THE CHAIR: Sorry, you did that----

A Yeah, we reviewed design development drawings.

THE CHAIR: Sorry, when you----

A Reviewed design development drawings.

THE CHAIR: Right.

A I think it was for 2012, and we

put comments on that to return to the designers.

MR MACKINTOSH: But why do you----

THE CHAIR: Right, that sounds to me a separate stage in a separate process.

MR MACKINTOSH: So, if we think about this moment when you're telling us that in 2012 when you reviewed design development drawings, as opposed to just the construction drawings, why did you do that on that occasion?

A Because we were asked-- the employer asked us to do that.

Q The employer asked you to?

A Yeah.

Q Right. So, we go back to the high-level document which should be on the screen now, which is bundle 17 at page 2881. When did you first see this document?

A 2010.

Q 2010. Have you read it?

A Yes, I have.

Q Right. Is it effectively what Capita agreed to do?

A Yes.

Q Right. Wonder if I can take you to a particular part of it which is about your duties, that's page 2909. Now, I appreciate that this is a complicated document, and I'm not attempting to define what Capita's contractual liabilities

are at any point, but there's a section I'd like to understand. If you go to paragraph 10 at the bottom of this page, we could zoom in. Do you see how-- Well, let's look at what this says, "The Supervisor team," which you were leading?

A Yes.

Q Yes:

"...will fully review and acquaint themselves with all 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 to allow the Supervisor team to deliver to the Employer a robust, efficient and effective service."

Did you look at all that material?

A Can I take you to the top of the page?

Q Yes, of course. Oh, it's the "may be called upon."

A Yeah, we're never called upon to do that.

Q You weren't called upon, right.

A No.

Q So, in a sense, all these questions I'm asking you about you going behind the construction drawings, did you require to be asked before you would do it?

A Well, there was two occasions where the employer asked us to review drawings. One was 2011 where they gave us ventilation drawings and we reviewed those and put comments on them and returned them. Next occasion was 2012 when it was design development drawings which we reviewed. That was only two occasions.

Q I suppose, in one sense, there were only four of you.

A Yeah.

Q How many people were working, do you think, in the design side of Multiplex?

A Hundreds.

Q So you would have to be asked to do this more detailed work?

A Yeah.

Q Right. You say that has only happened twice?

A Yeah.

Q Let's focus on the first occasion, the ventilation one, 2011.

A Yeah.

Q Can you remember what the ventilation aspect of the project was?

A It was the ducting layouts.

Q Ducting layouts?

A Yeah. For, sort of, a plan of the ducting.

Q So, presumably your M&E engineer reviewed that?

A He did and they put comments

on it and returned them to the employer.

Q I'm going to show you this-- what we're calling the agreed ventilation derogation that isn't its title at the time, it's in bundle 16, document 23, and I want to go to page 1664. You see at the bottom of this-- It's in the form of columns. So you have a heading "Ventilation." Then on the third, fourth column, there's a narrative section, which the bottom entry says, "water and air change to be 6 air changes per hour, currently shows 2.5." It's a narrative from left to right we've been told.

A Okay.

Q Which is not in compliance with SHTM 03-01. There's a column that begins "Brookfield proposal as outlined." Then there's an "agreed" which is on the third column from the right explaining the basis of exceptions.

A Yeah.

Q Now, there's a lot of these in the M&E log and we're focused on this one. It's possible that in order to understand the ventilation ducting, you and your colleagues would need to know what the ducting was supposed to achieve in terms of ventilation throughput. Would you agree with that?

A Yeah, well, that'd be on the specifications, yeah, and the drawings.

Q But if you're checking the drawings, what standard are you

checking them against?

A Well, the drawings would be approved for construction purposes and that would be what they would use on site.

Q Yes, but when Capita were asked to review – you can take this off the screen – ventilation ducting, what were you being asked to do in this review?

A The plan showed the ducting passing through walls.

Q Yes?

A And the main comments we made were in relation to fire dampers, in relation to firewalls, because they weren't on the drawings. So we put notes on saying that a fire damper should be on a particular wall, because it was a firewall.

Q Is that all they asked you to look at, fire safety?

