

Scottish Hospitals Inquiry

Witness Statement of

Ken Winter

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

Personal Details and Professional Background

1. Name, qualifications, chronological professional history, specialism etc. – please provide an up-to-date CV to assist with answering this question.
Please include professional background and role within NHS GGC, including dates occupied, responsibilities and persons worked with/ reporting lines.
 - A. Kenneth Winter. Retired Managing Director of Balfour Beatty Construction. I was employed by Balfour Beatty for over 30 years during which time I progressed from a fairly junior level to eventually Managing Director, retiring aged 60 in December 2005. In the latter stages of this employment the Balfour Beatty Group became involved in the delivery of hospitals via the PFI procurement route and the company I managed was responsible for the delivery of the construction of these. For example, we successfully delivered major hospitals in Edinburgh, Durham, Blackburn, UCLH and Birmingham. Therefore, when GGCH advertised for a non-executive director with experience in hospital building I felt qualified to apply. I was subsequently interviewed by the chairman Andrew Robertson and two others [can't remember names]. It was explained that the Board was about to embark on major construction expenditure but the persons on the Board did not have any experience in construction. The Chair explained he wanted someone in place who could give an independent view of progress and costs, challenge the construction team if necessary and report to him. I fulfilled this role by visiting the construction site on monthly basis and meeting the Board's site team along with their appointed project managers and carrying out a site inspection.

[This was not dissimilar from what I would do during my working career]. The Chairman stressed that he did not want to find out 6 weeks from the end that the Project was a year late and millions over budget. I would review with the Board's own Project Manager any issues to be raised at Board meetings to hopefully ensure no surprises or contentious issues. I fulfilled this role from 2009 until the Project was handed over on time and on budget.

NHS GGC Board and Governance Structure

2. For the period where you sat on the NHS GGC Board, please explain the governance structure and reporting lines. Please discuss the reporting lines between the Board and its first line of subordinate committees. Please explain how the Board made and authorised decisions in respect of the new South Glasgow Hospital (that became the QEUH/RHC).
 - A. I have no knowledge off the reporting lines save that the project director reported to the chief executive.
3. What procedures were put in place by the NHS GGC Board to ensure monitoring, progress and resolution of issues that had been reported to the Board or one of its first line subordinate committees?
 - A. No knowledge.
4. What are your views on the effectiveness of the governance structure within NHS GGC in respect of procurement of the new SGH/QEUH/RHC or Infection Prevention and Control during your time on the Board?
 - A. No knowledge

The South Glasgow Hospital Project

5. Please detail your involvement if any in the following matters in respect of the QEUH. Where applicable please note where you expressed views and what they were:

- a) Construction/design.
 - b) Commissioning and validation.
 - c) Finance.
 - d) Site selection.
 - e) Value for money in respect of the build.
 - f) Derogations; and
 - g) Procurement model
- A.**
- a. Gave an overview of construction to Boards project manager on a regular basis. These were generally of a positive nature.
 - b. Discussed progress in this regard with Boards project manager. Generally, all was on track from an overview aspect.
 - c. Review of any major financial issues with Boards project manager. No recollection of any major problems.
 - d. No involvement.
 - e. No involvement
 - f. No involvement
 - g. No involvement
6. Describe your understanding and the Board's involvement, if any, in respect of the selection process whereby Multiplex were selected as the preferred bidder.
- A.** No knowledge
7. Why were Multiplex awarded the contract following the competitive dialogue process? What distinguished Multiplex from the other bidders to make them the preferred bidder?
- A.** No knowledge
8. Describe the Gateway Review process and your involvement in it, if any.
- A.** No knowledge
9. At the NHS GGC Board meeting of 15th December 2009 (**Bundle 37, Document 40, Page 526**), which you attended, at minute 118 ii) it discusses the tendering process and the preferred bidder. What can you tell us about

this process? What was your involvement in this process? Who made decisions on the outcome of the tender process and the preferred bidder? What advice was sought and from whom? Were the bids presented to the Board for a final decision?

A. The Board had in place a large team of advisers in all aspects of design and construction and they in conjunction with the Boards in house team had concluded that the Multiplex bid provided the best value for money bid. I can't remember the names of those parties.

10. At minute 119 iii) in respect of the same meeting, it states that Mr Calderwood alongside the Cabinet Secretary had hosted the launch of the preferred bidder, namely, Brookfield Europe LP., now Multiplex. What can you tell us in respect of the decision to choose Multiplex as the preferred bidder? What was your involvement in this decision, if any?

