



## SCOTTISH HOSPITALS INQUIRY

**Hearings Commencing  
16 September 2025**

Day 13  
7 October 2025  
Alex McMahon  
Christine Ward

## C O N T E N T S

Opening Remarks 1-2

Ward, Ms Christine Diane (Sworn)

McMahon, Professor Alex (Sworn)

Questioned by Mr Mackintosh 2-112

**10:04**

**THE CHAIR:** Good morning.

**MR MACKINTOSH:** Good morning, my Lord.

**THE CHAIR:** Now, I understand, Mr Mackintosh, we are going to hear from Professor McMahon and Ms Ward giving their evidence together.

**MR MACKINTOSH:** Together, but I should also make it clear that Ms Ward is actually speaking to the corporate witness statement from the Scottish Government. It's not in her own name, but we can explain why that is as she gives evidence.

**THE CHAIR:** All right. (After a pause) Good morning, Ms Ward.

**MS WARD:** Good morning.

**THE CHAIR:** And good morning, again, Professor McMahon. Now, as you understand that you're about to be asked questions by Mr Mackintosh, I think some of the questions may be directed to one or other of you specifically. Some of the questions may be directed to you both, but you're both prepared, as I understand, to take the oath. So if I could first of all ask you, Ms Ward, sitting where you are, to raise your right hand and repeat these words after me.

**Ms Christine Diane Ward**

**Sworn**

Thank you, Ms Ward. Now, Professor McMahon, again, can I ask you to raise your right hand and repeat these words after me?

**Professor Alex McMahon**

**Sworn**

Thank you very much. Now, I don't know how long your evidence will take. We estimate possibly no more than the morning. We'll take a coffee break at about past eleven, but if either of you want to take a break at any time, please just give an indication and we'll take a break. If I could encourage you perhaps speak a little slower and louder than you would in normal conversation. The microphones are there, but it's important that everybody hears the evidence. Now, Mr Mackintosh.

**Questioned by Mr Mackintosh**

**Q** Thank you, my Lord. Now, Ms Ward and Professor McMahon, I'm grateful for you both agreeing to give evidence together about the work of the Advice and Assistance Review Group. Can I ask you, as his Lordship says, not to attempt to speak over each other? I'll try not to speak over you and to slightly pause between each of you speaking to

enable my colleagues operating the video system to point the camera at whichever one of you is speaking. If your screens misbehave, let us know. It's generally better not to touch them; they do strange things if you do that.

If I might start with you, Ms Ward, can I ask your full name?

**CHRISTINE WARD:** It's Christine Diane Ward.

**Q** What's your current appointment?

**CHRISTINE WARD:** I'm deputy director. I head up the Health and Social care Information Scrutiny and Governance team, reporting to the Director General for Health and Social care.

**Q** Now, your particular team, what is its responsibilities?

**CHRISTINE WARD:** So we're responsible for the inquiries and investigations responses on behalf of DG for Health and Social Care. So making sure that all of the relevant information is provided to inquiries and investigations as well as a range of other corporate responsibilities around responding to freedom of information requests. So pretty much quite a lot around governance and assurance on behalf of the DG.

**Q** Do you have any involvement with the HAI unit in the CNO directorate?

**CHRISTINE WARD:** Not since I left in 2022.

**Q** 2022 you left that?

**CHRISTINE WARD:** Yeah.

**Q** And so, at that point, but prior to that date, what was your involvement with the CNO directorate?

**CHRISTINE WARD:** So I-- prior to that then, so I started in Scottish Government in September 2020, and as Deputy Director in the Chief Nursing Officer's directorate, and worked with the Chief Nursing Officers through the period of time that each of them were there.

**Q** And so, would that have involved work with the HAI unit, as well as in respect to the Advice and Assurance Review Group?

**CHRISTINE WARD:** Yes.

**Q** Right. Are you willing to adopt the corporate statement as part of your evidence?

**CHRISTINE WARD:** The corporate statement, I think, as it shows, is being written with a combination of information from people.

**Q** Yes.

**CHRISTINE WARD:** So I'm here to actually talk to what I can of that.

**Q** Well, indeed. So somebody's got to take responsibility for its content. Are you willing to do that?

**CHRISTINE WARD:** That's why I'm here, yes.

**Q** Thank you. Right. Professor, can I ask your current occupation?

**ALEX MCMAHON:** I'm retired.

**Q** Retired. And were you a chief nursing officer from, I think, 4 October 2021?

**ALEX MCMAHON:** I was interim from 4 October till 1 January '21 and then I substantively----

**Q** 1 January '22?

**ALEX MCMAHON:** '22, sorry. Yes.

**Q** Yes. And when did you retire from that role?

**ALEX MCMAHON:** Me, last year.

**Q** Just in a sense to help us with the narrative, did you effectively take over after Amanda Croft demitted office?

**ALEX MCMAHON:** I did.

**Q** And she was only in post for a short period after Professor McQueen retired?

**ALEX MCMAHON:** That's right.

**Q** You previously gave evidence on 7 March 2024 in respect to the Edinburgh leg of the Inquiry, but that presumably was in your role as a Lothian director?

**ALEX MCMAHON:** In that capacity, I was speaking as the executive director for Nursing within NHS Lothian although the Inquiry did cover quite a lot of my CLO role within that evidence section as well.

**Q** In respect of the Edinburgh

hospital?

**ALEX MCMAHON:** (No audible response).

**Q** Did you have a role in Lothian in respect to Infection Prevention and Control?

**ALEX MCMAHON:** So, within the Board, I had the executive lead for Infection Prevention and Control. So the team and the manager of it reported to me.

**Q** Do you have any particular expertise or experience in that field?

**ALEX MCMAHON:** No expertise or qualification, no.

**Q** Simply the fact that you've been the-- was it the HAI lead or the IPC lead?

**ALEX MCMAHON:** The executive. So, within the Board, one of the executives is appointed as the executive lead for many functions, and I happened to have Infection Prevention and Control within my function.

**Q** So within Lothian, who would report to you in respect to that?

**ALEX MCMAHON:** So Lindsay Guthrie at the time was the associate director for Infection Prevention and Control and she managed the team.

**Q** So she managed the team.

**ALEX MCMAHON:** Yeah.

**Q** She reported to you.

**ALEX MCMAHON:** Yeah.

**Q** You were the executive leader. Thank you. Are you willing to adopt your statement as part of your evidence?

**ALEX MCMAHON:** I am.

**Q** Thank you. Now, what I'm proposing to do is to start off largely with Ms Ward on the establishment of the Advice and Assistance Review Group. And once we've got it, as it were, set up, I will see, professor, if you have anything you want to add. Then I'll work through each of the meetings and other events in sequence. If at any point either of you feels something you can usefully add to the evidence of the other, please at the end of that section do volunteer, otherwise you'll have to come back and it slows us down.

Ms Ward, I wonder if we can look at the terms of reference of the AARG, which is bundle 27, volume 12, document 35, page 363 and we want to go to 364. Now, were you involved in preparing the terms of reference for the group?

**CHRISTINE WARD:** So, yes, that would have been put together from parts of my team through Shalinay Raghavan, as you've mentioned, and John Lewis, who constructed that based on some information from Amanda Croft.

**Q** Thank you. Now, if we go on to the next page, might it effectively be the case that the second and third paragraph on this page broadly

summarise the purpose of the Advice and Review group?

**CHRISTINE WARD:** Yes, the Advice and Assurance Review Group was put together because the Cabinet Secretary realised that with 108 recommendations, we had to have some measure of actually making sure that these recommendations were being acted on. So, she charged Amanda Croft then with putting that assurance group together.

**Q** So, that's the purpose, to make sure that you know whether they're being acted upon?

**CHRISTINE WARD:** Yes.

**Q** If we look in this section, one gets the impression that the purpose was to determine if they'd been progressed, as you just said. What's the primary mechanism which the group had to determine whether something had been implemented?

**CHRISTINE WARD:** It was agreed that the Action Plans coming out of the three reviews were owned by GGC, so we needed to make sure that they accepted that ownership of those Action Plans and the progress. The AARG then was to hear from them about the acceptance of the recommendations, the progress, the improvements made, and the impacts of those improvements.

**Q** So, if we look at the scope of

work, I think the corporate statement describes how some of these bullet points were carried through.

**CHRISTINE WARD:** Yes.

**Q** Now, there's a person writing a transcript, so I always encourage witnesses, if you want to say "yes", say "yes", don't nod or say yes quietly because it makes their life harder.

What I wanted to do is to step onto the next page and thinking about the bullet points that are on the previous page and the top one, did the advice that the AARG or the Scottish government have a means independent of the Health Board to determine if the proposed actions to address the recommendations had been progressed or completed?

**CHRISTINE WARD:** Sorry, in what way----

**Q** Was there any sense that this review group was actually doing anything other, as described in your statements, than receive reports from Greater Glasgow and Clyde, ask questions of them, challenge them where necessary, seek additional vouching? Was there any process by which Scottish Government civil servants would actually go into Glasgow and Clyde Health Board, look at its computer systems, look at the actual wards, talk to actual staff, or was it generally done as a process of review of documentation provided by the Health

Board itself?

**CHRISTINE WARD:** So, quite a lot of the information that you've described there, I would say, was part of the Oversight Board structure where I certainly Professor Craig White spent a lot of time in GGC, looking at the communications and the engagement with patients and families. We had Marion Bain there, looking at the Infection Prevention and Control measures. So quite a lot of what came out of the Oversight Board, there was a definite desire not to repeat the Oversight Board and to have that ownership with GGC and for them to report to us on their progress.

When it came to us then, we would have had information presented prior to the meeting, which was then subject to review to make sure that we understood what they were presenting to us, that we could challenge where we thought that that was not answering either the recommendation-- or the progress was not as expected, and that they provided the evidence to support that, and that evidence support was then reviewed by the experts in their field who were members of the AARG process.

**Q** Right. Well, I wonder if we can just go to the corporate statement, which is page 44 of the statement bundle, paragraph 7, and I want to go through

each of the bullet points. I think, largely, you've covered these already. So, am I right thinking that the first bullet point amounts to a process which will identify an Action Plan for every single recommendation?

**CHRISTINE WARD:** Yes, there were three Action Plans; so, an Action Plan for each of the recommendations: from the independent review, the Oversight Board and the Case Note Review. So, there were three plans, if you like, but they were addressed as the Action Plan and they covered all total 108 recommendations.

**Q** That document, was that a single document or three documents?

**CHRISTINE WARD:** It was presented as a single document, but it is actually three different Excel sheets.

**Q** It's effectively a list of 108 recommendations with the step that the GGC is going to do, who owns it, and when it's been completed?

**CHRISTINE WARD:** When it's been completed and/or indeed the progress being made towards completion.

**Q** Is the evidence of the progress recorded inside the plan itself, the spreadsheets?

**CHRISTINE WARD:** Yes, there is some commentary inside the plan. The job of the AARG was then to investigate

that commentary to make sure it was robust and we did that through a period of presentations.

So, the presentations from GGC at the meeting would then allow us to hear directly from the lead from GGC on their specific areas and to ask her questions throughout that. Where we felt that the submissions that had come before the meeting itself were not as robust as we'd expected them to be, then there were some intermediate meetings before the AARG itself so that the AARG had the best information available to it at the date of the meeting.

**Q** I want to check I'm talking about the right document. I wonder if I can show you what looks to be a very late version of this, which is bundle 49-- if I understand it correctly, it might not: bundle 49, document 17, page 138, which is a big spreadsheet. What we'll do is move to the top of the page just to sort of make it clear. Is this effectively a later version of the document that you're talking about?

**CHRISTINE WARD:** It looks very similar to the documents that I'm talking about, but it is headed up as a "Board Annual Review - Project Plan"

**Q** Because it became that after the AARG was finished?

**CHRISTINE WARD:** That would be for GGC in relation to response----



**Q** For GGC. But what I want to understand from this, rather than going through every single version of the document as it existed, these updates here, they don't seem to be more detailed than the activity, which is effectively what's to be done to implement the recommendation. Is that the level of detail you have for each of these recommendation----

**CHRISTINE WARD:** That was always the start of the level of the detail.

**Q** Right.

**CHRISTINE WARD:** As I said, the interrogation about what sat behind that and what evidence would then justify saying that something had either been completed or was being monitored was still to be developed. That took place prior to that through a series of meetings.

As part of setting up the terms of reference then, Amanda Croft was quite clear in her intention that there would be ongoing engagement with GGC. So, there were weekly meetings set up with Angela Wallis, really, who was there and looking after the Infection Prevention and Control. There were ad hoc business as usual, so the whole of the HAI AMR team still carried on as normal with the reporting as they would have gotten in normal circumstances.

So, all of that intelligence would have fed into our preparation of sitting

down at the AARG then to talk that through with GGC.

**Q** If we go back to your statement – page 44 – you describe in, I think you describe this process in these bullet points, so how many of these preliminary meetings before AARGs do you think there were over the first few months of its existence?

**CHRISTINE WARD:** So, over the period of a year, then there were over 30 different types of meetings held with GGC, about the process that were----

**Q** And they all covered different threads of work?

**CHRISTINE WARD:** They all covered the actions that were required, the communication with them, their engagement with the process, and indeed the assurance that we needed.

**Q** Now, what I want to do is look at the first minute and use that to see if I can ask a question about who's involved from the Scottish Government end and what their roles and experiences are.

So, I'm wondering if we can go to the first minute, so that's bundle 27, volume 12, document 38, page 390? This appears to be a minute of a meeting of 19 August. I think that's the wrong one. So, I want to be at the previous meeting, so that should be that one, thank you, 368.

