SCOTTISH HOSPITALS INQUIRY

Bundle of documents for Oral hearings commencing from 16 September 2025 in relation to the Queen Elizabeth University Hospital and the Royal Hospital for Children, Glasgow

Witness Statements – Volume 7

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Scottish Hospitals Inquiry
Witness Statement of
Myra Campbell

Introduction

You have not previously been asked to give evidence to the Inquiry.
The Inquiry is now hearing evidence in at the Glasgow 4, Part 3 hearings which largely relates to the procurement, design and construction of the QEUH/ RHC.

Matters now arise from evidence of Gary Jenkins in the form of witness statement and oral evidence of 17 September 2025 in respect of your involvement in respect of Ward 4B following the Change Order dated issued in July 2013 (**Bundle 16, Document 29, page 1699**).

Q1 Name, qualifications, chronological professional history, specialism etc – please provide an up-to-date CV to assist with answering this question. Please include professional background and role within NHS GGC, including dates occupied, responsibilities and persons worked with/ reporting lines.

A. Myra Campbell - I qualified as a registered general nurse in 1979. In 1979 I was a staff nurse in ward 10 of Glasgow Royal Infirmary. Ward 10 was a medical ward with dedicated haematology beds specialising in the treatment of hematological malignancies. I was promoted to Ward Sister in Ward 10 in 1981.

Between 1981 and 1983 (when the BMT unit opened in GRI) I was a senior nurse on the commissioning and planning team responsible for the design of the first bone marrow transplant unit in Scotland based in the Glasgow Royal Infirmary. I was a clinical nurse manager in the Glasgow Royal Infirmary until

the unit transferred to the Beatson in 2009. Upon transfer to the Beatson my role evolved to being Lead Nurse / Clinical Service Manager maintaining responsibility and overseeing management of the overall service of the BMT unit and a haemato-oncology ward. In or around 2012, my responsibilities as a Clinical Service Manager were extended to include all haematology units within NHSGGC whilst maintaining management responsibility for the BMT unit. As the Clinical Service Manager for Clinical Haematology I reported to the General Manager of the Beatson. I remained in this role until my retirement in 2022.

Q2 Mr Jenkins has given evidence that after the issuing of the change order (**Bundle 16, Document 29, page 1699**) he and his team usually including Consultant Clinical Hematologist Dr Anne Parker and Clinical Service Manager Ms Myra Campbell attended five or six meetings at the Project Team offices in Hillington. They gave detailed instructions on the requirements of ventilation system that would be needed in the new Adult BMT Ward in Ward 4B in order to replicate what they had at the Beatson.

Mr Jenkins was clear that those present from the Project Team included Heather Griffin who chaired the meetings, Mairi MacLeod, Ian Powrie (occasionally) and Fiona McCluskey. He said they reviewed drawings of the layout of the wards in the QEUH, at one point down to 1:50 drawings. Detailed information on ventilation requirements was given including the need for 10-12 ACH, pressure gradients, sealed rooms, for some rooms to be positive pressure, and others negative with an airlock. Specific reference was made to the needs of the Pentamidine Room. He explained that he and his colleagues reviewed drawings on which they marked up and signed. He insists that neither at the meetings or at any time thereafter did anyone in the Project Team indicate any difficulty with what they were suggesting.

While he recalled mentioning SHTM 03-01 he also stressed that this was not the same as a haemato-oncology ward because the BMT requirements were different.

One suggestion was that contact might be made with Dr John Hood as he had been involved in issues over the move to Beatson's present location.

In respect of the period between PMI 228 on 2 July 2013 and the and the NEC Compensation Event CE 051 on 23 October 2013 inclusive and the decision to move the BMT service to QEUH:

a) Please confirm your involvement following the Change Order in 2013 (**Bundle 16, Document 29, page 1699**) between PMI 228 on 2 July 2013 and the and the NEC Compensation Event CE 051 on 23 October 2013 inclusive in respect of the planning and design of Ward 4B. Confirming your understanding of the specification of Ward 4B following the Change Order.

A. I was involved to represent the specific needs of BMT with regards to ward layout and ventilation requirements for Ward 4B as Clinical Service manager. The important fact was that the ventilation system required for ward 4B should mirror the system in place in the transplant unit located at that time in the Beatson. In this regard, as mentioned by Gary Jenkins I attended several meetings (however I cannot recall the exact number) with the Project Team at Hillington.

b) Please confirm your recollection of attending these meetings at Hillington between PMI 228 on 2 July 2013 and the and the NEC Compensation Event CE 051 on 23 October 2013 inclusive, which were in respect of the planning and design of Ward 4B, and any other matters in respect of the move of the BMT service to QEUH, with Project Team members possibly including, Mairi MacLeod, Heather Griffin and Fiona McCluskey?

A. I can recall attending several meetings however as already advised I cannot recall the exact number of meetings attended. I can remember being in attendance at meetings with Heather Griffin and Fiona McCluskey as well as members of our own team including Gary Jenkins and Dr Anne Parker although I cannot recall how many meetings we were all present. I am sure that I attended meetings in which Craig Williams was in attendance. At these meetings we discussed the specific requirements for layout and ventilation of ward 4B.

c) Please describe what each attendee's role was at these meetings.

A. Heather Griffin was the Project lead who chaired the meetings Fiona McCluskey's role was the nurse advisor

Craig Williams represented infection control/microbiology Gary Jenkins was the General Manager of the Beatson

Dr Anne Parker was a Consultant Hematologist.

d) Please describe what was discussed at these meetings? Do you recall matters such as the detailed specification and requirements for Ward 4B between PMI 228 on 2 July 2013 and the and the NEC Compensation Event CE 051 on 23 October 2013 inclusive, discussed?

A. At these meetings we reviewed the ward layout drawings and discussed the ventilation requirements providing positive pressure, hepa-filtered air and 10-12 air changes per hour to replicate the ventilation system in the BMT unit at the Beatson to create a safe environment for the severely immunosuppressed patients. I advised that Dr John Hood should be involved in the discussion of the ventilation system required as he had been instrumental in the required changes carried out to the ventilation system in the Beatson prior to the BMT unit transferring from the Glasgow Royal Infirmary.

e) At any stage, if any, were you concerned that any attendees at these meetings did not understand or not aware of the specification required for Ward 4B? Please explain your answer.

A. Yes, I felt that nobody in attendance had adequate expert knowledge and experience of the specific ventilation requirements for the BMT unit.

This led to my request that Dr John Hood be involved in the discussions given his extensive knowledge and experience in this field. Dr John Hood had assessed the ventilation system in the Beatson prior to the BMT unit's transfer from the Glasgow Royal Infirmary. This transfer was delayed by one year approximately on the instruction of Dr Hood to achieve an optimal ventilation system with digital monitors fitted outside each hepa-filtered room to ensure adequate positive pressure was maintained.

I felt Dr Hood's prior experience and expertise would be invaluable in the discussion surrounding ward 4B. Upon my request I was told the involvement of Dr Hood would not be possible.

f) Mr Jenkins gave evidence that he was not aware of any other meetings, save for the ones referred to in S1 that would have discussed the specifications of Ward 4B following the change order in 2013. What do you have to say to this?

A. I have no recollection of any other meetings.

g) Mr Jenkins recalls signing plans providing detail of the specific requirements (such as pressure differentials) of Ward 4B, and that all attendees at these meetings, including you, signed these plans. Is Mr Jenkins correct?

A. I believe this to be true.

h) Mr Jenkins gave evidence that in 2015 he was told by members of the Project Team that the records of these meetings had been destroyed due to lack of storage space. Is he correct? What knowledge do you have of destruction of project records for any reason in 2014 or 2015?

A. It is my understanding that the records of these meetings were no longer available but cannot recall being advised of the reason for this.

i) Do you have anything further to add which may assist the Inquiry with your understanding and involvement in designing/ assisting with the design of Ward 4B, or any other matters in respect of Ward 4B between PMI 228 on 2 July 2013 and the and the NEC Compensation Event CE 051 on 23 October 2013 inclusive and handover on 26 January 2015?

A. Nothing further to add.

Declaration

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

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

Appendix A

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

Scottish Hospitals Inquiry
Witness Statement of
Dr Anne Parker

Introduction

1. My name is Anne Naomi Parker. My date of birth is [redacted]. My address is [redacted]. I am retired.

Scottish Hospitals Inquiry

2. I have not been asked to provide evidence to the Inquiry previously. As I am now retired I do not have access to any documentation (electronic or hardcopy) from my time working for NHS Greater Glasgow and Clyde. This statement is prepared based solely on my memory of events and with access to my personal diary.

