Scottish Hospitals Inquiry
Witness Statement of
Tracey Gillies

Background

1. My name is Tracey Elizabeth Gillies. My qualifications are MBChB (University of Bristol) 1989.

2. My current role is as the Executive Medical Director in NHS Lothian, a role I have held since the 1st February 2017. In summary, the role of the Executive Medical Director is to provide professional clinical advice to the NHS Lothian Board and Executive Team, along with the Executive Nurse Director, to provide professional leadership for a range of professionals, in my case doctors, dentists, psychologists, pharmacists and healthcare scientists, and to oversee the delivery of a number of functions within the Corporate Management Team.

3. Other than being a NHS Lothian Board member, I had no specific role or responsibility within the RHCYP/DCN Project (the 'Project'). For the first fourteen months of my appointment, I held executive responsibility for Infection, Prevention and Control, but this transferred to the Executive Nurse Director's (Professor Alexander McMahon) portfolio on the 1st April 2018. As regards the decision to delay opening before the move was completed, my role was commensurate with my substantive role rather than an additional one. It fell to all executive members of the management team to ensure that we provided optimum support to ensure suitable modifications to the building were made and to clinical teams to manage the consequences of the delayed opening, and the subsequent phased migration.

4. The involvement of professional leaders from a clinical background is to articulate risks and plans to mitigate such risks, and to support constructive dialogue in exploring options. It can also be to support the development of understanding between those with technical expertise and those who are

responsible for clinical and operational practice. A paper provided for the Executive Steering Group dated 9th September 2019, with reference **(A41348198 – Paper for the Executive Steering Group summarising the ventilation issues ad progress made dated 9th September 2019 – Bundle 7 – Vol 3 (of 3) – Page 416)**, is an example of such an attempt at setting out the reasoning behind various technical specifications. It had been subject to detailed comments from those with technical knowledge outside my competence or remit.

5. This paper builds on more detailed work undertaken by the Infection, Prevention and Control Team outlining the risks of Hospital Acquired Infection and takes account of the design of ventilation and its delivery.

Decision to Delay

6. The decision to delay opening the hospital in July 2019 was made by the Scottish Government. I was not involved in any direct discussions between the Chief Executive or other NHS Lothian colleagues and Scottish Government. I was on annual leave from the 2nd to the 5th July and away from Edinburgh, but dialled into conference calls held during that week as I was able to.

7. Information was assessed during that week to consider possibilities to augment the level of ventilation provided to Critical Care areas and whether it would be possible to undertake this with the building partly occupied.

8. The decision to delay required consideration of the facilities remaining in both DCN at the Western General Hospital, and the Royal Hospital for Sick Children in Sciennes, whether any of the risks related to these premises could be adequately mitigated, whether the issue with the critical care ventilation in the new facility could be addressed by a mechanism as yet undecided, and whether the other ventilation rectification work based on the issues identified in the IOM report could be addressed adequately.

9. I do not believe there is any ambiguity about when the critical care ventilation issue, namely the design that did not provide 10 air changes at the requisite

pressure regime, was brought to my own attention. That was in a conversation between Brian Currie and myself immediately before the meeting at 4.30pm on the 1st July. Brian raised this with me in a side room prior to entering the main meeting discussing ventilation, which was primarily focussed on the snagging and rectification of the issues related to the theatre ventilation systems.

10. The email briefing provided to the Chief Executive on behalf of the Nurse Director and myself on the morning of the 1st of July 2019 (reference Documents 7.2_0006 and 7.2_0005) **(A36078221 – Document detailing water and ventilation issues in RHCYP and DCN dated 1st Jully 2019 – Bundle 13 Vol 3 – Page 692)** about the situation states that no written report on the isolation rooms or critical care had been received. Various other emails support the position that there was ongoing work to address issues raised, concentrating on the delivery of ventilation in theatres, but with the expectation of sufficient evidence of progress to support the planned move.