So, Ms Croft is in the chair. Now,

Ms Ward, what I'm interested to do is identify the non-GGC people here and what they're doing because we're now very familiar with the roles of many of the GGC staff, but I'm focusing on the Scottish Government side of it.

So, we obviously have the left-hand column, Ms Croft in the chair, and then on the right-hand column, I think the first name we see that is not GGC on the right-hand column is the fourth name down, and that's yourself.

**CHRISTINE WARD:** That's correct.

**Q** You're effectively the civil service lead on this project within the team?

**CHRISTINE WARD:** Yes.

**Q** And Irene Barkby, what role does she hold?

**CHRISTINE WARD:** So, Irene Barkby was the professional adviser on IPC and HAI, acting on behalf of the Scottish Government.

**Q** Was she a Deputy Chief Nursing Officer or Associate Chief Nursing Officer?

**CHRISTINE WARD:** Associate Chief Nursing Officer, yeah.

**Q** Okay, and Craig White we're familiar with as having been involved in the Oversight Board in respect of communications and duty of candour, and Ms Bain we're familiar, Professor Bain rather. At that point she would have

been-- What role would she have held then, Deputy Chief Medical Officer?

**CHRISTINE WARD:** Deputy Chief Medical Officer, and with Irene, Craig, and Marion, all had been part of the Oversight Board so it was really important that their experience of the Oversight Board was then carried forward into this more progressive action status.

**Q** Then, Ms Raghavan, what's her role?

**CHRISTINE WARD:** So, Shalinay Raghavan and John Lewis were members of my team and they were providing the administrative support to Amanda Croft and the secretariat roles there.

**Q** Now, obviously, Mr White, Professor White drops away after the first meeting, I think, but Ms Barkby remains a staple, as we will see. Was she effectively the principal adviser on Infection Prevention and Control to the AARG?

**CHRISTINE WARD:** Yes.

**Q** At this first meeting – I mean, it's not in the minutes, I would emphasise here – was there any indication that whilst NHS Greater Glasgow accepted the recommendations of the Case Note Review, it did not accept the conclusions of the Case Note Review on the question of whether there was any connection between infection and the hospital

environment?

**CHRISTINE WARD:** No.

**Q** Now, if we look at Item 3, which is on the bottom of the page, there's a GGC confirmation of plans and progress to date, and there's a presentation. Now, I don't think we have the presentation. Oh, no, sorry, we do have the presentation; let's go and look at that. Bundle 49, document 20, page 143, if we can zoom out a little bit, so it's slightly-- Would this have been the presentation to the that's the second meeting's presentation, that's the second meeting's presentation?

**CHRISTINE WARD:** That's the second meeting's presentation.

**Q** Would there have been a presentation for the first?

**CHRISTINE WARD:** There was.

**Q** You wouldn't happen to know where it's got to?

**CHRISTINE WARD:** I have a copy in my bundle.

**Q** Right, well, what I'd ask you to do at the end of-- just for completeness, at the end of the process is just confirm its location to us in our system. We can do that with my colleagues but, effectively, I get the impression from reading the first two minutes that most of the recommendations that were covered at 108 were effectively – ticked off is the wrong word – but cleared to have been

implemented by the first two meetings of the AARG. Would that, broadly speaking, be right?

**CHRISTINE WARD:** So, in the first meeting of the AARG on 7 June, then GGC reported that they thought about one third of the recommendations had been completed, and I would say that the meeting on 7 June, that was very much in that set-up process. This was a new process for us to go through, as well as GGC, where we were holding them to account for the actions being undertaken and the implementation of those actions.

So, the first meeting was agreeing the terms of reference, was agreeing the kind of presentation and the level of detail that we would expect to see, and-- and setting that out really in a way that they would understand, so there was that level of scrutiny at the 30 per cent, but we made it clear through Amanda Croft that we expected progress to be made substantially by the next meeting.

**Q** To what extent was progress made by August?

**CHRISTINE WARD:** By August then, the report from GGC said that roughly about 90 per cent of their actions were complete. What happened at the August meeting was that we got their submission of information prior to the meeting that was originally arranged for 11 August, and we felt that that was not

robust enough, so we didn't-- We rearranged the meeting to 19 August to allow GGC to present some further evidence. That was done through a series of intervention meetings between Irene Barkby, supported by John Lewis and Ms Raghavan, as you've said earlier, with a line-by-line review with Angela Wallis and Elaine Vanhegan to seek out more evidence of the-- "Not just tell us about this, but show us what has been done and show us the impact of what has been done."

**Q** Then, the meeting on the 19<sup>th</sup> and this presentation are what follows after those intervention meetings.

**CHRISTINE WARD:** Yes, I think you've got a document there where the chief executive, Jane Grant, has written to me on 13 August.

**Q** Indeed. I was about to go to it - let's put it on the screen - which is bundle 49, document 19, page 142. So, this covers the additional information that Irene Barkby, Ms Raghavan and Mr Lewis were then going to deal with in the intervention meetings.

**CHRISTINE WARD:** So, they dealt with that through that line-by-line review. I also had several telephone conversations with Elaine Vanhegan about the assurance requirements of Scottish Government. I had not much history with people in GGC before that

coming into the role, so there was probably a bit of a learning process about the standards to be applied and the assurance that I would be looking for so that I could then assure the chief nursing officer and at that meeting on 19 August the chief operating officer that we were moving in the right direction and that I was comfortable with the evidence that was being provided.

**Q** You've explained how Ms Barkby and Professor Bain and Professor White had been involved in the Oversight Board. You obviously hadn't because you hadn't joined the Scottish Government at that point, and you're nodding your head. What steps did you take personally to sort of bring yourself up to speed with the events that had been going on at this point sometime?

**CHRISTINE WARD:** So Phil Raines, who was the secretariat for the Oversight Board, was part of the team that worked-- that's HAI/AMR and I had several meetings with Phil really to go through his construction of the Oversight Board final report and how he was assured by that report was reflective of what had happened through the Oversight Board.

Obviously, as the deputy director for the chief nursing officer, I had regular engagement with the chief nursing officer myself at that time, Fiona McQueen, and

on Amanda Croft then joining Scottish Government there was a handover period between Fiona McQueen Amanda Croft, which I would have been engaged with and making sure that we were all on the same page in order to set up the AARG in the way that it needed to be set up and run.

**Q** Now, I appreciate the AARG is a collective, and I don't want to make this all about you but, just for clarity, would you have read the Oversight Board, the independent review, and the Case Note Review at that point?

**CHRISTINE WARD:** At that time in 2021, yes.

**Q** Yes. One particular area that interests the Inquiry, which I need to explore, shall we go back to the minute in bundle 27, volume 12, this time on page 369? The second item, "Incident Management Process":

"The presentation and discussion addressed the key points raised regarding the large volume of work carried out on NHSGGC's Incident Management Process, enabling a constant review of improvements."

Now, you would have seen the slides. You have them in your folder. If we haven't got them and found them, we will connect that to us----

**CHRISTINE WARD:** Yes.

**Q** -- if that will be helpful. What

I'm interested in is a document that we will come to, which appears to be version 1 of the HAI reporting SOP, and I want to just show it to you and see, try and understand when it got to the AARG-- if it ever got to the AARG-- because an issue might arise with it and it is bundle 49, document 32, page 298. Now, it came from the Scottish Government. It appears to be draft 1.3. It's undated and before I ask you whether you've seen it before I need to show you something.

If go on one page and we have the headings. We're interested in paragraph 2.1, so we'll go on to the next page, and paragraph 2.1 describes the initial assessment and the work of a PAG. Have you been aware that the first three paragraphs and the first bullet point have attracted a concern from ARHAI that they might not be in compliance with the National Infection Prevention Control Manual?

**CHRISTINE WARD:** We've been made aware of that in the preparation for coming to the Inquiry.

**Q** Yes. Now, what I'm quite keen to understand is, it looks from your statement, the statement from paragraph 11 of the corporate statement-- Sorry, not from paragraph 11, paragraph 31 of the corporate statement on page 51. It says here:

"The AARG found the process

involving the PAG and the IMT structure to have been inconsistent and that the absence of IMT reporting at the closure of an IMT sequence was a breach of NHSGGC's own policy. This was remedied so that practice complied with policy, and a hot debrief incident process was established in NHSGGC. An Incident Management Process Framework was established and an NHSGGC Outbreak and Incident Management Plan was approved."

Now, the first thing is you're a bit light on dates in this part of this corporate statement. Is this describing understanding and actions by the AARG team in the run-up to that 19 August meeting?

**CHRISTINE WARD:** Yes.

**Q** Right. First question which relates to the mention at the end: is the outbreak and incident management plan that was approved the one I've just shown you?

**CHRISTINE WARD:** So what you've shown me there was presented as part of the evidence documents for that 19 August meeting.

**Q** Right. If we go back to it, this one is described as draft 1.3 and we don't know what Version 1 is. We know that Version 2 comes into force in April, comes into force in 2023 and comes to our attention in the evidence of Professor

Wallace at the Inquiry last year and then to the attention of ARHAI, who intervene and have concerns about it and it is withdrawn and replaced by Version 3 and now Version 4 is being revised. To what extent did AARG approve a version of this framework in that August process?

**CHRISTINE WARD:** So, the framework would have been reviewed and agreed to by Irene Barkby as part of her review.

**Q** Right.

**CHRISTINE WARD:** So that AARG would take that assurance from Irene. Was it for AARG to approve a document?

**Q** Well, that was my next question. So, do you think it was for AARG to approve a document?

**CHRISTINE WARD:** I think there are processes in place for that approval of documents through the IPC community and ARHAI and I would be-- I would have thought that they would have been engaged in that process because as I said earlier Irene already had that daily contact with people in that community. So, if she was looking for support, she would have sought that support from them at that time.

**Q** So, before I ask a question, I want to just check I've got the place up Ms Barkby works in my mind correctly. She's within the HAI unit in the chief nursing officer's directorate?

**CHRISTINE WARD:** Yes.

**Q** So she's not in ARHAI or NSS? Because the evidence of Ms Imrie is two-fold. One is that she was unaware until Ms Professor Wallace gave evidence to this Inquiry that this document in any version existed and had presumed that GGC were operating directly using Chapter 3 of the National Prevention Control Manual and didn't have their own policy. Were you aware of that?

**CHRISTINE WARD:** No.

**Q** No. I have to say, I don't have the equivalent evidence from Ms Devine, but her evidence is that Ms Devine didn't tell her about this in their regular weekly meetings that were running on until a point in 2024.

So, from the point of view of Greater Glasgow and Clyde Health Board, why are they not entitled to work on the basis that the Scottish Government, with a senior IPC professional advisor present in the process, has approved this policy in 2021 as part of the AARG and therefore feel a little bit unhappy that three years later, ARHAI turn around and say, "No, no. It's a bad policy. It's not in compliance with the manual." Do you see why GGC might have a reason to feel a little bit disappointed in that process?

**CHRISTINE WARD:** Yes, I

understand that.

**Q** So, that brings me to the question, whilst I appreciate that having an associate chief nursing officer in the process is a good thing, was there any involvement from NSS ARHAI in the work of the AARG?

**CHRISTINE WARD:** In the work of the AARG?

**Q** Yes.

**CHRISTINE WARD:** I think that came later where members of the ARHAI and NSS joined the AARG.

**Q** Yes, I saw that in the final meeting, but at this stage, when 90 per cent of the recommendations are sort of being dealt with, there wasn't an ARHAI involvement or an NSS involvement?

**CHRISTINE WARD:** No.

**Q** No. If we could return to the statement at page 51 and think a little bit about paragraph 31, there's also a mention here of hot debriefs. Am I right in thinking that the understanding within the Scottish Government corporate team who wrote this statement is that hot debriefs were not previously part of GGC policy when you get to August of that year? Pretty much?

**CHRISTINE WARD:** That's correct. That looked like a development that was-- that was instigated as a result of their responding to the recommendations and taking action.

**Q** Because the Inquiry has access to an IPC framework document, which I think I should probably put to you, which is-- Sorry. My notes have got slightly confused. I think I'll come back to that in a moment. What I want to do is go back to the minutes of the first meeting. So that's back to page 368 of bundle 27, volume 12.

Now, on the review of the implementation of the progress to date on page 368/369, in broad terms, does this appear to amount that you've received a presentation in general terms from GGC and given it's the first stage, it's relatively light in detail at this point? Would that be fair or would you adjust the way I phrase that?

**CHRISTINE WARD:** The presentation itself----

**Q** Yes.

**CHRISTINE WARD:** -- is fairly light in detail, but what happened was at the meeting then members of-- who had the lead responsibility for each of those areas then presented supplementary information at the meeting.

**Q** And how long did the meetings take?

**CHRISTINE WARD:** That meeting there was for two hours. The first two meetings were two hours in duration, each of them.

**Q** I wonder if we can look at the

readout which we have in a report to the Health and Social care management board on 15 September. That's bundle 27, volume 12, document 39, page 396, and it's at the bottom of page 400. We'll go to 396 first. So this readout, would this have come presumably from you, in a sense?

**CHRISTINE WARD:** The paper was constructed by John Lewis based on the information that we had accumulated over the previous two meetings. 7 June and 19 August.

**Q** Yes, and if we go to page 400, do we have a readout from the first meeting and then on the next page a readout from the second meeting, and that broadly is what you've been describing in your evidence so far?

**CHRISTINE WARD:** Yes.

**Q** Yes. Now, at this point I want to just check in with Professor McMahon. Obviously you weren't in post at this point, so you'd probably never heard of the AARG and it's all going to come as a big surprise to you, but looking back on it when you took over as Chair, what understanding did you have of the work that had been done in the first meeting or the first two meetings?