3. I have been asked to provide a statement to the Inquiry in relation to matters arising from the evidence of Gary Jenkins. I have been asked a series of questions by the Inquiry and respond to them below. I have also been provided with a document titled "Change Control Procedure Form for Ward 4B dated 9 July 2013". I am told this is extracted from **Bundle 16, Document 29, page 1699.**

Q1: Name, qualifications, chronological professional history, specialism etc – please provide an up-to-date CV to assist with answering this question. Please include professional background and role within NHS GGC, including dates occupied, responsibilities and persons worked with/ reporting lines.

4. I do not have an up to date CV. As I am retired I have not needed one. I also do not have access to a past CV as this would have been on my work computer. I set out a summary of my qualifications, professional history, and appointments

below. I have sought to be accurate with the dates I provide, but these are based upon my memory.

5. I studied at the University of Bristol from 1981 to 1987. I graduated with a B.Sc. in Biochemistry in 1983. I graduated MBChB in 1987. I passed MRCP (UK) in 1991. I completed my post-graduate training as a Registrar in haematology at Leicester Royal Infirmary from 1991 to 1993 and then as a Senior Registrar from 1995 to 1997 in the West of Scotland. I passed MRCPath in 1997. I obtained my MD from the University of Bristol in 1998. I have also been admitted FRCP (London) and FRCPath.

6. From 1997 to 1998 I worked as a Locum Consultant Haematologist at the Royal Alexander Hospital in Paisley. From 1998 to 1999 I held the same post at Glasgow Royal Infirmary. I obtained a full-time role as a Consultant Haematologist with an interest in bone marrow transplant (BMT) in 1999. I remained a full-time Consultant until April 2023 when I reduced my hours and worked part-time. I retired on 30 April 2024.

7. From around 2009 to February 2015 I was the Lead Clinician for Haemato-oncology. This was a new post formed within the Regional Services Directorate of Greater Glasgow and Clyde and was for haemato-oncology specialty services in Glasgow only. I was responsible to the Clinical Director for Specialist Oncology and to the Medical Director for Regional Services. From memory they were David Dunlop and Stuart Roger, respectively.

8. The Lead Clinician role was a three year appointment, with a maximum of two consecutive appointment periods. In 2015 a new Clinical Director role was established. Though I interviewed for this, I did not get the post.

9. I am unable to recall what my precise job description was as Lead Clinician, but I attended regular Regional Services Directorate meetings. Myra Campbell was the clinical service manager for haemato-oncology specialty services and I worked closely with her. I also met with Gary Jenkins, the Specialist Oncology General manager, to discuss any specific issues relating to the clinical haemato-

oncology units in Glasgow where my advice would be helpful.

10. I was still working as a full-time consultant. I did not get any extra time for the Lead Clinician role. It did not involve daily responsibilities. I went to additional meetings with management as required. This was a busy period. For example I recall the BMT unit was applying for National Service recognition and as Lead Clinician I was involved in that process. I was responsible for looking at job plans. I recall that the junior doctors' out of hours rota was not working effectively. I saw my role as Lead Clinician being to address anything my clinical colleagues brought to me that was not working in the unit, and to make it better for them. I was the person my colleagues came to and I then liaised with hospital management to see how changes could be made. I saw myself as a conduit between the clinical service and management.

Q2(a): Please confirm your involvement following the Change Order in 2013 (Bundle 16, Document 29, page 1699) between PMI 228 on 2 July 2013 and the NEC Compensation Event CE 051 on 23 October 2013 inclusive in respect of the planning and design of Ward 4B. Confirming your understanding of the specification of Ward 4B following the Change Order.

11. I do not recall seeing the Change Order document previously. However I do recall that changes were proposed to Ward 4B at some stage, and that included losing the social area and a new room being created.

12. I set out below my memory of the discussions that took place regarding the BMT unit's move to the QEUH. My understanding is that it is these discussions that led to the Change Order provided to me by the Inquiry.

13. In 2013 the BMT unit was based at the Beatson. We had been there since around 2009/10. Initially it was not intended that we would move to QEUH. However that changed when it was decided that the High Dependence Unit was being removed from Gartnavel General Hospital. There was also a reduction of other medical specialities at the site. We were using the Critical Care unit at the Western General Hospital and that was moving too.

14. The BMT unit requires access to Critical Care to function safely. Further, the JACIE (Joint Accreditation Committee for ISHAGE (International Society of Hematotherapy and Graft Engineering) and EBMT (European Society for Blood and Marrow Transplantation)) standards at the time required on-site critical care support. If we had stayed at the Beatson we would not have been able to maintain our JACIE accreditation. This would have meant that no unrelated donor stem cell transplants could have been carried out in Scotland as JACIE accreditation is a requirement for accessing this service. In addition there was also the prospect of new forms of cellular therapy (for example CAR-T) which we would not have been able to deliver for the same reason. It was for these two reasons that it became apparent that the BMT unit had to move from the Beatson. I first found out that a move to QEUH was a possibility in May 2013.

15. I recall this was discussed with Dr Jennifer Armstrong, medical director and after deliberation it was agreed that the BMT unit should move from the Beatson to the new QEUH. There were extra renal beds that had not yet been allocated. There were already 10 haemato-oncology beds and we were told we could end up with 24 beds for the BMT service.

16. I was told by Dr Armstrong that the new BMT unit could not replicate the air handling facilities available at the Beatson but understood that we would have patient rooms that were HEPA filtered. Ward 4B would not be able to have the corridors HEPA filtered, or to have negatively pressured anterooms, like we had at the Beatson. However that was not a JACIE requirement. I recall that this was a discussion with Dr Armstrong, but she may have followed this up in writing too.

17. My understanding was that the specifications for the patient rooms were going to be the same as we had at the Beatson. However it was not within my remit nor expertise to decide what those specifications were. My understanding is that this was within the remit of the infection control specialists. The new BMT unit could not replicate the Beatson where all of the common areas were HEPA filtered too. At the Beatson that meant that patients were able to leave their rooms. That would not be possible at QEUH.

18. Beyond this understanding I did not know what the specifications of Ward 4B were going to be. I was not involved in planning the specifications of the ward.

19. I do not recall seeing the Change Order previously, however I was aware that discussions were taking place between others about what our needs were for Ward 4B and how these could be achieved. I comment on these in response to Q2(b) below. I recall there were later discussions about other changes, such as a patient rest area being changed to a patient room. I think these discussions were after July 2013 but I cannot be sure. I do not think I was involved in any later discussions about the specifications for Ward 4B.

Q2(b): Please confirm your recollection of attending these meetings at Hillington between PMI 228 on 2 July 2013 and the NEC Compensation Event CE 051 on 23 October 2013 inclusive, which were in respect of the planning and design of Ward 4B, and any other matters in respect of the move of the BMT service to QEUH, with Project Team members possibly including, Mairi MacLeod, Heather Griffin and Fiona McCluskey?

20. I have no recollection of attending the meetings referred to at Hillington. I do not recall seeing any minutes of such meetings. I do not have access to my work diary to confirm, but I have no recollection of attending.

21. I have reviewed my personal diary for the period from May to October 2013. I have always kept a personal diary to keep track of my day and what has happened, though I do not use it every day. I use it to record events in my personal life but on occasion I would also record something to do with my professional life. For example by noting a sentence to summarise a meeting or discussion that I had had. There are no entries in my personal diary showing that I had meetings at Hillington during this period. Had I been going there I would expect to have noted it in my personal diary too. It is the sort of event I would have included. For example my personal diary shows that I had a meeting on 27 August 2013 with Myra Campbell and Marjorie Johns to discuss the unlicensed medicines policy and ‘pass’ beds. On 25 October 2023 I have noted I had a phone call with Jennifer Armstrong who confirmed that the BMT unit would be

moving to the QEUH. That was the first time I was told the move was definitely happening.

22. I refer to my answer to Q2(a) in respect of the discussions I did have regarding the need to move from the Beatson to QEUH.

23. Though I do not recall attending such meetings, I would not have expected to have been involved in them in any event. I had been involved in the building of the Beatson as a member of the Project Board and had attended meetings on Haemato-oncology needs, but I had not been involved in the detailed planning of matters such as air handling units or fabric requirements. I had no expectation that I would be involved in such matters for the QEUH. My expectation was that I would receive occasional updates on how the build was progressing and that I would be told if there were any problems.

24. I recall that Myra Campbell, the service manager, attended meetings about the new ward and reported back to us. That would not be a formal report, but that she would informally share information about what was happening. Those meetings may have been at Hillington but I cannot be sure. I do recall that Gary Jenkins was at the meetings she attended.

25. I am not aware of who else attended such meetings but would have presumed that the facilities, microbiology and infection control teams would have been involved.

26. I do not recall having any discussions with Mairi MacLeod, Heather Griffin or Fiona McCluskey regarding the BMT unit's move to QEUH.