A That was-- Yep.

Q Nothing else?

A Nothing else.

THE CHAIR: Right, so you were asked a specific question in relation to specific drawings.

A Yeah.

THE CHAIR: Right.

MR MACKINTOSH: Now, for completeness, what was the other time you were asked to review drawings?

A That was 2012 when we were given a bundle of drawings to make

comments on and these were design development drawings.

THE CHAIR: Sorry?

A These were design development drawings that were being prepared for the construction stage.

MR MACKINTOSH: What part of the building were they for?

A I never saw them because they were M&E drawings.

Q Right.

THE CHAIR: Sorry I missed that.

A I didn't see them because they were M&E drawings.

THE CHAIR: Right, okay.

MR MACKINTOSH: So, if we were to understand your position it is that all these additional, complicated documents you're supposed to review in that part of that high-level document are only when asked.

A Correct. And some of the documents that predate Capita's appointment as well. The last one that you displayed probably predates Capita's appointment.

Q Well, it does. It's from December 2009.

A Yeah.

Q So why would that make a difference?

A Well, that would be for design purposes. That document would allow the designer to then progress his design

scheme towards completion.

Q Well, wouldn't you need to know, and, I mean, I know you didn't assess this, but in order to assess a piece of design, if asked to do so, wouldn't you need to know everything about that particular part of the building?

A Probably, but not in the detail that was on that screen.

Q Okay. Right. I think what I want to do, my Lord, is move on to inspections now. If we go to your statement on page 96, we ask you some practical questions about how you carried out the assessments. So we asked, how often were you on the site? Were any other employees in Capita on-site? And you described who they were below. What I wanted first to check is, when you're checking and carry out inspections, do you check everything or just a sample?

A It depends on the construction phase at that time. The Brookfield had package managers which controlled the various different types of construction, one for roofing, one for partitions, one for drainage, etc. I would go out with the package manager and inspect the work at that particular time within the hospital.

Q Would you check all the work in the package or just a sample of the work in the package?

A At that particular time in the

construction phase, so if there was a 35 per cent in progress, then I would expect it at that point.

Q I'm afraid I'm not sure I'm making myself clear. If we imagine that in the building, there's a fire damper-- I mean, you mentioned fire dampers.

A Yeah, yeah, yeah.

Q By the end of the finish of the building, will you have checked every single fire damper, or only a sample?

A I probably wouldn't have checked every single fire damper, but I did check above ceilings, particularly in the firewalls where fire dampers were located to make sure that they were in line with the walls, and to make sure that there was adequate fire protection around the fire dampers, yes.

Q So, to return to this concept, is your inspection process a sample of the building, i.e. not all of it? Or is it every single piece of the building has been checked?

A It couldn't be every single piece----

Q It couldn't be (inaudible 14:44:26)----

A -- it's too large.

Q Now, I may be talking about a different part of the process and so please tell me if I am. I wonder if we can go to bundle 33, document 90, page 1848, this is from June 2013. If we go to

item 3 on this agenda, which is actually on page 1851, it's headed "Capita Report." Next page, please. If we go to page 1853, in fact, I wonder if we can explore this report from David Hall below "Supervisor communications" and:

"DH noted there were large numbers of tests that are repeat tests, and Capita are not attending them all however how much feedback was Capita receiving for those tests that Capita not attended. AFo advised [that's Mr Follett I'm assuming] that Capita were not witnessing all the tests and that BMCL were uploading test results to Zutech, however Capita were not always informed that test results had been uploaded."

So what was going on in 2013 about attendance of tests?

A 2013, both M&E consultants were not full time on the site, and they were visiting a few times a week.

Q Right.

A So they had limited time on site, so they attended as many tests as they could. What was the other part? Yeah.

Q Mr Follett's raising an issue about transparency. What's the point he's raising?

A I'm not sure, I don't know.

Q Right. So did Capita witness all the tests they were invited to witness?

A Yes, they did, yeah.

Q So what's this reporting back that they're not?

A It must have been earlier on in the contract because in the latter part of the contract we had a full-time staff member on-site witnessing all the tests.

Q So, at this point, there might have been some tests that weren't witnessed.