**ALEX MCMAHON:** So, I had never heard of it until I came into post. You're quite right. When I came into post, colleagues such as Christine and the



policy teams were very good at giving me a briefing about what progress had been made against the actions within the reports that had been covered and what was still to do, and certainly I discussed the elements of that with the director general, with the chief operating officer, etc.

I was also interested in the work that had to be done and as part of my own kind of learnings as it were, just reading back over the minutes and actions from previous meetings as well helped me to get up to speed with where things were at.

**Q** I mean, we're going to come to where you were, but to what extent was it your understanding that, in fact, most of the substantial volume of work had been done by the time you got involved?

**ALEX MCMAHON:** So, as far as I was concerned, I had two actions to oversee, the opening of Ward 2A, B and the appointment of the associate directors for IPC.

**Q** Well, what we'll do is we'll come back to you, Professor. What I might just do first is to move on to the second meeting.

Now, you've described, Ms Ward, how the second meeting was preceded by a series of challenge meetings. What I want to understand from you at this point is what information did you have

about Ward 2A, 2B and the rectification in the run up to the August meeting?

**CHRISTINE WARD:** So the information that we got quite near to the meeting is, I think, as the Inquiry has seen with some-- some pictures that appeared really about some sinks there, we knew that there was work needed to be done on replacing taps.

So the refurbishment of Wards 2A and 2B were proving to be a bit more challenging than probably initially thought. So we absolutely needed to then seek some intervention from NHS Assure and Health Protection Scotland on-- on what they could do to look over that with GGC.

**Q** Well, let's see if we can get the timelines right because we have an email from NHSNSS on 10 August 21 - bundle 52, volume 2, document 9, page 82. And so, is this the workaround that has the photographs that you're talking about?

**CHRISTINE WARD:** Yes.

**Q** So I'm not going to look at them in detail, but just to make the connection, we'll just walk through this. Just step through to find some photographs, please. And we find here, page 85 onwards, there are photographs of issues. Now, without getting into the detail, roughly what did you take from this email sequence to be the concern that you then formed? If we go back to page

82.

**CHRISTINE WARD:** Well, that things were not to the standard that we would have expected them to be at that point.

**Q** Yes, I mean, what standard were you assessing Ward 2A, 2B against?

**CHRISTINE WARD:** Well, that would have been the-- the professional standards of-- of refit, refurbishment and what was compliant with the necessary Infection Prevention and Control and-- and water measures. So it's----

**Q** So, I mean, at this stage too, for example, you have access to the innovated design solutions reports on the ventilation system from 2018 that describe what should be done.

**CHRISTINE WARD:** Yes.

**Q** Yes.

**CHRISTINE WARD:** I would be relying on my colleagues who would look after infrastructure projects in Scottish Government.

**Q** And that's Mr-- well, wouldn't have stopped it at that point, but the team that was previously run by Mr Baxter is the Capital Projects team.

**CHRISTINE WARD:** Oh, Mike Baxter, is it?

**Q** Mike Baxter, yes, yes.

**CHRISTINE WARD:** That-- that may well have been before my time, but

Alan Morrison would have been my contact.

**Q** Indeed. So they're the ones who are providing you with advice within the Scottish Government?

**CHRISTINE WARD:** Yes.

**Q** But this email is in fact from someone within HPS?

**CHRISTINE WARD:** Yes.

**Q** In fact, it might actually be HFS if we just step onto the next page. It's Dr Beattie from HFS.

**CHRISTINE WARD:** Yes.

**Q** Now, you described that you took some steps to involve other agencies. Who did you try and get involved in the 2A issue in August 2021?

**CHRISTINE WARD:** There were certainly conversations with NHS Assure about them becoming much closer to the refurbishment and the activity needed. NHS Assure had been established in June of 2021, so we were looking for them to go in and learn about what was happening in the environment and provide us some of that independence. That was their role there.

**Q** I'm going to come back to their role later on, but what I want to just do is just-- I think you mentioned trying to get some involvement of HFS as well. What was that other than Dr Beattie's visit? Can you remember what that involved?

**CHRISTINE WARD:** Just for that

collective view of what was there, so there would have been a request to them to-- to follow up on that, but I also remember that we had-- we had instigated a conversation with Tom Steele, who was the Estates Director in GGC at the time, to establish the position as had been reported to us and what measures they were going to take to rectify that.

**Q** Because if we go back to the presentation, bundle 49, document 20, page 156, we see in the Estates and Facilities slide within this presentation an entry in the middle of the page for Ward 2A and 2B and a planned opening date in October '21. Now, given that this presentation is at your 19 August meeting, after the rectification-- rectification's the wrong word-- after the meetings that took place in the previous week, was this an opening date that the AARG considered to be practical?

**CHRISTINE WARD:** The assurances from the director of Estates in giving that information and providing that back through Scottish Government, then that was thought to be acceptable at that time because they had taken immediate steps to rectify some of that.

**Q** So what had been the previous anticipated opening date before the 11 and 19 August sort of process?

**CHRISTINE WARD:** Yeah, I'm not

aware of that date.

**Q** Right. Because it might be thought that you've had the information for 11 August meeting and cancelled the meeting, gone into the process of these meetings, and then on 19 August you had a meeting and you're obviously more satisfied with more things at this point. This date has been offered to you, but this date is being offered to you after you've seen Dr Beattie's concerns. So what's the source of-- How are you comfortable that October '21 is a reasonable date when you're meeting on 19 August?

**CHRISTINE WARD:** The submissions from Mr Steele, as well as checking in with our colleagues about the remedial work that needed to be done.

**Q** Which colleagues are these?

**CHRISTINE WARD:** So this would be from the Finance Governance team. So that would be Alan Morrison and team, really to check to make sure that they were comfortable that the process that was laid out could be achieved by that date.

**Q** And so, obviously we know that Dr Beattie went to the site, produced his email with all his comments and all his photographs. Is anybody else, as far as we're aware, actually involved in making site visits or reviewing the designs and the plans?

**CHRISTINE WARD:** Not that I'm aware of to date, but there would have been interaction between other teams in Scottish Government with GGC about the different aspects of that. So the aspects of IPC, we had Irene there; Communications and Engagement, Craig White; Estates and Facilities, that would have been through the Finance and Governance team.

**Q** Yes, because that's the thing that I wanted just to sort of press you on. If we go back to the second meeting of the AARG itself – and its minute at bundle 27, volume 12, document 38, page 390 – whilst of course you're all civil servants and therefore naturally, through careers, move around in terms of areas of interest and expertise, it's fair to say there's not someone on this group from the Capital Finance team of Mr Morrison, is there?

**CHRISTINE WARD:** Not at this stage. He joined one of the later meetings as we got nearer that planned opening of 2A and 2B.

**Q** And I wonder if you can help me understand why that was. I mean, could it have been because the Oversight Board didn't actually have responsibility to supervise or provide oversight over the refit of 2A, 2B that's outwith the scope of that Oversight Board?

**CHRISTINE WARD:** So the

Oversight Board or the AARG?

**Q** The Oversight Board, originally.

**CHRISTINE WARD:** So the original Oversight Board, as far as I understood it, covered all of these.

**Q** Did the Oversight Board not get established in terms of Infection Prevention and Control primarily?

**CHRISTINE WARD:** Primarily, that would be the impact of not having good IPC and HAI standards that then this may well have been caused by some of the environment.

**Q** So given that the ward didn't open in October '21, it opened the following March, is there any reason to think that the absence of people from Mr Morrison's team in the early meetings of the AARG and in your secretariat might well have hampered the ability of the AARG to - as it were - get on top of this issue?

**CHRISTINE WARD:** So the assurance that we got from the people who were attending satisfied the decision makers and the chair of the AARG at that point.

**Q** From GGC?

**CHRISTINE WARD:** From-- from Scottish Government as well. So the meeting was chaired by a Scottish Government official.

**Q** No, but what I'm trying to get

across is the first two meetings, there was no one in the meeting with a particular interest coming from the Capital Finance, Mr Morrison's team, who I understand at this point, outside NHS Assure, are the only people who have experience in procurement of refits of hospitals.

**CHRISTINE WARD:** Yes, I accept that at the meetings but the pre-work, as we've said before, and the presentation then from Mr Steele at the meeting would have provided that assurance that he had engaged with those relevant and necessary to come to that meeting to give us that.

**Q** And so was the acceptance of that assurance justified given that the project took longer than you were told it was going to?

**CHRISTINE WARD:** So, at this stage and looking at it now, you would think, "What would we do?"

**Q** No, I'm saying: we've got the first two meetings when one of the issues of 108 is the refit of 2A, 2B and you're being given assurances as a committee. In the run-up to the 19 August meeting, one, you receive Dr Beattie's email with the photographs, and you decide at that point to get some help from NHS Assure and Capital Finance and HFS and they're then promising you an October '21 open. They in fact achieve one five months

later. What I'm putting to you is that had NHS Assure, HFS, Capital Finance been involved in the meetings of the AARG earlier, might not have this issue come out earlier and been addressed faster?

**CHRISTINE WARD:** So, in terms of the Capital Assurance, if that's the Scottish Government team that you're referring to there, that would not be their first interaction. They would have been involved many years before that on the infrastructure projects of the whole build of the hospital. So the refurbishment of 2A and 2B should not have been and would not have been a surprise to them and the interactions around how that was progressing.

**Q** Why would the need to refit 2A and 2B not be a surprise to the Scottish Government Capital Finance team?

**CHRISTINE WARD:** Because there would be regular meetings with GGC about the fit of that infrastructure project and the remedial action needed.

**Q** From when?

**CHRISTINE WARD:** Sorry?

**Q** Are you aware of these meetings because we haven't had evidence of them?

**CHRISTINE WARD:** Okay, well, I'm sure we can look to see whether we can find something.

**Q** Because the evidence to the Inquiry so far that Scottish Government

isn't told about the problems with 2A until some point in 2017. Are you saying that you've seen evidence to suggest it was told earlier?

**CHRISTINE WARD:** Not with problems of 2A and 2B. What I talked about was the construction projects they would have been engaged with through the Capital Infrastructure Group. And then, as problems emerged in 2017, then absolutely that team would have been engaged then.

**Q** Sorry, Ms Ward, to press you, but we've had quite a lot of evidence from GGC officials and documentary evidence, which tends to suggest that there wasn't such disclosure. So, if you're saying that you know there was some disclosure, that's quite important and we'd like details. If you're saying there should have been disclosure, that's fine too, but I need to be clear which one it is.

**CHRISTINE WARD:** There should have been.

**Q** Thank you.

**CHRISTINE WARD:** I wasn't in post in 2017 so I couldn't confirm.

**Q** Let's go back to the document that I couldn't find earlier. Do you remember we were talking about paragraph 31 in the statement? So, if we go back to the statement on page 51, paragraph 31, there's a reference in here to your understanding that hot debriefs

have not been previously part of GGC's processes.

**CHRISTINE WARD:** Yeah.

**Q** I wondered if I can show you a document, the Governance and Assurance Framework for Infection Prevention and Control Service, and the first version is from August 2019 and it's bundle 27, volume 8, document 1 at page 34 and this is a flow chart of how to run an incident management outbreak.

Do you see in the middle of the box there is an IMT described and it's given four bullet point roles and then off to its left is a "Hot DEBRIEF"? Now, it appears in the text. So the evidence that we have seems to suggest that, since August '19, to some degree hot debriefs have been part of policy and we have evidence from Dr Inkster that hot debriefs took place occasionally before then. What awareness do you have of this?

**CHRISTINE WARD:** Just in reading the documentation, which would suggest to me that it wasn't routine practice and they then made it routine practice that that happened on each occasion.

**Q** Yes, it's just that the statement suggests that adding it into policy was one of the actions of the AARG and I'm putting to you that, actually, it already was part of policy at that point.

**CHRISTINE WARD:** So I presume one of the actions from the Action Plan

that would have been reported to the AARG.

**Q** I see. Right. Now, if we go back to the second meeting and pick up something that happens after it, and this relates to the Professor. So, if I could put a document on the screen, which is an email from Dr Peters. It's an email thread that runs from 30 September to 3 December 2021. It's bundle 14, volume 3, page 340 to 344, and we'll start at the 344 and work backwards and we'll just walk through it because you haven't seen this before, Professor, so I want to give you a good heads-up.

So we have an email on 18 June, which is from the private secretary to the CNO and it's to Dr Peters and Dr Inkster and the CNO has obviously had a conversation with them and it's a follow-up email. If we step back to the next email, so 343, 30 September, and Dr Peters' emails, "I understand there's a new CNO in post now." I think at this point, you weren't actually in post; it wasn't announced before 4 October.

**ALEX MCMAHON:** That's right.

**Q** But maybe the rumours reached her before it was public, "It would be helpful as the Public Inquiry is ongoing with fresh revelations each day to have an update on all these issues to raise and I had raised with the CNO at the last meeting as promised." Another part of the

Private Office team responds and explains that you will take up duty on 1 October and that's on 30 September. Then the next email, which starts on page 342, is on 28 October and I think Dr Peters is commenting on watching our Glasgow 1 hearing.

So, this is a hearing when we largely called the evidence of the parents of the patients in the Schiehallion unit, and she's effectively requesting a follow-up meeting. And then, on 10 October, it's a chasing email, but I imagine everyone's quite busy. Then, on page 341, on 25 November, there is a reply which says,

"Professor McMahon [at the bottom of the page] is excluded from any correspondence related to the inquiry due to a potential conflict of interest. The Directorate continues to work on the Public Inquiry under the appropriate governance, but I would not be able to arrange a discussion regarding Inquiry matters with the interim CNO. I do not have any confirmed detail [over the page] of the actions that you had discussed with Professor Croft, are you able to provide these and thereafter it can be determined who may be best placed to respond?"