27. The move to Ward 4B will likely have come up in other meetings I attended, but not in respect of the specifications for the ward. It is not my area of expertise and I would have been unable to contribute to planning meetings about the specifications for Ward 4B. My level of knowledge was only that the rooms would be HEPA filtered. How that was done, or what specific requirements there are to achieve that, is not something I could have contributed to. I was also aware of the

plan for ensuring two of the rooms on the renal ward were suitable for our purposes should we need them. But, again, I have no knowledge of the specifications that were required to achieve that.

28. I recall my main focus in respect of the move was to ensure that it went ahead as planned. If we did not move then we risked losing the ability to conduct non-family donor transplants in Scotland given we were losing the critical care support from the Beatson.

Q2(c): Please describe what each attendee's role was at these meetings.

29. I refer to my answer to Q2(b).

Q2(d): Please describe what was discussed at these meetings? Do you recall matters such as the detailed specification and requirements for Ward 4B between PMI 228 on 2 July 2013 and the and the NEC Compensation Event CE 051 on 23 October 2013 inclusive, discussed?

30. I refer to my answer to Q2(b).

31. Though I have no recollection of attending the meetings referred to, I accept that I did have occasional discussions regarding Ward 4B, such as with Myra Campbell as mentioned in my answer to Q2(b). However I did not discuss the detailed specification requirements with her or with anyone else. That is not within my area of expertise. I would defer to the Infection Control specialists on any technical matters.

32. Any discussions I had were limited to practical matters regarding the facilities that we would need, not the technical specifications for how that was achieved.

Q2(e): At any stage, if any, were you concerned that any attendees at these meetings did not understand or not aware of the specification required for Ward 4B? Please explain your answer.

33. I refer to my answer to Q2(b).

34. More generally I was not aware of, and nor did I have, any concerns that there was a lack of understanding of the needs for Ward 4B. It was only in the initial weeks following the move to Ward 4B that I became aware there were issues.

35. I do recall at one stage I asked Myra Campbell if Dr John Hood was involved with the planning for Ward 4B. He was a microbiologist and he had been intrinsically involved with the design of the Beatson and had been the one who prevented us moving in there for a year when problems were found (my recollection is that there were issues with the walls). I did not doubt the expertise of others but was interested to know if Dr Hood was involved given his past experience.

36. I do not recall getting a response to this query. However I knew that Professor Craig Williams was in charge of infection control matters. Though he had not been involved in setting up the Beatson I was not aware of any concerns that he did not know what was required for the BMT ward.

Q2(f): Mr Jenkins gave evidence that he was not aware of any other meetings, save for the ones referred to in S1 that would have discussed the specifications of Ward 4B following the change order in 2013. What do you have to say to this?

37. I refer to my answer to Q2(b).

38. While I recall discussions with others regarding Ward 4B, such as with Myra Campbell as mentioned in my answer to Q2(b), I do not recall being involved in any meetings about the specifications for Ward 4B although I am sure I would have been involved in stating that we needed HEPA filtered air in the patient rooms. I would not have expected to have been involved in such discussions or meetings, if they did occur.

Q2(g): Mr Jenkins recalls signing plans providing detail of the specific requirements (such as pressure differentials) of Ward 4B, and that all attendees at these meetings, including you, signed these plans. What is your recollection of this?

39. I refer to my answer to Q2(b).

40. I do recall seeing a floor plan for Ward 4B, though this was a high-level plan that showed the layout. I do not think that it included technical details such as the pressure differentials referred to in Q2(g). I would not have known if they were appropriate in any event. I also recall seeing a drawing of what the room layout would be, but again this was a high-level drawing. I recall that myself and two colleagues provided feedback on the layout of the rooms. I think we were asked to look at the room layouts to see if they met our needs. I remember a discussion about every patient room needing ensuite facilities. I recall that we discussed the need to ensure every room had its own ophthalmoscope and otoscope. To the best of my memory I was not asked to comment on infection control measures. I would not have expected to have been asked.

41. It is possible that I signed these plans but I do not recollect doing so.

42. If I had signed them then this would not surprise me. In my role I was a conduit between the clinical service and management. Signing off on floor plans would be my way of saying to management that, clinically, we were happy with the room/ward layout. I would not sign off matters relating to pressure differentials or technical details. That was not within my expertise.

Q2(h): **Mr Jenkins gave evidence that the records of these meetings was no longer, with the drawings being destroyed owing to storage space. What do you have to say regarding this?**

43. I cannot comment on this. I do not recall attending the meetings referred to. I do not recall seeing any minutes of such meetings. While I do recall seeing floorplans for Ward 4B I cannot comment on what happened to them. Prior to

being asked this question by the Inquiry I was not aware there were concerns about documents being destroyed.

Q2(i): Do you have anything further to add which may assist the Inquiry with your understanding and involvement in designing/ assisting with the design of Ward 4B, or any other matters in respect of Ward 4B between PMI 228 on 2 July 2013 and the NEC Compensation Event CE 051 on 23 October 2013 inclusive and handover on 26 January 2015?

44. I have nothing further that I can add that may assist the Inquiry in respect of my involvement in designing or assisting with the design of Ward 4B, as I was not involved beyond matters of layout. I refer to my previous answers.

45. This question also asks about any other matters in respect of Ward 4B between 2 July 2013 and 26 January 2015. I recall that events were quite frantic in 2013 when it was decided that we would be moving from the Beatson to the QEUH. However following the initial months where there seemed to be a lot happening, we were then left somewhat in limbo. After around 15 months we were given a moving date.

46. Prior to moving from the Beatson to QEUH I was not aware that there were any issues with Ward 4B. My assumption, and I believe that of my colleagues too, was that the necessary work had been done by infection control to ensure that the ward was suitable for our patients. We knew that the whole unit would not be fully HEPA filtered (unlike the Beatson) but I understood that sufficient air handling capacity with HEPA filtration was provided. JACIE standards did not require the whole unit be HEPA filtered in any event.

47. Around four to six weeks after the move the BMT unit's quality manager Robert Boyd arranged for air testing to be carried out as part of the Unit's ongoing quality management program. This was a normal occurrence and an audit requirement for us to keep our JACIE accreditation. It was only when we got the results back from his testing that we realised there was a problem.

48. We had a meeting on Friday 3 July 2015. I have noted this meeting in my personal diary. My recollection is that the meeting took place one or two days after Mr Boyd received the air testing results. The meeting was attended by various people from the hospital. I recall Myra Campbell was there. There was at least one consultant microbiologist but may have been two. There were representatives from infection control and hospital facilities. The general manager for specialist oncology was there and I think at this time that would still have been Gary Jenkins. I attended with my consultant colleague Dr Andy Clark.

49. At this meeting we concluded that the BMT unit had to move back to the Beatson. The five days that followed were very busy. I drafted a Standard Operating Procedure for how to manage the lack of Critical Care Support on the Gartnavel site after discussions with my Critical Care colleagues on this. We informed the patients on Tuesday 7 July 2015 . The move took place the next day, on Wednesday 8 July 2015. My recollection is that the unit did not move back to QEUH until sometime in June or July 2018.

50. I understand now that none of the necessary validation of the air handling and testing had been done in advance. Our patients were extremely immunocompromised. When moving these patients into a new ward, I expected that the infection control team had completed necessary checks in advance. If problems were found then the move would not take place and we would be told. That is what happened before we moved into the Beatson where our move was delayed for around one year.

Declaration

51. I believe that the facts stated in this witness statement are true . I understand that this statement may form part of the evidence before the Inquiry and be published on the Inquiry's website.

[redacted]

Date 17/10/2025

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

Appendix A

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

Scottish Hospitals Inquiry
Second Witness Statement of
David Hall

I, David Hall, will say as follows:-

1. The facts and matters set out in this witness statement are within my own knowledge unless otherwise stated, and I believe them to be true to the best of my recollection.

Introduction

2. This is my second witness statement to the Inquiry, in response to the Supplementary Questionnaire issued by the Inquiry on 22 September 2025 ("the Supplementary Questionnaire"). I have reproduced below the questions set out in the Supplementary Questionnaire for ease of reference.

3. I have previously provided a witness statement to the Inquiry in response to both the Glasgow IV Questionnaire issued to me by the Inquiry on 27 January 2025 and supplemental questions issued by the Inquiry on 31 March 2025 ("my First Statement") **(Bundle of Documents for Hearing commencing 13 May 2025, Witness Statements – Volume 2, Document 6, Page 196)**. My personal details, professional background and experience are set out in my First Statement and are not repeated here. I also provided oral evidence to the Inquiry's Glasgow IV, Part 1 Hearing on 22 May 2025.