A They may have done tests that day when we were not there, yeah.

Q Okay. If we can go back to your statement, we're looking at question 38E, which is on page 110. The bottom of the page, we asked you what documentation, if any, did Capita produce and provide in respect to validation. Now, you answered, I think possibly more generally:

"Defects were recorded on hand held devices by Multiplex managers who accompanied Capita during inspections."

A Yeah.

Q So were you not recording the defects yourself?

A No. They recorded it as-- it was a joint exercise. We inspected the particular area that was required to be inspected, and I witnessed them

recording the various defects which were identified.

Q Would you sign on their device or something?

A Yeah, I was there identifying the defects. They loaded it up onto the system and it was put on the IDMS system.

Q And they record that?

A And they recorded that. And the IDMS system was used for managing all the defects identified by Brookfield, the NHS and Capita.

Q Right. So, eventually, how do you know to go back and check that a defect has been fixed if it's recorded on the Multiplex system?

A Because I had regular meetings with Brookfield's quality manager and we interrogated the IDMS, and I did inspections, individual inspections of defects to confirm that they were complete; and on occasions Brookfield would send photographic evidence that a particular defect was complete.

Q But you didn't have a record of what defects you'd recorded yourself?

A Yes, yes, I did.

Q Where was that?

A On our system.

Q Ah, right, because the way you described this, we thought you weren't keeping your own record.

A No, no. We issued the defects to Brookfield and they uploaded that onto the IDMS system, which was a management system, and we retained copies of the defects that they issued, obviously.

Q Is that a copy derived from the IDMS system?

A No, the copy's from Capita.

Q So, when you're on site and you find a defect, you've just told me that you would get the manager to record it. Did you record it?

A No, no, no. There's two different aspects. If I was going on site and found a defect, I would issue a defect notification under clause 42.2 and copy that to the employer; but doing, like, area inspections, I would go on to the various floors or area and do a joint inspection with Brookfield, and that was recorded in the IDMS system.

Q So the defect-- The ones you complete the defect form, you've got a record of those?

A Yes.

Q The ones you find when you're on an inspection with Brookfield Multiplex, have you got a record of those?

A They're on the IDMS system, yes.

Q Which is created by----

A Which is managed by-- It's a

bit like Aconex. It's managed by Brookfield.

Q And you have access to it?

A Through the quality manager, yeah.

Q Well, no, but do you have access to it?

A No.

Q No. So when I ask the question, "Do you keep a record of all the defects?" the answer is, "No, I don't. I have to get it from Multiplex."

A Yes, that's correct.

Q Right. One of the issues which is repeatedly mentioned in your supervisors' reports is open-ended pipework. I don't particularly want to go through all of them; we don't have a lot of time. I wonder if you could give me your assessment of how serious or not serious the issue of pipework left open was on this particular project.

A Yeah. I think due to the scale of the work and the intervals between raising defect notifications for the pipework, it was over quite a long period of time. So it's not persistent, it's sporadic.

Q So you see it as a sporadic problem?

A Yeah. Well, that's-- At the time, yes, I saw it as a sporadic problem.

Q So if we see every few months a supervisor report from you that says,

"Brookfield are doing better," or, "Brookfield are doing worse," about open pipes, this is a sporadic issue?

A Yeah.

Q Right. What's the risk that is occasioned by leaving pipes open?

A Dust can get into them and cause contamination.

Q And how would you respond to the evidence of Mr Pike, who suggested that a lot of the plumbing work was being done off site and being brought in as pre-assembled units?

A It was, yes.

Q What effect does that have on risk?

A It minimises it slightly, but you've still got-- if you've got open-ended pipes, then the dust can get in.

Q In your experience-- How many sites have you been a supervisor or inspector on over your career?

A About four.

Q Four?

A Not as a supervisor. As an independent tester.

Q Independent tester?

A Yeah.

Q If you think about those four, was this similar to the others, or worse, or better?

A It's similar to other sites, yes.

Q So, we talked momentarily about dead legs, and you explained that

ZBP had maximised 3 metres as the length of a dead leg.

A Correct.

Q And the SHTM required five, in your understanding.

A Correct.