11. The email from myself to Jacquie Campbell (Chief Officer for Acute Services) and Professor Alexander McMahon (Nurse Director) copied to the Chief Executive dates 6 July 2019 with reference **(A40987019 – Email from Tracy Gillies to Jacquie Campbell et al on bed configuration at RHCYP and DCN – Bundle 7 – Vol 3 (of 3) – Page 141)** relates to requests from officials in Scottish Government for an exact timeline about who knew what when came at the end of a week of intense pressure. The executive team had spent two days considering whether this move could occur, and whether rectification of the issues could occur while the building was partly or fully occupied (i.e. actions which would have allowed the move to continue). We were then faced with the need to reverse the planned move, while providing support to staff who understandably wished to be fully briefed about the reasons for the decisions made, all in a context where communication was clearly categorically owned by the Scottish Government. We were instructed not to provide information to staff until Scottish Government had made announcements, and needed to support staff then to undertake a myriad of actions to reinstate care within the existing facilities and re-book appointments etc. This generated a significant level of pressure. While I fully appreciate the need to understand in detail the course of events that had led

to this point, (namely the number of air changes in the critical care ventilation not being understood until very close to the time when the move was due to take place), it felt the more important thing to concentrate on, on the day the e-mail was sent, Saturday 6th July, while preparing for teleconferences with Scottish Government, were the actions to ensure that safe care of patients could continue, and that staff were adequately supported.

Oversight Board/ Executive Steering Group

12. The Scottish Government's Oversight Board was set up to provide assurance to the Scottish Ministers on the work and readiness of the new facilities to open, it involved colleagues from National Services Scotland (NSS) and Scottish Government officials so that the work undertaken could be considered in detail prior to the provision of assurance to the Cabinet Secretary. Susan Goldsmith (NHS Lothian's Director of Finance), Professor Alexander McMahon (NHS Lothian's Nursing Director) and I were members of the Oversight Board. I did not provide any communication or briefing directly to the Cabinet Secretary directly, my communication was always with officials.

13. Overall, the work of the Oversight Board was constructive. Its meetings were preceded by an internal NHS Lothian group (Executive Steering Group) to undertake preparation for discussion of items at the Oversight Board.

14. The Executive Steering Group formed from the Incident Management Team set up in the first week of July, the incident in question being the migration of services to the new hospital and the rectification of ventilation issues. I believe this meeting was renamed as the Executive Steering Group from the beginning of September 2019. Its membership comprised Executive Directors of NHS Lothian, and project team members. It met weekly initially. I brought no specific expertise to the group but undertook to support the work on issues related to water, ventilation and drainage identified in the first NSS review **(A41347576 – NHS Lothian RHCYP & DCN Review dated August 2019 – Bundle 13, Vol 7, Page 1170).** In undertaking this work I relied heavily on the Project Team, and

the Infection, Prevention and Control Team, both of whom had detailed technical knowledge which I did not have. External Technical advisers and Authorising Engineers were also present at a number of the workshops supporting consideration and completion of actions.

15. The main concerns identified were a demonstration that the water system was installed adequately, was being maintained adequately prior to occupation of the building, and that this was understood by Bouygues, the company providing Hard FM services in the building. A number of issues related to the ventilation system and its performance in theatres as well as specifics relating to the air handling units supplying the ventilation were important to address.

16. Mary Morgan was appointed as the Senior Programme Director on 12th September 2019. I had no role in the preparation of the Senior Programme Director's reports so am unable to comment on the Red, Amber, Green status of her reports.

Water

17. We were made aware of issues at the Queen Elizabeth University Hospital (QEUH) in Glasgow through media coverage and informal discussion during the assessment phase of the new building in summer 2019. Comments were made by Health Facilities Scotland colleagues, and by authorising engineers, most particularly regarding the water system. It was apparent that this had influenced the approach being taken by NSS, the separate reports they commissioned from an expert and the content of their report. NHS Lothian undertook actions to address these concerns and these were discussed at the Executive Steering Group and the Oversight Board.

18. The Authorising Engineer for water had made it clear that it is an important lesson to learn that once the water system was filled, outlets should be run regularly to avoid standing water and limit the generation of biofilm. We took specific care to instruct Bouygues (Hard FM Contractor) to provide evidence that this was carried out at the appropriate frequency.

19. We subsequently arranged a discussion meeting with colleagues from NHS Greater Glasgow and Clyde ('NHS GGC') and NHS Lothian, and both Infection Control Teams. It was particularly useful to highlight the approach that they had taken over a number of months in working to assure the quality of the water provided.

20. I recall that regarding the actions following from the review by NSS of the water ventilation and drainage systems, the length of the shower hoses, identified by NSS as a breach of local bylaws, was the most difficult to address and this may have contributed to the status of outstanding actions.

21. I played a contributory role in progressing the actions identified from NSS reviews, of which there were various, to ensure the project facility was considered to be fit for occupation. This was in my role as the Executive Medical Director, and without technical expertise.

22. The NSS Water report was written by NSS and I had no input into that report. My input was into the NHS Lothian response to the NSS report.