4. This second witness statement was prepared with the assistance of the solicitors for Currie & Brown, Keoghs LLP, following Teams calls to discuss my response to the Supplementary Questionnaire, but it is in my own words and sets out my recollection and understanding.

5. Where I refer to information supplied to me by other people, the source of the information is identified; facts and matters derived from other sources are true to the best of my knowledge and belief.

6. I refer to the project to design and construct the QEUH/RHC as “the Project” and I refer to NHS Greater Glasgow & Clyde as “the Board” throughout this second witness statement.

Responses to the Supplementary Questionnaire

7. The Supplementary Questionnaire relates to events in or around 2013, following the Change Order Request issued by the Board in July 2013 in respect of Ward 4B/C which brought the BMT Unit from the Beatson into Level 4 of the QEUH. As these events took place around 12 years ago, at a time when I was working collaboratively with the Board’s Project team and its contractor Multiplex on a daily basis in the site office on the QEUH campus, it is difficult to fully recall the detail surrounding certain events, meetings or documents that I have been asked about. I have tried to assist the Inquiry to the best of my ability when preparing this statement.

8. In the early stages of the Project, the Board’s Project Team members were located in offices at Hillington and, prior to the change of Currie & Brown’s role in January 2010, Currie & Brown and its team of technical advisors had meetings with the Board’s Project Team at the Hillington office. Multiplex, its contractors and design team were not based at Hillington at any time so far as I am aware. So far as I can recall, the Board’s Project Team moved from Hillington to the site office on the QEUH campus in 2010 and to my knowledge there were no further project meetings conducted at Hillington after 2010.

9. Question S1 of the Supplementary Questionnaire referred to (and quoted from) paragraph 19 of my First Statement, where I stated: “The design services provided by Currie & Brown in the initial pre-design stage were not extended, with responsibility for technical design instead forming part of the Multiplex contract.

Currie & Brown was not appointed as Lead Consultant following January 2010 because it no longer had any design responsibilities and that role was instead fulfilled by Multiplex (under the design and build form of contract) together with its own professional design team (which Currie & Brown was not part of)."

10. Question S1 also referred to (and quoted from) paragraph 112 of my First Statement, where I stated: "I have been asked how the change in use of Ward 4B following a Change Order Request issued by the Board in July 2013 **(Bundle 16, Document 29, Page 1699)** was communicated to Currie & Brown and how this change was captured in the revised design and specification documentation. I was not directly involved in this change. I was aware of the changes via attendance at weekly risk reduction meetings but that was the extent of my knowledge/involvement. Peter Moir would have known the answer to this question."

11. Question S1 then stated that: "The Inquiry understands your position is that Multiplex were responsible for the design following the Change Order in 2013 in respect of Ward 4B". The Inquiry's understanding is correct; Multiplex was responsible for the design and construction of the Project under the NEC3 Design & Build Contract it entered into with the Board dated 18 December 2009. That responsibility included any Change Orders requested and agreed under that Contract. It would have been necessary for the Board to hold meetings with Multiplex and its specialist healthcare designers, Nightingale, and specialist ventilation designers, ZBP/Wallace Whittle, to develop a revised design for Ward 4B following the Change Order. I cannot specifically recall meeting with Nightingale or with ZBP/Wallace Whittle on this matter and believe that Peter Moir would have been likely to have held these meetings.

12. Question S1 then set out, at paragraphs (a) to (l), a series of questions referring to various documents. I respond to each of Questions S1(a) to (l) in turn in the following paragraphs.

Question S1(a) states: "Please refer to **Document A54028191 (1)**. This appears to be a plan of Level 4, providing details of ventilation services and specifications. The plan appears to bear your signature and comments by you dated 17 September 2013 regarding the ventilation specification, air changes, and HEPA filtration. Please can you confirm why you commented on and signed this drawing and what your role was here having regard to your earlier evidence to the Inquiry."

13. I understand that **Document A54028191 (1) (Bundle 52, Volume 9, Document 6, Page 15)** is Drawing No. ZBP-ZE-04-PL-524- 045-D, which is titled 'Mechanical Services Ventilation Layout Fourth Floor NSGH Haemo Oncology Ward'. This drawing was initially produced by ZBP, the specialist Mechanical, Electrical, and Public Health ("MEP") designer who was engaged by Multiplex as part of its Design Team to design the MEP services on the Project, including the ventilation systems. This is apparent from the numbering of the document, which identifies ZBP as the 'origin' (in the box in the bottom left hand corner). That box also identifies that this is Revision D of the drawing. It seems from the timing of issue of Revision D (stated in the Revision Notes to have been issued on 23 August 2013 in response to PMI 228) that this drawing was produced during the Reviewable Design Data ("RDD") process for the changes to Level 4 requested by the Board under PMI 228 dated 2 July 2013 and Compensation Event CE 051. I believe that the reason that the drawing also bears Wallace Whittle's name is because, as I explained in paragraph 148 of my First Statement, I understand that ZBP went into administration and was acquired by Wallace Whittle in around January 2013. Therefore Wallace Whittle was directly engaged by Multiplex and formed part of Multiplex's own design team at this time.

14. The Revision Notes box on the left hand side of the drawing states, in the entry for Revision D dated 23.08.13, "PMI 228 – HEPA FILTERS & HEATER BATTERIES ADDED. VENTILATION AMENDED TO SUIT REVISED ARCHITECTURAL LAYOUTS". I presume that this version of the drawing was prepared in response to the change in use of the ward which was requested by the Board. The Revision Notes box also records that Revisions 01, A, C and D of the drawing were prepared by "RTS". I do not know who RTS was but presume they were an ZBP employee

who transferred over to Wallace Whittle. The first four iterations of the drawing are noted to have been checked by "AP". I do not know who AP was, but presume they were a ZBP employee. Revision D was checked by "MH". Again I do not know who MH was but presume they were a Wallace Whittle employee.

15. As I explained in paragraphs 101 to 105 of my First Statement, my involvement in the RDD process generally was limited to the review of clinical functionality on behalf of the Board; this means ensuring that the Board had provided its end user clinical requirements, such as the provision and positioning of sinks, sockets, beds, the appropriate medical gases, etc. I had no responsibility for, or involvement in, setting out or commenting on the technical specification, or technical compliance (such as compliance with guidance).

16. Technical specification and technical compliance for the design of the hospitals was the responsibility of Multiplex (and the Design Team that Multiplex engaged, including ZBP/Wallace Whittle) following the award of the Design & Build Contract to Multiplex. Currie & Brown was not contractually responsible for advising on design or technical specification, or for the sign-off of technical compliance, because this was not part of our role following the award of the Contract to Multiplex and following the change in our scope of works in January 2010 as referred to above, as all participants in the Project knew (or certainly ought to have known) at the time. I was not qualified to advise, comment, or sign off on technical design or technical compliance in any event because I am not an engineer, far less a ventilation engineer, as I explained in my First Statement. ZBP/Wallace Whittle were the specialist engineers who were designing the ventilation under the control of Multiplex, the main contractor.

17. I also explained my limited involvement in the RDD process, and the basis on which I signed a number of drawings during this process on behalf of the Board, in my oral evidence to the Inquiry, at columns 116-133 of the transcript **(David Hall Transcript, Pages 60-69, Columns 116-133)**. As I explained then, in my role providing project management support to the Board I signed some of the RDD drawings on behalf of the Board "[f]following user group meetings, other

workshops" and following "a review of the drawing for clinical functionality" in order to "confirm that the things that have been requested in that meeting have been addressed" **(David Hall Transcript, Page 64, Column 124)** and to record that the drawings had been through the appropriate review process (**David Hall Transcript, Page 66, Column 128).** As the Board and Multiplex knew at the time, I was not signing the drawings to indicate any technical acceptance of their contents because that was not Currie & Brown's role, I was not qualified to do so, and responsibility for design lay with Multiplex as the main contractor under a Design & Build Contract. No-one at the time would have expected project managers and cost consultants such as Currie & Brown to be making technical comment on a ventilation design produced by the specialist MEP designers; that was not our role on the Project post contract award.

18. The "comments" on Drawing No. ZBP-ZE-04-PL-524-045-D referred to in Question S1(a) include two handwritten annotations where the phrase "45 l/s" has been circled in blue ink, and next to it someone has written "50?", again in blue ink; and the handwritten annotation where someone has circled, in blue ink, another annotation in black ink which states "(H)".