Q Right. I wonder if we can go to a supervisors' meeting from 7 September 2012. Now, 2012, end of 2012, where is that in the construction process?

A Sorry, say that again.

Q The autumn of 2012, what's happening on site then?

A It's about a year into the project.

Q So they're getting to fitting out of pipework.

A Inside, yeah.

Q Right. Let's go to bundle 33, document 83, page 1807. So this is a supervisors' meeting, 7 September 2012, and we see that you are present, along with Hugh McDermott, Mr Moir, Mr Seabourne, Mr Roxburgh, Mr Follett, Shiona Frew and Mr Hall. Now, if we can go to the next page, "M&E – Dead legs," bottom of the page:

"AF [Mr Follett, I take it] noted that Capita had received a response re dead legs being in excess of 5m. AF noted that the guidance advises that dead legs should not be in excess of 5m however ZBP

drawings were specifying that dead legs should not be in excess of 3m."

BMCL. Who's BMCL?

A Could you keep it back up again?

Q Please, at the top. Previous page, please. One more. No, 1807. Could BMCL be Brookfield Multiplex Limited----

A Oh yes. Yeah, yeah.

Q Yes. Page 1808, please:

"BMCL had provided an explanation for the dead legs in excess of 5m and it was Capita's view that BMCL were pushing the boundaries of what was acceptable."

Given your comment about dead legs a moment ago, do you have a recollection of this issue arising?

A Absolutely, yes.

Q So what was going on?

A Well, they were having dead legs that were beyond the 3 metre.

Q So, how could they do that if ZBP had designed them for 3 metres?

A The contractor had fitted them that way. But in a later meeting, it's mentioned that the employer would accept the 5 metres.

Q Right. Let's break it down. We'll get to that in a moment. So, the drawings would have shown a 3 metre

dead leg.

A Correct.

Q Correct. The guidance is 5 metres.

A Correct.

Q And some of them were being built at 5 metres or more.

A I don't know if it was more than 5 metres, but more than 3 metres.

Q More than 3 metres.

A Yeah, yeah.

Q So, when it says here, "BMCL had provided an exploration for the dead legs in excess of 5m," would that mean there were some in excess of 5 metres?

A There may well have been, yes.

Q Yes. And then Capita's view was then that the BMCL were pushing the boundaries of what was acceptable.

A Yeah.

Q Right. So, do we interpret this as at some point in 2012, some dead legs were going in of more than three, and possibly even more than five, and at this stage, this is being raised by Capita?

A And we raised a defect for that.

Q And you're saying that there's a later meeting when the employer says, "5 metres will do"?

A Yeah.

Q Right. Thank you. Is this one of the issues where the employer asked

you to look behind the construction drawings, or is it simply you're checking this against the drawings?

A We're physically checking that on site.

Q Against the drawings?

A Yeah, yeah.

Q And so what's happened is someone's built it not in accordance with the drawings.

A Correct.

Q Right. Let's move on to the topic of the pre-filling of the water system. Turn off the screen. Oh, it's the same meeting, in fact. Let's go to bundle 33, same month, document 83, page 1811. Now, can we just go back-- Let me just check one thing. Don't go back anywhere. Yes, it's the same meeting. So this is item 4 on the same meeting, and you see how there's a section called "M&E (AF)," bottom half of the page?

A Oh, yeah, yeah, yeah.

Q Yes. Now, what I'm trying to explore with you, and if you have a simple answer, we could then go to the documents, when do you recollect the domestic hot and cold water systems being filled or partly filled with water?

A Again, there's a separate interface meeting where that's discussed.

Q Yes. We'll come back to that in a moment, but just in terms of your broad memory, when do you----

A I don't know specifically, but I know that we discussed at an interface meeting that they were considering filling the pipes with water.

Q So, this is September 12, the one we're looking at, and I wanted you to help us understand what you think-- what we should read into this. Third bullet point:

"Pressure testing of water systems – Capita were awaiting a date from [Brookfield Multiplex] to discuss the proposals for pressure testing of water systems."

So would pressure testing of water systems involve filling them with water?

A Yes.

Q Right.