NHS Lothian escalation to level four

23. I had no part in the decision to escalate NHS Lothian to level four of the escalation framework. This is a decision entirely remitted to the Scottish Government. I understood this decision to be a consequence of the issues identified with the building.

NHS Scotland Assure

24. I am familiar with NHS Scotland Assure which was formed after 2019 from Health Facilities Scotland and Health Protection Scotland. I have listened to presentations from NHS Scotland Assure about their purpose and function. I have raised questions to ask that increased clarity is brought to the distribution of

accountability between individual boards and NHS Scotland Assure, for any future situations where the suitability or otherwise of a building is subject to review and challenge. That clarity should cover the corporate governance responsibilities of the territorial board and NHS Scotland Assure's role as part of NSS.

SA2 and further delays

25. Given both the complexity of the rectifications to ventilation required and the legal, contractual and commercial issues associated with this, I do not consider it surprising that there was considerable delay to the opening of the hospital.

26. I am not able to pass comment on the conduct of Multiplex other than in meetings on 28th June and 1st July 2019 when they participated constructively in telephone conferences.

27. The Commercial Sub-Group update prepared by Susan Goldsmith on 30 October 2019 with reference **(A34194259 – Oversight Board Papers – 31st October 2019 – Bundle 3 – Page 378)** was not written by me, and I made no significant contribution. It may have been sent to me for comment but I was not involved in its production.

The Royal Hospital for Sick Children (RHSC) / DCN at Western General Hospital

28. I am not aware of any material change that occurred to the fabric or function of the RHSC at Sciennes in the last week of June and July 2019 that would have altered the environment for safe patient care when it was required to continue after July 2019. During July and August 2019 minor upgrading work and decoration was undertaken to restore as much as possible the environment for patients and families. Similar work was undertaken at DCN on the Western General site.

29. The change of ward area between neurosurgery patients and neurology at the DCN at the Western General Hospital continued along with the cessation of in-

patient video telemetry work given the existing concerns regarding the water quality for augmented care patients. Neurosurgery major cases remained reduced to five cases per day.

30. I understand the ventilation systems in both hospitals were as the guidance when the buildings were built and commissioned.

Phased migration

31. Decisions about migration were taken by the Scottish Government after receiving assurances from the Oversight Board, and the Senior Programme Director. Factors that required to be taken into account were the impact on services, including identifying which services were able to be moved, and associated impact on existing services on the Little France campus site, together with the impact of the COVID pandemic. Concerns were certainly raised by colleagues principally in anaesthesia and critical care proposing that the Department of Clinical Neurosciences might remain on the Western General campus. This failed to account for the concerns regarding water safety which resulted in reduced clinical activity, and the wider concerns about similar issues in ward 20 (Critical Care at the Western General) whose footprint would require to be reduced in order to address these.

32. While colleagues in clinical practice were concerned about the impact of the move of neurological services, particularly neurosurgery into the critical care areas at the time as the first wave of the pandemic was completing, it was not clear how long the duration of the pandemic would be or the pattern it would follow. Therefore, it was important to progress to move services as critical care numbers fell, prior to the next wave or a deteriorating position related to winter. Phase one of the DCN move consisted of moving those services that could be moved without an impact into critical care as soon as the building was ready for them to occupy.

33. Phase 2 comprised those DCN services who may have required critical care input as this depended on a reduction in COVID activity in critical care at little France.

34. The reason for prioritising the move of DCN was that the position of the works facilitating the occupation of DCN in the new facility meant that this part of the building was ready to occupy and the infrastructure and facilities were considerably improved compared to those in the old DCN. The areas moved as soon as the areas for them to occupy were ready, and the go ahead was given by the Oversight Board for the move to take place.

35. There were some physical modifications to departments that were carried out reflecting changes in clinical practice during COVID, and which were judged to be important to continue, namely working within rooms with doors in the Emergency Department in the RHCYP. There were some changes to the anaesthetic rota, and cover arrangements required to recognise the subspecialty practice and training needs for individuals working particularly within anaesthesia.

Reflection

36. The actions taken to remedy the defects during this period have been adequate and effective. Additionally, there have been enhancements to the building beyond the additional ventilation works which are beneficial.

37. I believe the hospital is now providing the service it was designed to do, and that all defects have been remedied, and I believe it provides a safe environment for the care of patients and visitors.

38. There are always aspects where one might consider a different course of action but no decisions or actions were undertaken by me individually.

Declaration

39. 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.