A. No involvement

Water Systems at the QEUH/RHC

11. Throughout your time on the NHS GGC Board and through your work with the project team were you aware of any concerns raised in respect of the water and ventilation systems of the QEUH/RHC during the build phase? If so, what were these concerns? Did you discuss these concerns with anyone? Were these concerns reported to the Board through the monthly progress reports or raised at the Quality Performance Committee?

A. None of these issues were ever brought to my attention.

12. Were you aware, i) during the build phase and ii) at the point of handover of the QEUH/RHC, of the requirement for a L8 Pre-occupation Risk Assessment? Are you aware of what steps were taken to ensure that one was carried out? What steps did you take to ensure that the water system of the QEUH/RHC was safe?

A. No involvement apart from asking in overview terms if all testing was progressing in accordance with the programme.

13. At what point did you first become aware of the issues with the water system of the QEUH/RHC that related to any risk that the water system might be contaminated or pose a risk of growth of a biofilm? What was your reaction upon learning of these issues?
- A.** No recollection

Beatson/Adult BMT

14. The Inquiry is aware the adult BMT service was to transfer from the Beatson to the QEUH as noted in the meeting minutes from the Quality Performance Committee dated 2 July 2013 (**Bundle 34, Document 62, Page 542**). This was confirmed in a change order request, issued by Jonathan Best in July 2013 (**Bundle 16, Document 29, Page 1699**). Please provide details in respect of the following:
- a) What risk assessments/ HAI Scribes were carried out prior to the change order request?
- A.** No involvement.
- b) What were the technical and environmental requirements (in particular air change rates, pressure regimes and HEPA and air permeability requirements) to accommodate the BMT Unit at QEUH/RHC?
- A.** No knowledge
- c) Your attendance and involvement in any design review meetings which were held to confirm with the user groups the requirements for the BMT Unit.
- A.** None
- d) Discussion with Multiplex regarding the proposed change order and the impact on Air Change Rates and Pressure Differentials?
- A.** No involvement

- e) Involvement with Infection Prevention and Control in respect of the proposed change order?
- A.** None
- f) What ceiling types were specified and approved for use in Ward 4B? Who from the GGC Project Team approved this? Describe your involvement, if any? What was the impact, if any, of the choice of ceiling tiles? What concerns, if any did you have regarding the choice of ceiling tiles?
- A.** No knowledge.
- g) What concerns, if any, did you have regarding the final design specification of Ward 4B, and what action, if any, did you take in respect of these concerns?
- A.** No involvement.
- h) Whether at any time you were told by anyone that the ventilation system already planned for the hospital would not be able to provide 10 air changes per hour within the proposed adult BMT ward?
- A.** Never
15. To what extent did discussion of the proposed addition of an adult BMT ward in the QEUH consider the application of the specification for air change rate, pressure differentials and requirement for HEPA filtration set out for a 'Neutropenic Ward' in SHTM 03-01 ventilation for Healthcare Premises
- A.** No knowledge
16. The Inquiry is aware that the change order not only confirmed that the Bone Marrow Transplant (BMT) service would transfer to Ward 4B in the QEUH but also that the hematology patients that were originally planned to accommodate Ward 4B would move to Ward 4C.
- a) Describe how this change was communicated to the project team and Multiplex and how this change was captured in the design and specification documentation.
- A.** No knowledge

b) To what extent was there discussion at this time as to whether the specification for air change rate, pressure differentials and requirement for HEPA filtration set out for a 'Neutropenic Ward' in SHTM 03-01 ventilation for Healthcare Premises might now apply to Ward 4C is accommodating Haematology patients who might well be neutropenic?

A. No knowledge

c) When did you first become aware of the issues identified within Ward 4B in June 2015?

A. No knowledge

17. Patients migrated to Ward 4B in June 2015 however less than one month later they returned to the Beatson. The issues identified were present at the point of handover in January 2015, please explain why the ward was signed off and handover accepted given the issues which arose shortly thereafter.

A. No knowledge

Ventilation Systems at the QEUH/RHC

18. At what point did you first become aware of other issues with the ventilation system within the QEUH/RHC? Specifically, when did you learn that Ward 2A RHC and the isolation rooms might not have been completed to the standard expected by the clinicians asked to treat patients in them or SHTM 03-01?

A. No knowledge

19. Was this something you were aware of through your work with the project team? Upon hearing of this decision, did you discuss this with anyone? Was advice sought in respect of this decision? Did you have concerns in respect of the consequences of this decision and patient safety? Was this decision discussed at the Quality Performance Committee? Was this decision included in the progress reports shared with the Boards?