"Capita had subsequently heard that BMCL proposed to fill pipes with water and leave the water in the pipework. [Capita] need to understand what's being proposed."

And then David Hall intervened:

"...had advised in all previous discussions that the pipework not be filled with water."

And then there's a discussion. This point in September 2012, were the pipes filled with water?

A I don't know.

Q What do you take from this about whether they were at this point?

A I don't know. I just know that it was discussed at a later date.

Q Well, let's go and move forward to the next meeting, which is bundle 33, document 92, page 1862. This is 8 August 2013, a year later. So this is a meeting in which you're present. Let's look at the first bullet point of item 4, "Work in Progress":

"Water for wet system and tank tests – water being used for this purpose was metered so NHS would be aware of amount being used. For tank testing a large amount of water will be used and if this is had to be fully jettisoned it would be wasteful. There may be issues with contamination if the systems remained charged until brought into use, Capita will check and issue communication to confirm position with Brookfield."

Do you remember this meeting or these events?

A I don't.

Q No. From reading the minute, what can we infer about whether the tanks had been filled by this point?

A I think they were filled at that point.

Q Is that just based on reading the document?

A Yeah.

Q Right. What might be the discussion about contamination and Capita checking? What was the checking that Capita asked to do?

A None in that case.

Q Well, it says there, "Capita will check."

A Check if they're filling the pipes with water, yes.

Q That's what you think it is.

A Yeah.

Q Okay. Let's go to a construction progress meeting on 4 August 2014. That's bundle 43, volume 3, document 44, page 1524. So this is a meeting in which you're present, and if we go to page 1529, to item 4, do we see "commissioning activities are progressing well"? Can you commission a plant room without water in the pipes?

A I wouldn't think so.

Q Right.

THE CHAIR: Sorry, what was that answer?

A Sorry. I wouldn't think so.

MR MACKINTOSH: Do you see at the bottom of this page there's a reference of David Hall asking questions about corrosion and infection control issues? Do you have any memory of those issues being raised?

A No, I don't. I have a memory of another meeting where the project manager accepted that the pipes should

be filled with water.

Q Well, I-- Do you have the date of that meeting? Are you going to have to look at your notes?

A Can I?

Q Well, before you do that, are you looking at a record of the meeting?

A No.

Q No. What are you looking at?

A Notes.

Q And where did you get the notes from?

A There is a bundle. Within the bundles, there's a reference to an interface meeting where----

Q Well, if you could tell me which bundle it is, we'll go to it. So look at your----

A Well----

Q What does your note say?

A I don't know. Can I look?

Q Yes, of course.

A (After a pause) Bundle 33, page 1855.

Q Let's go to 1855. Right. So, this is 5 July 2013. You think this might have an answer.

A Yeah.

Q What page should we be looking at?

A I think it's near the bottom.

Q Well, let's-- next page. Here we are. Go back. So, "Testing of Water systems," item 3. Third paragraph, is this

where we should be going?

A Is there another page below that?

Q Next page. That's the Link Bridge. I'm not sure-- Go to the end of this page. Next one?

A Yeah.

Q Next one?

A Yeah.

Q Next one. Next one. Let's go back to that first page of the document. So, when did you read this document-- Next page, sorry. When did you read this document? Last week?

A Two days ago, yeah.

Q What are you looking for?

A I'm looking for a discussion about the pipes.

Q Well, do you see how in the-- The first item is called, "Testing of Water Systems" and "ENMS" and "Void Detection." What is ENMS?

A Sorry, where is that?

Q Top left-hand corner, "Matters Arising".

A I don't know.

Q You don't know? Okay. If we look at the third paragraph, do you see how it goes:

"DH noted that in relation to testing of water systems, the NHS team needed to understand the principles of what BMCL will be

doing to charge systems. AFo [that's Follett, your colleague]..."

A Yeah,

Q

"...advised that BMCL will be carrying out air tests in the first instance and then would fill with water and retardant for testing."

A Correct.

Q This retardant will be left-- What's the retardant that we're talking about here?

A It's a chemical retardant.

Q To do what?

A I'm not sure. I'm not----

Q Is this the domestic hot and cold water system we're talking about here?

A I'm not sure.