If we go back to 341, we get the long email from Dr Peters answering that

question, which starts at 340, and an acknowledgement of the request from Mr Imrie. Now, firstly were you aware that Dr Peters was trying to contact you just after you took up office?

**ALEX MCMAHON:** So, no. I mean I haven't seen that correspondence.

**Q** Were you aware of her trying to contact you?

**ALEX MCMAHON:** I can't remember, to be quite honest with you.

**Q** Did you have a handover from Ms Croft?

**ALEX MCMAHON:** No.

**Q** No. Looking at a potential conflict of interest, you were a director of NHS Lothian?

**ALEX MCMAHON:** Yes.

**Q** And not wearing a Scottish Government hat?

**ALEX MCMAHON:** So, when I was the interim CNO, I was clearly wearing it as the interim CNO----

**Q** Yes, but before that, you had another life, and you were going to give evidence, and in fact you did give evidence from a Lothian point of view----

**ALEX MCMAHON:** Yes.

**Q** -- if we can call it that.

**ALEX MCMAHON:** Yes.

**Q** And might that be what the reference is to?

**ALEX MCMAHON:** I assume so, because at that point, clearly, I was

wearing a number of hats, trying to just, you know, navigate quite a fine path around something, so it feels like what was being stated there was that there was a potential conflict of interests on me meeting Dr Peters in the sense that I was also going to be a witness at the Hospitals Inquiry myself.

**Q** Perhaps, maybe what your private office hasn't realised is you're about to submerge yourself into a whole new pond of evidence as the chair of the AARG.

**ALEX MCMAHON:** Indeed.

**Q** And that's why you're here today.

**ALEX MCMAHON:** Yes.

**Q** It's worth just asking you, what awareness did you have in those first three or four months in your role as Chief Nursing Officer that there had been whistleblowers, and Dr Inkster, in communication with Professor McQueen, Ms Freeman amongst others over the previous-- what was it at that point -- two years?

**ALEX MCMAHON:** So, in terms of the briefing that I got, there was clearly context there which covered those issues, but in terms of the depth of the detail of that, I didn't get involved in that. I was aware of it but I didn't go into the detail of actually what the issues were themselves.



**Q** I suppose there's three bits of detail that we need to check whether you knew them. The first is: did you know the names of Redding, Peters, and Inkster?

**ALEX MCMAHON:** Yes.

**Q** Right. The second thing is one way one can describe their involvement is to see it as a very long event. It goes back to 2015 in the case of Dr Peters, Inkster and Redding, and their views being expressed on a number of occasions. Did you have any understanding of the length of their involvement in terms of time – at the point in those first few months as CNO?

**ALEX MCMAHON:** Probably not in the first few months, probably as it got further on.

**Q** During the period you're in the AARG, would you have had awareness of how long they had been, as it were, at this issue?

**ALEX MCMAHON:** Probably by the December-January time, probably more so.

**Q** Okay, and the second thing is there's a-- One could say there's points of potential significance in their story around the 27-point Action Plan or the removal of Dr Inkster as IMT chair.

**ALEX MCMAHON:** Mm-hmm.

**Q** What awareness did you have of those and maybe other incidents in their story in that first few months, the first

four months in your role as CNO?

**ALEX MCMAHON:** I think probably at a very high level, not to any depth.

**Q** Yes. Can I put it to you that-- I mean, it must have been quite hard arriving in as Chief Nursing Officer, as interim, but can I put it to you that not having as good a handle on what they had said as Professor McQueen, might in some way have limited your ability to check that GGC were truly in compliance with the recommendations of the three reviews, because you wouldn't have answered the context in its full detail.

**ALEX MCMAHON:** Well, yes, but that was two individuals, two important individuals. I guess there's also the context, which is many others might have wished to also, you know, have made their views known to me and I guess from my point of view I was trying to be as objective as I could coming into that role.

**Q** Yes, because this is one of the problems that we keep coming back to with evidence, and so I suppose I should put this to you: you've got sources of evidence in the form of the three reviews – and you've presumably read those?

**ALEX MCMAHON:** Yes----

**Q** Yes, and you've got sources of evidence in that you go to meetings with Ms Grant, Dr Armstrong, Professor Steele, etc. That's a source of evidence – do you accept that?

**ALEX MCMAHON:** Yes.

**Q** Yes, and presumably you ask them hard questions and they tell you things?

**ALEX MCMAHON:** Yes.

**Q** Yes. We've come across in a few witnesses a reluctance, which is often not accepted by the person you put the reluctance to, but the impression sometimes is given of a reluctance to engage the whistleblowers because, well, they're whistleblowers. Is that, to some degree, a reason that you didn't get too involved with them in the----

**ALEX MCMAHON:** No, not at all, no.

**Q** No. Thank you, well, I want to move on to the third meeting of the AARG. In fact, I'll actually just check it with Ms Ward. Ms Ward, what knowledge-- You came into this in '21, so again, and a bit like the professor, you're a late arrival, not as late as me, but a late arrival to the story. What knowledge did you have in those first few meetings of the AARG of the perspectives and role of the whistleblowers?

**CHRISTINE WARD:** So, I was aware of the whistleblowers and the concerns that they were raising but that felt that that was being, I suppose, dealt with at the CNO level, rather than coming to me or my team to get engaged with.

**Q** Because that's Ms Croft

speaking to them. We clearly see evidence that there's been an interaction.

**CHRISTINE WARD:** Yes.

**Q** Right. Let's go to the third meeting, so that's bundle 49, document 21, page 166 and, Professor, you're in the chair. We see a new name on the Scottish Government side, Mr Henderson, so I don't know which one of you want to-- Ms Ward, Mr Henderson, what's his involvement here?

**CHRISTINE WARD:** So, Calum Henderson had joined the team then as part of that response and really as part of the admin team from the private office for the Chief Nursing Officer, so a supporting role to Alex in taking up his role.

**Q** Okay, thank you. Now, at this stage, Professor, was there any indication from NHS Greater Glasgow and Clyde that they didn't accept the conclusions of the Case Note Review as to infection link?

**ALEX MCMAHON:** No, nothing that I was aware of.

**Q** Ms Ward, any change in the answer you gave for the first meeting?

**CHRISTINE WARD:** Not at all.

**Q** No. I think you've already explained, Ms Ward, that by this point-- Well, at this point, am I right in thinking that most of the recommendations have now been accepted by this point?

**CHRISTINE WARD:** Yes.

**Q** Yes, and we're down, is it two or four at this point?

**CHRISTINE WARD:** There were four actions outstanding that related to Wards 2A and 2B.

**Q** Right, so, Professor, you had two there in your mind. Can you perhaps explain what----

**ALEX MCMAHON:** Well, I just bundled them together, as in, Wards 2A and B and the IPC role.

**Q** So, effectively, they are Action 42 from the independent review of an integrated management structure for Microbiology and Infection Control, and you're nodding again.

**ALEX MCMAHON:** Sorry, yes.

**Q** Then, there's Oversight Board Recommendation 3, "strengthening arrangements for IPC" I'm assuming those two get rolled together to some degree.

**ALEX MCMAHON:** Yes.

**Q** Then, Oversight Board 4:

"The Structure of IPC should reflect the continuing need to address the complex and continuing issues with the Queen Elizabeth..."

Is that also the same issue?

**ALEX MCMAHON:** To a degree, yes.

**Q** To a degree, and then, finally, there's refurbishment, Oversight Board

16 of Ward 2A. Now, let's look at the minute – and we'll go to Item 3 and pick out Ward 2A, 2B, and see where we get to. So, Item 3, "Update on actions closed since 19 August." Then there's a-- it looks like a presentation by Ms Grant and Ms Vanhagen through a paper provided to the board to update on the progress in relation to actions previously made, up to 19 August and since that time, and then there are two issues. Now, do you see it says there:

"In terms of Wards 2A and 2B, there have been a small number of commissioning issues, but the Board understands that the Wards will be handed back in December 2021, with a plan to occupy them in July (sic) 2022."

Now, I don't know who wants to go first, but that's different from what was presented in August, which was October 2021. Were you told why there was a delay?

**ALEX MCMAHON:** From memory, it was really in relation to the progress made in implementing all the recommendations from Dr Beattie and others in terms of what works needed to be done. I mean, my experience from my days in Lothian is that capital projects often move around quite a bit, depending on availability of materials, etc.

**Q** So, you saw this as effectively, whilst Dr Beattie isn't the cause of the issues, he is the source of the list to some degree.

**ALEX MCMAHON:** He contributed to the works that needed to be done.

**Q** Right. Ms Ward, anything you'd like to add to why there was a-- why this delay had happened, in a sense, beyond October?

**CHRISTINE WARD:** There was a real desire for us to get it right for the refit, so to make sure that all of the works were carried out to the satisfactory standards for those that were needed to be assured of that. So, I think in terms of the delay, we were less concerned about the delay and more concerned about getting it right, not only for the process itself, but also for the patients and families that would then be occupying those wards.

**Q** Now, what involvement did NHS Assure have at this point? This is a meeting in December, so we've moved on since August. Ms Ward, you've explained how you went to speak to Assure. What did Assure have involvement in, in the period up to December, as far as you understood it?

**CHRISTINE WARD:** So, my understanding was that there was-- or my experience was that there were some engagement from Assure and GGC. I

think that took a bit of time for us to work through what it was that Assure would actually add to the process and for them to go in and do some of those site visits.

**Q** Because it doesn't seem to be -- and we've got Ms Critchley tomorrow, so I'm slightly putting words out, but reading her statement, one gets the impression there wasn't a huge amount of involvement in the autumn with NHS Assure, that initially it didn't really gel, there wasn't that involvement.

**CHRISTINE WARD:** I think, "They didn't gel" is probably quite a pertinent way of putting that. It took a while for us to understand the role that Assure would play and to work alongside in collaboration with GGC for the refit, rather than them being seen to be taken over by yet another Scottish Government group.

**Q** What would be wrong with them being seen to be taken over by another Scottish Government group?

**CHRISTINE WARD:** The ownership had to stay with GGC. They were responsible for them as the AARG terms of reference that they owned the recommendations, that they owned the progress that needed to be made, and they were looking for others to work with them in partnership for getting a satisfactory outcome.

**Q** Because one of the questions that we have for Ms Critchley tomorrow

relates to the extent to which it could be said that NHS Assure satisfied themselves that the ward was built to the relevant guidance standards, and there seems to be a debate about-- a doubt about the extent to which that statement can be truly said to be the case, and that we've got questions coming in from core participants. And so, given the controversy which surrounded Ward 2A and 2B over the previous, at this point, three years, four years really, even longer, was it wise to leave ownership with NHSGGC? And maybe that's a question for the Professor.

**ALEX MCMAHON:** I think like any of these, it's really important that the board, which is still its own legal entity and still has its own accountability and responsibilities, takes ownership, owns those actions, but seeks to work with and get the support and the advice and expertise from others at the same time. So, you can't take it away from them. It's really important that they are there and in many cases are leading and being supported with others.

**Q** Because if we go back to-- I suppose it's back to this involvement with this review group, because whilst I pointed out there might be an issue around one document you saw that might be not what ARHAI would have ultimately liked, you have explained how you've

carried out quite an intensive series of meetings around Infection Prevention and Control, Ms Ward, in the first two meetings.

**CHRISTINE WARD:** Yes.

**Q** What I'm putting to you both is that by the time we get to this second meeting, to what extent was that same level of intensity being brought by the AARG to the 2A, 2B implementation?

**CHRISTINE WARD:** Sorry, the second or the third meeting?

**Q** The second meeting.

**CHRISTINE WARD:** So, the second meeting is where we----

**Q** Sorry, I didn't mean to say that. I meant to say the third meeting. In that autumn period up to the third meeting, what's the level of intensity of scrutiny that you are describing for the AARG in the run-up to December compared to the level of intensity you've described in respect of IPC in the late summer?

**CHRISTINE WARD:** Yes, I wouldn't say it was as intense as that because there were more actions to be cleared for 19 August, and we had felt that the initial submission of the responses for the 19 August meeting were not as robust as we would have wanted them to be, whereas for the December meeting, the information provided and the presentation at the meeting was accepted.

**Q** Even though the information that had clearly been provided about 2A in August wasn't actually good enough because you'd had to go back to them and get people involved to help?

**CHRISTINE WARD:** And so the passage of time and the presentation at the December meeting would have been current as at that December meeting.

**Q** Right. Now, what I want to do now is to put to the two of you a slightly odd document, which I'm absolutely certain you've never seen before because it didn't exist, which is a paper published in water research by a number of GGC authors, and the principal author is Dr Chaput. It's bundle 44, volume 8, document 6.

No, sorry, I didn't give you a page reference. So go back to the index page. It's page 141. Now, if we look at the authors, the authors of this paper on "Reversing and controlling microbial proliferation in the water system of a high-risk hospital ward after extended closure and reconstruction", it's about Wards 2A and 2B and the work that's going on at this point.

The authors are Dr Chaput, Mr Clarkson, who's the authorised person, Dr Bagraade, who's the lead ICD, Mr Kelly, who's the authorising engineer, Mr Watson from DMA Canyon, Professor Steele and Professor Leanord – and I

apologise, I don't know the job role of Ms Marek, but I think she's another member of the IPC team. Now, I'm not expecting you to have understood this document at all but what Dr Chaput seemed to be describing to us when she gave evidence in this was a difficult process over the autumn and winter of '21/'22 of managing microbial proliferation in this ward as it was being rebuilt, which ultimately involved the replacement of all the taps in the ward in January before the ward could be opened.