A. No knowledge

Project Management Group

20. The Inquiry is aware you were involved with the Project Management Group. What was the remit of this group? To whom did it report? Who were the other members of the Project Management Group? Was there any infection control input into this group? Was there ever a requirement to seek external advice on areas of the project? If so, what advice was sought and from whom? Did any other Board members sit on this group? What were the decision making processes within this group?

A. The only 'group' I had involvement with was one consisting of the Board's own project manager and representatives from the appointed project managers. We would meet approximately once a month. It did not formally report to anyone, its purpose was to have an overview of construction issues primarily progress and through me give confidence to the Board that what was being reported to the Board was a true version of events. It was never the intent to probe into detail as on any project of this size there was bound to be at any point of time many issues of detail.

a) In your answer to question 20 in your March 2025 statement you refer to "the Board's own project manager". Was this Mr Alan Seabourne, Mr David Loudon or someone else?

A. It was Alan Seabourne and then David Loudon

b) The Inquiry heard evidence at its Glasgow 4, Part 1 hearing in May 2025 that although NHS GGC appointed Currie & Brown as technical advisors for the Stage 1 of the new SGH project in 2008 and that Currie & Brown had the support of technical subconsultants including Wallace Whittle as M&E Engineers with experience in ventilation systems during Stage 1 in 2009 they "stood down" their technical subconsultants in February 2010 following the reduction of the scope of their role.

With reference to the "group" discussed in your answer to Question 20 in your statement of March 2025 who did you think was providing technical

advice on ventilation systems at the new SGH to NHS GGC after February 2010?

A. I can't recall that issue but I don't think it would have been relevant to my role.

21. In the minute of 10th January 2012, it is noted at item 2 that the NHS Team required an updated inspection look-ahead programme for the forthcoming visit by yourself (**Bundle 31, Document 40, Page 247**). What is an inspection look-ahead programme? What did these visits/inspections entail? Did you ever come across anything concerning in respect of any aspect of the build/project? Who would provide assurances in respect of any recommended actions or steps that were required being undertaken

A. No recollection

Performance Review Group

22. The Inquiry understands you were a member of the Performance Review Group. What was the remit of this group? To whom did it report? Who were the other members of the Performance Review Group? Was there any infection control input into this group? Was there ever a requirement to seek external advice on areas of the project? If so, what advice was sought and from whom? Did any other Board members sit on this group? What were the decision making processes within this group?

A. No recollection

23. At the meeting of the Performance Review Group of 7th July 2009 (**Bundle 34, Document 22, Page 154**), in respect of an update relation to the New South Glasgow Hospital, it states that 3 companies have been shortlisted by the evaluation panel and issued with an Invitation to Participate in Dialogue (ITPD). What can you tell us about this process? What was your involvement in this? Was this a fair, open and honest process?

A. No knowledge of this

- a) The contract between Brookfield Europe and NHS GGC contains in the M&E Clarification Log (**Bundle 16, Document 23, Page 1664**) an agreement that the single rooms of the new SGH would be built with a ventilation system that supplied air at half the rate than that called for by Scottish Government Guidance. Compliance with that piece of guidance had been a requirement of the Employer's Requirements. Whether that decision has increased risk to patients in the hospital is a key issue that faces this Inquiry.

The Inquiry has heard evidence about the operation of the Performance Review Group (PRG) and the New South Glasgow Hospitals and Laboratory Project Executive Board (NSGHLPEB) during Stage 1 of the new SGH project in 2009.

Based on the evidence the Inquiry has heard so far it appears to be the case that this decision was not reported to or made by the NSGHLPEB, the PRG or the NHS GGC Board proper.

At our Glasgow 3 hearing Professor Steele (then Director of Estates) gave evidence that no documentation other than the M&E Clarification Log itself exists to explain why the NHS GGC agreed to the derogation

You may wish to review Provisional Position Paper 15 - Governance Structure within the project to construct the Queen Elizabeth University Hospital and the Royal Hospital for Children, Glasgow which was issued by the Inquiry Team in June 2009.

You were a member of the PRG on 19 May 2009 when it approved the Terms of Reference and Membership of the NSGHLPEB (**Bundle 34, Documents 20 and 21, particularly at pages 134, 147, 152 and 153**).