Q Right.

"PM noted that leaving the water in the pipework was preferable to empty the pipework after testing and leaving empty."

A Yeah, that's the point I was making.

Q Right. So, you think that's Mr Moir agreeing to the water system being filled?

A Yeah.

Q Right.

A And left-- And the water left in it rather than emptying it.

Q Were you and your colleagues involved in any way checking that the water system-- the water in the system remained wholesome or after that date?

A No.

Q No? Right. Can we take that off the screen. (To the witness) Can we go to the capital witness statement? So that is volume 3 of the witness statements, and the Capita statement is at page 498. I want to go to paragraph 57, which is page 514. Paragraph 58. Were you involved in writing the Capita witness statement?

A No.

Q No. Could you just read paragraph 58? So:

“Project supervisor team were aware of the system being filled from August 2013.”

A Yeah.

Q Now, would you agree or disagree with that assessment?

A Yeah, I'd agree with that.

Q Now, if you take that off the screen, let's just check here. It's been suggested that after that there was testing that then ran on that was carried out by contractors for Multiplex. Would you know anything about that?

A Was that after----

Q After the water was filled.

A No.

Q No. There was a system whereby members of staff appointed by Mercury would go around and flush sinks, showers, toilets in order to clear the water from----

A Yeah, that's the normal process.

Q So, that's something you were aware of?

A Well, I knew they were doing it. It's a----

Q You knew they were doing it.

A -- normal process, yeah.

Q Then, there was water testing results carried out in December 2014.

A Yeah.

Q Which were carried out by H&V. Is that something you were aware of?

A There is reference to it.

Q But were you aware of it?

A I can't remember but----

Q You can't remember. Right, I'll move on from water testing. We had some evidence from Mr Powrie. Do you remember Mr Powrie?

A Yeah.

Q Right. Mr Powrie, who was the Estates manager, gave evidence at the Inquiry in the week commencing 19 August last year. This is just for my colleagues. Page 220 of the statement bundle for him. He said that he found:

“...after the hospital opened, repeated block drainage risers causing sewage discharge into wards. The blockages were not evident until after migration when the system was challenged by routine activity. The cause of this blockage was found to be deliberate sabotage by Multiplex contractor staff. We had the contractors terminated.”

Is this something you were ever aware of?

A No.

Q No. Well, I won't ask you about it further, then. Let's move on to the question of handover. You mentioned at the beginning of evidence the idea of balancing ventilation systems.

A Yeah.

Q What work was Capita doing around balancing ventilation systems?

A Capita didn't do any work in relation to the balance----

Q What checking would you do in that area?

A The checking-- The specialist contractor, commissioning contractor commissions and balances the ventilation system, and then issues a certificate to confirm that it was successful and compliant.

Q What role does Capita have in that process?

A To view that certificate.

Q You don't check their work?

A No, we don't do that.

Q You just check there is a certificate?

A Yeah.

Q In what way is that similar or different to the concept of validation of a ventilation system?

A It's similar to validation. At the end of the contract, around mid-January, I checked all the certification that Brookfield were gathering for the employer. They had a hard copy file which they were filling with the various certificates, building control----

Q So, they carried a process producing these hard copies----

A And I carried out a quality audit of it.

Q What's the difference between commissioning and validation of a ventilation system?

A I don't know.

Q When you do these tests that they're talking about, do you check, for example, that the pressure gradient is in the direction that the designer intends?

A I'm not qualified----

Q You're just checking the certificate's there?

A I'm just-- The-- My colleague witnessed all the tests that were being performed in the mechanical and

electrical side, and witnessed those, recorded them in our reports, and either passed-- either recorded them as a pass or a fail, and if it was a fail, then they would retest and re-witness.

Q Right. I want to just double-check something in your statement, if you allow me a moment. So, if we can go to your statement, which is question 38(c), it's on page 110 of your statement bundle. Now, we referred you to a document, which I'm going to come to in a moment, which we said in the question that Capita were expected to check and validate every room, and you said:

"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 defects found by Capita were recorded and stored and managed on an Integrated Database Management"----

So, you see checking and validating as the same thing?

A Yeah.