I think her purpose for raising it was to explain how much effort the team put to ensure that the water was clean and the taps were not contaminated. I'm just wondering if in these last two meetings and the run up to the opening of the ward in March, you got the impression particularly, Professor, from the GGC team that they were dealing with adversity in solving this problem of microbial proliferation. Were you told there was a problem of microbial proliferation in the ward system, in the ward?

**ALEX MCMAHON:** No, not with that particular issue, no.

**Q** No. I mean, obviously you knew it was taking longer.

**ALEX MCMAHON:** Yes.

**Q** But you weren't told about microbial proliferation? Ms Ward, do you

recollect whether you were told about microbial proliferation in the ward?

**CHRISTINE WARD:** I recall that we were told that we needed to replace the taps, and that was to do. So --

**Q** But the idea that the ward might have a level of microbial proliferation that was of concern, was that something that was briefed to your team?

**CHRISTINE WARD:** Not that I'm aware of.

**Q** Right. If we take that off the screen. If we go back to the minute, so that's bundle 49 and back to page 168, we see a suggestion from Ms Grant -- it's item 4 - confirming that -- this is in the middle of the page:

"... it's NHS GGC's belief that they have covered all of the actions from the recommendations across the three reports, notwithstanding the four that remain open as of 15 December..."

So, did you accept that they carried out all the actions by the time of this meeting, Professor?

**ALEX MCMAHON:** Yes, in relation to what's -- that had been done up until that point which you've covered with Christine earlier. I mean, the works that still had to be done were obviously the opening of 2A and 2B and that around the IPC.

**Q** Right. What I want to do is to stay focused on 2A, 2B and show you an

email thread, which we didn't put in your document list because I was only asked to ask about this yesterday, which is bundle 52, volume 5, document 17, page 84, which is an email exchange between you and Ms Critchley on NHS Assure from 18 February 2022. That's after the second meeting and just before the third meeting. This is before the final one. So it's page 84. So I'll let you just orientate yourself, but do you see, we have an email at the bottom half of the page, 18 February, nine o'clock in the morning, from you to Mr Morrison, Calum Henderson and Ms Critchley, Mary Morgan at NSS, and you've copied in Ms Ward and Ms Raghavan.

Now, obviously you've had a meeting the day before, so I'm going to have to rely on your memory. What was the issue that was prompted by the meeting the day before on the 17 February as far as you can recollect?

**ALEX MCMAHON:** From memory, I think it was to get all of us in agreement that we were content that the necessary works had been done, that all parties were content with that, that it wasn't just one Glasgow -- you know, Assure, NSS and Glasgow and ourselves are all content that the work that was required to be done had been done and that we were all content that we all signed that off, as it were.

**Q** Because effectively you're trying to pick up Mr Morrison on capital projects and NHS Assure/NSS at the same time.

**ALEX MCMAHON:** Yes----

**Q** And had Mr Morrison been present at that earlier meeting as well, as far as you can recollect?

**ALEX MCMAHON:** I can't remember from --

**Q** Yes.

**ALEX MCMAHON:** I honestly can't remember.

**Q** One gets the impression from this email that NHS Assure had been involved at this stage. What do you think they were doing in the project in the first two months of 2022?

**ALEX MCMAHON:** So, I think as Christine has mentioned earlier, they came to the process quite late. They themselves hadn't been established until the summer of '21.

**Q** Yes.

**ALEX MCMAHON:** And really it was that extra layer of assurance that any of the works that had to be done, particularly to 2A, 2B, met the necessary requirements, so it was almost an external verification/validation of the works.

**Q** So, obviously we're going to ask Ms Critchley about this tomorrow, so in one sense you're in the wrong order.

Convenient. But I suppose there's two thoughts. One, their level of involvement can be driven primarily by the fact they've just been set up. The other level could be driven by what capacity they have. Another possible explanation might be that there's been some resistance from NHSGGC about them being involved, and there may be others. I'm wondering, what do you think is the primary reason for this lesser involvement, if that's the right word? Or "later" involvement, better?

**ALEX MCMAHON:** I think later as in-- As I said earlier, they themselves hadn't been set up and they were already engaged, as you know, with other elements of the Inquiry. So their own capacity was actually quite stretched as well. So they would then come into the process, and I guess, given the importance of 2A and B to everyone, making sure that as many experts around the table could actually give assurance that everything that should have been done had been done and to the right standard.

**Q** Now, do you see halfway down:

"I would like NHS Assure, along with GG&C and my team to meet on Monday afternoon to review where things are at, as NHS and GG&C have a board meeting on the Tuesday morning, at



which they had intended to inform their board about the opening of ward 2a/b. To not be in a position to do this will create a real challenge.”

What’s the nature of that challenge that you’ve got in mind?

**ALEX MCMAHON:** Gosh, I can’t remember, actually, from memory. I think it might well have been in relation to the timelines and perhaps timelines slipping again. You know, and how that might have been perceived, but really none of us wanted to do anything that would compromise the safety from that point of view, but I can’t actually remember the context for that particular sentence.

**Q** Could it be that you’re effectively saying, “We have a deadline, which to some degree is a hard one, of this board meeting on the Tuesday. We’ve got to get this right by then”?

**ALEX MCMAHON:** So that really wasn’t -- that wasn’t for me. That was for them and that’s not what I would have been thinking about to be honest with you.

**Q** Right. So, because if your view was, “We just have to get this right. If it takes an extra month, it takes an extra month”, if that’s your view, then what would that challenge be? It would just be -- You’d go, “Well, it’s not right. That’s not my problem.”

**ALEX MCMAHON:** So I can’t -- I

genuinely can’t remember the context of that -- that one -- that one sentence in that email.

**Q** Okay. So, effectively, from your point of view, as we’ll come to the fourth meeting, what information do you understand to have been pulled together to enable the AARG and you, ultimately, as the chair of the AARG, to be satisfied that Ward 2A and 2B have been refurbished to the correct standard in compliance with the various recommendations. What’s your sources of evidence?

**ALEX MCMAHON:** Certainly the conversations that took place with NSS and NHS Assure, Glasgow and other colleagues such as Alan Morrison, etc., you know, discussing the progress that had been made in relation to all the actions that were required -- and everyone was satisfied that those actions had been done and, you know, were now closed -- gave me assurance that everyone was content that actually we were then in a process as it were to move towards opening the ward safely.

**Q** So I suppose, conscious that you’re not an expert in hospital ventilation systems --

**ALEX MCMAHON:** No.

**Q** -- as I’m sure we’ve discussed in your last outing to this Inquiry, did you have an awareness of what standard the

ventilation system needed to be and then you were asking Mr Morrison, Ms Critchley, Professor Steele to reassure you that it was meeting those standards?

**ALEX MCMAHON:** So I think a lot of that -- that work had been done with others, you know. So, we've mentioned Ms Barkby and others before. So there was-- obviously conversations were taking place and meetings taking place between, you know, our meetings, as -- as in the AARG, as it were, and also between these meetings that are referenced in this email as well.

**Q** But by the sounds of it, you were the decision maker.

**ALEX MCMAHON:** I was the chair to oversee the process, yeah.

**Q** Yes, but I mean ultimately, this meeting consists of you, a bunch of people from GGC and Ms Ward's team. Is that a fair analysis of who's present?

**ALEX MCMAHON:** Yes.

**Q** Yes, and if Scottish Government's going to go, "No, you haven't complied," the person who's going to say that is going to be you. It's not going to be Ms Ward's team, I presume?

**ALEX MCMAHON:** I would have done that with advice from others.

**Q** Yes, I appreciate that. Because if we look at the final meeting on 28 February, bundle 49, document 22,

page 170, we see some new people have turned up in the form of Mr Morrison has arrived, and Ms Critchley didn't make it to the meeting. Now, what I want to be clear about from both of you is this Inquiry, as you know, in the context of both hospitals, has discussed SHTMO 301, appendix 1, the table therein, air change rates, pressure differentials, presence or absence of HEPA filters, spare air handling units, all these things.

When you, Professor, are chairing this meeting, what level of understanding did you have of these standards? Or were you effectively saying, "I want Mr Morrison and the rest of the Scottish Government team and the GGC to just assure me it meets the standards," without knowing what the standards were?

**ALEX MCMAHON:** So obviously I was aware of the standards. In relation to assurance that the work had been done against those standards, I was seeking that assurance from others.

**Q** But did you know yourself about the need for ten air changes and pressure differentials and HEPA filtration and that?

**ALEX MCMAHON:** Given my previous experience within Lothian, I was familiar with those elements.

**Q** Right. Ms Ward, can you help us out on whether you have that depth of

knowledge?

**CHRISTINE WARD:** Only from reading the documentation that would be presented to me, so I wouldn't have had understanding of that.

**Q** No, but Mr Morrison presumably would have done?

**CHRISTINE WARD:** Yes.

**Q** Right. If we go to the update on page 71, we have a reference in the section from Ms Grant. She's telling you that the position of NHS Assure is they're content for the ward to be open, provided GGC complete the few outstanding actions. Had you had independent verification of that, Ms Ward, from NHS Assure by the time this meeting took place?

**CHRISTINE WARD:** So, in the presentation and the submission of those information documents before the meeting, we would have checked, as I say, that that was the position.

**Q** Okay. One of the issues that's arisen in respect of the hospital is the absence of validation of new ventilation systems. At the time of this meeting, was the AARG aware of the need to have validation and checking that somebody had checked to see if there were validation certificates for the ventilation system?

**ALEX MCMAHON:** So, that's a level of a detail I can't remember.

**Q** Ms Ward, can you help me about the need for validation?

**CHRISTINE WARD:** I would expect that that would have been part of the presentation from Professor Steele.

**Q** And someone would have checked it?

**CHRISTINE WARD:** And that that would have been checked internally in the Scottish Government, again, from Mr Morrison's team.

**Q** And when it comes to the water system, one of the issues we've learnt about is the importance of having a clear management plan, the appropriate authorised staff, a water safety plan, planned preventative maintenance and all these features for a water system. To what extent was the AARG aware of the need to have that for Ward 2A and that someone had checked that it was in place?

**CHRISTINE WARD:** So, if I may, I would say that at this last meeting, the actions outstanding on Wards 2A and B required us to focus a lot on that presentation from Professor Steele and look at the information that he'd provided and look to our colleagues around the table to say: were they satisfied with that information and the-- and what had happened outside of that meeting? So our reliance would have been on NHS Assure and Mr Morrison and team to say

that they were content with what had been provided by Professor Steele as the position as it was at that meeting.

**Q** Professor, anything you want to add?

**ALEX MCMAHON:** I would agree with what Christine said.

**Q** Item 5, which is over the page, deals with-- you mention, Professor, in the middle of the page:

“CNO highlighted that with the recruitment of the Director of IPC providing continuity; all actions undertaken regarding GGC/NSS Assure in relation to water he was content to accept the assurance and evidence provided by NHS Greater Glasgow and Clyde.”

Then you talk about the remaining items being the IPC director recruitment process and the opening of the ward and that you're “content” to say the “AARG is no longer required.” Now, one of the contingency issues which appears in AOB is Ms Barkby asks, “If there was a contingency for the interim should the post for IPC Director not be filled.” Now, I may have misunderstood, but I had understood that in the NHS when there are applicants to a job who are appointable, you can't not fill the post; you have to appoint the appointable person?

**ALEX MCMAHON:** Yes.

**Q** So that scenario would have involved no one applying, who was appointable?

**ALEX MCMAHON:** I-- I can't remember because I can't remember having that conversation at the time, but I think Irene was just looking at from a risk assessment perspective saying, “What if no one was appointable?”

**Q** So it was an abundance of caution effectively?

**ALEX MCMAHON:** Yeah, yeah.

**Q** Right. Now, I want to go back, Professor, to the document that started the Oversight Board, which is Mr Wright's letter of escalation on 22 November 2019, bundle 52, volume 1, document 23, page 310. The reason I want to go back to this is that whilst this doesn't start the independent review – because that starts much earlier and it doesn't start the case in its review because that's a slightly separate process – it does start the Oversight Board. And I wanted to know, to what extent were you looking back at the reasons for the creation of the Oversight Board when you were effectively deciding to stand down the AARG in February '22?

**ALEX MCMAHON:** In relation to-- The decision was made to stand down in relation to the completion of all the 108 actions that were within that bundle and

we knew that-- we were assured that we'd delivered on all of those.

**Q** I understand that, but one of the things that is in this letter in the third line is-- well, even better, the second paragraph:

"The intention of the escalation would ensure appropriate governance is in place to increase public confidence and strengthen current approaches that are in place to mitigate avoidable harms."

Now, I want to focus on "increase public confidence". I just wondered to what extent that the AARG through its work was thinking about public confidence, as opposed to in a rigorous way – as described by Ms Ward – checking off the implementation of 108 recommendations?

**ALEX MCMAHON:** So, one of the things we were aware of and actually cited on was the work that was being done within GGC in relation to staff and public engagement in relation to the safety within the hospital. They did a lot on social media, for example. There was a lot-- a lot of work done in relation to moving back into Wards 2A and B in terms of engaging families around that as well. So I think they were giving evidence of trying hard to engage and give assurance themselves that, you know,

the right processes and systems but also safety was in place.