19. As I stated in paragraph 112 of my First Statement, I do not recall being directly involved in the change to Level 4 of the QEUH in 2013, or in the RDD process relating to this change, as Peter Moir led on this work. Whilst I do not recall this particular drawing, or commenting on it, I believe that I made the annotations in blue ink as part of the RDD process and that it is likely that these annotations were made in discussion with Peter Moir. Peter and I were located on the QEUH campus site and I was in and out of Peter's office reviewing and discussing matters regularly. We would have reviewed this drawing for clinical functionality only. None of these annotations would have been based on technical knowledge, or a review of technical design matters. Rather, they highlight and query what appear to be internal inconsistencies in the drawing which I presume we had identified whilst reviewing the drawing for clinical functionality, as follows:

19.1. The two annotations of "50?" appear to highlight a possible internal inconsistency

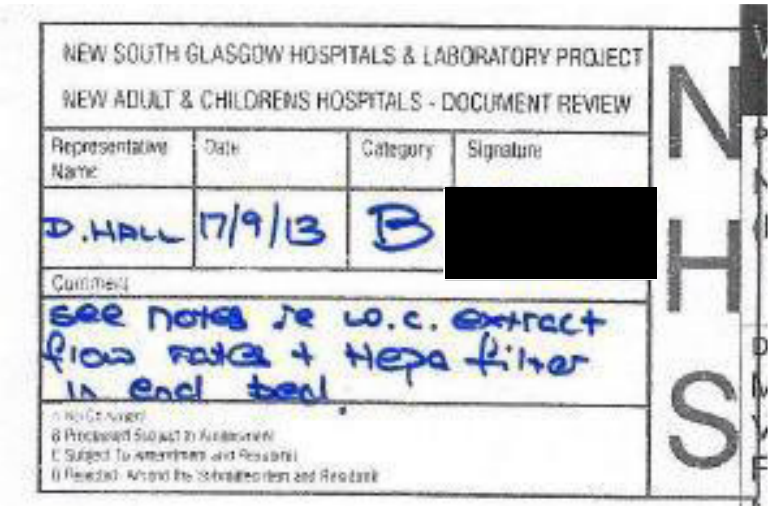
in the drawing in that all the en-suite bathrooms on the plan, barring two, had airflow rate annotated as “50l/s” whereas the two areas flagged had airflow rate of “45l/s”. The question mark in the handwritten annotation appears to be essentially flagging this inconsistency. I do not recollect any discussions about changing air rates from 45 to 50 l/s. I did not have the technical knowledge or expertise to have suggested or advised any such change and would certainly not have done so. Peter and I would not have been commenting on technical design but merely flagging up what appeared to us to be possible inconsistencies in the drawing.

19.2. Likewise, the “(H)” appears to highlight that, in our review for clinical functionality, we had noted that all the air flow vents in bedrooms on the drawing, barring one, had an “(H)” annotation signifying that the vent had a HEPA filter fitted. The handwritten “(H)” appears to flag the only room that appeared to be missing an “(H)” annotation to the air vent. Again, we would not have been commenting on technical design but merely flagging a possible internal inconsistency within the drawing. Having looked at the drawing to respond to the Inquiry’s Supplementary Questionnaire, I now note that the “(H)” for this room was in fact indicated slightly above the air vent and marked with an arrow and so there is in fact no inconsistency in this room. I presume Peter and I did not notice this when we reviewed the drawing, which highlights that we did not undertake a technical review.

20. The NEC3 form of contract is designed to promote a collaborative and cooperative approach, as set out at paragraph 10.1of Option C of the NEC3 contract (**Bundle 17, Document 13, Page 749**). Whilst I reviewed drawings purely from a clinical functionality perspective, if what appeared to be an obvious error or inconsistency was apparent on a drawing, I believe that I would have queried that rather than turn a blind eye, in the spirit of trust and cooperation. There therefore may be other drawings where I queried what appeared to be possible inconsistencies. That approach did not change the basis on which I was reviewing the drawing, or my inability to comment on matters of technical design.

21. In the bottom left-hand corner of Drawing No. ZBP-ZE-04-PL-524-045-D, there is an NHS ‘Document Review’ stamp which I have completed in blue ink and signed

on 17 September 2013, as follows:


NEW SOUTH GLASGOW HOSPITALS & LABORATORY PROJECT
NEW ADULT & CHILDRENS HOSPITALS - DOCUMENT REVIEW

Representative Name	Date	Category	Signature
D. HALL	17/9/13	B	[redacted]

Comments
see notes re u.o.c. extract flow rates + Hepa filter in end bed.

NHS

22. The 'Comments' I have recorded in blue ink in that box draw attention to the handwritten annotations that have been added to Revision D of this drawing, but, as I have explained above, those annotations were simply highlighting possible internal inconsistencies in the drawing. In signing Revision D of this drawing, I was merely confirming on behalf of the Board that the drawing had been reviewed for clinical functionality because that was all that I was qualified to sign off on, and that was all that Currie & Brown was contractually responsible for. Whilst I flagged what appeared to be possible internal inconsistencies within the drawing, I was certainly not qualified to comment on the technical aspects of the specialist designers ZBP/Wallace Whittle's ventilation design, or their changes to that design, and that was not Currie & Brown's role as I have previously explained.

23. I note that, directly above the NHS 'Document Review' stamp, Drawing No. ZBP-ZE-04-PL-524-045-D has also been stamped with Multiplex's 'Contractor Document Review' stamp, marked by Multiplex as "Status B – Proceed Subject to Amendment", and signed and dated 24 September 2013. I think the signature on the stamp may be that of Ken Hall of Multiplex. This shows that Multiplex, as Design & Build Contractor, was taking forward ZBP/Wallace Whittle's drawing to the next stage of the design process, which would have been for ZBP/Wallace Whittle to formalise the amendments noted on the drawing.

Question S1(b) states: "Please refer to **Document A54027531 (8)**. This appears to be a follow up plan to the plan at Document A54028191 (1) with comments setting out the response to the earlier handwritten comments. Please confirm your understanding and involvement in this matter."

24. I understand that **Document A54027531 (8) (Bundle 52, Volume 9, Document 8, Page 17)** is Drawing ZBP-ZE-04-PL-524- 045-F. This is Revision F of ZBP/Wallace Whittle's drawing for the changes to Level 4 requested by the Board under PMI 228, Revision D of which was the subject of Question S1(a) as discussed above. I cannot recall having previously seen this version of the drawing; I did not see all the drawings produced on the Project by any means. As I noted in paragraph 23 above, Revision D of ZBP/Wallace Whittle's drawing was approved by Multiplex as "Status B – Proceed Subject to Amendment" on 24 September 2013 which means that Multiplex was unlikely to have referred Revision F of the drawing back to the Board's Project Team for comment, and therefore I am unlikely to have seen Revision F of this drawing as it is unlikely to have been issued to me.

25. I note that the 'Revision Notes' in the left hand side of the drawing state in respect of Revision F as follows: "RDD COMMENTS INCORPORATED. COMMENT BOX ADDED"; the initials RTS and SDP are next to this entry. I do not know who incorporated the RDD comments or added the comment box but I would expect that ZBP/Wallace Whittle would have done so as that would have been part of its role as Multiplex's specialist MEP designer. It is possible that "SDP" may be Steve Pardy of ZBP/Wallace Whittle. The Revision Notes box also records that Revision F of the drawing was prepared by "RTS". As indicated above, I do not know who RTS was but presume they were an ZBP employee who transferred over to Wallace Whittle. Revision F is noted to have been checked by "MH". As indicated above, I do not know who MH was but presume they were a Wallace Whittle employee.

Question S1(c) states: "Please refer to **Document A54028183 (2)**. This appears to be a plan of Level 4, providing details of ventilation services and specifications.

The Plan has air changes marked up. You appear to have signed the plan on 17 September 2013. Please confirm why you were signing this drawing and what your role was here having regard to your earlier evidence to the Inquiry. Why did you write 'no comments' below your signature. What were the no comments in relation to?"

26. I understand that **Document A54028183 (2) (Bundle 52, Volume 9, Document 7, Page 16)** is Drawing ZBP-ZH-04-PL-524- 048- F, which is titled 'Mechanical Services Ventilation Layout Fourth Floor NSGH Renal Ward & Day Case Ward'. Again, this was originally a ZBP drawing, as indicated by the drawing origin in the box in the bottom left-hand corner of the drawing, and this is Revision F of this drawing. As per the above, I believe that this Revision F was prepared following Wallace Whittle's acquisition of ZBP (and thus at the time when Wallace Whittle was engaged by and working directly for Multiplex) which is why Wallace Whittle's name appears on the drawing. I note that the Revision Notes record that this Revision F was issued on 4 September 2013 and the notes record "PMI 228 – VENTILATION ADDED". Again, the ventilation details would have been added by Multiplex's specialist MEP designer, ZBP/Wallace Whittle. I also note that the Revision Notes for the previous Version E state, "RDD COMMENTS INCORPORATED" and so I may have seen a previous version of this drawing during the RDD process but have no recollection of seeing, or signing, this drawing.