Q Right. Allow me one moment just to look at that document. Sorry, I

was finding the right page. Yes. So, this is a completion criteria action note from 2 December 2014. So, that's bundle 43, volume 5, document 126, page 992. So, is this a completion criteria meeting? What was that?

A I wasn't at it.

Q You weren't at it.

A No, I wasn't invited.

Q Because one of the things that we have in this document is-- We'll take that off the screen. Yes, sorry, can we go back to page 993. This is a meeting you weren't at for-- The next page. Do you see how there's a sentence, third line down, beginning:

"DL [Mr Loudon] advised that he understood the position that the project is currently at however it's imperative that Capita had an opportunity to check and validate every room. AF [who is Mr Fernie] noted that even though Capita were carrying out validation and quality checks it was expected on 26 January 2015 there will be minor issues/latent defects."

Now, we've had evidence in the Inquiry that validation is a particular process by which someone independent of the commissioner checks the ventilation system against the relevant guidance, not against the drawings.

Works out what the system will do in terms of pressure, air change, these sort of things. Is that your understanding of validation?

A No.

Q No. So, if they thought you were doing validation, you were just doing checking?

A Correct.

Q That took the form of your colleague witnessing----

A Witnessing the test.

Q -- the commissioning?

A Yeah.

Q Right. Now, if we can take that off the screen, there's a document that post-dates your involvement but, in the absence of anybody else in Capita, I'm going to show it to you and ask you to-- see if you can help me out. So, this is the final defect certificate, and it's from 26 January 2017, by which point you've retired.

A Yeah.

Q Yes. Bundle 12, document 13, page 848. Perhaps I'll explain the reason I'm showing it to you. The earlier document which you are involved in happens in January 2015----

A Yeah.

Q -- when the entire project team are still there and are available to you. You presumably would have discussed the completion certificate with them?

A Yes.

Q Yes. Your colleague who completes this form-- If we go to page 885-- No, we don't. Go back to page 848. Go to the next page, next page, one after that. I've obviously written the number down wrong. So, I think it's 855.

A Yes.

Q Can you assist us about anything remarkable about this or whether you consider this to be normal? If we just zoom in on the top of the page and it has, "Supervisors' meeting with Estates." Is it in any way unusual or remarkable that the people with whom your colleagues who completed this were meeting were no longer the project team but were now an Estates team?

A Yes, that's not unusual.

Q Not unusual at all?

A No.

Q So, the concern I have to put to you is this. Remember how we looked at that M&E clarification log about the air change rates?

A Yeah.

Q Remember how I asked you questions about isolation rooms and teenage cancer trust rooms and the air rate in those? It seems to be the case that none of these people knew anything about that. How can Capita produce a final certificate when it's not been given all the information about the heart of the

contract in ventilation taps?

A They would issue the final certificate based on the information they had.

Q Right. Take that off the screen, please. Were you still working on the project in April 2015?

A Yes.

Q One of the documents I put into your document list was the DMA Canyon L8 Risk Assessment from April 2015, which is bundle 6, document 29, page 122. Can we try that again? Let's go back to the start of that bundle, and we'll get my computer to warm up. Did you look at the document? Well, it will come on the screen in a moment, but did you look at the DMA Canyon report when we gave it to you on the document list?

A Yes.

Q Yes. So that is page 1472. It's the wrong year. It's the wrong hearing. That's an Edinburgh bundle. If we can look at the Glasgow bundle 6, sir, we'll get a lot further. Page 122. Right. This is the document I put in the document list. Had you seen this document before?

A No.

Q No.

A It was not shared.

Q You didn't see this in the summer of 2015?

A No.

Q Did you have an opportunity to read it?

A I haven't. No.

Q You haven't. Okay. My Lord, at the moment, I think that's probably all the questions I have for this witness. I might just speak to a colleague briefly to-- There's one other issue, but it may be this is the right moment to see if any of our colleagues in the room have questions.

THE CHAIR: Right. Well, we'll take a break now for that purpose. Mr Redmond, what we need to do now is check if any of the other legal representatives have further questions. So, can I ask you to return to the witness room, and it might take 10 minutes.

THE WITNESS: Okay. Thank you.