**Q** Thank you. My Lord, this might be an appropriate place to break for a coffee break?

**THE CHAIR:** Very well. Can I ask you to be back for about ten to twelve? Thank you.

**(Short break)**

**THE CHAIR:** Mr Mackintosh.

**MR MACKINTOSH:** Thank you, my Lord. Professor, in your statement on page 60 of the statement bundle, paragraph 13, we asked you a question about the appointment – paragraph 13, on page 60:

"I'm asked why, as CNO, I saw the recruitment of an Associate Director of IPC as a significant step change in addressing the recommendations..."

And you give an answer. Firstly, I want to check, did you ultimately end up sitting on the interview panel?

**ALEX MCMAHON:** I did.

**Q** Yes. Ultimately, the candidate who was appointed was an internal candidate.

**ALEX MCMAHON:** Yes.

**Q** Do you see any positives, and indeed negatives, in the appointment of an internal candidate coming after the Oversight Board, the Case Note Review,

the Independent Review, the whistleblowers? I wonder if you can help me with what the positives and negatives would be in your mind of that. Not the individual: the concept of an internal candidate.

**ALEX MCMAHON:** So, I think the really important thing to bear in mind here was that the process that was undertaken was led by Glasgow, quite rightly, because it was their appointment, but it complied with NHS Scotland policy around recruitment into post, so it was advertised externally, so anyone across the United Kingdom or beyond, they could have indeed applied for that post. We had two candidates, one of whom was an internal candidate, one of whom wasn't, and at the end of the process the internal candidate was the more appointable person to the post.

**Q** When you say, "appointable", that would be in terms of the requirements of the post as defined in the advert?

**ALEX MCMAHON:** So, they met all the requirements of the post itself. They wouldn't have been shortlisted if they hadn't met those requirements from that point of view, and then, certainly at the end of the interview, the panel was unanimous in their decision that that person should be appointed. I think if you're looking for a negative, I think the

negative might be a perception one, about appointing an internal person in a role like that, having everything that happened within Glasgow, but I think the reassuring point is that the process was really robust.

I appreciate the process followed NHS Scotland recruitment standards and involved you as chief nursing officer, but I take it by the fact that there was an external candidate and internal candidate, both of whom were shortlisted, that the job description would have been silent, entirely silent on whether it should be an internal or external candidate?

**ALEX MCMAHON:** Absolutely.

**Q** Absolutely, and therefore perhaps my question is a previous one, not to the actual recruitment process, but to the process of defining the job description. Was there any involvement of you in that process of defining the job description before it was advertised?

**ALEX MCMAHON:** Yes, I was given the opportunity to review the job description. Having come in from NHS Lothian, I had just recently recruited myself into a similar post within Lothian, so I was giving a bit of reflective advice in relation to the post and the content of it.

**Q** So, when you say you recruited yourself, you don't mean you got the job, you mean you recruited for----

**ALEX MCMAHON:** No, I recruited

Ms Guthrie into post within Lothian, and so I was giving some of my experience back and commenting on the job description as it was, but it was at a very high level.

**Q** So, what I want to just check is: was there any discussion at that stage, before the job description was finalised, of the merits and demerits of appointing an internal candidate and then possibly saying, "Well, on this occasion, what we're looking for is an external candidate who meets all these requirements"?

**ALEX MCMAHON:** No.

**Q** Can I ask why?

**ALEX MCMAHON:** That brings an element of subjectivity and bias into a process. The process has to be open and transparent, and it has to be fair for all.

**Q** You described a negative of perception. It might be put in this way, that the positive of having an external candidate is it presents an opportunity for a fresh start or a perception of change over and above the detail that the AARG has been considering.

Of course, the negative, it means you have to find someone who wants to do it and they might not have the knowledge of the organisation. Would it have been possible to run a fair and balanced recruitment process once the decision had been made to only look for

an external candidate?

**ALEX MCMAHON:** That would be-- I mean, that would actually-- against-- potentially go across many policies and elements of law because you would actually be actively disbaring someone from applying for a job for which they were eligible to apply.

**Q** Well, I mean, you would say, for example, if you're appointing to a particular professional job, you have to have a certain qualification----

**ALEX MCMAHON:** Yes.

**Q** And you wouldn't discriminate between anybody who had that, but if you want to change an organisation, is it discriminatory to say that you would want an external candidate – to have a fresh start?

**ALEX MCMAHON:** I think a positive way of looking at it is to say, how do we encourage those who have been in that system, and having had the experience they have, to use that positively and contribute towards the further development of that organisation and the systems?

**Q** How do you do that in this case?

**ALEX MCMAHON:** Well, the person was appointed into the post and obviously from that perspective, using their experience and working with others, because Angela Wallis, for example, was

appointed as the executive nurse director. So, again, you know, some people coming in, but also having worked with Glasgow, and actually from a cultural point of view, from a behavioural leadership point of view, trying to look at ways that they could actually take forward improvements within the system, and I think they did that through some of the work they did within the IPC around their quality assurance, around their networks, around the leadership programmes that they were looking at, and how they worked with others within the system as well.

**Q** Moving on to the topic of culture in the organisation, we've heard a lot of discussion from witnesses within GGC about the importance of looking forward and moving forward, and I've been asked to put this. If it's the case that one of the things that encourages people to bring patient safety issues forward, potentially for the whistleblowing process, is a positive experience of those who've done it before. Do you understand – familiar from the Francis Review and Mid-Staff's? The idea that you want to encourage patient safety disclosure, you'd accept that?

**ALEX MCMAHON:** Yes.

**Q** Yes, and one way to do that, amongst others, is to ensure that previous disclosures have been treated

well, have been encouraged, that have been to some degree thanked, you'd accept that as a----

**ALEX MCMAHON:** Yes.

**Q** -- part of it. So, is it possible for NHS Greater Glasgow to move forward and to make these changes to its culture and its leadership and to how it works without a positive affirming acknowledgement of the role of the whistleblowers in this case in bringing matters to public attention?

**ALEX MCMAHON:** I think it's where it's in the public interest, obviously, that would be appropriate, but some elements of the whistleblowing would be confidential to the individual or indeed within a certain element of it, not for the totality.

**Q** I think you can assume that the whistleblowers I'm talking about have waived their confidentiality, so parking that aside----

**ALEX MCMAHON:** Yes.

**Q** -- do you think there's an advantage? The question that I've been asked to ask you is: in NHS Greater Glasgow acknowledging the value to public safety of the disclosures of these whistleblowers?

**ALEX MCMAHON:** Yes.

**Q** Has that happened, as far as you're aware?

**ALEX MCMAHON:** I think from



what I've seen and heard, those individuals have had their concerns raised in many forums and certainly in terms of the work that's been done, I'm aware of ways in which everyone has tried to be engaged in that process of improvement. I guess what I'm not aware of is how do they feel individually as to whether or not that's been a success or not.

**Q** I suppose to wrap this----

**THE CHAIR:** I think the question was specific to GGC.

**MR MACKINTOSH:** Yes, so I appreciate that-- The way I was asking is, does GGC corporately need to take a positive step to acknowledge – potentially now publicly – the value to public safety of whistleblowers in general and these in particular?

**ALEX MCMAHON:** I would say GGC and every organisation should do that.

**THE CHAIR:** Are you aware of whether they've done so?

**ALEX MCMAHON:** Not to my knowledge, my Lord, no.

**MR MACKINTOSH:** I'm going to move on to a question about the corporate statement, Ms Ward. So, going to the corporate statement, paragraph 18, which is on page 48-- I wonder if we can put page 48 of the witness statement on the screen? You used, I think, or your

colleagues and you used this paragraph as an example of a further area of interrogation. Have I understood that correctly?

**CHRISTINE WARD:** Yes.

**Q** Yes. I've been asked to put this. How do you respond to the suggestion that this paragraph is rather vague and unspecific about what the update to the Estates and Management system was?

**CHRISTINE WARD:** I would agree it doesn't go into an awful lot of detail.

**Q** Can you provide assurance that you were given concrete examples of how the sampling process was enhanced and data returned from the water management contractor were strengthened?

**CHRISTINE WARD:** So, again, I would expect my colleagues that were dealing with those infrastructure projects were given that assurance.

**Q** So, would that be one of those people in your team who attended the AARG meetings?

**CHRISTINE WARD:** That would either be one of the people in my team who attended the AARG meeting and were receiving updates from Tom Steele or that would be another part of Scottish Government.

**Q** But would that part of Scottish Government have fed into your AARG

process?

**CHRISTINE WARD:** It would have fed into the updates that we received, yes.

**Q** From whom?

**CHRISTINE WARD:** Sorry?

**Q** Who provided you with the updates?

**CHRISTINE WARD:** I would expect that that would be from that finance directorate who were involved in those infrastructure in the Estates project.

**Q** So, one of the features we discussed is the arrival of Mr Morrison at the fourth meeting, and you've discussed how he and his team had some involvement in the Ward 2A issue in the August of 2021. Were that team reporting in to you and your team in June-July of '21 as AARG started?

**CHRISTINE WARD:** There would be conversations between, certainly the director of finance, Richard McCallum, Alan Morrison and his team, with the chief nursing officer, and the chief operating officer, on all of those things, and as reported in the HSCMB minutes of 15 September, Mr McCallum refers to the work of NHS Assure and the Estates team.

**Q** Well, I'm grateful. Let's go and look at that, which I think I had on the documents list so we can find it. Yes, at bundle 27, volume 12, document 39,

page 396. Can you help us find-- It's two pages on. Can you help us find within the briefing note at 399 where we might see this report?

**CHRISTINE WARD:** Yes, keep going.

**Q** Keep going.

**CHRISTINE WARD:** I'll check my notes.

**Q** And keep going?

**CHRISTINE WARD:** Yes.

**Q** Further?

**CHRISTINE WARD:** Keep going, keep going. There's a highlighted part that refers to the Director of Finance, Richard McCallum, so it may well be on that page.

**Q** So, next line.

**CHRISTINE WARD:** On page -- Now, the document I've got is the HSCMB paper that was presented, so----

**Q** This does seem to be that.

**CHRISTINE WARD:** -- this is page 3 of that.

**Q** Well, if we go back then to----

**CHRISTINE WARD:** Go back to the front page to see----

**Q** So, one, two, three, so 399, there we are.

**CHRISTINE WARD:** 5 September, yes.

**Q** Is this it, here?

**CHRISTINE WARD:** So, page 3, I've got of this document, so they've got

the front two pages.

**Q** But is it the Annex 1 we're looking at here?

**CHRISTINE WARD:** It's -- it comes under Item 2 of the meeting.

**Q** Right, give me a moment to find that; page 403, please. Is this:

"2. Who have they engaged with to bring to their current place? "

**CHRISTINE WARD:** And it carries on from there at 3.4.

**Q** 3.4.

**CHRISTINE WARD:** "On 22 November 2019, NHS GGC was escalated..." It starts there. I'm not sure that we're looking at the same thing.

**Q** No, I don't think we are. Can you remind me of the date of this meeting?

**CHRISTINE WARD:** The date of the meeting that I have is on 15 September.

**Q** Ah, no, I think we're looking at page 409 of this bundle, so it's document 40. Is this it?

**CHRISTINE WARD:** That's the-- Is that the minutes?

**Q** Looks like-- Yes.

**CHRISTINE WARD:** That's the minutes, that's not the----

**Q** Thank you, so in fact, I think you wanted on page 410----

**CHRISTINE WARD:** Yes.

**Q** Yes, and which item is it?

**CHRISTINE WARD:** It's page----

**Q** It's item 3.4?

**CHRISTINE WARD:** 3.4 onwards, 3.6.

**Q** Over the page.

**CHRISTINE WARD:** Talks about:

"The discussion included: seeking clarity on who gave assurance on the estate and facilities activity."

**Q** So this appears to report action by Mr McCallum. Was he from the finance directorate?

**CHRISTINE WARD:** Director of finance.

**Q** Yes.

**CHRISTINE WARD:** And then Alan Morrison would have reported to Richard McCallum.

**Q** And he's now actually referring to the second Oversight Board, isn't he? The second escalation to stage 4, the one for governance.

**CHRISTINE WARD:** Yes, yes.

**Q** In fact, can you help us because a little issue arose. What was the second escalation for?

**CHRISTINE WARD:** To stage 4?

**Q** Yes.

**CHRISTINE WARD:** The second escalation was on performance, on waiting times and, I think, how the Board were operating against those waiting times.

**Q** Was it about general Board governance?

**CHRISTINE WARD:** I'm not aware of that.

**Q** Which is the reason that Professor Brown slightly bristled when we mentioned governance in respect of the second one, and he pointed out that he didn't think the second escalation was in respect to Board governance but of the way that these other matters have been dealt with. Can you help me with that?

**CHRISTINE WARD:** I can't comment on -- on Professor Brown's statement.

**Q** Fair enough. So this is your source for saying that it would be the finance director who's feeding in the information around the estate and management system?

**CHRISTINE WARD:** Absolutely, reporting in through chief operating officer around then to AARG at that time and, as stated here, under "Estates and facilities":

"NHS Assure and Health Facilities Scotland working with Glasgow to develop a dashboard, a new level of bringing intel together..."

And working all of that through. So I think that goes to some of our earlier comments about their engagement at that point, given that NHS Assure was brought together in June of '21.

**Q** I'm grateful for you bringing

this document to our attention and explaining it to us, but it does, if we go back to page 409, appear to be a minute of a meeting in September and, if I understood your evidence, all but four – and in fact two – of the outcomes had been dealt with prior to the August meeting on 19 August.

**CHRISTINE WARD:** Yes.

**Q** So, shouldn't that sort of action have been appearing in the minutes of the August AARG meeting? Because it's technically the AARG that's saying they have signed off the recommendations. Or have I misunderstood the role of the AARG?