27. In the bottom left-hand corner of Drawing No. ZBP-ZH-04-PL-524-048-F, there is an NHS 'Document Review' stamp which I have completed and signed on 17 September 2013. As explained in my previous evidence and above, my review of this drawing on behalf of the Board would have been a review of clinical functionality and the comment of "no comments" would have been from a clinical functionality perspective.

28. I note that, directly above this stamp, the drawing has also been stamped with Multiplex's 'Contractor Document Review' stamp, marked by Multiplex as "Status A – No Comment", and signed and dated 24 September 2013. I think that the signature on the Multiplex stamp may be that of Ken Hall of Multiplex again. This

shows that Multiplex, as Design & Build Contractor, was taking forward ZBP/Wallace Whittle's drawing to the next stage of the design process and that no changes were required to this drawing.

Question S1(d) states: "Please refer to **Document A54027611(3)**. This is an email chain from Wallace Whittle to others including you, attaching a monthly report for the period to 12 August 2013. Under the heading 'design constraints' it states: 'Commented drawings from the Board's Advisers are being reviewed and responses shared with BM before formal issue'. Who were the Board advisors at this time?'"

29. **Document A54027611(3) (Bundle 52, Volume 9, Document 2, Page 5)** is a single email (not an email chain) from Jane Longstaff of Wallace Whittle to Ken Hall and Darren Pike of Multiplex dated 12 August 2013. It is titled "8001-NSGH Monthly Report for August attached". Contrary to Question S1(d), this email was not copied to me or to anyone else in Currie & Brown. Instead, it was copied to two Wallace Whittle email addresses (NSGH[redacted] and LondonWest.Filing[redacted]).

30. I note that the email attaches a monthly report by Wallace Whittle titled "New South Glasgow Hospitals Monthly Report for the Period to 12 August 2013" ("the Monthly Report"). By this point in time, Wallace Whittle was directly engaged by Multiplex and therefore formed part of Multiplex's own design team, as I explained in paragraph 148 of my First Statement and at paragraph 13 above. The Monthly Report would therefore be a report from Wallace Whittle to its employer, Multiplex, as indicated by the recipients of Ms Longstaff's email. It is highly unlikely that this report would have been shared with the Board or Currie & Brown, and I do not recall ever seeing it.

31. The Monthly Report states under the heading "General" that "Detailed Design has now been completed for all MEP systems to the hospital". As Question S1(d) observes, under the heading 'Design Constraints' the Monthly Report states that "Commented drawings from the Board's Advisers are being reviewed and

responses shared with BM before formal issue". I do not know who the author of the Monthly Report was referring to as the "Board's Advisers". At this time, the Board had no MEP advisors so far as I am aware, except where Capita's role was extended to review any Alternative Design Solutions proposed by Multiplex. As explained in paragraphs 19 and 149 of my First Statement, this is because the Board changed Currie & Brown's role in January 2010 and instructed Currie & Brown to stand down its Technical Team (which included Currie & Brown's M&E advisors, Wallace Whittle).

32. I would be very surprised indeed if Wallace Whittle believed that Currie & Brown was "the Board's Advisers" in relation to the MEP systems, because Currie & Brown had engaged Wallace Whittle as M&E sub-consultants as part of its Technical Team during the pre-design phase of the Project, before the Design & Build Contract was awarded to Multiplex. Wallace Whittle was therefore aware that Currie & Brown did not have that expertise in-house.

Question S1(e) states: "Please explain why you were copied into this email given your earlier evidence regarding your role and the role of Currie and Brown in the project at this time."

33. As explained above, I was not copied into this email, and nor was anyone else from Currie & Brown. This was an email from Wallace Whittle to Multiplex only, consistent with Wallace Whittle's role as sub-consultant to Multiplex at the time.

Question S1(f) states: "Please refer to **Document A54027601 (4)**. This is an email from Mr Bailey at Brookfield to you dated 23 September 2013 sending you the 'drawings immediately preceding the Haemato Oncology change' as you have requested. What was the purpose of you requesting these documents in light of your earlier evidence to the inquiry? What did you do when you received these documents?"

34. **Document A54027601 (4) (Bundle 52, Volume 9, Document 5, Page 11)** is an email from James Bailey of Brookfield Multiplex to me dated 23 September 2013 titled "Level 4 Change Mercury RCP's". I do not remember this email, and I do not

remember why or for whom I had requested these documents. I was not qualified to comment upon or determine technical matters, but it was not unusual for me, in my role providing project management support, to receive emails and coordinate requests and responses between the Board's Project Team and Multiplex or members of Multiplex's Design Team, including in relation to M&E matters. I explained this in my oral evidence as recorded at column 14 of the transcript:

"I was the conduit for M&E matters. So, for example, if there was a question mark over M&E, quite often I would be asked the question and I would then communicate with the appropriate people. Post-2010, of course, that was Multiplex. So there will be emails from me, for example, where people have raised questions. I have actually taken their question, put that into the design management process, and asked Multiplex to come back with their responses, because they were responsible for the design. So I was, I was acting in that role of coordination, but I was not, you know, I'm not qualified, you know, to do M&E."

35. I do not recall what I did with these documents, but it is likely that I passed them on to whoever had requested them. James Bailey was a Multiplex Quantity Surveyor and this email was sent to me four days before his email to Douglas Ross of Currie & Brown dated 27 September 2013, which is the subject of Question S1(g), discussed below. For the reasons set out below in response to Question S1(g), it is possible that I requested those documents on behalf of Mr Ross for the purpose of assisting him with the assessment of the financial value of the Compensation Event, but I cannot recall.

Question S1(g) states: "Please refer to **Document A54027600 (5)**. This is an email from Mr Bailey at Multiplex to Douglas Ross of Currie and Brown, copying you and others in. This email contains information at chilled beams and increasing ductwork. What was the purpose of this email? In light of your earlier evidence to the Inquiry why were you and Mr Ross being provided with this information? What action would you and Mr Ross have taken when you received this email?"

36. **Document A54027600 (5) (Bundle 52, Volume 9, Document 13, Page 29)** is an

email from James Bailey of Brookfield Multiplex to Douglas Ross of Currie & Brown dated 27 September 2013. It was copied to John Ballantyne, Darren Pike, and Grant Wallace of Multiplex; and to me. It is titled “Level 4 Haemato Oncology Change”.

37. I do not recall this particular email but, as noted above, I recall that James Bailey was a Multiplex Quantity Surveyor. In the first line of the email, Mr Bailey states “I've attached Mercury's updated price showing the breakdown including the labour”. This email provides justification of the increased costs for the reconfiguration works to this area both in terms of scope and programme. Douglas Ross would have required this information in his role as cost advisor to the Board and he would have used this information in his assessment of the financial value of the Compensation Event.

38. I believe I may have been copied into the email for information purposes because the email refers to potential impact on the programme of works. Monitoring the programme of the works was part of my role in providing project management support to the Board. I do not recall taking any specific action as a result of this email; it appears to have been copied to me for information only.

Question S1(h) states: “Please refer to **Document A54027610 (6)**. When did you first see this document dated to 10 September 2013? If you saw this document in 2013 what action, if any, did you take upon receiving this document?”

39. **Document A54027610 (6) (Bundle 52, Volume 9, Document 4, Page 9)** is another monthly report by Wallace Whittle. It is titled “New South Glasgow Hospitals Monthly Report for the Period To 10th September 2013”. As I have explained above, by this point in time, Wallace Whittle was directly engaged by Multiplex and therefore formed part of Multiplex’s own Design Team, as referred to in paragraph 148 of my First Statement. This Monthly Report would therefore be a report from Wallace Whittle to its employer, Multiplex. It is therefore highly unlikely that this report would have been shared with the Board or Currie & Brown, and I

do not recall ever seeing it.

Question S1(i) states: "Please refer to **Document A54027576 (7)**. This is a plan relating to Isolation Rooms, you will see that there is blue writing on the plan regarding rooms extract flow. Is this your writing? If so, why were you making comment on technical matters?"

40. I understand that **Document A54027576 (7) (Bundle 52, Volume 9, Document 1, Page 4)** is Drawing ZBP-XX-XX-SC-524- 918-A. This is ZBP's drawing titled 'Mechanical Services Isolation Rooms Schematic Zone F 122AHU08 & 09', Revision A. I confirm that the annotations in blue ink are in my handwriting. As I explained above, the wider Project team (including members of the Board's Project team, together with Multiplex and Currie & Brown) were co-located on the QEUH campus site (with Multiplex on the lower floors and the Board on the top floor) and held frequent and regular multi- disciplinary meetings. There may have been a number of people reviewing the drawing and providing their comments, and it may be that I was collating and recording those comments in my role providing project management support. I cannot recall who suggested these comments, which appear to be questions to clarify elements of the drawing. The comment on air change rates appears to have been a request for information as no air change rate was stated on the drawing. The comment on extractor fans appears to have been an operational resilience question asking whether just a single fan or a main fan and a stand-by was proposed. This question may, for example, have been raised by someone from Estates such as Ian Powrie from an operational perspective, but I do not recall. I certainly did not have the technical expertise to have answered any of these questions, which would have been a matter for ZBP/Wallace Whittle as Multiplex's specialist MEP designer.