(Short break)

THE CHAIR: Mr Mackintosh?

MR MACKINTOSH: We just have one question, my Lord.

THE CHAIR: One more question, I understand, Mr Redmond.

THE WITNESS: Okay. Thank you.

MR MACKINTOSH: Mr Redmond, we had some evidence earlier in the week – last week in fact – from Mr Pike, who was the M&E manager for Multiplex. Do you remember Mr Pike?

A Yes, I do.

Q His evidence was that Capita – it may not have been you, it may have been one of your colleagues - had, in fact, “signed off,” was his words, the isolation rooms.

A No.

Q Is there any process that he might be getting confused about, you could think----

A I would think so, yeah.

Q Is there any way-- What would Capita's interactions have been in respect to the isolation rooms as supervisors?

A Yeah, again, on my list I've got a breakdown of a timeline that I was involved in the isolation rooms.

Q Ah, and where did you find that from?

A From a mixture of bundles and additional information that they reviewed.

Q Where did the additional information come from?

A From Capita.

Q From Capita. What sort of documents are you talking about here?

A It's not documents, it's just-- it refers to documents, to my reports at that time, and----

Q So, you're looking at your supervisor report?

A Yeah, and that identifies the process from July right through till

September.

Q Well, if you could get that note out, please, that would be helpful.

A Yeah. Thank you.

Q Is it back there through there?

A Yes.

Q Oh, right. I'm sorry.

(The witness left the room)

Well, in fact, in the witness's absence, what I thought I'd do is I'd simply get him to read out what he's noted, and then we'll ask him to produce the documents that it's based on.

(The witness returned to the room)

What I'm going to ask you to do, Mr Redmond, is, if you go to that note----

A Okay.

Q -- have you recorded when you did work around the isolation room?

A Yes.

Q When did that start?

A Well, it starts-- Hold on a second. It starts in July.

Q Of which year?

A 2015.

Q Oh, after handover?

A Yeah.

Q Right. So, you didn't have any involvement with isolation rooms before

then?

A Not personally. It was modification work in isolation rooms.

Q Well, that's a different piece of-

A Oh, is----

Q -- evidence.

A Okay.

Q So, if you have work involved, it was afterwards?

A Yeah.

Q Right. Just in broad terms, what were you doing in the summer of 2015 around isolation rooms?

A I only got involved in the modifications.

Q What were these modifications?

A They changed the airflow, I think, and they changed the ceilings.

Q So, they sealed the ceilings?

A Yeah.

Q What way do they change the airflow?

A I don't know the detail of the design. I know that the project manager issued a PMI to modify the isolation rooms and discuss that with Brookfield and their designers.

Q Then they carried it out?

A Yeah, they carried it out.

Q Did you do the checks after it was done?

A I was involved in the building

side of it and was there with the NHS and Brookfield when they did their final walkthrough----

Q Right.

A -- and Brookfield provided the test certificate to the NHS.

Q Right, but you didn't have any involvement with isolation rooms before January 2015?

A Not as far as ventilation is concerned, no.

Q No. Would any of your colleagues have had involvement in the ventilation before January----

A Probably, yes.

Q Probably? Okay. I think that's probably all I can really explore with that, my Lord.

THE CHAIR: Well, Mr Redmond, that is now the end of your evidence and you're free to go. But before you do go, can I say thank you for your attendance this afternoon, but also for the obviously hard work that you put into preparing to give that evidence.

THE WITNESS: Thank you.

THE CHAIR: So, thank you for that as well, but you're now free to go.

THE WITNESS: Okay, thank you very much. Thank you.

(The witness withdrew)

THE CHAIR: I understand we resume with Mr Connal and Mr Seabourne?

MR MACKINTOSH: Mr Seabourne. It should be worth also mentioning that on Friday we start early at nine o'clock. We have Mr O'Donovan. His statement has now been produced and it's been added to an updated version of volume 3 of the statements. So, it may be that anyone who's interested in reading his statement needs to download a fresh version of the statement bundle.

THE CHAIR: All right. Well, I look forward to see you tomorrow at ten o'clock. Thank you.

(Session ends)

15:47