**CHRISTINE WARD:** So the AARG have signed off that the recommendations for the 104 have been complete.

**Q** Yes.

**CHRISTINE WARD:** With the four remaining, and the four remaining are around 2A and 2B, and this is where Mr McCallum and his team would work with NHS Assure and activities in the September----

**Q** All right. So, if we go back to the corporate statement, page 48, paragraph 18, I had read this, and I must be wrong, that this was about general management systems, not Ward 2A, 2B.

**CHRISTINE WARD:** That would be my reading.

**Q** Yes, so if the issue in September is related to 2A, that's separate from the extent to which, as paragraph 18 describes, the new system made maintenance activities more accessible and available to a wider team.

**CHRISTINE WARD:** I don't see the September minutes as recording an issue. What I see it as recording is the collaboration between the Scottish Government, NHS Assure and Glasgow to ensure that the work that had been done to date and the work to come in the future was of the required standards and the necessary agreements.

**Q** And so your view is that by August, when the relevant CNR recommendations that this engages would have been signed off, there had been a process where the Scottish Government Capital Finance team had checked all this.

**CHRISTINE WARD:** Had been engaged in that.

**Q** No. I appreciate you saying this, but had they actually checked the system to meet the CNR recommendations themselves?

**CHRISTINE WARD:** I would want to see that evidence myself, so that's something that we're going to find out for you, isn't it?

**Q** Please. I'm grateful.

**CHRISTINE WARD:** Yes.

**Q** I mean, I'm conscious, because my next question relates to Mr Poplett's audit, conscious that we have subsequently done, with permission of the Board, an authorising engineer audit of the water system, which covers many of those issues, but that's done this year and this was 2021, and so what I'd be obliged if you could do is to look at Mr Poplett's audit – not so much to take an interest in what its conclusions are but more to see its scope and really to answer the question, perhaps in a letter to the Inquiry: what was done to check that the estates management system met the CNR recommendations around maintenance activities?

The sooner we can have that the better because we're trying to produce closing submissions by 21 November.

**CHRISTINE WARD:** Okay. We can----

**Q** And I always like a nice deadline: the sooner the better would help.

**CHRISTINE WARD:** We can follow that up. I would reiterate though that we have some of that assurance from NHS Assure who were part of that.

**Q** Excellent. It's really just to see that there's been identification of who's involved at what time and to what level of rigour, and effectively if you're saying it's the equivalent of those meetings that Ms

Barkby took in August around IPC then that effectively is an answer, but we need to see it.

**CHRISTINE WARD:** Okay, yes.

**Q** If I could then move on to-- Did you give any consideration to having a formal audit done of the water system management? Although it would not have met any of the individual recommendations, it might have covered quite a lot of points of having someone do an audit and report that and read the report. Because Mr Kelly did a lot of audits. Did you look at those?

**CHRISTINE WARD:** So, I couldn't say that and I would check that detail to see what audits had been done and whether it was described as an audit.

**Q** Because one of the features of this field that I've certainly learnt is that water systems are managed through a well-understood and well-applied process of SHTMO 401 Part B, which enables the Inquiry to ask for an audit to be done and enabled Mr Kelly to produce repeated audits over years, and his evidence was that the number of issues reduced over time.

I would certainly be interested to know what awareness the Scottish Government staff who were looking at the estate and management systems sections of the recommendations had of Mr Kelly's audits, because at this point in

'21 he still had outstanding issues, though not as many as before. That'd be really helpful to get some reassurance about that.

**CHRISTINE WARD:** Yes, of course.

**Q** Thank you. The next issue goes back to paragraph 31, which we discussed earlier, on page 51. You describe in paragraph 31 how changes were made:

"An Incident Management Process Framework was [and] an "Outbreak and Incident Management Plan was approved."

Now, without getting into the merits of those two plans, are you aware of whether those were internally reported within GGC through their governance system?

**CHRISTINE WARD:** My understanding from reading the documentation is that they were approved through their corporate governance team.

**Q** Thank you. If we go to paragraph 43 of the corporate statement- - paragraph 42, actually. It's a short section.

"An Outbreaks and Incidents folder was created within NHSGGC's IPC Shared Drive to file all the related documentation to any Red or Amber IMTs and PAGs. The IPC Shared Drive

is managed by the IPC Business Manager.”

Would you expect that shared drive to be available to those microbiologists to provide IPC cover out of hours and at weekends?

**CHRISTINE WARD:** So, the workings of the IPC and the shared drives would be a matter for a board, so I’m not here to speak on how boards operate.

**Q** Professor McMahon, considering you have some experience at the management level, if there was such a shared drive system containing PAG and IMT minutes, would you expect that to be accessible to microbiologists providing IPC cover out of hours and at weekends?

**ALEX MCMAHON:** I think that wouldn’t be unreasonable.

**Q** Professor, I have this question directed at you. It’s about the overall value of the process. Now, you came at the end and I appreciate you weren’t there at the beginning, but can the parents and families involved in the Schiehallion unit in the years before the Oversight Board was appointed, and indeed now, be content that the AARG process has ensured that the recommendations of these three reviews have been fully implemented by Greater Glasgow and Clyde Health Board?

**ALEX MCMAHON:** I would hope that it can take comfort and reassurance that everything has been done to ensure that that ward is as safe as it can be. Certainly, when I went to visit it myself in May of ’22, after it had opened for a couple of months, it was really helpful to physically walk around and to engage with staff and others and just to hear from them how positive it was to be back in that environment and to be able to care for the patients in that environment.

I think I saw a lot of evidence that work had been done to ensure that engagement with the parents in advance of the ward opening had been done, and hopefully continues to be done from that point of view, and that everything was working in a much more open and transparent basis in relation to the communication channels.

**Q** But in terms of assurance, are you comfortable that the AARG process provided sufficient assurance that GGC had implemented all these recommendations?

**ALEX MCMAHON:** Yes, I think I am.

**Q** And why is that?

**ALEX MCMAHON:** I think a lot of what Christine has set out describes a process that wasn’t just about accepting and ticking a box. It was about interrogation. It was about seeking

evidence and information. It was about assurance. It was about constantly engaging with and, you know, ensuring that we and other parties, where they were required were content that work had been done. So I think from the point of governance assurance, I think the AARG fulfilled its function.

**Q** How would you respond to the suggestion that to any degree the AARG proceeded on a sort of assumption of regularity, that when the Board says it's done something, it probably has done it?

**ALEX MCMAHON:** That was not what I experienced in terms of the meetings that I chaired, certainly.

**Q** If it was not an assumption of regularity, what was the sort of presiding ethos of your approach?

**ALEX MCMAHON:** I think we approached it in a very collaborative way to ensure that we were all working towards the same common goal which, you know, on one level was completing the actions but ultimately it was about ensuring safety for patients and staff in the hospital and those environments, and I think it was really important that we worked in a way that brought all of us to the table and we all felt assured that we had all done what was required of us from that point of view.

**Q** Thank you. I want to go back to your visit. It's actually mentioned in the

corporate statement on page 47 at paragraph 14, top of the page. So you went and visited – and I appreciate that visiting it will be valuable to you – but were you bringing any expertise or qualifications to that visit?

**ALEX MCMAHON:** No.

**Q** No.

**ALEX MCMAHON:** I wanted just to visit, to actually walk around the ward environment and to speak to staff and the patients that were in that environment at that point.

**Q** And the AARG process was over by the time you visited?

**ALEX MCMAHON:** It was. I mean, I think it was really important to actually give them the space to do everything that was required and to be back into that environment without being, you know, too quick to get in there, and actually I think it was really important that they were back in and bedded down and actually then go and visit them when they felt more able to, you know, take the time to show me around.

**Q** You met staff. Did you meet clinical staff in the ward?

**ALEX MCMAHON:** Yes.

**Q** Did you meet any members of the IPC team?

**ALEX MCMAHON:** Oh, I can't remember that-- I can't remember.

**Q** Did you meet any of the



microbiologists working with the--

**ALEX MCMAHON:** I don't think so.

I met-- I met the staff in the wards.

**Q** Right.

**ALEX MCMAHON:** Yes.

**Q** So mainly nursing staff and doctors?

**ALEX MCMAHON:** Yeah, yeah. I mean, you know, infection prevention and control nurses don't necessarily work in a ward. They provide a service to----

**Q** I see. I'll start with the Professor with this question. This question has been asked of previous witnesses it seems, at request, and it seems appropriate to ask it of you. Should the public be concerned that this is the second Public Inquiry to consider in part the issue of governance of the IPC function in Glasgow's health board – the other being the Vale of Leven report – when some of the same IPCT members were in post through both sets of events?

**ALEX MCMAHON:** I think we should take assurance that everything has been done to learn lessons and to take appropriate actions, you know, and hopefully that will stand the test of time. I think it's unfortunate, if that's the right words that those two incidents happened just in that geographical area.

**Q** Should we be looking back at the Vale of Leven report and seeing if there are any themes that run across the

two?

**ALEX MCMAHON:** With hindsight I think we often move forward without necessarily looking back sometimes to assure ourselves that what we said then is now being done, but without dwelling too much on the past but, you know, looking forward. So, you know, hindsight in this respect is-- is a helpful thing.

**Q** So do you think, in order to move forward, you have to understand what happened?

**ALEX MCMAHON:** Contextually, I think it helps.

**Q** Yes. Ms Ward, is there anything you want to add to that?

**CHRISTINE WARD:** Well, I would say some of that consideration is a matter for the Inquiry as to what it would help them to reach its-- its recommendations and conclusions.

**Q** Thank you. This is at present entirely for Professor McMahon. I don't think it's appropriate to ask Ms Ward. I asked this of Ms McQueen last week and I put it this way – and I'll give the same opening that I gave to her – I may use a few stereotypes at this point so feel free, if you think it's appropriate, to pull me up on them. We've had a lot of experience, evidence about senior management within NHS GGC who have no or very limited clinical background or experience.

Equally, we've heard about a

management model that involves services at many levels being managed by a sort of triumvirate of a general manager, a leading nurse and a clinical leader from the medical side. Do you have any views about that model and also about the way that NHS managers are internally recruited and trained, often without a clinical background at all?

**ALEX MCMAHON:** So, I think in answering the question, I'll answer the last part. That triumvirate is hugely important to ensure that you're getting both a clinical and managerial perspective and contribution towards the services that they are responsible for delivering. So, I think one is dependent on the other. So medical and nursing colleagues working alongside general management to ensure that general management has got the right advice clinically and that, from a clinical point of view, they've got the support from general management in terms of operational delivery of services.

I think, like all things, perhaps where it works well it's a relationship issue and perhaps where it doesn't work as well it might be the lack of good relationships at work, but I think the model itself has stood the test of time.

**Q** Is there any risk in your mind that partly because the doctors in the triumvirate often retain a practice and can

go back to it, that it ends up frequently, or often then – the word you want – where the triumvirate becomes to some degree actually the general managers and the lead nurse and the doctors often sort of drift into the background?

**ALEX MCMAHON:** It's certainly not my experience of----

**Q** All right.

**ALEX MCMAHON:** -- Lothian certainly.

**Q** Thank you. Now, the question-- this is for both of you. I think probably what I'll do is ask it of Ms Ward first, appreciating I might get a slightly different perspective than the professor. So I'll hear from you first. This relates to the issue of the non-acceptance, whether that's the case, of Case Note Review conclusions. Now, if we can look at the GGC public statement issued in March '21 when the Case Note Review was produced – that's bundle 25, document 61, page 1260.

Now, I don't know whether you've seen this before it was put in the document. Ms Ward, had you seen this before?

**CHRISTINE WARD:** It's not----

**Q** We'll see what pops up. Have you seen this text, the statement about the Case Note Review before?

**CHRISTINE WARD:** No.

**Q** No. It actually precedes your

appointment into your role. So, Professor, had you seen it before?

**ALEX MCMAHON:** No, I don't think so.

**Q** Well, I mean, the reason I put it up is because it doesn't contain a statement that the Board accepts the conclusions of the Case Note Review, but it does say the Board is going to implement the recommendations. Now, Ms Ward, had it been brought to the attention of the AARG, the CNO Directorate, what do you think procedurally – that GGC was not accepting the Case Note conclusions – and I'm talking about the time you were in the AARG – what do you think procedurally would have happened?

**CHRISTINE WARD:** Questions would have been asked as to why that was the case.

**Q** And who might they be asked of?

**CHRISTINE WARD:** They would have been asked of Jane Grant and her team as to why that was the position that they had taken and why that it was felt that that went against what the AARG believed to be the case and was covered off in the terms of reference.

**Q** Did the AARG believe at the time it was working that GGC accepted the conclusions, or did it just not think about it?

**CHRISTINE WARD:** The AARG wouldn't have had any reason to think otherwise.

**Q** I appreciate that, but it may matter. If I'd spoken to you before any of those four meetings and said to you, "Has GGC accepted the conclusions of the Case Note Review", what would you have said to me at the time, assuming that you didn't think, "Why is this random lawyer coming up to me in the corridor?", if someone had asked you in a conversation?

**CHRISTINE WARD:** I would have said that the conclusions of the Case Note Review and the recommendations of the Case Note Review seem to be two different things because the conclusions is about the link to the infection and the percentage link to infection in the built environment, and there would have been views on that that I would have wanted to ascertain if that required additional recommendations to be made.