With your experience in the construction industry and in the light of the Terms of Reference of NSGHLPEB:

- i) Would you have expected that a decision to build the new SGH with a ventilation system that did not meet the Employer's Requirements to have

been reported to any of the NSGHLPEB, the PRG or the NHS GGC Board proper?

- A.** Design was not in my remit but I would only comment that I would expect that any decisions made by the Project Team would have to go through appropriate approvals.
- ii) Would you have expected that a decision to build the new SGH with a ventilation system that did not meet the Employer's Requirements to have been made by any of the NSGHLPEB, the PRG or the NHS GGC Board proper?
- A.** I would expect that at board level it would be a "sign off" with reliance placed upon the Project Team to have properly evaluated this. There could be any number of reasons why changes might be made to Employers' requirements.

Quality Performance Committee

24. The Inquiry understands that you were appointed to the Quality Performance Committee to monitor the building phase of the project. What was the remit of the Quality Performance Committee? For what purpose was it established? What role did it have in the procurement of the new SGH/QEUEH/RHC In a manner consistent with good practice and particularly in the field of IPC? What can you tell us in respect of your role both within the project and when providing updates to the Committee? Who did you liaise with within the project team? To whom did you report?
- A.** At the Quality and Performance committee I was solely concerned with the issue of overall progress and cost. I reported to the Chairman.
25. In what way did the Quality Performance Committee receive updates from the project team? What meetings took place and who attended? What reports were produced and how often? What details were provided within these reports? Was an appropriate level of scrutiny given to the project team and the reports produced by the Quality Performance Committee? What would the reporting process from the Quality Performance Committee entail?

- A.** I have little recollection of the committee meetings. There was a regular meeting between myself and the Boards Project Manager and the Boards appointed Project Manager. There was no formal reporting from this save to assure the Board at monthly meetings that the reports they presented were aligned with my view of progress and finance. This was a high level overview.
- a) The Inquiry Team has noted that Questions 24 and 25 asked you about your membership of “the Quality Performance Committee” when in fact you were a member the Quality and Performance Committee from its establishment in July 2011 until at least May 2015; **Bundle 34, Documents 44 to 89** are minutes and relevant papers from the Quality and Performance Committee. Please review your answer to Questions 24 and 25 in light of the contents of Bundle 34.
- A.** At the time of my original answer, I had no recollection of participation in the Quality and Performance Committee.
26. At the minutes of the Quality and Performance Committee of 18 March 2014 which you are noted to have attended (**Bundle 34, Document 72, Page 653**) at minute 49 in respect of the New South Glasgow Hospitals Progress Update Stages 2 and 3, you ask a question about technical inspections as a result of the pending expiry of the two year defects liability period for the hospital. What can you tell us in respect of the two year defects liability period? What was your view on the number/extent of defects required within for the new QEUH/RHC?
- A.** No recollection of this
27. In its most recent its Glasgow 4, Part 1 hearing in May 2025 in the Inquiry heard evidence about the absence of formal Validation of the ventilation systems of the new SGH prior to occupation of the hospital by patients. It appears that members of the NHS GGC Project Team may not have understood the difference between ‘commissioning’ a ventilation system to confirm it has been fitted in compliance with the contract and ‘Validation’ of a ventilation system to confirm that it operates as its users expect it to.

Do you have an understanding of the difference between commissioning' a ventilation system and 'Validation' of a ventilation system and can you assist the Inquiry in understanding why the ventilation system of the QEUH/RHC including specialist ventilation areas such as isolation rooms and haemato-oncology wards were not validated before patient occupation?

A. I am unable to shed any light on this issue

Conclusion

28. Is there anything further you wish to add that you think would assist the Inquiry?

A. In my opinion this project was well managed and controlled by the boards project manager, contractor and the team of advisors. There may well have been any number of detailed issues I was not aware of but this would not be unusual on project of this size and complexity. I would stress my sole focus as requested was monitoring overall progress and cost and ensuring these were as reported to the Board.

Declaration

29. 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 - Bundle 16 – Ventilation PPP

A51662829 - Bundle 31 – Project Management Group

A51785179 - Bundle 34 – Performance Review Group and Quality and
Performance Committee Minutes and Relevant Papers

A34872080 – Bundle 34 – Performance Review Group and Quality and
Performance Committee Minutes and Relevant Papers

A34871048 – Bundle 34 – Performance Review Group and Quality and
Performance Committee Minutes and Relevant Papers

A34872674 – Bundle 34 – Performance Review Group and Quality and

A51259159 – Bundle 37 – Board Minutes and Relevant Papers

Performance Committee Minutes and Relevant Papers