41. I referred to this type of scenario in my oral evidence in response to a question from the Chair about technical meetings where the Multiplex designer informed the Board and its representatives of its progress (**David Hall Transcript, Page 63, Columns 121 and 122)**:

"THE CHAIR: …was it or was it not an occasion for the GGC representatives

feeding into the design or criticising the design or questioning the design?

A: Only in terms of operation. So, for example, if we were talking about, you know, a water system and flushing, there would be somebody from the facilities department – Ian Powrie, typically – who would comment on the ability to flush out a system or alternatively-- you know, that type of thing. So there was an operational element to the feedback, but there was nobody present in the room who could act-- challenge the design. The designer was saying, "This is in compliance with the guidance, and this is what we're-- you're getting.""

42. I note that this Drawing ZBP-XX-XX-SC-524-918-A has also been stamped with Multiplex's 'Contractor Document Review' stamp, marked by Multiplex as "Status B – Proceed Subject to Amendment", and signed and dated 17 December 2012. I think it may be Ken Hall of Multiplex's signature on the Multiplex stamp again. This shows that Multiplex, as Design & Build Contractor, was taking forward ZBP's drawing to the next stage of the design process, which would have been for ZBP/Wallace Whittle (as Wallace Whittle acquired ZBP in around January 2013) to follow up the queries noted on the drawing.

Question S1(j) states: "Please now look at **Document A54027573 (9)**. It is dated as RDD comments incorporated 30 August 2013. This appears to be the plan in respect of the Isolation Rooms, following up on the comments contained in the plan at **Document A54027576 (7)**. Please confirm your understanding and involvement in this matter."

43. I understand that **Document A54027573 (9) (Bundle 52, Volume 9, Document 3, Page 8)** is Drawing ZBP-XX-XX-SC-524- 918-B. This is ZBP/Wallace Whittle's Revision B of ZBP's drawing which was the subject of Question S1(i) discussed above. As I noted above, Revision A of ZBP's drawing was approved by Multiplex as "Status B – Proceed Subject to Amendment" on 17 September 2013 which means that Multiplex was unlikely to have referred Revision B of the drawing back to the Board's Project Team for comment. Therefore I am unlikely to have seen

Revision B of this drawing and I cannot recall seeing it previously.

Question S1(k) states: "Having regard to the documents that you have been referred to in this supplementary questionnaire do you wish to add anything further to your earlier evidence that your role and advice to the Board post 2010 was limited to 'clinical functionality'?"

44. Question S1(k), and some of the other questions in the Supplementary Questionnaire, appear to assume that the documents to which I have been referred indicate some inconsistency with my previous evidence. There is no inconsistency. The comments and queries I recorded on the various drawings to which I have been referred were recorded during collaborative meetings in the Project office with a range of Project participants. In signing off those drawings I was not advising on or signing off the technical details; as I have explained above and in my First Statement, that was not my (or Currie & Brown's) role and I did not have (or claim to have) the technical expertise to do so. The Board's Project team was well aware of that, having expressly instructed Currie & Brown to stand down its Technical Team in January 2010. I signed these and other drawings on behalf of the Board to confirm review of clinical functionality. I did not give any advice on matters of technical design, nor was I qualified to do so. However, where a potential internal inconsistency in a drawing or document was identified, in the spirit of mutual co-operation as required under the terms of the NEC3 contract, I highlighted anything that was noted as a comment to be taken up by Multiplex and its Design Team.

45. As I explained in paragraph 40 of my First Statement and in oral evidence, my expertise is in project management and I am not an engineer. The Board's Project Director, Alan Seabourne (who was a qualified engineer), and its Project Manager, Peter Moir (who was a qualified architect), were both well aware of that. As qualified design professionals, neither Alan nor Peter ever looked to me for design advice.

46. The drawings to which I was referred in the Supplementary Questionnaire are ZBP/Wallace Whittle's drawings, which ZBP/Wallace Whittle amended, and which Multiplex signed off and issued as part of its response to the Board's Change Order

Request (and for which Multiplex was paid an additional fee). If there are any substantive technical questions about these drawings, I would respectfully suggest that they should be directed to ZBP/Wallace Whittle, as the specialist MEP and ventilation designers, or to Multiplex to whom ZBP/Wallace Whittle answered.

Question S1(l) states: "Do you have any further information to add having regard to the above referred documents and the documents noted below that you have been provided along with this Supplementary Questionnaire?"

47. I am grateful for the opportunity to clarify matters in response to the Supplementary Questionnaire and I do not have any further information to add to what I have set out above.

Meeting with Robert Calderwood

48. I have read paragraph 260 of the witness statement provided to the Inquiry by Robert Calderwood (**Bundle of Documents for Hearing commencing 16 September 2025, Witness Statements – Volume 3, Document 1, Page 3**) and the relevant extract from the transcript of Mr Calderwood's oral evidence. Mr Calderwood referred to a meeting in 2015 in which he says the ventilation specification for Ward 4B was discussed. Mr Calderwood refers to me as "the project architect". I am not an architect. Neither I nor Currie & Brown was the Project architect (Nightingale was engaged by Multiplex as the Project architect)._I do not know why Mr Calderwood described me as such.

49. Mr Calderwood says that I "sourced" and "brought to the meeting" the English HTM 03-01, which is the Department of Health Technical Memorandum for Specialised ventilation for healthcare premises. As set out at paragraphs 160 and 161 of my First Statement, my involvement in the Project had become more limited by June 2015, and I was no longer based at the QEUH campus site. By this time I was engaged on other unrelated projects, as well as the commissioning of certain clinical equipment in the QEUH/RHC hospitals.

50. As referred to above, Peter Moir led the work on Ward 4B and I provided support where required. I recall that the design brief was based on compliance with guidance but that the current version of SHTM 03-01 at the time stated that guidance for specialist units was under development. Whilst I cannot recall a specific conversation, I believe that Peter Moir may have asked me to locate the English guidance for the meeting in June 2015, as the Scottish guidance tended to follow English guidance, subject to reference to Scottish regulations.

51. I recall the meeting referred to by Mr Calderwood which was held at the Board's offices at Gartnaval. There were many attendees. I recall that Peter Moir, Craig Williams and Gary Jenkins attended from the Board, along with several attendees from Multiplex including Alastair Fernie and David Wilson. I also recall that some of Multiplex's design team attended, including a representative from Mercury and Stuart McKechnie from Wallace Whittle (as explained above, by that stage Wallace Whittle were directly engaged to Multiplex, having acquired ZBP). To the best of my recollection, this meeting was the first occasion that I met Gary Jenkins. Whilst I 'tabled' the HTM, I would have done so on Peter Moir's behalf and was unable to provide any comment on technical design matters or add to any technical discussion between the Board, Multiplex and its design team, who, by contrast, were technically qualified to comment.

Declaration

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

[redacted]

Signature: David Hall

Date: 15th October 2025

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

Appendix A

A52855608 - Hearing Commencing 13 May 2025 - Witness Statements – Volume 2
A53987958 - Hearing Commencing 16 September 2025 - Witness Statements – Volume 3
A52998941- Transcript of David Hall
A47851278 – Bundle 16 – Ventilation PPP
A49342285 – Bundle 17 – Procurement History and Building Contract PPP
A54326797 - Bundle 52, Volume 9 – Miscellaneous Documents

Scottish Hospitals Inquiry
Supplementary Statement of
Dr Alistair Hart

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

The Inquiry already has your evidence from Glasgow 2 in the form of a witness statement (Witness statement - Dr Alastair Hart | Hospitals Inquiry).

The Inquiry is now hearing evidence at the Glasgow 4, Part 3 hearings. Matters arise from the oral evidence of Dr Scott Davidson, given on 9 October 2025.

S1. Dr Davidson stated that you were involved in the production of Risk Assessment Form – Airborne Pathogens in respect of Ward 4C, dated 28 February 2020 **(Bundle 20, Document 62, Page 1428)**, as the Consultant Haematologist within Ward 4C. Within the risk assessment, under the section titled "Specific risk assessments or guidance to be referred to", reference is made to several sources, including NICE Guidelines 2016, IDSA, ESCMID and Infection Rates Reports. However, SHTM 03-01: Ventilation for Healthcare Premises **(Bundle 16, Document 5, Page 342)** is not cited.