**Q** But at the time did you think about this issue at all?

**CHRISTINE WARD:** No.

**Q** No, thank you. Professor, now, when you were chairing the AARG – and indeed you were in post as interim CNO – had it come to your attention that the Health Board either at that time or in the past had decided not to accept the conclusions of the Case Note Review on

infection link, what do you think would have happened? What would you have done?

**ALEX MCMAHON:** So it didn't come to me.

**Q** I know, it didn't come to you, but had it happened?

**ALEX MCMAHON:** I think I would probably echo what Christine had said. I'd probably want to understand why they hadn't accepted it and to provide us with a set of, you know, information as to that and then obviously pursued that with them, you know, so that we absolutely understood why we were going to implement the recommendations.

**Q** If an organisation – and it doesn't matter what it is – receives a report that suggests it should carry out certain actions, would it matter if they didn't accept the underlying conclusion as to whether you trusted them to implement the recommendations?

**ALEX MCMAHON:** I think in terms of looking at how you learn and improve, I think to accept the recommendations would be hugely valuable to all concerned. You know, I think if there were any level of contention or contest of the notion, that would be really important to be clear about at the start of the process of then moving those recommendations forward.

**Q** So you feel that accepting the

conclusions is necessary to work forward on a recommendation?

**ALEX MCMAHON:** It-- I think it would show a level of openness and acceptability.

**THE CHAIR:** I just wonder if it's possible to unlink recommendations from the actual basis upon which the recommendations proceed, is it?

**ALEX MCMAHON:** So, on one level, the recommendations might be accepted, but perhaps it's the way in which it was undertaken or the-- the perception that they might feel associated with those recommendations that they were aware-- a tension with. Certainly, from my perspective, there were no conversations with Glasgow in either of those two AARG meetings that led me to believe that they didn't accept the recommendations within the report and that they were working towards and indeed delivered those recommendations.

**Q** I mean, they're very clear; Ms Grant's very clear that she accepted the recommendations from the beginning. But if you are auditing – that's not the right word – seeking assurance of the implementation of the recommendations, do you need to know whether the organisation who is implementing the recommendations accepts the logic that got the recommendations to be created,

in part?

**ALEX MCMAHON:** I think that would be part of-- not a conversation I was part of, but I think that would be part of the conversation at the very start of the process.

**Q** There was no such conversation about the Case Note Review?

**CHRISTINE WARD:** So the-- the conversations and-- and the actions of GGC would have led us to believe that they accepted the outcomes of the Case Note Review. Nothing came to light to suggest otherwise, or we would have intervened at that point.

**Q** Ms Ward, it also occurs to me there's a question that might help the Inquiry on that matter. You're obviously not just implementing the recommendations of the Case Note Review. You're also implementing the recommendations of the Independent Review. Now, the Independent Review was an early project in this story. Was there any suggestion from Greater Glasgow and Clyde that the Independent Review was wrong in any key respect in its reasoning or its conclusions?

**CHRISTINE WARD:** No. The actions from the Independent Review forms part of the 108 actions.

**Q** And they didn't, for example, say, "Well, actually, it happened a

different way"? Because you can look at the Independent Review and ask questions about whether they've got things right? Did that happen?

**CHRISTINE WARD:** No.

**Q** Thank you. My Lord, I think that's all the questions I have for Ms Ward and Professor McMahon, but it may be the appropriate time to have the 10-minute break to see if there's any further questions in the room.

**THE CHAIR:** Yes. As Professor McMahon will recall, the procedure that we adopt is to take a break at the end of counsel's questioning and just check if there's any questions which other legal representatives would wish to put forward. So can I invite you to retire to the witness room and we should be able to call you back in about 10 minutes?

**Q** Thank you.

**(Short break)**

**THE CHAIR:** I understand there may be five more questions. Mr Mackintosh.

**Q** Thank you, my Lord. The first question, Ms Ward, relates to the membership of your team. Obviously, we've heard about Ms Barkby, from the Nursing Officer directorate, and an Infection Control nurse. Was there anybody feeding into AARG who was an

expert in water and ventilation systems from an infection control perspective? Normally, that'd be a microbiologist.

**CHRISTINE WARD:** Not as part of my team, no.

**Q** The next thing is an email from Professor White in November '21, so I'll direct it first to you, Ms Ward, but I'll see if the professor can help. It's bundle 27, volume 12, page 419. So, it's an email from Professor White on 25 November to yourself, Ms Ward, Ms Barkby, and Mr Birch and it does look like it was copied to you if that's your official email address, Chief Nursing Officer, but we'll see as we go. It appears to amount to, in the first paragraph:

"The paragraph appeared in a paper submitted to the September AARG (author John Lewis, Director John Burns), though as previously stated at the meeting itself I asked NHSGGC colleagues for further details on this work and from memory their Medical Director confirmed that their review of the organisational duty of candour work was a desktop review that did not involve engagement with any staff or patients and families, nor look at outcomes - ie. it was internal audit perspective based on review of documentation which may have included the Board's reviewed organisational duty of candour policy (though I don't know this for sure as I

don't think the AARG was provided with a copy of the internal audit as such). I have searched for the minute of the meeting but don't think I have received this."

Then he's suggesting an alternative reading for the minute. Now, by the time we get to November, Ms Ward, would the recommendations that relate to duty of candour already have been signed off?

**CHRISTINE WARD:** Yes.

**Q** Yes. So, why were they signed off while Professor White still had concerns about the nature of the GGC's audit?

**CHRISTINE WARD:** So, it was expected that they were signed off with his agreement to that, and what he's done then is made some revisions, which later on in that chain I've suggested back to him that those revisions would be made.

**Q** So, effectively, he's remained concerned, but it's then been picked up later?

**CHRISTINE WARD:** It's been picked up when he sent that email to us, yes.

**Q** And that would involve-- I mean, this isn't the final form, but in the third line of the section that begins, "[proposed revision - start]" he says:

"The AARG encouraged the Board to ensure that their ongoing assurance work on these changes considered the

effectiveness of implementation and took account of the impact on staff, patients and families.”

So, effectively, to some extent, was the position here, “We’ve accepted you’ve done it, but we want you to keep working on this”?

**CHRISTINE WARD:** Yes, as was the whole of the AARG recommendations, that there would be some follow-on work and some continued engagement.

**Q** Thank you. I would like to take you to an issue which I touched on. I think I did. I mean, Professor, do you want to add anything to that duty of candour----

**ALEX MCMAHON:** No, nothing.

**Q** -- which I related to the work of NHS Assure, but it’s been suggested that I should actually put contents from Ms Critchley’s statement to you rather than me trying to summarise them.

So, Ms Critchley’s statement appears in statement bundle 4, its statement 4, and its page 225 that I’m interested in. Paragraph 13. Now, the previous paragraph, if you just go to the top of the page, the answer describes a GGC approach in June ‘21 to the NHS Assure team to request support and various meetings were to be attended, and the answer to question 13 at the bottom of the page:

“NHS Scotland Assure did not participate in any of the aforementioned meetings when the commission went live. As per the terms of reference, GGC did not explicitly ask NHSScotland Assure to participate. Our resource was intended to be ad hoc and these meetings were subject to resource availability. They worked on the understanding that if required to attend, a formal request would be forthcoming ... essentially a working agreement between their senior engineer and the GGC project manager.”

Then we asked for an explanation why they weren’t involved. They explained GGC had their own technical advisory team. I’m not quite sure why we redacted that, but anyway, and they then described the role of Mr Beattie.

Now, therefore, what I’m suggesting to you is that GGC may have asked for help from NHS Assure early on but they didn’t actually get it, did they?

**CHRISTINE WARD:** My understanding was that there was ongoing engagement and collaboration between them, but if GGC felt that they didn’t get what they needed from NHS Assure, I couldn’t answer that.

**Q** Well, it’s more that NHS Assure might well have been engaging and collaborating, but they weren’t actually attending the regular Project team meetings in the summer of 2021,

were they?

**CHRISTINE WARD:** That's what the statement says.

**Q** Yes. Did you have any knowledge about that at the time?

**CHRISTINE WARD:** Not that they weren't attending meetings, no.

**Q** Did you think they were attending meetings?

**CHRISTINE WARD:** I would be-- I would have expected them to attend the meetings, so yes, that would have been my expectation at the time.

**Q** Can I just check that you or members of your team supporting the AARG actually spoke to Ms Critchley and her team before August '21 to check their level of involvement in the 2A project?

**CHRISTINE WARD:** I didn't speak to them, so I'd have to check whether members of my team did speak to them directly.

**Q** Do you remember being told that someone else had spoken to them?

**CHRISTINE WARD:** No.

**Q** Could you check, please?

**CHRISTINE WARD:** Yeah.

**Q** Thank you. The final thing to mention is that if we go back to Mr Beattie's email, which is bundle 52, volume 2, document 9, page 82, to what extent should the fact that this information came from Mr Beattie and not from NHS Greater Glasgow, who had already

provided a report to you for the 11 August meeting that didn't go ahead, have caused some anxiety that they weren't being entirely frank with the AARG?

**CHRISTINE WARD:** I think in my earlier statement I said on receiving certainly this information and the pictures, there were some follow-up meetings of which Professor Tom Steele then engaged in and went through the actions that were needed for him and his team to take forward.

**Q** Do you feel that the follow-up between then and February by the AARG and the Scottish Government in general over the Ward 2A refit was sufficiently rigorous?

**CHRISTINE WARD:** Speaking on behalf of the AARG, yes.

**Q** Should the fact that it doesn't appear that either of the two of you were told about the issue of microbial proliferation in the water system not give a pause for thought about whether they were being entirely frank with you?

**CHRISTINE WARD:** I think what I've accepted today is that I will go and establish the facts from my colleague Alan Morrison and provide the Inquiry with the letter of his engagement.

**Q** Thank you. If you could focus on whether he learned about microbial proliferation, I will be obliged.

My Lord, I've got no further



questions. I'm just going to look at the room to see if anything arises. Might you allow me just a moment? (After a pause) Yes, the question that I need to put further, my Lord, is in that moment in February, Professor, when it's coming up to the final opening of 2A and the decision made at the final AARG meeting to, as it were, be content with that. Are you aware of NHS Assure offering to visit and such an offer not being accepted by GGC?

**ALEX MCMAHON:** No.

**Q** Were you aware at that point of what NHS Assure were offering to do or were actually doing?

**ALEX MCMAHON:** We were working with Greater Glasgow and Clyde in relation to those elements that still were required to be done to ensure the safe opening of Ward 2A/B.

**Q** Were they providing written reports to the AARG, like regular weekly reports or monthly reports?

**ALEX MCMAHON:** No.

**Q** So how were you and your colleagues learning about how they were working with and engaging?

**ALEX MCMAHON:** So there was-- you referenced a meeting earlier in the process this morning whereby we had a number of-- a couple of meetings with Glasgow, NSS and Assure and ourselves to make sure that the works that were still

outstanding were being progressed and that all parties were content that those actions were being taken to ensure the eventual opening of the ward.

**Q** But, as far as you're aware, it's not the case that Assure offered a visit which was not taken up?

**ALEX MCMAHON:** No.

**Q** Thank you, my Lord. I've got no further questions.

**THE CHAIR:** Mr Mackintosh, just on management. Ms Ward has offered to provide a number of additional----

**MR MACKINTOSH:** Might as well just summarise what I understand it to be?

**THE CHAIR:** Right. Just so that everyone understands where we are and Ms Ward understands how she should go about it.

**MR MACKINTOSH:** So, Ms Ward, I think they all relate to Ward 2A or the management of wards system in paragraph 18. So, the first heading is to look at paragraph 18 and provide some further detail of what processes were carried out and how that involved colleagues in Capital Management, HFS or elsewhere, and in respect of 2A, some clear details of what role NHS Assure and HFS were providing and what information they were providing to you about the work on 2A, maybe a sort of short narrative of what was received. That would be of

great assistance.

**CHRISTINE WARD:** Yes. I can----

**Q** If I can set you the cruel and difficult deadline of next Friday.

**CHRISTINE WARD:** Yeah, that's absolutely fine. There are members of my team here, so I'm sure they've already taken those notes. Could I just add to that? You want a copy of the 7 June presentation?

**Q** Please. That would be of great assistance. It's simply because the closing submissions from counsel and the Inquiry team are due by 21 November and the more things I have to do at the last minute, the worse for my team. Thank you very much. Thank you, my Lord, for reminding me.

**THE CHAIR:** And the mechanics would be liaison between the Scottish Government Legal team and the Inquiry?

**MR MACKINTOSH:** Yes. I've already spoken briefly to the counsel and solicitor for Scottish Government and no doubt they can liaise with the Inquiry and work out the most appropriate-- probably in the form of a letter, I suspect is the easiest thing to do, but we'll find a way of doing it.

**CHRISTINE WARD:** Yeah.

**Q** Thank you.

**CHRISTINE WARD:** Let me think about that. Yes.

**THE CHAIR:** Thank you, Mr

Mackintosh, and thank you very much, Ms Ward and Professor McMahon for your attendance today and for the preparation work which went behind drafting the statements and familiarising yourself with the documentation. So thank you very much for that, but you're free to go.

**ALEX MCMAHON:** Thank you.

**(The witnesses withdrew)**

**THE CHAIR:** Now, as I understand it, Mr Mackintosh, this is the evidence for the day.

**MR MACKINTOSH:** It is, my Lord. Yes.

**THE CHAIR:** We'll resume tomorrow, I think, with Mr Connal and Ms Critchley.

**MR MACKINTOSH:** Indeed, and it's planned to take broadly the whole day.

**THE CHAIR:** Right. Very well. Well, can I wish you a good afternoon and we'll see each other tomorrow at 10.

**(Session ends)**

**(13:04)**