(a) Can you clarify why SHTM 03-01 was not referenced or considered as a guidance document in this risk assessment?

A. No recollection and would not have been something I would have been involved in as would have been led and guided by infection control]

S2. Why does the risk assessment not record any consideration or discussion about whether Ward 4C was a neutropenic ward in terms of Table 1 in SHTM 03-01? What impact, if any, might such a consideration have had on the findings of the assessment?

A. Unable to comment, would have been led by infection control. Outside of area of expertise, again would be guided by infection control

Declaration

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

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

Appendix A

A47851278 – Bundle 16 – Ventilation PPP

A48946859 – Bundle 20 – Documents Referred to in the Expert Reports by Andrew Poplett and Allan Bennett

Scottish Hospitals Inquiry
Supplementary Statement of
Darryl Conner

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

The Inquiry already has your evidence from Glasgow 3 in the form of a witness statement (Witness Statement - Darryl Conner - 28.08.2024 | Hospitals Inquiry) and transcript (Transcript - Darryl Conner - 28.08.2024 | Hospitals Inquiry).

The Inquiry is now hearing evidence at the Glasgow 4, Part 3 hearings. Matters arise from the oral evidence of Dr Scott Davidson, given on 9 October 2025.

S1. Dr Davidson stated that you were involved in the production of Risk Assessment Form – Airborne Pathogens in respect of Ward 4C, dated 28 February 2020 **(Bundle 20, Document 62, Page 1428)**, specifically in relation to ventilation matters. Within that risk assessment, under the section titled "Specific risk assessments or guidance to be referred to", reference is made to several sources, including NICE Guidelines 2016, IDSA, ESCMID and Infection Rates Reports. However, SHTM 03-01: Ventilation for Healthcare Premises is not cited.

(a) Can you clarify why SHTM 03-01 **(Bundle 16, Document 5, Page 342)** was not referenced or considered as a guidance document in this risk assessment?

A. Having read the provided risk assessment, I observe the provided risk assessment document refers / indicates that SHTM-03-01 standards are noted as not being achieved " and a non- official derogated ACH Rate from SHTM03-01 " I was not involved in the writing or issue of this risk assessment, I did attend a meeting at JB Russell House with Gerry Cox the assistant director of estates where Dr Davidson was in attendance as were other senior clinical and Infection control representatives. I do recall the discussion was with respect to Ward 4C and included clinical and IPC

considerations, ventilation strategy, and control measures. I recall around this time I was asked by Gerry Cox to provide an overview of the existing ventilation strategy for Ward 4C and the improvements that had been carried out to date as a result of a previous option appraisals to improve the wards ventilation compliance with reference to SHTM-03-01 to mitigate previously surveyed ventilation non compliances with respect to ACH rates, pressure cascades and filtration improvements. How this information was reviewed or utilised by the clinical and IPC team to inform their writing of this risk assessment I do not know, my role was to provide ventilation system overview and describe the improvements that were carried out to date. To my recollection my summary was sent to Gerry Cox and possibly Tom Steele for progression and utilisation by the IPC team, some of the detail within my summary would appear to have been utilised for this document in item 6.

S2. Why does the risk assessment not record any consideration or discussion about whether Ward 4C was a neutropenic ward in terms of Table 1 in SHTM 03-01? What impact, if any, might such a consideration have had on the findings of the assessment?

A. I was not involved in the writing or issue of this risk assessment; I provided system overview and a summary of Estates improvements carried out to date. The discussion and categorisation of whether Ward 4C was a neutropenic ward was a clinical and IPC assessment and decision. Such a consideration may highlight the existing ventilation strategy available did not meet the standards outlined within the guidance documents available at that time e.g. “Table 1 neutropenic”

Declaration

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

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

Appendix A

A47851278 – Bundle 16 – Ventilation PPP

A48946859 – Bundle 20 – Documents Referred to in the Expert Reports by Andrew Poplett and Allan Bennett

Scottish Hospitals Inquiry
Supplementary Consequential Questionnaire of
Professor Craig Williams

The Inquiry already has your evidence at Glasgow 3 in the form of a witness statement Witness Statement - Craig Williams - 17.09.2024 | Hospitals Inquiry and transcript (Transcript - Craig Williams - 17.09.2024 | Hospitals Inquiry). The Inquiry also has your evidence in respect of the Glasgow 4 Part 2 hearings in the form of a Consequential Witness Statement (Scottish Hospitals Inquiry – Hearings Commencing 19 August 2025 – Witness Statements – Volume 1) and a Supplementary Questionnaire in respect of the Glasgow 4 Part 2 hearings.

Matters now arise from the evidence of Gary Jenkins in the form of witness statement and oral evidence of 17 September 2025 in respect of your involvement in respect of Ward 4B following the Change Order dated issued in July 2013 (**Bundle 16, Document 29, page 1699**)., and the questionnaire reports received only last week from Myra Campbell in respect of this matter.

Q1 Mr Jenkins has given evidence that after the issuing of the change order (**Bundle 16, Document 29, page 1699**) he and his team usually including Consultant Clinical Hematologist Dr Anne Parker and Clinical Service Manager Ms Myra Campbell attended five or six meetings at the Project Team offices in Hillington. They gave detailed instructions on the requirements of ventilation system that would be needed in the new Adult BMT Ward in Ward 4B in order to replicate what they had at the Beatson.
Mr Jenkins was clear that those present from the Project Team included Heather Griffin who chaired the meetings, Mairi MacLeod, Ian Powrie (occasionally) and Fiona McCluskey. He said they reviewed drawings of the layout of the wards in the QEUH, at one point down to 1:50 drawings. Detailed information on ventilation requirements was given including the need for 10-12 ACH, pressure gradients, sealed rooms, for some rooms to be positive pressure, and others negative with an airlock. Specific reference was made to

the needs of the Pentamidine Room. He explained that he and his colleagues reviewed drawings on which they marked up and signed. He insists that neither at the meetings or at any time thereafter did anyone in the Project Team indicate any difficulty with what they were suggesting.
While he recalled mentioning SHTM 03-01 he also stressed that this was not the same as a haemato-oncology ward because the BMT requirements were different.

Following the evidence of Gary Jenkins, Myra Campbell has been asked about her involvement following the Change Order in 2013 (**Bundle 16, Document 29, page 1699**) between PMI 228 on 2 July 2013 and the and the NEC Compensation Event CE 051 on 23 October 2013 inclusive in respect of the planning and design of Ward 4B. She further has been asked for her recollection of attending these meetings at Hillington between PMI 228 on 2 July 2013 and the and the NEC Compensation Event CE 051 on 23 October 2013 inclusive, which were in respect of the planning and design of Ward 4B, and any other matters in respect of the move of the BMT service to QEUH, with Project Team members possibly including, Mairi MacLeod, Heather Griffin and Fiona McCluskey.
Myra Campbell's response to this question is that she is '*sure that I attended meetings in which Craig Williams was in attendance. At these meetings we discussed the specific requirements for layout and ventilation of ward 4B.'*
When asked to describe everyone's role at these meetings she described your role as representing '*infection control/microbiology'*.

a) Did you attend these meetings at Hillington or elsewhere between PMI 228 on 2 July 2013 and the and the NEC Compensation Event CE 051 on 23 October 2013 inclusive, which were in respect of the planning and design of Ward 4B, and any other matters in respect of the move of the BMT service to QEUH, with other Project Team members possibly including Mairi MacLeod, Heather Griffin and Fiona McCluskey? If so, what took place that these meetings?

A. I do not recall attending any meetings at the project offices in Hillington in respect of the above. My involvement with the adult BMT started when the problems with the unit were identified after patients were moved in.

b) At page 33 of Witness Statement - Craig Williams - 17.09.2024 | Hospitals Inquiry paragraph 27 you state:

I was not involved in drawing up the specifications for this unit, this was done by the Project Team in conversation with John Hood. I would have expected that, had there been any concerns regarding the specifications that the contractor Brookfield Multiplex would have sought clarification from the Project Team.

Having regard to Myra Campbell's statement can you please confirm what was your involvement in defining the specification of the works to be carried out following the Change Order in 2013 (**Bundle 16, Document 29, page 1699**) between PMI 228 on 2 July 2013 and the and the NEC Compensation Event CE 051 on 23 October 2013 inclusive, in respect of the planning and design of Ward 4B?

A. I had no involvement in defining the specification of the works to be carried out following the change order in 2013

Declaration

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

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

Appendix A

A47851278 – Bundle 16 – Ventilation PPP

SCOTTISH HOSPITALS INQUIRY

Bundle of documents for Oral hearings commencing from 16 September 2025 in relation to the Queen Elizabeth University Hospital and the Royal Hospital for Children, Glasgow

Witness Statements – Volume 7

A54478417